MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Health System in St. James

October 2019

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Executive Summary

Enterprise Overview

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at many campuses and facilities, including 20 hospitals in communities in the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

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

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

Entity Overview:

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Minnesota and Wisconsin. It includes more than 900 providers serving more than half a million patients each year. As part of Mayo Clinic, MCHS provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, we've opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before.

The system also provides patients with access to cutting-edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

MCHS in St. James is a 13-bed, critical-access hospital located in St. James, Minnesota. St. James is part of the Southwest Minnesota region of MCHS, which includes family medicine clinics in St.

James and Trimont, as well as hospitals in New Prague, Mankato, Springfield, Fairmont and Waseca.

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

In 2018, Mayo Clinic Health System in St. James supported health and wellness in the community by hosting a career exploration class for area high school students and doing blood pressure checks for 262 people. The organization also provided nutrition outreach through grocery store tours, education for employers about healthy options at work for area businesses; and supported healthy breakfast options for more than 500 children.

The organization also provides a wide range of wellness and prevention programs for the community, including support for the Watline Trail, a local biking and walking path, along with ongoing medical care, education and research.

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

Summary of Community Health Needs Assessment:

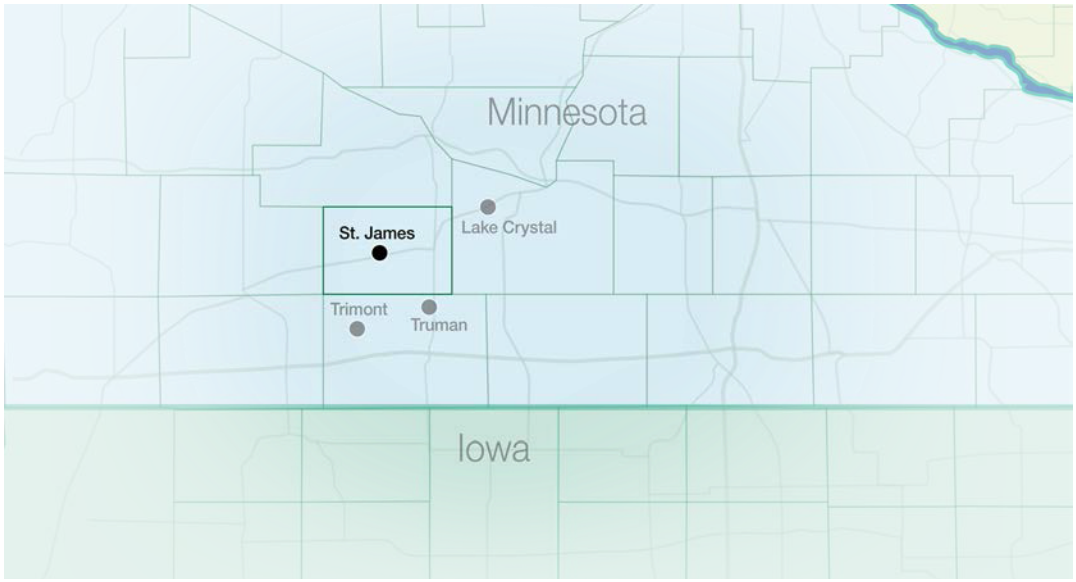
The MCHS in Southwest Minnesota CHNA process was conducted in partnership with regional county public health organizations. A systematic process was followed to evaluate the health needs of our communities and determine health priorities.

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

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

Our Community

MCHS in St. James primarily serves communities in Watonwan County and portions of Blue Earth, Brown, Cottonwood and Martin counties in southwestern Minnesota. The main medical campus is in St. James and consists of a family medicine clinic and critical-access hospital, which is one of two hospitals in Watonwan County. Although MCHS in St. James serves patients from the other counties, the majority (61%) are from Watonwan County. For purposes of the CHNA, the community is defined as Watonwan County.



Demographics

Population (2016)

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

		Age Group									
	Sex	**0-9**	**10-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**	**Total**
State	F	348,080	351,164	357,497	366,445	328,404	390,152	317,958	176,707	135,915	2,772,322
	M	363,883	365,774	374,830	376,507	335,232	386,721	306,201	153,936	84,546	2,747,630
Watonwan	F	773	690	568	595	592	729	651	433	444	5,475
	M	720	711	636	641	556	768	691	422	288	5,433

Race and Ethnicity (2016)

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

	One Race						Ethnicity
	Total	White	African American[a]	ASIAN[b]	API[c]	Two+ Races	Hispanic/ Latino[d]
State	5,519,952	4,691,265	344,322	73,970	275,931	134,464	289,422
Watonwan	10,908	10,367	132	143	136	130	2,628

Socioeconomic Data (2012-2016)

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

	Percent of:				
	Population 25+ years with <= high school education or equivalent	People of all ages living at or below 200% of poverty	Housing occupied by owner	Children < 18 living in single parent-headed households	Housing units built before 1980
State	33.1%	25.9%	74.6%	26.2%	56.7%
Watonwan	55.8%	33.3%	73.6%	40.3%	78.9%

Minnesota Medical Assistance – Average Monthly Eligibles (2016)

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

	All Families and Children	Adults with No Kids	Elderly	Disabled	Total
State	705,686	198,765	60,011	117,372	1,081,834
Watonwan	1,733	304	153	224	2,415

Median Income (2016)

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

	Median Income
Minnesota	$63,217
Watonwan	$50,068

Assessing the Needs of the Community

Overview

In 2016, MCHS in St. James identified and prioritized community health needs in Watonwan County through a comprehensive process that included input from local community and organization leaders, public health officials and hospital leadership. Since completing the 2016 CHNA, the final report has been posted on the MCHS in St. James' About Us internet page for public review and comment. A link for questions and comments was clearly identified on the CHNA report page. However, no comments had been submitted during the posting.

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

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

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

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

Community input boards were used at community events to get a pulse on the communities we serve. These boards included 10 areas of health concern: Health care access; chronic disease; safety; environment; stress, anxiety and depression; sleep; physical exercise; healthy foods (access or cost); tobacco, alcohol or drugs; and lack of a support system. Each participant was

given two sticky flags and asked to put them on the top-two health concerns affecting them and/or their families. The community input boards were used at events that serve traditionally underrepresented, medically underserved, low-income and minority populations or have representation from those groups to provide input. Examples include the St. James Community Stakeholder Breakfast and the Multicultural Fiesta. In 2018, 93 people provided their input at three Watonwan County events.

The top health concerns based on this community input were:

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

Input also was received during community conversations and stakeholder gatherings. Representatives from traditionally underserved populations were invited to attend multiple events between June 8, 2018 – June 10, 2019. This included annual community stakeholder gatherings and engaging as a member of the Watonwan County Community Health Services Advisory Committee, which meets on a bi-monthly basis and is ongoing.

Prioritization Process and Criteria

The MCHS interdisciplinary team used a matrix called the CHNA Process to Identify and Prioritize Needs to identify and prioritize the health concerns that would be addressed moving forward. It measured each need on the following criteria: Identified strategies, available resources (time, talent and treasure), influence to make community change/impact and

community acceptability (based on gathered community input). Each need was given a ranking of numerical value with 5 being the highest rating. These were the matrix results:

MCHS IN ST. JAMES CHNA PRIORITIZATION OF HEALTH ISSUES

Health Issue (0-5 rating; 5 being highest)	**Identified strategies**	**Available resources** (time, talent, treasure)	**Influence to make community change/impact**	**Community acceptability** (based on gathered community input)	**Total**
Stress, anxiety, depression	5	5	5	5	**20**
Tobacco, alcohol & drugs	5	5	5	5	**20**
Chronic disease	5	4	5	5	**19**
Physical exercise	4	4	5	4	**17**
Access to healthy foods	4	3	4	4	**15**
Sleep	3	3	3	4	**13**
Access to health care	4	3	3	3	**13**
Environment	1	1	2	2	**6**
Safety	2	2	3	3	**10**
Lack of support system	1	2	2	3	**8**

Overview

After completing an extensive analysis of the available data and community input, the top community health needs were identified by MCHS in St. James. Mayo Clinic will address the following prioritized areas:

1. Mental health
2. Substance abuse
3. Chronic disease and obesity

Identified Health Needs

Mental health

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

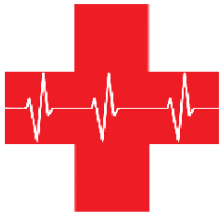
Data highlights:

Percent of Adults Experiencing Frequent Mental Distress (2016)

10.00% - Watonwan County
10.00% - Minnesota

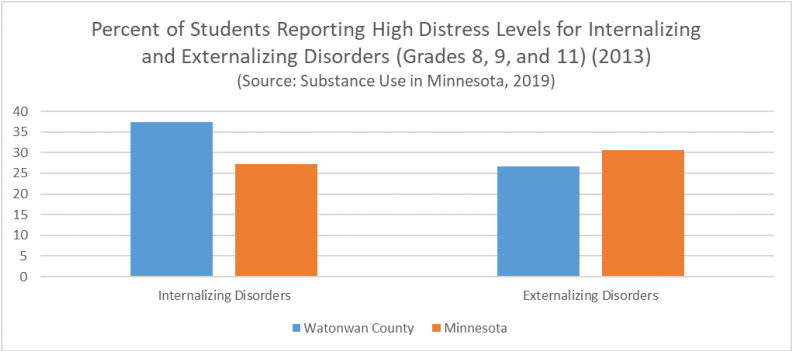
Source: County Health Rankings, 2019

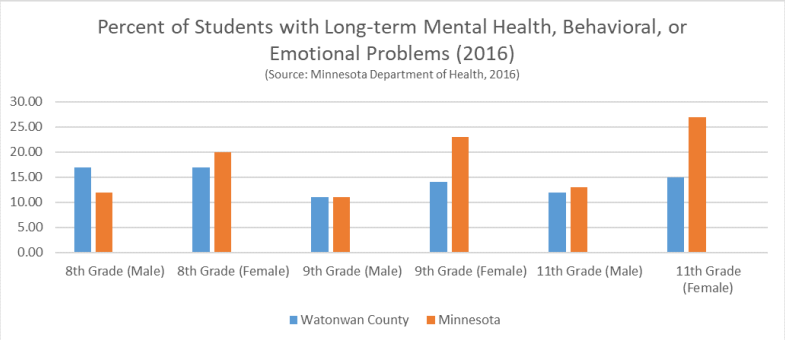
Students Reporting They Did Something to Purposely Hurt or Injure Themselves Without Wanting to Die (Grades 8, 9, and 11) (2016)



17.00% - Watonwan County
15.60% - Minnesota

Source: Substance Use in Minnesota, 2019

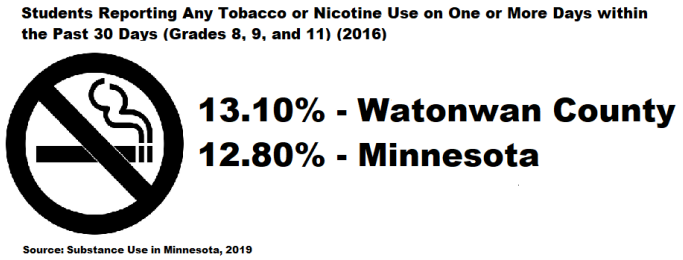


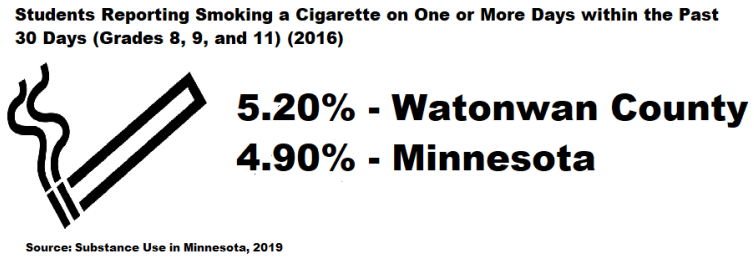


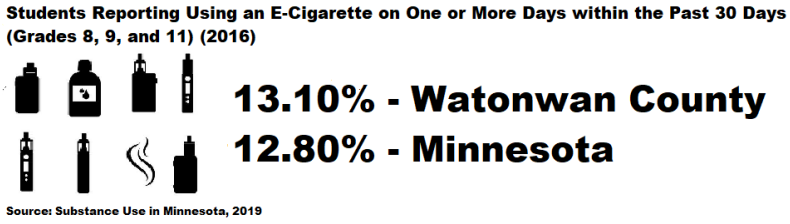
Substance abuse

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

Data highlights:







Chronic disease, including obesity

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis, are among the most common and costly of all health problems in the U.S. Currently, chronic diseases account for approximately two out of three deaths nationwide. In many cases, obesity

is a contributing factor in preventing and maintaining chronic diseases, especially heart disease and diabetes. Maintaining a healthy weight is important for reducing the risk of developing chronic conditions that may have a major impact on quality of life.

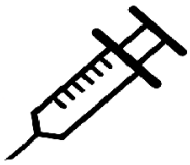
Data Highlights:

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

29.00% - Watonwan County
27.00% - Minnesota

Source: County Health Rankings, 2019

Pecentage of Adults with Diabetes (2014)



8.00% - Watonwan County
8.00% - Minnesota

Source: County Health Rankings, 2019

Average Number of Physically Unhealthy Days (2014)

3.10 - Watonwan County
3.00 - Minnesota

Source: County Health Rankings, 2019

Resources Available to Address Identified Needs
Within the service area of MCHS in St. James, there are other resources available to meet the identified community health needs. These include:

Mental health:

- Eunoia Family Resource Center, St. James
- Sioux Trails Mental Health Center, St. James
- Crisis Line: 800-247-2809
- Life Dimensions Counseling, LLC
- Madelia Community Hospital & Clinic
- Watonwan County Human Services
- South Central VA Clinic

Substance abuse:

- Alcoholics Anonymous
- Brown County Detox Center

- Watonwan County Human Services
- Watonwan County SHIP

Chronic disease:

- Fitness/exercise/wellness, including Anytime Fitness
- Health care organizations including, but not limited to, Madelia Community Hospital and Clinic, Sanford Health Mountain Lake Clinic
- Chiropractic including, but not limited to, St. James Family Chiropractic and Progressive Chiropractic
- Food assistance including, but not limited to, Watonwan County Food Shelf and Mountain Lake Community Food Shelf.

Evaluation of Prior CHNA and Implementation Strategy – St. James

Prioritized health needs:

- Obesity
- Hypertension

Updates on strategy accomplishments

Obesity

- Provided grocery store tours to patients conducted by our dietician to educate on healthy eating habits.
- 50 children, Pre-K thru 6th grade, visited the medical center where the dietician provided the group with healthy snack tips and education, and one of the Family Medicine providers educated the children on the importance of exercise.
- Gave free weight measurements for more than 40 patients during 2017 and 2018. Free weight measurements are being offered in 2019, as well.
- Provided healthy breakfast to more than 1,253 parents and children during 2017 and 2018; two dates were scheduled in 2019, as well.
- Dietician provided healthy vending education to 125 employees at Smithfield, a local food processing plant, in 2017. Working with management and vending company to institute healthier vending choices. Currently about 33% of choices are now considered healthy.
- Disseminated health education through the media, including TV segments, print media, social media, online blogs and MCHS' Hometown Health publication.

Hypertension

- Provided free blood pressure checks for over 400 patients during 2017 and 2018. Free weight measurements are being offered in 2019, as well.

- Disseminated health education through the media, including TV segments, print media, social media, online blogs and MCHS' Hometown Health publication.

All focus areas

- Disseminated health education through the media, including TV segments, print media, social media, online blogs and MCHS' Hometown Health publication.
- Staff participated in the Healthy Families, Healthy Futures committee in our community.
- Committed approximately $10,000 annually to local programs aligning with health and wellness.
- Dietician participated in the schools' Wellness Team.
- Clinic provided a health fair for employees at South Central Electric for the past three years.

Despite the following actions that were taken since 2016 to address obesity and hypertension, the impact hasn't reduced the prevalence of obesity and hypertension, so they remain community health needs that MCHS in St. James will continue to address through our focus area of chronic disease.

Appendix A: Southern Minnesota Needs Assessment

Southern Minnesota Needs Assessment

Data compiled by:
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Phone: 660-988-4488

Confidentiality Notice: The information contained in this document intended solely for the *Mayo Healthcare System, Minnesota SHIP,* and representatives from *Health Departments* in Southern Minnesota. Unauthorized review, use, distribution, or disclosure of the material in this document, in whole or in part, will result in administrative, criminal, and civil action.

Project Overview

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

Table 1
Selected Health-related Measures Used for Needs Assessment

Variable	Measures and Data Year
Demographics	- Population by Age and Gender (n) (2016) - Population by Race and Ethnicity (n) (2016) - Population 65+ YOA (n and %) (2016) - Population 25+ YOA <= high school education or equivalent (%) (2012-2016) - People of all ages living at or below 200% of poverty (%) (2012-2016) - Hosing occupied by owner (%) (2012-2016) - Children <18 YOA living in single parent headed household (%) (2012-2016) - Housing units built before 1980 (%) (2012-2016) - Minnesota Medical Assistance – Average Monthly Eligible by all families and children, adults with no kids, elderly, and disabled (%) (2016) - Median household income ($) (2016)
Mental Health	- Ever been treated for mental health, emotional, or behavior problem (8th, 9th, and 11th grade) (2016) - Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016) - Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015) - Quality of Life (QOL) – frequent physical distress (%) (2016) - Quality of Life (QOL) – frequent mental distress (%) (2016) - Insufficient sleep (%) (2016) - Adults report poor or fair health (%) (2016) - Average number of physically unhealthy days reported in the last 20 days (2016) - Average number of mentally unhealthy days reported in the last 20 days (2016) - Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (n and %) (2013) - Students reporting high distress levels for externalizing disorders (8th, 9th, and 11th grade) (n and %) (2013)
Lead	- Elevated blood lead levels (>5 mcg/dL) (2015)
Suicide	- Hospital treated violence including ideation (Fatal and non-fatal) (2016)
Nutrition and Physical Activity	- Obese adults (%) (2014) - Limited access to healthy foods (%) (2015) - Food insecurity (%) (2015) - Physically inactive (%) (2014) - Diabetes prevalence (20+ YOA) (%) (2014)
Tobacco	- Adult Smokers (%) (2016) - Students reporting smoking a cigarette on one or more days within the Past 30 days (8th, 9th, and 11th

	grade) (n and %) (2016) - Students reporting any tobacco or nicotine use on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting using an E-Cigarette on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016)
Alcohol	- Excessive drinking (%) (2016) - Alcohol impaired driving deaths (n and %) (2012-2016) - Students reporting any use of alcohol in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students having 5 or more drinks in a row on at least one occasion in the Past 30 days (Grades 8, 9, and 11) (n and %) (2016)
Drugs	- Students reporting any use of marijuana in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of inhalants within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting methamphetamine use within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of MDMA/ecstasy within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of crack/cocaine within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of LSD, PCP or other psychedelics within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of heroin within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of synthetic drugs within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting any past 30 day use of prescription drugs not prescribed for them (8th, 9th, and 11th grade) (n and %) (2016) - Rate per 1,000 pop. of adults on probation in Minnesota for drug offense as governing sentence (2016) - Rate per 1,000 Pop of juveniles on probation in Minnesota for drug offense as governing sentence (2016)
Sexual Activity, Sexually Transmitted Infections, and Contraceptive Practices	- Chlamydia rate (2015) (Available in accompanying *Microsoft Excel®* document) - Chlamydia cases (n) (2015) (Available in accompanying *Microsoft Excel®* document) - Teen birth rate (overall, white, and Hispanic) (2010-2016) - HIV prevalence (per 100,000) (2015) - Students reporting they drank alcohol or used drugs before they last had sexual intercourse (9th and 11th grade (n and %) (2013) - Pregnancy rates per 1,000 (ages 15-19) (2016) - Birth rates per 1,000 (ages 15-19) (2016) - Chlamydia rate (ages 15-19 per 100,00 population) (2017) - Gonorrhea rate (ages 15-19 per 100,00 population) (2017) - Rates (per 100,000 persons) of Chlamydia (Total pop.) (2016) - Rates (per 100,000 persons) of Gonorrhea (Total pop.) (2016) - Students who have ever had sexual intercourse (%) (9th and 11th grade) (2016) - Among sexually active students: percent who used a condom during last intercourse (%) (9th and 11th grade) (2016)
Healthcare System	- Uninsured (Under 65 YOA) (n and %) (2015) (Available in accompanying *Microsoft Excel®* document) - Primary care physician ratio (n:1) (2015) - Number of primary care physicians (2015) - Dentists ratio (n:1) (2016) - Number of dentists (2016) - Mental health provider ratio (n:1) (2017) - Number of mental providers (2017) - Residents under age 65 without health insurance (2016)
Social and Economic Factors	- Graduate rate (%) (2014-2015) - Unemployment rate (%) (2016) - Children in poverty (%) (overall, white, and Hispanic) (2016)
Maternal, Infant, and Child Health	- Low birth weight (overall, white, and Hispanic) (%) (2010-2016) - No prenatal care or care only in 3rd trimester (ages 15-19) (%) (2016) - Low birth weight (ages 15-19) (%) (2016) - Infant mortality per 1000 live births (2012-2016) (Available in accompanying *Microsoft Excel®* document) - Low birth weight - less than 5 lbs. 8 oz (%) (2012-2016) - Premature - less than 37 weeks gestation (%) (2012-2016)

Immigrant Populations	- Place of birth for the foreign-born population in the United States (n) (2016) - Primary refugee arrival to Minnesota by initial county of resettlement (n) (2016) - Secondary refugee arrival to Minnesota by initial county of resettlement) (n) (2016)
Limited English Proficiency (LEP)	- Limited LEP (n and %) (2014)
Chronic Conditions	- Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer's disease, diabetes, suicide, Parkinson's disease, liver disease and cirrhosis (n) (2016) - All Cancers Incidence Rate per 100,00 People (2010-2014) - County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)
Dental	- EPSDT/C&TC Eligible Minnesota health care programs children (age 20 and under) use of dental sealant services (%) (2015) - Dental service use among Minnesota health care programs enrollees (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of dental services (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of preventive dental services (%) (2014)
Immunizations	- Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV –(%) (2016) - Percent of children ages 24-35 months with complete childhood series (%) (2017)
Hospitalizations and Emergency Department (ED) Visits	- Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) - Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015) - Heat illness ED (per 100,000 age-adjusted) (2011-2015) - Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)
General/Other	- Years of potential life lost before 75 YOA (2014-2016)
* Data was not available for all counties or at the state level	

Table 2

Sources Used for Needs Assessment

Data Links
http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm
https://data.web.health.state.mn.us/web/mndata/lead_query#_
https://midas.web.health.state.mn.us/violence/index.cfm
https://www.mncompass.org/health/mental-health-admissions#1-4470-g
http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map
https://www.mncompass.org/health/health-care-coverage#1-7468-g
http://www.sumn.org/data/location/show.aspx?tf=31%2c32&loc=7&sn=false&cat=1%2c10%2c118%2c71%2c19%2c28%2c73%2c30%2c430%2c57%2c74%2c136%2c120%2c121%2c398%2c404%2c745%2c709%2c710%2c719&ds=a
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf
https://www.lep.gov/maps/lma2014/Final_508/
https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table3std2016.pdf
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table1std2016.pdf
http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/cmort16pdf.pdf
https://data.web.health.state.mn.us/web/mndata/cancer_query
https://data.web.health.state.mn.us/copd_query
https://data.web.health.state.mn.us/oral-health
https://data.web.health.state.mn.us/web/mndata/topics#menu3

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

Section 1: Demographics

Population (2016)

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

		Age Group									
	Sex	**0-9**	**10-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**	**Total**
State	F	348,080	351,164	357,497	366,445	328,404	390,152	317,958	176,707	135,915	2,772,322
	M	363,883	365,774	374,830	376,507	335,232	386,721	306,201	153,936	84,546	2,747,630
Blue Earth	F	3,541	4,681	7,423	3,824	3,078	3,587	3,239	1,820	1,687	32,880
	M	3,894	4,549	8,363	4,206	3,200	3,529	3,244	1,618	958	33,561
Brown	F	1,427	1,535	1,490	1,396	1,245	1,887	1,596	1,089	1,112	12,777
	M	1,607	1,680	1,504	1,452	1,302	1,821	1,616	937	635	12,554
Faribault	F	775	839	621	782	661	1,050	931	672	674	7,005
	M	827	915	682	768	731	1,022	1,014	585	386	6,930
Freeborn	F	1,721	1,775	1,504	1,663	1,567	2,257	2,041	1,504	1,215	15,247
	M	1,855	1,846	1,615	1,771	1,702	2,304	2,038	1,270	798	15,199
Goodhue	F	2,752	2,780	2,260	2,732	2,646	3,618	3,079	1,929	1,600	23,396
	M	2,861	3,085	2,487	2,747	2,723	3,593	3,051	1,734	999	23,280
Le Sueur	F	1,645	1,877	1,423	1,663	1,680	2,020	1,683	1,001	681	13,673
	M	1,815	1,898	1,399	1,721	1,784	2,206	1,739	944	412	13,918
Martin	F	1,130	1,196	980	1,019	1,041	1,487	1,372	876	934	10,035
	M	1,184	1,198	1,024	1,099	1,012	1,476	1,463	768	570	9,794
Mower	F	2,667	2,461	2,220	2,300	2,156	2,588	2,230	1,387	1,500	19,509
	M	2,714	2,800	2,347	2,434	2,324	2,669	2,320	1,180	866	19,654
Nicollet	F	1,977	2,446	2,402	2,229	1,737	2,125	1,877	1,046	830	16,669
	M	2,124	2,310	2,608	2,346	1,951	2,207	1,920	915	525	16,906
Scott	F	10,642	10,776	7,557	10,586	10,890	10,167	6,210	3,173	2,013	72,014
	M	10,915	11,281	7,709	10,279	10,958	10,499	6,009	2,749	1,267	71,666
Waseca	F	1,116	1,281	1,156	1,420	1,188	1,347	1,141	652	580	9,881
	M	1,216	1,263	1,002	1,072	1,068	1,285	1,163	592	369	9,030
Watonwan	F	773	690	568	595	592	729	651	433	444	5,475
	M	720	711	636	641	556	768	691	422	288	5,433

Race and Ethnicity (2016)

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

	One Race						Ethnicity
	Total	White	African American[a]	AIAN[b]	API[c]	Two+ Races	Hispanic/ Latino[d]
State	5,519,952	4,691,265	344,322	73,970	275,931	134,464	289,422
Blue Earth	66,441	60,849	2,540	240	1,574	1,238	2,258
Brown	25,331	24,764	122	65	180	200	1,075
Faribault	13,935	13,549	88	102	53	143	921
Freeborn	30,446	28,840	448	135	615	408	2,885
Goodhue	46,676	44,289	589	674	355	769	1,525
Le Sueur	27,591	26,742	194	128	204	323	1,579
Martin	19,829	19,247	138	90	140	214	834
Mower	39,163	35,413	1,435	234	1,473	608	4,384
Nicollet	33,575	31,283	1,062	171	510	549	1,428
Scott	143,680	123,847	5,818	1,523	9,201	3,291	7,147
Waseca	18,911	17,878	443	154	165	271	1,111
Watonwan	10,908	10,367	132	143	136	130	2,628

[a]Black/African American; [b]American Indian/Alaska Native; [b]American Indian/Alaska Native; [c]Asian/Native Hawaiian or other Pacific Islander
[d]Hispanic/Latino can be of any race

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

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

	Number	Percent
State	832,228	15.1
Blue Earth	8,997	13.5
Brown	5,236	20.7
Faribault	3,175	22.8
Freeborn	6,675	21.9
Goodhue	9,051	19.4
Le Sueur	4,616	16.7
Martin	4,429	22.3
Mower	7,083	18.1
Nicollet	5,067	15.1
Scott	14,518	10.1
Waseca	3,257	17.2
Watonwan	2,162	19.8

Socioeconomic Data (2012-2016)

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

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

Minnesota Medical Assistance – Average Monthly Eligibles (2016)

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

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

Median Income (2016)

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

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

Section #2: Mental Health

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

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

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

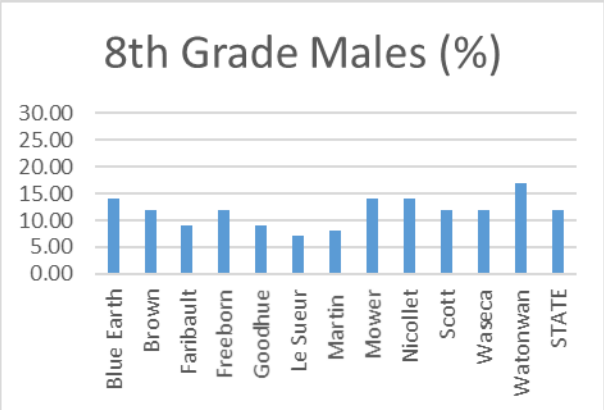
	Yes, during the last year	7.00	14.00	10.00	4.00	7.00	13.00
	Yes, more than a year ago	10.00	13.00	5.00	2.00	12.00	21.00
Mower	**No**	83.00	77.00	86.00	77.00	84.00	70.00
	Yes, during the last year	11.00	16.00	9.00	13.00	7.00	19.00
	Yes, more than a year ago	9.00	10.00	8.00	14.00	13.00	15.00
Nicollet	**No**	85.00	88.00	90.00	80.00	73.00	65.00
	Yes, during the last year	12.00	8.00	7.00	15.00	17.00	24.00
	Yes, more than a year ago	8.00	6.00	7.00	10.00	17.00	13.00
Scott	**No**	88.00	81.00	85.00	76.00	85.00	74.00
	Yes, during the last year	6.00	14.00	8.00	18.00	9.00	18.00
	Yes, more than a year ago	7.00	8.00	9.00	10.00	8.00	13.00

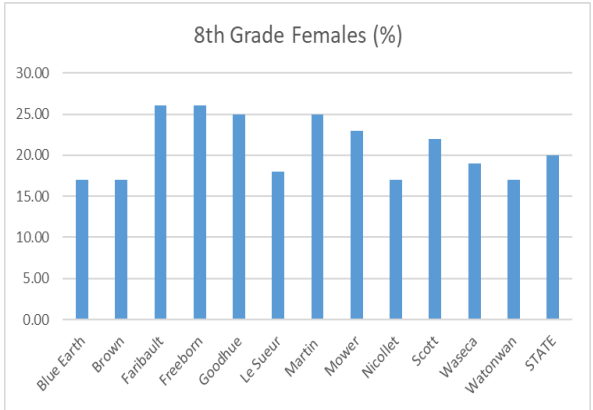
		8th Grade		**9th Grade**		**11th Grade**	
		Male (%)	**Female (%)**	**Male (%)**	**Female (%)**	**Male (%)**	**Female (%)**
Waseca	**No**	89.00	83.00	83.00	76.00	91.00	82.00
	Yes, during the last year	8.00	13.00	11.00	14.00	5.00	15.00
	Yes, more than a year ago	6.00	6.00	9.00	13.00	4.00	10.00
Watonwan	**No**	87.00	84.00	91.00	88.00	80.00	80.00
	Yes, during the last year	9.00	8.00	3.00	1.00	10.00	11.00
	Yes, more than a year ago	4.00	12.00	7.00	10.00	10.00	11.00
STATE	**No**	85.00	82.00	86.00	79.00	84.00	74.00
	Yes, during the last year	8.00	12.00	7.00	14.00	9.00	18.00
	Yes, more than a year ago	8.00	9.00	8.00	10.00	10.00	14.00

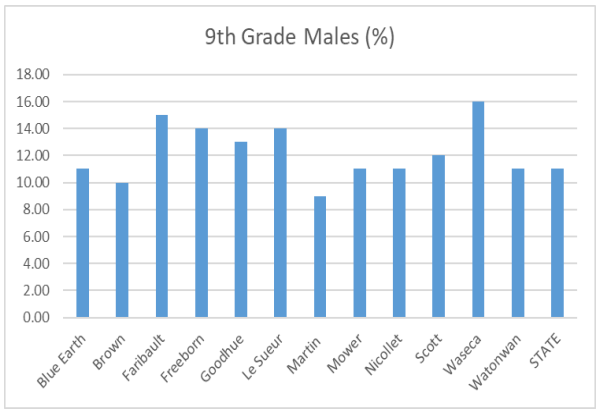
* Highlighted cells indicate data is higher than state percentage

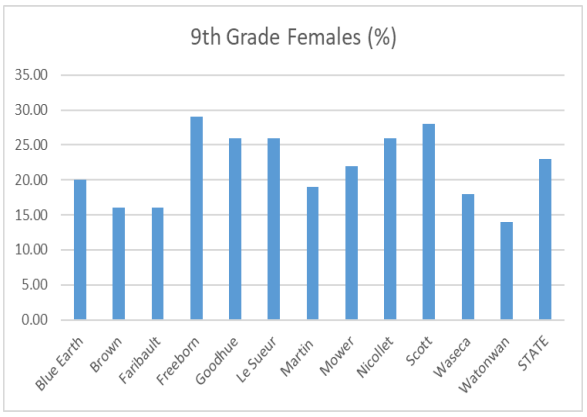
Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

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



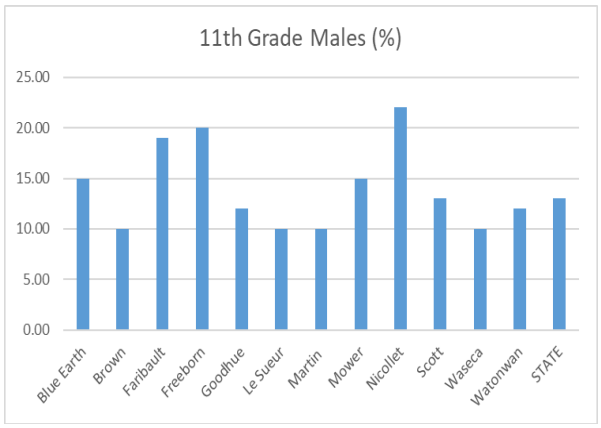


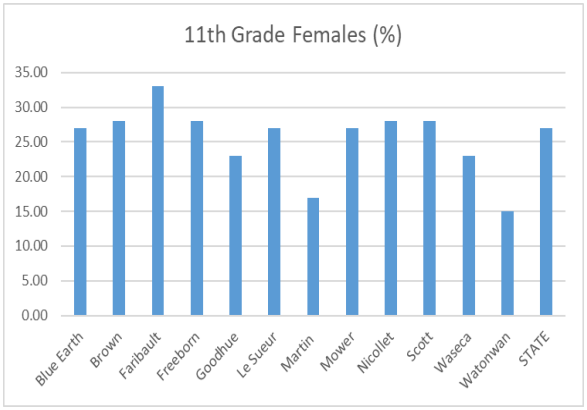




Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

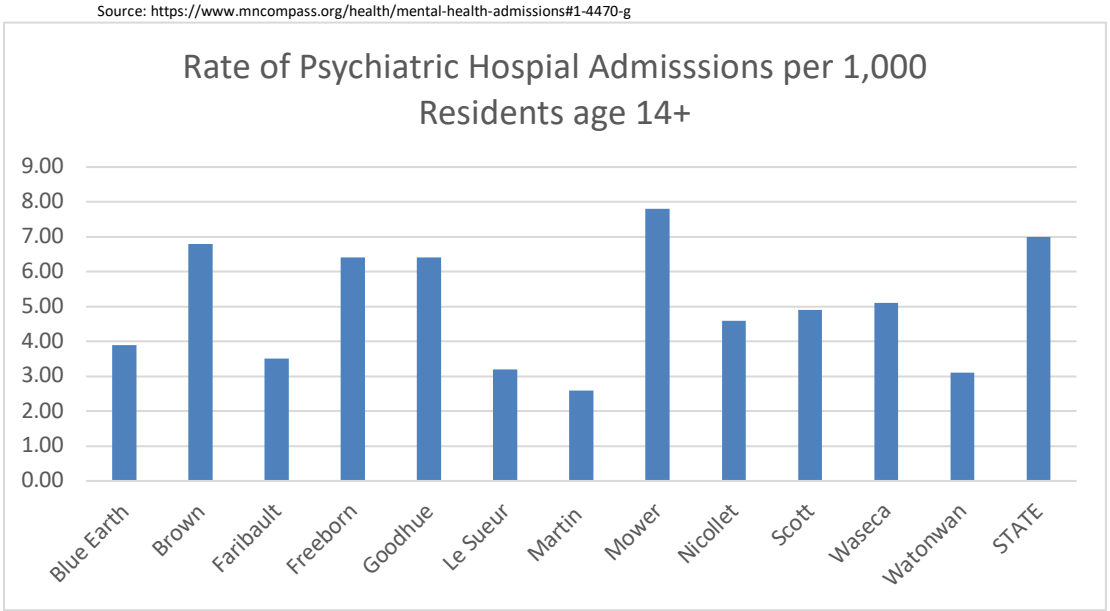
Source: http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm





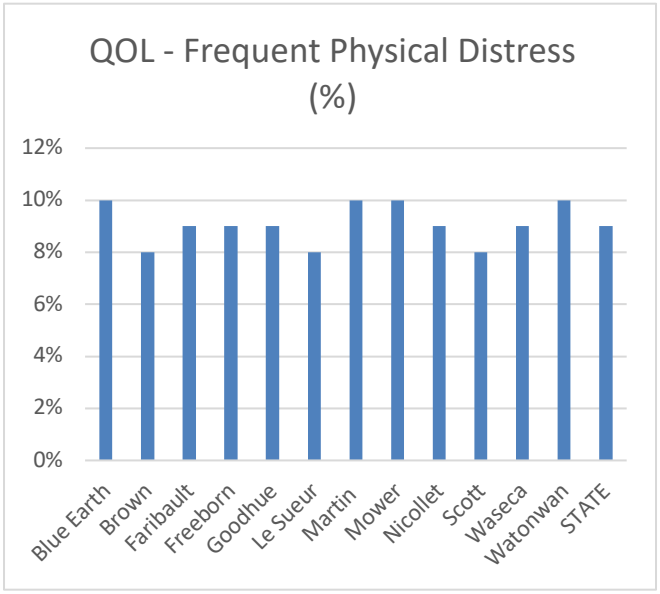
Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015)

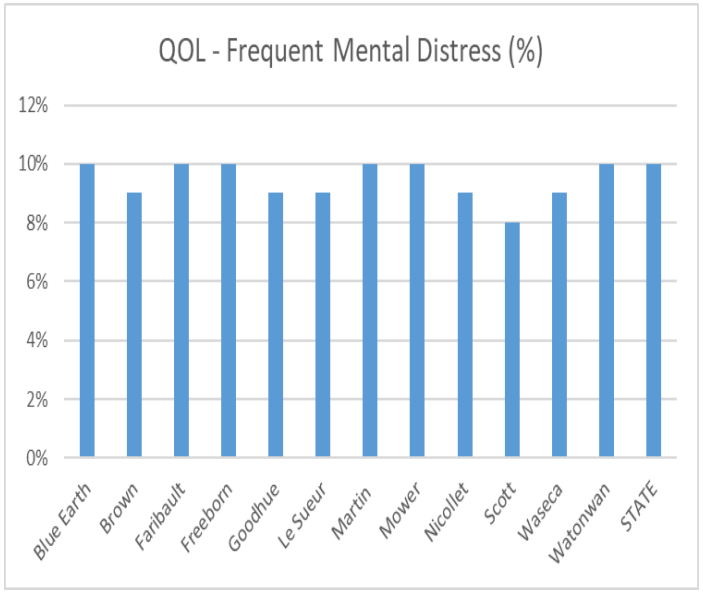
Source: https://www.mncompass.org/health/mental-health-admissions#1-4470-g



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

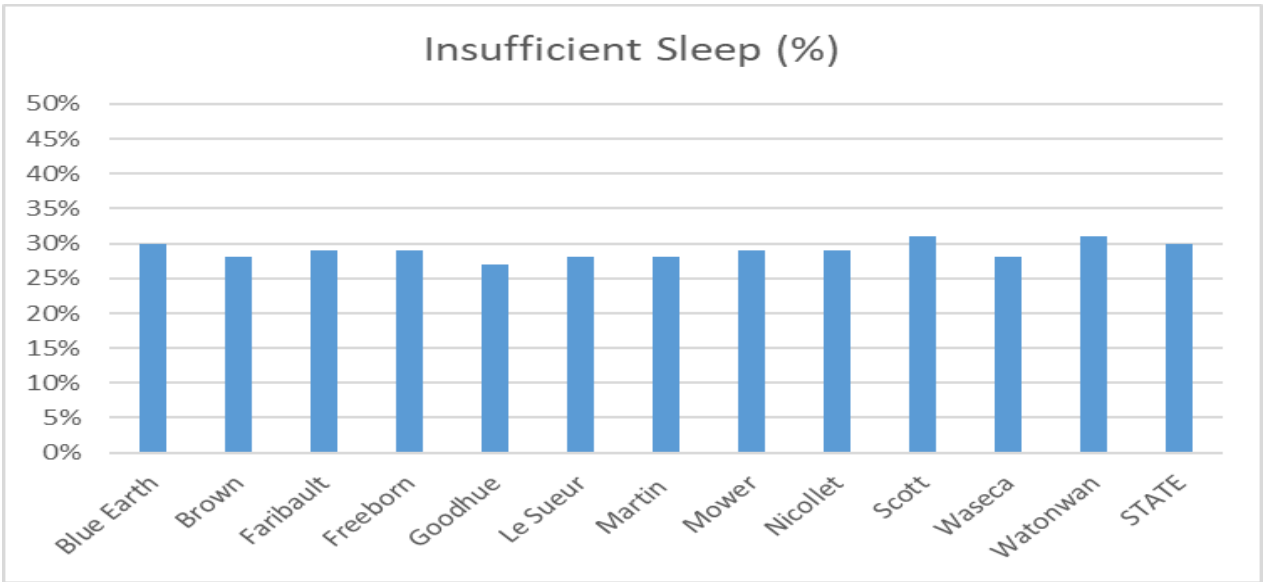
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



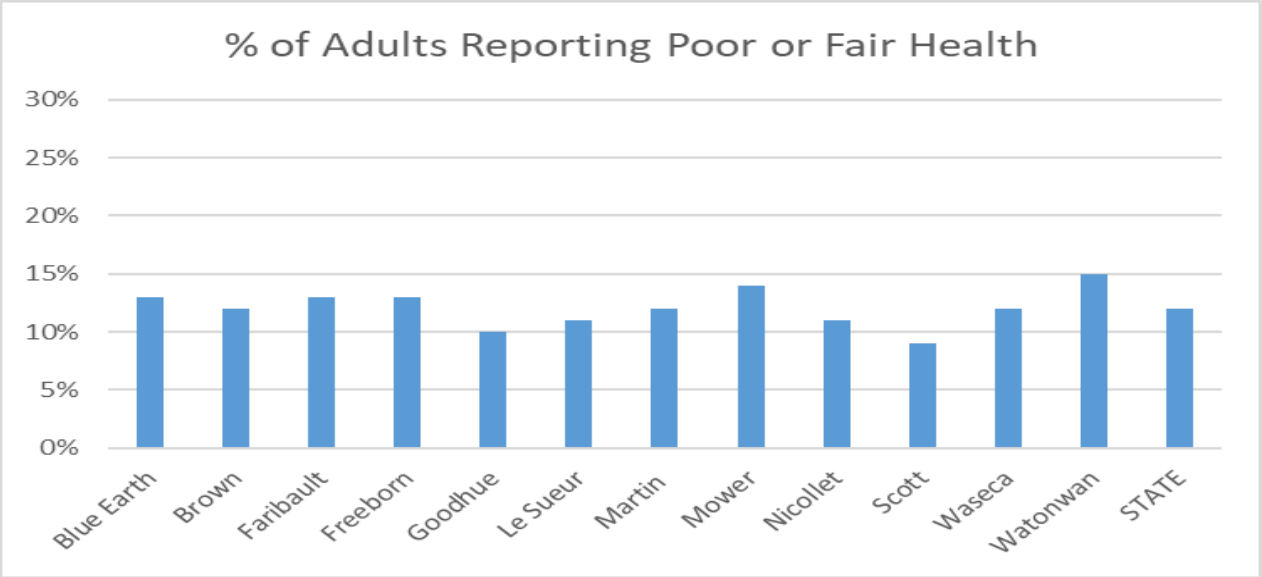


Insufficient sleep (2016)

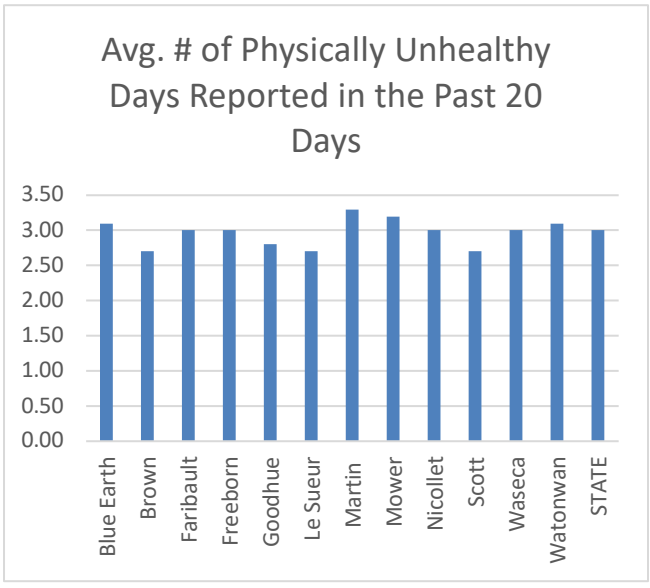
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

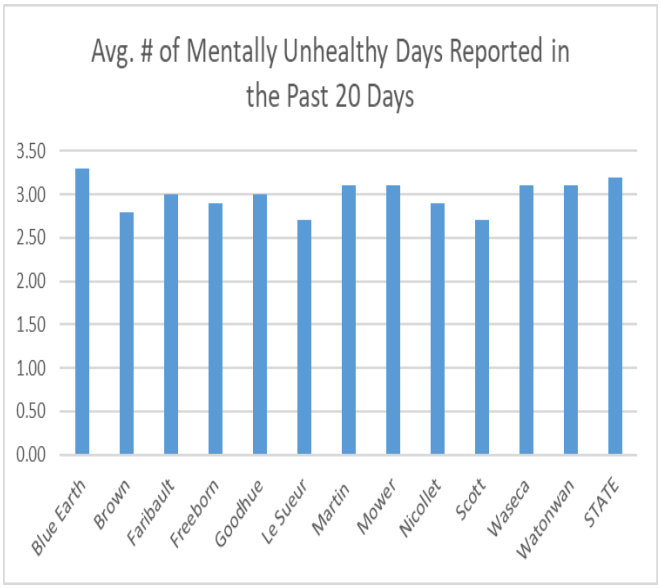


Adults report poor or fair health (2016)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



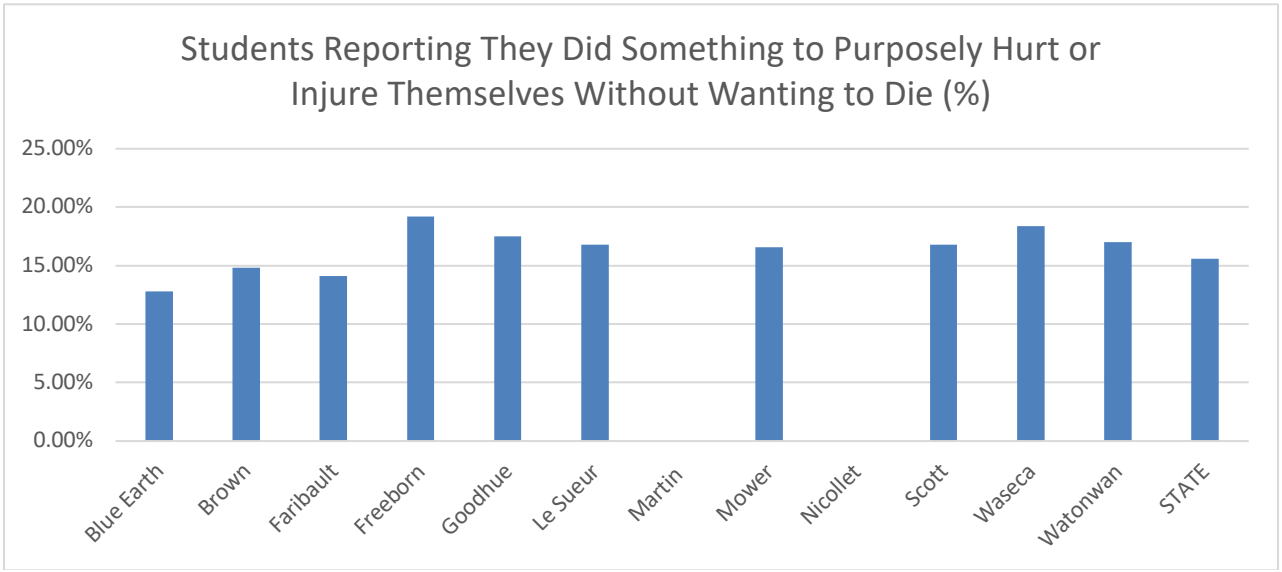
Average number of physically unhealthy days reported in the last 20 days (2016) & Average number of mentally unhealthy days reported in the last 20 days (2016)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map





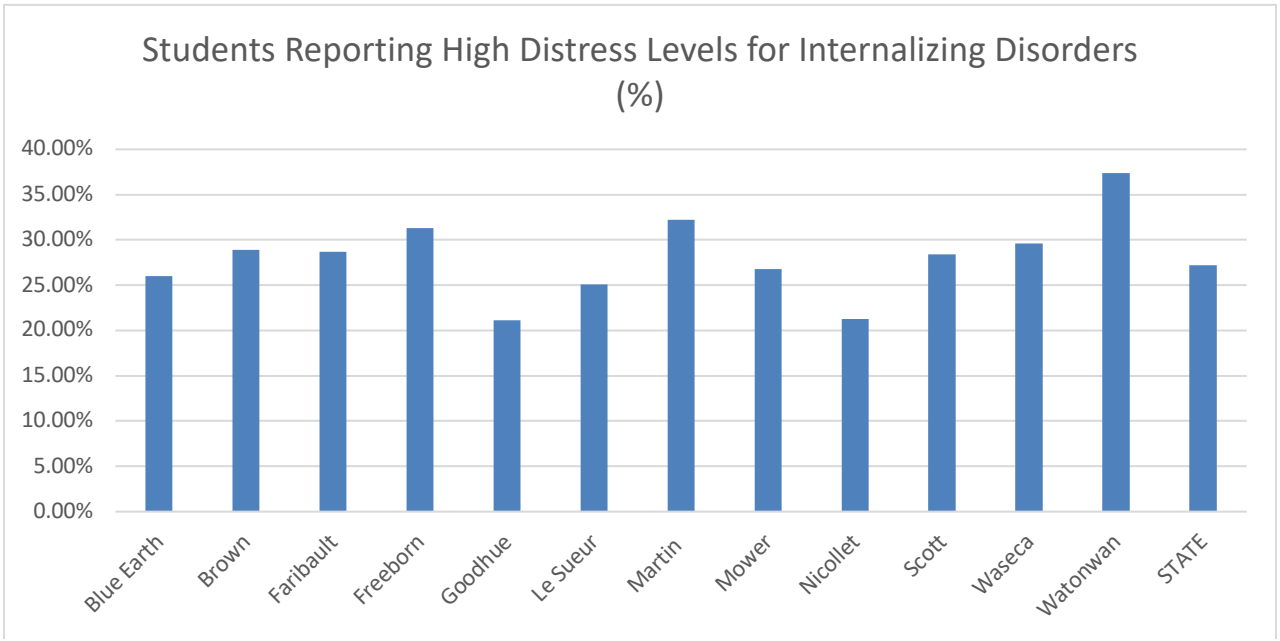
Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (2016)

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



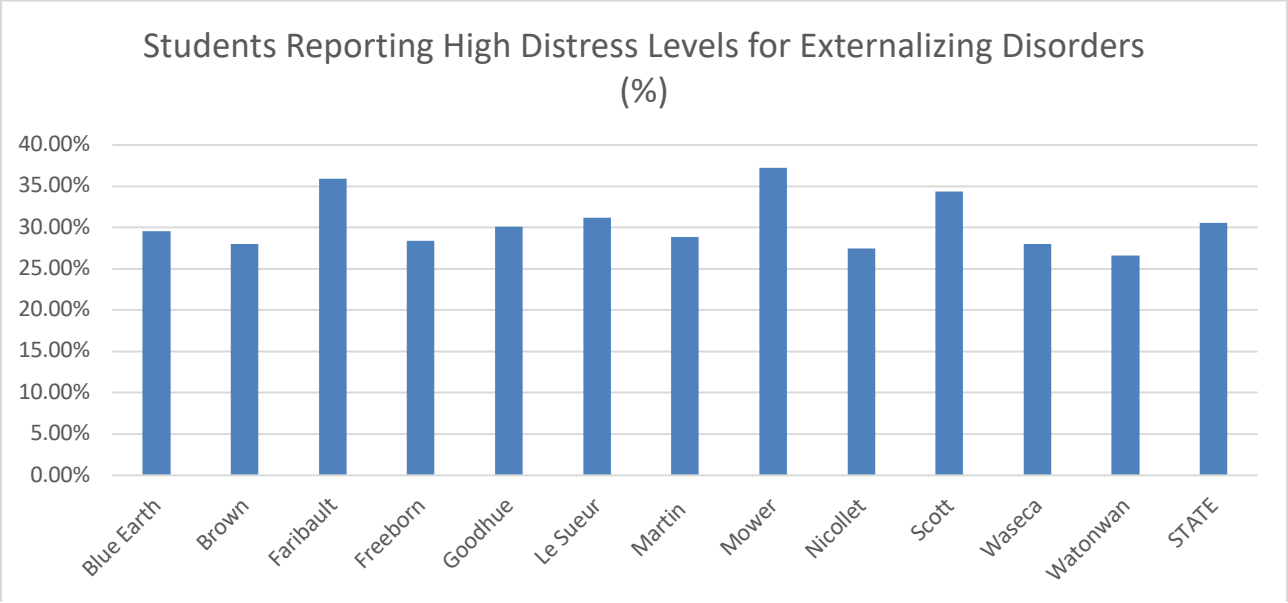
Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (2013)

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



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

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



Section #3: Lead

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

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

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

Section #4: Suicide

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

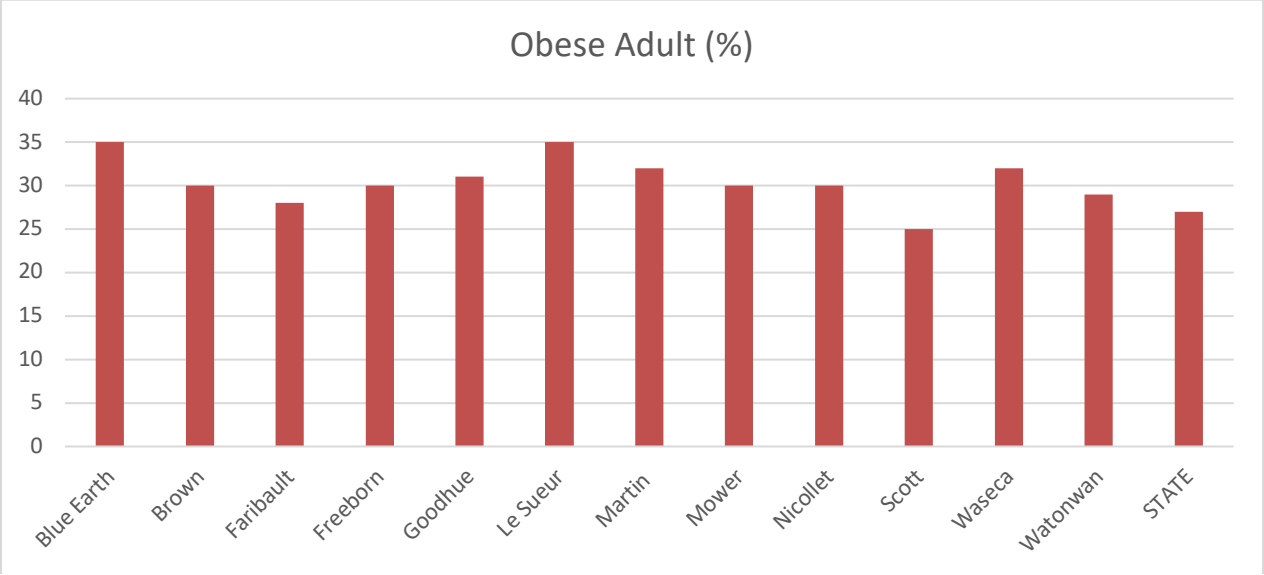
Source: https://midas.web.health.state.mn.us/violence/index.cfm

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

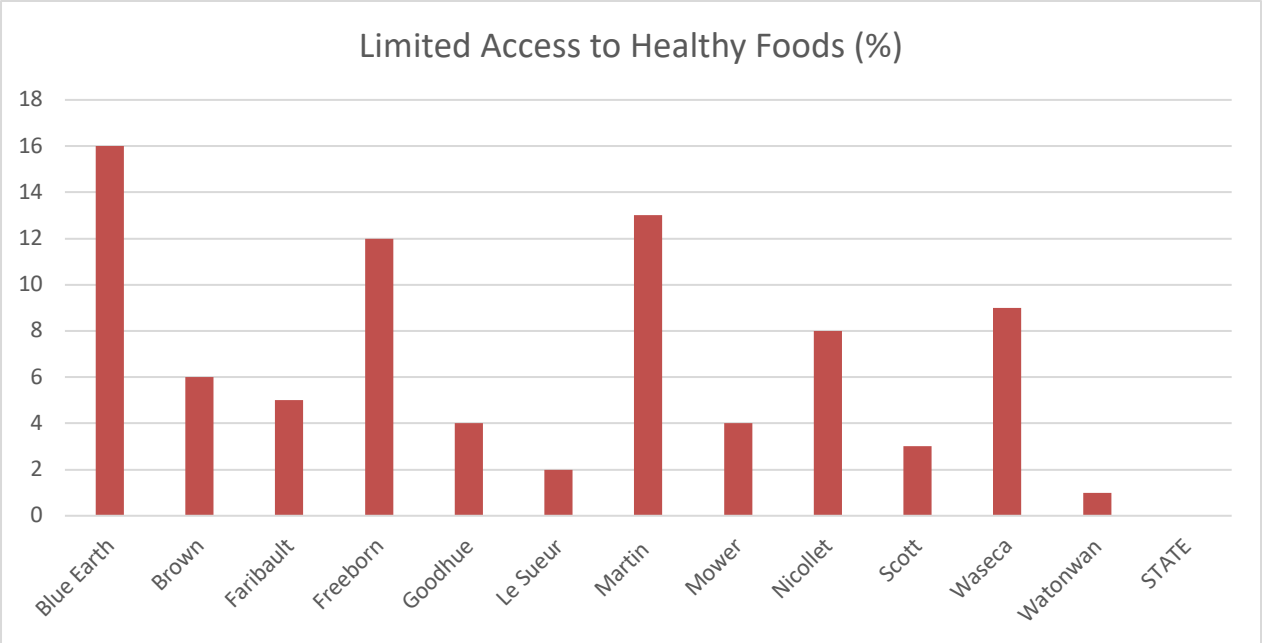
Section #5: Nutrition and Physical Activity

Obese adults (2014)

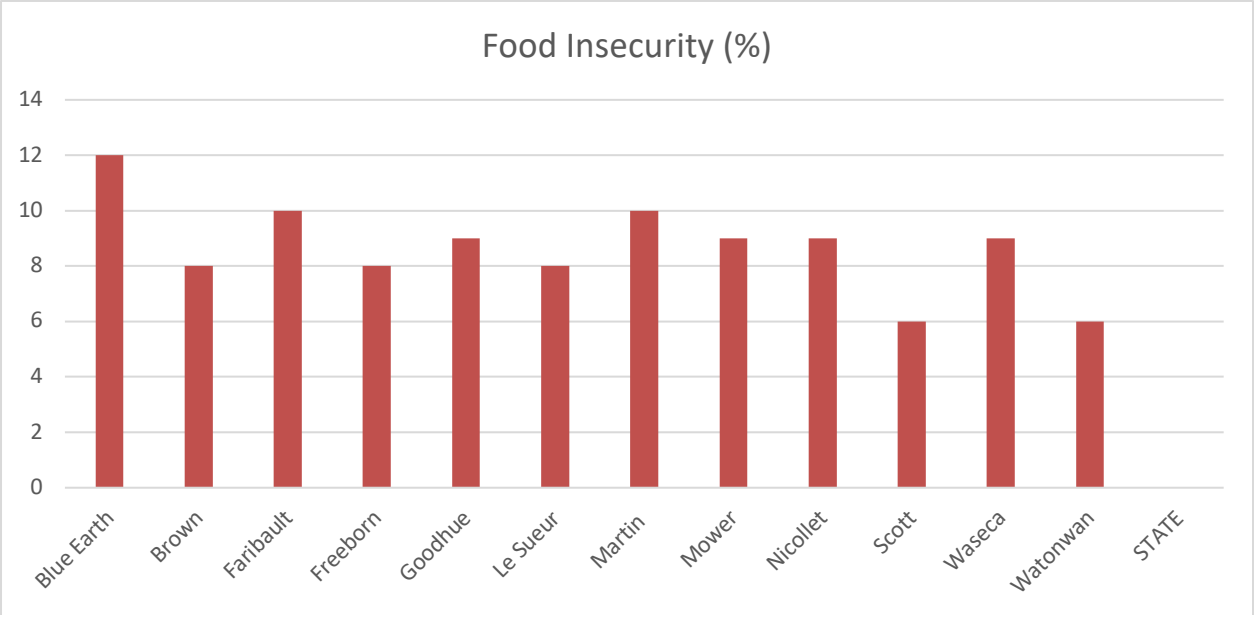
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



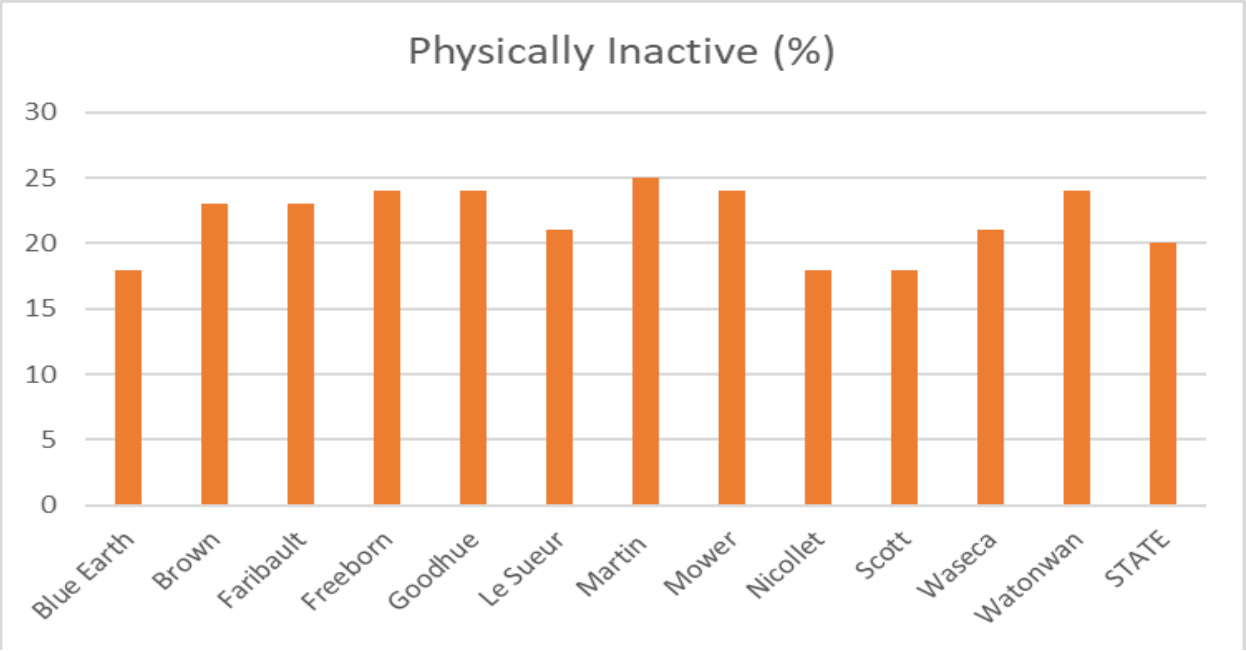
Limited access to healthy foods (2015)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



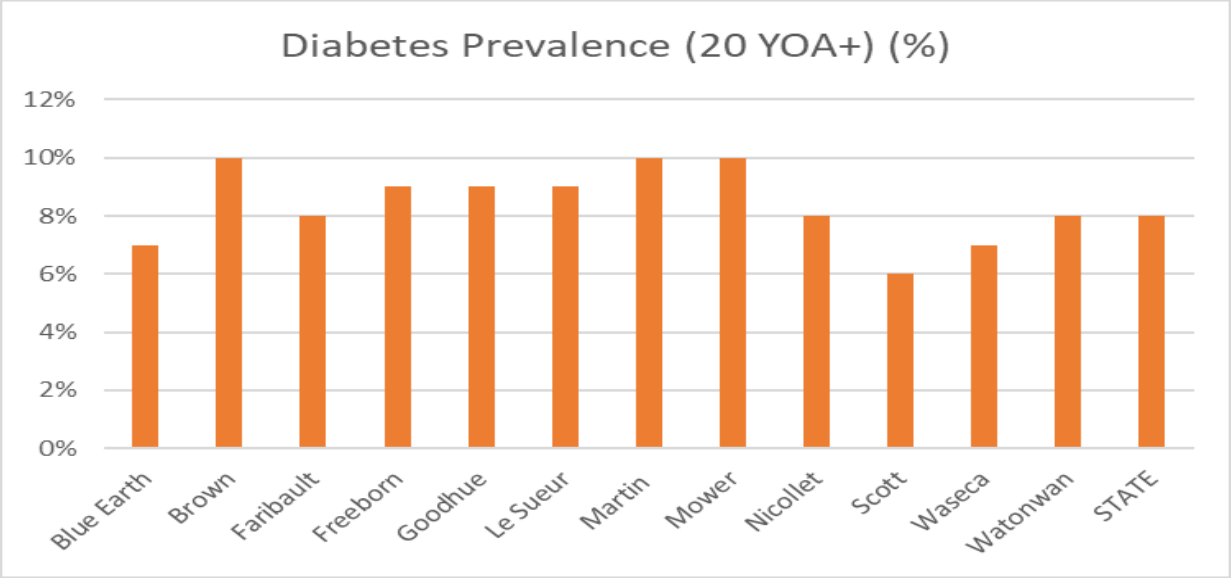
Food insecurity (2015)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Physically inactive (2014)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



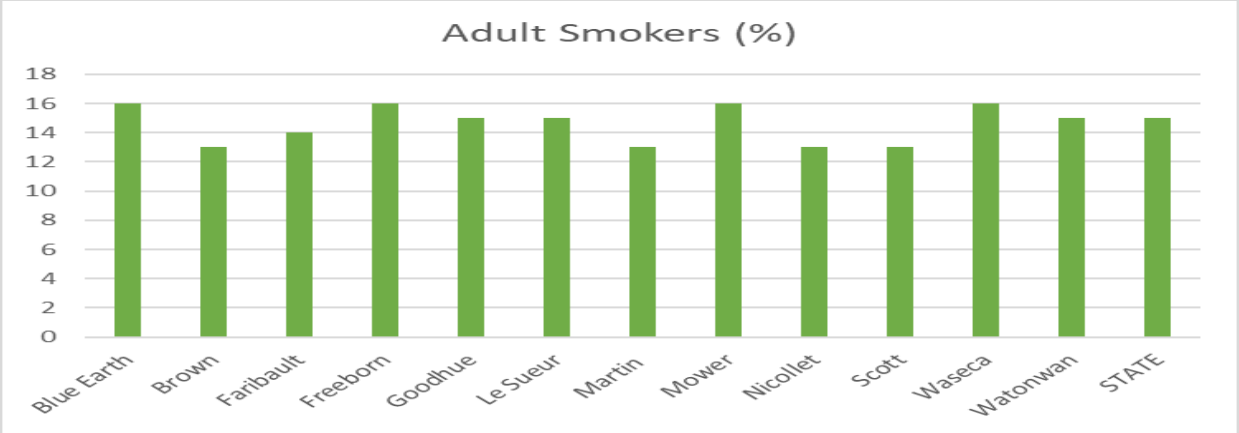
Diabetes prevalence (20+ YOA) (2014)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Section #6: Tobacco

Adult Smokers (2016)

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



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

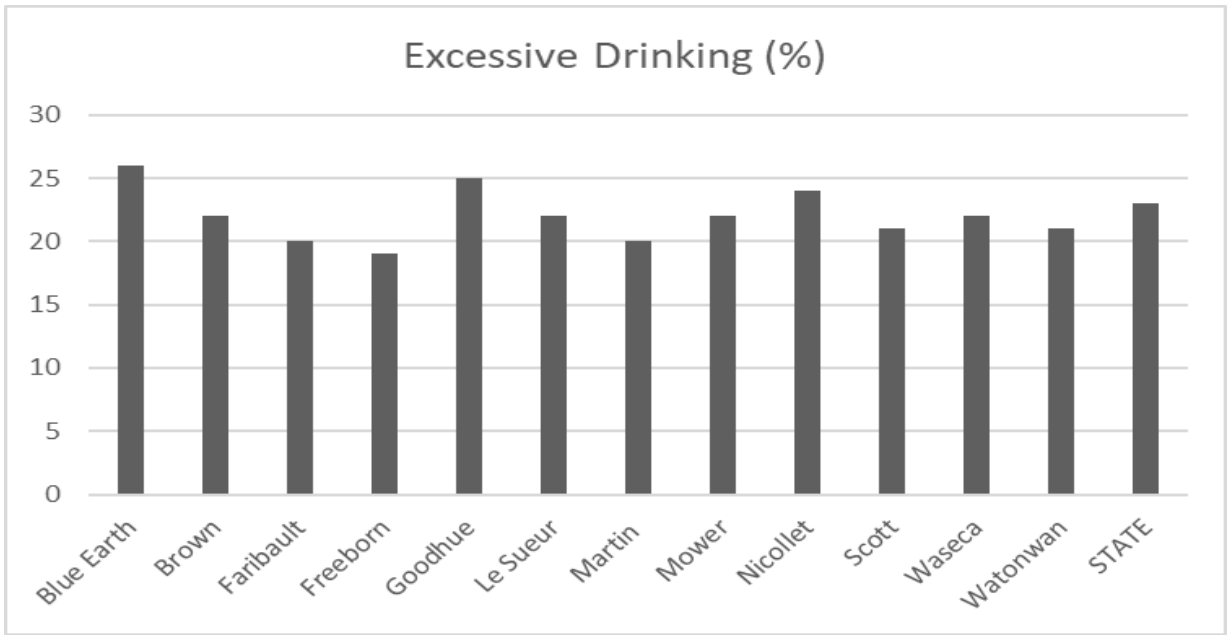
Source: http://www.sumn.org/data/location

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

Section #7: Alcohol

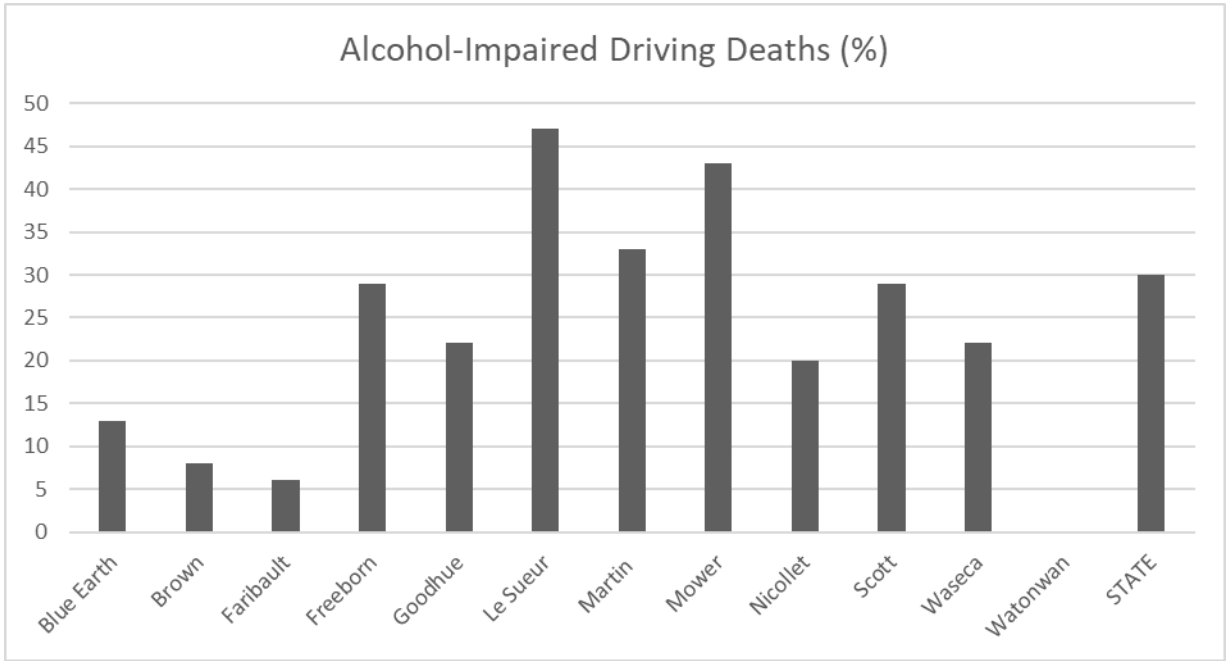
Excessive Drinking (2016)

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



Alcohol impaired driving deaths (2012-2016)

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



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

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

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

Section #7: Drugs

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

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

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

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

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

	Students Reporting Use of MDMA/Ecstasy within the Past 12 Months		Students Reporting Use of Crack/Cocaine within the Past 12 Months		Students Reporting Use of LSD, PCP or Other Psychedelics within the Past 12 Months	
	%	n	%	n	%	n
Blue Earth	1.10%	21	0.80%	15	1.30%	24
Brown	1.00%	6	1.50%	9	1.90%	12
Faribault	1.30%	4	1.30%	4	2.50%	8
Freeborn	1.00%	6	1.50%	9	2.00%	12
Goodhue	0.90%	6	1.20%	8	1.20%	8
Le Sueur	0.40%	3	0.80%	6	1.10%	8
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	0.90%	8	1.10%	9	1.60%	14
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	1.00%	41	0.90%	38	1.60%	66
Waseca	0.70%	4	0.70%	4	0.90%	5
Watonwan	1.10%	4	1.70%	6	1.10%	4
STATE	1.00%	1142	1.10%	1250	1.80%	1986

* Highlighted cells indicate percentage is higher than state percentage

Students reporting use of heroin within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting use of synthetic drugs within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting any past 30 day use of prescription drugs not prescribed for them (8th, 9th, and 11th grade) (2016)

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

	Students Reporting Use of Heroin within the Past 12 Months		Students Reporting Use of Synthetic Drugs within the Past 12 Months		Students Reporting Any Past 30 Day Use of Prescription Drugs Not Prescribed for Them	
	%	n	%	n	%	n
Blue Earth	0.30%	5	1.40%	27	4.10%	78
Brown	0.20%	1	1.10%	7	4.40%	27
Faribault	1.00%	3	2.90%	9	6.30%	20
Freeborn	0.90%	5	2.20%	13	5.30%	31
Goodhue	0.60%	4	1.20%	8	4.20%	28
Le Sueur	0.80%	6	1.20%	9	3.90%	28
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	1.10%	9	1.50%	13	4.60%	39
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	0.40%	17	1.00%	44	4.30%	180
Waseca	0.20%	1	0.20%	1	4.10%	22
Watonwan	0.60%	2	1.90%	7	6.40%	23
STATE	0.60%	632	1.30%	1423	4.70%	5288

* Highlighted cells indicate percentage is higher than state percentage

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

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

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

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

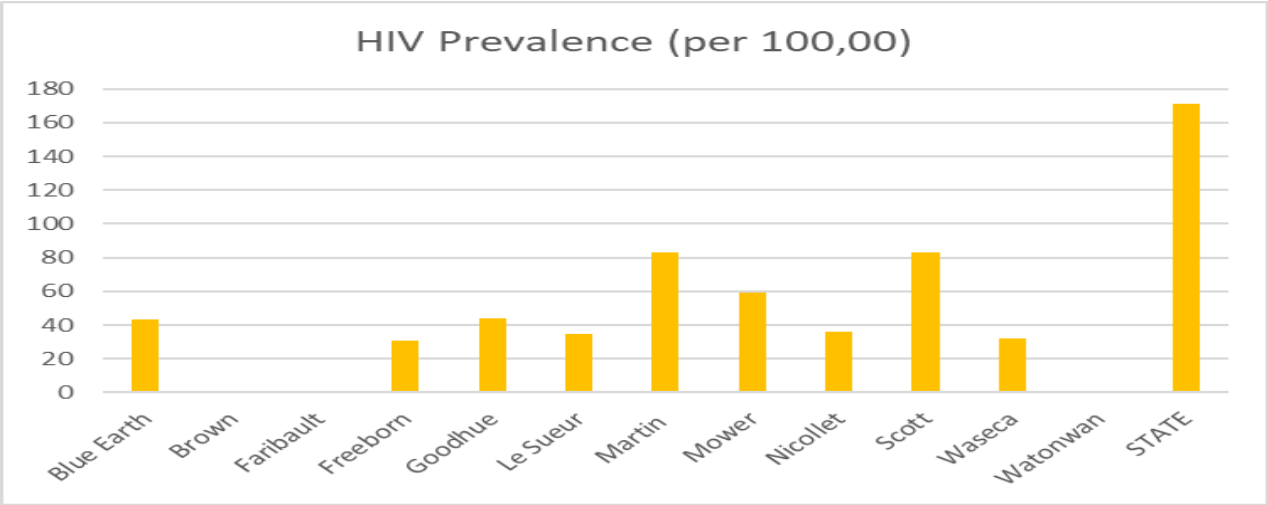
Teen birth rate (overall, white, and Hispanic) (2010-2016)

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

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

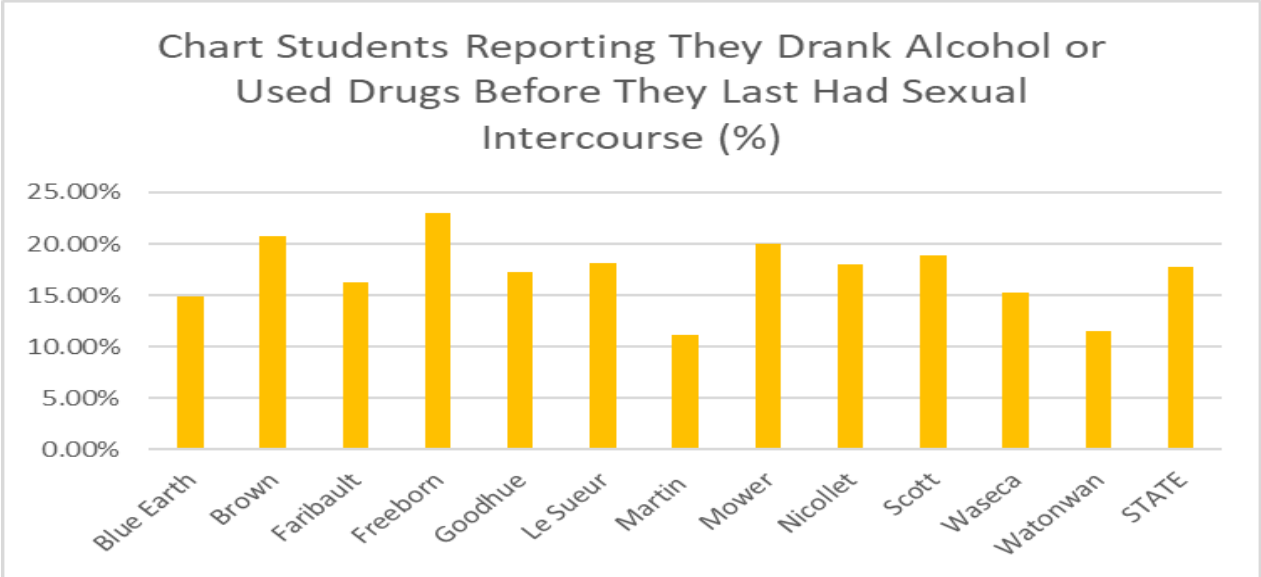
HIV prevalence (per 100,000) (2015)

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



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

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



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

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

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

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

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

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

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

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

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

	Chlamydia Rate (per 100,000 population)	Gonorrhea Rate (per 100,000 population)
Blue Earth	555	53
Brown	263	N/A
Faribault	179	N/A
Freeborn	259	26
Goodhue	249	28
Le Sueur	162	25
Martin	202	N/A
Mower	388	87
Nicollet	309	34
Scott	295	50
Waseca	256	31
Watonwan	232	N/A
STATE	428	96

* Highlighted cells indicate rate is higher than state rate

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

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

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

* Highlighted cells indicate percent is higher than state percent
** Highlighted cells indicate percent is lower than state percent

Section #8: Healthcare System

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

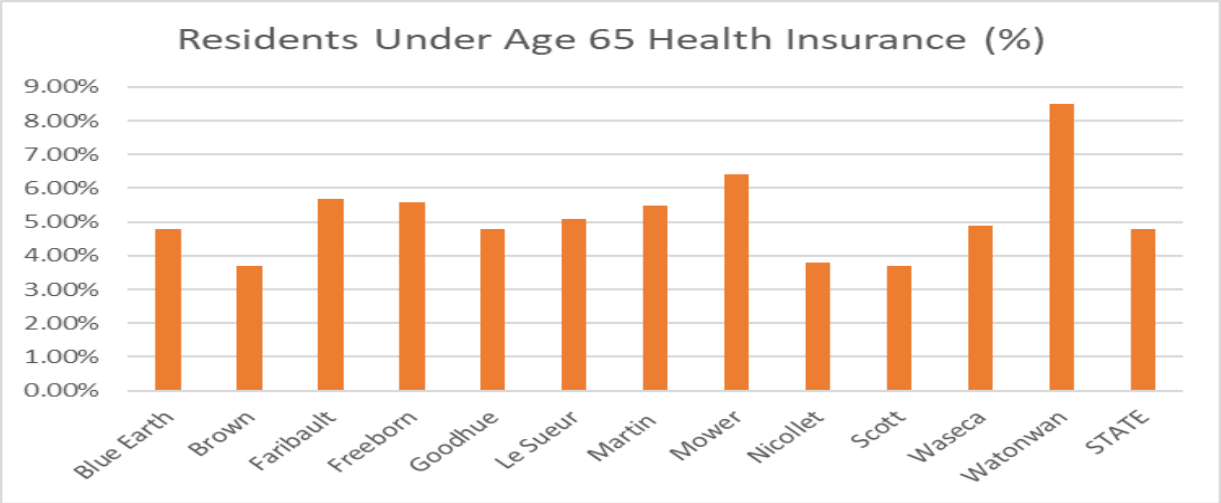
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

	Primary Care Physician Ratio #:1	# of Primary Care Physicians	Dentists Ratio #:1	# of Dentists	Mental Health Provider Ratio #:1	# of Mental Health Providers
Blue Earth	1040	63	1210	55	410	163
Brown	820	31	1950	13	510	50
Faribault	2810	5	2320	6	2790	5
Freeborn	1530	20	2340	13	1050	29
Goodhue	1080	43	2330	20	1040	45
Le Sueur	9220	3	3070	9	3940	7
Martin	1250	16	1650	12	1040	19
Mower	2060	19	2060	19	1000	39
Nicollet	1010	33	1460	23	560	60
Scott	1670	85	2480	58	1090	132
Waseca	2710	7	2360	8	6300	3
Watonwan	3650	3	2180	5	1820	6
STATE	1110	N/A	1440	N/A	470	N/A

* Highlighted cells indicate ratio is higher than state ratio

Residents under age 65 without health insurance (2016)

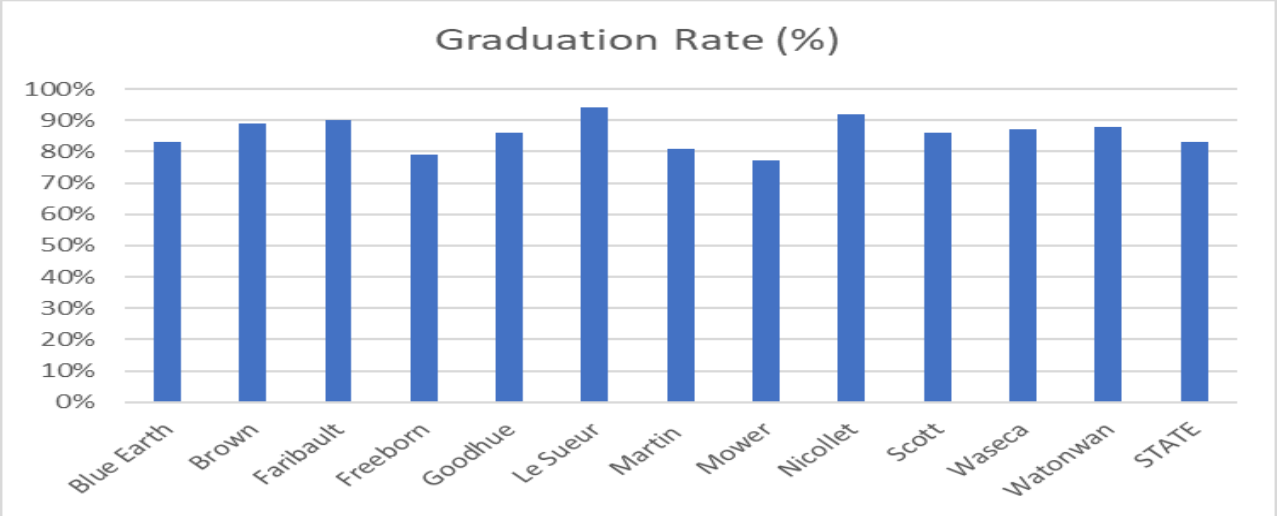
Source: https://www.mncompass.org/health/health-care-coverage#1-7468-g



Section #9: Social and Economic Factors

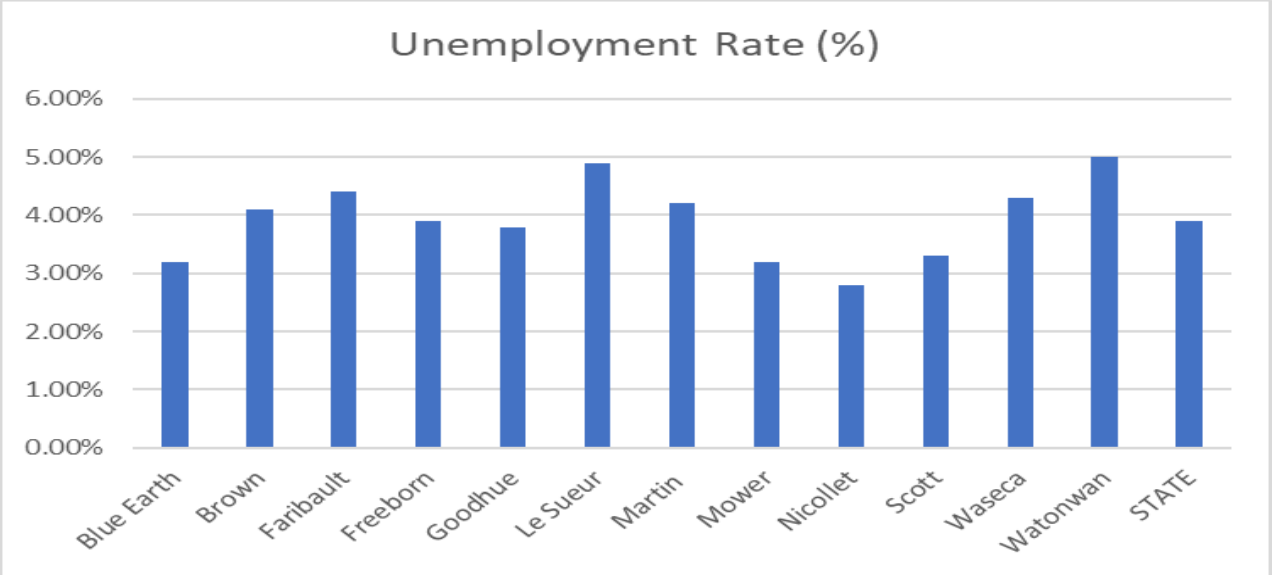
Graduation rate (2014-2015)

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



Unemployment rate (2016)

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



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

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

	Children in Poverty (Hispanic)	Children in Poverty (White)
Blue Earth	44%	7%
Brown	14%	9%
Faribault	54%	15%
Freeborn	21%	12%

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

Section #10: Maternal, Infant, and Child Health

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

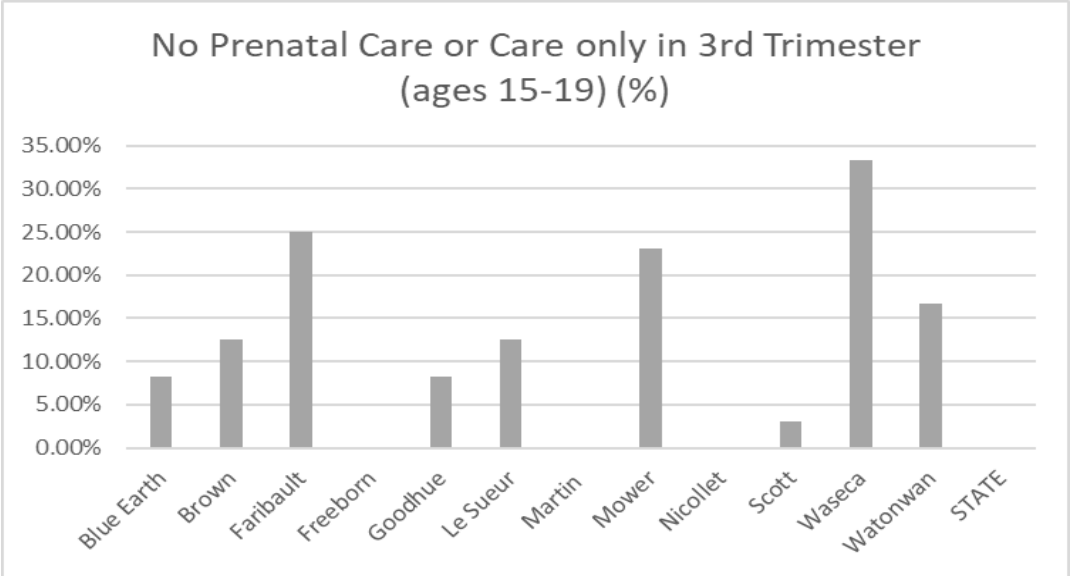
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

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

*Highlighted cells indicate percent is higher than state percent

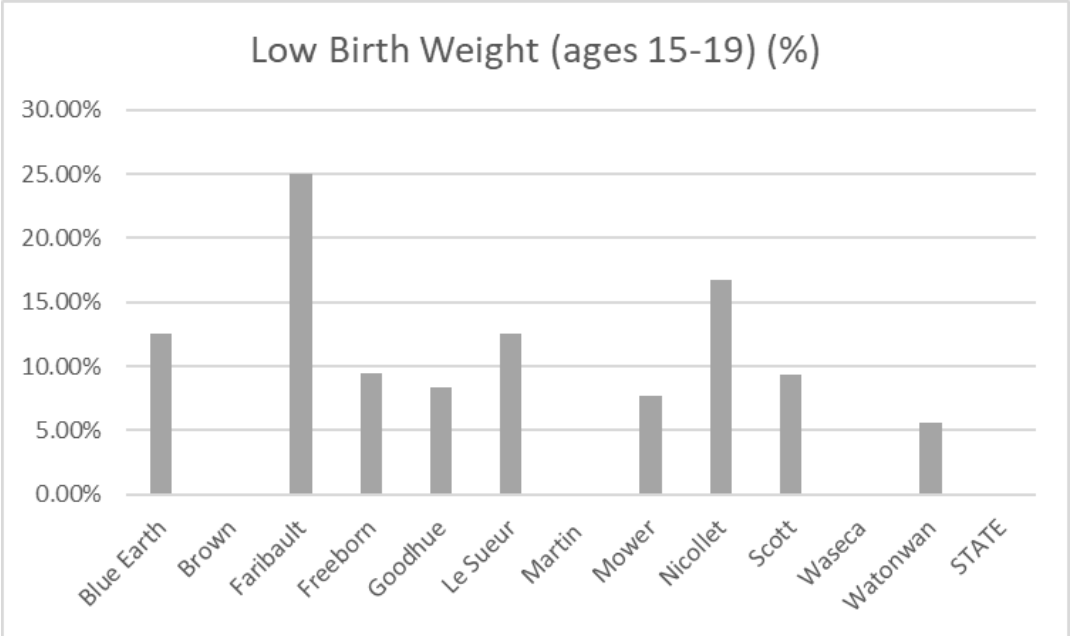
No prenatal care or care only in 3rd trimester (ages 15-19) (2016)

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



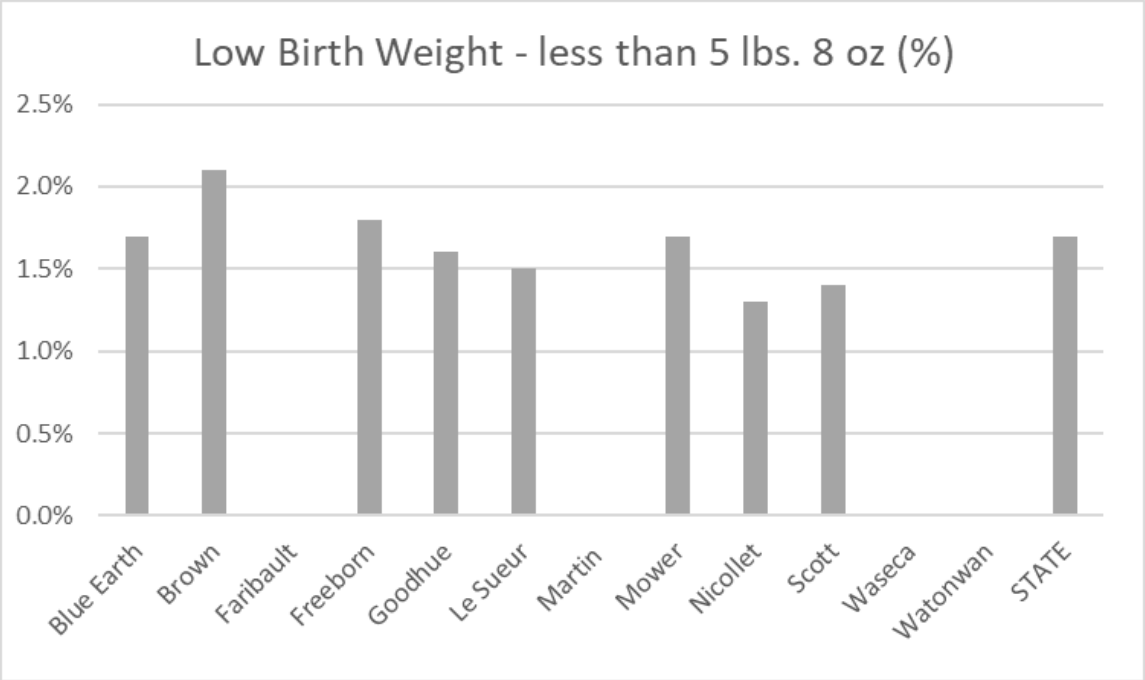
Low birth weight (ages 15-19) (2016)

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



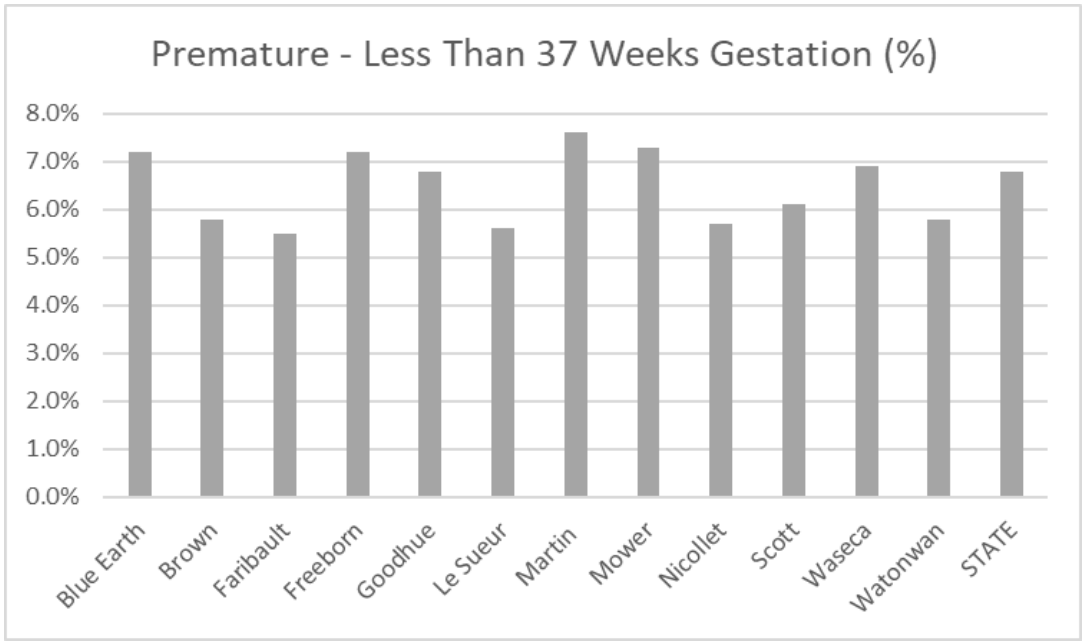
Low birth weight - less than 5 lbs. 8 oz (2012-2016)

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



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

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



Section #11: Immigrant Populations

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

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

	Total	Europe	Asia	Africa	Oceana	Americas

	(n)	(n)	(n)	(n)	(n)	(n)
Blue Earth	2707	406	1121	731	11	438
Brown	533	145	109	4	0	275
Faribault	316	19	27	1	0	269
Freeborn	1202	88	242	120	11	741
Goodhue	1431	272	301	66	54	738
Le Sueur	779	72	81	37	0	589
Martin	480	52	107	14	1	306
Mower	3159	81	673	243	144	2018
Nicollet	1357	146	521	286	0	404
Scott	11159	1254	5326	1420	12	3147
Waseca	643	58	87	146	9	343
Watonwan	1225	20	76	8	0	1121
STATE	426691	45735	163447	92742	2107	122660

Primary refugee arrival to Minnesota by initial county of resettlement (n) (2016) & Secondary refugee arrival to Minnesota by initial county of resettlement) (n) (2016)

Source: http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf & http://www.health.state.mn.us/divs/idepc/refugee/stats/16secorigin.pdf

	Primary Refugee Arrival to Minnesota by Initial County of Resettlement (n)	Secondary Refugee Arrivals to Minnesota by County of Resettlement (n)
Blue Earth	27	33
Brown	0	0
Faribault	0	0
Freeborn	21	6
Goodhue	0	0
Le Sueur	0	0
Martin	0	0
Mower	44	0
Nicollet	14	36
Scott	43	1
Waseca	0	0
Watonwan	0	0
STATE	3186	977

Section #12: Limited English Proficiency (LEP)

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

	Total LEP (n)	Total LEP %
Blue Earth	1039	1.70%
Brown	336	1.40%

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

Section #13: Chronic Conditions

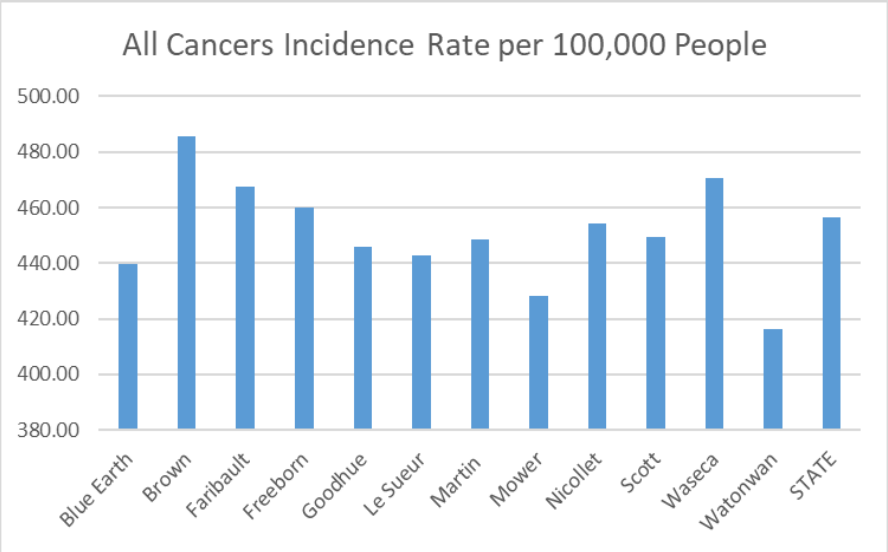
Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer's disease, diabetes, suicide, Parkinson's disease, liver disease and cirrhosis (2016)

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

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

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

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



County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)
Source: https://data.web.health.state.mn.us/copd_query

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

* Highlighted cells indicate rate is higher than state rate

Section #14: Dental

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

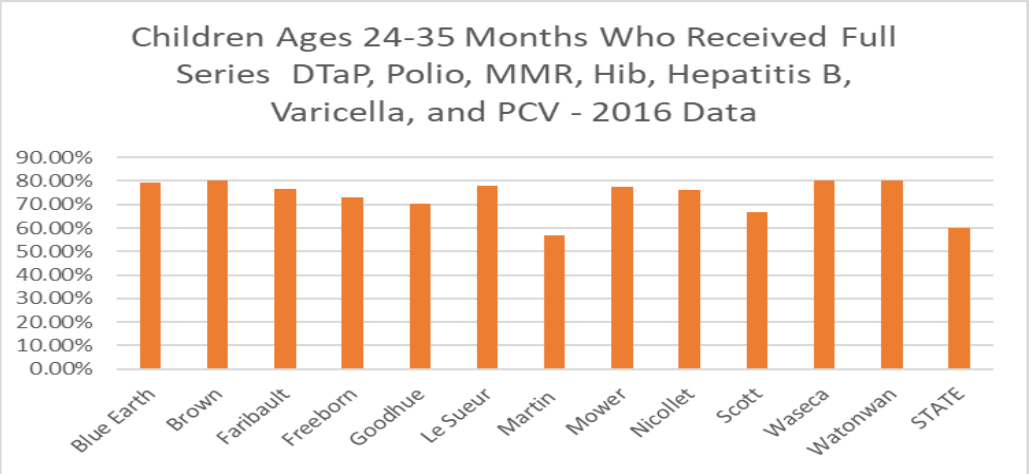
Source: https://data.web.health.state.mn.us/oral-health

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

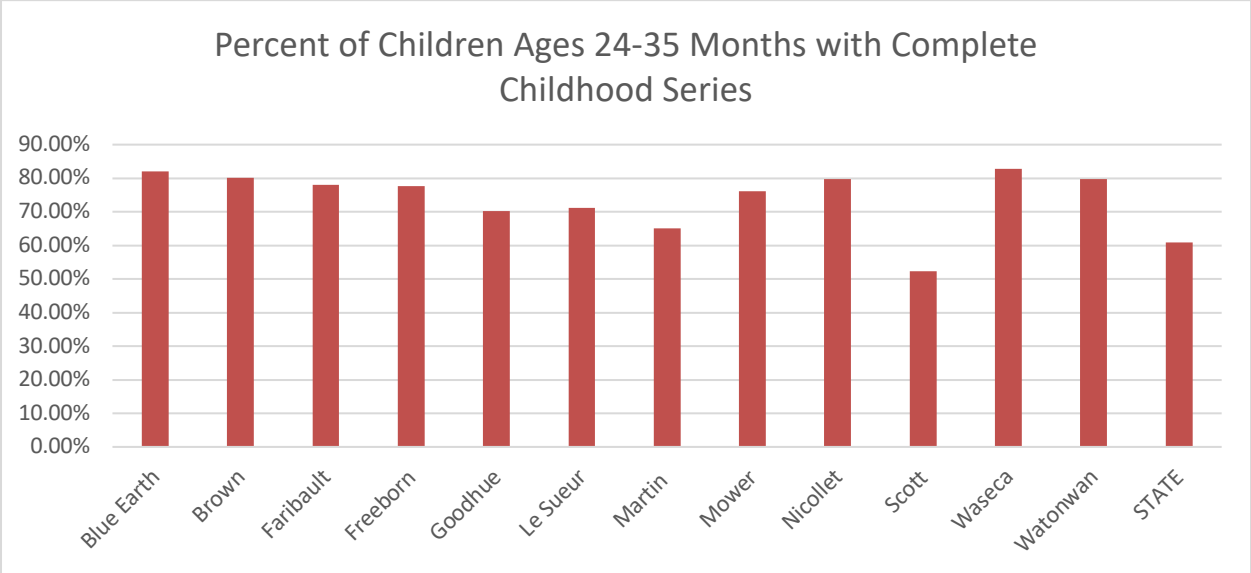
Section #15: Immunizations

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

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



Percent of children ages 24-35 months with complete childhood series (2017)
Source: https://data.web.health.state.mn.us/web/mndata/immunization_basic



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

Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) ; Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015); Heat illness ED (per 100,000 age-adjusted) (2011-2015); Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)
Source: https://data.web.health.state.mn.us/web/mndata/topics#menu3

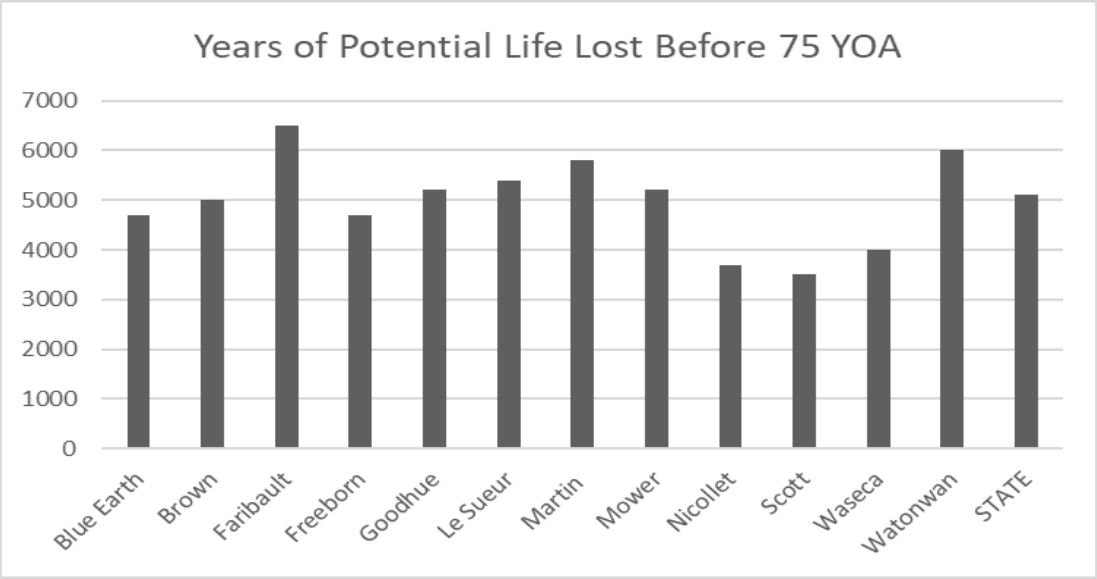
	Asthma – ER	Asthma - Hosp.	Heart Attack – Hosp.	Heat-illness - ED	Heat-illness Hosp.
	Per 10,000 age-adjusted	Per 10,000 age-adjusted	Per 10,000 age-adjusted, 35+ YOA	Per 100,000 age-adjusted	Per 100,000 age-adjusted
Blue Earth	26.4	3.9	28.1	21.1	2.0
Brown	26.1	4.4	38.3	40.5	2.5
Faribault	40.1	4.1	33.4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

* Highlighted cells indicate rate is higher than state rate

Section #17: General/Other

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

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



Recommendations

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

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

Limitations

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