MAYO CLINIC
HEALTH SYSTEM

Community Health Needs Assessment

Mayo Clinic Health System in Albert Lea and Austin

2022

@2021 Mayo Clinic Health System

MAYO CLINIC
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I. Executive Summary

Enterprise Overview

MAYO CLINIC

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education and research. Mayo Clinic serves more than 1.4 million patients annually from every U.S. state and 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 hospitals located in communities in Arizona, Florida, Minnesota and Wisconsin.

COMMITMENT TO COMMUNITY

Through its interdisciplinary expertise in medical practice, research and education, Mayo Clinic serves communities everywhere. Mayo Clinic reinvests its net operating income to advance breakthroughs in diagnoses, treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. One example illuminating this is how Mayo Clinic responded to the COVID-19 pandemic, which intensified existing community health needs. Mayo Clinic's front-line and virtual teams cared for more than 160,000 patients with COVID-19 in 2021. Mayo staff tested more than 1.1 million people for COVID-19, administered more than 500,000 COVID-19 vaccinations, and provided more than 19,000 monoclonal antibody infusions. In addition to its extensive medical, public health and research response, Mayo Clinic also cared for broader aspects of community need, including assistance to local non-profits, schools and government agencies, human service collaborative efforts and small local businesses to help stabilize and sustain the economies of its local communities.

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 44 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 have 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.

SOUTHEAST MINNESOTA REGION

In Southeast Minnesota, MCHS hospitals are located in Albert Lea, Austin, Cannon Falls, Lake City and Red Wing and there are regional clinics throughout the region. MCHS partners with community stakeholders in Freeborn, Mower and Goodhue Counties to conduct the Community Health Needs Assessment.

Mayo Clinic Health System – Albert Lea and Austin is one hospital with two campuses with 159 licensed beds that offers a broad range of inpatient, outpatient and specialty services in southern Minnesota and northern Iowa, including a convenience care clinic, cancer center, physical medicine and rehabilitation center and inpatient and outpatient drug and alcohol treatment facilities.

In 2021, Mayo Clinic Health System –Albert Lea and Austin had more than 332,000 outpatient visits. Hospital inpatient days totaled 15,572, with 642 births. The majority of those patients live in Freeborn and Mower Counties.

For the purposes of this CHNA, the community is defined as Freeborn and Mower counties.

Summary of the Health Needs Assessment

The main population centers of Albert Lea and Austin are approximately 23 miles apart. The demographics of the two counties are similar, but specific community needs in Albert Lea and Austin (and Freeborn and Mower Counties) vary. Health needs prioritization reflects this to ensure that each community’s unique health issues are addressed and that local support for CHNA plans is achieved.

Mayo Clinic Health System – Albert Lea and Austin has a long history of reaching out to its communities for feedback, collectively identifying local health care needs and building partnerships to meet those needs. Valuable partnerships with community organizations work to improve the quality of life for those who live in the communities served by Mayo Clinic Health System. Leadership and staff from both sites serve on local boards and initiatives, including economic development and Chamber of Commerce committees, family services collaborative, community college foundation, historical societies, United Way and others.

MCHS in Southeast Minnesota coordinated efforts with the public health departments in Freeborn and Mower Counties to develop and disseminate a mailed survey. In addition to the random mailed survey, Mayo Clinic Health System, in conjunction with the county public health department and other community stakeholders, also used separate surveys and feedback to supplement the community survey, solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

Key informant interviews were conducted in each community as well as focus groups and community listening sessions.

Through this process, the following priorities for MCHS – Albert Lea and Austin were identified:

1. Mental Well-Being
2. Access to Care
3. Substance Misuse (Mower County)
3. Chronic Disease Prevention (Freeborn County)

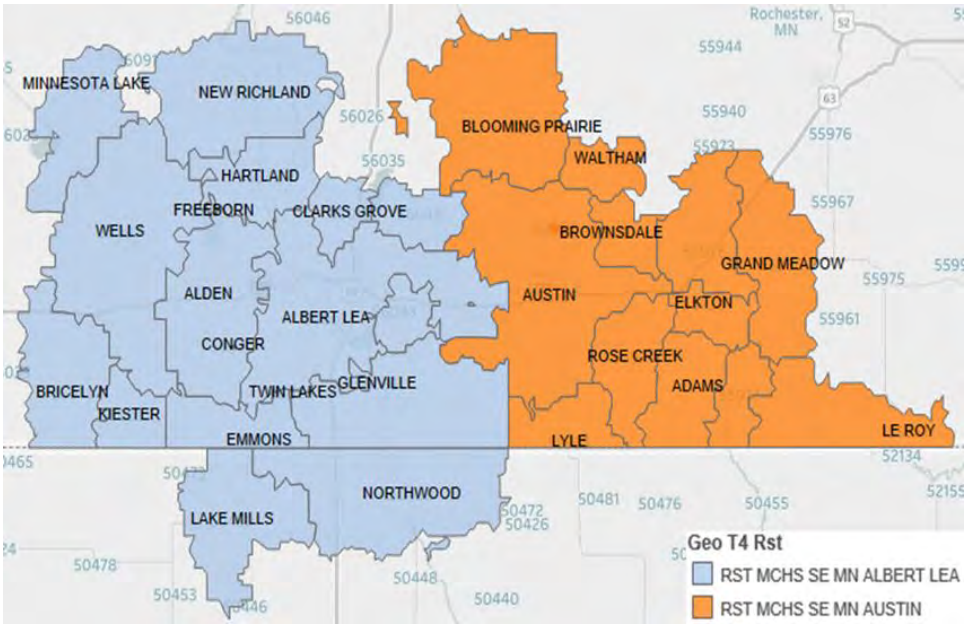
II. Freeborn and Mower County Communities

Demographic Overview

A community demographic overview can provide insight about the size and distribution of the population in terms of health sensitive attributes such as geographic location, age, sex/gender, race, ethnicity, income and housing, and Medicaid/Medicare.

GEOGRAPHIC LOCATION

Albert Lea and Austin are included within a campus of MCHS – Albert Lea and Austin. The map below outlines the market area served by the hospitals. The majority of patients at each of the facilities come from the cities of Albert Lea and Austin and smaller communities in Freeborn and Mower Counties. Demographics of the two counties are similar.



Freeborn County has a total area of 722 square miles, of which 15 square miles is water. Albert Lea, the county seat, is at the intersection of I-35 and I-90. Freeborn County lies on Minnesota's border with Iowa. The city boasts numerous lakes including Fountain and Albert Lea Lakes which gives it the nickname “The Land Between the Lakes.” Myre-Big Island State Park is nearby. The city’s early growth was fueled by agriculture, farming support services, and manufacturing. Much of the manufacturing base has declined.

Albert Lea, the County seat, was chosen in 2009 to be the first in the nation to test out the pilot program of the Blue Zones Project. Created by explorer and researcher, Dan Buettner, the Blue Zones Project is a health and longevity initiative that models the principles of communities around the world that have the longest living people and applies those principles to our own cities and communities. Officially designated in 2010, Albert Lea was titled as a Blue Zones community with higher-than-average percentage of people over the age of 65 demonstrating longevity and continues to use this initiative to improve the health and wellness of the people in and around Freeborn County.

Austin is in Mower County, which is a relatively small county geographically: 720 square miles. Other features include:

- No natural lakes, but several streams and tributaries. The high-water table accounts for historic flooding over the years.
- Agriculture is the county’s big industry (53% taxable value).
- 64% of the county’s population live in the City of Austin

- Mower County has a higher-than-average percentage of people over age 65
- Mower County has a higher-than-average diverse population
- Number one in wind energy production and generation of wind production tax
- High percentage of paved roads (90% of 400 miles)
- High number of bridges, all maintained by the county

Demographics

	Freeborn County	Mower County
2021 Population Estimates		
Total Population	30,749	40,158
City pop. estimate as of July 2021 (Albert Lea, Austin)	18,428	26,225
Persons under 5 years	5.3%	6.5%
Persons under age 18	22.0%	25.5%
Persons 65 and older	22.8%	18.3%
Market area population 2020	42,285	40,029
% female population	49.8%	49.5%
% male population	49.9%	50.5%
% under 18 years	22.0%	25.5%
% 65 years & older	22.8%	18.3%
Ethnicity/Race		
White alone, not Hispanic or Latino	92.2%	86.7%
Black or African American	1.7%	4.2%
Am. Indian/Alaska Native/Hawaiian Native/Other Pacific Islander	0.6%	1.4%
Asian alone	3.6%	5.8%
Hispanic or Latino Origin	10.9%	12.8%
Two or more races reported	1.5%	2%
Foreign born	5.6%	10.9%
% Living below poverty level	10.0%	8.7%

% with health coverage	94.8%	93.5%
Employer coverage	44%	48%
Medicaid	19.6%	18%
Medicare	16.4%	13.4%
Non-group	13.3%	13.1%
High school graduate or higher	88.2%	88.2%
Bachelor's degree or higher	17%	22.6%
Veterans	2,197	2,390
Median household income	$54,628	$55,378
Median age	44.3	38.8

Source: US Census Bureau: https://www.census.gov/quickfacts/fact/table/freebornountyminnesota/PST045221 https://datausa.io/profile/geo/mower-county-mn

III. Assessing the Needs of the Community

Community Input

Overview

Mayo Clinic Health System - Albert Lea and Austin's community assessment process was led by the Southeast Minnesota Community Engagement staff in collaboration with public health departments from both Freeborn and Mower counties. In each county, team members worked together to conduct surveys, interviews with key community leaders, and focus groups. The team followed a systematic process to evaluate the health needs of our communities and determine health priorities.

Mayo Clinic Health System has long history of engaging the community to identify local health care needs and build partnerships. Our leadership and staff serve on local boards, including economic development and Chamber of Commerce committees, service organizations, community college foundation, and other initiatives important to the community.

MCHS – Albert Lea and Austin published its 2019 CHNA report in December of that year and posted a link to the report on it its external website. While no written comments were received from the 2019-2021 Community Health Needs Assessment, the opportunity to do so was posted on the website where the reports were published. This has been modified in 2022 to list a general mailbox for each community so feedback can be directly received.

Process and Methods

Working in conjunction with the public health departments in Freeborn, Goodhue and Mower Counties and the Minnesota Department of Health, Mayo Clinic Health System took a multi-faceted approach to gathering information to identify local health needs. Working with Mower and Freeborn County Public Health, key community leaders were chosen for one-on-one interviews and active community groups were chosen to conduct focus groups. For efficiency and because our communities were still practicing safe COVID-19 protocols, all interviews and focus groups were conducted virtually using interactive group facilitation tools, including Smartsheet surveys and Slido.

Results from the key informant interview and focus groups were compiled and health priorities ranked either by vote/poll or mention.

See Appendix: Freeborn County Focus Group Priority Rankings, Mower County Focus Group Priority Rankings

Random Survey

The random mailed survey was conducted in conjunction with all three public health departments.

An initial survey packet was mailed to 4,500 sampled households in Goodhue, Mower and Freeborn counties in September of 2021 that included a cover letter, the survey instrument, and a postage-paid return envelope. One week after the first survey packets were mailed (October 1), 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 (October 15), 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 six weeks through November of 2021.

Completed surveys were received from 932 adult residents of Goodhue, Mower and Freeborn counties for an overall response rate of 21% (932/4500). The county level response rates are as follows:

	%	Number of completed surveys received from adult residents of the county*
Freeborn County	34.2%	319
Goodhue County	34.6%	323
Mower County	31%	290

*Few respondents aged 18-24 returned completed surveys, so results are reported only for adults age 25 and older.

The Minnesota Department of Health and its data analyst assisted in compiling the data by county.

See Appendix: *Freeborn County Community Health Needs Summary, Mower County Community Health Needs Summary*

Convenience Sample

In addition to the general survey, separate surveys and feedback mechanisms were employed within each county to solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

In **Freeborn County** the 2022 survey was also used to survey a convenience sample of 45 additional adults. This convenience sample was conducted to include more people of color and under-represented groups. Respondents in the convenience sample were Freeborn County Public Health clients or students from Albert Lea School District's Adult Basic Education program. While 5% of the weighted respondents for the survey of the general adult population were people of color, 75% of the convenience sample were people of color. Thirty-four percent of respondents identified themselves as Karen. The convenience sample was also younger than the weighted respondents for the general adult population. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however the convenience sample is quite small, and differences are not necessarily statistically significant. Also, adults aged 18-24 are included in the convenience sample results. Caution should be exercised when interpreting the comparisons to the general adult population.

In **Mower County**, the 2022 survey was also used to poll a convenience sample of 100 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample completed the survey in the lobby of Mower County Health and Human Services and the Women, Infants & Children (WIC) clinic.

While 11% of the weighted respondents for the survey of the general adult population were people of color, 51% of the convenience sample was people of color. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however differences are not necessarily statistically significant and adults age 18-24 are included in the convenience sample results, so caution should be exercised when interpreting the comparisons.

Key Informant Interviews

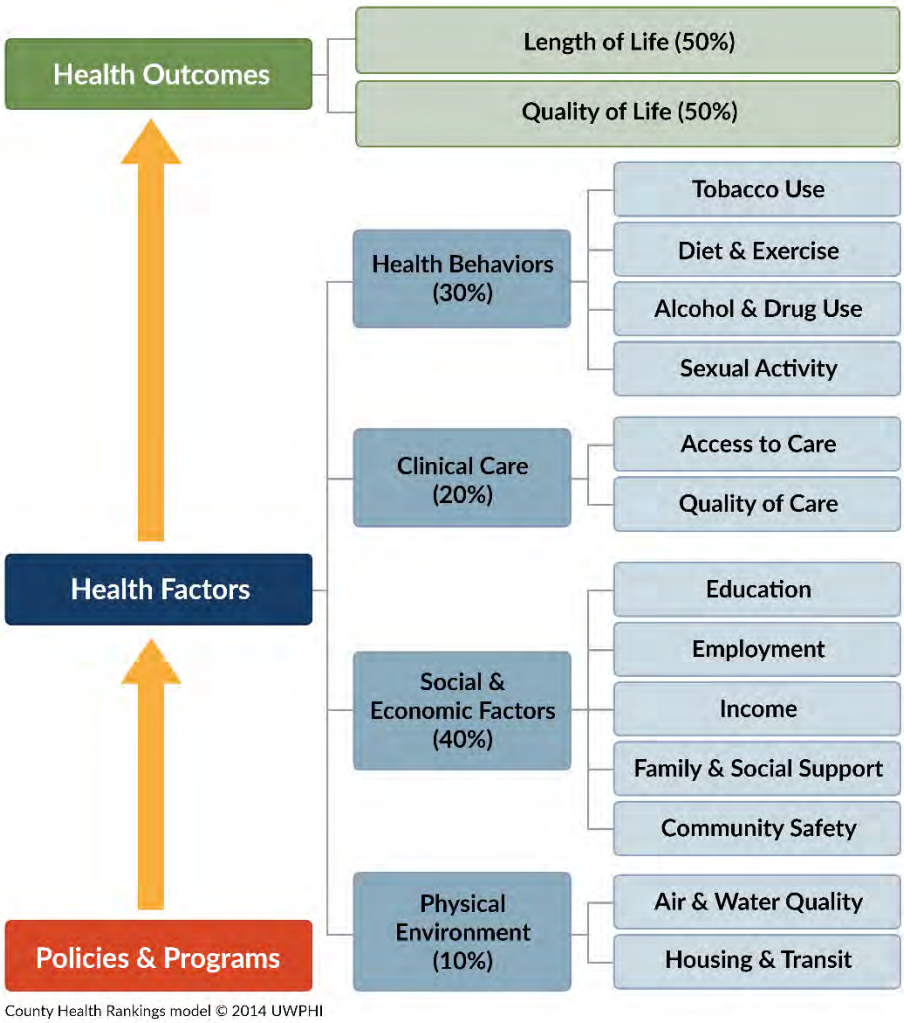
Key informant interviews were conducted in late spring and early summer of 2022 by members of the MCHS administrative leadership at each site. These one-on-one interviews followed the same format but allowed individuals to report their perceptions of community needs and share insight into strategies currently being used.

A total of 25 key informant interviews were conducted in Freeborn and Mower Counties (9 in Albert Lea, 16 in Austin). The list of participants includes representatives from the following community stakeholder groups:

- Public Health (Freeborn and Mower Counties)
- City official (Austin)
- Senior Services (Albert Lea, Austin)
- Law enforcement (Albert Lea, Austin)
- Sheriff (Freeborn, Mower)
- County Emergency Services (Mower County)
- School District (Albert Lea, Austin)
- Chamber of Commerce (Albert Lea-Freeborn County, Austin)
- United Way (Freeborn, Mower)
- Youth coalition (Austin)
- Education (Freeborn, Mower)
- Business/Employer (Freeborn, Mower)
- Arts (Austin)
- Health care (Albert Lea, Austin)
- Social Services (Freeborn)
- Parks and Recreation (Austin)

As part of the key informant interview, participants were asked if they were aware of programs to address community needs.

Insights were also gleaned from other data and assessed needs pertinent to communities in Southeast Minnesota. As demonstrated in the graph below, health outcomes are influenced by a variety of factors, 80% of which are outside of clinical care. The data collection and review process enabled the community to validate the issues of top concern.



The community engagement team also regularly surveys participants in community engagement programs. The feedback provides important insights into how to improve programs. This information allowed for further discussions in focus groups held in the spring of 2022. Topics were generated from initial reviews of data with special focus around target groups including seniors, people facing barriers to access health care and young people.

Focus Groups

Freeborn County

Freeborn County conducted four focus groups with community groups in June and July of 2022 including the following:

- Freeborn County Adult Basic Education Students: Two groups of diverse community members from our Karen and Hispanic communities within Albert Lea/ Freeborn County. These participants were asked to help us by collaborating to improve the health and well-being of the community through awareness, education and resources.
- Senior Dining Center: Area seniors were asked about the resources available to aid in improving physical and mental health, well-being and safety of area seniors.
- Freeborn County Chamber Worksite Wellness Committee: Employees representing their employers to share resources in the area of health care and safety. The group works together to recommend solutions to worksite challenges and support the communication of those solutions.

Mower County

Mower County conducted eight focus groups with community groups from April-June 2022. These included the following:

- Mower Refreshed Steering Committee: A diverse group of community leaders representing various sectors in the community committed to improving the health of Mower County.
- Mower Refreshed Health Equity: A diverse group of community leaders representing various cultural backgrounds committed to addressing health equity in Mower County.
- Austin Positive Action Coalition: Community members working together to reduce alcohol, tobacco and drug use among peers by focusing on positive, healthy behaviors.
- APEX: Community leaders with roles to help address diversity, inclusion and growth in the Austin/Mower community.
- High School STAND (Students Taking A New Direction): High school students committed to promoting healthy behaviors and contributing to community involvement.
- Middle School STAND: Middle School students committed to promoting healthy behaviors and contributing to community involvement.
- Karenni Parent Group: Parents of Karenni descent living in Austin and raising families.
- Council of Social Agencies (COSA): Representatives of social service agencies working together to share resources that benefit community members in need.

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IV. Addressing the Needs of the Community

Identified Health Needs

Freeborn County

Identified Health Needs

1. Mental Health and Well-Being
2. Access to Care
3. Chronic Disease Prevention

Mental Health and Well-being

World Health Organization defines well-being as a state in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and is able to contribute to her or his community. Based on input from the community, a priority will be placed on promoting strategies to enhance mental well-being with a particular focus to reduce isolation, build resilience and improve mental health for all.

Mental Health and well-being continue to be reported as a top community health issue in Freeborn County. Multiple mental health concerns were mentioned including but not limited to anxiety, panic attacks, depression, suicide, drug abuse, addiction and drugs (opioids/vaping), PTSD, abuse. Access to mental health providers (and primary care), affordability and the lack of mental health education (how to access care and what level of care) were mentioned.

Overcoming stigma and access to care were the most frequently mentioned concerns. Lack of resources, particularly adolescent resources, and general lack of understanding were noted. Specific mental health issues were called out among them post-traumatic stress disorder (PTSD), stress, bullying, drugs, maintaining mental wellness, crisis services and support services for cancer patients.

Access to Care

Access to care was overwhelmingly cited as a health care need in Freeborn County. Feedback from focus groups varied from fear of losing local services, affordability, availability, confusion on where to seek care for various conditions, and the lack of mental health resources.

The primary concern expressed by most interviewees was education about what services are available, being able to be seen in a reasonable time, navigating the system, distance to travel for services and specialty providers available in the community (in particular obstetrics delivery and behavioral health). One person indicated that there is a perception of access problems for people who believe they need something that they may not indeed require. Interviewees spoke of not seeking care because of costs, difficulties getting appointments/delays to be seen, and poor customer service.

Diverse population concerns included awareness of available resources, communication barriers and accessing resources (such as transportation). Some interviewees spoke of bias against poor people and a lack of inclusion. Cultural differences, fewer opportunities and a fear of the federal government were also listed.

Chronic Disease Prevention

Chronic disease prevention focuses on keeping people healthy, engaging and empowering individuals and community to choose healthy behaviors and reduce the risk of developing disease. Empowering individuals to manage lifestyle factors can help prevent chronic disease onset and progression. Areas of emphasis include substance misuse and obesity/overweight, especially as it relates to the multi-cultures in Freeborn County.

Health Needs Not Addressed

Understanding that all individual health and wellness efforts are interconnected with the environment, culture, people, policies, systems and programs, it's key to continue to weave in the lesser referenced issues with the priority areas. Identifying the top three areas to address will assist our community partners serving specific groups when seeking funding, determining relevancy of programming, and future direction for their organizations.

Through the assessment process, the following needs were mentioned, but not addressed directly in this Community Health Needs Assessment:

Socio-economic Factors

While not an area of MCHS expertise, the following socio-economic factors are important to the community. Mayo Clinic Health System – Albert Lea and Austin will engage in a supporting role. MCHS can support programs and partner with organizations that focus on these issues.

- Food insecurity
- Education

- Family and social support
- Housing
- Income
- Neighborhood
- Poverty
- Safety
- Transportation
- Violence

Although food insecurity is not listed in the top three priority areas, efforts will be addressed as a community health need, working with various county and local organizations also committed to overcoming hunger. Reasons for food insecurity are complex, involving many social determinants of health, making it overwhelming for one organization to address. However, working collectively with community organizations and sharing resources and creative approaches can help address the root causes of food insecurity and develop approaches to address.

Prevention

Prevention efforts are ongoing through other programs throughout the county. While these are certainly important areas, they will not be a main focus of the Community Health Needs Assessment. Mayo Clinic Health System – Albert Lea and Austin will take a supporting role in the following prevention areas:

- Immunizations
- Substance Abuse (Alcohol, Tobacco, and Other Drugs)
- Prevention Education
- Emergency Preparedness

Mower County

Identified Health Needs

1. Mental Well-being
2. Access to Care
3. Substance Misuse

Woven throughout the priority health areas was an overall concern about the language barriers and culturally sensitive communications. These include lack of knowledge, understanding access,

connecting to the community on the part of the diverse populations and lack of cultural understanding and the need for information on different cultures.

Other issues cited include affordable resources, housing, transportation, meaningful employment, access to health care, legal status, underage drivers, younger family members serving as interpreters, being able to live independently, family, food choices, physical and mental health and adult disability. One person explained that diverse populations were caught between two cultures.

Mental Well-Being

The World Health Organization defines well-being as a state in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and is able to contribute to her or his community. Community input stressed the importance of mental well-being education and stress management/coping skills, both in school and with parents, in addition to seniors living alone and possibly facing isolation issues.

Mental health concerns were mentioned multiple times, especially related to the effects of the COVID-19 pandemic. Other topics referenced were parenting, students, families, drug abuse, addiction, drugs (marijuana and vaping), access (especially to primary care and affordable mental health care), affordability, provider availability, understanding medical conditions and health education.

The top concern listed revolved around access and providers. Stigma and lack of education/resources rose to the top of issues that need addressing. A host of issues were listed including depression, addiction, drugs, suicide, anxiety, loneliness, broken families, abuse, and community awareness. Crisis help, long term housing, and county support were also listed as concerns.

Access to Care

Access to care was cited as a health care need in Mower County. Access to care means a number of things to people. Feedback from focus groups ranged from confusion about where to go for what, understanding insurance coverage, lack of mental health resources, needing more dental care and having interpreters for health care issues.

Several other socio-economic issues affect access to care, including transportation, cultural attitudes toward health, navigating available resources and having enough providers. Each one connects/overlaps with others, emphasizing the importance of communication specific to various cultures.

Affordability was referenced. Understanding resources, the need for more mental health resources and the appropriate use of options (urgent care/overuse of emergency department) was cited. Vaccinations, nutrition education, and technology were listed. Some expressed frustration with the complexity of the system. The pandemic quickly opened several new ways of accessing care, including virtual care and remote monitoring. While improving access, these new ways of care delivery can also be confusing for those who may have technology struggles or become impatient when needing to coordinate appointments with transportation and childcare and/or work schedules.

Substance Misuse

Substance misuse was noted as a serious health challenge. Groups defined substance misuse as the use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. Drug misuse is defined by the World Health Organization as the use of a substance for a purpose not consistent with legal or medical guidelines. Reducing substance misuse improves overall health and affects mental well-being and chronic disease prevention.

Community concerns reflected how substances are used to mitigate mental health and “take the edge off.” Discussions focused on parents not setting a good example for their kids – too many parents are using drugs and alcohol and normalizing their use with their children. The family needs to be considered when addressing substance misuse as it affects multiple demographics.

Health Needs Not Addressed

Understanding that all individual health and wellness efforts are interconnected with the environment, culture, people, policies, systems and programs, it’s important to continue to weave in the lesser referenced issues with the priority areas. Identifying the top three areas to address will assist our community partners serving specific groups when seeking funding, determining relevancy of programming, and future direction for their organizations.

Through the assessment process, the following needs were mentioned, but not addressed directly in this Community Health Needs Assessment:

Socio-economic Factors

While not an area of either MCHS expertise or direct influence, the following socio-economic factors are important to the community. Mayo Clinic Health System – Albert Lea and Austin will engage in a supporting role instead of a directing role. MCHS can support programs and partner with organizations that focus on these issues.

- Food insecurity

- Education
- Employment
- Family and social support
- Housing
- Income
- Neighborhood
- Poverty
- Safety
- Transportation
- Violence

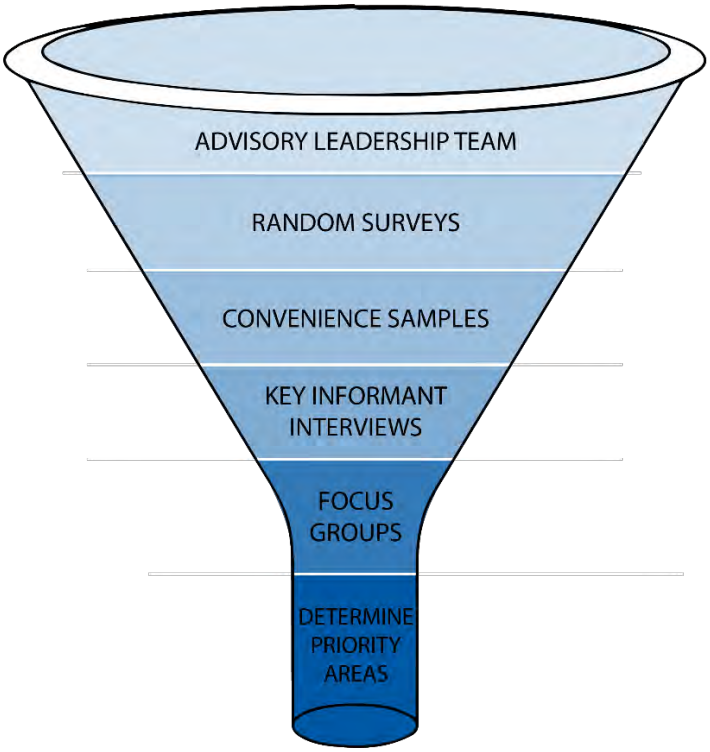
Prevention

Prevention efforts are ongoing through other programs throughout the county. While these are certainly important areas, they will not be a main focus of the Community Health Needs Assessment. Mayo Clinic Health System – Albert Lea and Austin will take a supporting role in the following prevention areas:

- Immunizations
- Prevention Education

Prioritization Process and Criteria

Working in conjunction with the public health departments in Freeborn, Goodhue and Mower Counties and the Minnesota Department of Health, Mayo Clinic Health System took a multi-faceted approach to gathering information and identifying local health needs.



Collecting information from the random surveys, convenience samples, key informant interviews and focus groups, a sorting system was used to identify those priority health areas. For the key informant interviews, the Hanlon method was used to give each reference a point and then the points were tallied to determine those health priorities mentioned most. For the focus groups, the online tool, Slido was used with participants where they ranked the health priorities from greatest to least.

Appendix: Freeborn and Mower County Focus Group Rankings

Available Resources within the Community

Priority Health Topic	MCHS Resources	Community Resources
Mental Well-being	MCHS Psychiatric Services Unit Fountain Centers	Freeborn County Public Health Freeborn County SHIP Freeborn County Senior Resources Freeborn County Family Services Collaborative United Way

		Albert Lea Public Schools Salvation Army Community Health Care Collaborative Albert Lea Senior Center NAMI Albert Lea Family Y Community Education Faith communities South Central Mobile Crisis Team Community Action Agency Cedar House, Inc. Support groups
Access to Health Care	Collateral mailed to homes Signage within clinic MCHS website Collateral shared at community events MCHS Language Services	Freeborn County Public Health IMAA Mayo Clinic Express Care Mayo Clinic Health System Freeborn County Family Services Collaborative
Chronic Disease Prevention	Well-child visits Immunization clinics School flu shot clinics Community Health Care Collaborative Fountain Centers MCHS Dieticians	Freeborn County Public Health Freeborn County SHIP Albert Lea Family Y City of Albert Lea Parks & Rec Community Education

Priority Health Topic	MCHS Resources	Community Resources
Mental Well-being	Fountain Centers Mower Refreshed	United Way Austin Public Schools Austin Aspires School social workers Salvation Army Fernbrook Services Independent Management Services Mower County Senior Center Seibel Center Gerard Academy Parenting Resource Center Austin YMCA Community Education

		Mower County SHIP Crime Victim Resource Center Welcome Center Cedar River Counseling Service Beyond the Yellow Ribbon Quality Case Management and Adult Rehab Services Austin Manor Catholic Charities Faith communities LIFE Mower County HACER
Access to Health Care	Collateral mailed to homes Signage within clinic MCHS website MCPH Collateral shared at community events	Mower County Public Health IMAA Mayo Clinic Express Care Mayo Clinic Health System Open Door Health Care Children's Dental Health Services Communidades Latinas Unidas En Servicio (CLUES) HACER
Substance Misuse	Fountain Centers Tobacco Cessation programming	Mower County Health and Human Services Mower County Probation Mower County SHIP Austin Positive Action Coalition Alcoholics Anonymous Austin Drug Task Force

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V. Evaluation of Prior CHNA and Implementation Strategy

Impact of 2019-2022 Implementation

Freeborn County

COVID-19 statement:

With the unexpected COVID-19 pandemic emerging as a crisis in March 2020, CHNA efforts quickly pivoted from planned projects to immediate needs related to the pandemic. Many activities that supported CHNA priority areas were cancelled to support community safety related to COVID-19. Community efforts shifted to educating and communicating about COVID-19. These activities included the following:

- Community liaison role with public health officials and community partners: Communicated frequently – weekly or more – with established communication networks to share accurate, timely information. Staff served as a community contact to share feedback, questions and concerns with the clinical practice.
- Mayo Clinic Health System Leadership presentations: Placed Mayo Clinic Health System leaders at key community events (e.g. Rotary, Kiwanis) to answer community questions related to COVID-19.
- COVID-19 community e-news: Shared up-to-date, accurate, relevant information with more than 100 key community stakeholders and established networks, often several times a week, depending on the urgency of the communication.
- Targeted outreach to priority populations: Mobilized approximately 20 key leaders from low English proficiency populations to provide educational resources in translated languages.
- COVID-19 Virtual Community Forums: Hosted webinars/virtual Q&A with medical professionals to provide accurate information on COVID-19 and answer questions from the community. More than 400 attended at least one of the three hour-long online events.
- Communication assistance: Worked with administration overseeing relationships with skilled nursing facilities to develop messaging and key communication. Served as communications counsel for COVID-19 surge planning.

Freeborn County

Mental Well-Being

The following efforts have been implemented to impact mental well-being and related health concerns:

- Community Health & Wellness Fair – MCHS providers, joined a panel discussion with other Freeborn County Mental Health professionals on a live radio broadcast on depression.
- Road to Resilience – Distributed Road to Resilience materials to area schools – virtual program – helps build and strengthen resiliency and coping skills for children.
- Women & Well-Being Webinar – Designed to educate women on health and wellness – a program intended for a multigenerational audience – educate women of the importance of emotional well-being and feeling safe in a medical setting.
- Cancer Webinar – Community cancer patients, caregivers, and the broader community learned how to stay focused during a time of change in an environment of unknowns, fatigue, and change.
- Health Talk: Social Isolation Webinar – Partnered with Thorne Crest Senior Living Community – how to maintain social distance without increasing risks of social isolation – low- and high-tech activities share that can improve individual well-being
- Community outreach with underserved populations: Coordinated regular meetings with community leaders representing those who have difficulty navigating health care resources, either due to language barriers or low health care literacy.
- Discover Gratitude (virtual program): Invited educators, social service agencies, and community members to participate in this free, self-guided virtual program that helps improve mental well-being through daily journaling, with emphasis on gratitude for the positive.
- Community Health Care Collaborative: Attend monthly meetings of community leaders representing local agencies to share programming and identify gaps in reaching diverse audiences with mental health, access to care, and mental well-being resources.

Access to Care

The following efforts have been implemented to impact access to care and related health concerns:

- Employer Roundtable sessions: Hosted two discussion groups, led by Mayo Clinic Health System leadership, with local business leaders/employers to provide updates on integration between the Albert Lea and Austin campuses and answer questions related to health care access. Topics included ways to access health care services, transportation options for medical appointments, utilizing the MCHS website for health care resources, and accessing Patient Online Services.
- Community Health & Wellness Fair – Employees volunteered to promote the patient portal, materials on where to seek care, including Express Care, Express Care Online, Nurse Line, Same Day Clinic, and Patient Online Services.
- Albert Lea Leadership Healthy Living Day – Hosted by MCHS on campus – introduced healthy lifestyle choices in the Albert Lea community and explored other wellness initiatives.
- Sports Physicals: Assisted the clinical practice with communicating about and hosting annual sports physicals for area teens, a requirement for Minnesota High School sports.
- Community outreach with underserved populations: Coordinated regular meetings with community leaders representing those who have difficulty navigating health care resources, either due to language barriers or low health care literacy.

Chronic Disease Prevention

The following efforts have been implemented to impact chronic disease prevention and related health concerns:

- Community Health & Wellness Fair: Employees volunteered to provide information to promote active and healthy lifestyles. Volunteers distributed information materials to achieve better health and prevent chronic disease. Attendees invited to join the online “Passport to Heart Health Challenge”. A dietician demonstrated healthy snack options recipes.
- Colon Cancer Awareness and Prevention Event – Invited community members to explore an educational 20-foot-long inflatable colon, MCHS expert presented an overview on “Colon Health” including the importance of regular testing, healthy diet, exercise and avoiding alcohol and tobacco.
- Worksite Wellness Committee: Attend monthly meetings for this community coalition that works to connect area businesses connect employees with community events and resources while motivating them to live a healthy lifestyle to improve themselves, their worksites, and the community.
- Community Health Care Collaborative: Host bi-monthly meetings with key community leaders who have a specific interest in the health and well-being of Freeborn County residents to monitor CHNA progress and offer insight on tactical implementation.

Mower County

Access to Care

The following efforts have been implemented to impact access to care and related health concerns:

- Employer Roundtable sessions: Hosted discussion groups, led by Mayo Clinic Health System leadership, with 15-20 local business leaders/employers to provide updates on integration between the Albert Lea and Austin campuses and answer questions related to health care access. Topics included ways to access health care services, transportation options for medical appointments, utilizing the MCHS website for health care resources and accessing Patient Online Services.
- Leadership Austin: Hosted 32 Mower County leaders virtually to inform and discuss local health care options and provide updates on care access improvements. Discussions and Q&A were led by Mayo Clinic Health System leaders.
- Annual influenza communication: Communicated information to a variety of community groups on influenza symptoms, the importance of the influenza vaccine and how to obtain an influenza vaccination. Communication spanned from August through December.
- High School Sports Physicals: Assisted the clinical practice with communicating about and hosting annual sports physicals for area teens, a requirement for Minnesota High School sports.

- Community outreach with underserved populations: Coordinated regular meetings with community leaders representing those who have difficulty navigating health care resources, either due to language barriers or low health care literacy.
- Presentations to community/civic organizations: Scheduled Mayo Clinic leaders to present and answer FAQ from community members at Rotary.

Mental Well-Being
The following efforts have been implemented to impact mental well-being and related health concerns:

- Road to Resilience virtual program: Distributed materials for the Road to Resilience virtual program to area schools. This program helps build and strengthen resilience and coping skills for children.
- Women & Well-Being webinar: Hosted a one-hour webinar to educate women of all ages on health and wellness, with specific emphasis on the importance of preventive care in a COVID-19 environment and caring for mental well-being.
- Discover Gratitude virtual program: Invited educators, social service agencies and community members to participate in this free, self-guided virtual program that helps improve mental well-being though daily journaling, with emphasis on gratitude for the positive.
- Council of Social Service Agencies meetings: Attend monthly meetings of approximately 25 community leaders representing local non-profit agencies to share programming and identify gaps in reaching diverse audiences with mental health resources.

Chronic Disease Prevention
The following efforts have been implemented to impact chronic disease prevention and related health concerns:

- Early Learning Nation: Provided health care representation on this collaboration with Austin Aspires, United Way of Mower County, Austin Public Schools and Mower County Public Health. The program emphasizes building a collective network of resources for early childhood growth. Health care input included information on prenatal care, immunizations, well-baby/well-child and childhood development.
- Preschool showcase: Provided information to young families on early childhood nutrition and health, immunizations, developmental milestones and well-being.
- Community Connect: Participated in this event that brings together multiple local resources in one location for community members to access. Provided a variety of health care information on chronic disease prevention and well-being.
- Austin Positive Action Coalition: Attended monthly meetings for this community coalition that works to reduce alcohol, tobacco and other drug use among teens.
- Mower Refreshed Steering Committee: Hosted bi-monthly meetings with approximately 25 key community leaders who have a specific interest in the health and well-being of Mower County residents to monitor CHNA progress and offer insight on tactical implementation.

MAYO CLINIC HEALTH SYSTEM

Appendix

Mower County Focus Group Priority Rankings

	Key Informant	Compiled Focus Groups Ranking (higher the number, lower the ranking)						
Mental Health and Mental Disorders	13	1	1	1	1	1	1	X
Housing and Homes	5	2					X	X
Drug and Alcohol Use	5	2	2	5	2	2	X	
Overweight and Obesity	1							
Economic Stability (Poverty)	4	3	3	4	3	4		X
Preventive Care	1							
Social and Community Context (discrimination)	2	4					X	X
Education Access and Quality (school readiness)	0						X	X
Dementia	0							
Emergency Preparedness	0							
Physical Activity	0		4	6	4	5		
Child and Adolescent Development (childcare)	0						X	X
Vaccination	1							
Disability	1							
Nutrition and Healthy Eating	2	4	6	7	6	6		
Oral Conditions (dental access)	0							
Violence Prevention	1	5					X	
COVID/pandemic	2							
Health Care Access and Quality	1		3	2	3	3		
Diabetes	1							
Chronic Conditions	0		5		4			
Health Communication	1							

X = Mention in discussion groups, no ranking

Freeborn County Focus Group Priority Rankings

	Key Informant	Compiled Focus Group	Total
Mental Health and Mental Disorders	5	24	29
Housing and Homes	2		2
Drug and Alcohol Use	2	18	20
Overweight and Obesity	3	22	25
Economic Stability (Poverty)	2	40	42
Preventive Care	0		0
Social and Community Context (discrimination)	1	13	14
Education Access and Quality (school readiness)	0		0
Dementia	1	14	15
Emergency Preparedness	1		1
Physical Activity	0		0
Child and Adolescent Development (childcare)	0	11	11
Vaccination	3	4	7
Disability	0		0
Nutrition and Healthy Eating	0		0
Oral Conditions (dental access)	1	12	13
Violence Prevention	0		0
COVID/pandemic	1	16	17
Health Care Access and Quality	0	29	29
Diabetes	0		0
Chronic Conditions	1	22	23
Health Communication	1		1
Transportation		22	22

*Overweight/Obesity combined with Chronic Conditions

MAYO CLINIC HEALTH SYSTEM

2021 Community Health Needs Assessment Survey Summary Mower County

Compiled by the Minnesota State Office of Management and Budget, Management Analysis and Development

Introduction

This report summarizes results from the 2021 Mower County Community Health Needs Assessment Survey. The summary includes comparisons, where relevant, to the last Community Health Needs Assessment, conducted in 2018.

The 2021 survey sample did not include enough respondents aged 18–24, so the survey results are reflective only of the adult population aged 25 and older.

The 2018 survey did not ask all of the same questions as the 2021 survey, and some questions were asked differently in 2021 than in 2018. Therefore, not all 2021 results are directly comparable to 2018. Caution should be exercised when interpreting differences across the two years.

A total of 288 respondents in Mower County participated in the 2021 survey, with a response rate of 18%. The data were weighted so that the overall results can be said to be representative of the adult population of Mower County (aged 25 and older).

The 2021 survey was also used to survey a convenience sample of 100 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample completed the survey in the lobby of Mower County Health and Human Services and the Women, Infants & Children (WIC) clinic. While 11 percent of the weighted respondents for the survey of the general adult population were people of color, 51 percent of the convenience sample were people of color. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes; however, differences are not necessarily statistically significant and adults aged 18–24 are included in the convenience sample results, so caution should be exercised when interpreting the comparisons.

The percentages referenced in this summary are rounded to the nearest whole number. The summary report notes where responses from the general population sample and the convenience sample differ by ten or more percentage points, or where comparable responses have changed by ten or more percentage points from 2018 to 2021.

Summary findings

This summary section briefly highlights some of the findings that are explored more in the following sections of the report.

General health

- The vast majority of people reported that their health is generally good to excellent. Respondents in the convenience sample were only slightly more likely than the general adult population to say their general health is just fair or poor.

Overweight/obesity

- About two-thirds of people reported that they have been told by a health care professional that they are obese or overweight. Using respondents' self-reported height and weight, slightly more were categorized as overweight or obese.

Chronic conditions

- When asked whether they have been diagnosed with a chronic condition, people were most likely to report having high blood pressure/hypertension, high cholesterol/triglycerides, and arthritis. Respondents in the convenience sample were more likely to report being diagnosed with arthritis in 2021 than in 2018.

Mental health

- Just over a quarter of people reported that they have been diagnosed with a mental health issue, such as depression or anxiety. Respondents in the convenience sample were almost twice as likely than the general adult population to report mental health issues.

Access to care

- People were most likely to report that they go to a doctor's office, a clinic, or urgent care when they are sick or need health advice. Respondents in the convenience sample reported usually going to similar places for care, but they were also much more likely than the general adult population to report using an emergency room for their usual care.

- About one in five people in the general population sample said that in the last year they have delayed or not sought out medical care when they thought they needed it. Respondents most often identified not thinking the issue was serious enough, cost, and not being able to get an appointment as reasons for delaying or not seeking care. Respondents in the convenience sample were more likely than the general adult population to delay or not seek medical care, though less likely than in the 2018 convenience sample. Convenience sample respondents were much more likely to say that transportation problems got in the way.

- Eleven percent of respondents in the general population sample said that in the last year they have delayed or not sought out mental health care when they thought they needed it. Respondents were most likely to identify not thinking the issue was serious enough, cost, and being nervous or afraid as reasons for delaying or not seeking care. Respondents in the convenience sample were nearly twice as likely as the general adult population to delay or not seek mental health care, and they were more likely to report that it was because they did not know where to go, because they could not get an appointment, or because of cost.

Food security

- The vast majority of people in the general adult population said they never worry about running out of food before having money to buy more, while the majority of respondents in the convenience sample said they sometimes or often worry. Almost half of respondents in the convenience sample reported using a community food shelf within the last year, while just over 10 percent of the general adult population reported using a food shelf.

Eating habits

- About one-third of people in both the general adult sample and the convenience sample reported that they consumed at least five servings of fruits and vegetables the previous day.
- Less than one-third of those in the general adult population reported that the cost of fruits and vegetables was a problem, while almost two-thirds of the convenience sample agreed it was a problem.

Physical activity

- About 80 percent of people reported getting some physical activity in the previous 30 days. A third said they got at least 30 minutes of moderate physical activity at least five days in an average week, and slightly fewer said they got at least 20 minutes of vigorous physical activity at least three days a week. Respondents in the convenience sample were about as likely as the general adult population to say they got at least five days of moderate physical activity in an average week, but were more likely to say they got at least three days of vigorous physical activity.

Tobacco use

- Fewer than one in five people reported that they currently use some sort of tobacco product, and 10 percent reported being a current cigarette smoker. Nearly two in five respondents in the convenience sample said they currently use some sort of tobacco product, and were also about five times more likely than the general adult population to smoke cigarettes.

Alcohol use

- Just under 15 percent of people said they engaged in heavy drinking and three in ten said they engaged in binge drinking within the last 30 days. Respondents in the convenience sample were about as likely as the general adult population to report heavy drinking or binge drinking.

Driving behaviors

- About four in ten people reported reading or sending text messages while driving, and almost three in four reported making or answering phone calls while driving. Respondents in the convenience sample were much less likely than the general adult population to report talking on the phone while driving.

Key findings

General health

Respondents were asked to identify the state of their general health. Eighty-two percent said their health is generally “good,” “very good,” or “excellent,” with 9 percent saying “excellent.” One percent of respondents reported that their general health is “poor,” and 18 percent reported that their general health is “fair.”

A similar percentage of respondents in the convenience sample reported that their health is generally “good,” “very good,” or “excellent” (75 percent) to the general adult population. A similar percentage of respondents in the convenience sample also said their general health is poor (4 percent) or fair (21 percent).

This same question was asked in 2018, when 88 percent of respondents said their health is generally “good,” “very good,” or “excellent.” The percent who reported that their health is “excellent” in 2018 was 13 percent, and 2 percent of respondents said their health was generally “poor.”

Overweight/obesity

Twenty-two percent of respondents reported that they have been told by a health care professional that they are obese. However, using respondents’ self-reported height and weight, 43 percent of respondents were categorized as obese based on calculating their body mass index (BMI).

Forty-four percent of respondents said they have been told by a health care professional that they are overweight, while fewer (28 percent) were categorized as overweight but not obese based on their BMI.

Among respondents in the convenience sample, 21 percent reported being told by a health care professional that they are obese, while 45 percent were categorized as obese based on their calculated BMI. Twenty-seven percent of respondents in the convenience sample said they have been told by a health care professional that they are overweight, while a lower percentage (19 percent) were categorized as overweight but not obese based on BMI.

In 2018, 34 percent of respondents were categorized as obese, based on their self-reported height and weight, and 41 percent were categorized as overweight but not obese.

Chronic conditions

Respondents were asked to identify whether a health care professional had ever told them they had one or more of the following chronic conditions. Self-reported rates for the general adult population (25 and older) compared to respondents in the convenience sample are included in the table below.

Table 1. Reported rates of chronic conditions among the general adult population compared to respondents in the convenience sample

Condition	General Adult Population	Convenience Sample
High blood pressure or hypertension	37%	29%
High cholesterol or triglycerides	27%	19%
Arthritis	27%	33%
Pre-hypertension	11%	7%
Cancer	11%	5%
Asthma	14%	17%
Heart trouble or angina	9%	10%
Pre-diabetes	13%	15%
Diabetes	10%	14%
Stroke or stroke-related health problems	4%	9%
Chronic lung disease	7%	6%
COVID-19	12%	16%

High blood pressure/hypertension, high cholesterol/triglycerides, and arthritis were among the most reported chronic conditions. Respondents in the convenience sample reported similar rates of chronic conditions to the general adult population.

Reported rates of most chronic conditions are similar to those from 2018 for the general adult population. In the convenience sample, reports of arthritis increased from 19 percent in 2018 to 33 percent in 2021.

Mental health

Mentally unhealthy days

The majority of respondents (54 percent) reported that in the past 30 days, they had zero days where their mental health was not good. More than a quarter (28 percent) said they had one to nine days that were mentally unhealthy, 10 percent reported having 10–19 mentally unhealthy days, 4 percent reported having 20–29 mentally unhealthy days, and 4 percent reported that all 30 of the last 30 days were mentally unhealthy.

Compared to the general adult population, fewer respondents in the convenience sample reported having zero days where their mental health was not good (39 percent). Fewer said they had one to nine days that were mentally unhealthy (21 percent), but a similar percentage reported having 10–19 mentally unhealthy days (13 percent). Substantially more reported that 20–29 days were mentally unhealthy (9 percent), and more reported that all 30 days were mentally unhealthy (9 percent).

This same question was asked in 2018, when 62 percent of respondents in the general adult population reported zero mentally unhealthy days. In the 2018 convenience sample, 43 percent reported zero mentally unhealthy days.

Mental health issues

Twenty-seven percent of respondents reported that they have been told by a health care professional that they have depression, anxiety or panic attacks, or another mental health issue. This rate was higher among respondents in the convenience sample (50 percent).

Twenty percent of respondents reported that they have been told by a health care professional that they have depression, 19 percent reported being told they have anxiety or panic attacks, and 6 percent reported having another mental health issue. Among respondents in the convenience sample, the rate of reported depression was 41 percent, anxiety or panic attacks was 39 percent, and another mental health issue was 32 percent.

These reports are comparable to responses from the 2018 survey.

Attitudes toward mental illness

Fifty-three percent of respondents agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than helping a person who has a mental illness. This is somewhat lower than the rate for the convenience sample, where 61% agreed or strongly agreed.

Fewer than half of general adult population respondents (42 percent) agreed or strongly agreed that people are generally caring and sympathetic to people with mental illness. Two-thirds (66 percent) of convenience sample respondents agreed or strongly agreed.

Seventeen percent of respondents agreed or strongly agreed that people with mental illness do not try hard enough to get better. More than one-third (36 percent) of convenience sample respondents agreed or strongly agreed.

These three questions about attitudes toward mental illness are generally comparable to responses from the 2018 survey. However, somewhat more respondents in the 2018 general adult population survey agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than helping a person who has a mental illness (62%, versus 53% in 2021).

Access to care

Usual location for care

A plurality of respondents reported that they usually go to a clinic (45 percent) or a doctor's office (44 percent) when they are sick or need advice about their health, followed by urgent care (25 percent). Two percent of respondents said they do not have a usual place they go when they are sick or need health advice.

The largest share of respondents in the convenience sample also reported usually going to a doctor's office or a clinic (35 percent each), followed by urgent care (30 percent). More respondents in the convenience sample said they usually go to the emergency room for health care (20 percent) than those in the general adult population (4 percent).

Most of the reported care locations are similar to those from 2018 for the general adult population; only the use of a clinic is substantially different (45 percent in 2021 versus 34 percent in 2018). In the convenience sample, the use of a doctor's office decreased from 55 percent in 2018 to 35 percent in 2021.

Regular exams and vaccinations

Fifty-nine percent of respondents reported that they have had a general health exam within the last year. Sixty-three percent reported having a flu shot within the last year, and 80 percent reported receiving a COVID-19 vaccination. Sixty-eight percent reported having a dental exam or cleaning, 58 percent reported having an eye exam within the last two years, and 25 percent reported having a hearing test within that time.

Fewer respondents in the convenience sample reported having a general health exam in the last year (48 percent) than the general adult population, and fewer also reported having a flu shot (47 percent) and COVID-19 vaccination (53 percent). Respondents in the convenience sample were also much less likely to report having a dental exam or cleaning within the last year (27 percent). However, rates were similar among the convenience sample for having an eye exam (52 percent) and a hearing test (26 percent) within the last two years, compared to the general adult population.

Most of the reported rates of care are similar to those from 2018 for the general adult population; only the report of eye exams is substantially different (58 percent in 2021 versus 74 percent in 2018). In the

convenience sample, all items showed substantial declines from 2018 to 2021, with the smallest decline for flu shots (from 60 percent to 47 percent) and the largest decline for eye exams (84 percent to 52 percent).

Delaying or not seeking medical care

Twenty-one percent of respondents reported that in the last 12 months they delayed or did not seek medical care when they thought they needed it. Slightly more respondents in the convenience sample reported delaying or not seeking medical care (28 percent).

Respondents were asked to identify the reasons that they delayed or did not seek medical care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 2. Reasons why respondents delayed or did not seek medical care when they thought they needed it

Reason for Not Getting Medical Care	General Adult Population	Convenience Sample
I did not think it was serious enough	39%	20%
It cost too much	38%	12%
I could not get an appointment	29%	40%
My insurance did not cover it	8%	0%
I was too nervous or afraid	10%	16%
I did not have insurance	11%	12%
“Other” reason	24%	24%
I did not know where to go	3%	8%
I had transportation problems	3%	32%
I could not take time off from work	20%	16%
I had family obligations	4%	8%
My clinic was closed due to COVID-19	4%	0%
I was in isolation or quarantine due to COVID-19	1%	4%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was difficulty getting an appointment among respondents in the convenience sample. While transportation problems was one of the least selected reasons for the general adult population, it was the second-most selected reason among respondents in the convenience sample.

Among the general adult population, “other” reasons for delaying or not seeking care increased from 7 percent in 2018 to 24 percent in 2021, while other reasons were relatively similar in both years. Responses from the convenience sample about delaying or not seeking medical care declined from 2018, when 38 percent of that

group reported having done so. Convenience sample respondents were much less likely to cite some reasons in 2021 versus 2018: cost of care declined from 37 percent to 12 percent, and care not covered by insurance declined from 17 percent to zero. Conversely, difficulty getting an appointment increased from 14 percent in 2018 to 40 percent in 2021, becoming the most common reason for convenience sample respondents to delay or not seek medical care.

Questions about some potential reasons—taking time off work, family obligations, and COVID-19-related clinic closures or quarantines—were not asked in 2018.

Delaying or not seeking mental health care

Eleven percent of respondents reported that in the last 12 months they delayed or did not seek mental health care when they thought they needed it. More respondents in the convenience sample reported delaying or not seeking mental health care (20 percent).

Respondents were asked to identify the reasons that they delayed or did not seek mental health care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 3. Reasons why respondents delayed or did not seek mental health care when they thought they needed it

Reason for Not Getting Mental Health Care	General Adult Population	Convenience Sample
I did not think it was serious enough	11%	20%
It cost too much	45%	11%
I did not know where to go	34%	28%
“Other” reason	25%	33%
I was too nervous or afraid	20%	6%
I did not have insurance	41%	17%
I could not get an appointment	9%	22%
I had transportation problems	32%	28%
My insurance did not cover it	0%	22%
I could not take time off from work	6%	17%
I had family obligations	9%	11%
My clinic was closed due to COVID-19	4%	6%
I was in isolation or quarantine due to COVID-19	0%	6%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was not knowing where to go among respondents in the convenience sample. While transportation problems and not having insurance coverage were some of the least selected reasons for the general adult population, they were more likely to be cited as reasons among respondents in the convenience sample.

Among the general adult population, several reasons were selected much more often in 2021 than in 2018: not thinking a problem was serious enough (45% versus 33%), being too nervous or afraid (41% versus 18%), difficulty getting an appointment (32% versus 13%), and mental health care not being covered by insurance (19% versus 1%).

In the convenience sample, respondents cited some reasons less in 2021 than in 2018: being too nervous or afraid declined from 35% to 17%, and “other” reasons declined from 29% to 6%. Conversely, difficulty getting an appointment and cost both increased from 18% in 2018 to 28% in 2021, becoming the second most common reasons for convenience sample respondents to delay or not seek care.

Questions about some potential reasons—taking time off work, family obligations, and COVID-19-related clinic closures or quarantines—were not asked in 2018.

Food security

Concerns about running out of food

The majority of general adult population respondents (83 percent) said that in the last 12 months they “never” worried about running out of food before having money to buy more. Seven percent said they “sometimes” worried and 3 percent “often” worried.

Respondents in the convenience sample were far more likely than the general adult population to worry about running out of food before having money to buy more, with less than a fifth (19 percent) saying that in the last year they “never” worried, 25 percent saying they “sometimes” worried, and 34 percent saying they “often” worried.

In the 2018 survey, responses from both the general adult population and the convenience sample were relatively similar to those from 2021.

Community food shelf use

Twelve percent of respondents in the general adult population said that they have used a community food shelf in the past 12 months, while almost half (48 percent) of respondents in the convenience sample reported using a food shelf.

In the 2018 survey, only 3 percent of the general adult population respondents reported using a food shelf in the previous 12 months.

Eating habits

Fruit and vegetable consumption

Thirty-three percent of respondents reported eating five or more servings of fruits and vegetables (including juices) during the previous day. Less than a fifth (18 percent) said they got only one to two servings of fruits and vegetables, and 9 percent said they did not have any servings.

Respondents in the convenience sample were about as likely to report eating five or more servings of fruits and vegetables: 37 percent said they ate at least five servings the previous day. They were also about as likely to report not eating any servings (11 percent).

In 2018, responses from the general adult population were similar to responses from 2021. However, responses in the 2018 convenience sample were different, with 51 percent reported having eaten five or more servings of fruits and vegetables the previous day.

About a quarter (26 percent) of respondents described the cost of fruits and vegetables where they shop as a small problem, and 4 percent reported it as a big problem. More respondents in the convenience sample reported it as both a small problem (45 percent) and a big problem (15 percent).

In 2018, this question was asked differently. Respondents were asked whether they agreed or disagreed that fruits and vegetables were too expensive where they shop. Almost half of 2018 respondents (47 percent) agreed or strongly agreed. Eighty-one percent of respondents in the 2018 convenience sample agreed or strongly agreed.

Eating a home-cooked meal

Almost half of respondents (49 percent) reported that in an average week they eat a home-cooked meal seven or more times. Just 2 percent reported not eating a home-cooked meal at all in an average week. Thirty-three percent of respondents in the convenience sample reported eating a home-cooked meal at least seven times in an average week, and 6 percent reported eating a home-cooked meal zero times.

In the 2018 survey, most responses about home-cooked meals were similar to 2021. However, more respondents from the convenience sample reported eating seven or more home-cooked meals in 2018 (44 percent) than in 2021 (33 percent).

Physical activity

Eighty percent of respondents said they participated in physical activity outside of their job in the previous 30 days. Fewer respondents in the convenience sample reported participating in physical activity in the past 30 days (55 percent).

In 2018, 81 percent of general adult population respondents and 47 percent of convenience sample respondents said they participated in physical activity during the previous 30 days.

Moderate physical activity

Most respondents (88 percent) said that in an average week, they get at least 30 minutes of moderate physical activity (i.e., activities that cause only light sweating and a small increase in breathing or heart rate) at least once. Fifty-six percent said they get at least 30 minutes of moderate exercise between one and four days during an average week, and 33 percent said they get at least five days. Twelve percent said they do not get any—zero days—in an average week.

Less than a fifth (19 percent) of respondents in the convenience sample said that in an average week they do not get any—zero days—of at least 30 minutes of moderate physical activity. Thirty-two percent said they get at least five days.

In 2018, 87 percent of respondents in the general adult population said they get at least one day a week with 30 or more minutes of moderate exercise. Fifty-seven percent said they get at least 30 minutes of moderate exercise between one and four days, and 30 percent said they get at least five days.

Vigorous physical activity

Thirty percent of respondents reported that they get at least 20 minutes of vigorous physical activity (i.e., activities that cause heavy sweating and a large increase in breathing or heart rate) at least three days in an average week. The largest proportion (37 percent) said that they do not get any—zero days—of at least 20 minutes of vigorous activity in an average week.

Slightly more respondents in the convenience sample (37 percent) reported getting at least 20 minutes of vigorous physical activity three or more days in an average week, and about as many (36 percent) reported getting zero days, than the general adult population.

In 2018, 25 percent reported getting at least 20 minutes of vigorous physical exercise at least three days in an average week, and 43 percent reported getting zero days.

Factors preventing physical activity

Respondents were asked whether different factors prevented them from being more physically active. Respondents rated the different factors as a “big problem,” a “small problem,” or “not a problem.”

Respondents were most likely to identify lack of self-discipline or willpower as a big problem (23 percent) preventing them from being more physically active. This was followed by lack of time (18 percent); cost of fitness programs, gym memberships, or admission fees (17 percent); and illness, injury, or disability (13 percent).

Cost was the factor most often identified as a big problem by respondents in the convenience sample (28 percent), and the next two most often identified by the convenience sample were illness, injury, or disability (16 percent) and weather (15 percent). While respondents in the convenience sample were more likely than the general adult population to identify cost and weather as big problems, they were less likely to identify lack of self-discipline or willpower as a big problem (13 percent).

Tobacco use

Any tobacco use

Thirteen percent of respondents identified themselves as current users of some sort of tobacco product, including e-cigarettes or similar. The convenience sample had a much higher percentage of respondents who said they are a tobacco product user (60 percent).

Smoking

Ten percent of respondents said they are a current cigarette smoker, and 63 percent said they have never smoked cigarettes. Among those who said they currently smoke cigarettes, 59 percent said they have tried to stop smoking at some point in the last 12 months.

Fifty-one percent of respondents in the convenience sample said they currently smoke cigarettes, and among those, 52 percent said they have tried to stop smoking in the last year.

In 2018, 9 percent of general adult population and 30 percent of convenience sample respondents said they smoked cigarettes. In the latter group, smoking rates have increased more than 20 percent. Among those who smoked cigarettes, more 2021 general adult population respondents said they had tried to quit in the previous year than in 2018 (59 percent versus 47 percent). Fewer convenience sample respondents reported trying to quit in 2021 (52 percent) than in 2018 (64 percent).

E-cigarettes, vaping, and JUUL

One percent of respondents said they currently use e-cigarettes, which includes vaping pens, JUUL, or similar. Note, these results do not include e-cigarette use among adults under 25, as there were not enough responses from ages 18 to 24 to include them in the analysis.

Among respondents in the convenience sample, which did include respondents aged 18–24, 24 percent said they use e-cigarettes or similar products.

In the 2018 survey, 7 percent of convenience sample respondents reported using e-cigarettes or similar products.

Alcohol use

Heavy drinking

Thirteen percent of respondents reported heavy drinking in the past 30 days (i.e., 60 or more drinks for males and 30 or more drinks for females). Ten percent of respondents in the convenience sample reported heavy drinking.

In 2018, 10 percent in the general adult population survey and 4 percent from the convenience sample reported heavy drinking.

Binge drinking

Thirty percent of respondents reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females). Twenty-nine percent of respondents in the convenience sample reported binge drinking.

In 2018, 29 percent reported binge drinking.

Driving behaviors

Distracted driving

Among respondents who drive, 37 percent reported “sometimes” reading or sending texts while driving, while 3 percent reported “often” doing so. Among respondents in the convenience sample, 33 percent reported “sometimes” reading or sending texts while driving, and 5 percent reported “often” doing so.

Sixty-three percent of respondents reported “sometimes” making or answering phone calls while driving, and 10 percent reported “often” making or answering calls. Among the convenience sample, 43 percent reported “sometimes” making or answering phone calls while driving, and 10 percent reported “often” doing so.

Forty-two percent of respondents reported “sometimes” or “often” doing other activities while driving, like eating or personal grooming. Among the convenience sample, this rate was 49 percent.

Most responses about distracted driving behaviors in 2018 were similar to those in 2021. More convenience sample respondents reported “sometimes” reading or sending texts in 2021 (33 percent, versus 24 percent in 2018). More convenience sample respondents also reported “sometimes” or “often” doing other activities while driving in 2021 (49 percent, versus 20 percent in 2018).

Seatbelt use

Eighty-four percent of respondents reported always wearing a seatbelt when driving or riding in a car. Seventy-seven percent of respondents in the convenience sample said they always wear a seatbelt. None of the respondents in the general population said they never wear a seatbelt, while 3 percent in the convenience sample said they never do.

In both the general adult population and the convenience sample, fewer respondents reported always wearing a seatbelt in 2021 than they did in 2018 (when rates were 90 percent and 87 percent, respectively).

MAYO CLINIC HEALTH SYSTEM

Freeborn County 2021 Community Health Needs Assessment Survey Summary

Compiled by the Minnesota State Office of Management and Budget, Management Analysis and Development

Introduction

This report summarizes results from the 2021 Mower County Community Health Needs Assessment Survey. The summary includes comparisons, where relevant, to the last Community Health Needs Assessment, conducted in 2018.

The 2021 survey sample did not include enough respondents aged 18–24, so the survey results are reflective only of the adult population aged 25 and older.

The 2018 survey did not ask all of the same questions as the 2021 survey, and some questions were asked differently in 2021 than in 2018. Therefore, not all 2021 results are directly comparable to 2018. Caution should be exercised when interpreting differences across the two years.

A total of 288 respondents in Mower County participated in the 2021 survey, with a response rate of 18%. The data were weighted so that the overall results can be said to be representative of the adult population of Mower County (aged 25 and older).

The 2021 survey was also used to survey a convenience sample of 100 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample completed the survey in the lobby of Mower County Health and Human Services and the Women, Infants & Children (WIC) clinic. While 11 percent of the weighted respondents for the survey of the general adult population were people of color, 51 percent of the convenience sample were people of color. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes; however, differences are not necessarily statistically significant and adults aged 18–24 are included in the convenience sample results, so caution should be exercised when interpreting the comparisons.

The percentages referenced in this summary are rounded to the nearest whole number. The summary report notes where responses from the general population sample and the convenience sample differ by ten or more percentage points, or where comparable responses have changed by ten or more percentage points from 2018 to 2021.

Summary findings

This summary section briefly highlights some of the findings that are explored more in the following sections of the report.

General health

- The vast majority of people reported that their health is generally good to excellent. Respondents in the convenience sample were only slightly more likely than the general adult population to say their general health is just fair or poor.

Overweight/obesity

- About two-thirds of people reported that they have been told by a health care professional that they are obese or overweight. Using respondents' self-reported height and weight, slightly more were categorized as overweight or obese.

Chronic conditions

- When asked whether they have been diagnosed with a chronic condition, people were most likely to report having high blood pressure/hypertension, high cholesterol/triglycerides, and arthritis. Respondents in the convenience sample were more likely to report being diagnosed with arthritis in 2021 than in 2018.

Mental health

- Just over a quarter of people reported that they have been diagnosed with a mental health issue, such as depression or anxiety. Respondents in the convenience sample were almost twice as likely than the general adult population to report mental health issues.

Access to care

- People were most likely to report that they go to a doctor's office, a clinic, or urgent care when they are sick or need health advice. Respondents in the convenience sample reported usually going to similar places for care, but they were also much more likely than the general adult population to report using an emergency room for their usual care.

- About one in five people in the general population sample said that in the last year they have delayed or not sought out medical care when they thought they needed it. Respondents most often identified not thinking the issue was serious enough, cost, and not being able to get an appointment as reasons for delaying or not seeking care. Respondents in the convenience sample were more likely than the general adult population to delay or not seek medical care, though less likely than in the 2018 convenience sample. Convenience sample respondents were much more likely to say that transportation problems got in the way.

- Eleven percent of respondents in the general population sample said that in the last year they have delayed or not sought out mental health care when they thought they needed it. Respondents were most likely to identify not thinking the issue was serious enough, cost, and being nervous or afraid as reasons for delaying or not seeking care. Respondents in the convenience sample were nearly twice as likely as the general adult population to delay or not seek mental health care, and they were more likely to report that it was because they did not know where to go, because they could not get an appointment, or because of cost.

Food security

- The vast majority of people in the general adult population said they never worry about running out of food before having money to buy more, while the majority of respondents in the convenience sample said they sometimes or often worry. Almost half of respondents in the convenience sample reported using a community food shelf within the last year, while just over 10 percent of the general adult population reported using a food shelf.

Eating habits

- About one-third of people in both the general adult sample and the convenience sample reported that they consumed at least five servings of fruits and vegetables the previous day.
- Less than one-third of those in the general adult population reported that the cost of fruits and vegetables was a problem, while almost two-thirds of the convenience sample agreed it was a problem.

Physical activity

- About 80 percent of people reported getting some physical activity in the previous 30 days. A third said they got at least 30 minutes of moderate physical activity at least five days in an average week, and slightly fewer said they got at least 20 minutes of vigorous physical activity at least three days a week. Respondents in the convenience sample were about as likely as the general adult population to say they got at least five days of moderate physical activity in an average week, but were more likely to say they got at least three days of vigorous physical activity.

Tobacco use

- Fewer than one in five people reported that they currently use some sort of tobacco product, and 10 percent reported being a current cigarette smoker. Nearly two in five respondents in the convenience sample said they currently use some sort of tobacco product, and were also about five times more likely than the general adult population to smoke cigarettes.

Alcohol use

- Just under 15 percent of people said they engaged in heavy drinking and three in ten said they engaged in binge drinking within the last 30 days. Respondents in the convenience sample were about as likely as the general adult population to report heavy drinking or binge drinking.

Driving behaviors

- About four in ten people reported reading or sending text messages while driving, and almost three in four reported making or answering phone calls while driving. Respondents in the convenience sample were much less likely than the general adult population to report talking on the phone while driving.

Key findings

General health

Respondents were asked to identify the state of their general health. Eighty-two percent said their health is generally “good,” “very good,” or “excellent,” with 9 percent saying “excellent.” One percent of respondents reported that their general health is “poor,” and 18 percent reported that their general health is “fair.”

A similar percentage of respondents in the convenience sample reported that their health is generally “good,” “very good,” or “excellent” (75 percent) to the general adult population. A similar percentage of respondents in the convenience sample also said their general health is poor (4 percent) or fair (21 percent).

This same question was asked in 2018, when 88 percent of respondents said their health is generally “good,” “very good,” or “excellent.” The percent who reported that their health is “excellent” in 2018 was 13 percent, and 2 percent of respondents said their health was generally “poor.”

Overweight/obesity

Twenty-two percent of respondents reported that they have been told by a health care professional that they are obese. However, using respondents’ self-reported height and weight, 43 percent of respondents were categorized as obese based on calculating their body mass index (BMI).

Forty-four percent of respondents said they have been told by a health care professional that they are overweight, while fewer (28 percent) were categorized as overweight but not obese based on their BMI.

Among respondents in the convenience sample, 21 percent reported being told by a health care professional that they are obese, while 45 percent were categorized as obese based on their calculated BMI. Twenty-seven percent of respondents in the convenience sample said they have been told by a health care professional that they are overweight, while a lower percentage (19 percent) were categorized as overweight but not obese based on BMI.

In 2018, 34 percent of respondents were categorized as obese, based on their self-reported height and weight, and 41 percent were categorized as overweight but not obese.

Chronic conditions

Respondents were asked to identify whether a health care professional had ever told them they had one or more of the following chronic conditions. Self-reported rates for the general adult population (25 and older) compared to respondents in the convenience sample are included in the table below.

Table 1. Reported rates of chronic conditions among the general adult population compared to respondents in the convenience sample

Condition	General Adult Population	Convenience Sample
High blood pressure or hypertension	37%	29%
High cholesterol or triglycerides	27%	19%
Arthritis	27%	33%
Pre-hypertension	11%	7%
Cancer	11%	5%
Asthma	14%	17%
Heart trouble or angina	9%	10%
Pre-diabetes	13%	15%
Diabetes	10%	14%
Stroke or stroke-related health problems	4%	9%
Chronic lung disease	7%	6%
COVID-19	12%	16%

High blood pressure/hypertension, high cholesterol/triglycerides, and arthritis were among the most reported chronic conditions. Respondents in the convenience sample reported similar rates of chronic conditions to the general adult population.

Reported rates of most chronic conditions are similar to those from 2018 for the general adult population. In the convenience sample, reports of arthritis increased from 19 percent in 2018 to 33 percent in 2021.

Mental health

Mentally unhealthy days

The majority of respondents (54 percent) reported that in the past 30 days, they had zero days where their mental health was not good. More than a quarter (28 percent) said they had one to nine days that were mentally unhealthy, 10 percent reported having 10–19 mentally unhealthy days, 4 percent reported having 20–29 mentally unhealthy days, and 4 percent reported that all 30 of the last 30 days were mentally unhealthy.

Compared to the general adult population, fewer respondents in the convenience sample reported having zero days where their mental health was not good (39 percent). Fewer said they had one to nine days that were mentally unhealthy (21 percent), but a similar percentage reported having 10–19 mentally unhealthy days (13 percent). Substantially more reported that 20–29 days were mentally unhealthy (9 percent), and more reported that all 30 days were mentally unhealthy (9 percent).

This same question was asked in 2018, when 62 percent of respondents in the general adult population reported zero mentally unhealthy days. In the 2018 convenience sample, 43 percent reported zero mentally unhealthy days.

Mental health issues

Twenty-seven percent of respondents reported that they have been told by a health care professional that they have depression, anxiety or panic attacks, or another mental health issue. This rate was higher among respondents in the convenience sample (50 percent).

Twenty percent of respondents reported that they have been told by a health care professional that they have depression, 19 percent reported being told they have anxiety or panic attacks, and 6 percent reported having another mental health issue. Among respondents in the convenience sample, the rate of reported depression was 41 percent, anxiety or panic attacks was 39 percent, and another mental health issue was 32 percent.

These reports are comparable to responses from the 2018 survey.

Attitudes toward mental illness

Fifty-three percent of respondents agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than helping a person who has a mental illness. This is somewhat lower than the rate for the convenience sample, where 61% agreed or strongly agreed.

Fewer than half of general adult population respondents (42 percent) agreed or strongly agreed that people are generally caring and sympathetic to people with mental illness. Two-thirds (66 percent) of convenience sample respondents agreed or strongly agreed.

Seventeen percent of respondents agreed or strongly agreed that people with mental illness do not try hard enough to get better. More than one-third (36 percent) of convenience sample respondents agreed or strongly agreed.

These three questions about attitudes toward mental illness are generally comparable to responses from the 2018 survey. However, somewhat more respondents in the 2018 general adult population survey agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than helping a person who has a mental illness (62%, versus 53% in 2021).

Access to care

Usual location for care

A plurality of respondents reported that they usually go to a clinic (45 percent) or a doctor's office (44 percent) when they are sick or need advice about their health, followed by urgent care (25 percent). Two percent of respondents said they do not have a usual place they go when they are sick or need health advice.

The largest share of respondents in the convenience sample also reported usually going to a doctor's office or a clinic (35 percent each), followed by urgent care (30 percent). More respondents in the convenience sample said they usually go to the emergency room for health care (20 percent) than those in the general adult population (4 percent).

Most of the reported care locations are similar to those from 2018 for the general adult population; only the use of a clinic is substantially different (45 percent in 2021 versus 34 percent in 2018). In the convenience sample, the use of a doctor's office decreased from 55 percent in 2018 to 35 percent in 2021.

Regular exams and vaccinations

Fifty-nine percent of respondents reported that they have had a general health exam within the last year. Sixty-three percent reported having a flu shot within the last year, and 80 percent reported receiving a COVID-19 vaccination. Sixty-eight percent reported having a dental exam or cleaning, 58 percent reported having an eye exam within the last two years, and 25 percent reported having a hearing test within that time.

Fewer respondents in the convenience sample reported having a general health exam in the last year (48 percent) than the general adult population, and fewer also reported having a flu shot (47 percent) and COVID-19 vaccination (53 percent). Respondents in the convenience sample were also much less likely to report having a dental exam or cleaning within the last year (27 percent). However, rates were similar among the

convenience sample for having an eye exam (52 percent) and a hearing test (26 percent) within the last two years, compared to the general adult population.

Most of the reported rates of care are similar to those from 2018 for the general adult population; only the report of eye exams is substantially different (58 percent in 2021 versus 74 percent in 2018). In the convenience sample, all items showed substantial declines from 2018 to 2021, with the smallest decline for flu shots (from 60 percent to 47 percent) and the largest decline for eye exams (84 percent to 52 percent).

Delaying or not seeking medical care

Twenty-one percent of respondents reported that in the last 12 months they delayed or did not seek medical care when they thought they needed it. Slightly more respondents in the convenience sample reported delaying or not seeking medical care (28 percent).

Respondents were asked to identify the reasons that they delayed or did not seek medical care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 2. Reasons why respondents delayed or did not seek medical care when they thought they needed it

Reason for Not Getting Medical Care	General Adult Population	Convenience Sample
I did not think it was serious enough	39%	20%
It cost too much	38%	12%
I could not get an appointment	29%	40%
My insurance did not cover it	8%	0%
I was too nervous or afraid	10%	16%
I did not have insurance	11%	12%
“Other” reason	24%	24%
I did not know where to go	3%	8%
I had transportation problems	3%	32%
I could not take time off from work	20%	16%
I had family obligations	4%	8%
My clinic was closed due to COVID-19	4%	0%
I was in isolation or quarantine due to COVID-19	1%	4%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was difficulty getting an appointment among respondents in the convenience sample. While transportation problems was one of the least selected reasons

for the general adult population, it was the second-most selected reason among respondents in the convenience sample.

Among the general adult population, “other” reasons for delaying or not seeking care increased from 7 percent in 2018 to 24 percent in 2021, while other reasons were relatively similar in both years. Responses from the convenience sample about delaying or not seeking medical care declined from 2018, when 38 percent of that group reported having done so. Convenience sample respondents were much less likely to cite some reasons in 2021 versus 2018: cost of care declined from 37 percent to 12 percent, and care not covered by insurance declined from 17 percent to zero. Conversely, difficulty getting an appointment increased from 14 percent in 2018 to 40 percent in 2021, becoming the most common reason for convenience sample respondents to delay or not seek medical care.

Questions about some potential reasons—taking time off work, family obligations, and COVID-19-related clinic closures or quarantines—were not asked in 2018.

Delaying or not seeking mental health care

Eleven percent of respondents reported that in the last 12 months they delayed or did not seek mental health care when they thought they needed it. More respondents in the convenience sample reported delaying or not seeking mental health care (20 percent).

Respondents were asked to identify the reasons that they delayed or did not seek mental health care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 3. Reasons why respondents delayed or did not seek mental health care when they thought they needed it

Reason for Not Getting Mental Health Care	General Adult Population	Convenience Sample
I did not think it was serious enough	11%	20%
It cost too much	45%	11%
I did not know where to go	34%	28%
“Other” reason	25%	33%
I was too nervous or afraid	20%	6%
I did not have insurance	41%	17%
I could not get an appointment	9%	22%
I had transportation problems	32%	28%
My insurance did not cover it	0%	22%

Reason for Not Getting Mental Health Care	General Adult Population	Convenience Sample
I could not take time off from work	6%	17%
I had family obligations	9%	11%
My clinic was closed due to COVID-19	4%	6%
I was in isolation or quarantine due to COVID-19	0%	6%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was not knowing where to go among respondents in the convenience sample. While transportation problems and not having insurance coverage were some of the least selected reasons for the general adult population, they were more likely to be cited as reasons among respondents in the convenience sample.

Among the general adult population, several reasons were selected much more often in 2021 than in 2018: not thinking a problem was serious enough (45% versus 33%), being too nervous or afraid (41% versus 18%), difficulty getting an appointment (32% versus 13%), and mental health care not being covered by insurance (19% versus 1%).

In the convenience sample, respondents cited some reasons less in 2021 than in 2018: being too nervous or afraid declined from 35% to 17%, and “other” reasons declined from 29% to 6%. Conversely, difficulty getting an appointment and cost both increased from 18% in 2018 to 28% in 2021, becoming the second most common reasons for convenience sample respondents to delay or not seek care.

Questions about some potential reasons—taking time off work, family obligations, and COVID-19-related clinic closures or quarantines—were not asked in 2018.

Food security

Concerns about running out of food

The majority of general adult population respondents (83 percent) said that in the last 12 months they “never” worried about running out of food before having money to buy more. Seven percent said they “sometimes” worried and 3 percent “often” worried.

Respondents in the convenience sample were far more likely than the general adult population to worry about running out of food before having money to buy more, with less than a fifth (19 percent) saying that in the last year they “never” worried, 25 percent saying they “sometimes” worried, and 34 percent saying they “often” worried.

In the 2018 survey, responses from both the general adult population and the convenience sample were relatively similar to those from 2021.

Community food shelf use

Twelve percent of respondents in the general adult population said that they have used a community food shelf in the past 12 months, while almost half (48 percent) of respondents in the convenience sample reported using a food shelf.

In the 2018 survey, only 3 percent of the general adult population respondents reported using a food shelf in the previous 12 months.

Eating habits

Fruit and vegetable consumption

Thirty-three percent of respondents reported eating five or more servings of fruits and vegetables (including juices) during the previous day. Less than a fifth (18 percent) said they got only one to two servings of fruits and vegetables, and 9 percent said they did not have any servings.

Respondents in the convenience sample were about as likely to report eating five or more servings of fruits and vegetables: 37 percent said they ate at least five servings the previous day. They were also about as likely to report not eating any servings (11 percent).

In 2018, responses from the general adult population were similar to responses from 2021. However, responses in the 2018 convenience sample were different, with 51 percent reported having eaten five or more servings of fruits and vegetables the previous day.

About a quarter (26 percent) of respondents described the cost of fruits and vegetables where they shop as a small problem, and 4 percent reported it as a big problem. More respondents in the convenience sample reported it as both a small problem (45 percent) and a big problem (15 percent).

In 2018, this question was asked differently. Respondents were asked whether they agreed or disagreed that fruits and vegetables were too expensive where they shop. Almost half of 2018 respondents (47 percent) agreed or strongly agreed. Eighty-one percent of respondents in the 2018 convenience sample agreed or strongly agreed.

Eating a home-cooked meal

Almost half of respondents (49 percent) reported that in an average week they eat a home-cooked meal seven or more times. Just 2 percent reported not eating a home-cooked meal at all in an average week. Thirty-three percent of respondents in the convenience sample reported eating a home-cooked meal at least seven times in an average week, and 6 percent reported eating a home-cooked meal zero times.

In the 2018 survey, most responses about home-cooked meals were similar to 2021. However, more respondents from the convenience sample reported eating seven or more home-cooked meals in 2018 (44 percent) than in 2021 (33 percent).

Physical activity

Eighty percent of respondents said they participated in physical activity outside of their job in the previous 30 days. Fewer respondents in the convenience sample reported participating in physical activity in the past 30 days (55 percent).

In 2018, 81 percent of general adult population respondents and 47 percent of convenience sample respondents said they participated in physical activity during the previous 30 days.

Moderate physical activity

Most respondents (88 percent) said that in an average week, they get at least 30 minutes of moderate physical activity (i.e., activities that cause only light sweating and a small increase in breathing or heart rate) at least once. Fifty-six percent said they get at least 30 minutes of moderate exercise between one and four days during an average week, and 33 percent said they get at least five days. Twelve percent said they do not get any—zero days—in an average week.

Less than a fifth (19 percent) of respondents in the convenience sample said that in an average week they do not get any—zero days—of at least 30 minutes of moderate physical activity. Thirty-two percent said they get at least five days.

In 2018, 87 percent of respondents in the general adult population said they get at least one day a week with 30 or more minutes of moderate exercise. Fifty-seven percent said they get at least 30 minutes of moderate exercise between one and four days, and 30 percent said they get at least five days.

Vigorous physical activity

Thirty percent of respondents reported that they get at least 20 minutes of vigorous physical activity (i.e., activities that cause heavy sweating and a large increase in breathing or heart rate) at least three days in an average week. The largest proportion (37 percent) said that they do not get any—zero days—of at least 20 minutes of vigorous activity in an average week.

Slightly more respondents in the convenience sample (37 percent) reported getting at least 20 minutes of vigorous physical activity three or more days in an average week, and about as many (36 percent) reported getting zero days, than the general adult population.

In 2018, 25 percent reported getting at least 20 minutes of vigorous physical exercise at least three days in an average week, and 43 percent reported getting zero days.

Factors preventing physical activity

Respondents were asked whether different factors prevented them from being more physically active. Respondents rated the different factors as a “big problem,” a “small problem,” or “not a problem.”

Respondents were most likely to identify lack of self-discipline or willpower as a big problem (23 percent) preventing them from being more physically active. This was followed by lack of time (18 percent); cost of fitness programs, gym memberships, or admission fees (17 percent); and illness, injury, or disability (13 percent).

Cost was the factor most often identified as a big problem by respondents in the convenience sample (28 percent), and the next two most often identified by the convenience sample were illness, injury, or disability (16 percent) and weather (15 percent). While respondents in the convenience sample were more likely than the general adult population to identify cost and weather as big problems, they were less likely to identify lack of self-discipline or willpower as a big problem (13 percent).

Tobacco use

Any tobacco use

Thirteen percent of respondents identified themselves as current users of some sort of tobacco product, including e-cigarettes or similar. The convenience sample had a much higher percentage of respondents who said they are a tobacco product user (60 percent).

Smoking

Ten percent of respondents said they are a current cigarette smoker, and 63 percent said they have never smoked cigarettes. Among those who said they currently smoke cigarettes, 59 percent said they have tried to stop smoking at some point in the last 12 months.

Fifty-one percent of respondents in the convenience sample said they currently smoke cigarettes, and among those, 52 percent said they have tried to stop smoking in the last year.

In 2018, 9 percent of general adult population and 30 percent of convenience sample respondents said they smoked cigarettes. In the latter group, smoking rates have increased more than 20 percent. Among those who smoked cigarettes, more 2021 general adult population respondents said they had tried to quit in the previous year than in 2018 (59 percent versus 47 percent). Fewer convenience sample respondents reported trying to quit in 2021 (52 percent) than in 2018 (64 percent).

E-cigarettes, vaping, and JUUL

One percent of respondents said they currently use e-cigarettes, which includes vaping pens, JUUL, or similar. Note, these results do not include e-cigarette use among adults under 25, as there were not enough responses from ages 18 to 24 to include them in the analysis.

Among respondents in the convenience sample, which did include respondents aged 18–24, 24 percent said they use e-cigarettes or similar products.

In the 2018 survey, 7 percent of convenience sample respondents reported using e-cigarettes or similar products.

Alcohol use

Heavy drinking

Thirteen percent of respondents reported heavy drinking in the past 30 days (i.e., 60 or more drinks for males and 30 or more drinks for females). Ten percent of respondents in the convenience sample reported heavy drinking.

In 2018, 10 percent in the general adult population survey and 4 percent from the convenience sample reported heavy drinking.

Binge drinking

Thirty percent of respondents reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females). Twenty-nine percent of respondents in the convenience sample reported binge drinking.

In 2018, 29 percent reported binge drinking.

Driving behaviors

Distracted driving

Among respondents who drive, 37 percent reported “sometimes” reading or sending texts while driving, while 3 percent reported “often” doing so. Among respondents in the convenience sample, 33 percent reported “sometimes” reading or sending texts while driving, and 5 percent reported “often” doing so.

Sixty-three percent of respondents reported “sometimes” making or answering phone calls while driving, and 10 percent reported “often” making or answering calls. Among the convenience sample, 43 percent reported “sometimes” making or answering phone calls while driving, and 10 percent reported “often” doing so.

Forty-two percent of respondents reported “sometimes” or “often” doing other activities while driving, like eating or personal grooming. Among the convenience sample, this rate was 49 percent.

Most responses about distracted driving behaviors in 2018 were similar to those in 2021. More convenience sample respondents reported “sometimes” reading or sending texts in 2021 (33 percent, versus 24 percent in 2018). More convenience sample respondents also reported “sometimes” or “often” doing other activities while driving in 2021 (49 percent, versus 20 percent in 2018).

Seatbelt use

Eighty-four percent of respondents reported always wearing a seatbelt when driving or riding in a car. Seventy-seven percent of respondents in the convenience sample said they always wear a seatbelt. None of the respondents in the general population said they never wear a seatbelt, while 3 percent in the convenience sample said they never do.

In both the general adult population and the convenience sample, fewer respondents reported always wearing a seatbelt in 2021 than they did in 2018 (when rates were 90 percent and 87 percent, respectively).