



September 2024

Dear Southeastern Minnesota Resident:

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

Freeborn, Mower and Goodhue Counties, in partnership with Mayo Clinic Health System, are conducting the 2024 Community Health Needs Assessment Survey. Your household has been randomly selected to participate.

This survey helps us gather information to complete an in-depth assessment of our community's health and determine how to direct resources in the future. This information is used by many organizations including local counties and Mayo Clinic Health System to design programs to support community health and wellness.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will be linked to any of the responses. We do track which surveys have been completed through the identifying number on each survey. This allows us to remove addresses from the mailing list for reminder notices once we receive the completed survey.

Only a limited number of randomly selected addresses are receiving this mailing. The study will be more meaningful if someone from your household completes the survey and mails it back. In order to get a mix of the population, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday.** Please complete the enclosed survey form and return it in the postage-paid envelope provided or use the QR code at the top of this page to complete the survey online.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions, please contact: Sue Yost – Freeborn County (507-377-5273), Josh Smith – Goodhue County (651-385-6150), Allison Scott – Mower County (507-481-4863), or Stephanie Olson – Mayo Clinic (507-444-5007).

Thank you very much for your participation.

Sincerely,

Sue Yost
Public Health Director
Freeborn County
Public Health

Nina Arneson
Director
Goodhue County
Health and Human Services

Crystal Peterson
Director
Mower County
Health and Human Services

Robert Albright Jr. D.O.
Regional Vice President
Mayo Clinic Health System
Southeast Minnesota

DO NOT WRITE IN THIS BOX



2024 Community Health Needs Assessment Survey

SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

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

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

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

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions? (Mark ALL that apply)

	No	Yes
a. Depression	<input type="radio"/>	<input type="radio"/>
b. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>
c. Other mental health problems	<input type="radio"/>	<input type="radio"/>

3. What kind of place do you usually go to when you are sick or need advice about your health?

- ☐ A doctor's office, or clinic ☐ An emergency room ☐ No usual place
☐ A free clinic ☐ An urgent care clinic ☐ Some other place _____
☐ A tribal clinic ☐ Schedule telehealth or virtual visit

4. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

		days
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

5. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

- ☐ Yes ☐ No ▶ IF NO, GO TO QUESTION 7

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

- ☐ I could not get an appointment
☐ I had transportation problems
☐ I was too nervous or afraid
☐ I did not think it was serious enough
☐ It cost too much
☐ I did not have insurance
☐ My insurance did not cover it
☐ I could not take time off from work
☐ I had family obligations
☐ I did not know where to go
☐ Other reason _____

7. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 9

8. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- ☐ I could not get an appointment
- ☐ I had transportation problems
- ☐ I was too nervous or afraid
- ☐ It cost too much
- ☐ I did not have insurance
- ☐ The dentist wouldn't accept my insurance
- ☐ I did not know where to go
- ☐ I could not take time off from work
- ☐ I had family obligations
- ☐ Other reason_____

9. In the past 12 months, have you experienced feelings of hopelessness, anxiety or loss of interest in things you used to enjoy?

- ☐ Yes ☐ No

10. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

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

		days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

11. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 13

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

- ☐ I could not get an appointment
- ☐ I had transportation problems
- ☐ I was too nervous or afraid
- ☐ I did not think it was serious enough
- ☐ It cost too much
- ☐ I did not have insurance
- ☐ My insurance did not cover it
- ☐ I did not know where to go
- ☐ I could not take time off from work
- ☐ I had family obligations
- ☐ Other reason_____

13. During the growing season, how often do you or others in your household buy or get food from a Farmer's market or a fruit/vegetable stand?

- | | | | | |
|--|--------------------------------|---|-------------------------------|-------------------------------------|
| Never or
less than
one time
per month | About one
time per
month | About two
or three
times per
month | About
one time
per week | Two or
more
times
per week |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. In the past 12 months, how often have you been worried about running out of money to pay for these expenses?

	Often	Sometimes	Rarely	Never
a. Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Heating and cooling of my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the past 12 months, have you used a community food shelf program or a community food box program?

☐ Yes ☐ No

16. Are there any barriers to having more fruits and vegetables in your household? (Mark ALL that apply)

- ☐ None
- ☐ The fresh fruits and vegetables where I usually shop are too expensive
- ☐ Fruits and vegetables are difficult to prepare
- ☐ Medical or dietary restrictions
- ☐ Lack of transportation to store
- ☐ No grocery store nearby
- ☐ Inadequate food options at stores
- ☐ Stores not accepting some forms of payment
- ☐ Lack of time to shop
- ☐ Other

17. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

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

18. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

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

19. Please indicate whether you use the following resources and facilities in your community.

	I use this	I do not use this	My community does not have this
a. Walking paths or trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bicycle paths, shared use paths or bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Public swimming pools or water parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public recreation or community centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parks or sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Schools, colleges or universities that are open for public use for exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A shopping mall or store for physical activity or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How much of a problem are the following factors for you in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of programs, leaders or facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of support from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The cost of fitness programs, gym memberships or admission fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Not having sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Traffic problems (excessive speed, too much traffic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Distance I have to travel to fitness, community center, parks or walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. No safe place to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How much do you feel like you belong to your town?

- ☐ Not at all
☐ I am part of the town but not fully accepted
☐ I feel fully accepted by my town

22. How often do you get the social and emotional support you need?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

22a. How often do you feel like you have meaningful connections to the people around you?

- ☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☐ Never

23. How often do you feel unaccepted because of your:

	Once a week	Once or twice a month	A few times a year	Never
a. Race or culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Political views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

☐ Never

24A. Why do you feel unaccepted, unvalued, or unwelcomed?

(Mark ALL that apply)

- ☐ Discrimination ☐ Social-economic difference
☐ Racial difference ☐ Other, specify _____
☐ Not friendly

25. How much do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People are generally caring and sympathetic to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People with mental illness do not try hard enough to get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Yes ☐ No ► GO TO QUESTION 29

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

- ☐ Every day ☐ Some days ☐ Not at all ► GO TO QUESTION 29

28. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

- ☐ Yes ☐ No

29. Have you ever used an electronic cigarette, vaping device, Mod, JUUL, or other electronic nicotine device even just one time in your entire life?

- ☐ Yes ☐ No ► IF NO, GO TO QUESTION 31

30. Were you a tobacco user (cigarette, cigar, little cigar, pipe, snuff, snus, chewing tobacco, etc.) at the time you first used an e-cigarette or other electronic nicotine delivery device?

- ☐ Yes ☐ No

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

Every day Some days Not at all

a. Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Snuff, snus or chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. E-cigarettes (vaping pen, JUUL, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other type of tobacco product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Which of the following substances have you used at least once during the past 30 days for non-medical purposes?

(Mark ALL that apply)

- | | |
|--|---|
| <input type="radio"/> Marijuana (including using via an e-cigarette cartridge, smoking, hashish, wax, edibles, etc.) | <input type="radio"/> Heroin |
| <input type="radio"/> Pain relievers (Oxycodone, Vicodin, Acetaminophen with Codeine, etc.) | <input type="radio"/> Fentanyl |
| <input type="radio"/> Tranquilizers or sedatives (Xanax, Ativan, Valium, benzos, etc.) | <input type="radio"/> Hallucinogens (Ecstasy, MDMA, PCP, etc.) |
| <input type="radio"/> Stimulants (methamphetamine or other amphetamines, Adderall, Ritalin, and speed) | <input type="radio"/> Inhalants (Whip-its, glue, spray paint, etc.) |
| <input type="radio"/> Cocaine or crack | <input type="radio"/> Synthetics (K2, spice, bath salts, etc.) |
| | <input type="radio"/> Other (Please specify) _____ |
| | <input type="radio"/> None of these |

33. Does anyone, including yourself, smoke tobacco (not including e-cigarettes) regularly inside your home?

- ☐ Yes ☐ No

34. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- ☐ Yes ☐ No ► GO TO QUESTION 38



35. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

		Days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

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

- ☐ 1 drink
- ☐ 2 drinks
- ☐ 3 drinks
- ☐ 4 drinks
- ☐ 5 drinks
- ☐ 6 drinks
- ☐ 7 drinks
- ☐ 8 drinks
- ☐ 9 drinks
- ☐ 10 drinks or more

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

FOR FEMALES:
4 or more drinks
on one occasion

		Times
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

FOR MALES:
5 or more drinks
on one occasion

		Times
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

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

- ☐ Yes
- ☐ No
- ☐ I don't know

39. What is the main way you usually get around for things like work, shopping, medical visits, etc.?
(Mark **ONLY ONE** answer)

- ☐ My own vehicle (car, truck, van, motorcycle)
- ☐ Get rides from family/friends
- ☐ Public transportation such as Hiawathaland Transit or SMART (or any other kind of bus transit)
- ☐ Carpool or vanpool
- ☐ Taxi or rideshare (Uber, Lyft, etc.)
- ☐ Volunteer services
- ☐ Bicycle
- ☐ Walk
- ☐ I don't have any regular transportation
- ☐ Other transportation method

40. In the past 12 months, has someone living in your home made you fearful through action, tone of voice, threats, or destroying your property?

- ☐ Yes
- ☐ No

41. During the past 12 months, did you seriously think about killing yourself?

- ☐ Yes
- ☐ No

42. Looking back before you were 18 years of age:

	Yes	No
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>
b. Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>
e. Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>
f. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family members didn't feel close to or look out for each other?	<input type="radio"/>	<input type="radio"/>
g. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor if you needed it, or had no one to protect you or take care of you?	<input type="radio"/>	<input type="radio"/>

43. Are you:

- ☐ Male ☐ Intersex
☐ Female

44. What is your gender identity?

- ☐ Male ☐ Not sure
☐ Female ☐ Other (Please describe)
☐ Transgender _____

45. What is your sexual orientation?

- ☐ Heterosexual or straight
☐ Gay, Lesbian, or homosexual
☐ Bisexual
☐ Other (Please describe) _____

46. Your age group:

- ☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ 75 or older
☐ 25-34 ☐ 45-54 ☐ 65-74

47. Are you a member of any of the following ethnic or cultural groups?

- ☐ Hispanic or Latino/Latina
☐ Somali
☐ Sudanese
☐ Burmese
☐ Karen
☐ Other _____

48. Which of the following best describes you?

(Mark ALL that apply)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White

49. How tall are you without shoes?

Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11

50. Approximately how much do you weigh?

Pounds
000
111
222
333
444
555
666
777
888
999

51. Including yourself, how many adults (age 18 or older) live in your household?

Number of adults:

0 1 2 3 4 5 6 7 8 9 10 11 12 or more

52. How many children (under age 18) live in your household?

Number of children:

0 1 2 3 4 5 6 7 8 9 10 11 12 or more

53. What is the highest level of education you have completed? (Please mark only ONE)

- ☐ Did not complete 8th grade
☐ Did not complete high school
☐ High school diploma/GED
☐ Trade/Vocational school
☐ Some college
☐ Associate degree
☐ Bachelor's degree
☐ Graduate/Professional degree

54. Household income per year:

- | | |
|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$10,000 - \$14,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$15,000 - \$24,999 | <input type="radio"/> \$100,000 - \$149,999 |
| <input type="radio"/> \$25,000 - \$34,999 | <input type="radio"/> \$150,000 - \$199,999 |
| <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> \$200,000 or more |

55. Are you currently... (Mark ALL that apply)

- ☐ Employed
☐ Self-employed or farmer
☐ Serving in the Armed Forces
☐ Unemployed or out of work
☐ A homemaker or stay-at-home parent
☐ A student
☐ Retired
☐ Unable to work because of a disability

56. Do you rent or own your current housing?

- ☐ Rent
☐ Own
☐ Other _____

Thank you for completing this survey!