



Community Health Assessment 2019 - 2024

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SCOTT COUNTY PUBLIC HEALTH



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Executive Summary

On behalf of Scott County Public Health and our many community partners, I am pleased to present the Scott County Community Health Assessment. This document has truly been a combined effort of many agencies, dedicated public health staff, and residents who provided input.

The Community Health Assessment summarizes the health of people who live in Scott County and the many factors that impact their health. It includes data from reputable state and national sources, and the voice of residents who live, work and play here. The report provides a basis for setting priorities and developing effective strategies to improve health for all residents.

We encourage you to use this information in your communities and places of work, and welcome your feedback.



Lisa Brodsky, MPH
Scott County Public Health Director

Acknowledgements

The Community Health Assessment is possible because of the generous participation of and input from many groups and individuals. Two main groups were the primary stakeholders.

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Community Health Assessment Background and Model

Minnesota community health boards have been required to engage in a community health improvement process—beginning with a community health assessment—since the Local Public Health Act was passed in 1976. The health boards perform the assessment for a five-year time frame, and have flexibility to conduct the assessment on a single-episode basis, or on a rolling basis. This assessment is for the time frame of 2019 thru 2024.

A community health assessment is foundational to improving and promoting the health of a community. The goal is to identify and describe the health of the community, understand the factors that contribute to health challenges and identify existing community assets and resources that can be mobilized to improve the community's health. In the assessment process, local public health collects data, analyzes and uses data to prioritize issues and make decisions. The assessment helps ensure that local resources are directed toward where they can make the greatest and most timely impact. It also provides the opportunity for community leaders, organizations and residents to discuss health priorities and strategic plans.

Recently changes have been made to the guidelines that define how these assessments are to be conducted. The Affordable Care Act (ACA) mandated hospitals and health systems to conduct a similar assessment to utilize available public health data as well as their own data to identify community needs and direct their community benefit activities appropriately. The ACA requirement fosters improved coordination and collaboration between Minnesota's Health Plans, hospitals-health systems and governmental public health, which should be noticeable in reading this document. In Scott County, these discussions occur within the Scott County Health Care Systems Collaborative and the Community Leadership Team for the Statewide Health Improvement Program (SHIP). Scott County Public Health did move their timeline for completing the assessment to align with the assessment done by St. Francis Regional Medical Center.

Another change that has occurred is that all community health boards are encouraged to develop a community health assessment that meets national public health standards, including the use of a professional model to guide the assessment. Scott County Public Health adopted the Mobilizing for Action through Partnerships and Planning (MAPP) model to collect and analyze data, prioritize issues, identify resources and develop goals and strategies.

MAPP was developed jointly by the National Association of City and County Health Officials and the Centers for Disease Control and Prevention. The graphic in Figure 1 shows that MAPP consists of four assessment methods that work together to provide the needed information to make decisions about health priorities and strategies. Each of the four assessment areas will be elaborated upon in the following paragraphs.



Fig. 1

The Community Themes and Strengths Assessment section addresses issues residents feel are important for answering the questions: “What is important to our community?”, “How is the quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”. Multiple communication methods were used in obtaining the voice of the public. This community engagement is described further in the next section of this document, and detailed documents are available in the Appendices for a deeper review.

The Local Public Health System Assessment focuses on all organizations and entities that contribute to the public’s health. It answers the questions: “What are the components, activities, competencies, and the capacities of our local public health system?” and “How are the Essential Services being provided to our community?” Documents for this section have been developed for other agency purposes, yet are worthwhile for the intent of this section. These include Planning and Performance Management Reporting System and Workforce Development. Both are also found in the Appendices.

The Community Health Assessment portion of the model identifies priority community health and quality of life measures. Research has shown that social and environmental factors have a large impact on the formation of healthy individuals, families and communities. These determinates include income, early childhood development, schools, housing, jobs and the workplace, community design and other issues. To reflect this understanding, this community assessment document will include a variety of indicators that measure the conditions and factors that affect health, as well as data on the level of health. Included in the Appendix for this section is demographic information for each city in Scott County, and data on core health indicators as identified by the Center for Community Health¹.

¹ The Center for Community Health is a collaborative between public health agencies, non-profit health plans, and not-for-profit hospital/health systems in the seven-county metropolitan area in Minnesota.

This community assessment discusses many important health topics, but it is not intended to cover every possible health-related condition. The selected indicators represent the scope and complexity of public health, but are limited to those identified by the Center for Community Health. The assessment does not include local program data or information about services or public health interventions. In addition, it should be noted that where county data is not available on some issues, regional data is used.

Lastly, the Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” Believing that Scott County is similar to the adjacent metropolitan area, a recent regional document (also found in the Appendices) is being used for this section.

The Community Engagement Process

A key aspect of the Community Health Assessment process has been to authentically engage residents in the conversation that identifies community strengths and needs *as perceived by community members themselves*. Community engagement then creates a contribution to the planning and implementation of solutions within the communities where people live. Public participation ensures that an assessment and subsequent plan reflect the vision, goals and values of community members.

Scott County Public Health has worked in tandem with community members and other interested organizations to facilitate an assessment that would be of benefit to all. In late summer 2016, Scott County began an effort to discuss key issues in the 2040 Comprehensive Plan. The conversation topics included early education, healthy eating, housing, parks and trails, active living, careers, and transportation. Surveys (both online and paper), focus groups, and pop-up engagement events were held. Participants in focus groups included CAPS students from Shakopee, 4H, the Scott County Historical Society, the Southeast Asian community, Esperanza, and Kingsway Assisted Living in Belle Plaine. Documentation of these topics can be found in the Appendices.

In September, 2017, a presentation of the State of the County’s Health was made to FISH (Families and Individuals Sharing Hope). County data was presented from the 2016 Minnesota Student Survey results, Robert Wood Johnson County Health Rankings and the mobile clinic operated by Scott County Public Health. Two main questions were then asked: 1) What does the data say about issues and assets in our community; 2) What are the top 3 health issues that should be addressed. A full report of responses and a summary can be found in the Appendices.

In October, 2017, 140 guests participated in a community meal and engagement process, Intentional Social Interaction, at the Shakopee Community Center. Small groups of 5 – 6 individuals discussed seven

questions about community health needs, access and health care in Scott County. The questions were distributed by a random ordering system, and guests were asked to focus on questions of greatest importance to the group. All handwritten notes and verbal responses were captured and analyzed following the event. The Marnita's Table 360 Report (full set of responses) and Health Matters! Community Feedback and Recommendations are available in the Appendices.

Between July and September, 2018, Scott County Public Health conducted a resident survey on the top issues affecting the health of our community. The survey was conducted at the county fair, a weekend community festival, the courthouse, the Workforce Development Center, laundry mats, ethnic grocery stores, Project Community Connect, and numerous pop-up events. A total of 1,125 surveys were completed by public health staff, nursing students doing a clinical rotation in the agency, and church youth. The survey was conducted in person using both English and Spanish. One question was asked; "What do you believe are the top 3 issues affecting the health of your community?" along with the typical questions of gender, age, race/ethnicity, and income. The community viewpoint is included in each of the topical data sheets in the Appendices.

Representatives from Scott County Public Health have participated in collaborative meetings with St. Francis Regional Medical Center, Fairview Ridges Hospital in Burnsville, and the Mayo Clinic Health System in New Prague on various dates throughout 2017 and 2018. Similarly, these organizations have participated in the Scott County Health Care Systems Collaborative developing a consensus of our top health priorities.

HEALTH ISSUE PRIORITIZATION

One of the fundamental attributes of the Community Health Assessment is the engagement and meaningful participation of community members. As the ultimate beneficiaries of public health interventions, community members play a key role in informing the process of identification and subsequent prioritization of health issues, that when targeted would ideally result in the greatest public health gains in the community.

To collect their views, Scott County's Public Health Department administered a bi-lingual (English and Spanish) paper survey that asked community members to identify what they believed were the top three issues affecting the health of their community. The survey was created in partnership with Park Nicollet Health Systems and Allina Health Systems. With backing from data, literature and institutional knowledge, the following health issues were identified and presented to participating community members who then selected their top-three issues:

- Smoking
- Alcohol and drug use by youth
- Alcohol and drug use by adults
- Adverse childhood experiences (trauma in youth that impacts health in later years)
- Diabetes
- Heart problems
- Cancer
- Obesity
- Not enough food
- Too much unhealthy food
- Not enough physical activity (for any reason)
- Mental health concerns
- Access to healthcare
- Cost of healthcare
- Cost of medications
- Lack of cultural awareness and sensitivity among healthcare providers

In addition to their selection, participants were also asked the following demographic questions:

- Gender
- Age
- Race/Ethnicity
- Annual Family Income

FINDINGS

Between July and September of 2018, a total of 1,125 participants provided their input on both the health issues of concern and demographic backgrounds. The information they provided was analyzed as shown below:

DEMOGRAPHICS

Gender

The vast majority of participants identified as female (61%) while 37% identified as male. The remaining 2% of the participants identified themselves as “non-binary”, “other”, or did not specify their gender. **See top left quadrant of figure 1.**

Age

Participation was highest among the 31-40 years age bracket (23%) and followed closely at 20% by the 41-50 years age group. 21-30 year olds constituted 18% of the participants and were followed by the 51-60 years age group at 16%. Participation was lowest among the highest and lowest age groups 61+ years at 12% and 10-20 years at 11%. Only 0.4 % of the participants did not specify their age. **See top right quadrant of figure 1.**

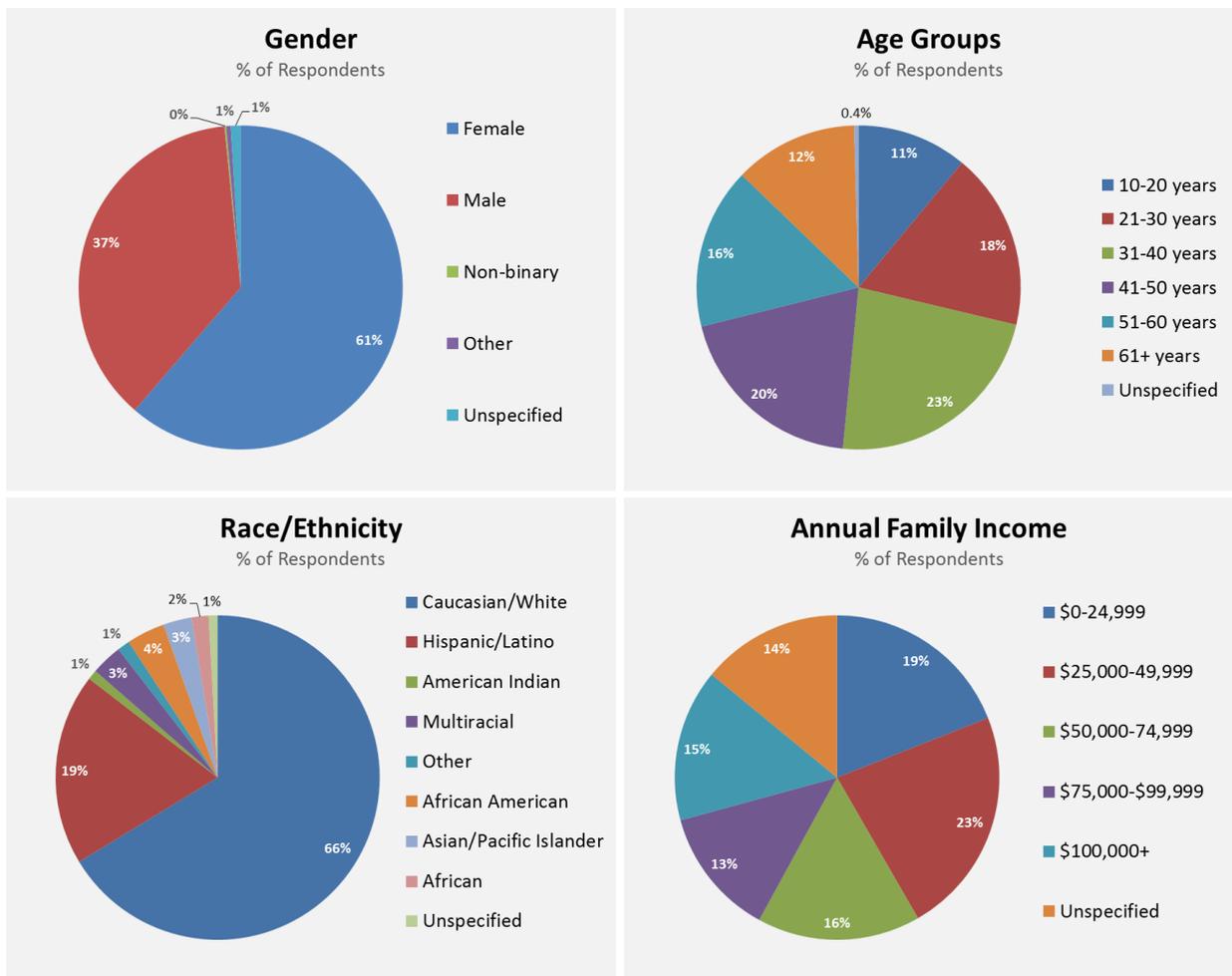
Race/Ethnicity

Participation was highest among White people (66%) with participants identifying as Hispanics coming in at a distant second with 19%. African Americans constituted 4% of the participants while those identifying as Asian/Pacific Islanders and Multiracial both had 3%. African participants made up 2% while the remaining 3% was equally distributed among American Indians (1%), those who identified as “Other” (1%) and those who did not specify their race/ethnicity (1%). **See bottom left quadrant of figure 1.**

Annual Family Income

Most participants (23%) reported an annual family income of \$25,000 - \$49,999 while the lowest income group, \$0 - \$24,999 constituted the second largest set (19%) of participants by income. 16% of the participants reported an income of \$50,000 – \$74,999 while another 15% reported an annual family income exceeding \$100,000. 14% of the participants did not specify their annual family income while the remaining 13% reported an annual family income of \$75,000 - \$99,999. **See bottom right quadrant of figure 1.**

FIGURE 1: DEMOGRAPHIC PROFILE OF SURVEY PARTICIPANTS



ISSUE RANKING

Participants were asked to identify three health issues in no specific order and their feedback was used to determine which of the issues were of most importance. Our analysis essentially computed the number of times a given health issue was identified by the participant pool and ranking of the health issues was based on this frequency identification. **See table 1**

TABLE 1: FREQUENCY TABLE SHOWING NUMBER OF TIMES A HEALTH ISSUE WAS IDENTIFIED

RANK	ISSUE	COUNT
1	Alcohol and drug use by youth	466
2	Obesity	380
3	Smoking	367
4	Alcohol and drug use by adults	317
5	Too much unhealthy food	279
6	Mental health concerns	272
7	Cost of healthcare	271
8	Cancer	196
9	Insufficient physical activity	181
10	Diabetes	175
11	Heart problems	132
12	Cost of medication	130
13	Adverse childhood experiences	114
14	Access to healthcare	85

Due to similarities/associations between some health issues, they were grouped and re-classified leading to the re-assignment of ranks. The grouping and re-classification scheme is shown in **table 2**.

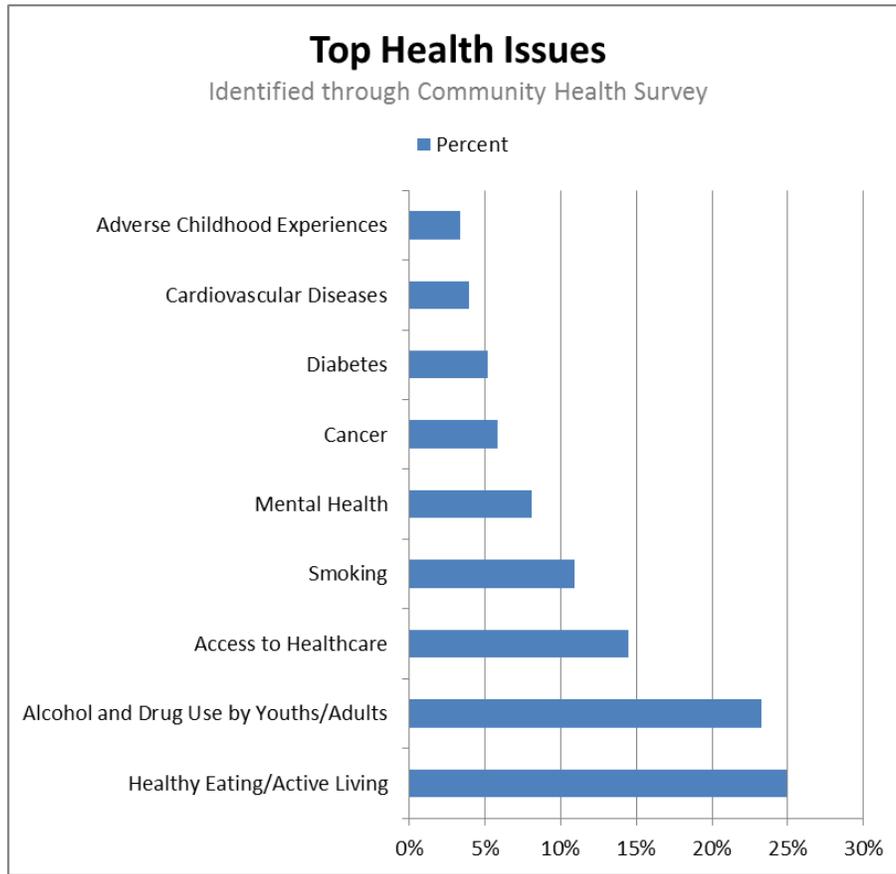
TABLE 2: NEW FREQUENCY TABLE WITH RECLASSIFIED HEALTH ISSUES

ORIGINAL HEALTH ISSUE	Count	NEW HEALTH ISSUE	Count
Obesity	380	Healthy Eating/Active Living	840
Too much unhealthy food	279		
Insufficient physical activity	181		
Alcohol and drug use by youths	466	Alcohol and Drug Use by Youths/Adults	783
Alcohol and drug use by adults	317		
Cost of healthcare	271	Access to Healthcare	486
Cost of medication	130		
Access to healthcare	85		
Smoking	367	Smoking	367
Mental health concerns	272	Mental Health	272
Cancer	196	Cancer	196
Diabetes	175	Diabetes	175
Heart problems	132	Cardiovascular Diseases	132
Adverse childhood experiences	114	Adverse Childhood Experiences	114

After grouping similar/associated health issues, as shown in table 2, the resulting nine health issues were ranked in order of importance as follows:

1. Healthy eating/active living.
2. Alcohol and drug use by youths/adults.
3. Access to healthcare.
4. Smoking.
5. Mental health.
6. Cancer.
7. Diabetes.
8. Cardiovascular diseases.
9. Adverse childhood experiences.

Figure 2 below shows how these nine issues compare with one another in terms of the frequency with which they were identified as health issues of importance.



Each of these health issues with relevant Scott County data will be discussed in the sections that follow.

HEALTHY EATING/ACTIVE LIVING

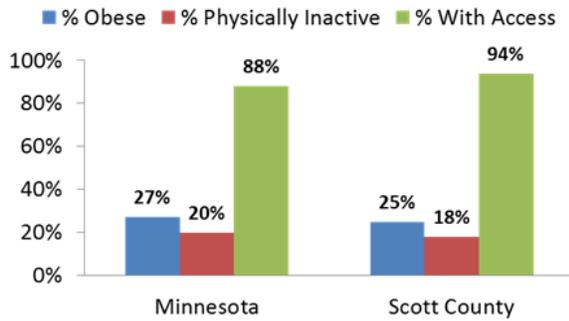
Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, diet can help an individual to reach and maintain a healthy weight, reduce their risk of chronic diseases (like heart disease and cancer), and promote overall health. Healthy eating and regular physical activity can improve the health and

In a 2012 study, 52% of Americans (that were polled) believed doing their taxes was easier than figuring out how to eat healthy.

quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.

SCOTT COUNTY'S PERFORMANCE

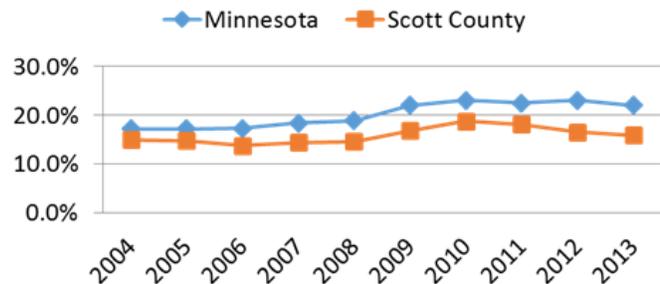
Active Living and Obesity



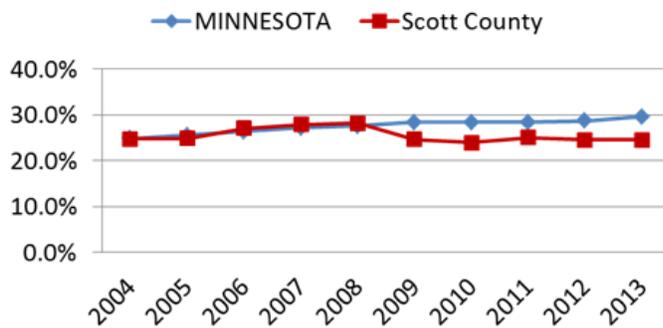
In 2016, Scott County was generally performing better than the state average with respect to the prevalence of obesity (25% versus 27%), physical inactivity (18% versus 20%) and the access to exercise opportunities (94% versus 88%). The data seems to indicate that access to exercise opportunities may directly impact the likelihood of physical activity and consequently the chances of becoming over-weight or obese.

Between 2004—2013, the prevalence of leisure-time physical inactivity in Scott County was consistently lower than that of the State of Minnesota. The prevalence was reduced from 15% in 2004 to 14% in 2006 after which it rose to 18% in 2010 before dropping back to 15% in 2013.

Leisure-Time Physical Inactivity Prevalence



Obesity Prevalence



Between 2004—2013, the prevalence of obesity in Scott County was the same as that of the State of Minnesota, rising from 25% in 2004 to 28% in 2008 after which the prevalence of obesity became consistently lower for Scott County until 2013.

ALCOHOL & DRUG USE BY YOUTHS/ADULTS

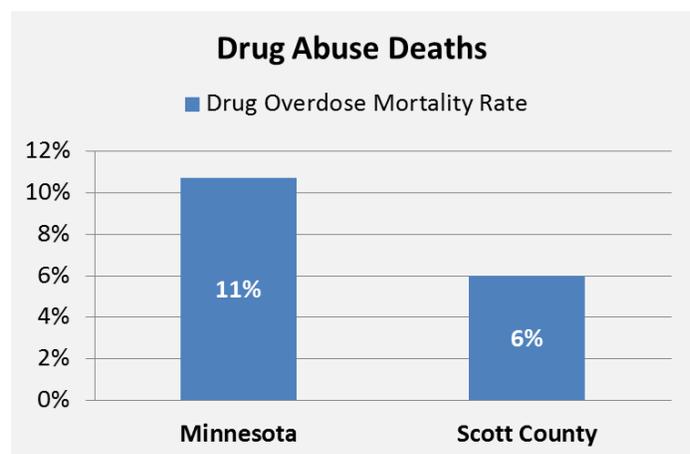
Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The use of psychoactive substances can lead to dependence syndrome - a cluster of behavioral,

The United States consumes 80% of the world's prescription painkiller supply, despite not even making up 5% of the world's population. Nearly 17 million adults in the United States suffer from alcoholism and an estimated 88,000 people die per year due to alcohol.

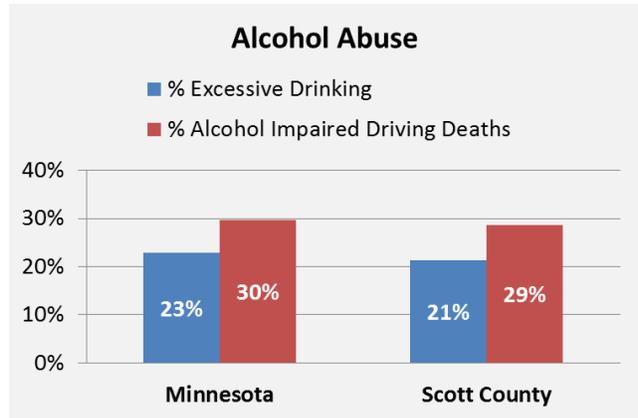
cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persistence in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

SCOTT COUNTY'S PERFORMANCE

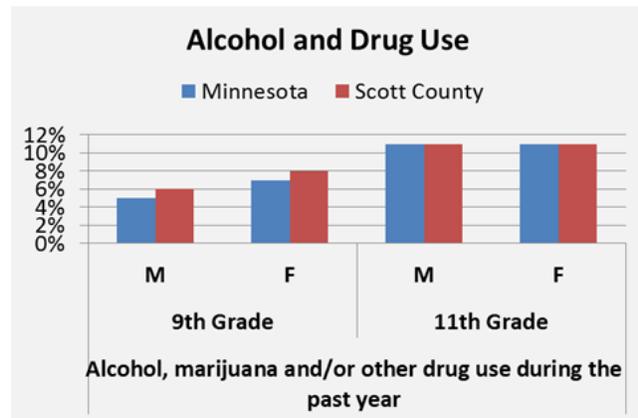
Between 2014 and 2016, Scott County had a drug overdose mortality rate of 6% (26 deaths) while the rate for the State of Minnesota was 11% (1770 deaths) for the same period.



In 2016, the percentage of adults reporting binge (4+ drinks for women and 5+ drinks for men during a single occasion) or heavy drinking (8+ drinks for women and 15+ drinks for men per week) in Scott County was 21%, just 2 percentage points lower than the rate for the State of Minnesota (23%) which was among the poor performers nationwide (10th percentile). Between 2012 and 2016, the rate of driving deaths attributed to alcohol impairment was 29% in Scott County and 30% for the State of Minnesota which was also among the poor performers nationwide (10th percentile).

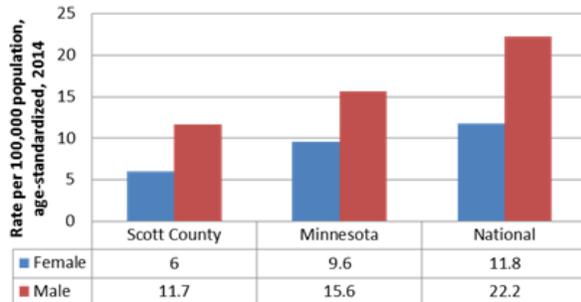


In the 2016 Minnesota Student Survey, Scott County had a higher percentage of 9th graders (6% versus 5% among males and 8% versus 7% among females) reporting usage of alcohol, marijuana and/or other drugs than the State of Minnesota.



Cirrhosis and other chronic diseases

Mortality: Cirrhosis and other chronic liver diseases

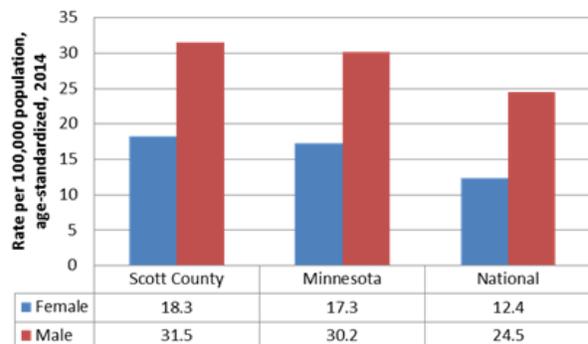


In 2014, mortality due to alcohol-related cirrhosis and other chronic liver diseases was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate decreased for both males (23%) and females (20.3%) in Scott County.

Binge Drinking

In 2014, the prevalence of binge drinking was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate increased for both males (3.4%) and females (31.7%) in Scott County.

Binge Drinking



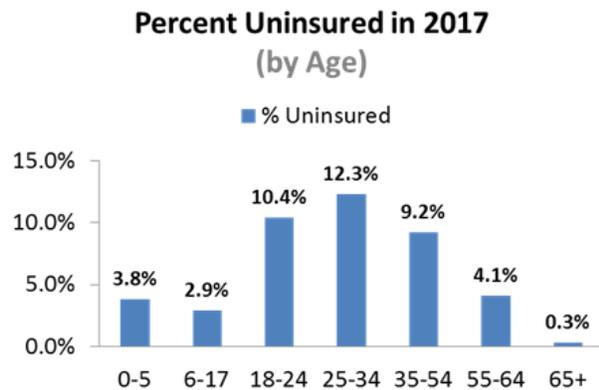
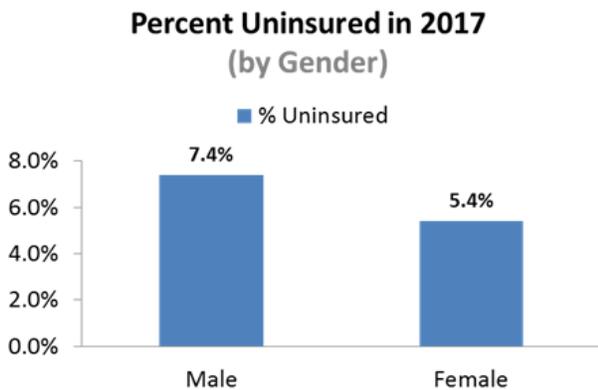
ACCESS TO HEALTHCARE

Access to health services means the timely use of personal health services to achieve the best health outcomes. It is highly dependent on insurance coverage. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.

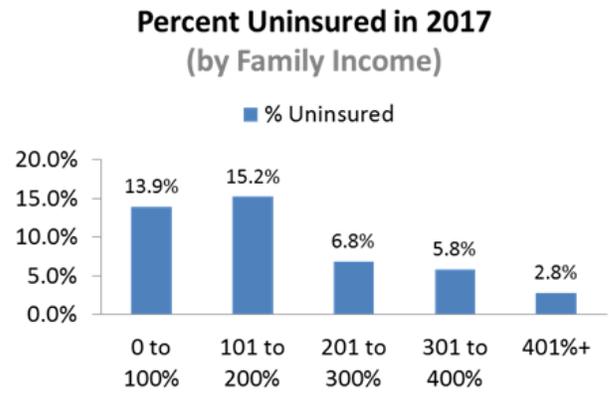
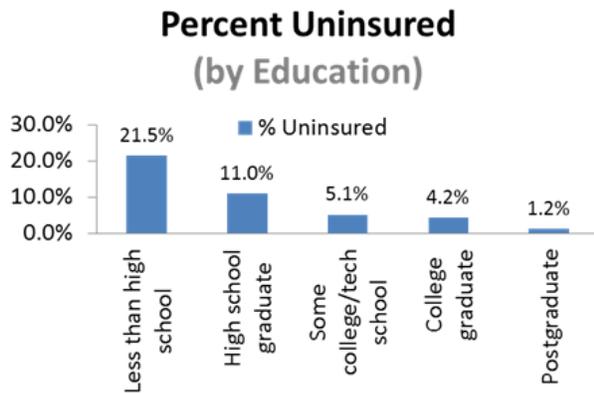
Paying for health care is the number 1 cause of bankruptcy filing every year in the U.S. Outside of bankruptcy, over 20 percent of the population between the ages of 19 and 64 struggle with health-care related bills each year.

SCOTT COUNTY'S PERFORMANCE

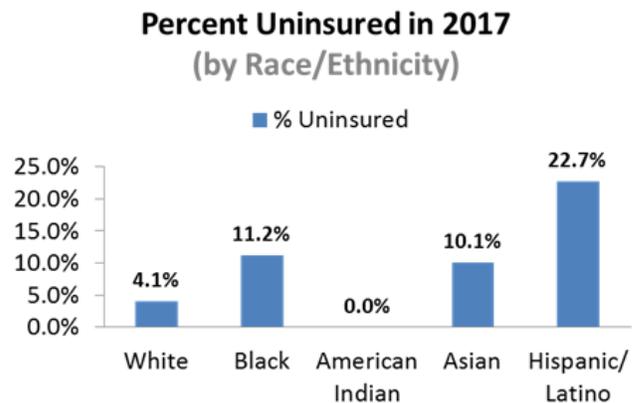
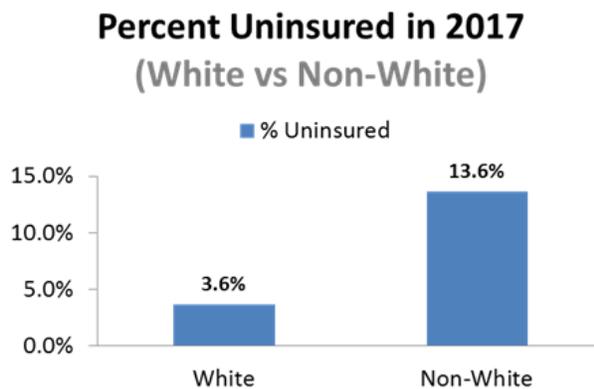
In the seven-county metro area, the proportion of uninsured males (7.4%) is greater than that of females (5.4%) though both are not much different from the statewide rate (6.4%). At 12.3%, the state of being uninsured is highest in 25 to 34 year olds and lowest in the 65+ age-group.



With respect to education, more educated people (1.2% for postgraduates) are less uninsured than those with a lower education (21.5% for people that haven't graduated from high school). Uninsured people generally are more represented in lower income brackets. The greater the family income: the less the proportion of uninsured people. However, the highest proportion of uninsured people is those with a family income between 101% and 200% (15.2%) of the poverty line and not those whose family income is between 0 and 100% of the poverty line (13.9%).



Finally, race/ethnicity also impacts the proportion of uninsured people. The rate is highest in Hispanics/Latinos (22.7%) and lowest in Whites (4.1%).



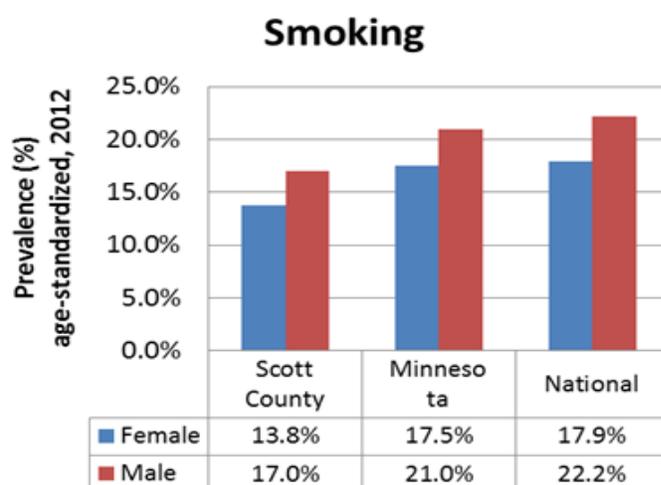
SMOKING

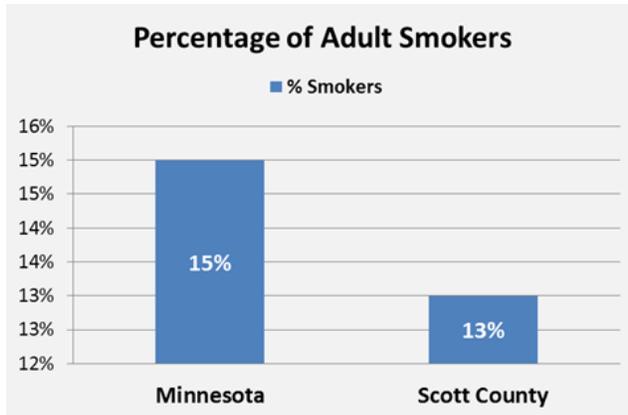
Smoking is the inhalation of the **smoke** of burning **tobacco** that is used mostly in three forms: cigarettes, pipes, and cigars. Tobacco use is the largest preventable cause of death and disease in the United States. It causes cancer, heart disease, stroke, lung diseases, and negative reproductive effects among other problems. Each year, approximately 480,000 Americans die from tobacco-related illnesses. Further, more than 16 million Americans suffer from at least one disease caused by smoking. Smoking-related illness in the United States costs more than \$300 billion each year, including nearly \$170 billion for direct medical care for adults and more than \$156 billion in lost productivity.

Annually in the U.S., smoking causes 1 of every 5 deaths. A single cigarette contains over 4,800 chemicals, 69 of which are known carcinogens. Everyday in the U.S., nearly 4000 teens smoke their first cigarette while 1,000 start smoking on a daily basis. The average smoker in the U.S. between \$1,500 and \$3,300 on smoking annually.

SCOTT COUNTY'S PERFORMANCE

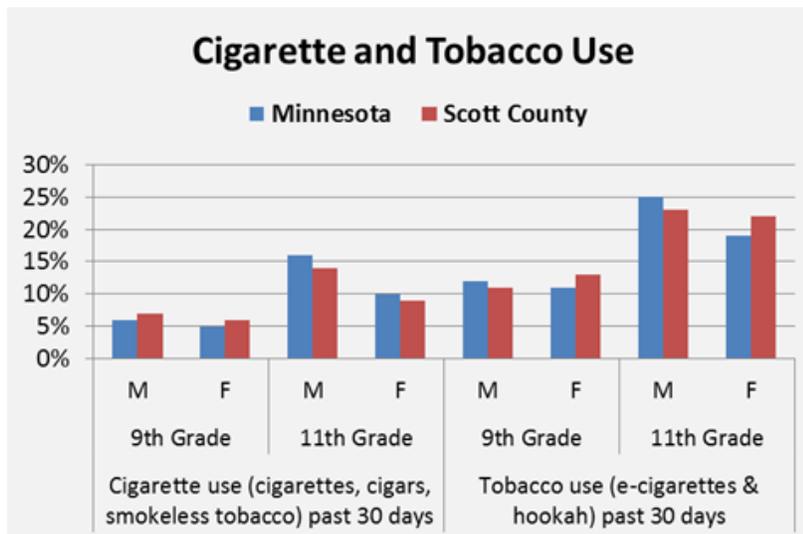
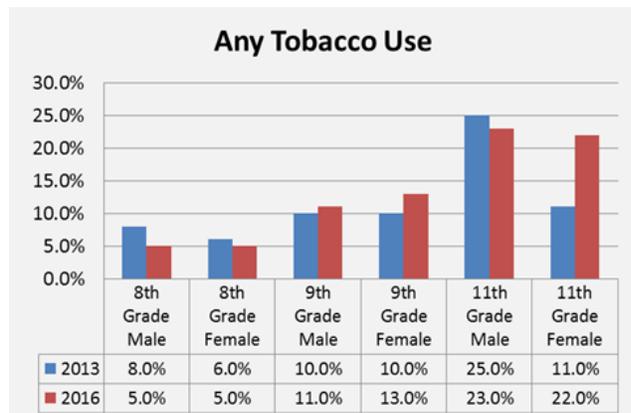
In 2012, smoking was consistently more prevalent among males than in females in Scott County, statewide, and nationally. However, in the period 1980—2014, the prevalence of smoking has generally fallen for both males (27.6%) and females (33.7%) in Scott County. In 2012, Scott County was ranked 80 out 3142 counties for prevalence of male smoking and women fared worse (126 of 3142 counties).





In 2014, the prevalence of smoking among adults in Scott County is 13%, just under the statewide prevalence which stands at 15%. Scott County is among the bottom performers (10th percentile) nationwide with respect to this measure which contributes significantly to the overall ranking of the county.

The proportion of Scott County students reporting the usage of any tobacco products in the 2016 Minnesota Student Survey increased from those of the 2013 Minnesota Student Survey for 9th graders (both males and females) and 11th grade females. There were however slight decreases among all 8th graders as well as 11th grade female students.



Between 2013 and 2016, Scott County students, there was an increase in the proportion of 9th grade students reporting usage of cigarettes, cigars, smokeless tobacco) in the 30 days preceding the administration of survey while a decrease was observed among 11th grade students. The proportion of

students reporting usage of e-cigarettes and hookah in the 30 days preceding the administration of the survey increased among female students in both 9th and 11th grades. There was, however, a decrease in the proportion of male students in both 9th and 11th grades.

MENTAL HEALTH

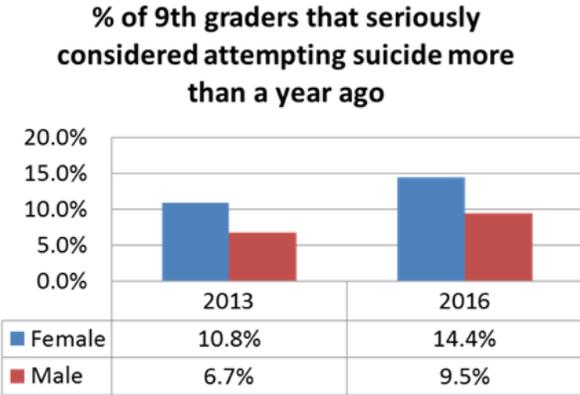
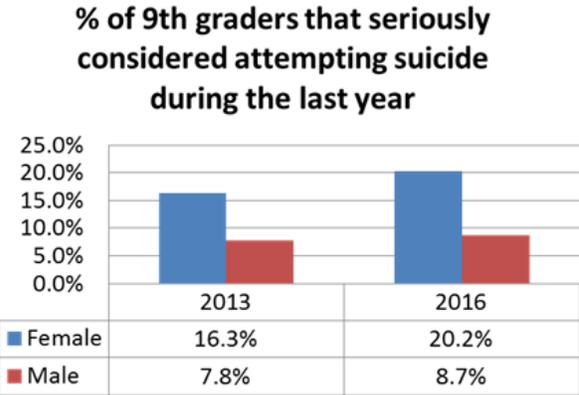
Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15 to 29-year-olds.

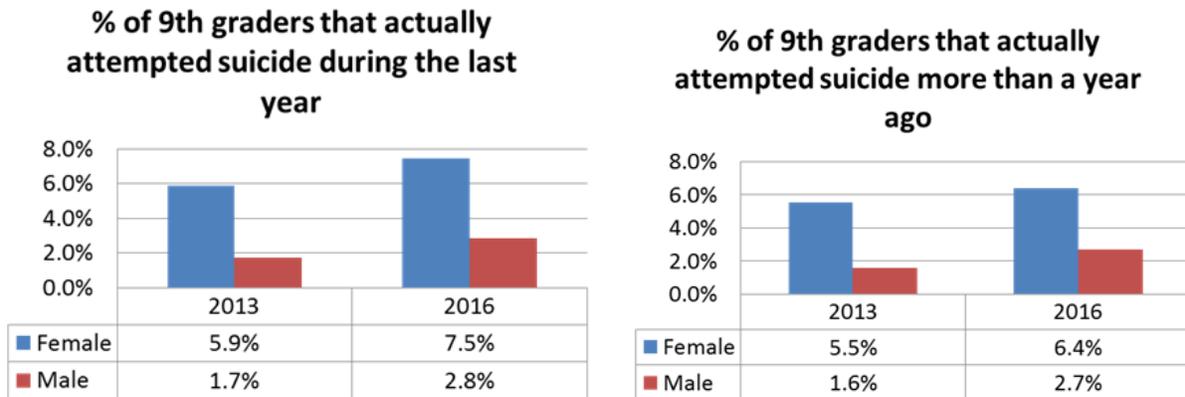
There are indications that for each adult who died of suicide, there may have been more than 20 others attempting suicide.

SCOTT COUNTY’S PERFORMANCE

Important measures of mental health showed a disturbing trend in 2016 for Scott County and Minnesota in general. Among 9th graders, suicidal ideation has increased in both male and female students, with the latter experiencing such thoughts at a greater rate.

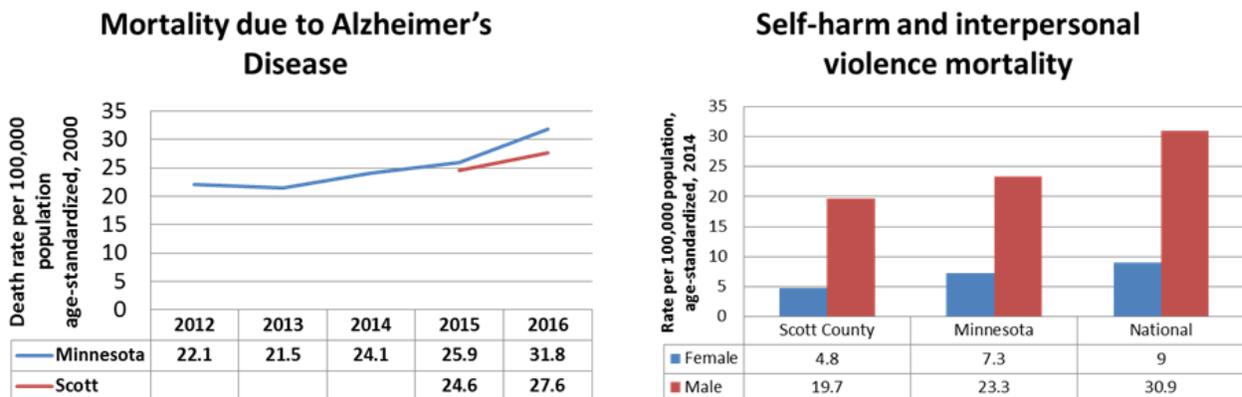


More 9th graders, both male and female, actually attempted suicide in 2016 compared to 2013, with the rate in female students being more than double that of male students.



In adults, the rate of deaths due to Alzheimer’s disease consistently increased from 2.4% in 2012 to 5.4% in 2016 while in the same period; there was an increase in reports of poor mental health days among Scott County residents.

Between 1980 and 2014, there was a 7.5% decrease in the rate of self-harm and interpersonal violence among females and a 6.3% increase among males. These rates were slightly below the state and national rates for both females and males. Scott County ranked 30 out of 3142 counties nationally among females and 139 out of 3142 counties among males. Scott County also generally out-performed most other counties in the state.



CANCER

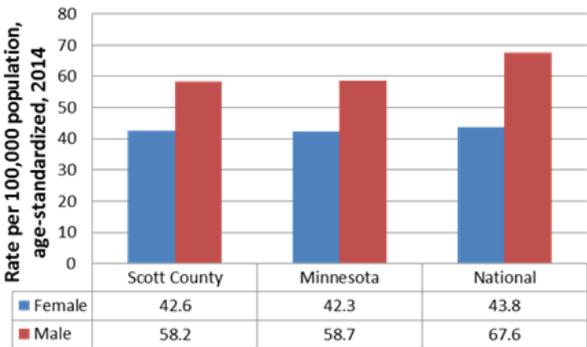
Cancer is a group of diseases that share the uncontrolled growth and spread of abnormal cells. Nearly half of all Minnesotans will be diagnosed with a potentially serious cancer during their lifetimes. Although the cancer mortality rate has decreased by nearly 15% in Minnesota over the past 20 years, one out of four Minnesotans die of cancer. Cancer is the leading cause of death in the state and in Scott County.

Cancer is one of the leading causes of death in the world. Yet, many of these deaths can be avoided. Between 30-50% of cancers are preventable by healthy lifestyle choices such as avoidance of tobacco and public health measures like immunization against cancer causing infections.

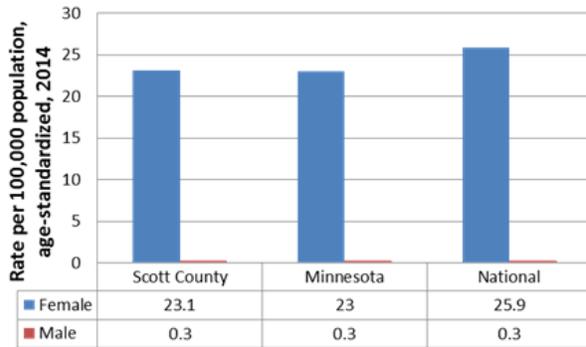
SCOTT COUNTY'S PERFORMANCE

The mortality rate for tracheal, bronchus, and lung cancer increased 49.4% from 1980 to 2014 among females and reduced by 24.6% among males over the same period. However the rate is much higher in males (58.2 per 100,000) than in females (42.6 per 100,000). Nationally, Scott County ranks 1,060 out of 3,142 counties and 639 out of 3,142 counties in females and males respectively.

Tracheal, Bronchus & Lung Cancer



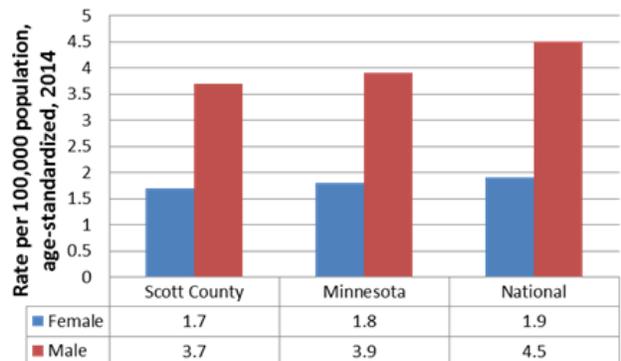
Breast Cancer



The mortality rate for breast cancer was reduced by 39.7% among females from 1984 to 2014, and by 21.6% among males for the same period. However the rate is much higher in females (23.1 per 100,000) than in males (0.3 per 100,000). Nationally, Scott County ranks 627 out of 3,142 counties and 518 out of 3,142 counties in females and males respectively.

The mortality rate for malignant skin melanoma was reduced 5% among females from 1984 to 2014, but increased 24.6% among males for the same period. The rate is also higher in males (3.7 per 100,000) than in females (1.7 per 100,000). Nationally, Scott County ranks 627 out of 3,142 counties and 518 out of 3,142 counties in females and males respectively.

Malignant Skin Melanoma

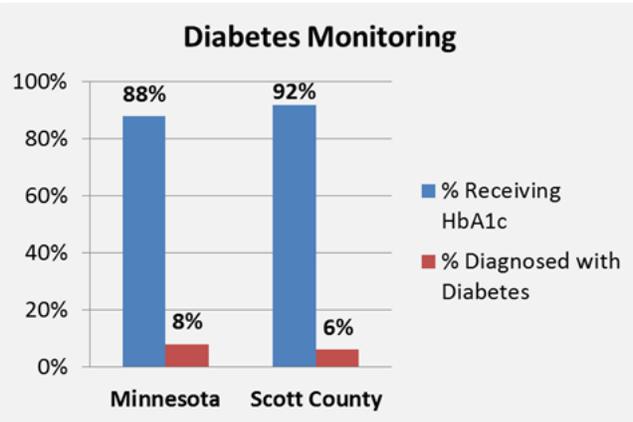


DIABETES

Diabetes is a chronic condition associated with abnormally high levels of sugar (glucose) in the blood. Insulin produced by the pancreas lowers blood glucose. Absence or insufficient production of insulin, or an inability of the body to properly use insulin causes diabetes. It affects an estimated 30 million people in the United States and is the 7th leading cause of death. It increases the all-cause mortality rate 1.8 times compared to persons without diagnosed diabetes and also increases the risk of heart attack by 1.8 times. Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The estimated total financial cost of Diabetes Mellitus (including the costs of medical care, disability, and premature death) in the United States increased from \$245B in 2012 to \$327B in 2017.

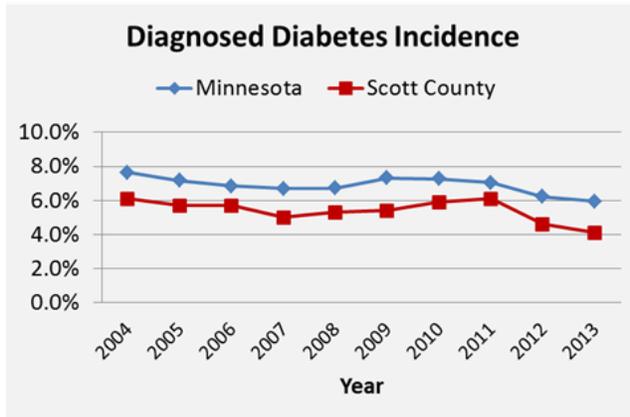
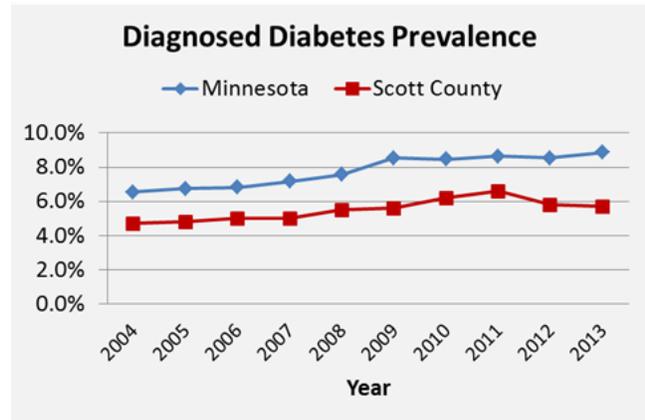
More than 30 million people in the United States have diabetes, and 1 in 4 of them don't know they have it. More than 84 million US adults — over a third—have prediabetes, and 90% of them don't know they have it.

SCOTT COUNTY'S PERFORMANCE



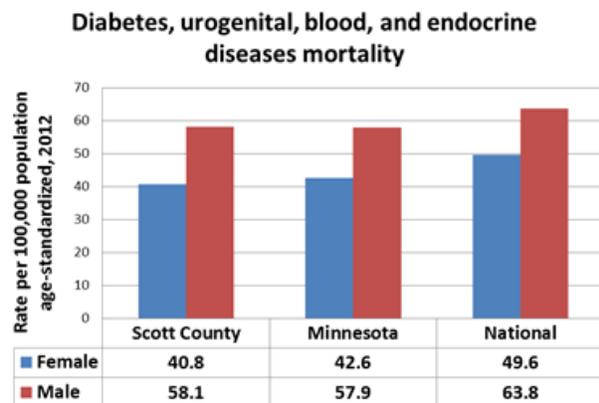
With 92% of diabetics receiving the HbA1c test in 2014, Scott County is among the top performers nationwide (90th percentile). This is better than the average for the State of Minnesota (88%). The prevalence of diabetes, as determined by the percentage of adults diagnosed with diabetes was 6% for Scott County, just under the 8% for the State of Minnesota.

Between 2004 and 2013, the prevalence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general increase between 2004 and 2011 after which the prevalence fell for Scott County.

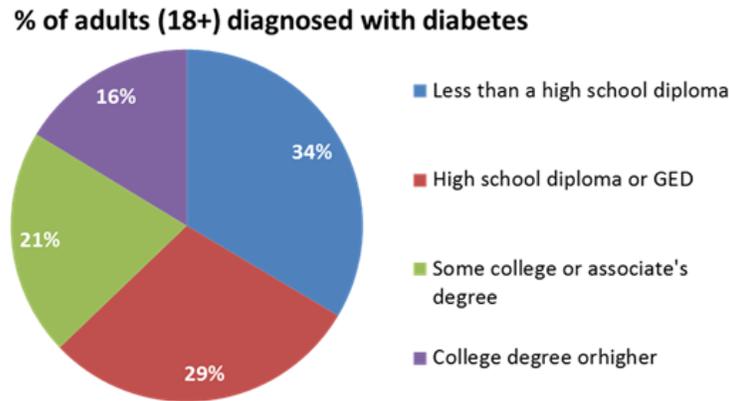


Between 2004 and 2013, the incidence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general decrease between 2004 and 2007 after which it increased until 2011 before resuming the downward trend.

In 2012, diabetes, urogenital, blood, and endocrine diseases mortality was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the mortality rate decreased generally for both males (19.7%) and females (10.7%) in Scott County. In 2012, Scott County was ranked 466 out of 3142 counties and 877 of 3142 counties for males.



The chart on the below shows the proportion of adults aged 18 years and above diagnosed with diabetes. The general trend shows a decrease in diabetes prevalence as the level of education increases.



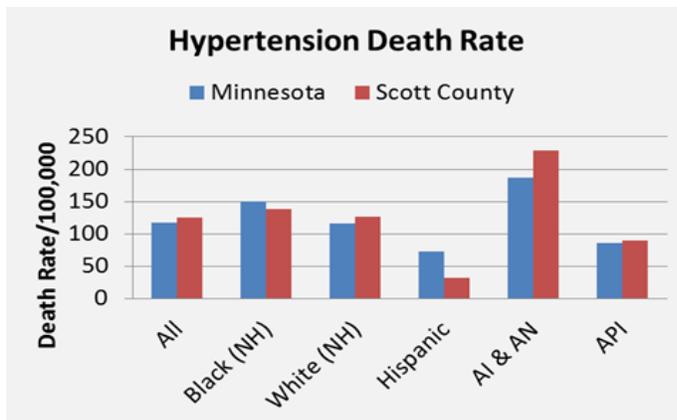
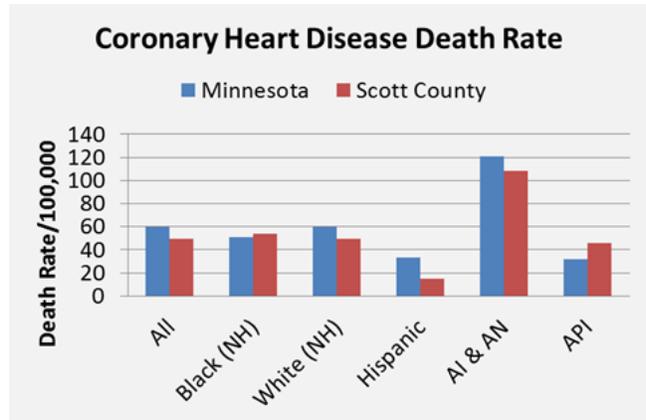
CARDIOVASCULAR DISEASES

Cardiovascular disease (CVD) is a class of diseases that involve the heart or blood vessels. Cardiovascular disease includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack). In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status.

About 610,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths. Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who have already had a heart attack.

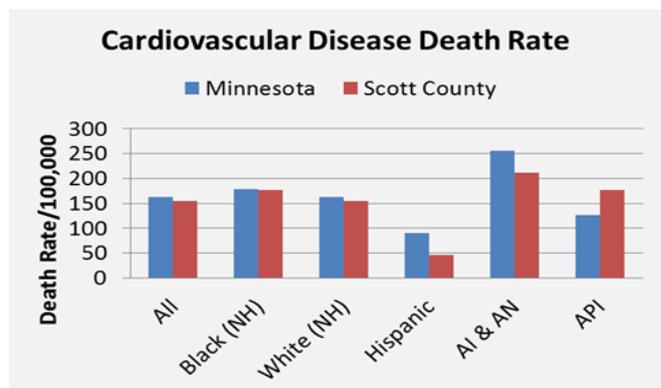
SCOTT COUNTY'S PERFORMANCE

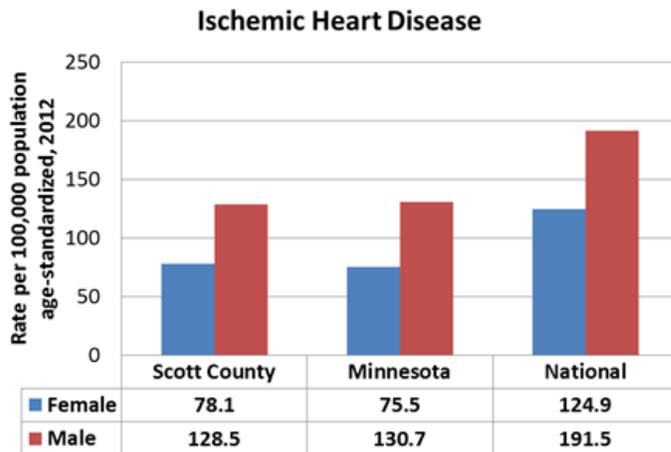
For the period 2014—2016, the incidence of death in Scott County as a result of coronary heart disease was 49.5 per 100,000 and was below the rate at the state level (59.5) and national level (97). In Scott County, the rate was higher than the state average among Blacks and Asian & Pacific Islanders. The rate is highest among American Indian & Alaskan Natives and lowest among Hispanics.



The incidence of death in Scott County as a result of hypertension was 125.1 per 100,000 and was above the state level (117.8) and national level (114). In Scott County, the rate was higher than the state average among Whites, American Indian & Alaskan Natives, and Asian & Pacific Islanders.

The incidence of death in Scott County as a result of cardiovascular diseases was 155.1 per 100,000 and was below the state level (163.1) and national level (219.8). In Scott County, the rate was higher than the state average among Asian & Pacific Islanders. The rate was highest in American Indian & Alaskan Natives and lowest in Hispanics.





In 2012, the prevalence of ischemic heart disease was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate decreased greatly for both males (71.4%) and females (65.2%) in Scott County. In 2012, Scott County was ranked 119 out of 3,142 counties for females and 877 out of 3,142 counties for males.

ADVERSE CHILDHOOD EXPERIENCES

Health in young children is created through the makeup of parental genes, economic stability, adequate housing, food, and provision of levels of education; which are often referred to as the social determinants of health. While brain architecture is being constructed prenatally and in young infants, early adverse experiences can weaken brain structure and permanently alter or disrupt normal development. These experiences include poverty, abuse, neglect, lack of adequate food, and household problems such as domestic violence, mental illness, substance use or separation/divorce. Adverse childhood experiences (ACEs) have been studied among

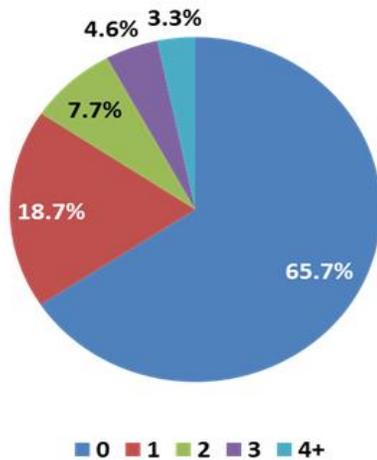
“Many of our most intractable public health problems are the result of compensatory behaviors such as smoking, overeating, high risk sexual behavior, and alcohol and drug use, which provides immediate relief from emotional problems caused by traumatic childhood experiences.”

Felitti, V. [The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic.](#)

Minnesota adults, and have been found to be common. ACEs are more common among those who did not graduate from high school, are unmarried, rent rather than own, are unemployed, or worry about paying rent/the mortgage or buying food. There is an increased risk of a health condition (asthma, diabetes, or obesity) or behavior (depression, anxiety, chronic drinking or smoking) when an adverse childhood experience is present for adults. Scientific research has demonstrated that the earliest possible identification and intervention has improved childhood well-being building self-sufficiency in adulthood.

SCOTT COUNTY'S PERFORMANCE

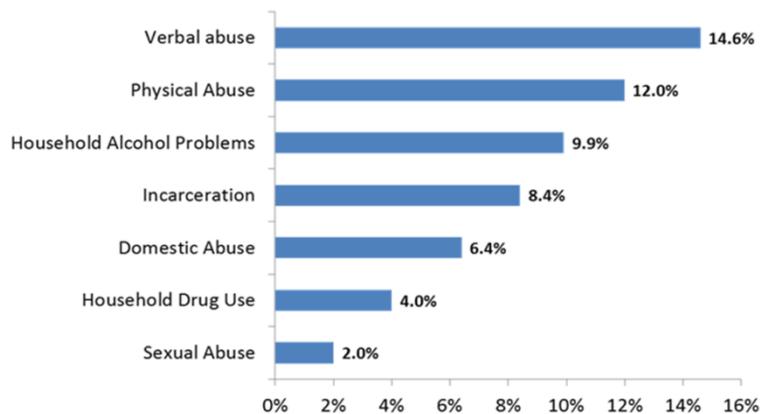
Number of ACEs Reported
(Scott County 8th, 9th, and 11th Graders)



Data from the 2016 Minnesota Student Survey is helpful to understand the adverse events that Scott County teens face. 35% of teens experience 1 or more ACEs with 3.3% reporting 4+ ACEs.

Verbal abuse, perceived physical abuse, and household alcohol problems are the most frequently reported adverse experiences.

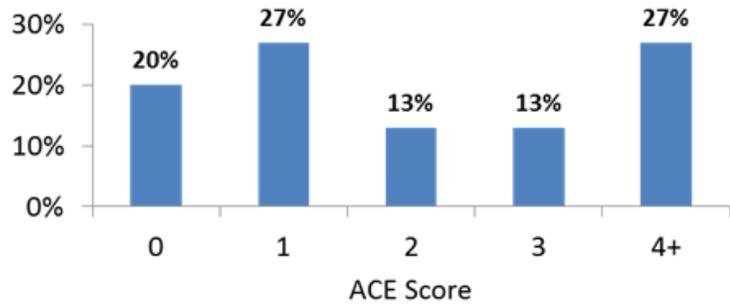
Frequency of ACE Categories
(Scott County 8th, 9th, and 11th Graders)



Student drug and alcohol problems resulting in treatment are highest with one reported ACE and 4+ reported ACEs.

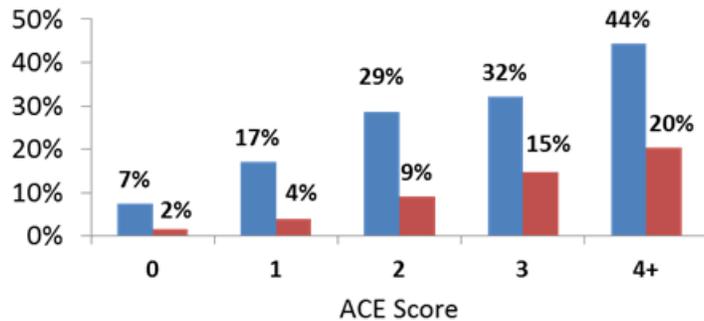
ACE Score by Treatment for Drug or Alcohol Problem

(Last Year & > One Year Ago)



ACE Score and Suicide

■ Seriously considered suicide ■ Attempted suicide



As the number of ACEs increases, thoughts of suicide and suicide attempts also increase.

Protective Factors for Our Teens

ACE scores increase with a decrease in the protective factors in teen’s lives that build resiliency to withstand ACEs. These protective factors are: empowerment, positive identity, and social competency. The protective factors are measured in the Minnesota Student Survey, through a question on each of the following bulleted statements.

Empowerment: Empowerment includes the following:

- Feeling valued and appreciated.
- Inclusion in family tasks/decisions.
- Given useful roles/responsibilities.

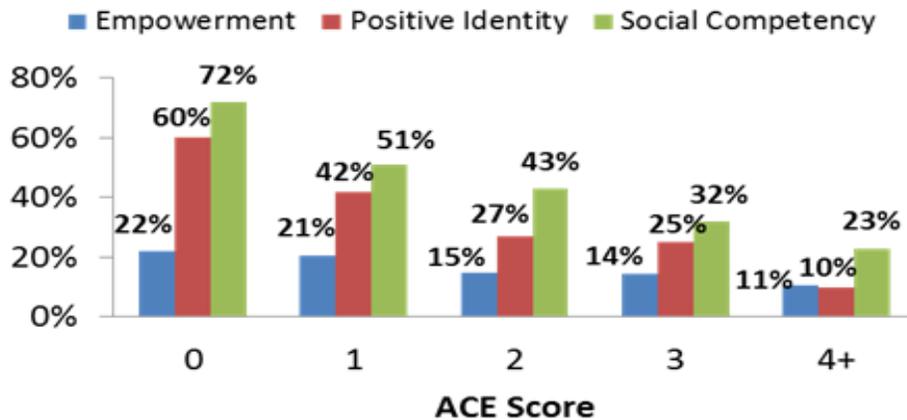
Positive Identity: Positive identity includes the following:

- Feeling in control of your life and the future.
- Feeling good about yourself.
- Feeling good about your future.
- Dealing with disappointment without getting too upset.
- Finding ways to deal with the things that are hard in my life.
- Thinking about one’s purpose in life.

Social Competency: Social competency includes the following:

- Saying no to dangerous/unhealthy things.
- Building friendships with others.
- Appropriately expressing feelings.
- Planning ahead and making good choices.
- Staying away from bad influences.
- Resolving conflicts without anyone getting hurt.
- Accepting people who are different.
- Sensitivity to the needs/feelings of others.

Protective Factors and ACE Scores



Among Scott County 8th, 9th, and 11th graders in 2016, students with lower ACE scores were more likely to feel empowered, have positive identity and greater social competence. Perceptions of these protective factors decrease incrementally with each increased ACE score.

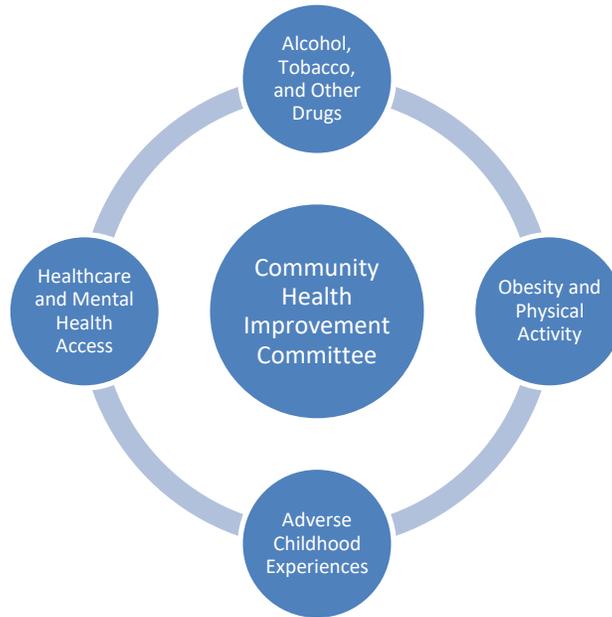
Conclusion

This section of the Community Health Assessment reviewed the methodology and results of obtaining resident input into the prioritization of health issues existing in Scott County. Each health topic was then reviewed, citing the most recently available data, providing trend data, and a comparison of Scott County with the state and national scene. The section is rich in data, and can be used as a reference when reviewing further data in the Appendices.

Moving Towards a Community Health Improvement Plan

The merger of the Community Leadership Team for the Statewide Health Improvement Partnership and the Scott County Health Care Systems Collaborative in November, 2018 lead to the formation of the Community Health Improvement Committee (CHIC). The CHIC is comprised of a board range of community stakeholders and partners, both old and new, who are responsibility for developing, monitoring and revising the improvement plan of the community.

With the formation of the CHIC, the most significant change is structural. Newly formed workgroups will focus on priority community health issues through the creation of goals, objectives, and action steps. They will be responsible for implementing a work plan. Each workgroup will report into the CHIC periodically. The structure, reflecting the priorities, can be drawn as follows:



In March, 2019, the workgroups met to create five-year goals, and in a subsequent meeting (not yet held at the time of this writing) the roles, responsibilities and expectations of the two components of the structure will be defined and documented in a charter.

The following long-term goals were created:

Adverse Childhood Experiences (ACEs):

Goal: Expanding awareness of ACEs in a variety of settings: schools, social service agencies, child care, and medical, and move towards developing support for community resilience.

Obesity:

Goal: In Scott County, our culture supports people in achieving and maintaining a healthy weight through the development of a leadership team, a relationship plan and a work plan to facilitate awareness events and other community-based interventions.

Alcohol, Tobacco and Other Drugs:

Goal: Increase community knowledge of the issues of youth and adult alcohol, marijuana and other drug use through parent and youth education, including providing adults with skills to talk to youth. Positively alter youth and adult attitudes, beliefs and norms of alcohol and drug use.

Healthcare Access:

Goal: Increase safety net services available in Scott County, ideally integrating medical, dental and behavioral health.

Sub Goals:

- Partnership with safety net providers (starting with dental clinic)
- Further analysis of culturally-appropriate care.

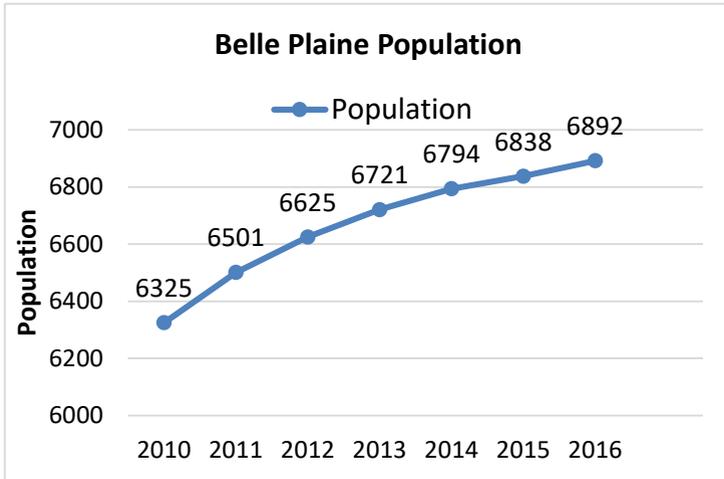
As the role and responsibility of the workgroups develops, and action plans solidify for the workgroups, the community health improvement plan (CHIP) will emerge. Essential to the process will be monitoring and revision of the work plan to ensure that the time and money spent on approaches and activities reap positive outcomes.

Appendices:

Community Health Assessment
Community Themes and Strengths
Forces of Change
Local Public Health System
Assessment

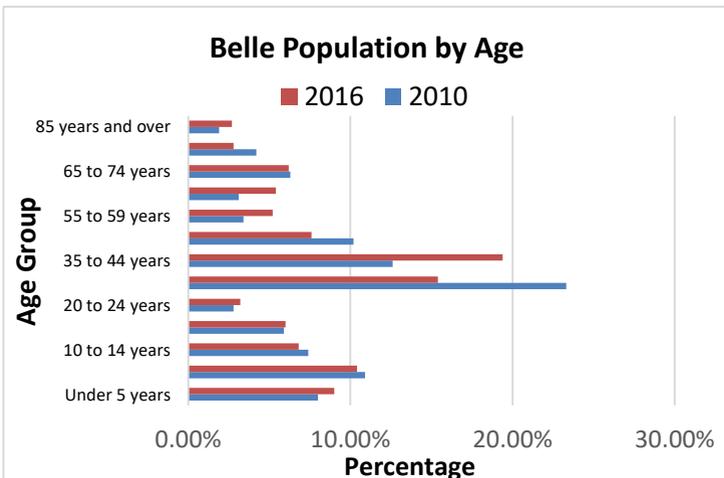
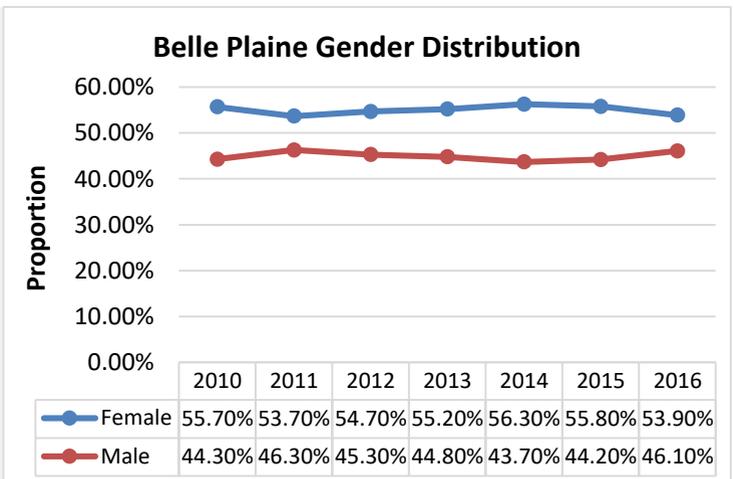
Community Health Assessment

City Profile: Belle-Plaine, MN



The population of Belle Plaine increased steadily since 2010.

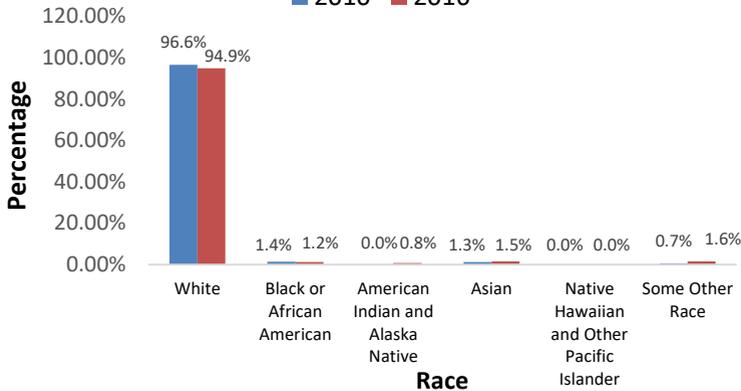
Since 2014, the proportion of females has superseded that of males though the two are fairly close.



Between 2010 and 2016, the proportion of people age 25 to 34 had the largest increase, followed by the 45 to 54 age group.

Belle Population by Race

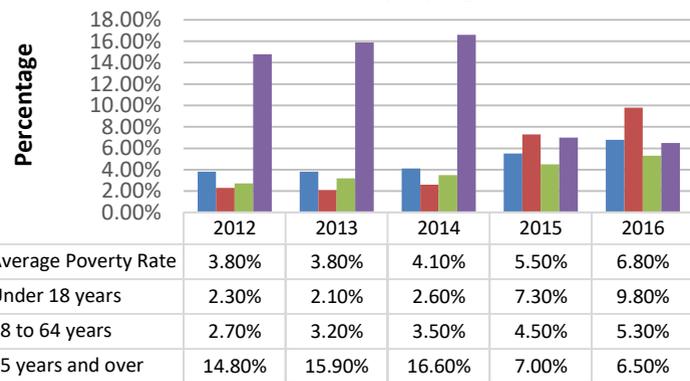
■ 2010 ■ 2016



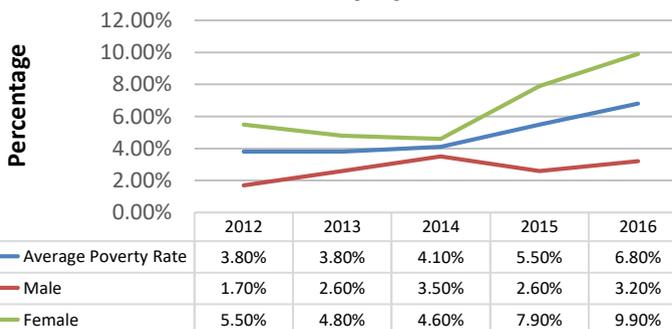
Belle Plaine is an almost exclusively white city with a very small proportion of other races. However, the White resident population decreased slightly from 96.6% in 2010 to 94.9% in 2016.

For the period 2012 – 2014, the rate of poverty was highest for Belle Plaine residents aged 65+ years. However, for 2015 and 2016, the rate was highest in residents under 18 years.

Belle Plaine Poverty by Age

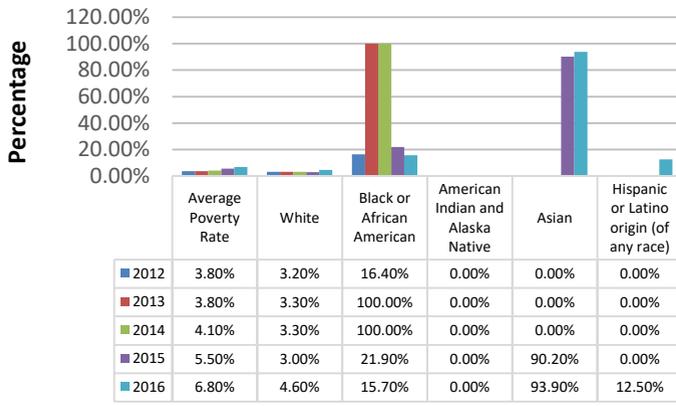


Belle Plaine Poverty by Gender



For the period 2012 – 2016, female residents of Belle Plaine consistently had a higher poverty rate than their male counterparts.

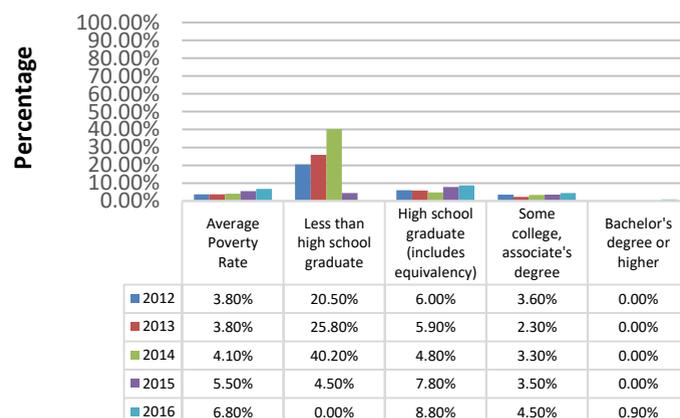
Belle Plaine Poverty by Race



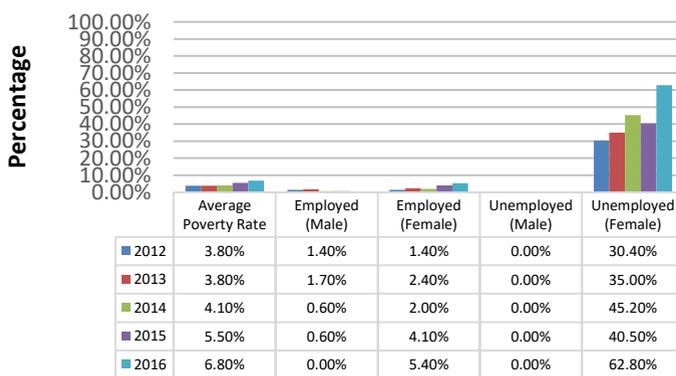
While the populations of non-white racial groups in Belle Plaine are relatively small, the poverty rate is comparatively high among Black or African American residents and among Asian residents.

The poverty rate generally decreases with an increase in the level of education of Belle Plaine residents. Residents with a bachelors degree or higher have the lowest rate of poverty.

Belle Plaine Poverty by Education Attainment

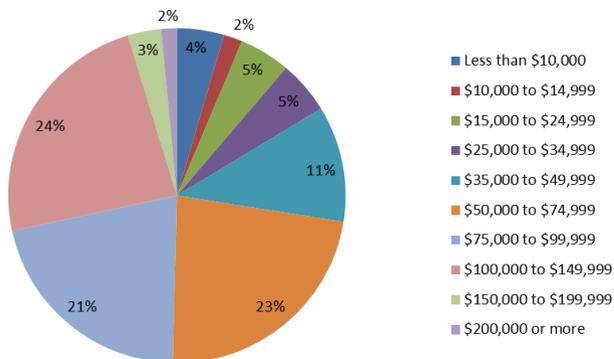


Belle Plaine Poverty by Education Attainment



In Belle Plaine, poverty rates are higher in females than in males. It is also much higher in unemployed females than in unemployed males whose poverty rate was 0% in the period 2012 – 2016 while it ranged from 30.4% to 62.8% in females for the same period.

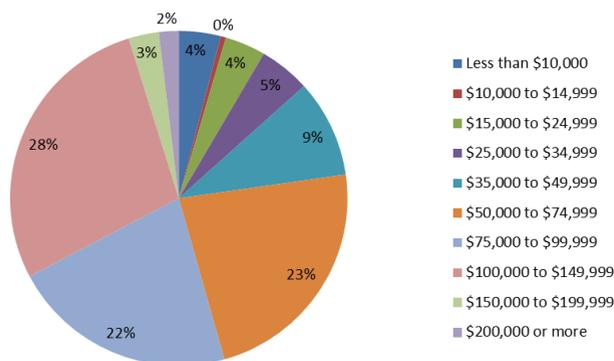
Belle Plaine Household Income



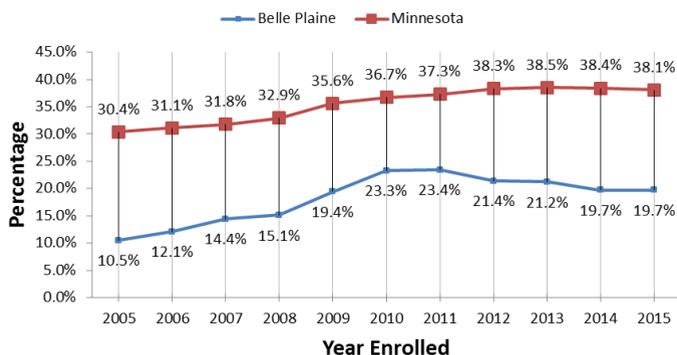
At least 99% of Belle Plaines' households have an annual income \$20,160 - the household poverty level for the average Belle Plaine household (3 members per household).

At least 92% of Belle Plaines' families have an annual income above \$20,420 - the household poverty level for the average Belle Plaine household (3 members per household).

Belle Plaine Family Income

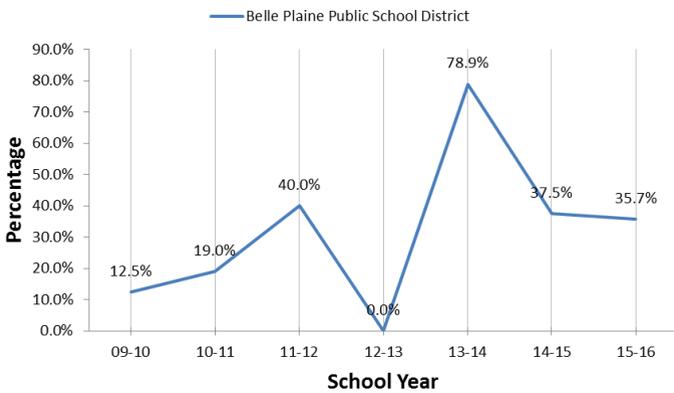


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of Belle Plaine students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

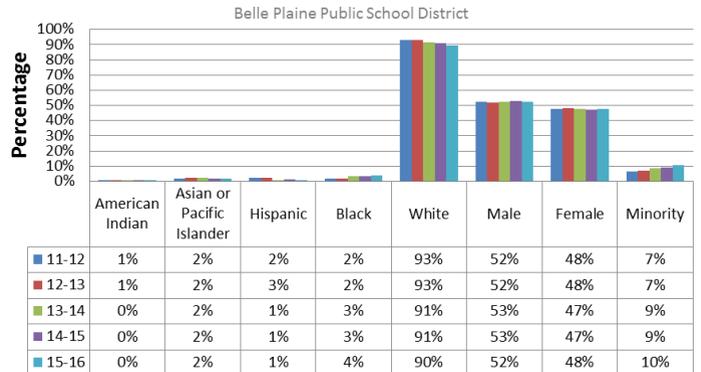
Limited English Proficiency Students Served



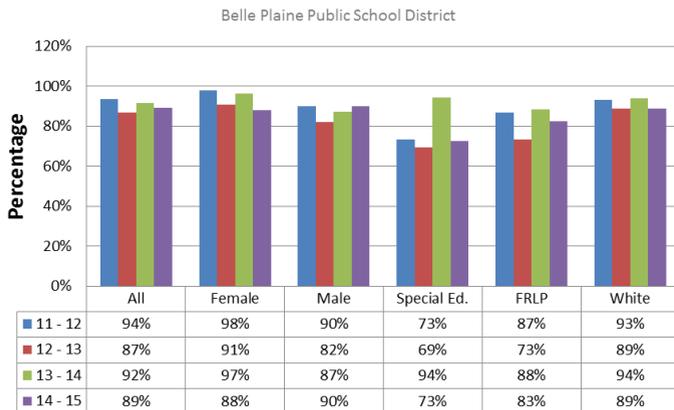
The proportion of LEP students served in Belle Plaine Public School District increased from school year 09'-10' up to school year 11'-12'. It dropped to zero in school year 12'-13' and rose to 78.9% in school year 13,-14, after which it again decreased in subsequent school years.

For the 5 school years 11'-12' to 15'-16', the student body of Belle Plaine Public School District, like the population dynamics, is overwhelmingly white. Male students are slightly more than their female counterparts though they are almost equally represented.

Enrollment by Race and Gender



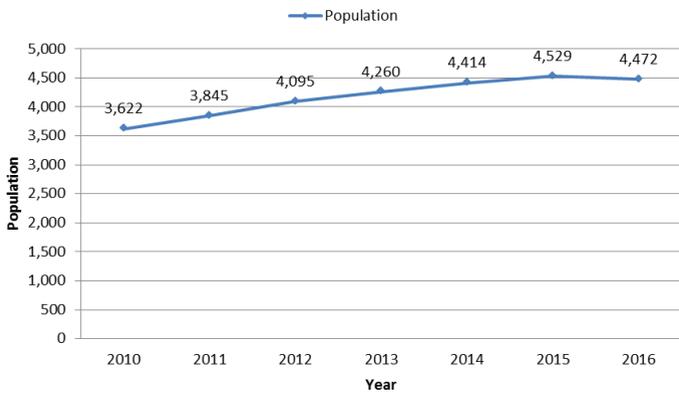
4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in Belle Plaine Public School District has consistently been above 80% and was only slightly lower for some of the years among students in Special Education and those eligible for the Free and Reduced Lunch Program.

City Profile: Elko New Market, MN

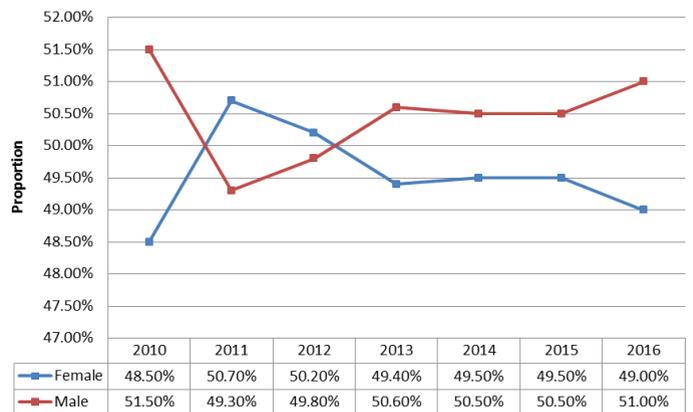
Elko New Market Population



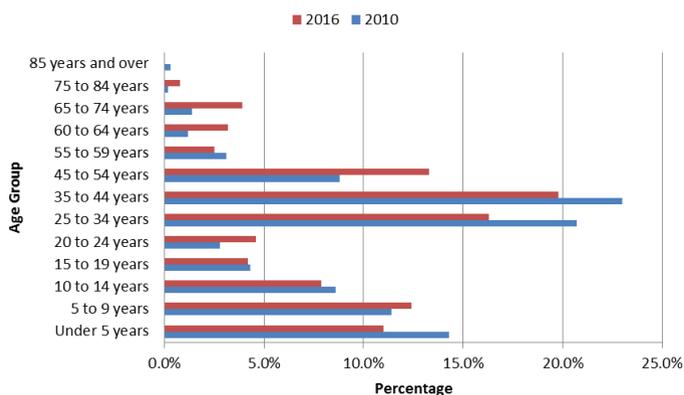
The population of Elko New Market has consistently increased from 3,622 in 2010 to 4,529 in 2015 and slightly fell in 2016 to 4,472. However, the rate of the population growth also consistently decreased.

For the period 2010 – 2016, Elko New Market has consistently had more females than males save for the years 2011 and 2012.

Elko New Market Gender Distribution

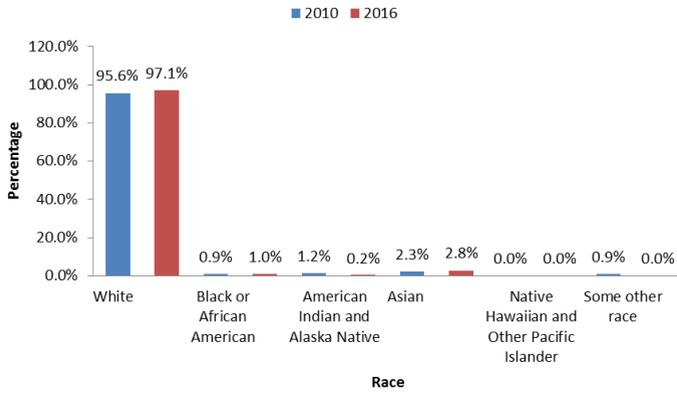


Population by Age



For the years 2010 and 2016, the age group 35 – 44 years had the most number of residents followed closely by 25 – 34 years and then by 45 – 54 years.

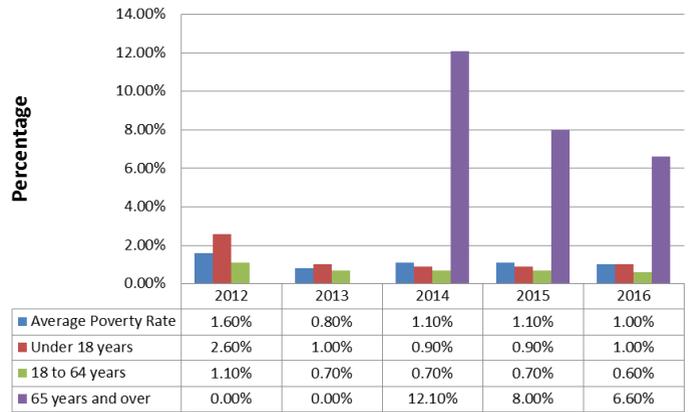
Elko New Market Population by Race



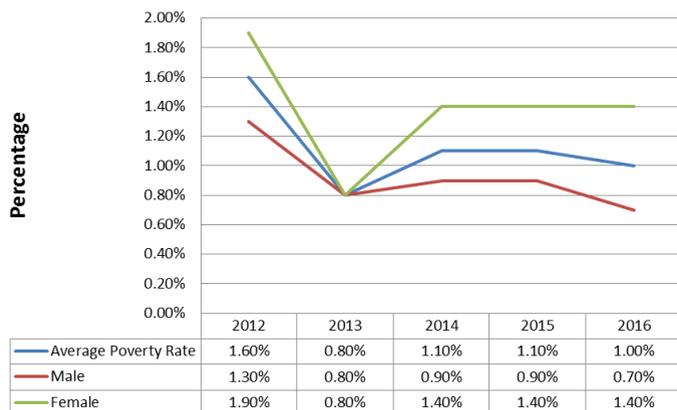
Elko New Market is an almost exclusively white city with a very small proportion of Asians and Black/African American residents. The White resident population was 95.6% in 2010 and 97.1% in 2016.

For the period 2012 – 2014, the rate of poverty has been highest for Belle Plaine residents aged 65+ years. However, for 2015 and 2016, the rate has been highest in residents under 18 years.

Elko New Market Poverty by Age

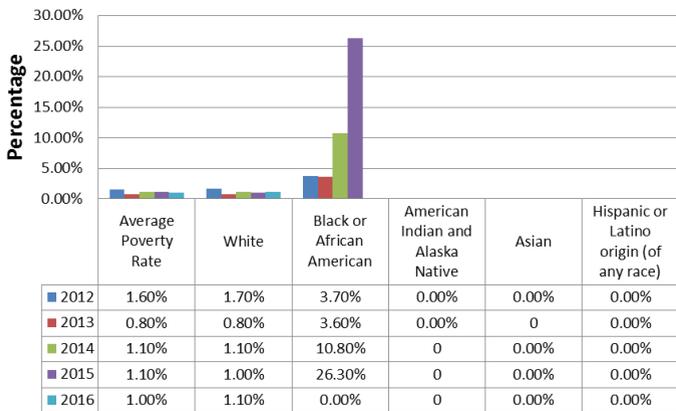


Elko New Market Poverty by Gender



For the period 2012 – 2016, female residents of Elko New Market have consistently been poorer than their male counterparts. Poverty rates decreased for males between 2012 – 2014 after which it increased. For females, the rate increased from 2012 – 2014, decreased in 2015 and rose again in 2015.

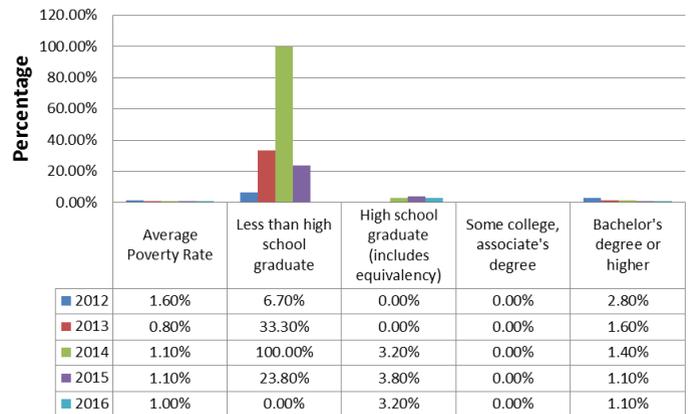
Elko New Market Poverty by Race



Poverty rate is least among white residents of Elko New Market. For the few Black/African American residents, it is much higher and especially in 2015.

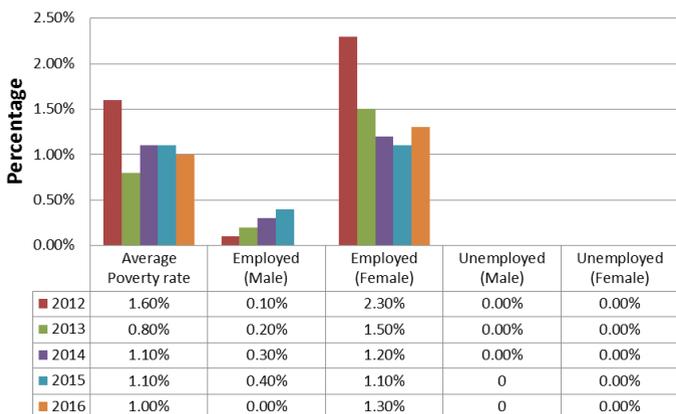
The poverty rate generally decreases with an increase in the level of education of Elko New Market residents. It is highest in those that didn't graduate from high school and decreases dramatically in high school graduates. Residents with a bachelors degree or higher have the lowest rate of poverty.

Elko New Market Poverty by Education Attainment

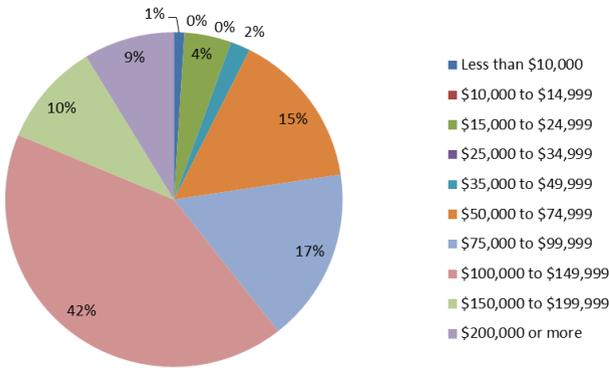


Elko New Market has a very low average poverty rate. In males, it gradually increases from 2012 – 2015 and drops to zero in 2016. In females, it gradually decreases from 2012 – 2015 and slightly increases in 2016. Poverty rates are higher in employed females than in employed males.

Elko New Market Poverty by Employment Status



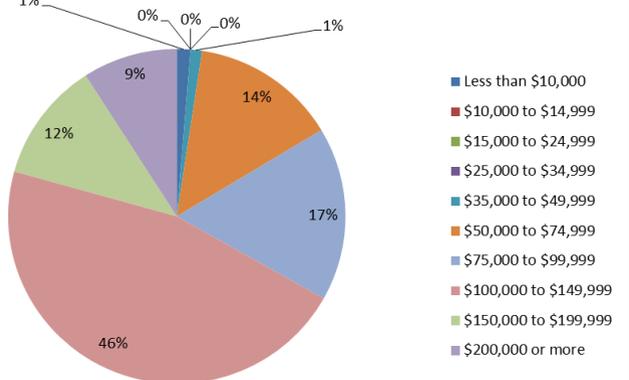
Elko New Market Household Income



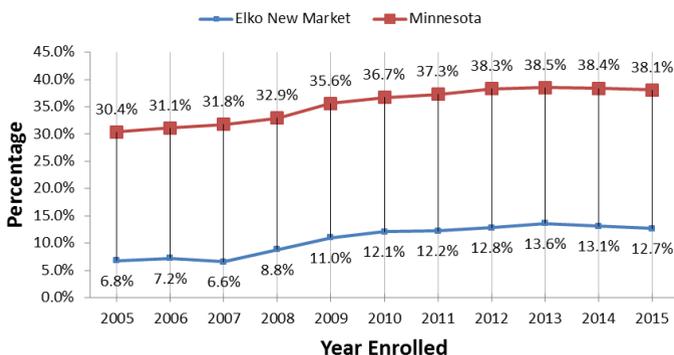
At least 95% of Elko New Market’s households have an annual income \$20,420 - the household poverty level for the average Belle Plaine household (3 members per household).

At least 99% of Elko New Market’s families have an annual income above \$20,420 - the household poverty level for the average Belle Plaine household (3 members per household).

Elko New Market Family Income

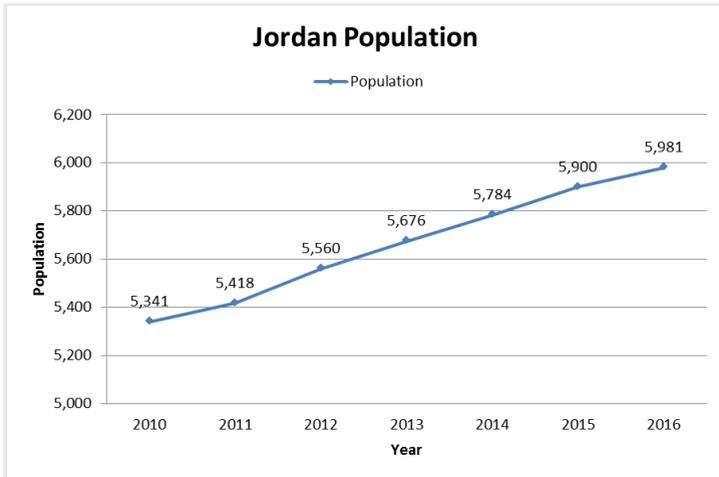


Students Eligible for Free & Reduced Lunch Program



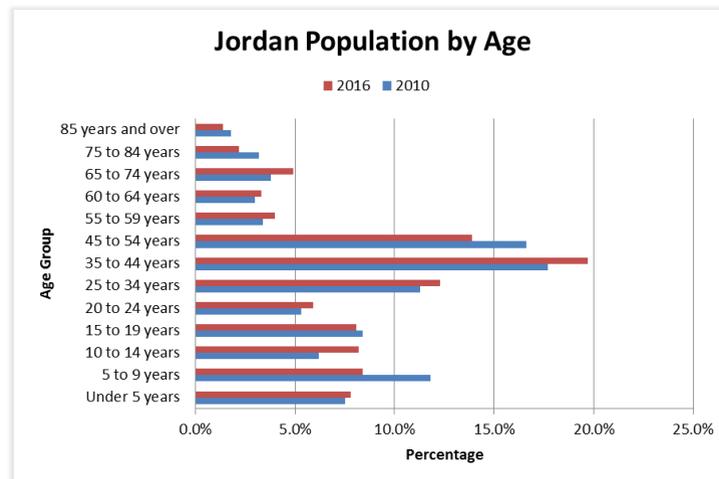
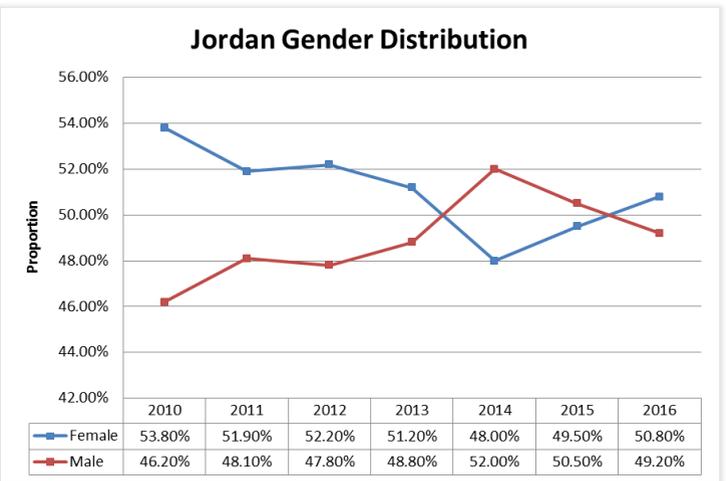
For the period 2005 – 2015, the proportion of Elko New Market students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

City Profile: Jordan, MN



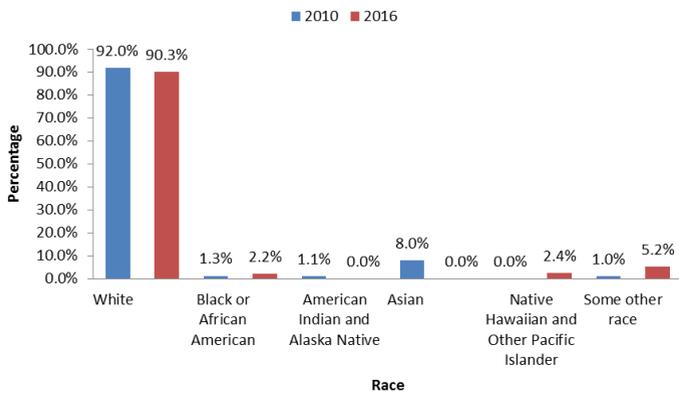
The population of Jordan city has consistently (and at a fairly constant rate) increased from 5,341 in 2010 to 5,981 in 2016.

With the exception of 2014 and 2015, there were more female residents in Jordan than males for the period 2010 – 2016.



For the years 2010 and 2016, the age group 35 – 44 years had the most number of residents followed closely by 45 – 54 years and then by 25 – 34 years.

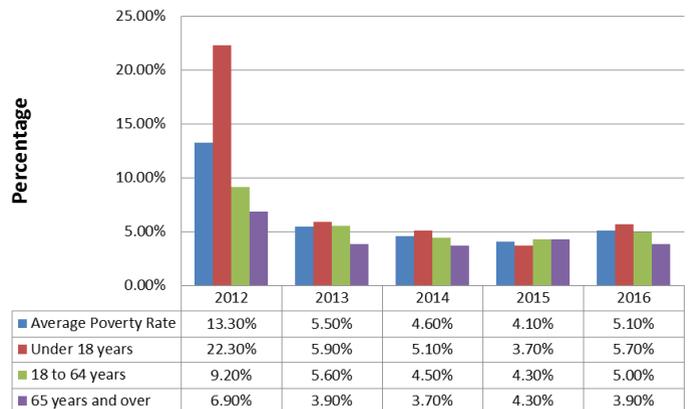
Jordan Population by Race



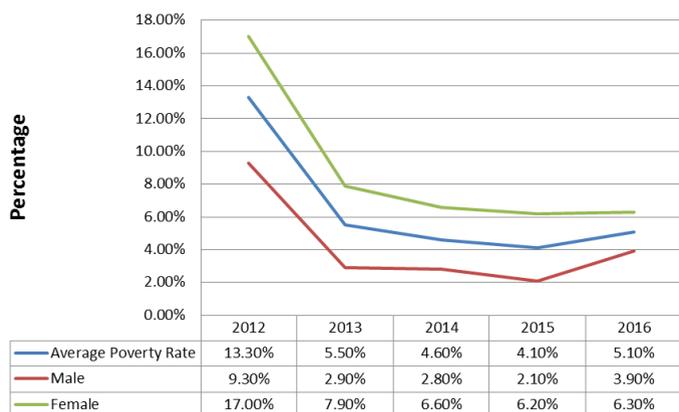
Jordan city has an overwhelmingly white resident population (92% in 2010 and 90.3% in 2016). Other racial groups account for a small minority and have not changed much in the same period except for Asians who decreased from 8% in 2010 to 0% in 2016.

The poverty rate was highest among all age groups in 2012 and more than halved in 2013 after which it stabilized. The poverty rate was lowest in senior residents (65+ years) and highest in most cases for residents under 18 years of age.

Jordan Poverty by Age

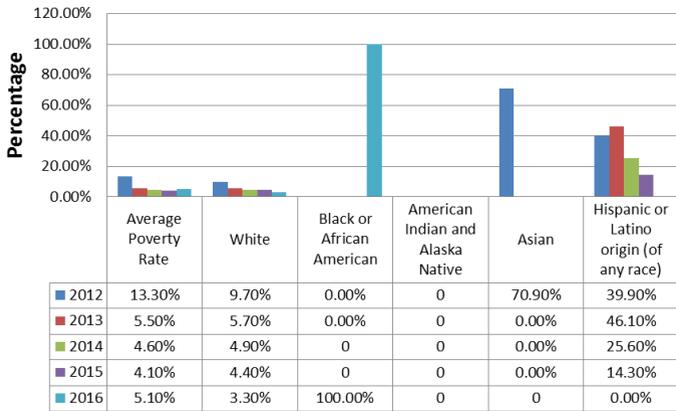


Jordan Poverty by Gender



The poverty rate was consistently lower in male residents for the period 2012 – 2016. The rate also decreased until 2015 after which it started to increase. The poverty rate also slightly increased in the year 2014 for female residents.

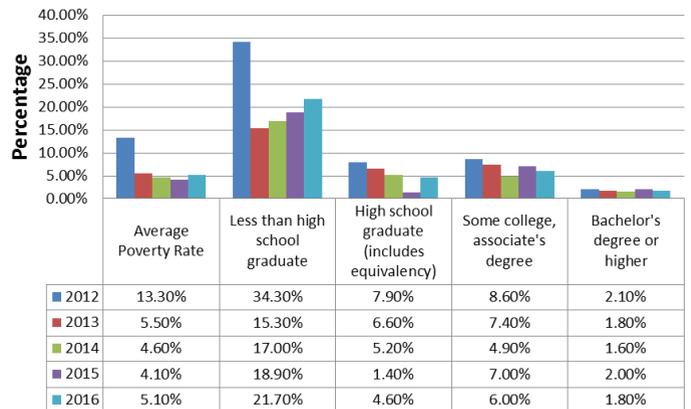
Jordan Poverty by Race



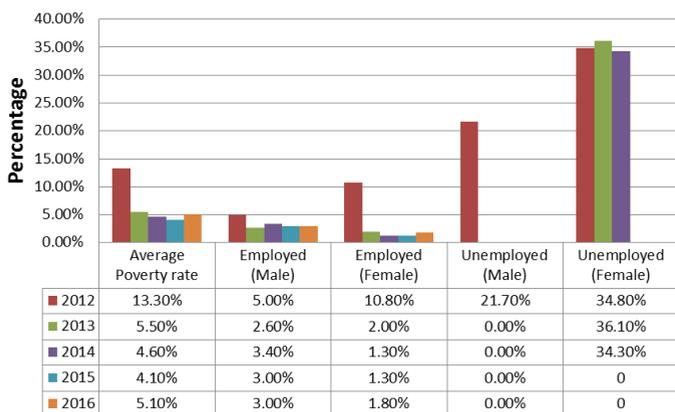
The poverty rate in Jordan is fairly low and determined by the predominant white population. For the years 2012 – 2015, residents of Hispanic/Latino origin (of any race) had high poverty rates but this generally decreased from 39.9% in 2012 to 0% in 2016.

The poverty rate generally decreases with an increase in the level of education of Jordan residents. It is highest in those that didn't graduate from high school and decreases dramatically in high school graduates. Curiously, those with some college or an associate's degree are poorer than high school graduates.

Jordan Poverty by Education Attainment

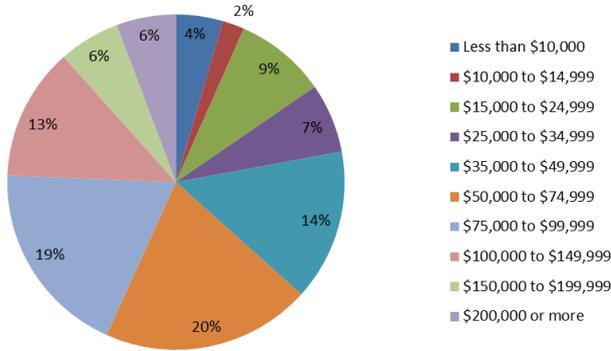


Jordan Poverty by Employment Status



Except for 2012, poverty rates are higher in employed males than in employed females. For unemployed residents, it is higher in females than in males.

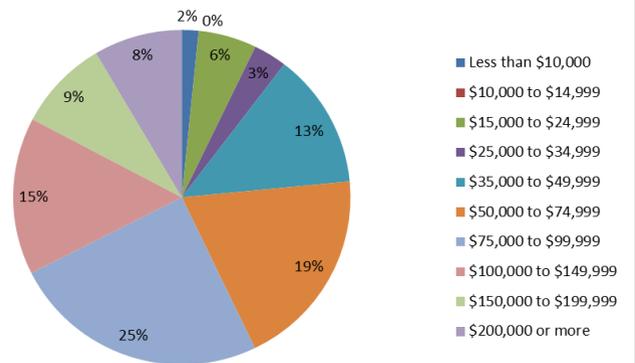
Jordan Household Income



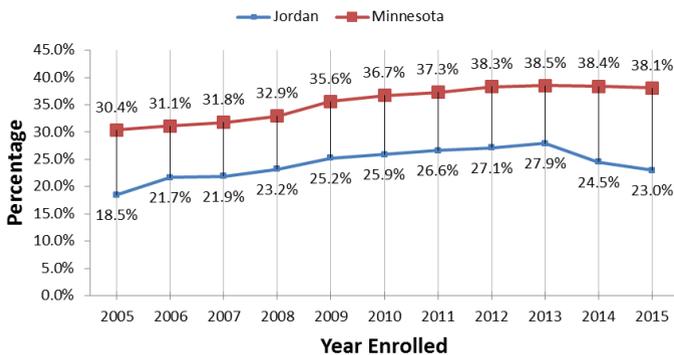
At least 85% of Jordan’s households have an annual income above \$20,420 - the household poverty level for the average Jordan household (3 members per household).

At least 92% of Jordan’s familie have an annual income above \$20,420 - the household poverty level for the average Jordan family (3 members per household).

Jordan Family Income

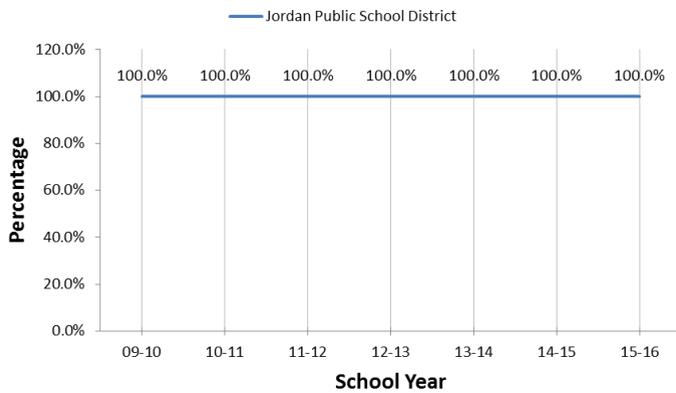


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of Jordan students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

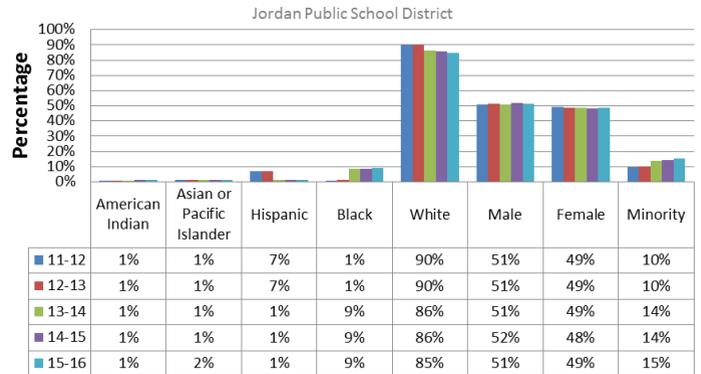
Limited English Proficiency Students Served



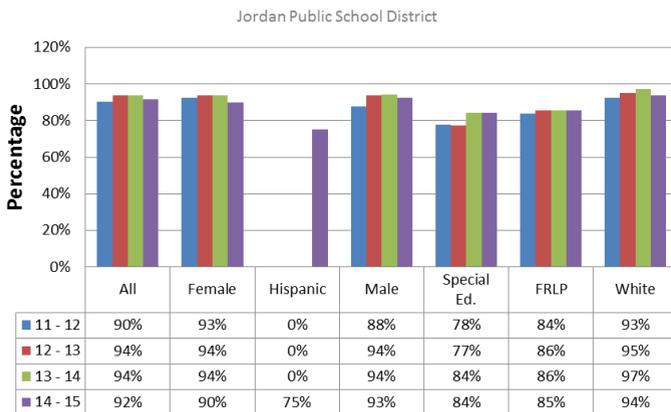
Jordan Public School District has consistently served all of its Limited English Proficiency students for the school years 09'-10' to 15'-16'.

For the 5 school years 11'-12' to 15'-16', the student body of Jordan Public School District, like the population dynamics, is overwhelmingly white. Male students are slightly more than their female counterparts though they are almost equally represented. Minorities are largely represented by Hispanic and Black students.

Enrollment by Race and Gender



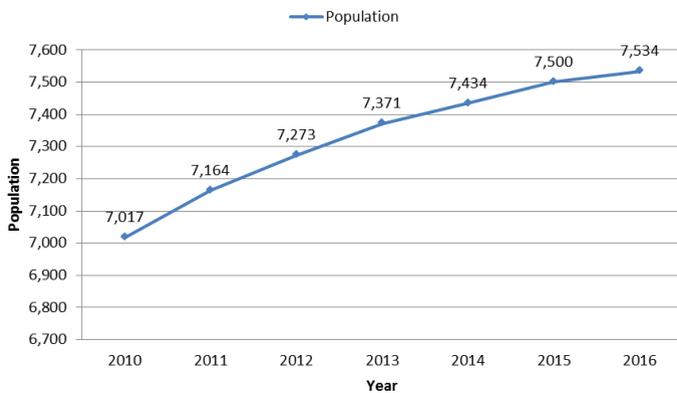
4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in Jordan Public School District has consistently been above 80% and was only slightly lower for some of the years among students in Special Education.

City Profile: New Prague, MN

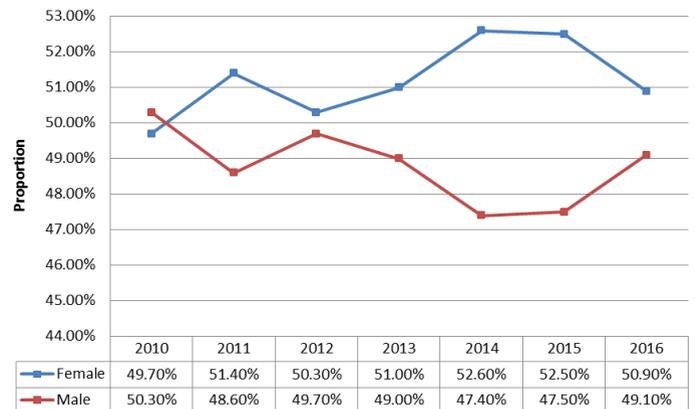
New Prague Population



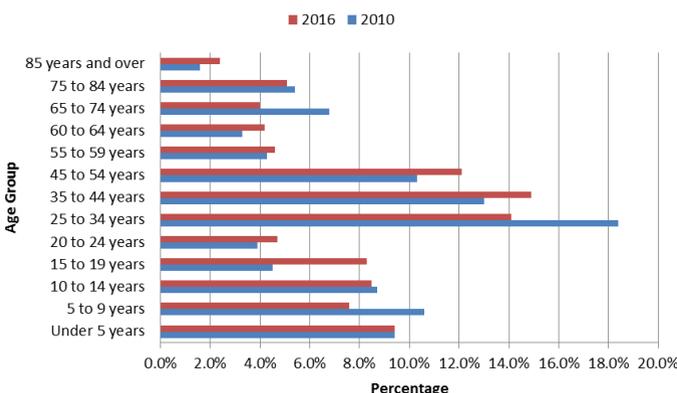
The population of New Prague has consistently increased from 7,017 in 2010 to 7,534 in 2016. However, the rate of the population growth also consistently decreased.

For the period 2010 – 2016, New Prague has consistently had more females than males save for the year 2010.

New Prague Gender Distribution

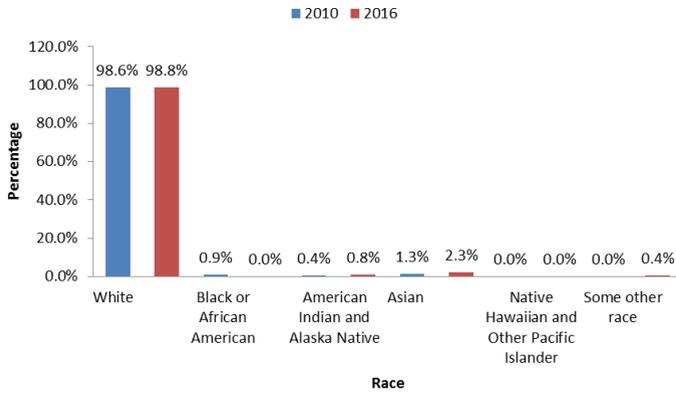


New Prague Population by Age



For the years 2010 and 2016, the age group 25 – 34 years had the most number of residents followed closely by 35 – 44 years and then by 45 – 54 years.

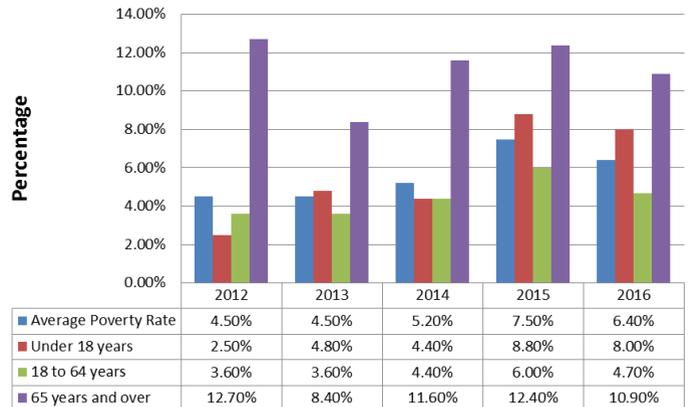
New Prague Population by Race



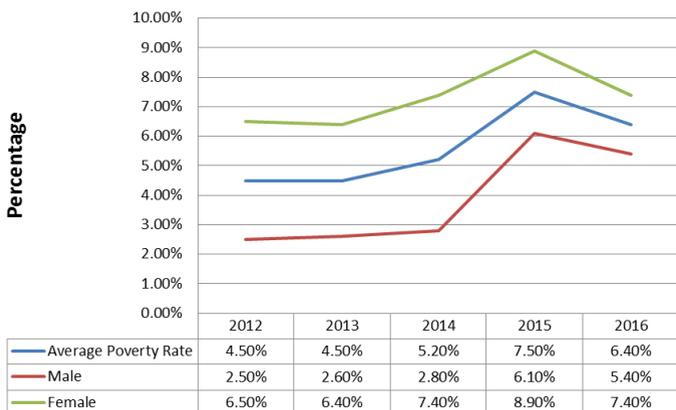
New Prague has an overwhelmingly white resident population (98.6% in 2010 and 98.8% in 2016). Other racial groups account for a very small minority.

The poverty rate was highest in senior residents (65+ years) and lowest in most cases for residents in the 18 – 64 age group. The poverty rate generally increased from 2012 to 2015 and slightly decreased in 2016.

New Prague Poverty by Age

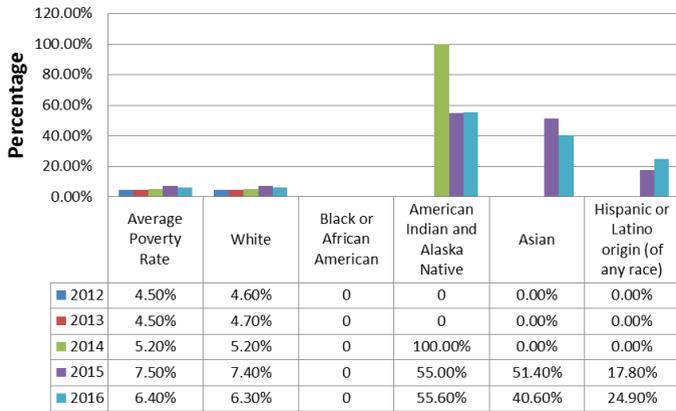


New Prague Poverty by Gender



The poverty rate was consistently lower in male residents for the period 2012 – 2016. The rate also increased until 2015 after which it started to decrease.

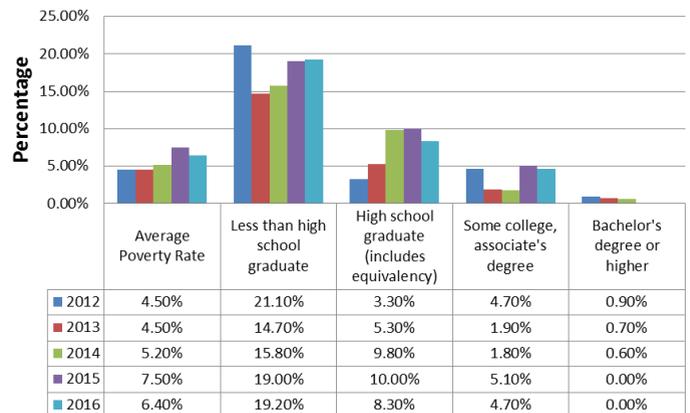
New Prague Poverty by Race



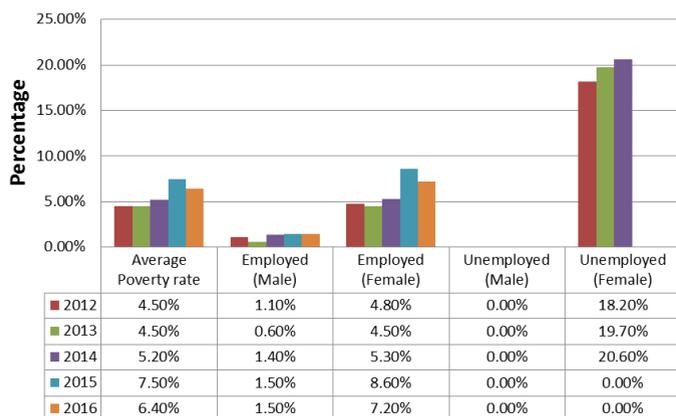
The poverty rate in New Prague is fairly low and determined by the predominant white population. For the years 2014 – 2016, American Indian/Alaskan Native residents had the highest poverty rates but this generally decreased from 100% in 2014 to ~55% in 2015 and 2016.

The poverty rate generally decreases with an increase in the level of education of New Prague residents. It is highest in those that didn't graduate from high school and decreases dramatically in high school graduates. Residents with a bachelors degree or higher have the lowest rate of poverty.

New Prague Poverty by Education Attainment

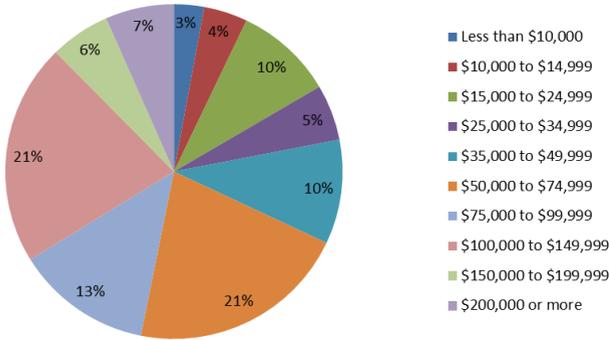


New Prague Poverty by Employment Status



Except for 2012, poverty rates are higher in employed males than in employed females. For unemployed residents, it is higher in females than in males.

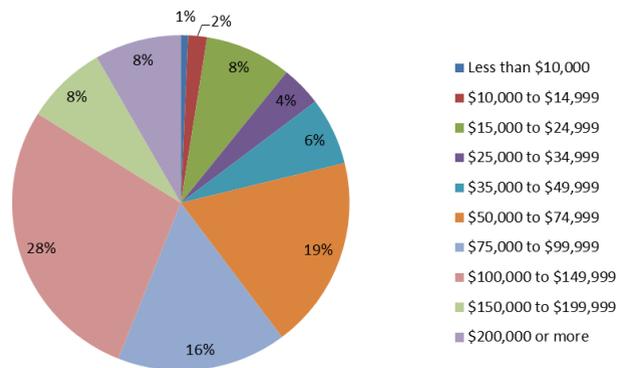
New Prague Household Income



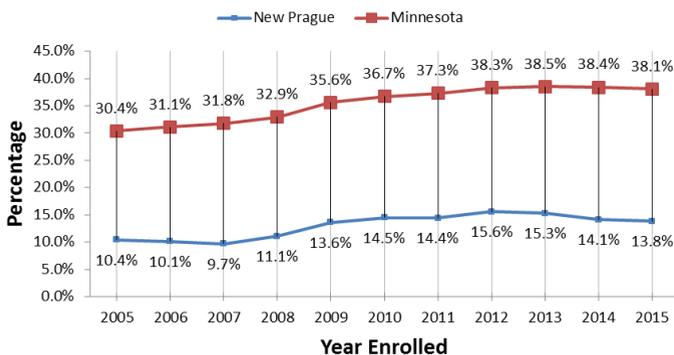
At least 83% of New Prague’s households have an annual income above \$20,420 - the household poverty level for the average Jordan household (3 members per household).

At least 89% of New Prague’s families have an annual income above \$20,420 - the household poverty level for the average Jordan family (3 members per household).

New Prague Family Income

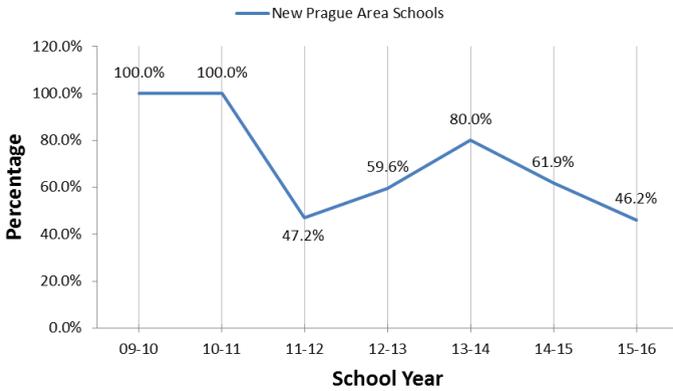


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of New Prague students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

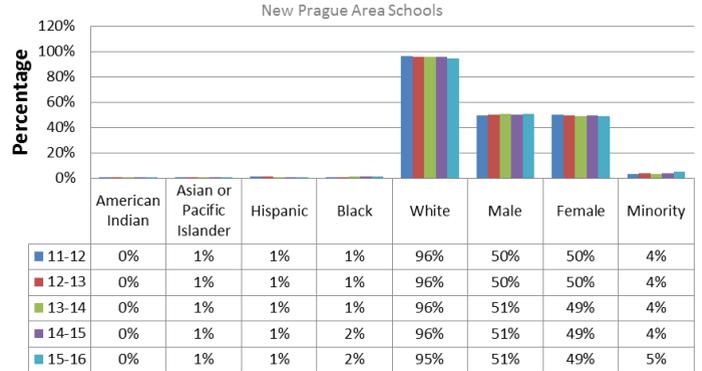
Limited English Proficiency Students Served



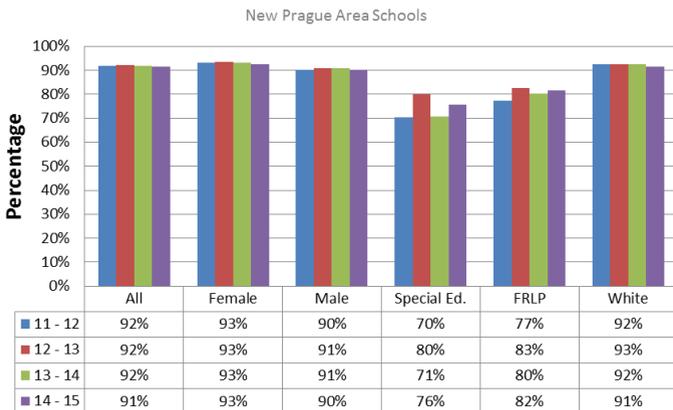
The proportion of LEP students served in New Prague Area Schools decreased from 100% in school year 10'-11' to 47.2% in school year 11'-12'. It gradually increased to 80% in school year 13'-14' after after which it again decreased in subsequent school years.

For the 5 school years 11'-12' to 15'-16', the student body of New Prague Area Schools, like the population dynamics, is overwhelmingly white. Male students are slightly more than their female counterparts in years 13'-14' through 15'-16' though they are almost equally represented.

Enrollment by Race and Gender



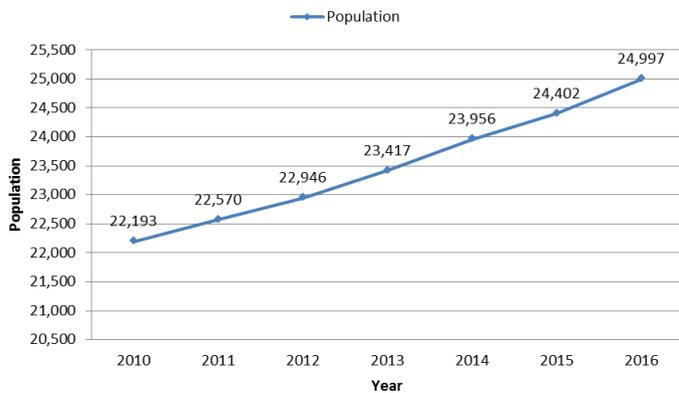
4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in New Prague Area Schools has consistently been above 90% and was only slightly lower for some of the years among students in Special Education and those eligible for the Free and Reduced Lunch Program.

City Profile: Prior-Lake, MN

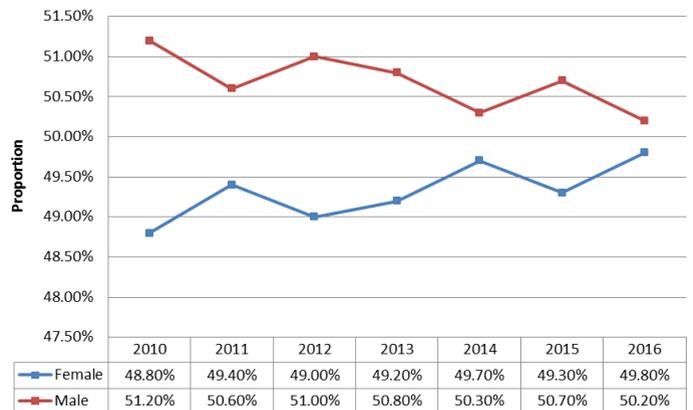
Prior-Lake Population



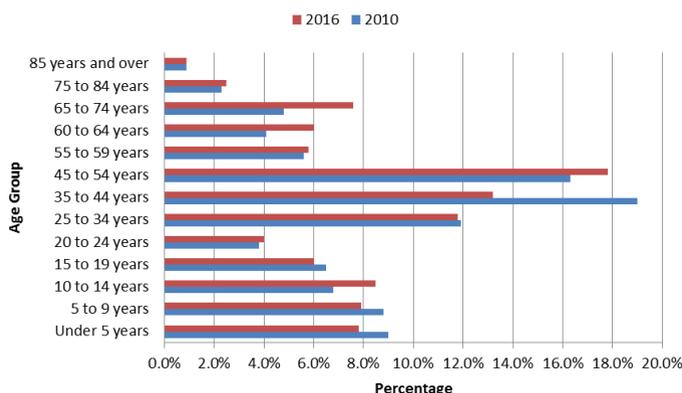
The population of Prior-Lake has consistently increased from 22,193 in 2010 to 24,997 in 2016. The rate of the population growth also remained fairly consistent.

For the period 2010 – 2016, New Prague has consistently had more males than females.

Prior Lake Gender Distribution

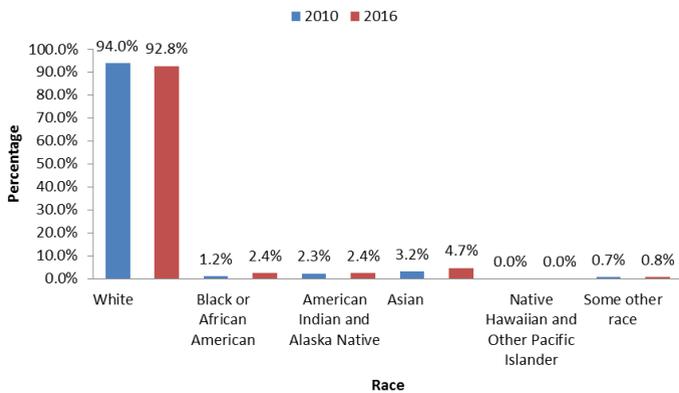


Prior Lake Population by Age



For the years 2010 and 2016, the age group 45 – 54 years had the most number of residents followed closely by 35 – 44 years and then by 25 – 34 years.

Prior Lake Population by Race



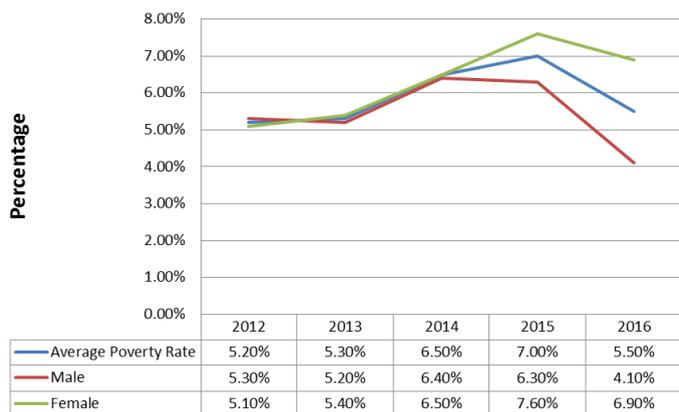
Prior-Lake has an overwhelmingly white resident population (94.0% in 2010 and 92.8% in 2016). Other racial groups account for a very small minority.

The poverty rate was highest in senior residents (65+ years) and those under 18 years of age and lowest for residents in the 18 – 64 age group. The poverty rate generally increased from 2012 to 2015 and slightly decreased in 2016.

Prior Lake Poverty by Age

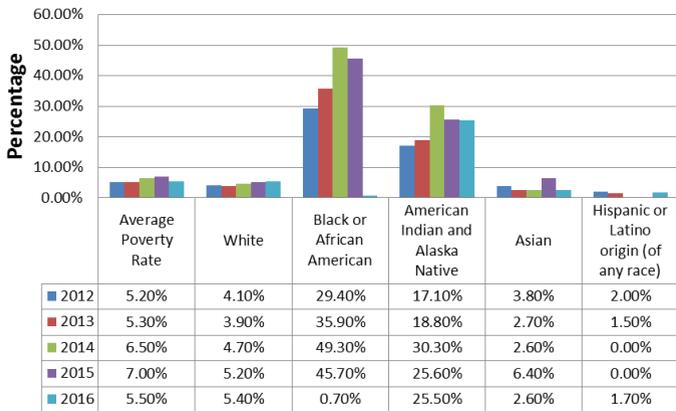


Prior Lake Poverty by Gender



The poverty rate was similar between males and females between 2012 – 2014. It was higher in females thereafter and generally decreased for both males and females between 2015 and 2016.

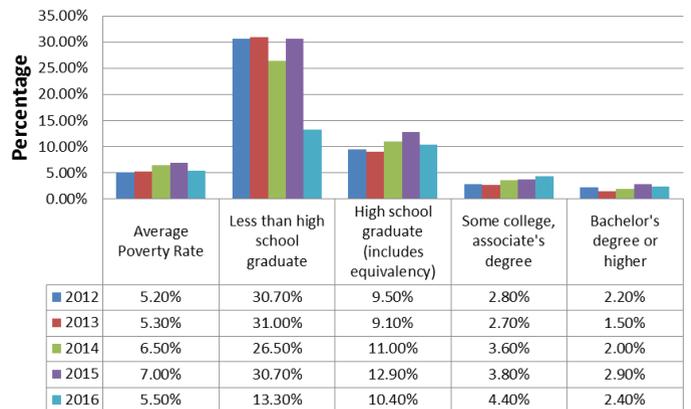
Prior Lake Poverty by Race



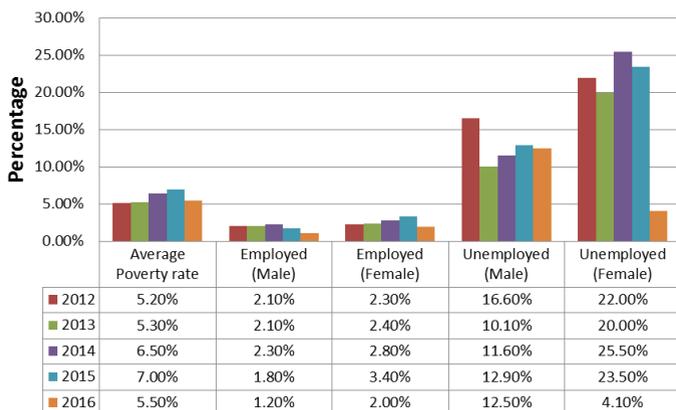
The poverty rate in Prior-Lake is fairly low and determined by the predominant white population. Among the minorities, it was highest in Black/African American residents followed by American Indian and Alaskan Natives.

The poverty rate generally decreases with an increase in the level of education of Prior-Lake residents. It is highest in those that didn't graduate from high school and decreases dramatically in high school graduates. Residents with a bachelors degree or higher have the lowest rate of poverty.

Prior Lake Poverty by Education Attainment

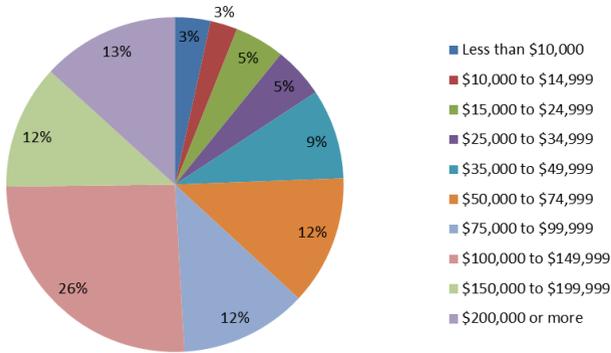


Prior Lake Poverty by Employment Status



Poverty rates are higher in employed females than in employed males. For unemployed residents, it is also higher in females than in males except for the year 2016 where it is much higher in male residents.

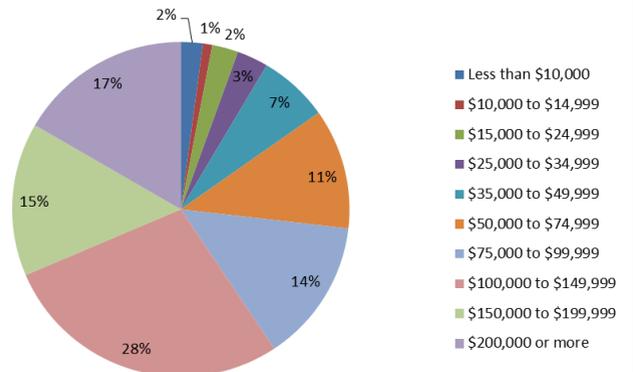
Prior Lake Household Income



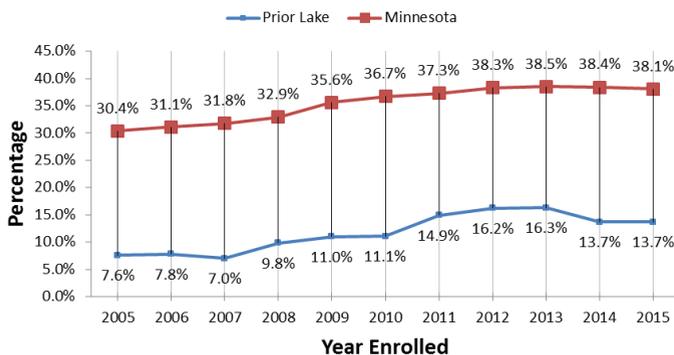
At least 89% of Prior Lake’s households have an annual income above \$20,420 - the household poverty level for the average Jordan household (3 members per household).

At least 85% of Prior Lake’s families have an annual income above \$20,420 - the household poverty level for the average Jordan family (3 members per household).

Prior Lake Family Income

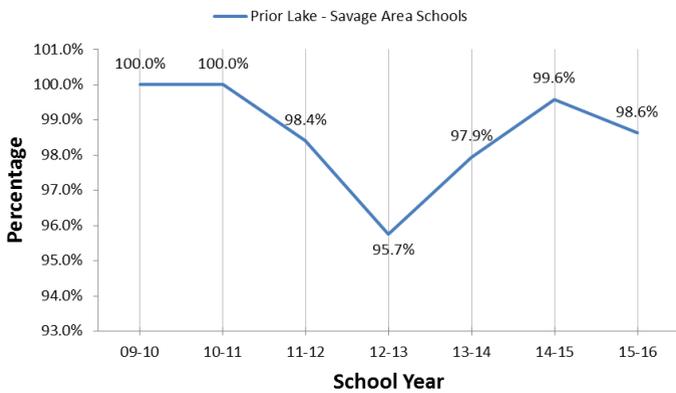


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of Prior-Lake students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

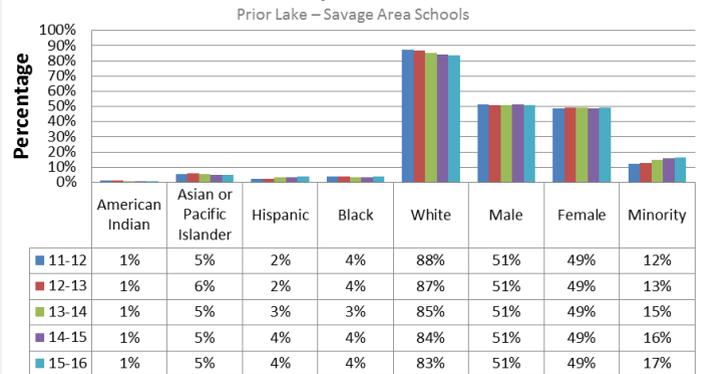
Limited English Proficiency Students Served



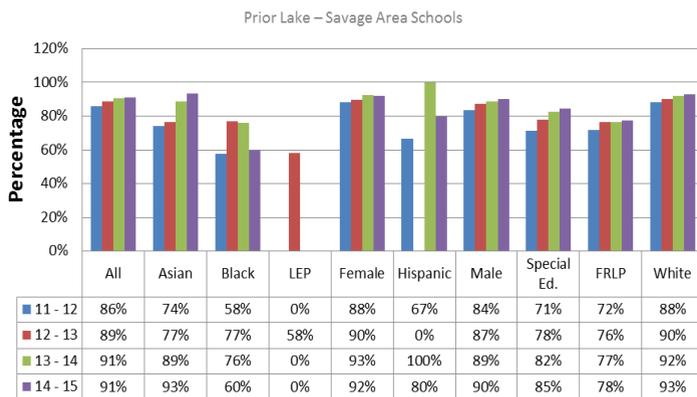
The proportion of LEP students served in Prior-Lake Area Schools decreased from 100% in school year 10'-11' to 95.7% in school year 12'-13'. It gradually increased to 99.6% in school year 14'-15' after after which it again decreased in subsequent school years.

For the 5 school years 11'-12' to 15'-16', the student body of Prior-Lake Area Schools, like the population dynamics, is overwhelmingly white. Male students are slightly more than their female counterparts though they are almost equally represented.

Enrollment by Race and Gender



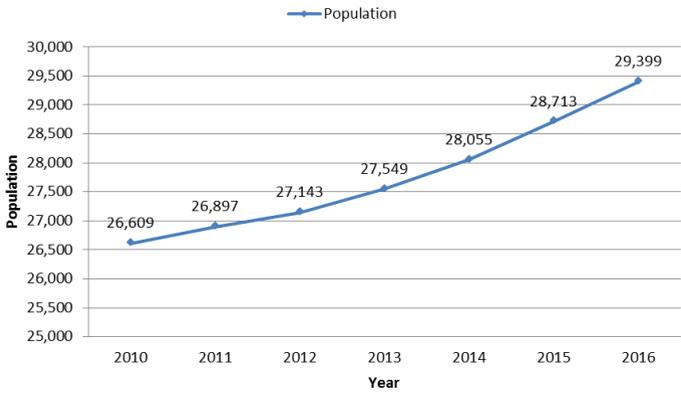
4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in Prior-Lake Area Schools has consistently been above 80% for the white students, male students and female students. Black students had the lowest rate.

City Profile: Savage, MN

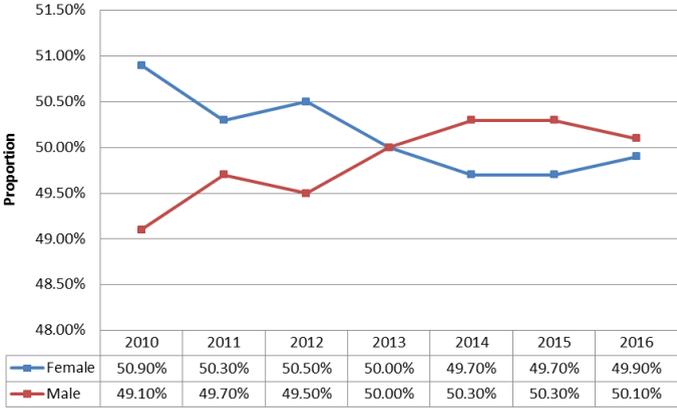
Savage Population



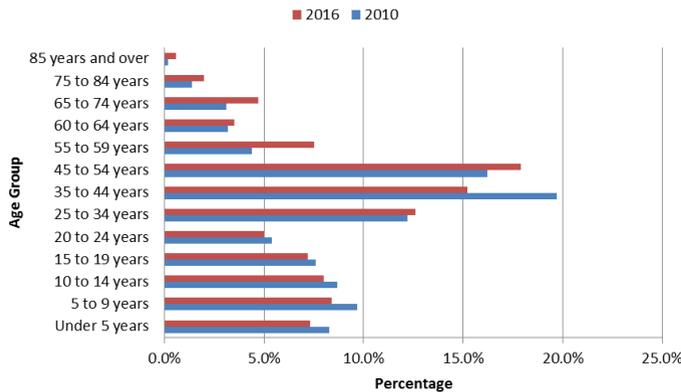
The population of Savage has consistently increased from 26,609 in 2010 to 29,399 in 2016. The rate of the population growth also increased.

Between 2010 and 2012, there were more female residents in Savage than males. After 2013, males outnumbered females.

Savage Gender Distribution

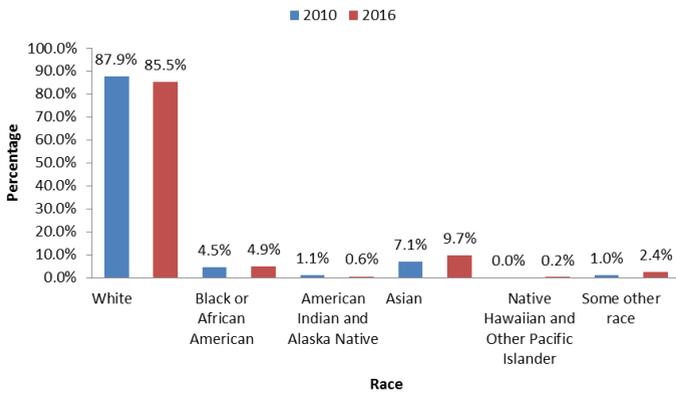


Savage Population by Age



For the years 2010 and 2016, the age group 35 – 44 years had the most number of residents followed closely by 45 – 54 years and then by 25 – 34 years.

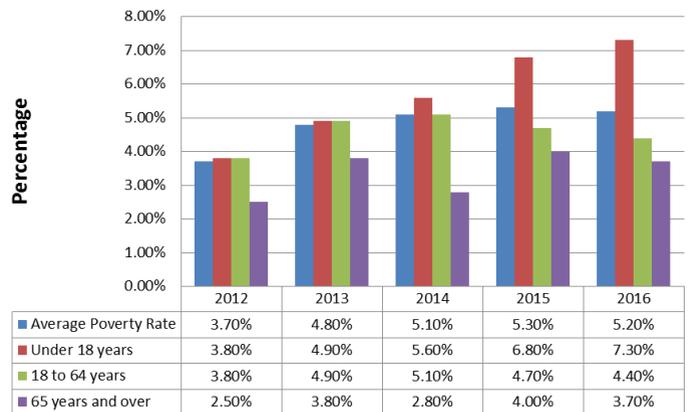
Savage Population by Race



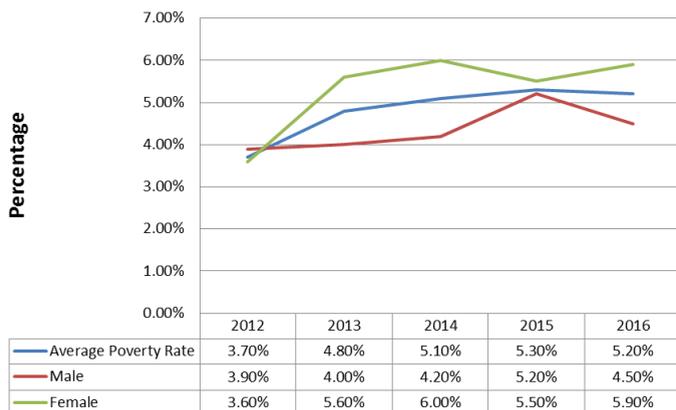
Savage has an overwhelmingly white resident population (87.9% in 2010 and 85.5% in 2016). Among minorities, Asian are the dominant group followed by Black/African American residents.

The poverty rate was highest in residents under 18 years of age and lowest in seniors (65+ years). The poverty rate generally increased from 2012 to 2014 after which it stabilized.

Savage Poverty by Age

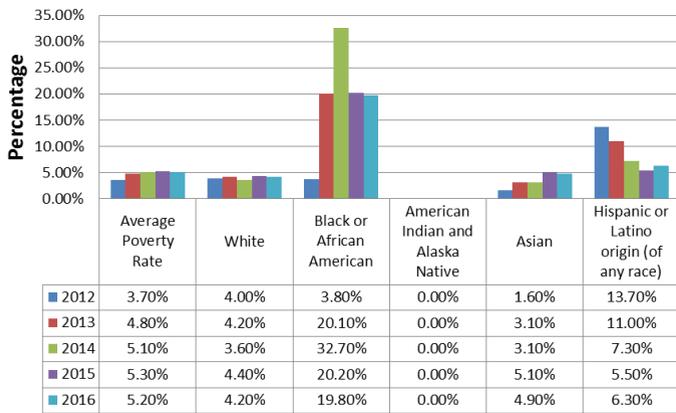


Savage Poverty by Gender



The poverty rate was similar between males and females in 2012 after which the rate was higher in females. The rate generally increased up to 2014, dipped in females and increased in males in 2015 and in 2016, it again increased in females and fell in males.

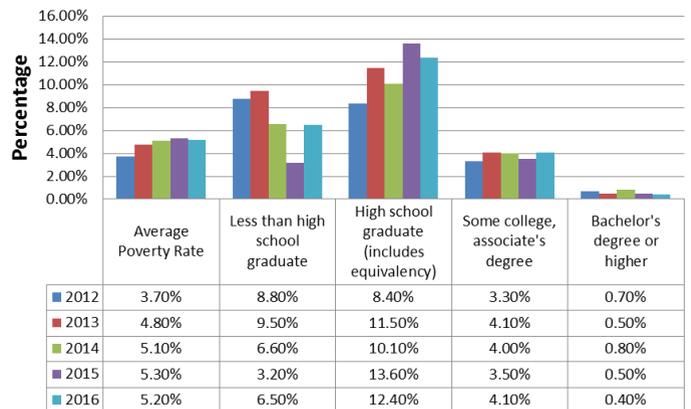
Savage Poverty by Race



The poverty rate in Savage is fairly low and determined by the predominant white population. Among the minorities, it was highest in Black/African American residents followed by residents of Hispanic/Latino origin (of any race) and then by Asians whose rates are comparable to that of Whites.

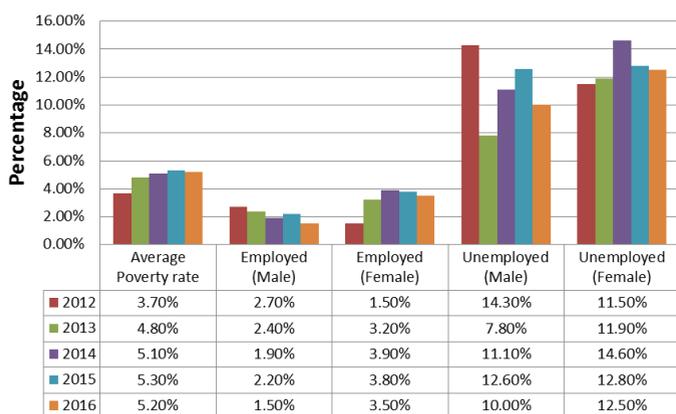
The poverty rate generally decreases with an increase in the level of education of Savage residents. It is however conspicuously highest in those that high school graduates than residents with who haven't graduated from high school. Residents with a bachelors degree or higher have the lowest rate of poverty.

Savage Poverty by Education Attainment

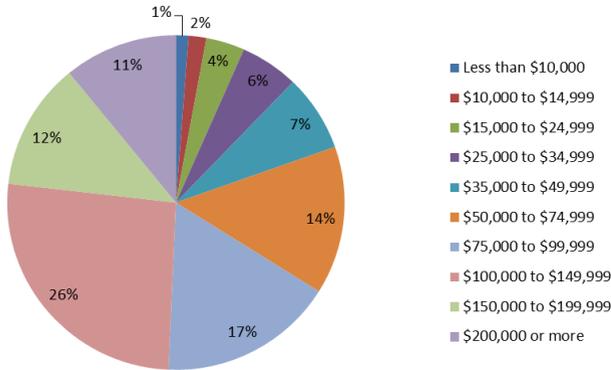


Poverty rates are higher in employed females than in employed males. For unemployed residents, it is also higher in females than in males except for the year 2012 where it is higher in male residents.

Savage Poverty by Employment Status



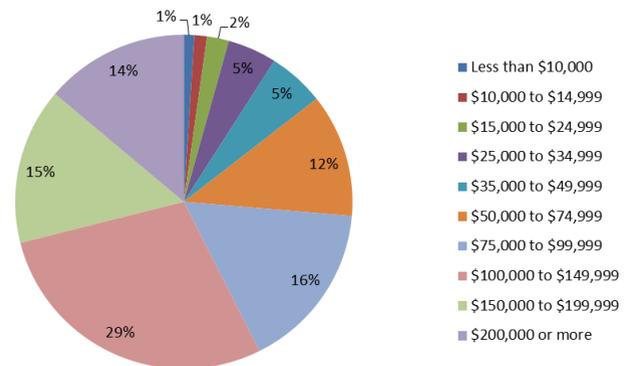
Savage Household Income



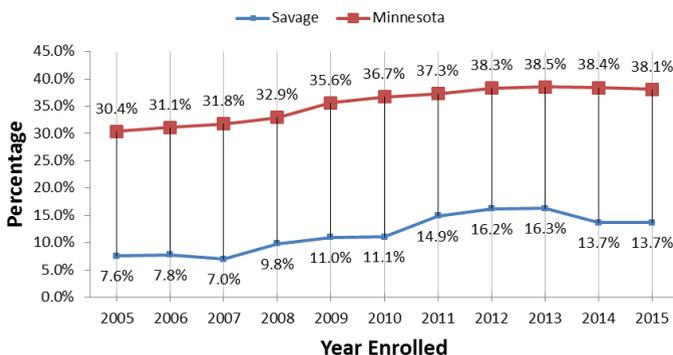
At least 93% of Savage’s households have an annual income above \$20,420 - the household poverty level for the average Jordan household (3 members per household).

At least 96% of Savage’s families have an annual income above \$20,420 - the household poverty level for the average Jordan family (3 members per household).

Savage Family Income

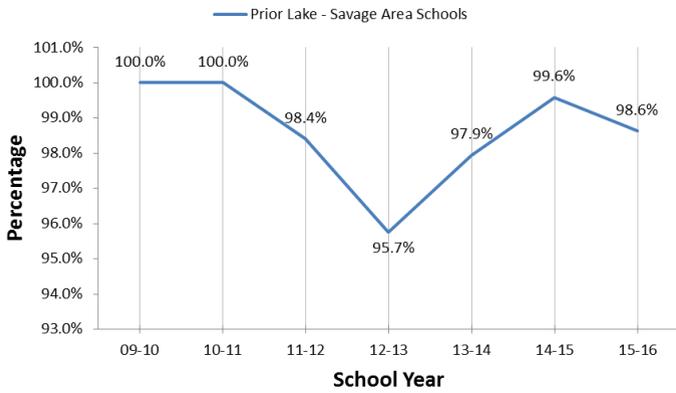


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of Savage students eligible for the Free & Reduced Lunch Program has been significantly lower than that of the state of Minnesota.

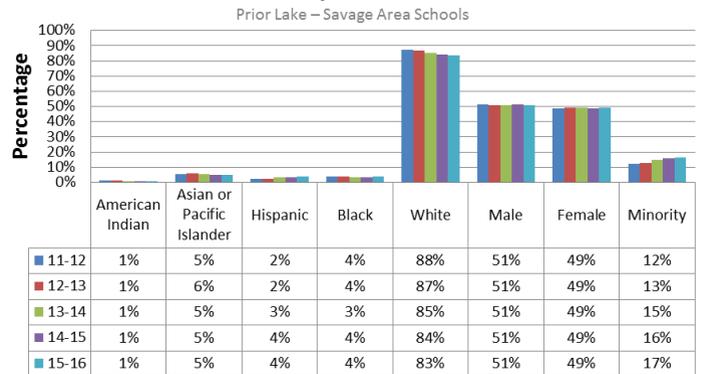
Limited English Proficiency Students Served



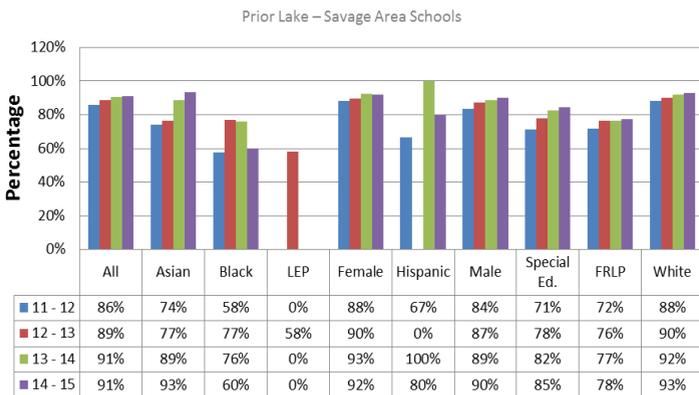
The proportion of LEP students served in Savage Area Schools decreased from 100% in school year 10'-11' to 95.7% in school year 12'-13'. It gradually increased to 99.6% in school year 14'-15' after after which it again decreased in subsequent school years.

For the 5 school years 11'-12' to 15'-16', the student body of Savage Area Schools, like the population dynamics, is overwhelmingly white. Male students are slightly more than their female counterparts though they are almost equally represented.

Enrollment by Race and Gender



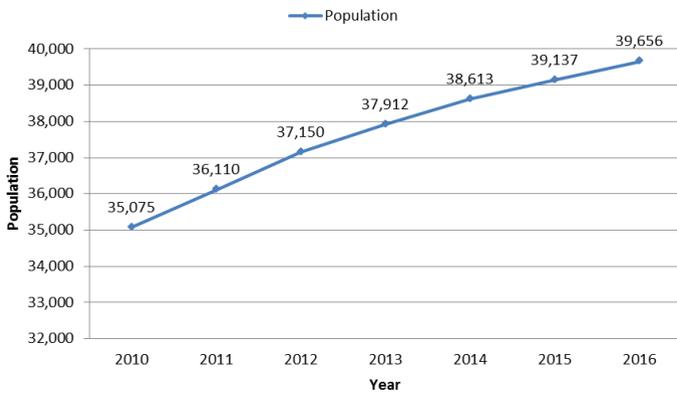
4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in Savage Area Schools has consistently been above 80% for the white students, male students and female students. Black students had the lowest rate.

City Profile: Shakopee, MN

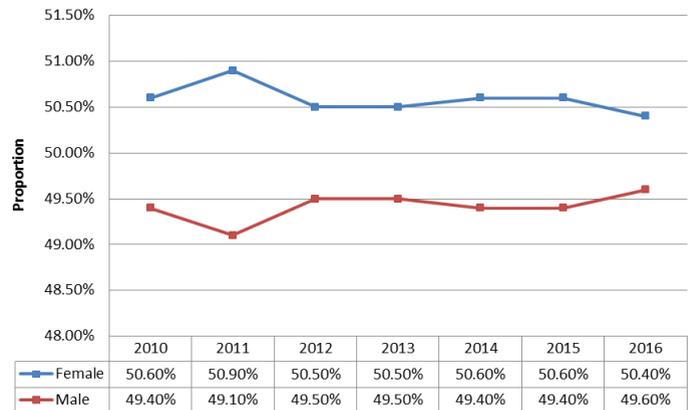
Shakopee Population



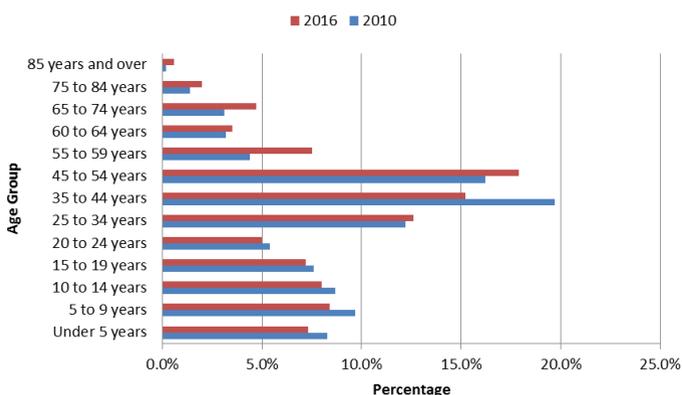
The population of Shakopee has consistently increased from 35,075 in 2010 to 39,656 in 2016. However, the rate of the population growth also consistently decreased.

For the period 2010 – 2016, Shakopee has consistently had more females than males.

Shakopee Gender Distribution

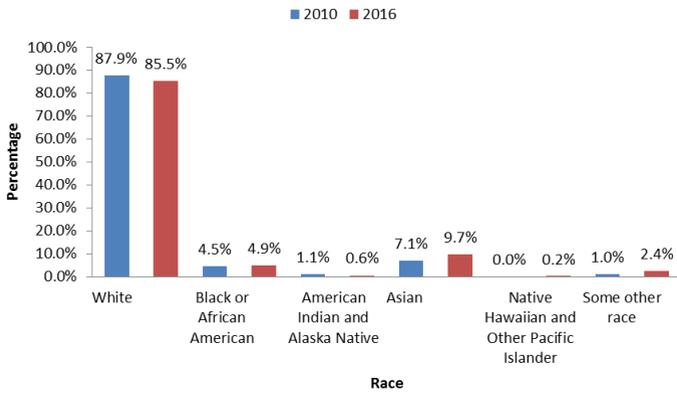


Shakopee Population by Age



For the years 2010 and 2016, the age group 35 – 44 years had the most number of residents followed closely by 45 – 54 years and then by 25 – 34 years.

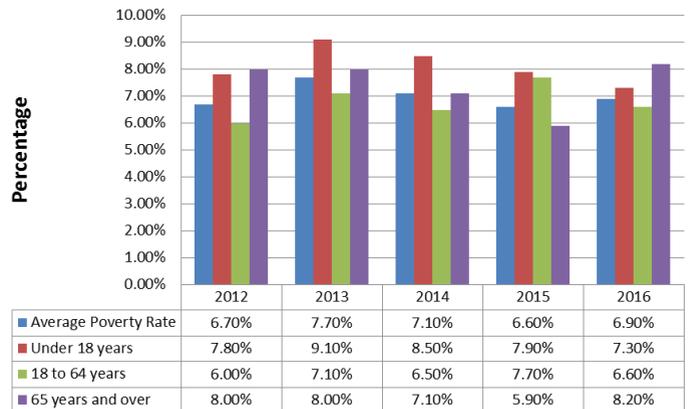
Shakopee Population by Race



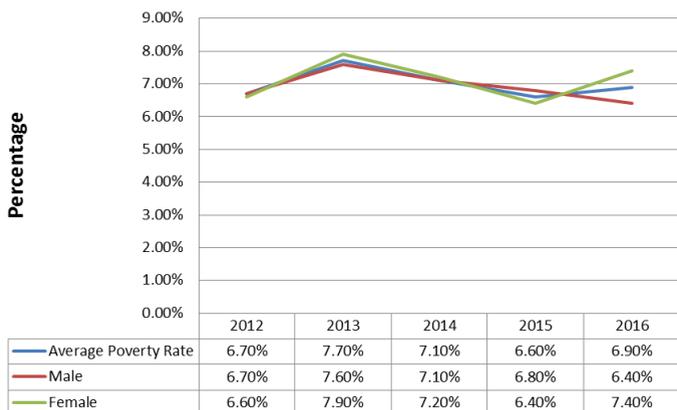
Though still an overwhelmingly white city (87.9% in 2010 and 85.5% in 2016), Shakopee has the highest proportion of minorities of Scott County cities. Among minorities, Asian are the dominant group followed by Black/African American residents.

Shakopee also has the highest poverty rates and residents under 18 years of age have the highest poverty rates for 2013 – 2015. Seniors (65+ years) have the highest poverty rates for 2012 and 2016.

Shakopee Poverty by Age

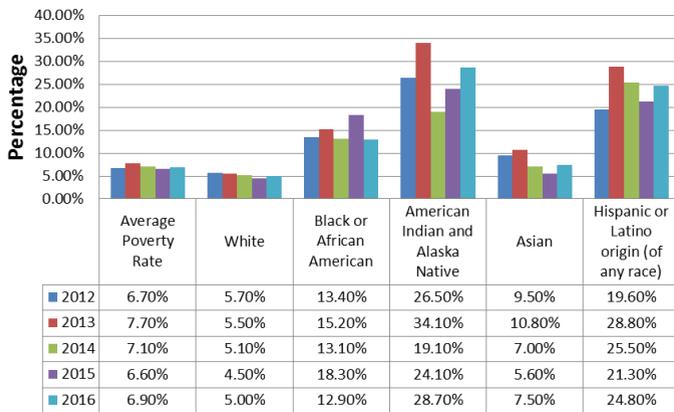


Shakopee Poverty by Gender



The poverty rate was similar between males and females in 2012 and 2014. In 2013 and 2016, the rate was slightly higher for females and in 2015, it was slightly higher for male residents. After an increase in 2013, the rate generally dropped until 2015 after which it increased once again for female residents.

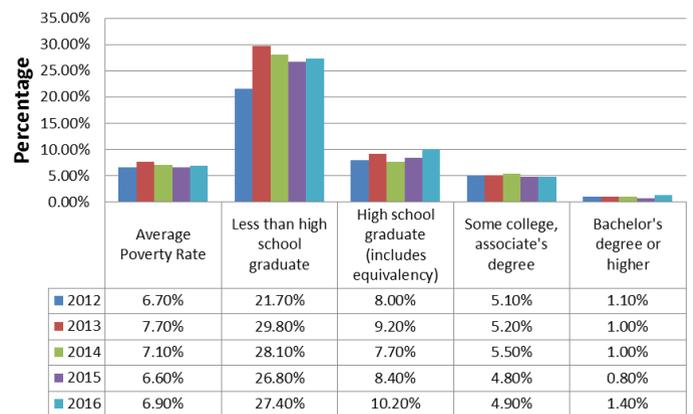
Shakopee Poverty by Race



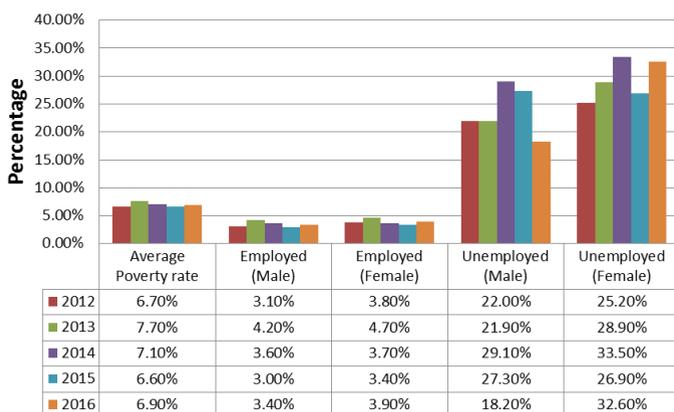
The poverty rate in Shakopee is fairly low and determined by the predominant white population. Among the minorities, it was highest in American Indian and Alaskan natives, followed by residents of Hispanic/Latino origin (of any race), followed by Black/African American residents and then by Asians.

The poverty rate generally decreases with an increase in the level of education of Savage residents. It is highest in those that didn't graduate from high school and decreases dramatically in high school graduates. Residents with a bachelors degree or higher have the lowest rate of poverty.

Shakopee Poverty by Education Attainment

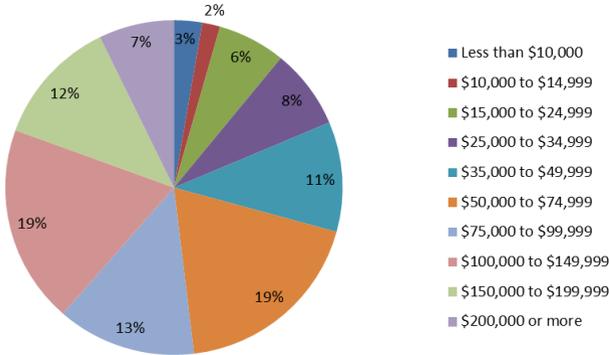


Poverty by Employment Status



Poverty rates are more or less the same in employed females and employed males. For unemployed residents, it is generally higher in females than in males except for the year 2015 where it is higher in male residents.

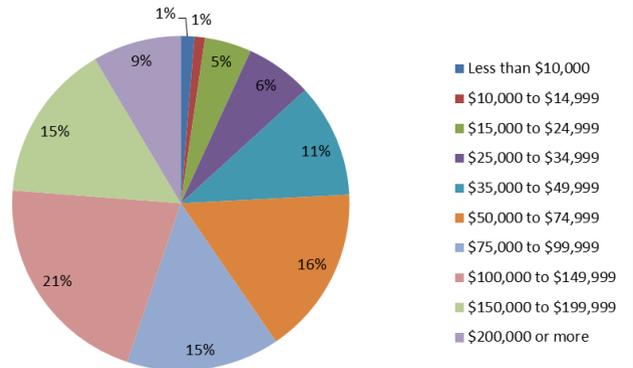
Shakopee Household Income



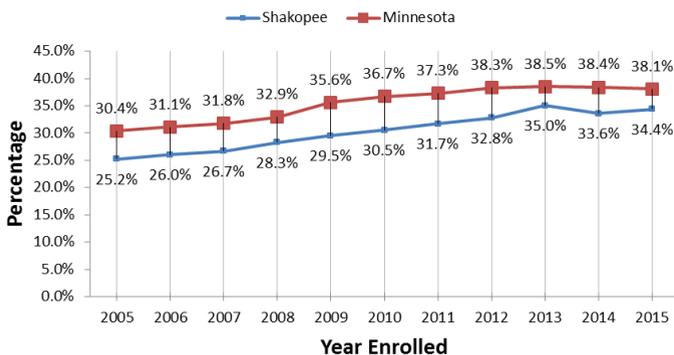
At least 89% of Shakopee’s households have an annual income above \$20,420 - the household poverty level for the average Jordan household (3 members per household).

At least 93% of Shakopee’s families have an annual income above \$20,420 - the household poverty level for the average Jordan family (3 members per household).

Shakopee Family Income

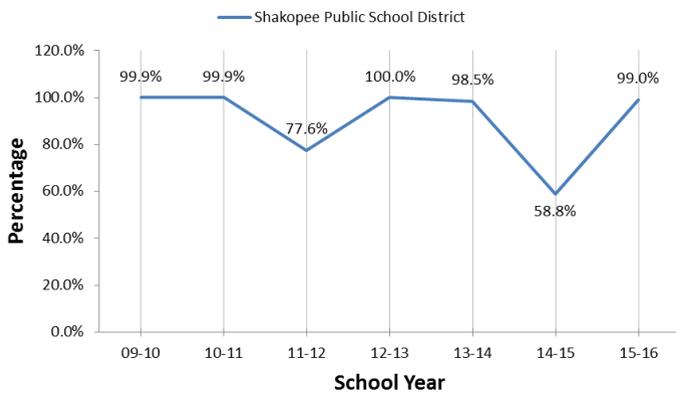


Students Eligible for Free & Reduced Lunch Program



For the period 2005 – 2015, the proportion of Shakopee students eligible for the Free & Reduced Lunch Program has been lower than that of the state of Minnesota and highest among the cities of Scott County.

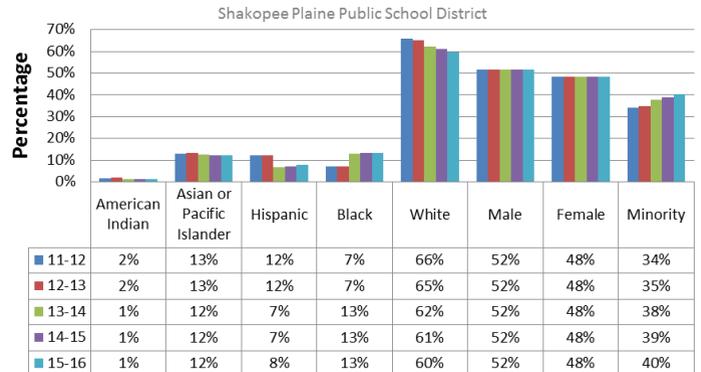
Limited English Proficiency Students Served



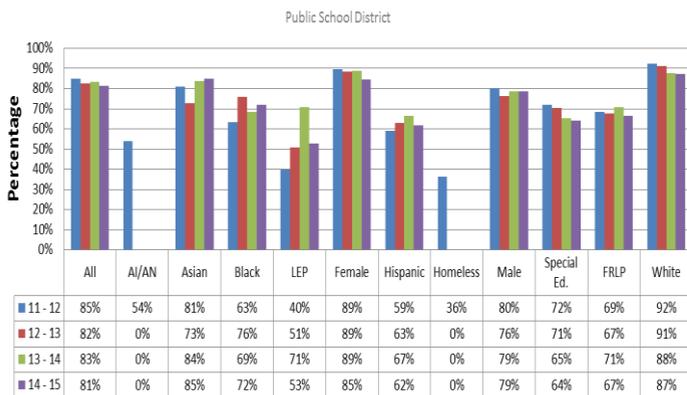
The proportion of LEP students served in Shakopee Public School District decreased from 99.9% in school year 10'-11' to 77.6% in school year 11'-12'. After increasing to 98.5% in school year 13'-14', it fell again to 58.8% in school year 14'-15' and rose once more to 99% in school year 15'-16'.

Unlike the other cities, Shakopee Public School District is quite diverse and the majority population (Whites) only account for about two-thirds of the student body. Male students are slightly more than their female counterparts though they are almost equally represented.

Enrollment by Race and Gender



4-Yr Graduation Rate



For the 5 school years 11'-12' to 14'-15', the 4-year graduation rate in Shakopee Public School District has consistently been above 80% for the white students, male students and female students. Hispanic students and LEP students had the lowest rate while females did better than males.



Leading causes of death and
average age at death by
race, among Scott County
residents,
2007-2016

July 2018 | Mandi Lueth, M.P.H.

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Classification and ranking of cause of death

The International Classification of Diseases (ICD) is published by the World Health Organization (WHO) and is used to process, classify, and present mortality statistics.¹

“These coding rules improve the usefulness of mortality statistics by giving preference to certain categories, by consolidating conditions, and by systematically selecting a single cause of death from a reported sequence of conditions. The single selected cause for tabulation is called the underlying cause of death, and the other reported causes are the nonunderlying causes of

death.”¹ ICD-10 codes for underlying causes of death were used for the ranking of causes of death.

While ranking causes of death may be a convenient way to compare causes of death, it has limitations. Rankings are relative to other causes and may not change order even if mortality rates increase or decrease, or they may change even if mortality has not. Ranking causes of death is of most use when differences in mortality numbers, and mortality itself, are large. Therefore, rankings at the lower half of the tables are less meaningful than those at the top half.

Leading causes of death in Scott County compared to Minnesota and the United States

The top seven leading causes of death among Scott County residents in 2016 were cancer (malignant neoplasms), heart disease, stroke (cerebrovascular disease), Alzheimer’s disease, chronic lower respiratory disease, accidents, and diabetes. These were also the top seven leading causes of death both statewide and nationwide. The biggest difference in ranking appears to be in stroke and Alzheimer’s disease which are ranked 3rd and 4th in Scott County and 5th and 6th both statewide and nationally.

In Scott County, the 4 leading causes of death accounted for about half (51.3%) of all deaths in 2016. Statewide, the 4 leading

causes of death also accounted for about half (52.7%) of all deaths in 2016, while nationally, the 3 leading causes of death accounted for about half (51.1%) of all deaths in 2015.

Table 1 shows cause of death, rank, number of deaths, and percentage of total deaths for Scott County in 2016, as well as the respective Minnesota and United States ranks for the same causes in 2016 and 2015, respectively.

Table 1. Leading causes of death among Scott County residents, 2016 and respective MN and U.S. rankings

Cause of Death	Rank	Deaths	Percentage of total deaths	MN Rank 2016 ²	U.S. Rank 2015 ³
All causes	...	728	100.0%
Malignant neoplasms	1	192	26.4%	1	2
Diseases of heart	2	122	16.8%	2	1
Cerebrovascular disease	3	30	4.1%	6	5
Alzheimer's disease	4	29	4.0%	5	6
Chronic lower respiratory diseases	5	27	3.7%	4	3
Accidents (unintentional injuries)	6	25	3.4%	3	4
Diabetes mellitus	7	23	3.2%	7	7
Parkinson's disease	8	17	2.3%	9	-
Essential hypertension and hypertensive renal disease	9	17	2.3%	-	-
Intentional self-harm (suicide)	10	12	1.6%	8	10
Chronic liver disease and cirrhosis	10	12	1.6%	10	-

Comparison of causes of death over 10 years between subgroups

The period from 2007 to 2016 shows little variation in ranking from a single year; however, when examining subgroups, single year data is not as reliable due to the small numbers of each underlying cause of death. Therefore, 10-year periods provide a better sample size for comparisons between subgroups.

*It is of note that even though 10-year periods will be used, some causes of death within subgroups still have very small numbers (e.g. <10). Interpreting rankings with numbers this small should be done cautiously.

Ten-year differences in causes between zip codes

All zip codes had cancer and heart disease in the top two leading causes of death. In all zip codes, except for 56011 and 56071, cancer was the leading cause of death followed by heart disease as the second leading cause of death. Stroke, accidents, and chronic lower respiratory diseases were the most common third leading cause of death.

*See appendix tables A-2 through A-10 for a breakdown of rankings by zip code.

Ten-year differences in causes between census tracts

In all census tracts, except for 80202, 80500, and 81300, cancer was the leading cause of death followed by heart disease as the second leading cause of death. In census tracts 80500 and 81300, the top two leading causes of death were still cancer and heart disease; however, heart disease was the leading cause of death, followed by cancer as the second leading cause of death. In census tract 80202, cancer was the leading cause of death, followed by accidents second and heart disease third. Stroke and chronic lower respiratory diseases were the most common third leading cause of death.

*See appendix tables A-11 through A-31 for a breakdown of rankings by census tract.

Comparison of age at death over 10 years between subgroups

As stated above in the comparison of leading causes of death between subgroups, single year data is not as reliable due to the small numbers of deaths in each subgroup. Therefore, 10-year periods provide a better sample size for comparisons between subgroups.

*It is of note that even though 10-year periods will be used, some subgroups still have a much smaller number of deaths than other subgroups. This means that average age at death in subgroups with a smaller number of deaths should be interpreted more cautiously.

Ten-year differences in age at death between zip codes

The difference in average age at death between the oldest average age (zip code=56071) and the youngest average age (zip code=55044) was 18 years. The zip codes with greater numbers of deaths have more precise estimates of average age at death, as seen in the narrower confidence intervals.

*See appendix table A-32 for a breakdown of average age at death by zip code.

Ten-year differences in age at death between census tracts

The difference in average age at death between the oldest average age (census tract=81200) and the youngest average age (census tract=80203) was 17.6 years.

*See appendix table A-33 for a breakdown of average age at death by census tract.

**Confidence intervals were not computed for average age at death by census tract because of the difference in the way that census tracts were categorized from prior to 2011 and 2011 and later. However, the same trends in confidence intervals would be expected to be seen – census tracts with greater numbers of deaths would tend to have tighter confidence intervals and, therefore, more precise averages.

Ten-year differences in age at death between race/ethnicities

The difference in average age at death between the oldest average age (Whites) and the youngest average age (Blacks) was 27.2 years. The race/ethnicities with greater numbers of deaths have more precise estimates of average age at death, as seen in the narrower confidence intervals. Average age at death for all race/ethnicity groups other than Whites should be interpreted cautiously as their confidence intervals span 10 years or more.

*See appendix table A-34 for a breakdown of average age at death by race/ethnicity.

Conclusion

Differences between subgroups in causes of death and average age at death present

opportunities to identify possible disparities among populations. Cancer and heart disease were consistently ranked among the top 3 (and in most cases, the top 2) causes of death across all zip codes and census tracts. Targeting factors to reduce the risk of these chronic diseases should continue to be a major focus. There appears to be slight differences by geographical location in the remaining leading causes of death; however, these counts are so low, there may not be a significant difference in these rankings. Average age at death provides some insight into differences in average age at death between different geographical areas and race/ethnicity. Again, these differences may not be significant and should be interpreted cautiously due to the small numbers of deaths.

Appendix

Deaths and percentage of deaths for leading causes of death – All decedents

Table A-1. Deaths and percentage of deaths for the 10 leading causes of death:
Scott County, 2016 (single year) and 2007-2016 (10-year period)
ALL DECEDENTS

Cause of death	Rank	2016 (single year)		2007-2016 (10-year period)	
		Deaths	Percentage of total deaths	10-year avg. annual deaths	Percentage of total deaths
All causes	...	728	100.0%	576	100.0%
Malignant neoplasms	1	192	26.4%	151	26.4%
Diseases of heart	2	122	16.8%	100	17.4%
Cerebrovascular disease	3	30	4.1%	30	5.1%
Alzheimer's disease	4	29	4.0%	15	2.6%
Chronic lower respiratory diseases	5	27	3.7%	28	4.8%
Accidents	6	25	3.4%	19	3.3%
Diabetes mellitus	7	23	3.2%	18	3.1%
Parkinson's disease	8	17	2.3%	7	1.2%
Essential hypertension and hypertensive renal disease (I10, I12, I15)	9	17	2.3%	12	2.2%
Intentional self-harm (suicide)	10	12	1.6%	12	2.2%
Chronic liver disease and cirrhosis	10	12	1.6%	7	1.2%

Deaths and percentage of deaths for leading causes of death by Zip Code

Table A-2. Deaths and percentage of deaths for the 5 leading causes of death:
Scott County, 2007-2016
Zip Code 55020

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	147	100.0%	15
Malignant neoplasms (C00-C97)	1	49	33.3%	5
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	21	14.3%	2
Accidents (V01-X59)	3	8	5.4%	1
Chronic lower respiratory diseases (J40-J47)	4	5	3.4%	1
Alzheimer's disease (G30)	5	4	2.7%	<1
Essential hypertension and hypertensive renal disease (I10, I12, I15)	5	4	2.7%	<1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	5	4	2.7%	<1

Table A-3. Deaths and percentage of deaths for the 5 leading causes of death:
Scott County, 2007-2016
Zip Code 55044

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	71	100.0%	7
Malignant neoplasms (C00-C97)	1	22	31.0%	2
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	12	16.9%	1
Accidents (V01-X59)	3	9	12.7%	1
Chronic lower respiratory diseases (J40-J47)	4	5	7.0%	1
Alzheimer's disease (G30)	4	5	7.0%	1

Table A-4. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 55054

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	36	100.0%	4
Malignant neoplasms (C00-C97)	1	10	27.8%	1
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	7	19.4%	1
Cerebrovascular disease (I60-I69)	3	2	5.6%	<1
Chronic lower respiratory diseases (J40-J47)	3	2	5.6%	<1
Accidents (V01-X59)	3	2	5.6%	<1

Table A-5. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 55352

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	390	100.0%	39
Malignant neoplasms (C00-C97)	1	120	30.8%	12
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	77	19.7%	8
Accidents (V01-X59)	3	21	5.4%	2
Cerebrovascular disease (I60-I69)	4	20	5.1%	2
Chronic lower respiratory diseases (J40-J47)	5	16	4.1%	2

Table A-6. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 55372

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	1189	100.0%	119
Malignant neoplasms (C00-C97)	1	365	30.7%	37
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	186	15.6%	19
Cerebrovascular disease (I60-I69)	3	54	4.5%	5
Chronic lower respiratory diseases (J40-J47)	4	52	4.4%	5
Accidents (V01-X59)	5	44	3.7%	4

Table A-7. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 55378

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	674	100.0%	67
Malignant neoplasms (C00-C97)	1	210	31.2%	21
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	88	13.1%	9
Chronic lower respiratory diseases (J40-J47)	3	31	4.6%	3
Accidents (V01-X59)	4	28	4.2%	3
Cerebrovascular disease (I60-I69)	5	27	4.0%	3

Table A-8. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 55379

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	1932	100.0%	193
Malignant neoplasms (C00-C97)	1	491	25.4%	49
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	314	16.3%	31
Cerebrovascular disease (I60-I69)	3	109	5.6%	11
Chronic lower respiratory diseases (J40-J47)	4	99	5.1%	10
Diabetes mellitus (E10-E14)	5	63	3.3%	6

Table A-9. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 56011

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	697	100.0%	70
Diseases of heart (I00-I09, I11, I13, I20-I51)	1	142	20.4%	14
Malignant neoplasms (C00-C97)	2	116	16.6%	12
Cerebrovascular disease (I60-I69)	3	47	6.7%	5
Alzheimer's disease (G30)	4	36	5.2%	4
Essential hypertension and hypertensive renal disease (I10, I12, I15)	5	33	4.7%	3
Chronic lower respiratory diseases (J40-J47)	5	33	4.7%	3

Table A-10. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Zip Code 56071

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	604	100.0%	60
Diseases of heart (I00-I09, I11, I13, I20-I51)	1	147	24.3%	15
Malignant neoplasms (C00-C97)	2	133	22.0%	13
Chronic lower respiratory diseases (J40-J47)	3	33	5.5%	3
Cerebrovascular disease (I60-I69)	4	32	5.3%	3
Diabetes mellitus (E10-E14)	5	20	3.3%	2

Deaths and percentage of deaths for leading causes of death by Census Tract

Table A-11. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80100

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	136	100.0%	14
Malignant neoplasms (C00-C97)	1	40	29.4%	4
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	22	16.2%	2
Cerebrovascular disease (I60-I69)	3	7	5.1%	1
Nephritis, nephrotic syndrome, and nephrosis (N00-N07)	4	7	5.1%	1
Chronic lower respiratory diseases (J40-J47)	5	6	4.4%	1
Accidents (V01-X59)	5	6	4.4%	1

Table A-12. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80201

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	87	100.0%	9
Malignant neoplasms (C00-C97)	1	23	26.4%	2
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	13	14.9%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	3	7	8.0%	1
Alzheimer's disease (G30)	4	6	6.9%	1
Chronic lower respiratory diseases (J40-J47)	5	4	4.6%	<1
Parkinson's disease (G20-G21)	5	4	4.6%	<1

Table A-13. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80202

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	89	100.0%	9
Malignant neoplasms (C00-C97)	1	31	34.8%	3
Accidents (V01-X59)	2	9	10.1%	1
Diseases of heart (I00-I09, I11, I13, I20-I51)	3	8	9.0%	1
Cerebrovascular disease (I60-I69)	4	8	9.0%	1
Diabetes mellitus (E10-E14)	5	5	5.6%	1

Table A-14. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80203

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	163	100.0%	16
Malignant neoplasms (C00-C97)	1	60	36.8%	6
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	14	8.6%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	3	8	4.9%	1
Chronic lower respiratory diseases (J40-J47)	4	6	3.7%	1
Accidents (V01-X59)	5	4	2.5%	<1

Table A-15. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80204

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	57	100.0%	6
Malignant neoplasms (C00-C97)	1	12	21.1%	1
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	9	15.8%	1
Accidents (V01-X59)	3	4	7.0%	<1
Parkinson's disease (G20-G21)	4	3	5.3%	<1
Cerebrovascular disease (I60-I69)	5	2	3.5%	<1
Diabetes mellitus (E10-E14)	5	2	3.5%	<1
Essential hypertension and hypertensive renal disease (I10, I12, I15)	5	2	3.5%	<1
Chronic liver disease and cirrhosis (K70, K73-K74)	5	2	3.5%	<1
Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)	5	2	3.5%	<1

Table A-16. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80205

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	174	100.0%	17
Malignant neoplasms (C00-C97)	1	54	31.0%	5
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	27	15.5%	3
Cerebrovascular disease (I60-I69)	3	10	5.7%	1
Chronic lower respiratory diseases (J40-J47)	4	9	5.2%	1
Accidents (V01-X59)	5	6	3.4%	1

Table A-17. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80301

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	313	100.0%	31
Malignant neoplasms (C00-C97)	1	102	32.6%	10
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	45	14.4%	5
Cerebrovascular disease (I60-I69)	3	15	4.8%	2
Accidents (V01-X59)	4	14	4.5%	1
Chronic lower respiratory diseases (J40-J47)	5	12	3.8%	1

Table A-18. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80302

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	465	100.0%	47
Malignant neoplasms (C00-C97)	1	117	25.2%	12
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	82	17.6%	8
Cerebrovascular disease (I60-I69)	3	36	7.7%	4
Chronic lower respiratory diseases (J40-J47)	4	23	4.9%	2
Accidents (V01-X59)	5	17	3.7%	2

Table A-19. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80400

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	223	100.0%	22
Malignant neoplasms (C00-C97)	1	70	31.4%	7
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	48	21.5%	5
Cerebrovascular disease (I60-I69)	3	10	4.5%	1
Chronic lower respiratory diseases (J40-J47)	3	10	4.5%	1
Diabetes mellitus (E10-E14)	5	8	3.6%	1
Nephritis, nephrotic syndrome, and nephrosis (N00-N07)	5	8	3.6%	1

Table A-20. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80500

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	413	100.0%	41
Diseases of heart (I00-I09, I11, I13, I20-I51)	1	67	16.2%	7
Malignant neoplasms (C00-C97)	2	63	15.3%	6
Cerebrovascular disease (I60-I69)	3	30	7.3%	3
Chronic lower respiratory diseases (J40-J47)	3	30	7.3%	3
Alzheimer's disease (G30)	5	15	3.6%	2

Table A-21. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80600

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	217	100.0%	22
Malignant neoplasms (C00-C97)	1	60	27.6%	6
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	26	12.0%	3
Chronic lower respiratory diseases (J40-J47)	3	10	4.6%	1
Diabetes mellitus (E10-E14)	4	9	4.1%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	5	8	3.7%	1

Table A-22. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80700

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	90	100.0%	9
Malignant neoplasms (C00-C97)	1	29	32.2%	3
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	12	13.3%	1
Chronic lower respiratory diseases (J40-J47)	3	6	6.7%	1
Accidents (V01-X59)	4	5	5.6%	1
Essential hypertension and hypertensive renal disease (I10, I12, I15)	4	5	5.6%	1

Table A-23. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80800

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	289	100.0%	29
Malignant neoplasms (C00-C97)	1	106	36.7%	11
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	48	16.6%	5
Cerebrovascular disease (I60-I69)	3	15	5.2%	2
Accidents (V01-X59)	4	14	4.8%	1
Chronic lower respiratory diseases (J40-J47)	5	10	3.5%	1

Table A-24. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80903

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	328	100.0%	33
Malignant neoplasms (C00-C97)	1	89	27.1%	9
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	52	15.9%	5
Cerebrovascular disease (I60-I69)	3	17	5.2%	2
Chronic lower respiratory diseases (J40-J47)	4	12	3.7%	1
Alzheimer's disease (G30)	4	12	3.7%	1

Table A-25. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80904

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	420	100.0%	42
Malignant neoplasms (C00-C97)	1	106	25.2%	11
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	72	17.1%	7
Chronic lower respiratory diseases (J40-J47)	3	21	5.0%	2
Cerebrovascular disease (I60-I69)	4	19	4.5%	2
Diabetes mellitus (E10-E14)	5	14	3.3%	1

Table A-26. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80905

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	173	100.0%	17
Malignant neoplasms (C00-C97)	1	58	33.5%	6
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	27	15.6%	3
Cerebrovascular disease (I60-I69)	3	11	6.4%	1
Chronic lower respiratory diseases (J40-J47)	4	8	4.6%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	5	6	3.5%	1

Table A-27. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 80906

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	199	100.0%	20
Malignant neoplasms (C00-C97)	1	74	37.2%	7
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	28	14.1%	3
Chronic lower respiratory diseases (J40-J47)	3	11	5.5%	1
Accidents (V01-X59)	4	9	4.5%	1
Cerebrovascular disease (I60-I69)	5	7	3.5%	1

Table A-28. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 81000

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	214	100.0%	21
Malignant neoplasms (C00-C97)	1	69	32.2%	7
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	33	15.4%	3
Chronic lower respiratory diseases (J40-J47)	3	12	5.6%	1
Accidents (V01-X59)	3	12	5.6%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	3	12	5.6%	1

Table A-29. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 81100

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	300	100.0%	30
Malignant neoplasms (C00-C97)	1	92	30.7%	9
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	55	18.3%	6
Accidents (V01-X59)	3	22	7.3%	2
Chronic lower respiratory diseases (J40-J47)	4	13	4.3%	1
Cerebrovascular disease (I60-I69)	5	9	3.0%	1
Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	5	9	3.0%	1

Table A-30. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 81200

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	593	100.0%	59
Malignant neoplasms (C00-C97)	1	142	23.9%	14
Diseases of heart (I00-I09, I11, I13, I20-I51)	2	129	21.8%	13
Cerebrovascular disease (I60-I69)	3	33	5.6%	3
Chronic lower respiratory diseases (J40-J47)	4	32	5.4%	3
Diabetes mellitus (E10-E14)	5	19	3.2%	2

Table A-31. Deaths and percentage of deaths for the 5 leading causes of death:
 Scott County, 2007-2016
Census Tract 81300

Cause of death	Rank	Deaths	Percentage of total deaths	10-year avg. annual deaths
All causes	...	762	100.0%	76
Diseases of heart (I00-I09, I11, I13, I20-I51)	1	158	20.7%	16
Malignant neoplasms (C00-C97)	2	125	16.4%	13
Cerebrovascular disease (I60-I69)	3	48	6.3%	5
Alzheimer's disease (G30)	4	40	5.2%	4
Essential hypertension and hypertensive renal disease (I10, I12, I15)	5	35	4.6%	4

Average age at death by Zip Code

Table A-32. Average age at death by Zip Code,
Sorted by descending average age at death
Scott County, 2007-2016

Zip Code	Deaths	Average age at death (95% C.I.)
All zip codes	5763	72.6 (72.1, 73.1)
56071	604	79.9 (78.6, 81.2)
56011	697	77.4 (76.1, 78.7)
55379	1932	72.6 (71.7, 73.5)
55372	1189	71.0 (69.9, 72.1)
55352	390	70.3 (68.4, 72.3)
55020	147	68.5 (65.2, 71.7)
55378	674	67.4 (65.9, 68.9)
55054	36	65.5 (58.2, 72.8)
55044	71	61.9 (56.8, 66.9)

Average age at death by Census Tract

Table A-33. Average age at death by Census Tract,
Sorted by descending average age at death
Scott County, 2007-2016

Census Tract	Deaths	Average age at death (95% C.I.)
All census tracts	5763	72.6 (72.1, 73.1)
81200	593	79.9
80500	413	79.5
81300	762	77.3
80904	420	74.9
80903	328	74.7
80201	87	73
80905	173	72.5
80400	223	71.8
80302	465	71.6
80600	217	71.3
80100	136	71.1
80906	199	71.1
80700	90	70.2
80800	289	68.8
80204	57	67.4
81100	300	67.2
80202	89	66.3
80205	174	65.6
81000	214	65.6
80301	313	64
80203	163	62.3

Average age at death by Race/Ethnicity

Table A-34. Average age at death by Race/Ethnicity,
Sorted by descending average age at death
Scott County, 2007-2016

Race/Ethnicity	Deaths	Average age at death (95% C.I.)
All races	5763	72.6 (72.1, 73.1)
White	5448	73.6 (73.1, 74.0)
Asian	115	64.3 (59.8, 68.8)
American Indian	53	57.5 (52.0, 63.0)
Hispanic	50	52.0 (44.9, 59.20)
Black	69	46.4 (40.3, 52.5)

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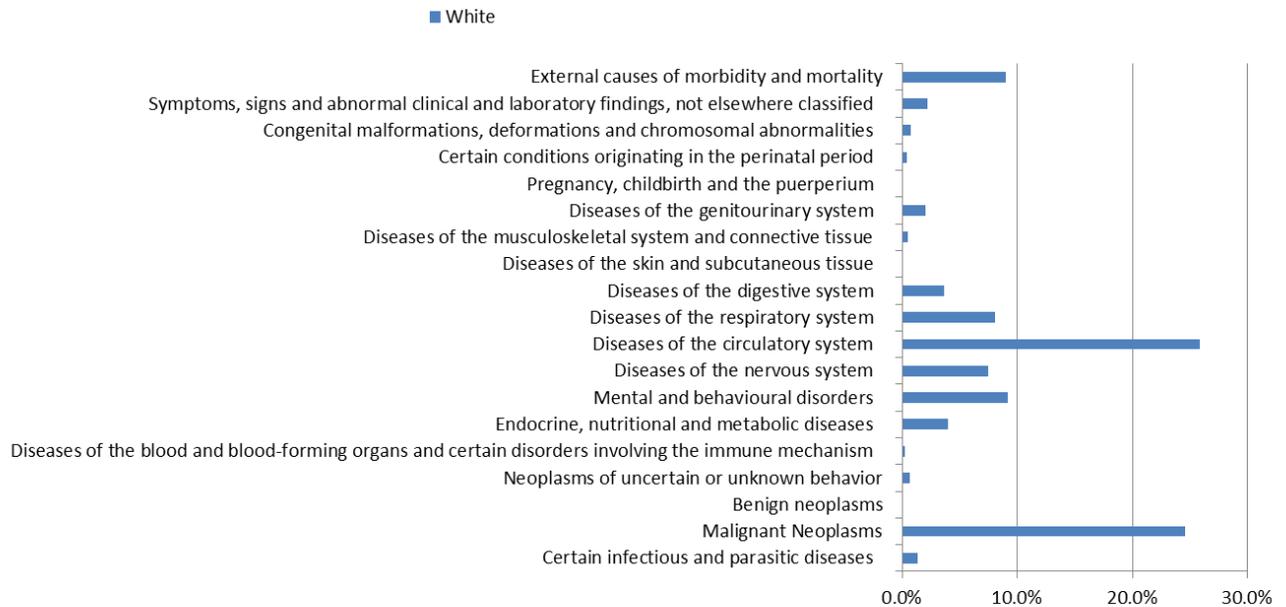
SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

Count and proportion of each race		
Race	Count	Proportion
White	3054	93.51%
Hispanic	34	1.04%
African American	30	0.92%
American Indian	35	1.07%
Asian	92	2.82%
African	14	0.43%
Pacific Islander	2	0.06%
Other	4	0.12%

Cause of Death	Number of Deaths	Proportion
Diseases of the circulatory system	843	25.8%
Malignant Neoplasms	801	24.5%
External causes of morbidity and mortality	311	9.5%
Mental and behavioural disorders	285	8.7%
Diseases of the respiratory system	260	8.0%
Diseases of the nervous system	239	7.3%
Endocrine, nutritional and metabolic diseases	131	4.0%
Diseases of the digestive system	119	3.6%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	71	2.2%
Diseases of the genitourinary system	68	2.1%
Certain infectious and parasitic diseases	46	1.4%
Congenital malformations, deformations and chromosomal abnormalities	22	0.7%
Neoplasms of uncertain or unknown behavior	20	0.6%
Diseases of the musculoskeletal system and connective tissue	17	0.5%
Certain conditions originating in the perinatal period	15	0.5%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	10	0.3%
Diseases of the skin and subcutaneous tissue	3	0.1%
Benign neoplasms	2	0.1%
Pregnancy, childbirth and the puerperium	2	0.1%

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

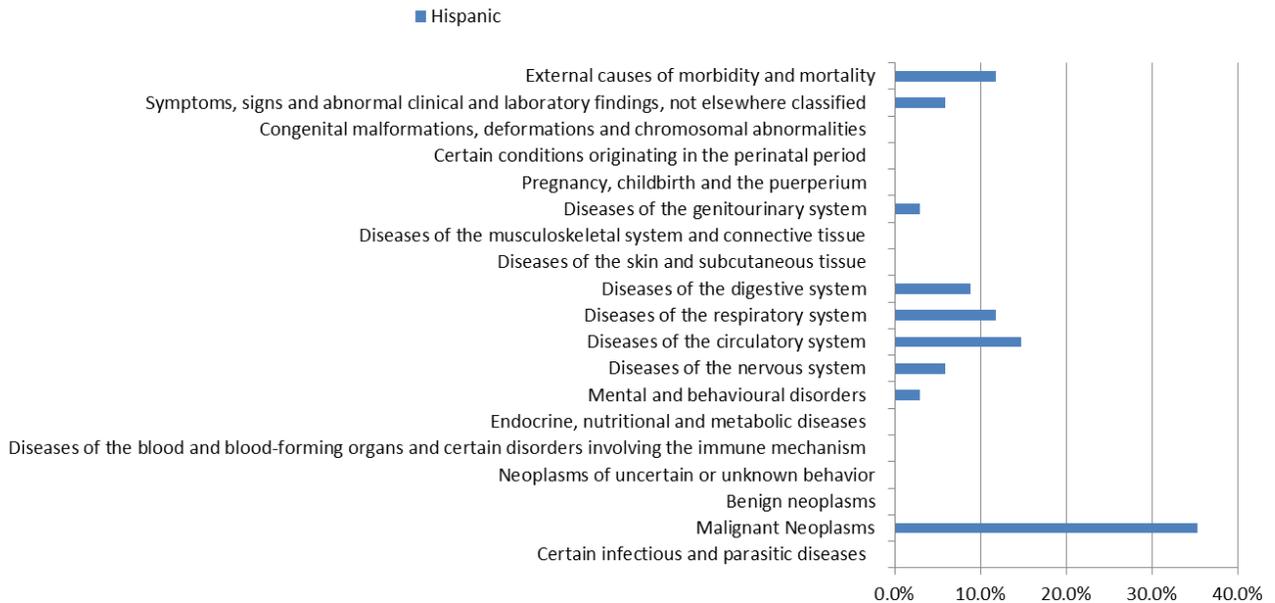
Causes of Death by Race



Between 2013 and 2017, diseases of the circulatory system accounted for the most deaths among White people in Scott County i.e. 790 of the 3054 deaths (25.9%) – just about at the average of deaths caused by diseases of the circulatory system for all groups (25.8%). This was followed closely by malignant neoplasms (cancers) which accounted for 24.6% of the deaths among White people (751 out 3054 deaths) – also around the average for all groups (24.5%).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

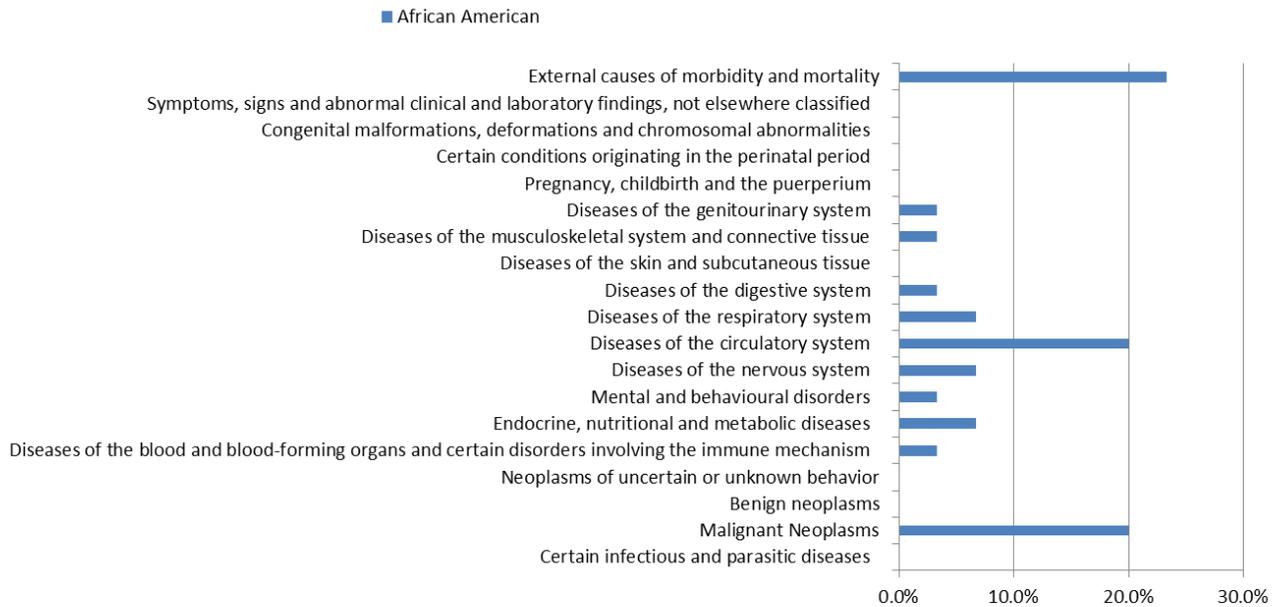
Causes of Death by Race



Between 2013 and 2017, malignant neoplasms accounted for the most deaths among Hispanic people in Scott County i.e. 12 of the 34 deaths (35.3%) – significantly above the average of deaths caused by malignant neoplasms for all groups (24.5%). This was followed at a distant second by diseases of the circulatory system which accounted for 14.7% of the deaths among Hispanic people (5 out 34 deaths) – significantly below the average for all groups (25.8%).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

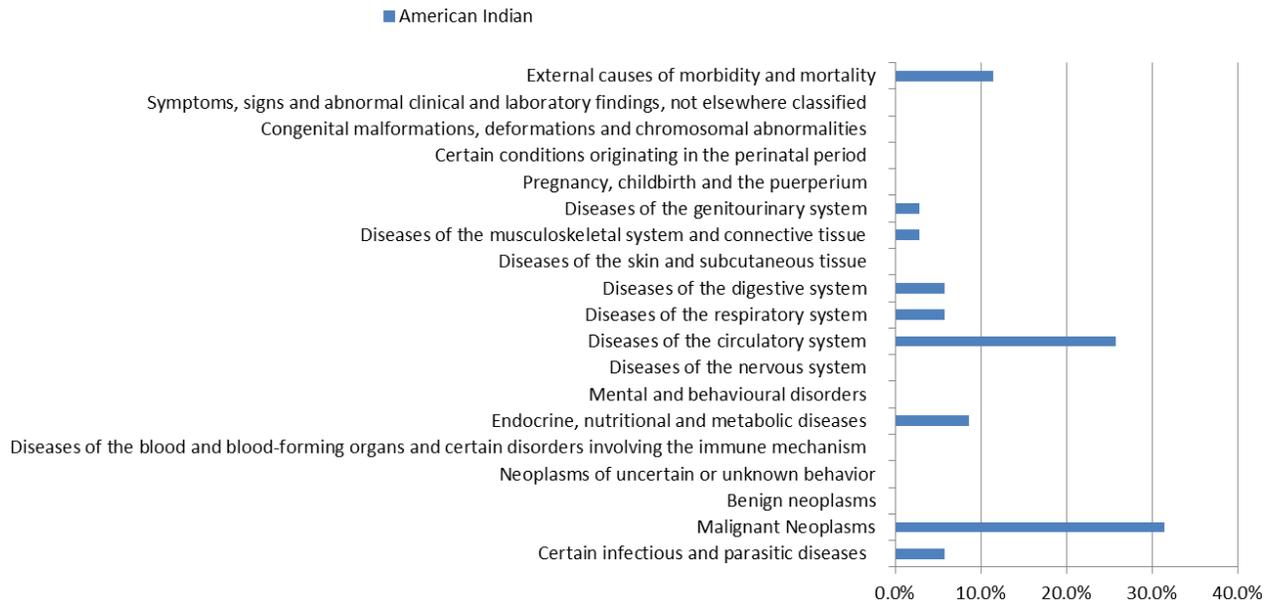
Causes of Death by Race



Between 2013 and 2017, external causes of morbidity and mortality accounted for the most deaths among African Americans – 7 out of 30 deaths (23.3%); significantly above the average of deaths caused by external causes of morbidity and mortality for all groups (9.5%). Malignant neoplasms and diseases of the circulatory system tied for second place at 20% (6 out of 30 deaths each). These were both below the average for all groups (24.5% and 25.8%, respectively).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

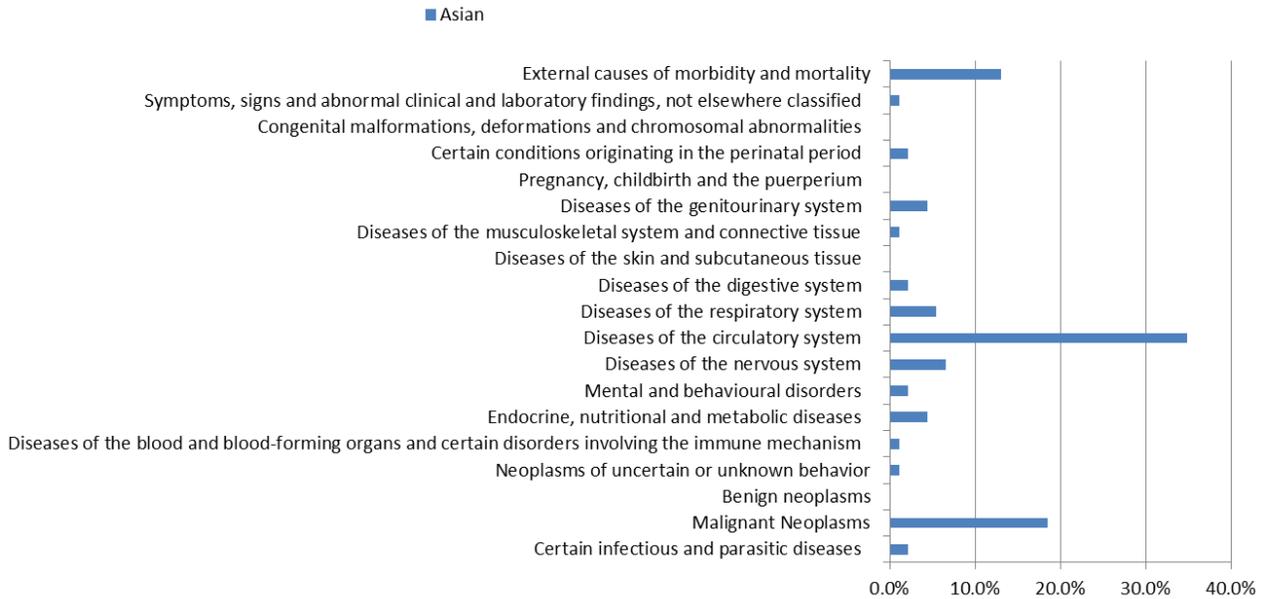
Causes of Death by Race



Between 2013 and 2017, malignant neoplasms accounted for most deaths among American Indians – 11 out of 35 deaths (31.4%); significantly above the average of deaths caused by malignant neoplasms for all groups (24.5%). Diseases of the circulatory system came in at second place with 9 out of 35 deaths (25.7%) – about the average among all groups (25.8%).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

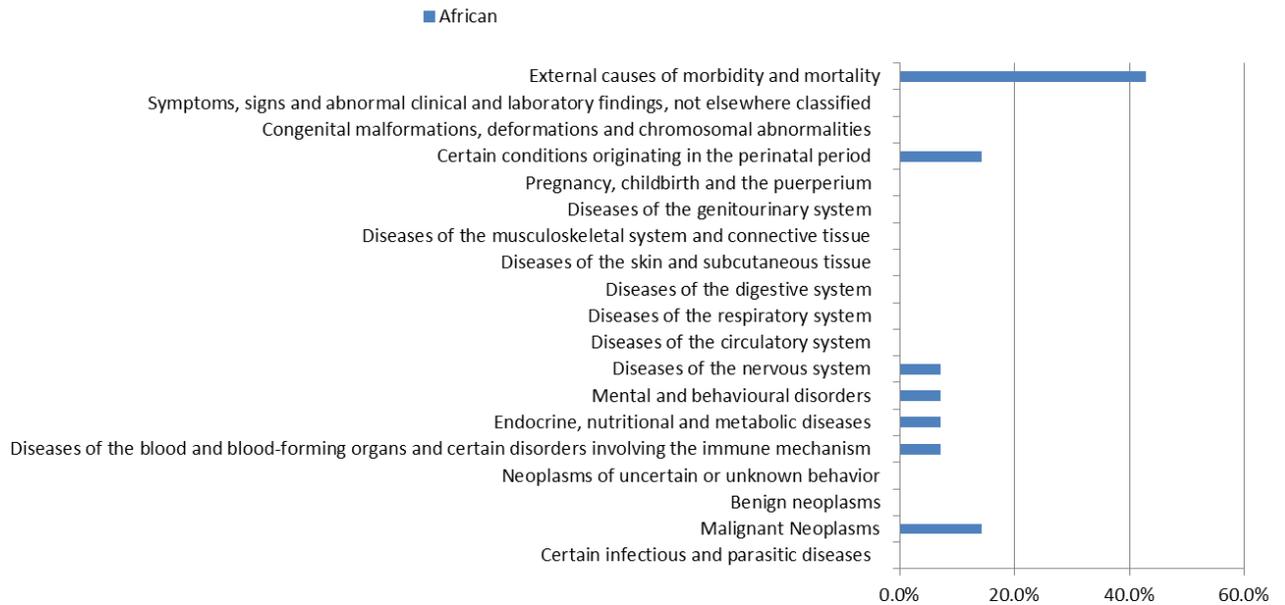
Causes of Death by Race



Between 2013 and 2017, diseases of the circulatory system accounted for the most deaths among Asian American people in Scott County i.e. 32 of the 92 deaths (34.8%) – significantly above the average of deaths caused by diseases of the circulatory system for all groups (25.8%). This was followed at a distant second by malignant neoplasms which accounted for 18.5% of the deaths among Asian American people (17 out 92 deaths) – significantly below the average for all groups (24.5%).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

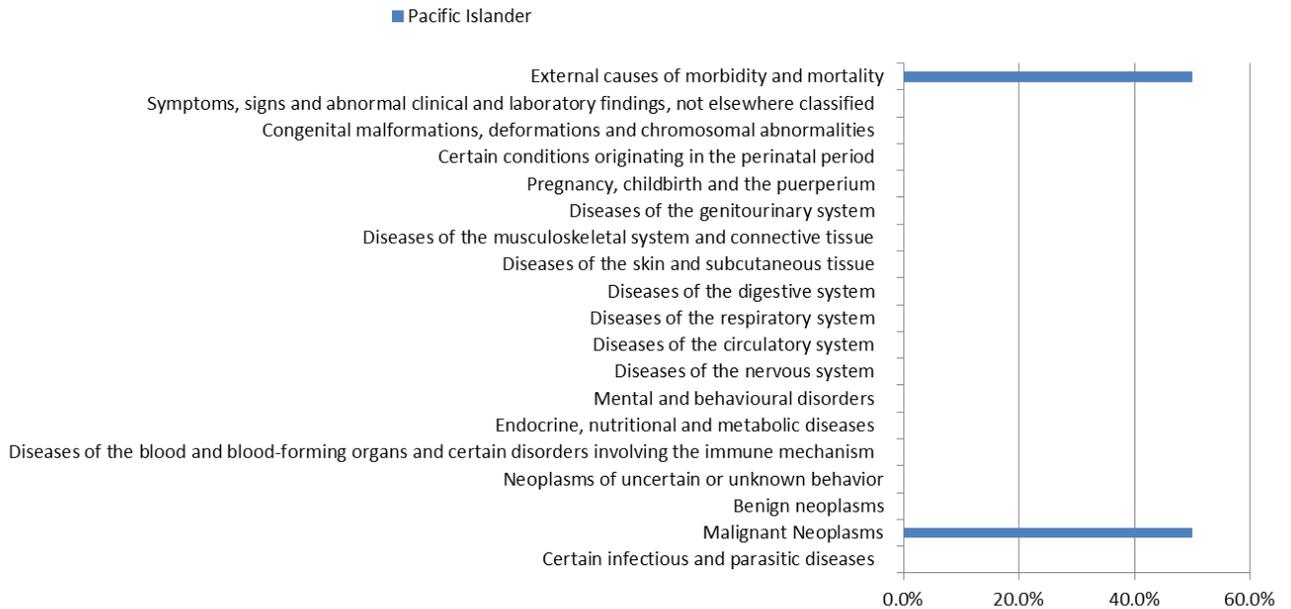
Causes of Death by Race



Between 2013 and 2017, external causes of morbidity and mortality accounted for the most deaths among Africans – 6 out of 14 deaths (42.9%); significantly above the average of deaths caused by external causes of morbidity and mortality for all groups (9.5%). Malignant neoplasms (significantly below the group average of 24.5%) and certain diseases originating in the neo-natal period (significantly above the group average of 0.5%) tied for second place at 14.3% (2 out of 14 deaths each).

SUMMARY OF CAUSES OF DEATH IN SCOTT COUNTY, MN [2013 - 2017]

Causes of Death by Race



Between 2013 and 2017, external causes of morbidity and mortality accounted for 50% of deaths among Pacific Islanders – 1 out of 2 deaths; significantly above the average of deaths caused by external causes of morbidity and mortality for all groups (9.5%). Malignant neoplasms accounted for the remaining 50% of the deaths among Pacific Islanders (1 out of 2 deaths) – significantly above the average for all groups (24.5%).

Healthy Living

9th Graders' Weight Overweight/Obese

2016

21.8%

2013: 21.2%

BMI ≥ 25

HP 2020 Goal: 16.1%

Adult Weight Obese

2016

64.8%

2010: 60%

BMI ≥ 25

HP 2020 Goal: 30.5%

9th Graders Physically Active

2016

55.9%

2013: 48.6%

Exercise 60 minutes daily ≥ 5 days/week

HM Goal: 89% girls 92% boys

Adults Physically Active

2014

65.6%

2010: 72.9%

Exercise 30 minutes 5+ days a week

HM 2020 Goal: 75%

9th Graders Healthy Eating

2016

7.6% Boys/5.2% Girls

2013: 5.7%/4.1%

5+ vegetables/fruit servings daily

HM 2020 Goal: 30%

Adults Healthy Eating

2016

28.5%

2010: 37.6%

5+ servings of fruits/vegetables

USDA Goal: 5+ day

Alcohol, Tobacco and Other Drugs

Alcohol Use Among 9th Graders

2016

24.9%

2013: 27.6%

Ever used alcohol

HP 2020 Goal: 17.3% (30 day)

Adult Binge Drinking

2016

31.7% Males
26.8% Females

MN 2011–2014: 31.7%

HM 2020 Goal: 15.5%

Tobacco Use Among 9th Graders

2016

7.7%

2013: 10.1%

Ever used tobacco

HP 2020: 21% 9–12th grade

Adult Current Smoking

2016

5.4%

2010: 12.4%

¹⁰⁸
HP 2020 Goal: 12%

Marijuana Use Among 9th Graders

2016

10.6%

2013: 13.7%

Ever used marijuana

HP 2020 Goal: 6% (30 day)

Adult use of Other Tobacco Products

2016

7.6%

2010: 11.9%

Past 12 month use of products such as cigars, chew, hookah and snuff

HP 2020 Goal: 2.3%

COPD Hospitalizations

2012—2014

17.1

2009-2011 18.1

MN 2012-2014: 15.8

Per 10,000, ages 25+, age adjusted

Heart Attack Hospitalizations

2011—2013

29.0

2008—2010: 31.7

MN 2011-2013 26.7

Per 10,000, ages 35+, age adjusted

Adults Told by a Health Care Provider: Diabetic

2016

4.6%

2010: 4.1%

MN 2013: 7.4%

Asthma Hospitalizations

2011—2013

5.7

2008—2010: 5.8

Minnesota: 2011-2013: 6.1

Per 10,000, age adjusted

Asthma: ER Visits

2011-2013

33.7

2008-2010: 35.9

Minnesota 2011-2013: 40.1

Per 10,000 age adjusted

Cardiovascular Disease Deaths

2013-2015

307

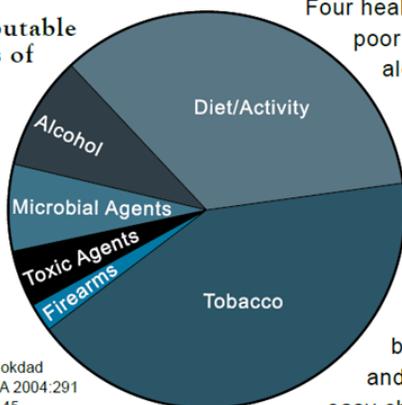
2012-2014: 296.7

MN 2013-2015: 319.7

Per 100,000 all genders all races

Many factors which influence health are modifiable

Attributable causes of death



Four health risk behaviors – lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption – are responsible for the development of many of the most prevalent chronic conditions. By one estimate, more than three-quarters of all deaths can be attributed to tobacco use, poor diet and physical inactivity. Preventing chronic diseases by modifying risk behaviors will ultimately help people live longer, healthier lives and keep health care costs down. Additional support can be provided by shaping policies, system changes and environments which make healthy choices the easy choices.

Source: Mokdad et al, JAMA 2004:291 (10):1238-45

Data Sources:

- CDC Interactive Atlas of Heart Disease and Stroke
- Healthy Minnesota 2020
- Healthy People 2020
- Metro SHAPE 2014 Adult Survey
- Minnesota Public Health Data Access
- 2016 Minnesota Student Survey

•PREVENT •PROMOTE •PROTECT



Snapshots on Scott County Youth: 2016 Minnesota Student Survey

The Minnesota Student Survey (MSS) is an anonymous voluntary survey conducted every three years. The MSS is a major source of information about the thoughts and experiences of Minnesota’s young people. The survey findings provide an in depth look at the overall attitudes, behaviors and wellness of our youth. Topics include: attitude towards school, activities, family and relationships, health and safety, mental health, substance use and sexual health. Topics include: attitude towards school, activities, family and relationships, health and safety, mental health, substance use and sexual health. In 2016, 85% of Minnesota school districts with nearly 169,000 students in regular public schools took the survey. In Scott County, 6,169 surveys were completed by 5th, 8th, 9th and 11th graders in all school districts in the county.

The survey findings provide an in depth look at the overall attitudes, behaviors and wellness of our youth. By identifying both positive findings and areas of concern, as a community we can better respond to the changing needs of our youth. Many of the trends revealed by the 2016 survey appear to be moving in the right direction, but some are not. Some indicators of emotional health problems appear to be dramatically increasing. Social and economic conditions continue to shape the health of young people, particularly students of color who are more likely to have worse outcomes for several health indicators. Some particular trouble spots for Scott County youth include substance use and mental health.

Health and safety are fundamental to students’ well-being and ability to learn and thrive. Engaged students perform better academically and supportive school environments and caring relationships can foster student motivation. The MSS data helps us to identify the issues that young people are facing so we can address them to strengthen student achievement.



Scott County Public Health
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 Office: 952.496.8555 Fax: 952.496.8016
 Scottcountymn.gov



Minnesota Student Survey Responses from 9th grade students in Scott County, MN

		2013	2016	Δ	MN '16 [†]
Alcohol	During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? One or more.	14.6%	13.5%	2	11.0%
	If you drink beer/wine/wine coolers/liquor, generally, how much (if any) do you drink at one time? One or more glasses/cans/drinks.	20.5%	17.2%	2	16.0%
Tobacco	During the last 30 days, on how many days did you smoke a cigarette? One or more.	7.8%	5.6%	2	4.0%
	During the last 30 days, on how many days did you smoke cigars, cigarillos or little cigars? One or more.	4.1%	3.0%	2	2.0%
	During the last 30 days, on how many days did you use chewing tobacco, snuff or dip? One or more.	3.1%	1.9%	1	2.0%
Nutrition	During the last 7 days, how many times did you eat fruit? Zero.	7.2%	6.5%	1	7.0%
	During the last 7 days, how many times did you eat green salad, potatoes, carrots or other vegetables (Do not count French fries, fried potatoes, or potato chips)? Zero.	9.4%	10.9%	1	11.0%
	During the last 7 days, how many times did you eat from a fast food restaurant, including carry-out or delivery? One or more.	70.4%	71.3%	2	71.0%
General Health	Weight status: Overweight or obese by BMI.	21.2%	21.8%	1	24.0%
Self Description	I feel in control of my life and future. Not at all or rarely.	4.4%	7.7%	1	6.0%
	I feel good about myself. Not at all or rarely.	6.9%	9.8%	2	8.0%
	I feel good about my future. Not at all or rarely.	5.6%	7.7%	2	6.0%
Self Inflicted Injury; Suicidal Thoughts and Suicidal Behavior	During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose? One or more times.	6.9%	19.2%	2	16.0%
	Have you ever seriously considered attempting suicide? Yes, during the last year.	12.0%	14.2%	2	12.0%
	Have you ever seriously considered attempting suicide? Yes, more than a year ago.	8.8%	11.8%	1	11.0%
	Have you ever actually attempted suicide? Yes, during the last year.	3.8%	5.0%	2	4.0%
	Have you ever actually attempted suicide? Yes, more than a year ago.	3.5%	4.5%	2	4.0%
Use of Marijuana and Prescription Drugs	During the last 30 days, on how many days did you use prescription drugs not prescribed for you? One or more.	5.5%	3.9%	1	4.0%
	During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Exclude medical marijuana prescribed for you by a doctor.) One or more.	-	10.3%	2	7.0%
Perception of Risk/Harm	How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day? No risk.	38.8%	37.0%	2	22.0%
	How much do you think people risk harming themselves physically or in other ways if they have 5 or more drinks of an alcoholic beverage once or twice per week? No risk.	53.9%	56.0%	2	28.0%
	How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice per week? No risk.	56.0%	62.1%	2	40.0%
	How much do you think people risk harming themselves physically or in other ways if they use prescription drugs not prescribed for them? No risk.	39.4%	43.2%	2	21.0%
Vehicle Safety	When driving a car, do you make or answer a phone call? Yes.	41.0%	37.4%	2	34.0%
	When driving a car, do you send or read text messages or emails? Yes.	-	30.0%	1	34.0%

Δ - Change 2 Better 1 Same 2 Worse ● No comparison 1 County better 2 State better

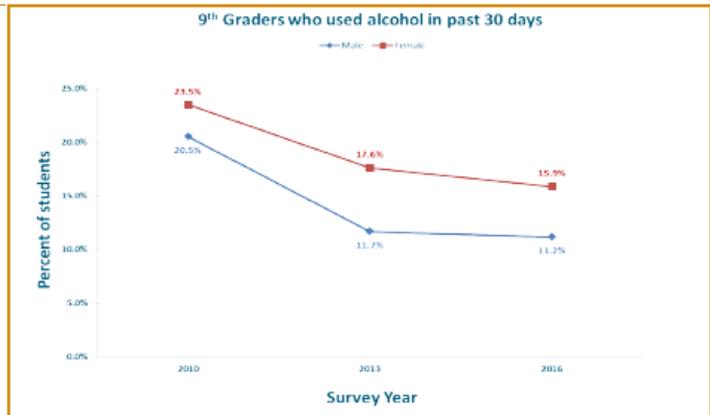
Information in this publication includes Minnesota Student Survey data from 2010, 2013 and 2016. Student participation is voluntary. Ninth-grade data is used to monitor trends because these students historically have a high response rate and have been surveyed consistently across all years. One question sometimes raised about student surveys is whether students’ responses are honest and accurate. Researchers use a variety of data analysis techniques to examine the accuracy of anonymous surveys and these were applied to the student survey as well. Additionally, results are consistent over time with state and National trends. Survey results provide information about youth assets and risk behaviors and can be used as a tool for initiating conversation about youth health.

ALCOHOL USE



While there has been a general decline in the proportion of male and female students who used alcohol in the 30 days preceding the survey, this change was much less pronounced between the years 2013 and 2016. The

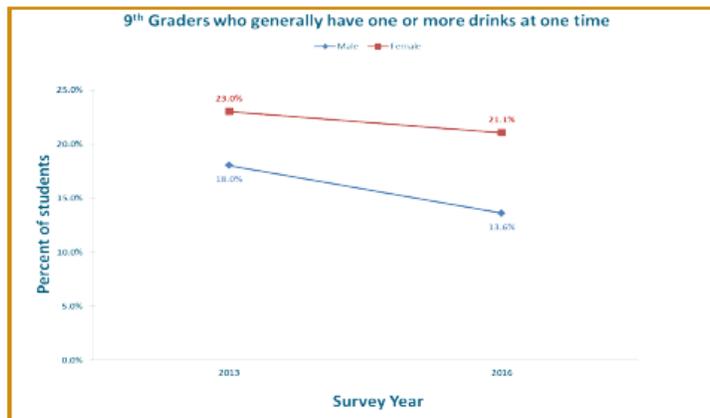
proportion of females was also greater than that of males by a few percentage points for each of the three survey years.



Female students fared worse than their male counterparts in binge drinking. Both these student groups improved from 2013 to 2016 though the reduction in the proportion of binge drinkers was greater in males.

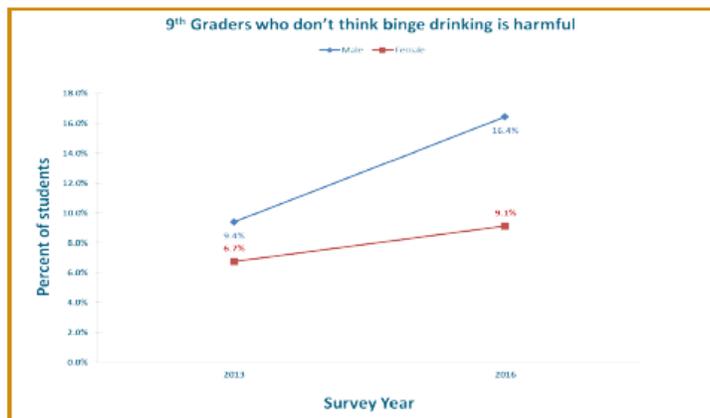


Additionally, although seeing a decrease since 2010, 15.9% of 11th grade girls and 11.2% 11th grade boys report drinking one or more drinks in the past 30 days (not shown).



In general, less female students than male students think that binge drinking is harmless. From 2013 to 2016, there was an increase in the proportion of students holding the view that binge drinking was harmless

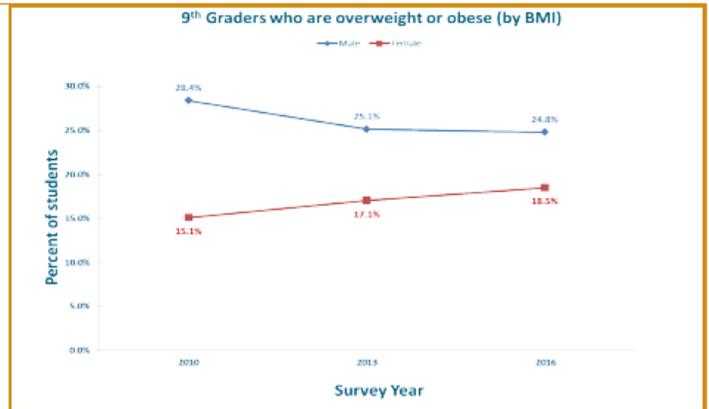
and this increase was steeper in the male students. Also, In 2016, 15% of 11th graders reported binge drinking in the past 30 days, where they had five or more drinks in a row within a couple of hours (not shown).



HEALTHY EATING

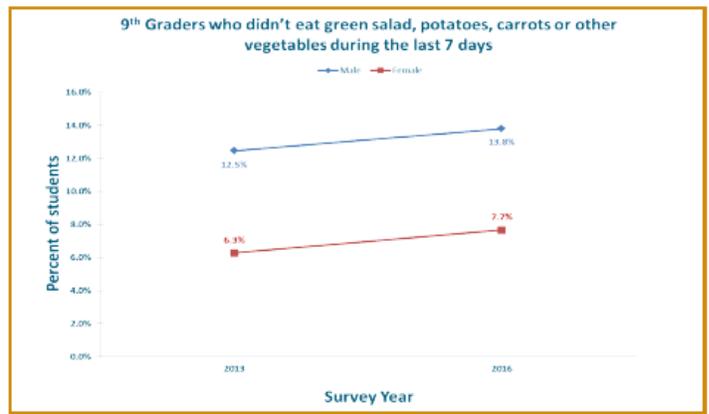


Overweight/obese weight status is more prevalent in male students as opposed to female students. However, the proportion of overweight/obese male students has decreased each of the three survey years with the 2010–2013 change being more dramatic than the 2013–2016 change. On the other hand, there is fairly consistent upward trend in overweight/obese weight status in female students.

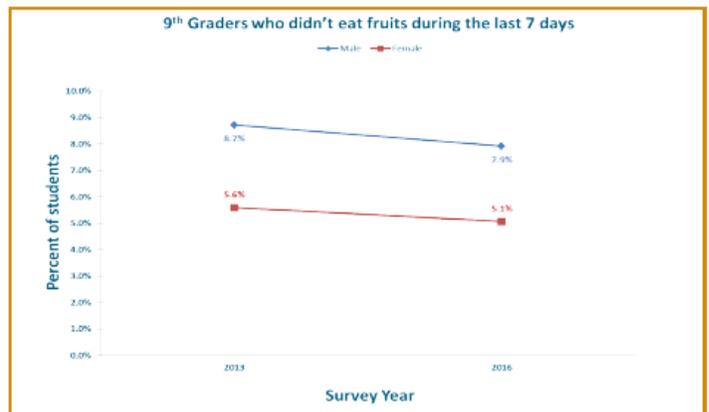


On average, approximately twice as many male students reported not having eaten green salad, potatoes, carrots or other vegetables the week before taking the survey.

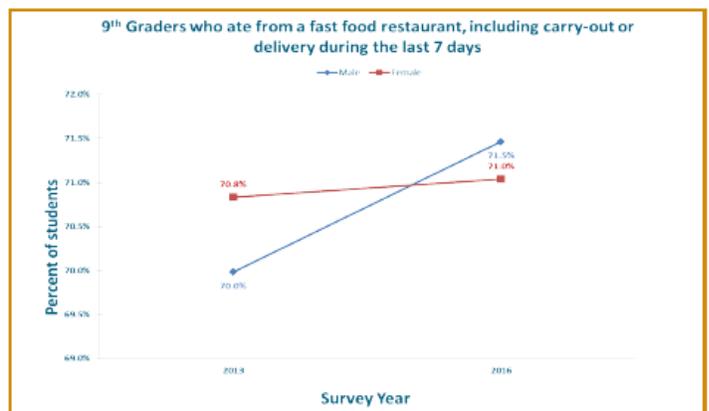
Both male and female students were better off in 2013 than in 2016 with respect to this nutrition-based behavior.



Students generally fared better with fruit consumption than with vegetable consumption. The gap between male and female students is also narrower and there was a drop from 2013 to 2016 in the proportion of students reporting having gone 7 days without consuming fruits. This is true for both male and female students.



The proportion of students who reported eating food from a fast food restaurant within the 7 days prior to taking the survey is quite high for both males and females. Both these groups increased slightly from 2013 to 2016 though the increase among male students was slightly higher.



MENTAL HEALTH (SUICIDE)



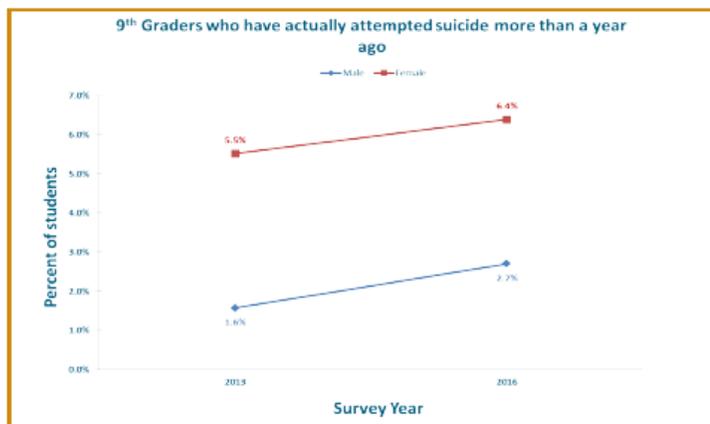
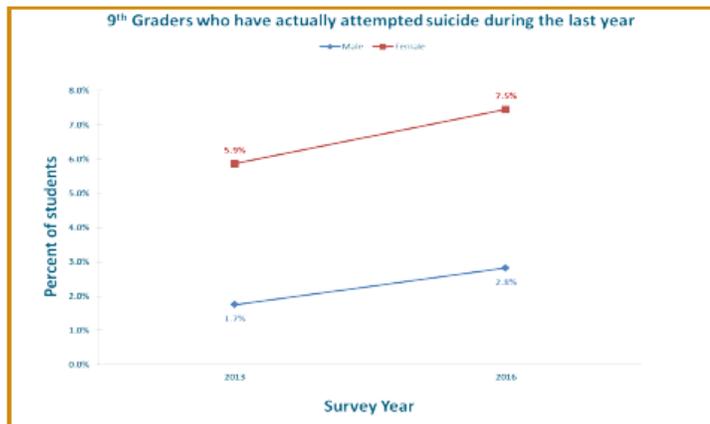
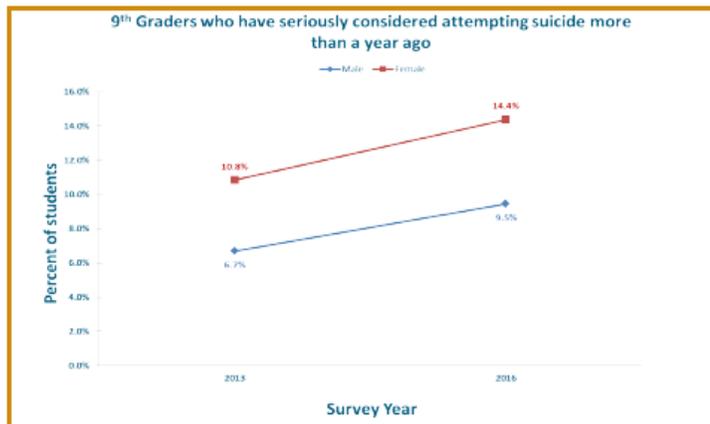
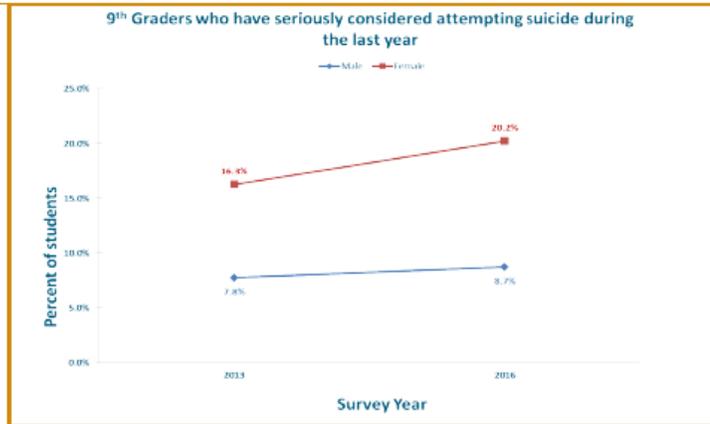
Between 2013 and 2016, the proportions of male and female students who seriously considered attempting suicide during the last year or

more than a year before the survey increased. The proportion of female students was higher in both time frames and this difference was even more pronounced for the group that attempted suicide within the year preceding the survey.

Additionally, The percentage of 11th grade girls who said they seriously considered committing suicide in the past year nearly doubled from 8% in 2013 to 15% in 2016 (not shown).

The percentage of 9th grade students who reported long-term mental health, behavioral or emotional problems (lasting six months or more) rose from 9% in boys and 14% in girls in 2013 to 12% of boys and 27% of girls in 2016. Similar increases were seen in other grades (not shown).

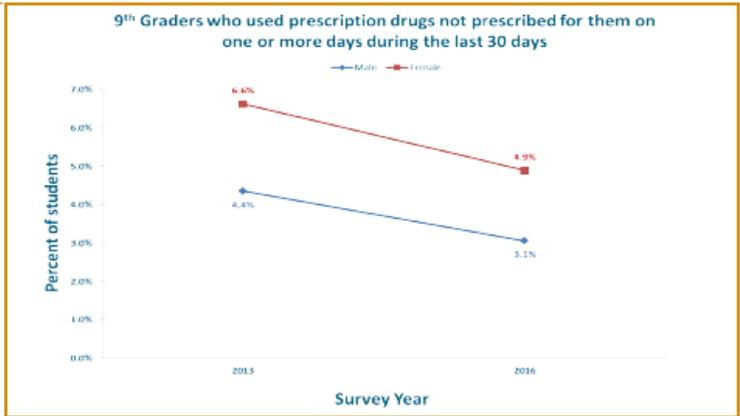
The proportions of students who actually committed suicide (whether within the year preceding the survey or earlier) were less than those of students who seriously considered suicide within the specified time frames. There was an upward trend for both male and female students between 2013 and 2016 though the proportions were higher for the female students.



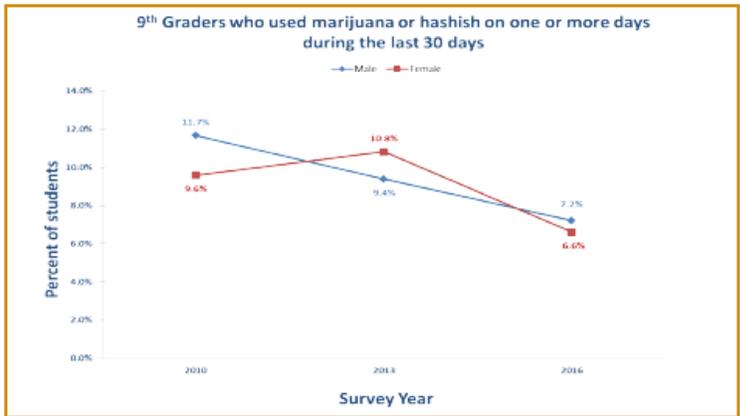
SUBSTANCE USE



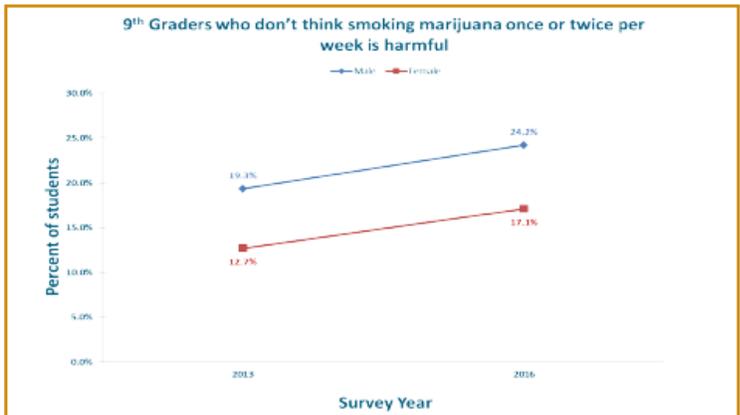
Use of non-prescribed prescription drugs decreased for both male and female students from 2013 to 2016. The proportion of female students in this category was more than that of the male students. Both, however, were low.



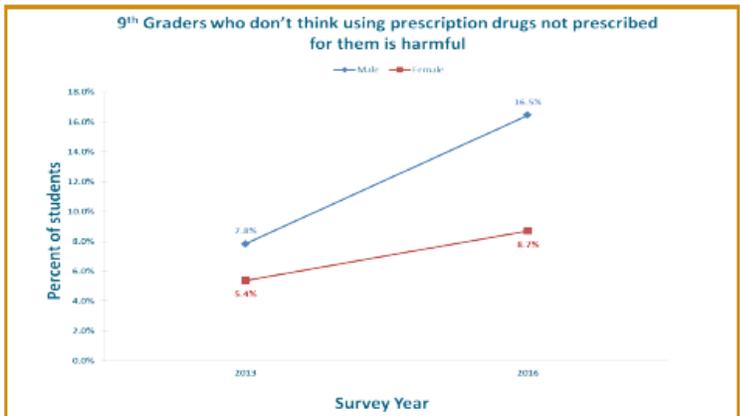
Use of marijuana by male students decreased with each successive survey from 2013 to 2016. For female students, the proportion increased during 2013 and then went down again in 2016. Overall all grades, 10.3% responded they have used marijuana or hashish, which exceeds the state rate of 7%. Additionally, 7% of students who have used reported that they were 10 or younger when they first tried marijuana or hashish (not shown).



Significantly more male students think smoking marijuana once or twice a week is harmless. However, the proportions of both male and female students holding this view increased from 2013 to 2016.

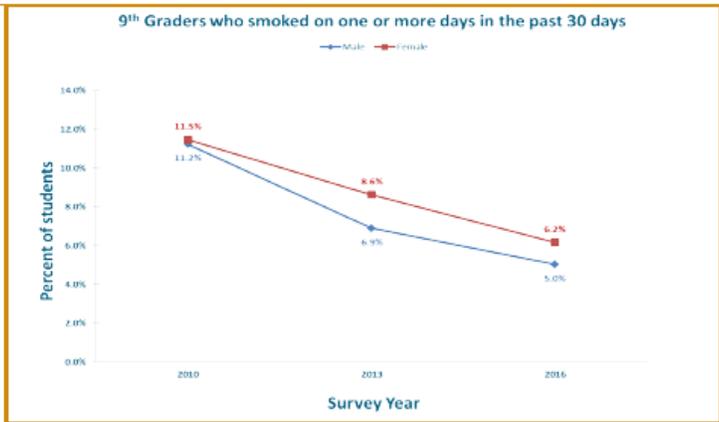


Between 2013 and 2016, the proportions of both male and female students who don't think using unprescribed prescription drugs are harmless increased. The increase in the proportion for male students was steeper than that of female students.

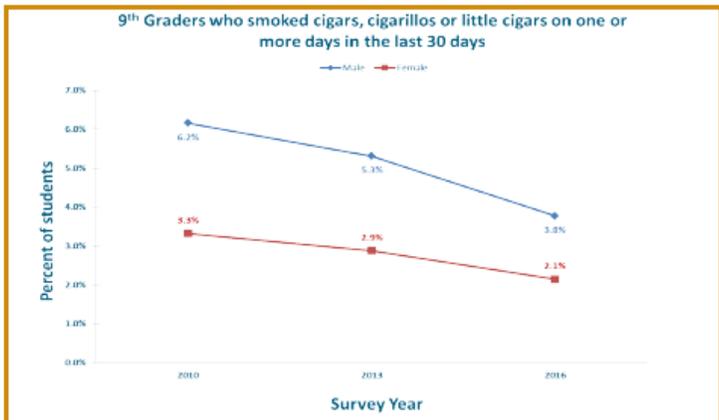




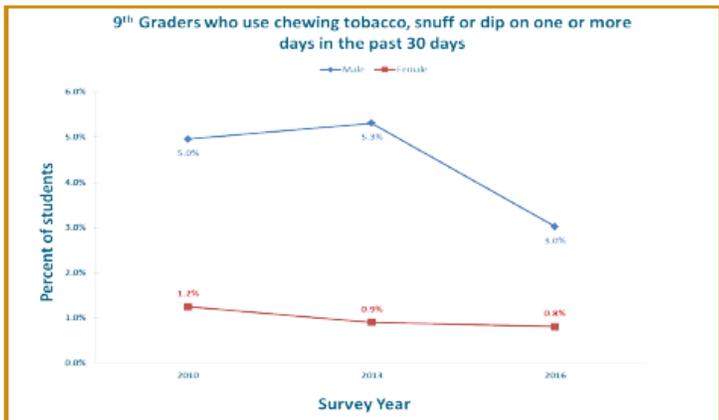
Smoking one or more days in the 30 days preceding the survey was more prevalent in female students. The proportions, however, decreased through each consecutive survey year though the decline was steeper between 2010 and 2013.



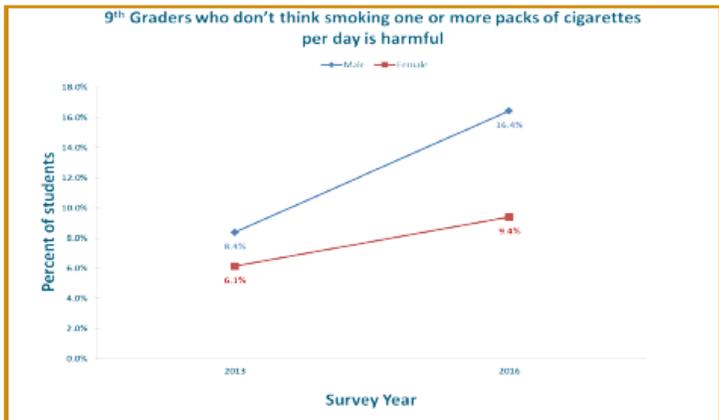
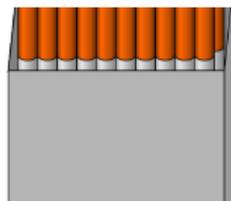
A higher percentage of male students smoked cigars, cigarillos or little cigars on one or more days in the 30 days preceding the survey. The proportion decreased through each consecutive survey year though the decline was steeper for male students between 2010 and 2013 as well as 2013 and 2016.



The proportion of male students who used chewing tobacco, snuff or dip on or more times in the 30 days preceding the survey was significantly higher than that of female students. There is a general downward trend in this measure from 2010 to 2016.



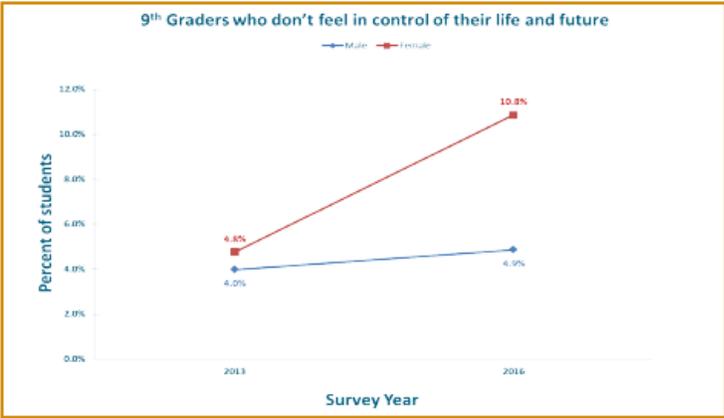
The proportion of male and female students who believe smoking one or more packs of cigarettes per day is harmless increased from 2013 to 2016. This proportion is higher for males with twice as many students holding this view in 2016 as did in 2013.



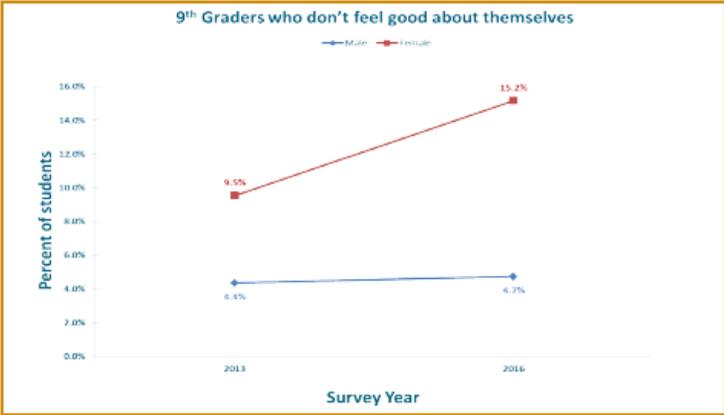
MENTAL HEALTH (GENERAL)



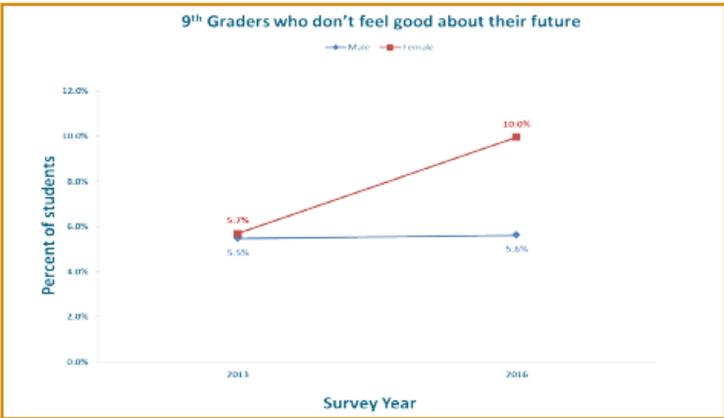
Between 2013 and 2016, there was an increase in the proportions of both male and female students who don't feel in control of their life and future. This increase was far more dramatic in female students. The proportion of female students who don't feel in control of their life and future was also greater than that of male students.



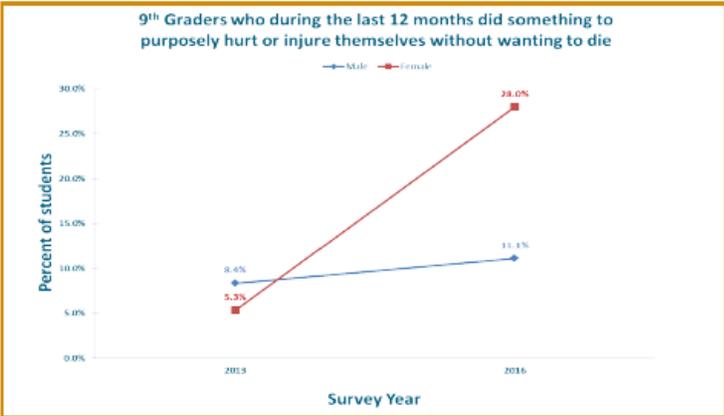
More female students don't feel good about themselves as compared to male students. This measure was also higher in 2016 than it was in 2013. The change in the proportion of male students who don't feel good about themselves was negligible though it was higher by approximately 50% in female students from 2013 to 2016.



While the proportion of male students who don't feel good about their future remained fairly constant between 2013 and 2016, that of female students expressing the same sentiment almost doubled in the same time frame.



Between 2013 and 2016, the proportions of both male and female students who reported doing something to purposely hurt or injure themselves 12 months prior to the surveys, without wanting to die, increased. However, the increase was far more dramatic in female students whose proportion increased by a factor of approximately 5.



SMOKING



Annually in the U.S., smoking causes 1 of every 5 deaths. A single cigarette contains over 4,800 chemicals, 69 of which are known carcinogens.

Everyday in the U.S., nearly 4000 teens smoke their first cigarette while 1,000 start smoking on a daily basis. The average smoker in the U.S. between \$1,500 and \$3,300 on smoking annually.

BACKGROUND

Smoking is the inhalation of the **smoke** of burning **tobacco** that is used mostly in three forms: cigarettes, pipes, and cigars.

WHY IT'S IMPORTANT

Tobacco use is the largest preventable cause of death and disease in the United States. It causes cancer, heart disease, stroke, lung diseases, and negative reproductive effects among other problems. Each year, approximately 480,000 Americans die from tobacco-related illnesses. Further, more than 16 million Americans suffer from at least one disease caused by smoking. Smoking-related illness in the United States costs more than \$300 billion each year, including nearly \$170 billion for direct medical care for adults and more than \$156 billion in lost productivity.

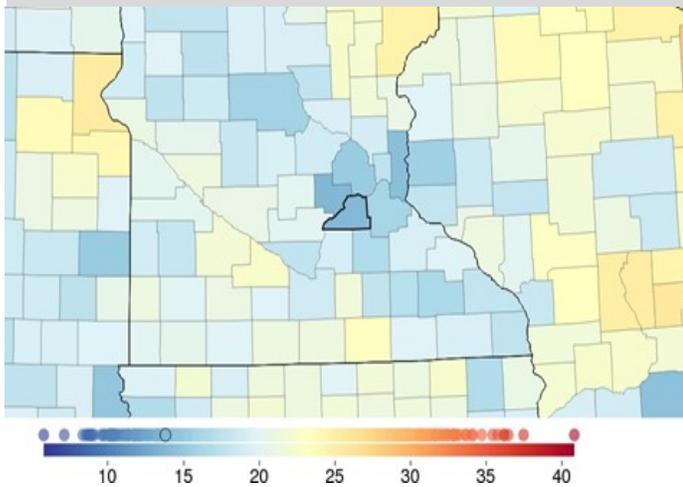
HOW WE ARE DOING

In 2014, the prevalence of smoking among adults in Scott County is 13%, just under the statewide prevalence which stands at 15%. Scott County is among the bottom performers (10th percentile) nationwide with respect to this measure which contributes significantly to the overall ranking of the county.

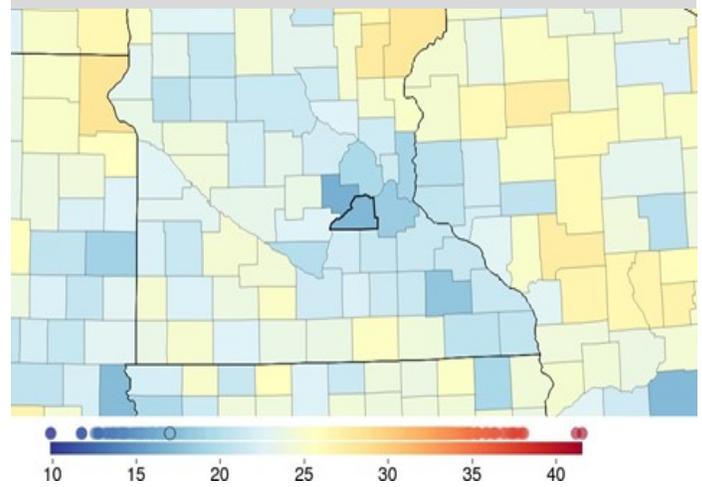
The proportion of Scott County students reporting the usage of any tobacco products in the 2016 Minnesota Student Survey increased from those of the 2013 Minnesota Student Survey for 9th graders (both males and females) and 11th grade females. There were however slight decreases among all 8th graders as well as 11th grade female students.

Between 2013 and 2016, Scott County students, there was an increase in the proportion of 9th grade students reporting usage of cigarettes, cigars, smokeless tobacco) in the 30 days preceding the administration of survey while a decrease was observed among 11th grade students. The proportion of students reporting usage of e-cigarettes and hookah in the 30 days preceding the administration of the survey increased among female students in both 9th and 11th grades. There was however a decrease in the proportion of male students in both 9th and 11th grades.

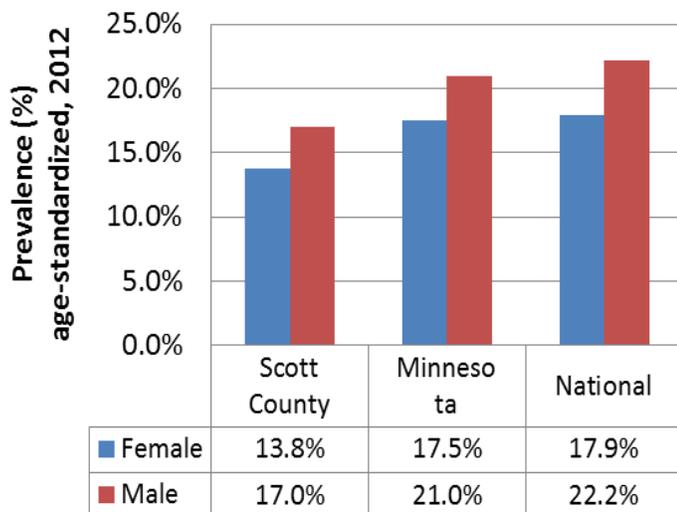
Female smoking, 2012



Male smoking, 2012



Smoking

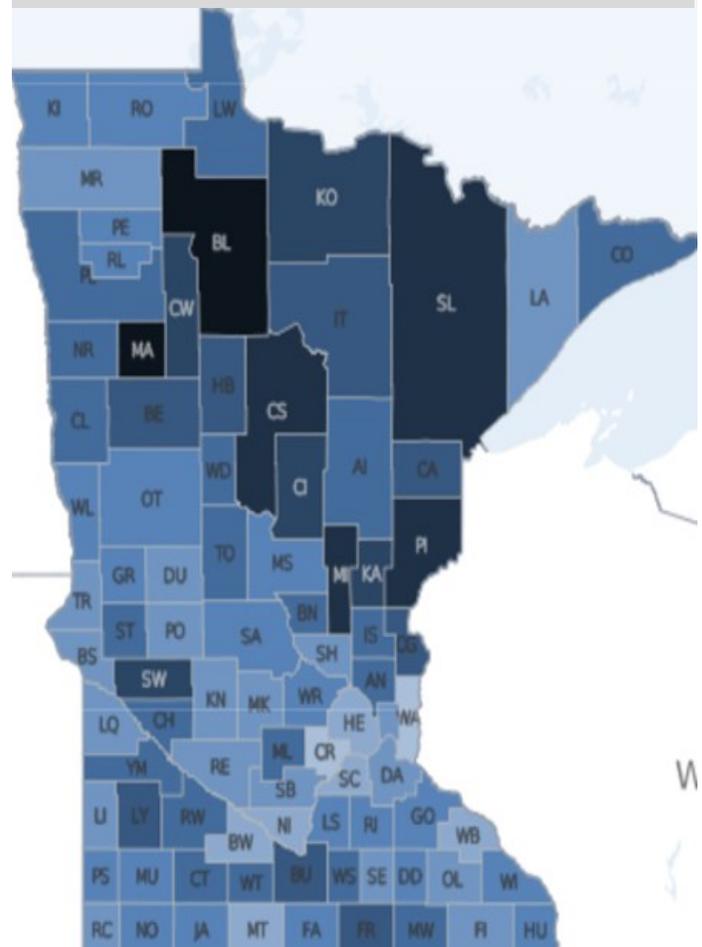


In 2012, smoking was consistently more prevalent among males than in females in Scott County, statewide, and nationally. However, in the period 1980—2014, the prevalence of smoking has generally fallen for both males (27.6%) and females (33.7%) in Scott County. In 2012, Scott County was ranked 80 out of 3142 counties for prevalence of male smoking and women fared worse (126 of 3142).

SOURCE:

[2015 County Report](#)

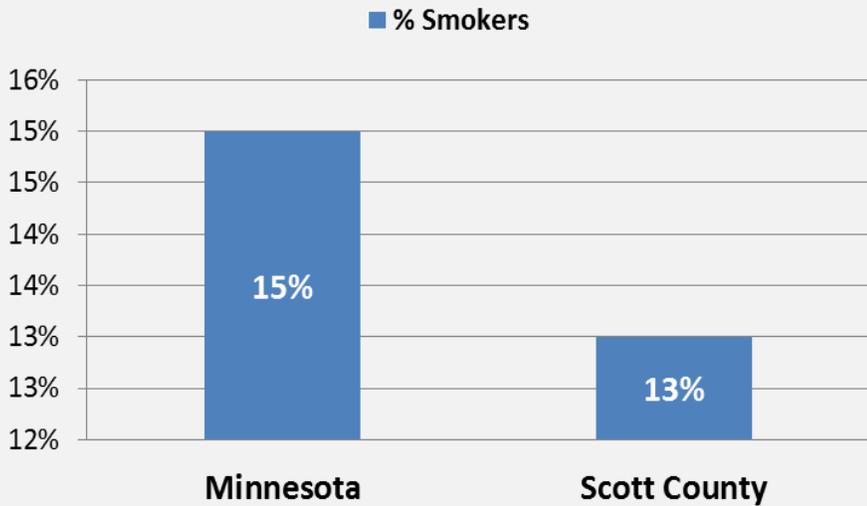
Adult Smoking in Minnesota



SOURCE:

[County Health Rankings](#)

Percentage of Adult Smokers

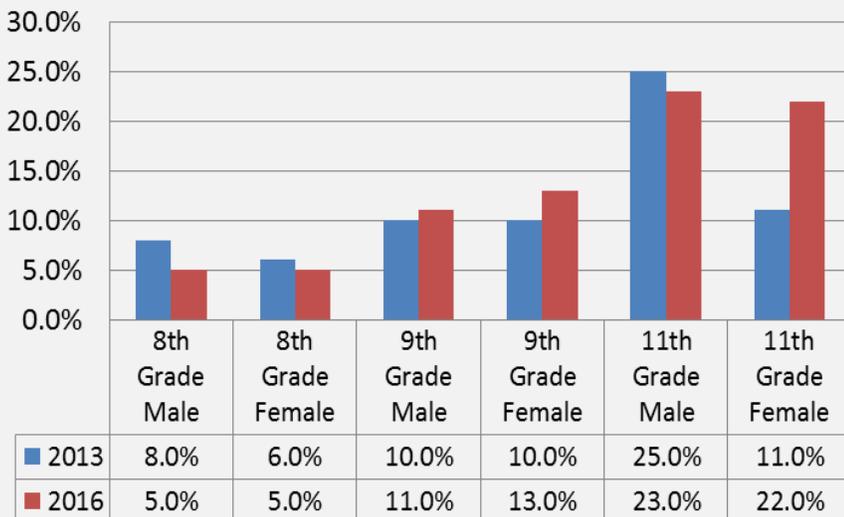


Prevalence of smoking among adults is slightly lower for Scott County (13%) than the prevalence among all adults in the state of Minnesota. Scott County is among the better performing counties in the State of Minnesota as shown in the **ADULT SMOKING** map in the opposing page.

SOURCE:

[County Health Rankings](#)

Any Tobacco Use



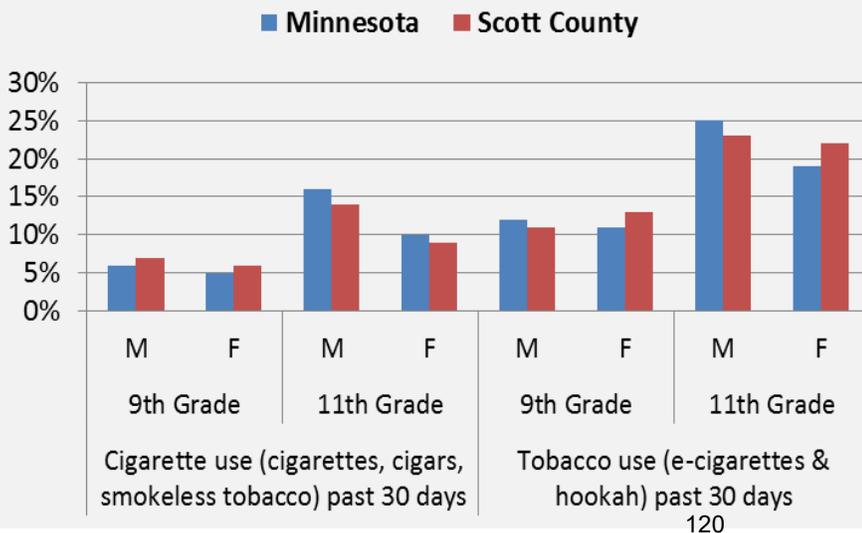
Any Tobacco Use:

Between 2013 and 2016, tobacco use dropped among both male and female 8TH graders as well as male 11TH grade students. In the same period, tobacco use increased among both male and female 9TH graders as well as female 11TH grade students.

Cigarette and Tobacco Use:

In 2016, cigarette use was slightly higher among Scott County 9TH graders than the average statewide rate. However, Scott County performed slightly better than the state average among 11TH graders. For tobacco use, the rate among Scott County male 9TH and 11TH graders was slightly lower than the state average while it was higher for Scott County female students in both 9TH and 11TH grades.

Cigarette and Tobacco Use



SOURCE:

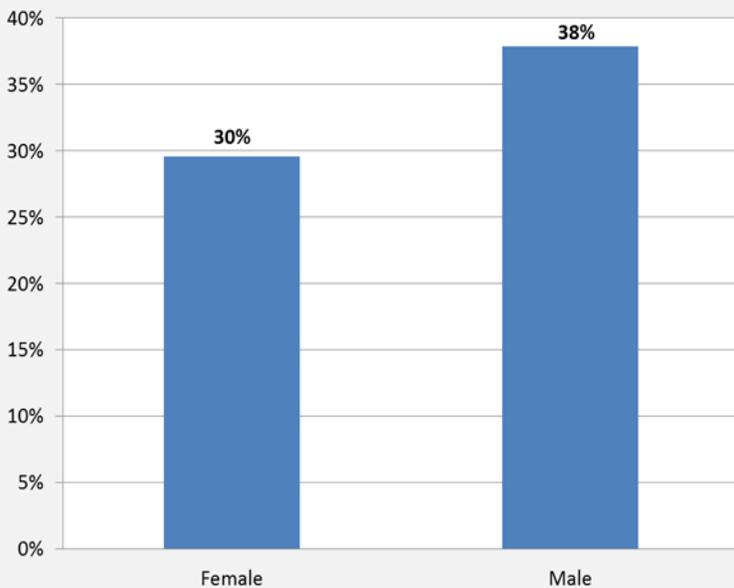
[Minnesota Student Survey](#)

COMMUNITY VIEWS

In 2018, Public Health collaborated with community partners to create a one-page survey to identify the top 3 issues affecting health and collect basic demographic information of respondents. The survey was available in both English and Spanish, and was completed at numerous community events and businesses throughout the county. This extensive effort between July and September 2018 resulted in the completion of 1125 surveys. These charts illustrate the data for **SMOKING** by gender, age, race/ethnicity, and income. This data enhances the understanding of our population and lays the groundwork for identifying differences and implementing actions to improve the quality of health.

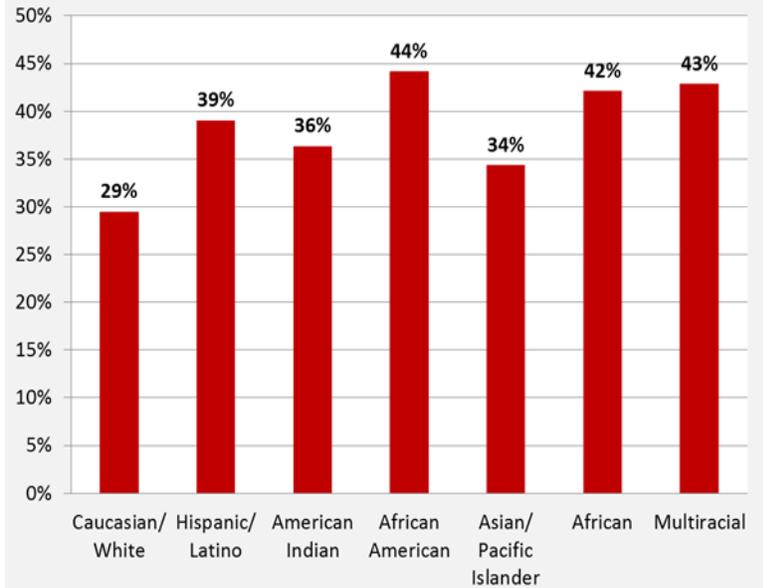
Percent concerned by Gender

■ Smoking



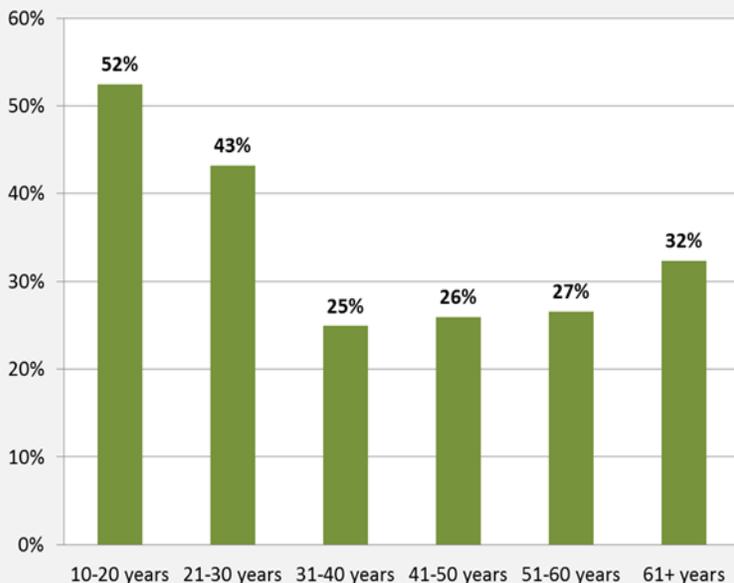
Percent concerned by Race

■ Smoking



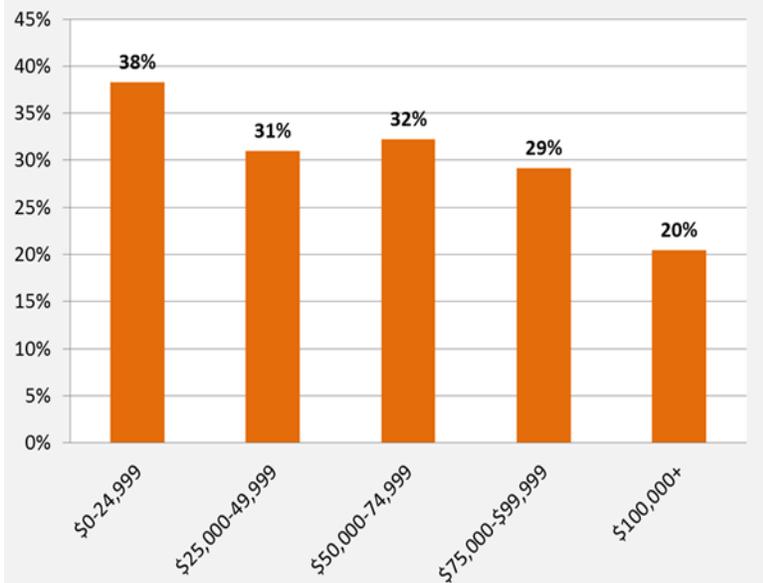
Percent concerned by Age

■ Smoking



Percent concerned by Income

■ Smoking



DIABETES



More than 30 million people in the United States have diabetes, and 1 in 4 of them don't know they have it.

More than 84 million US adults — over a third— have prediabetes, and 90% of them don't know they have it.

BACKGROUND

Diabetes is a chronic condition associated with abnormally high levels of sugar (glucose) in the blood. Insulin produced by the pancreas lowers blood glucose. Absence or insufficient production of insulin, or an inability of the body to properly use insulin causes diabetes.

WHY IT'S IMPORTANT

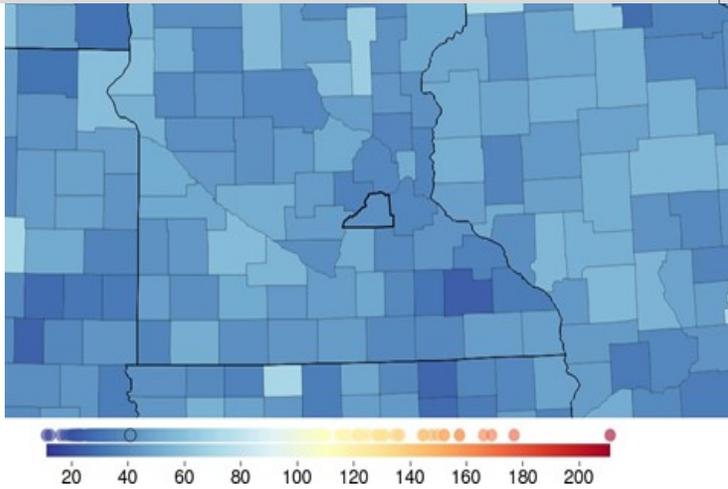
Affects an estimated 30 million people in the United States and is the 7th leading cause of death. It increases the all-cause mortality rate 1.8 times compared to persons without diagnosed diabetes and also increases the risk of heart attack by 1.8 times. Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The estimated total financial cost of DM (including the costs of medical care, disability, and premature death) in the United States increased from \$245B in 2012 to \$327B in 2017.

HOW WE ARE DOING

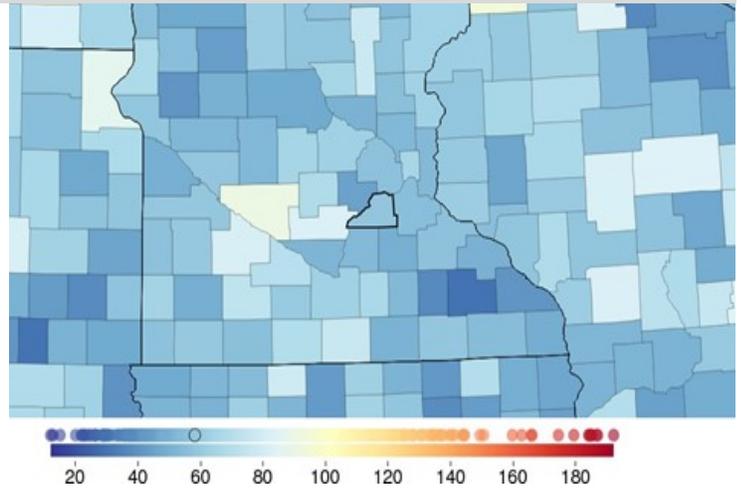
With 92% of diabetics receiving the HbA1c test in 2014, Scott County is among the top performers nationwide (90th percentile). This is better than the average for the State of Minnesota (88%). The prevalence of diabetes, as determined by the percentage of adults diagnosed with diabetes was 6% for Scott County, just under the 8% for the State of Minnesota. Between 2004 and 2013, the prevalence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general increase between 2004 and 2011 after which the prevalence fell for Scott County. Between 2004 and 2013, the incidence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general decrease between 2004 and 2007 after which it increased until 2011 before resuming the downward trend.

Diabetes, urogenital, blood, and endocrine diseases mortality (2012)

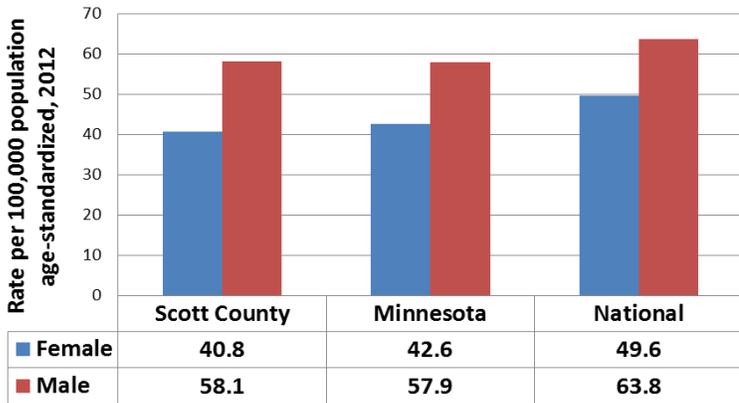
Female



Male



Diabetes, urogenital, blood, and endocrine diseases mortality

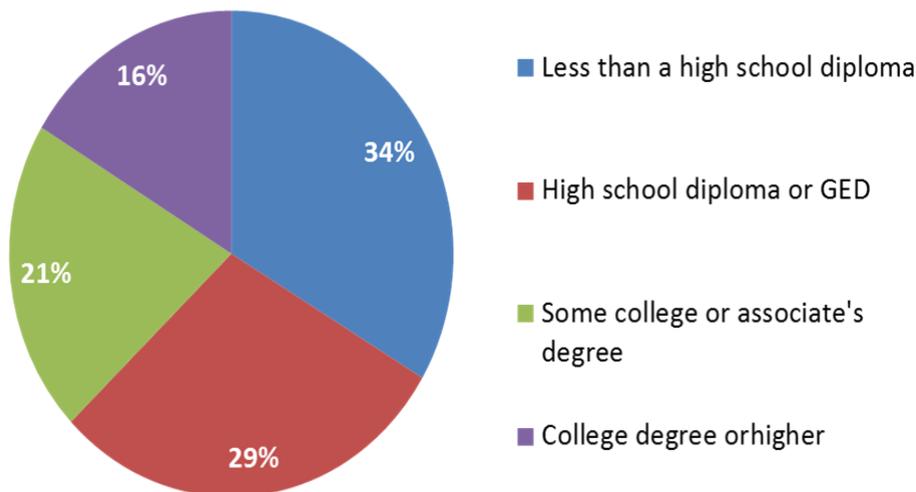


In 2012, diabetes, urogenital, blood, and endocrine diseases mortality was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980–2014, the mortality rate decreased generally for both males (19.7%) and females (10.7%) in Scott County. In 2012, Scott County was ranked 466 out of 3142 counties for and 877 of 3142 for males.

SOURCE:

[2015 County Report](#)

% of adults (18+) diagnosed with diabetes

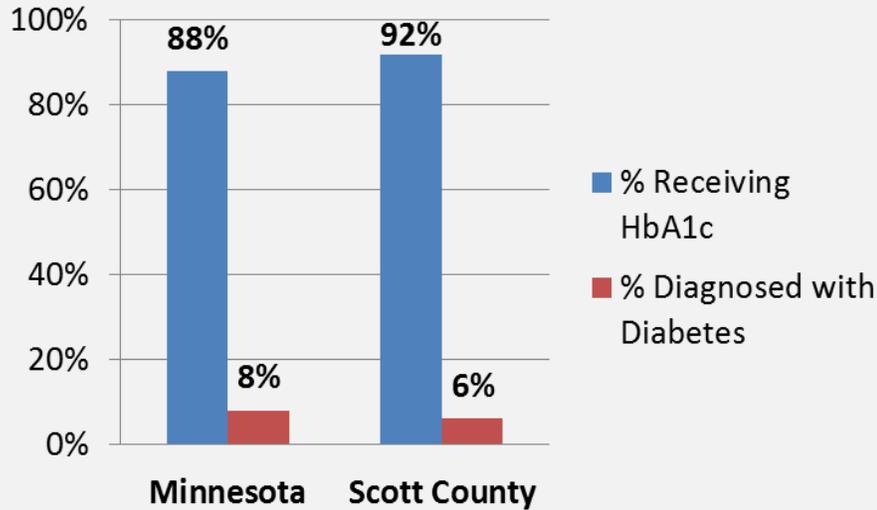


The chart on the left shows the proportion of adults aged 18 years and above diagnosed with diabetes. The general trend shows a decrease in diabetes prevalence as the level of education increases.

SOURCE:

[County Health Rankings](#)

Diabetes Monitoring



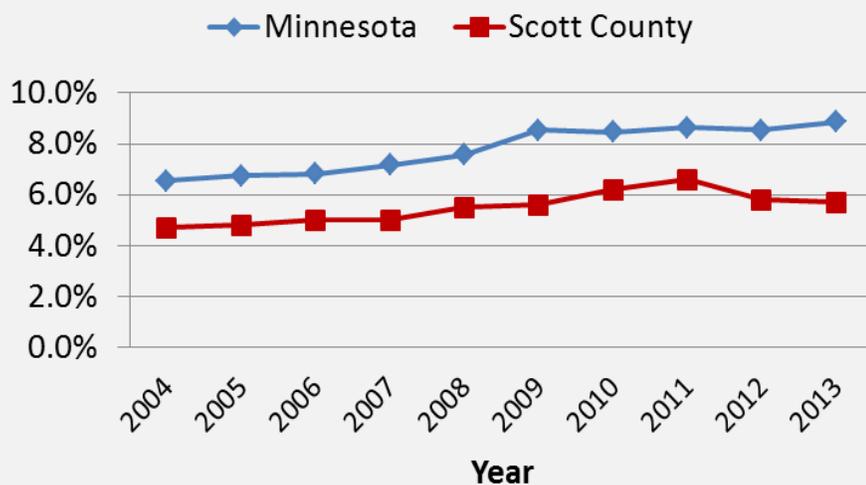
Diabetes Monitoring

The HbA1c test tells one's average level of blood sugar over the past 2 -3 months and is required regularly to monitor the blood sugar level of diabetics. With 92% of diabetics receiving the HbA1c test in 2014, Scott County is among the top performers nationwide.

SOURCE:

[County Health Rankings](#)

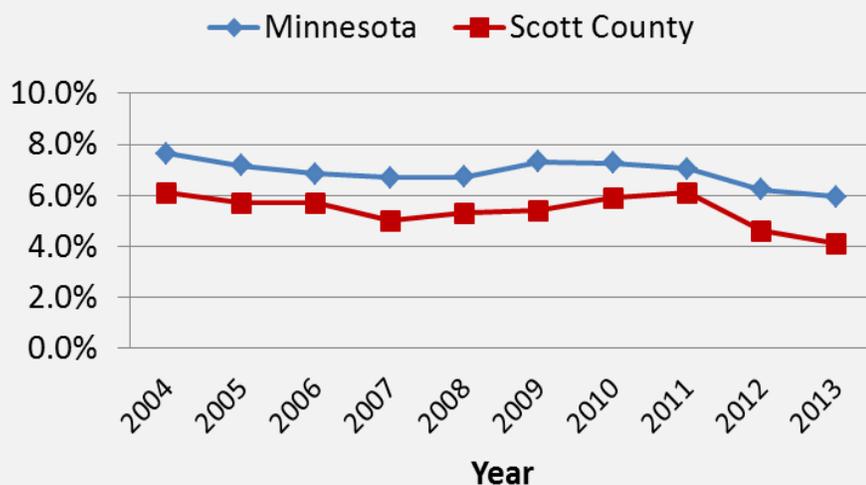
Diagnosed Diabetes Prevalence



Diagnosed Diabetes Prevalence

Between the years 2004 and 2013, the prevalence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general increase between 2004 and 2011 after which the prevalence fell for Scott County.

Diagnosed Diabetes Incidence



Diagnosed Diabetes Incidence

Between the years 2004 and 2013, the incidence of diagnosed diabetes in Scott County was consistently below the state average for the same period. There was a general decrease between 2004 and 2007 after which it increased until 2011 before resuming the downward trend.

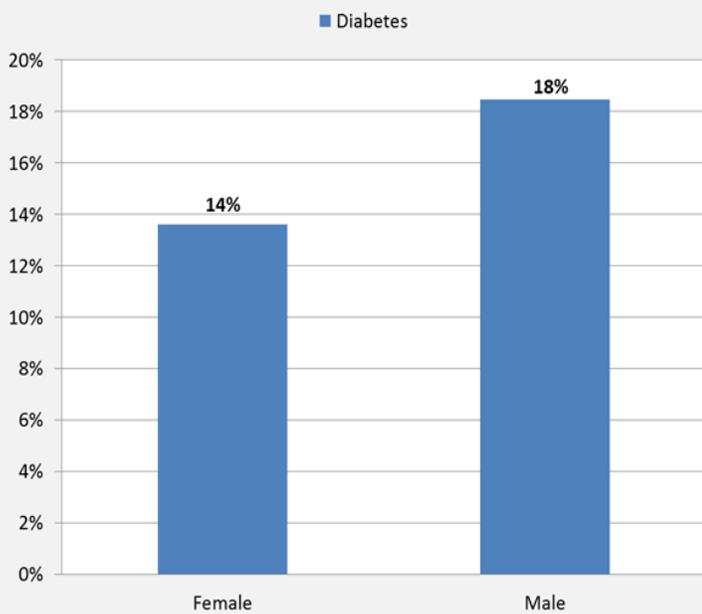
SOURCE:

[Centers for Disease Control and](#)

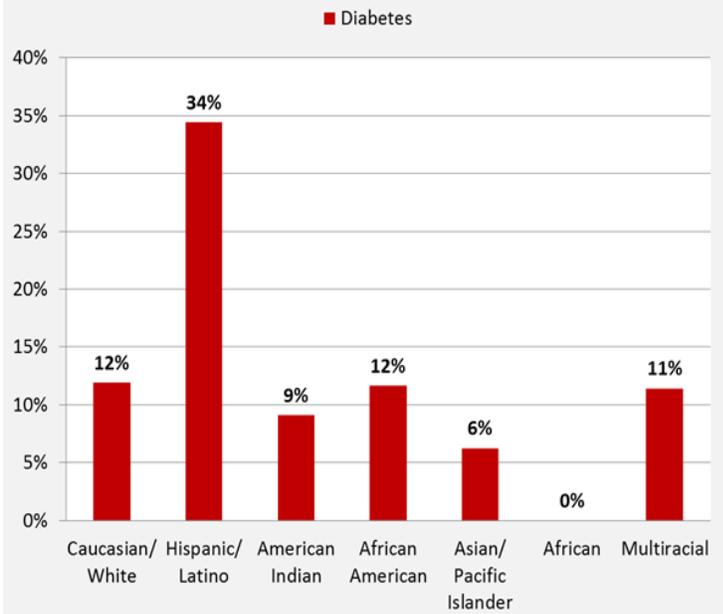
COMMUNITY VIEWS

In 2018, Public Health collaborated with community partners to create a one-page survey to identify the top 3 issues affecting health and collect basic demographic information of respondents. The survey was available in both English and Spanish, and was completed at numerous community events and businesses throughout the county. This extensive effort between July and September 2018 resulted in the completion of 1125 surveys. These charts illustrate the data for **DIABETES** by gender, age, race/ethnicity, and income. This data enhances the understanding of our population and lays the groundwork for identifying differences and implementing actions to improve the quality of health.

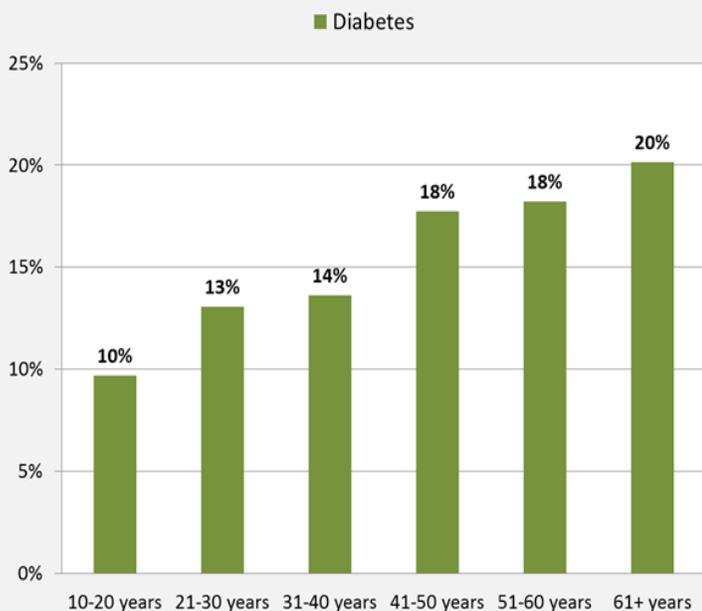
Percent concerned by Gender



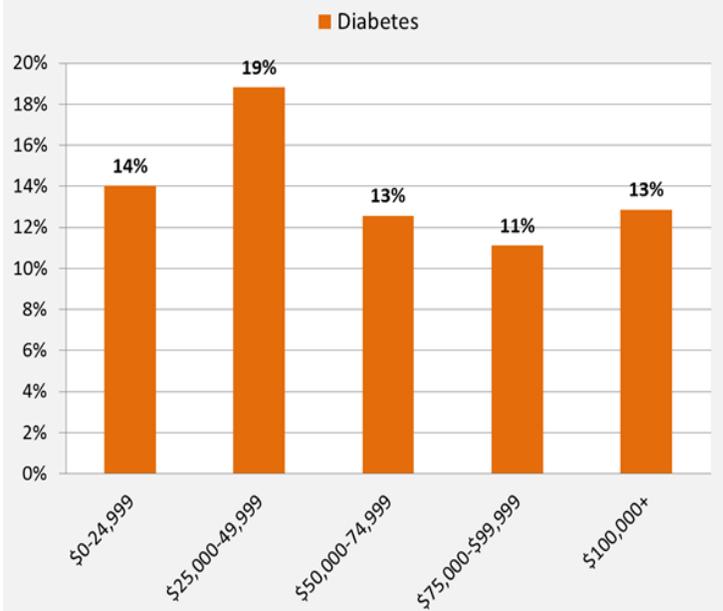
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



CARDIOVASCULAR DISEASES



About 610,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths.

Every year about 735,000 Americans have a heart attack.

Of these, 525,000 are a first heart attack and 210,000 happen in people who have already had a heart attack.

BACKGROUND

Cardiovascular disease (CVD) is a class of diseases that involve the heart or blood vessels. Cardiovascular disease includes coronary artery diseases (CAD) such as angina and myocardial infarction (commonly known as a heart attack).

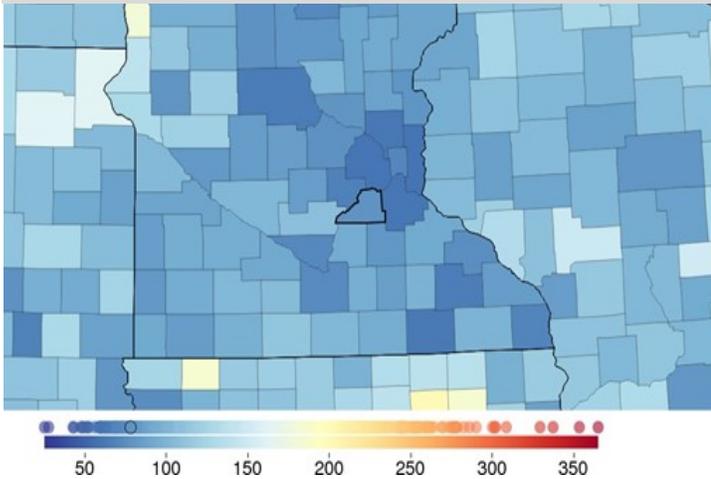
WHY IT'S IMPORTANT

In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status.

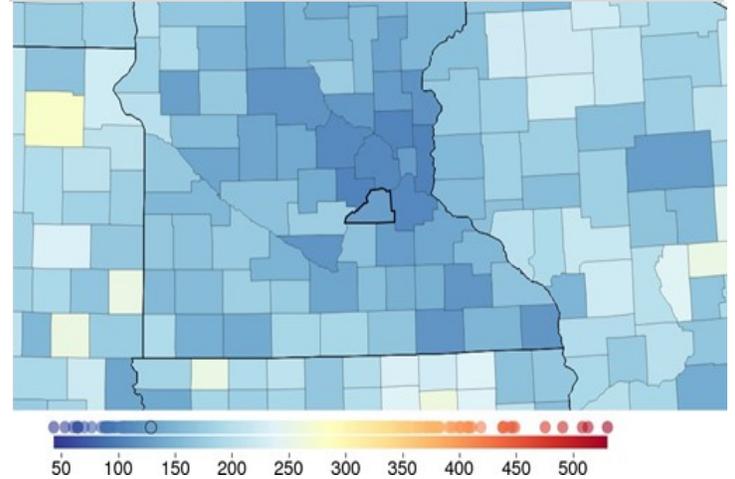
HOW WE ARE DOING

For the period 2014—2016, the incidence of death in Scott County as a result of coronary heart disease was 49.5 per 100,000 and was below the rate at the state level (59.5) and national level (97). In Scott County, the rate was higher than the state average among Blacks and Asian & Pacific Islanders. The rate is highest among American Indian & Alaskan Natives and lowest among Hispanics. The incidence of death in Scott County as a result of hypertension was 125.1 per 100,000 and was above the state level (117.8) and national level (114). In Scott County, the rate was higher than the state average among Whites, American Indian & Alaskan Natives, and Asian & Pacific Islanders. The incidence of death in Scott County as a result of cardiovascular diseases was 155.1 per 100,000 and was below the state level (163.1) and national level (219.8). In Scott County, the rate was higher than the state average among Asian & Pacific Islanders. The rate was highest in American Indian & Alaskan Natives and lowest in Hispanics.

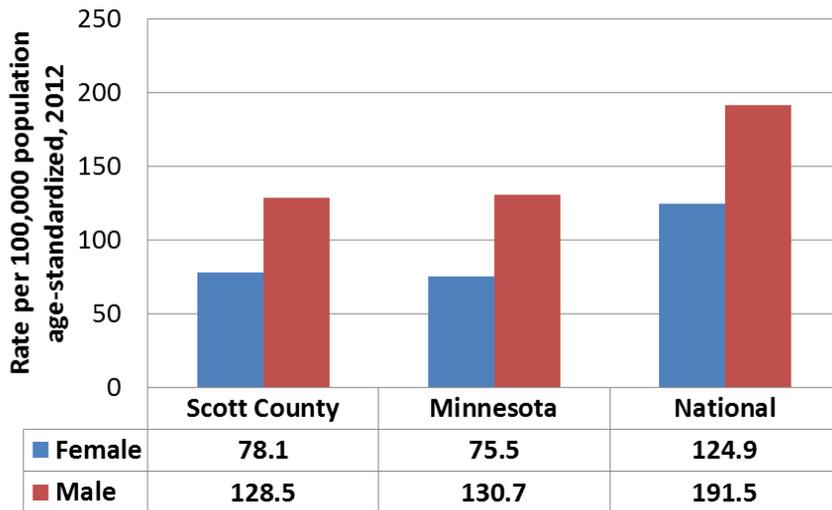
Female ischemic heart disease,



Male ischemic heart disease,



Ischemic Heart Disease



In 2012, the prevalence of ischemic heart disease was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980–2014, the rate decreased greatly for both males (71.4%) and females (65.2%) in Scott County. In 2012, Scott County was ranked 119 out of 3142 counties and 877 of 3142 for males.

SOURCE:

[2015 County Report](#)

HEART ATTACK HOSPITALIZATIONS

2011 – 2013

29.0

2008 – 2010: 31.7

MN 2011 – 2013: 26.7

[per 10,000; ages: 35+, age-adjusted]

CARDIOVASCULAR DISEASE DEATHS

2013 – 2015

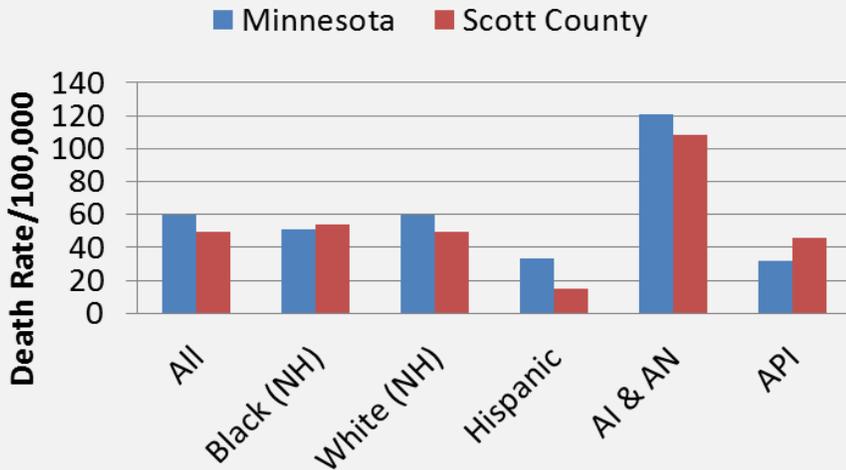
307

2012 – 2014: 296.7

MN 2013 – 2015: 319.7

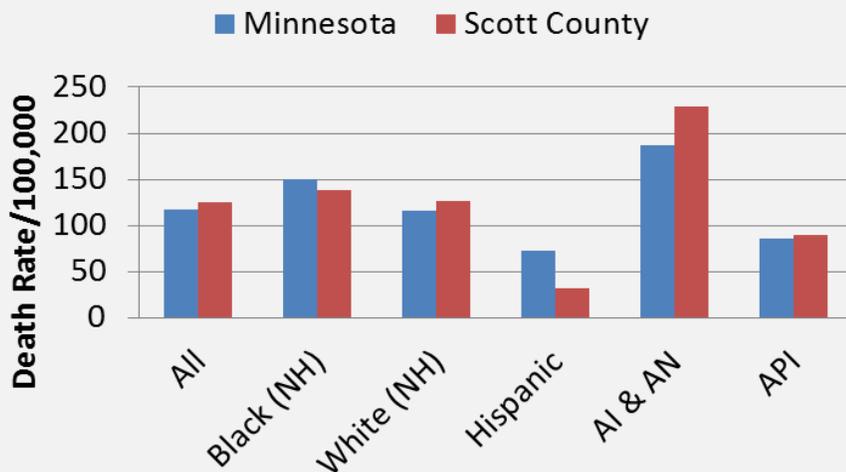
[per 100,000; all genders, all races]

Coronary Heart Disease Death Rate



Coronary Heart Disease Death Rate Between 2014—2016, cardiovascular disease mortality in Scott County was 49.5 per 100,000 and was below the rate at the state level (59.5) and national level (97). In Scott County, the rate was higher than the state average among Blacks and Asian & Pacific Islanders. The rate is highest among American Indian & Alaskan Natives and lowest among Hispanics.

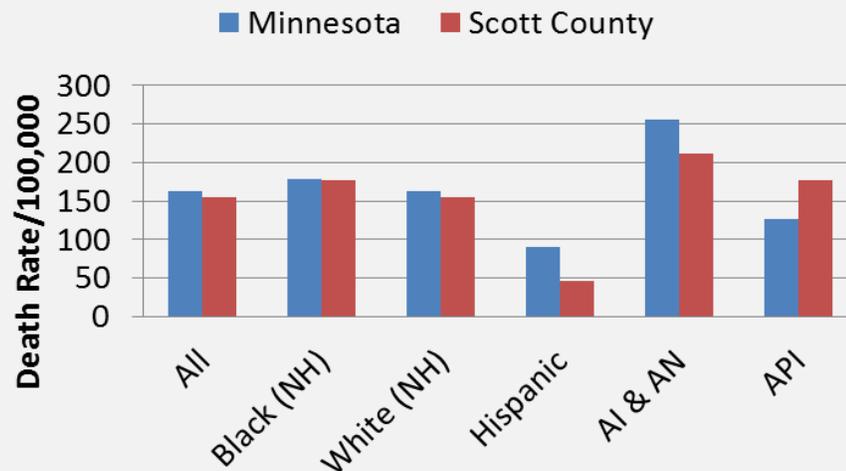
Hypertension Death Rate



Hypertension Death Rate

Between 2014—2016, cardiovascular disease mortality in Scott County was 125.1 per 100,000 and was above the state level (117.8) and national level (114). In Scott County, the rate was lower than the state for Blacks and Hispanics. The rate was highest in American Indian & Alaskan Natives and lowest in Hispanics.

Cardiovascular Disease Death Rate



Cardiovascular Disease Death Rate Between 2014—2016, cardiovascular disease mortality in Scott County was 155.1 per 100,000 and was below the state level (163.1) and national level (219.8). In Scott County, the rate was higher than the state average among Asian & Pacific Islanders. The rate was highest in American Indian & Alaskan Natives and lowest in Hispanics.

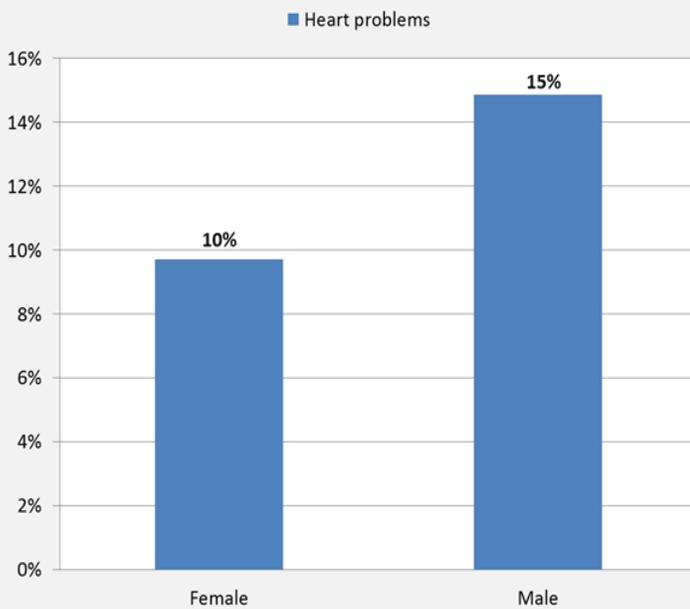
SOURCE:

[Centers for Disease Control and Prevention, CDC](https://www.cdc.gov/)

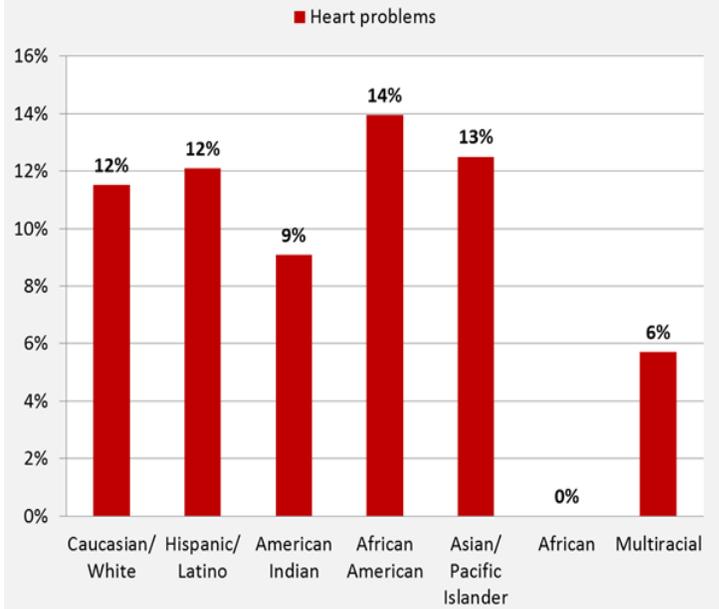
COMMUNITY VIEWS

In 2018, Public Health collaborated with community partners to create a one-page survey to identify the top 3 issues affecting health and collect basic demographic information of respondents. The survey was available in both English and Spanish, and was completed at numerous community events and businesses throughout the county. This extensive effort between July and September 2018 resulted in the completion of 1125 surveys. These charts illustrate the data for **CARDIOVASCULAR DISEASES** by gender, age, race/ethnicity, and income. This data enhances the understanding of our population and lays the groundwork for identifying differences and implementing actions to improve the quality of health.

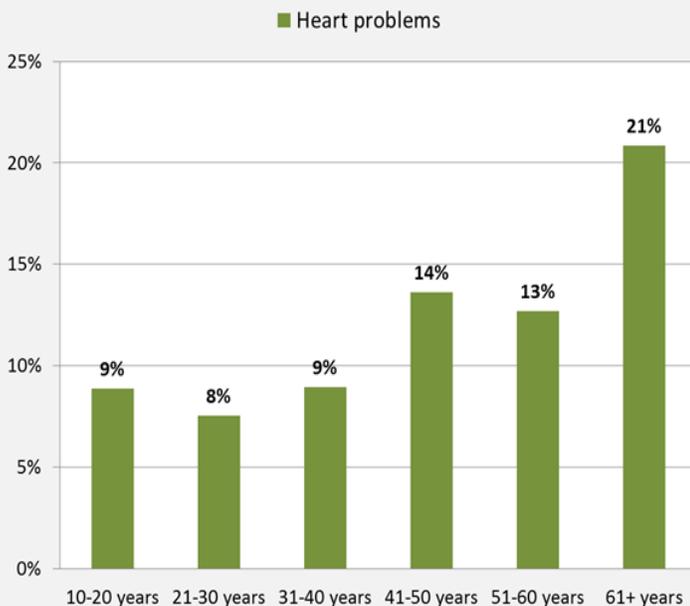
Percent concerned by Gender



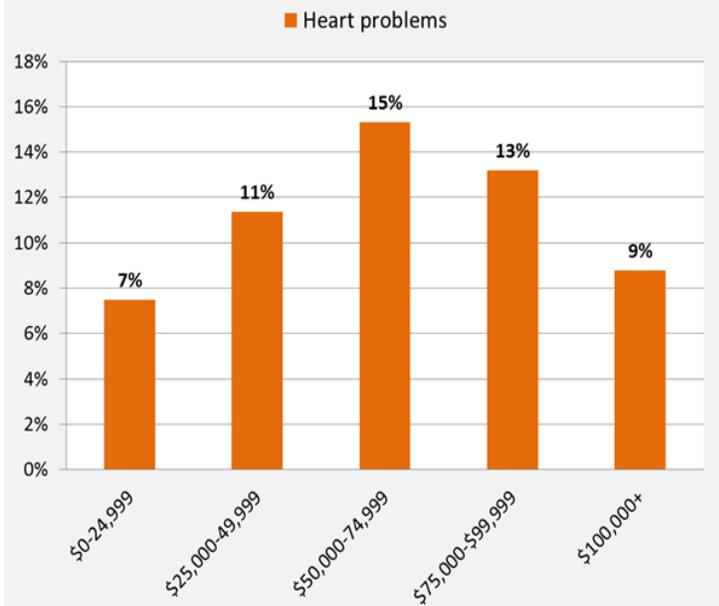
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



SUBSTANCE ABUSE



The United States consumes 80% of the world's prescription painkiller supply, despite not even making up 5% of the world's population.

Nearly 17 million adults in the United States suffer from alcoholism and an estimated 88,000 people die per year due to alcohol

BACKGROUND

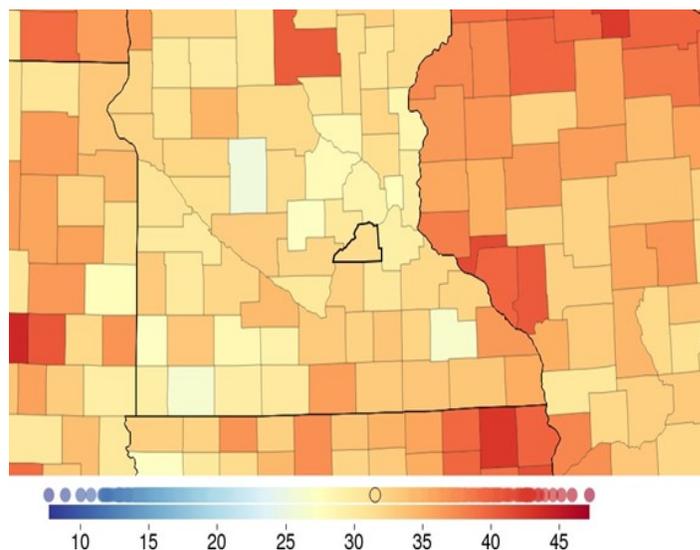
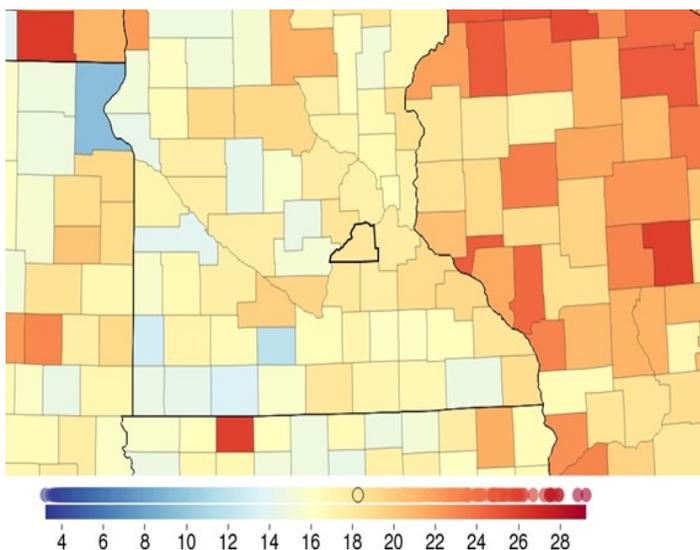
Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

WHY IT'S IMPORTANT (HEDA)

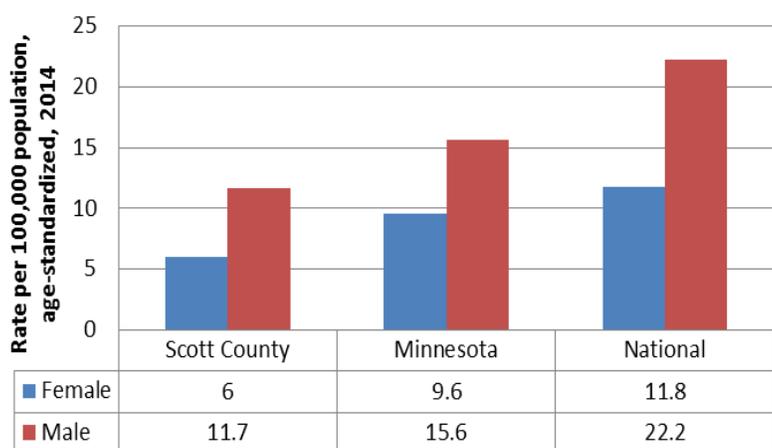
Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

HOW WE ARE DOING

Between 2014 and 2016, Scott County had a drug overdose mortality rate of 6% (26 deaths) while the rate for the State of Minnesota was 11% (1770 deaths) for the same period. In 2016, the percentage of adults reporting binge (4+ drinks for women and 5+ drinks for men during a single occasion) or heavy drinking (8+ drinks for women and 15+ drinks for men per week) in Scott County was 21%, just 2 percentage points lower than the rate for the State of Minnesota (23%) which was among the poor performers nationwide (10th percentile). Between 2012 and 2016, the rate of driving deaths attributed to alcohol impairment was 29% in Scott County and 30% for the State of Minnesota which was also among the poor performers nationwide (10th percentile). In the 2016 Minnesota Student Survey, Scott County had a higher percentage of 9th graders (6% versus 5% among males and 8% versus 7% among females) reporting usage of alcohol, marijuana and/or other drugs than the state of Minnesota.



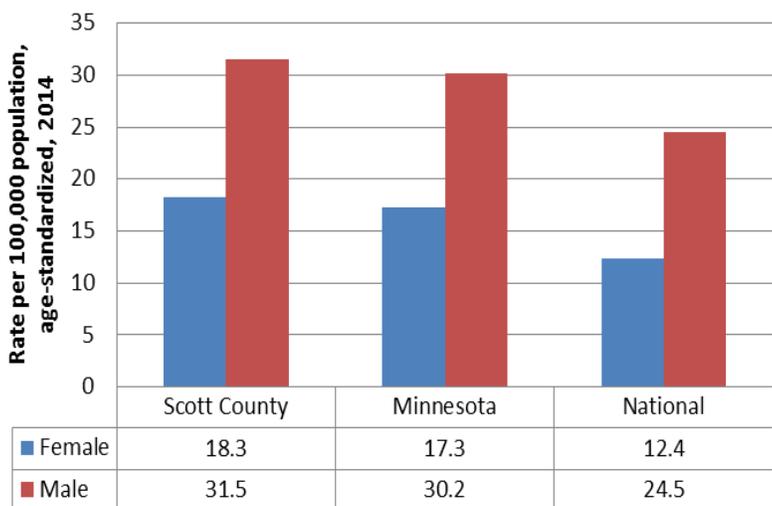
Mortality: Cirrhosis and other chronic liver diseases



Cirrhosis and other chronic diseases

In 2014, mortality due to alcohol related cirrhosis and other chronic liver diseases was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate decreased for both males (23%) and females (20.3%) in Scott County. In 2014, Scott County was ranked 10 out of 3142 for females and 97 of 3142 for males.

Binge Drinking



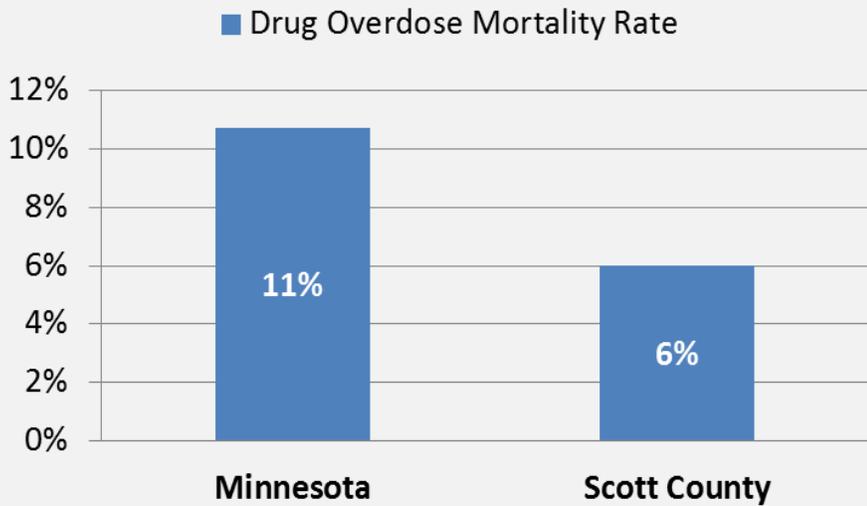
Binge Drinking

In 2014, the prevalence of binge drinking was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate increased for both males (3.4%) and females (31.7%) in Scott County. In 2014, Scott County was ranked 2914 out of 3142 for females and 2684 of 3142 for males.

SOURCE:

[2015 County Report](#)

Drug Abuse Deaths



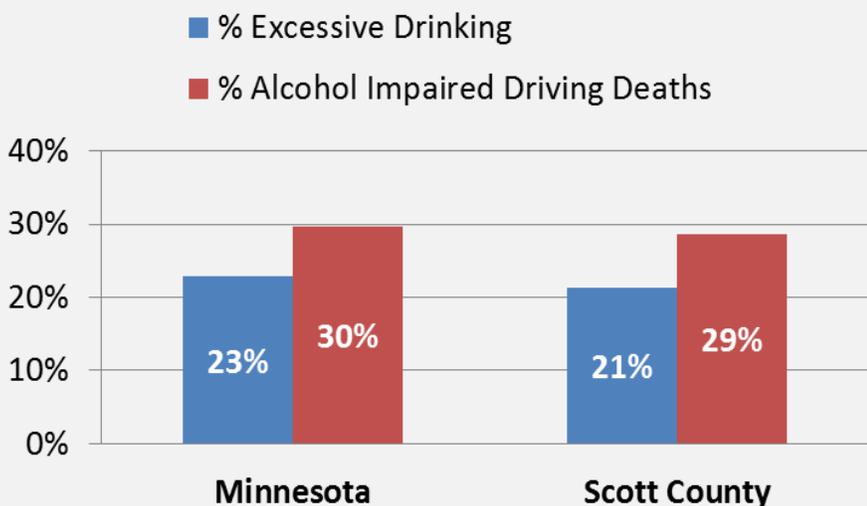
Drug Abuse Deaths

Between 2014 — 2016, Scott County had a drug overdose mortality rate of 6% (26 deaths) while the rate for the State of Minnesota was 11% (1770 deaths) for the same period.

Alcohol Abuse

In 2016, the percentage of adults reporting binge (4+ drinks for women and 5+ drinks for men during a single occasion) or heavy drinking (8+ drinks for women and 15+ drinks for men per week) in Scott County was 21%, just 2 percentage points lower than the rate for the State of Minnesota (10th percentile nationwide). The rate of driving deaths attributed to alcohol impairment was 29% in Scott County and 30% for the State of Minnesota. (10th percentile nationwide).

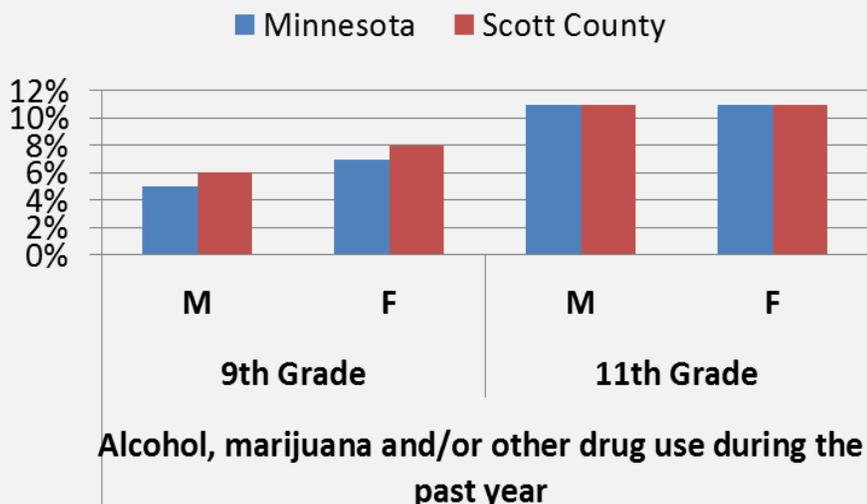
Alcohol Abuse



SOURCE:

[County Health Rankings](#)

Alcohol and Drug Use



Alcohol and Drug Use

Scott County had a higher percentage of 9th graders (6% versus 5% among males and 8% versus 7% among females) reporting usage of alcohol, marijuana and/or other drugs than the state of Minnesota. The rate was 11% among all 11th graders.

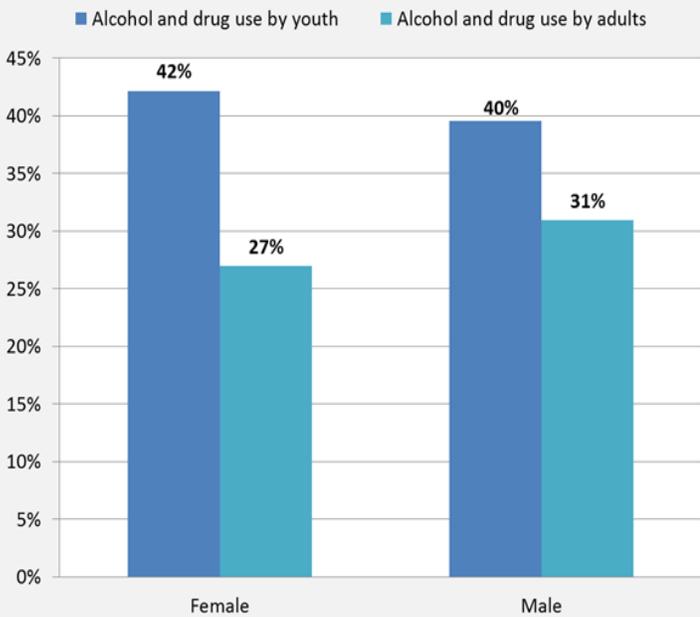
SOURCE:

[Minnesota Student Survey](#)

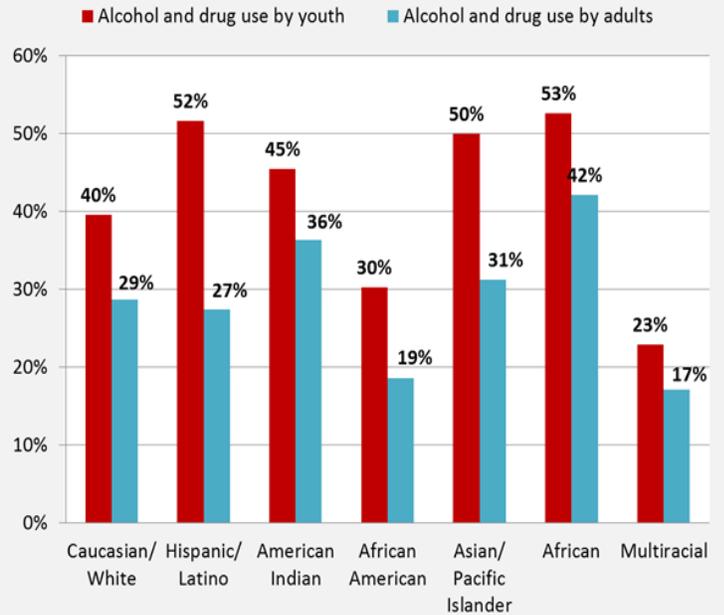
COMMUNITY VIEWS

In 2018, Public Health collaborated with community partners to create a one-page survey to identify the top 3 issues affecting health and collect basic demographic information of respondents. The survey was available in both English and Spanish, and was completed at numerous community events and businesses throughout the county. This extensive effort between July and September 2018 resulted in the completion of 1125 surveys. These charts illustrate the data for **SUBSTANCE ABUSE** by gender, age, race/ethnicity, and income. This data enhances the understanding of our population and lays the groundwork for identifying differences and implementing actions to improve the quality of health.

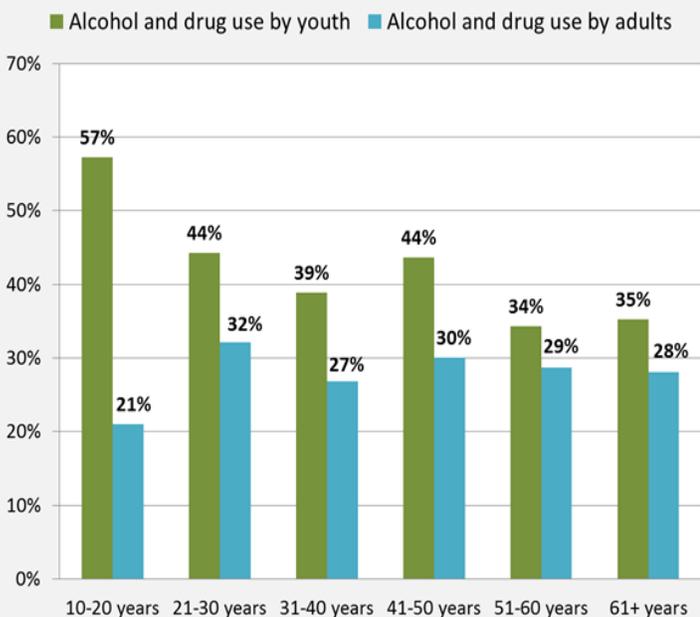
Percent concerned by Gender



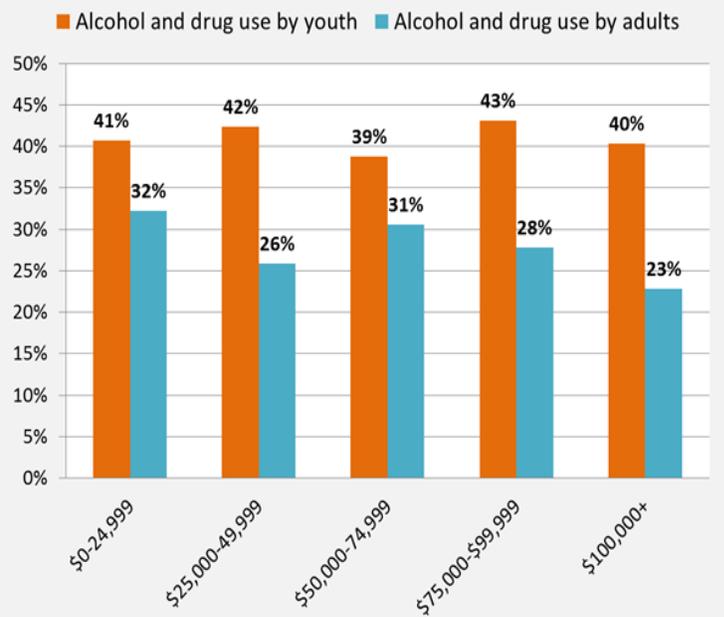
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



CANCER



The United States consumes 80% of the world's prescription painkiller supply, despite not even making up 5% of the world's population.

Nearly 17 million adults in the United States suffer from alcoholism and an estimated 88,000 people die per year due to alcohol

BACKGROUND

Cancer is a group of diseases that share the uncontrolled growth and spread of abnormal cells.

WHY IT'S IMPORTANT

Nearly half of all Minnesotans will be diagnosed with a potentially serious cancer during their lifetimes. Although the cancer mortality rate has decreased by nearly 15% in Minnesota over the past 20 years, one out of four Minnesotans die of cancer. Cancer is the leading cause of death in the state and in Scott County.

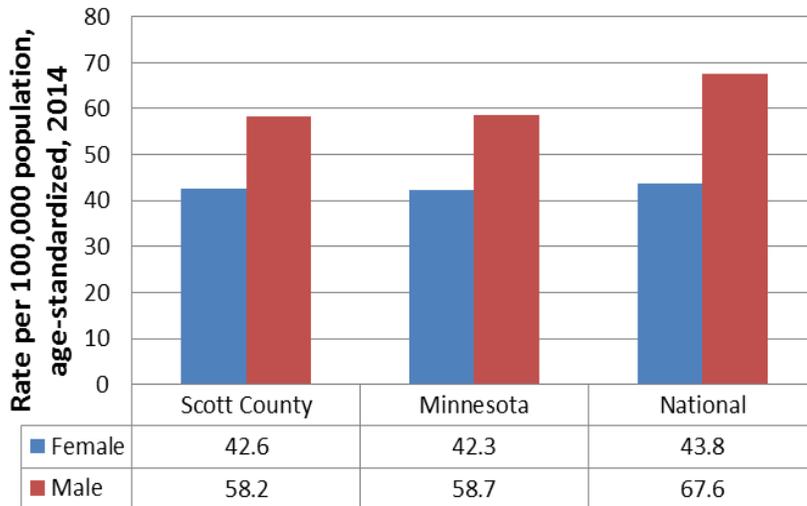
HOW WE ARE DOING

The mortality rate for tracheal, bronchus, and lung cancer increased 49.4% from 1980 to 2014 among females and reduced by 24.6% among males over the same period. However the rate is much higher in males (58.2 per 100,000) than in females (42.6 per 100,000). Nationally, Scott County ranks 1060 out of 3142 counties and 639 out of 3142 counties in females and males respectively.

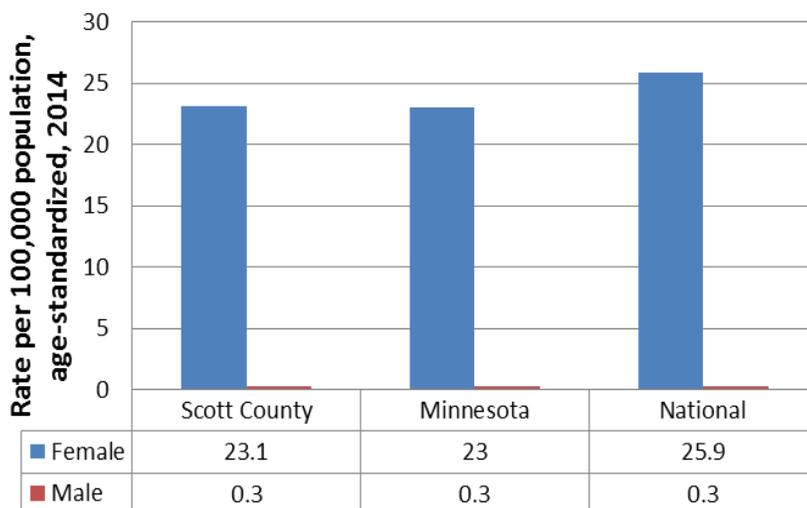
The mortality rate for breast cancer reduced 39.7% among females from 1984 to 2014 from and by 21.6% among males for the same period. However the rate is much higher in females (23.1 per 100,000) than in males (0.3 per 100,000). Nationally, Scott County ranks 627 out of 3142 counties and 518 out of 3142 counties in females and males respectively.

The mortality rate for malignant skin melanoma reduced 5% among females from 1984 to 2014 from and increased 24.6% among males for the same period. The rate is also higher in males (3.7 per 100,000) than in females (1.7 per 100,000). Nationally, Scott County ranks 627 out of 3142 counties and 518 out of 3142 counties in females and males respectively.

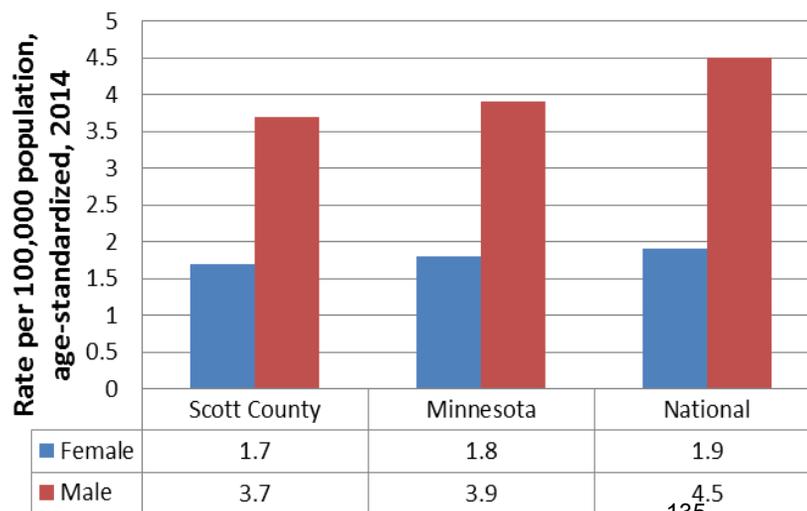
Tracheal, Bronchus & Lung Cancer



Breast Cancer



Malignant Skin Melanoma



Tracheal, Bronchus & Lung Cancer

In 2014, the prevalence of tracheal, bronchus and lung cancer was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate decreased for males (24.6%) and increased for females (49.4%) in Scott County. In 2014, Scott County was ranked 1060 out of 3142 for females and 639 of 3142 for males.

Breast Cancer

In 2014, the prevalence of breast cancer drinking was consistently and drastically higher among females than in males in Scott County, statewide, and nationally. In the period 1980—2014, the rate decreased for both males (21.6%) and females (39.7%) in Scott County. In 2014, Scott County was ranked 627 out of 3142 for females and 518 of 3142 for males.

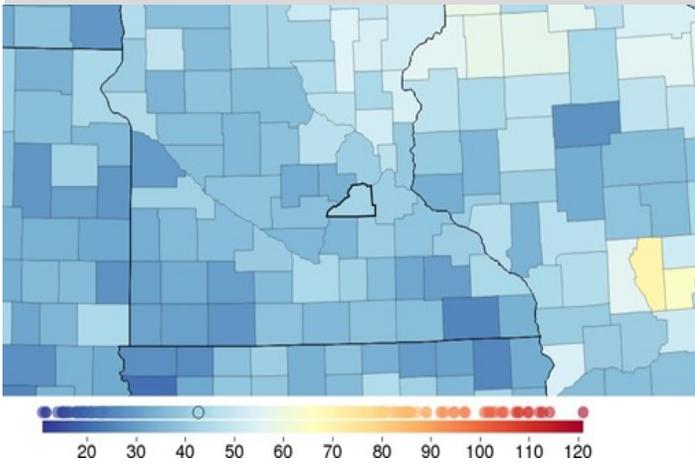
Malignant Skin Melanoma

In 2014, the prevalence of malignant skin melanoma was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate increased for males (24.6%) and decreased for females (5%) in Scott County. In 2014, Scott County was ranked 457 out of 3142 for females and 399 of 3142 for males.

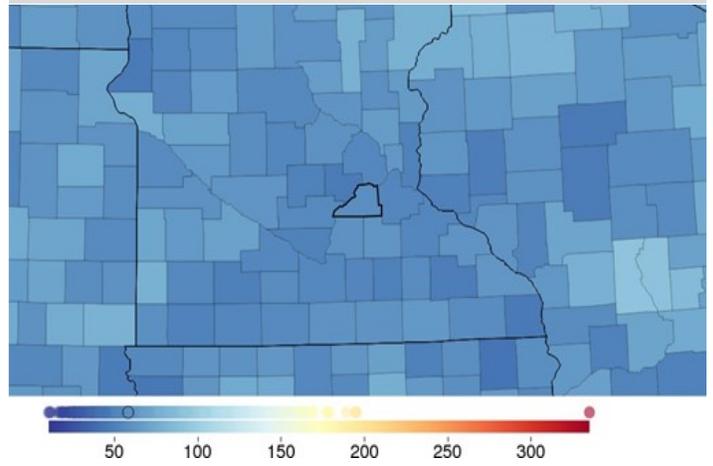
SOURCE:

[2015 County Report](#)

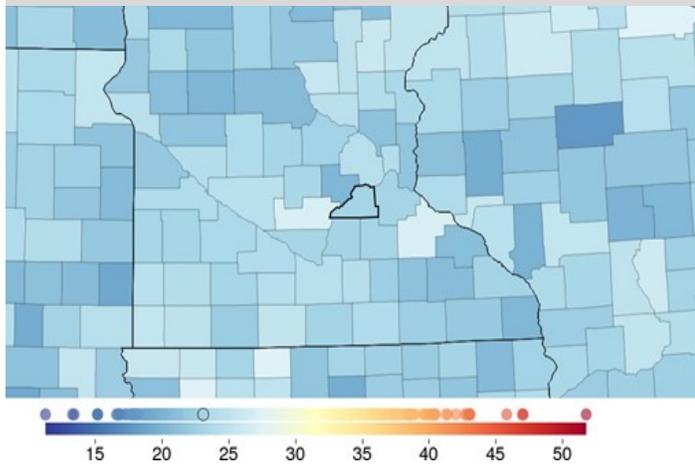
Female tracheal, bronchus, and lung cancer, 2014



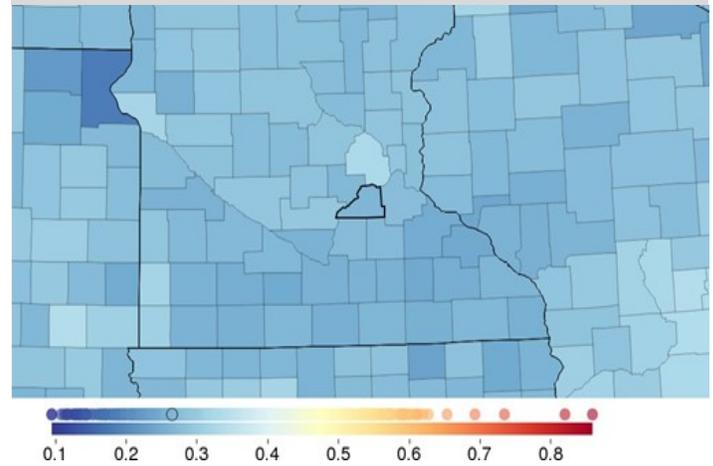
Male tracheal, bronchus, and lung cancer, 2014



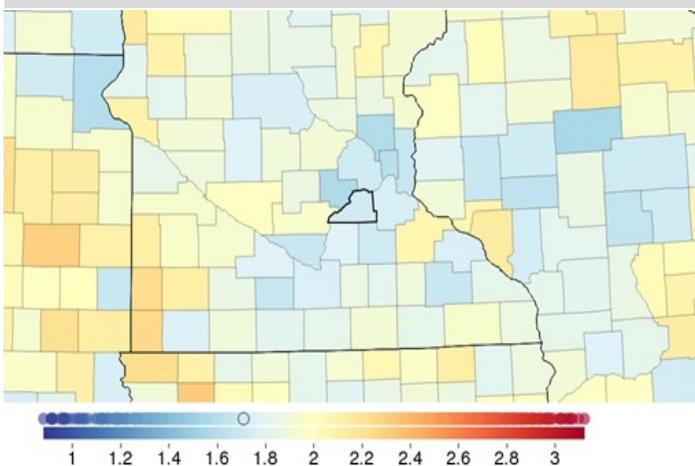
Female breast cancer, 2014



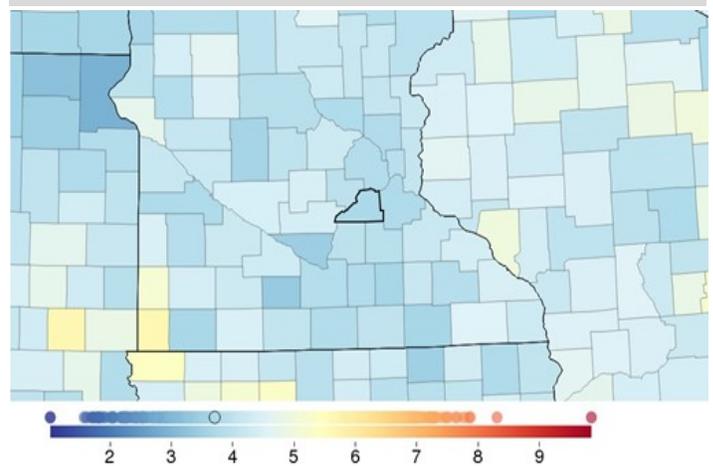
Male breast cancer, 2014



Female malignant skin melanoma, 2014



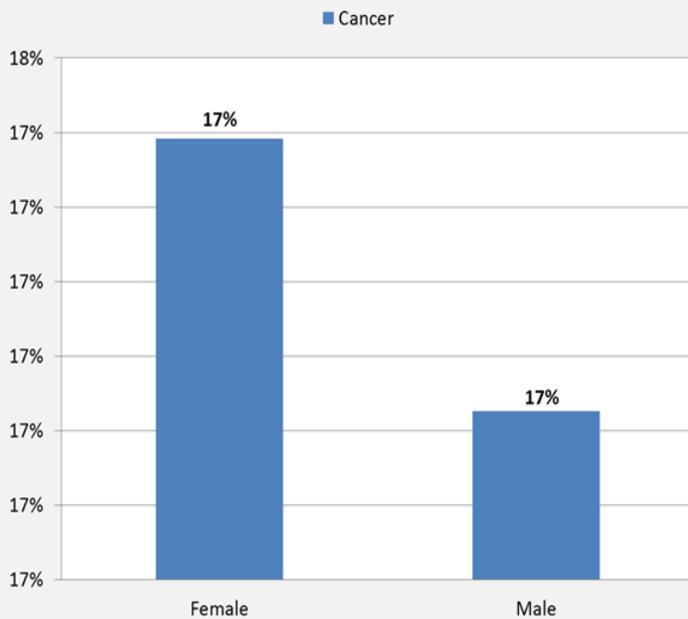
Male malignant skin melanoma, 2014



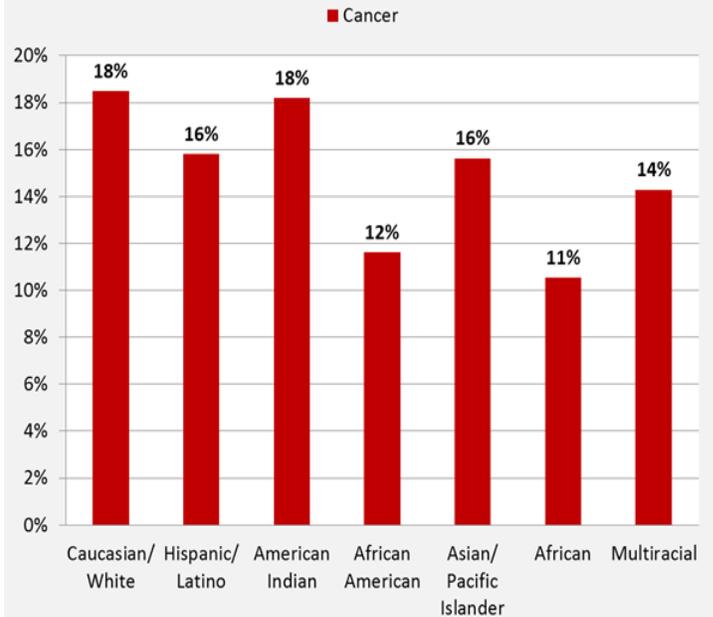
COMMUNITY VIEWS

In 2018, Public Health collaborated with community partners to create a one-page survey to identify the top 3 issues affecting health and collect basic demographic information of respondents. The survey was available in both English and Spanish, and was completed at numerous community events and businesses throughout the county. This extensive effort between July and September 2018 resulted in the completion of 1125 surveys. These charts illustrate the data for **CANCER** by gender, age, race/ethnicity, and income. This data enhances the understanding of our population and lays the groundwork for identifying differences and implementing actions to improve the quality of health.

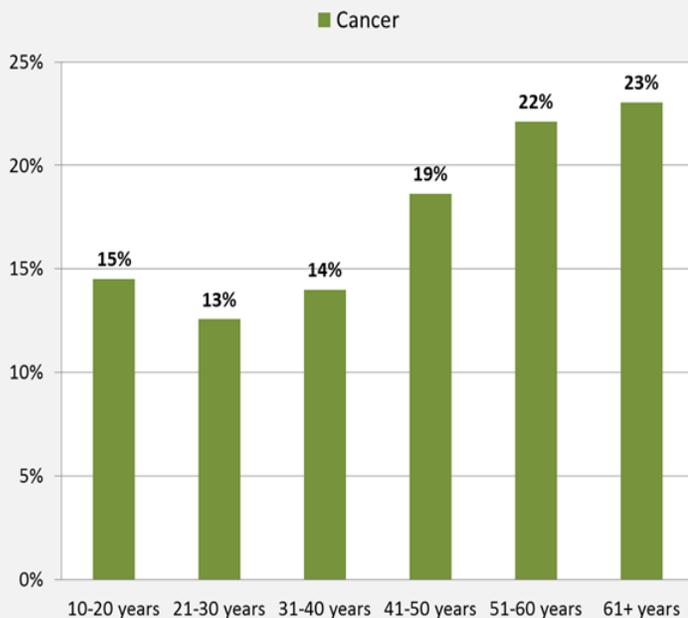
Percent concerned by Gender



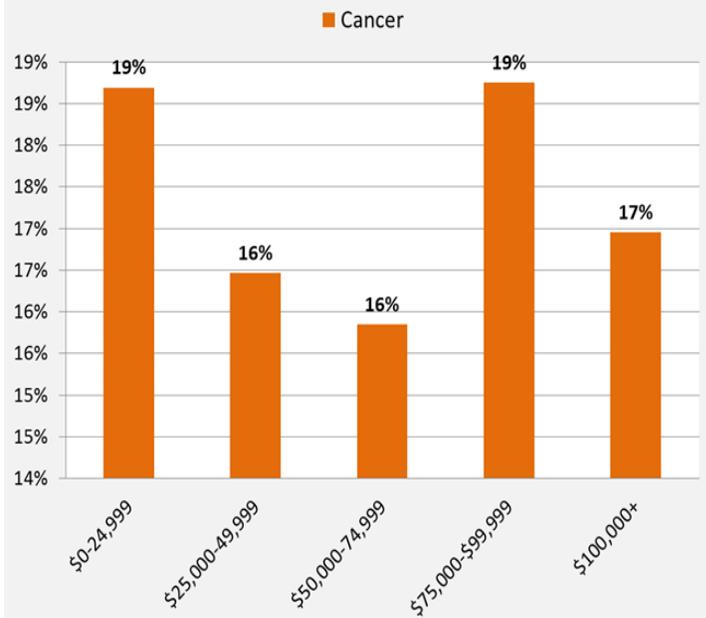
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



MENTAL HEALTH



Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15 to 29-year-olds.

There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.

BACKGROUND

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

WHY IT'S IMPORTANT

Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

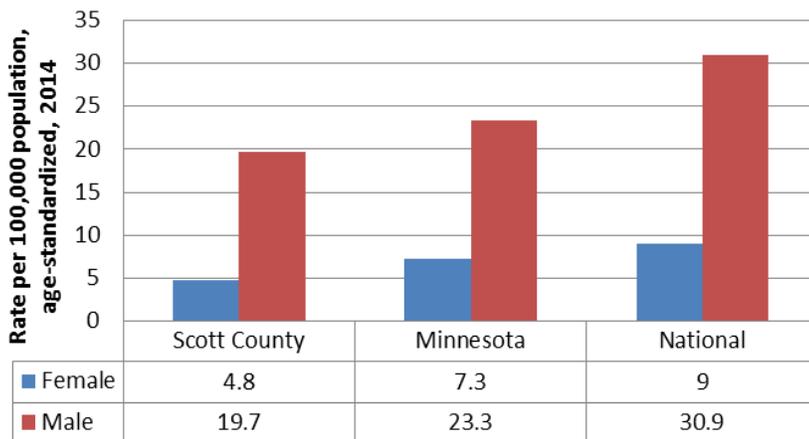
HOW WE ARE DOING

Important measures of mental health show a worrying trend for Scott County and Minnesota in general. Among 9th graders, suicidal ideation has increased in both male and female students, with the latter entertaining such thoughts at a greater rate. More 9th graders, both male and female, actually attempted suicide in 2016 than in 2013, with the rate in female students being more than double than male students.

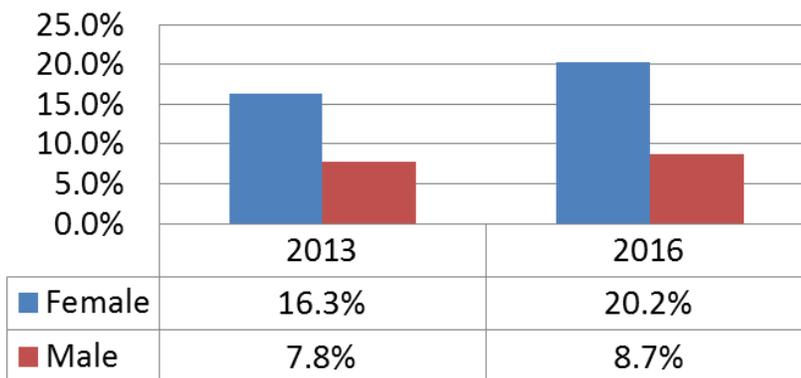
In adults, the rate of deaths due to Alzheimer's disease consistently increased from 2.4% in 2012 to 5.4% in 2016 while in the same period, there was an increase in reports of poor mental health days among Scott County residents.

Between 1980 and 2014, there was a 7.5% decrease in the rate of self-harm and interpersonal violence among females and a 6.3% increase among males. These rates were slightly below the state and national rates for both females and males. Scott County ranked 30 out of 3142 nationally among females and 139 out of 3142 among males. Scott county also generally outperformed most other counties in the state.

Self-harm and interpersonal violence mortality



% of 9th graders that seriously considered attempting suicide during the last year



% of 9th graders that seriously considered attempting suicide more than a year ago



Self-harm and interpersonal violence mortality

In 2014, the prevalence of self-harm and interpersonal violence mortality was consistently higher among males than in females in Scott County, statewide, and nationally. In the period 1980—2014, the rate increased for males (6.3%) and decreased for females (7.5%) in Scott County. In 2014, Scott County was ranked 40 out of 3142 for females and 139 of 3142 for males.

SOURCE:

[2015 County Report](#)

Suicidal Ideation

The second chart on the left shows the percentage of Scott County 9th graders that seriously considered attempting suicide in the 12 months preceding the administration of the 2013 and 2016 editions of the Minnesota Student Survey. Reports of suicidal ideation were significantly higher among female students and the percentages were higher in 2016 than in 2013.

The bottom chart on the left shows the percentage of Scott County 9th graders that seriously considered attempting suicide more than a year prior to the administration of the 2013 and 2016 editions of the Minnesota Student Survey. Reports of suicidal ideation were significantly higher among female students and the percentages were higher in 2016 than in 2013.

SOURCE:

[Minnesota Student Survey](#)

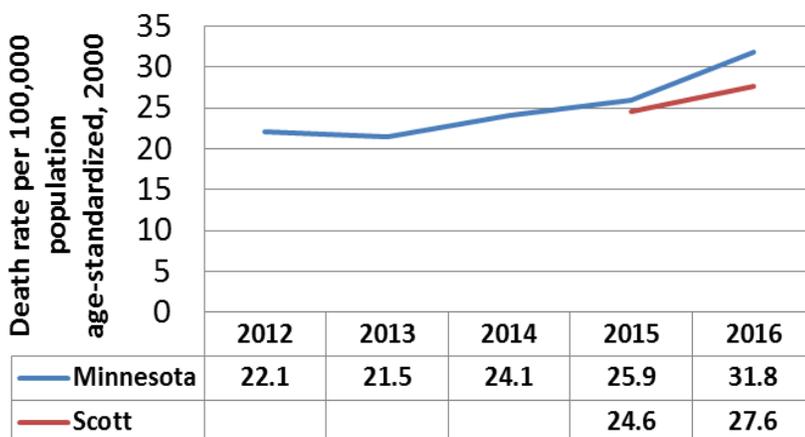
% of 9th graders that actually attempted suicide during the last year



% of 9th graders that actually attempted suicide more than a year ago



Mortality due to Alzheimer's Disease



Suicidal Attempts

The chart on the left shows the percentage of Scott County 9th graders that attempted suicide in the 12 months preceding the administration of the 2013 and 2016 editions of the Minnesota Student Survey. Reports of suicidal attempts were significantly higher among female students and the percentages were higher in 2016 than in 2013.

The middle chart on the left shows the percentage of Scott County 9th graders that seriously considered attempting suicide more than a year prior to the administration of the 2013 and 2016 editions of the Minnesota Student Survey. Reports of suicidal ideation were significantly higher among female students and the percentages were higher in 2016 than in 2013.

SOURCE:

[Minnesota Student Survey](#)

Mortality due to Alzheimer's Disease

Between 2013—2016, the death rate due to Alzheimer's disease has been increasing in the State of Minnesota.

Data available for Scott County shows a similar increase from 2015—2016.

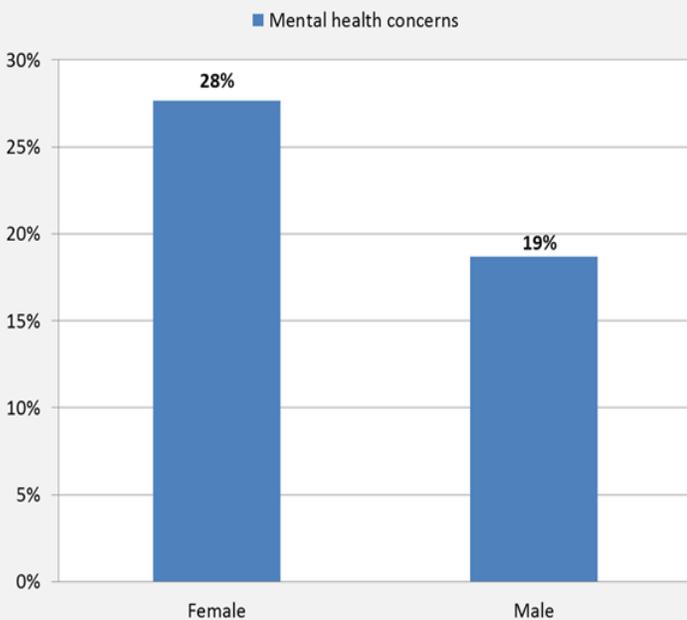
SOURCE:

[MN Vital Statistics IQ](#)

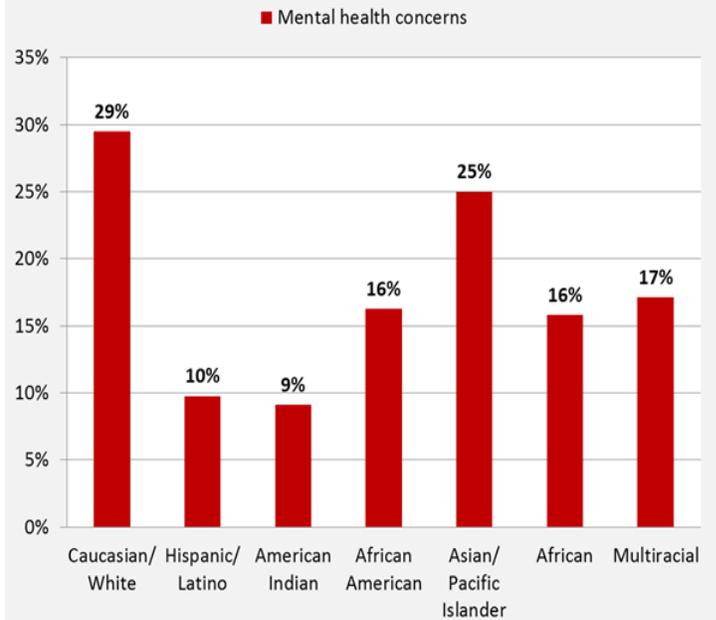
COMMUNITY VIEWS

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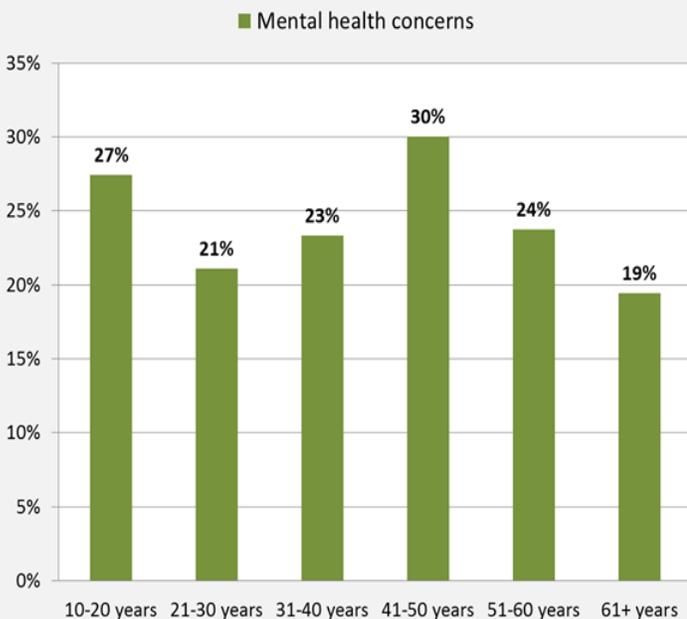
Percent concerned by Gender



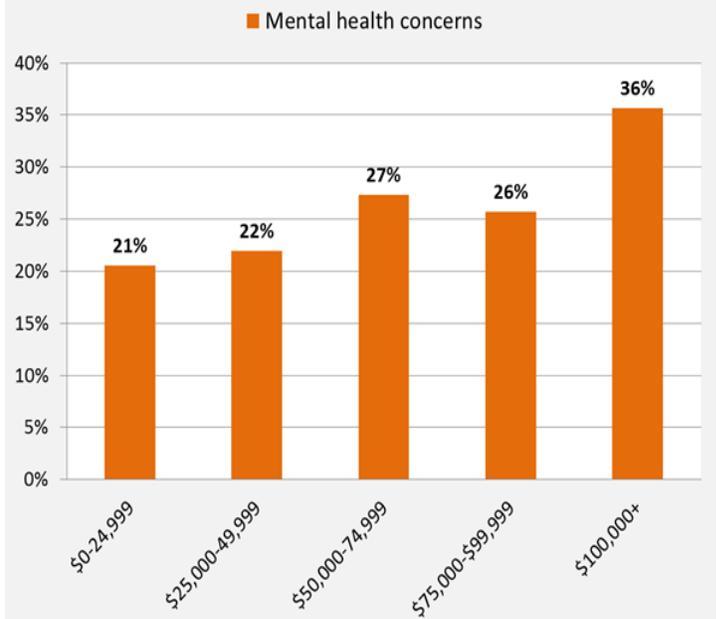
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



ACCESS TO HEALTHCARE



Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15 to 29-year-olds.

There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.

BACKGROUND

Access to health services means "the timely use of personal health services to achieve the best health outcomes and is highly dependent on insurance coverage.

WHY IT'S IMPORTANT

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.

HOW WE ARE DOING

In the seven county metro area, the proportion of uninsured males in (7.4%) is greater than that of females (5.4%) though both are not much different from the statewide rate (6.4%).

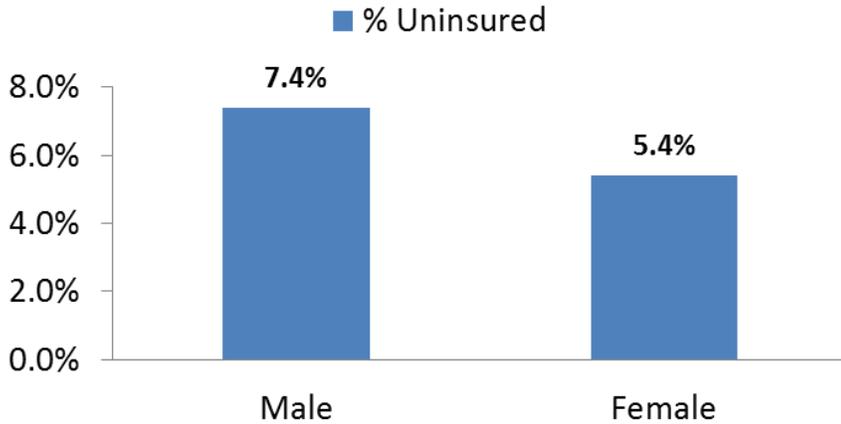
At 12.3%, the state of being uninsured is highest in 25 to 34 year olds and lowest in the 65+ age-group.

With respect to education, more educated people (1.2% for postgraduates) are less uninsured than those with a lower education (21.5% for people that haven't graduated from high school).

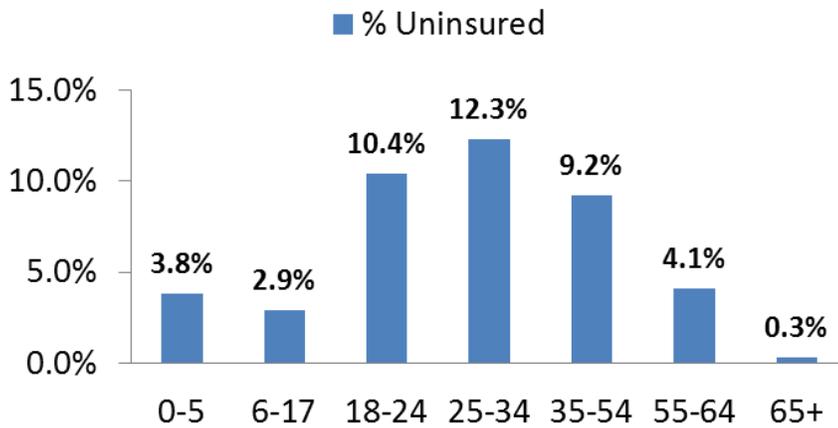
Race/ethnicity also impact the proportion of uninsured people. The rate is highest in Hispanics/Latinos (22.7%) and lowest in Whites (4.1%).

Finally, uninsured people generally are more represented in lower income brackets. The greater the family income, the less the proportion of uninsured people. However, the highest proportion of uninsured people is those with a family income between 101% and 200% (15.2%) of the poverty line and not those whose family income is between 0 and 100% of the poverty line (13.9%).

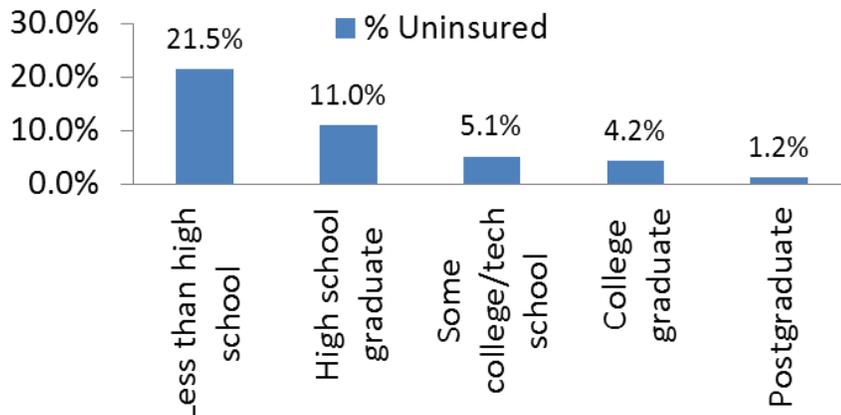
Percent Uninsured in 2017 (by Gender)



Percent Uninsured in 2017 (by Age)



Percent Uninsured (by Education)



Un-insurance by Gender

In the Twin Cities metro region, the un-insurance rate as of 2017 was higher in males than in females:

- 7.4% in males.
- 5.4% in females.

Un-insurance by Age

In the Twin Cities metro region, the un-insurance rate as of 2017 was highest among 25-34 year olds:

- 3.8% in the 0-5 years age group.
- 2.9% in the 6-17 years age group.
- 10.4% in the 18-24 years age group.
- **12.3% in the 25-34 years age group.**
- 9.2% in the 35-54 years age group.
- 4.1% in the 55-64 years age group.
- 0.3% in the 65+ years age group.

Un-insurance by Education

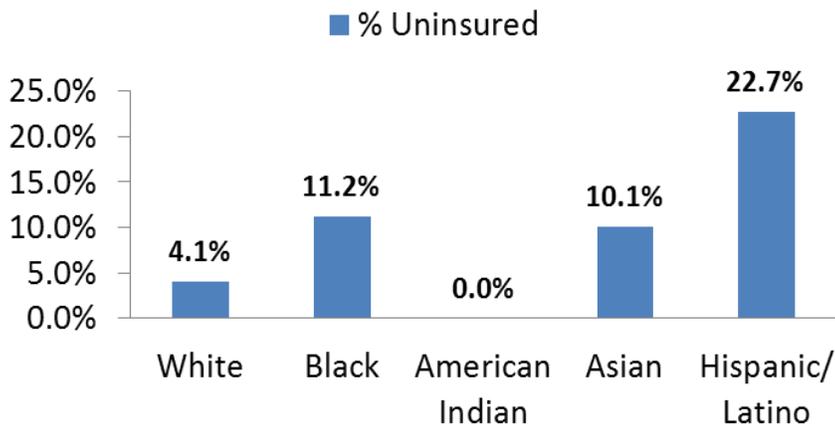
In the Twin Cities metro region, the un-insurance rate as of 2017 was highest among in the least educated:

- **21.5% in those with less than high school.**
- 11% in high school graduates.
- 5.1% in those with some college/tech school education.
- 4.2% in college graduates.
- 1.2% in postgraduates.

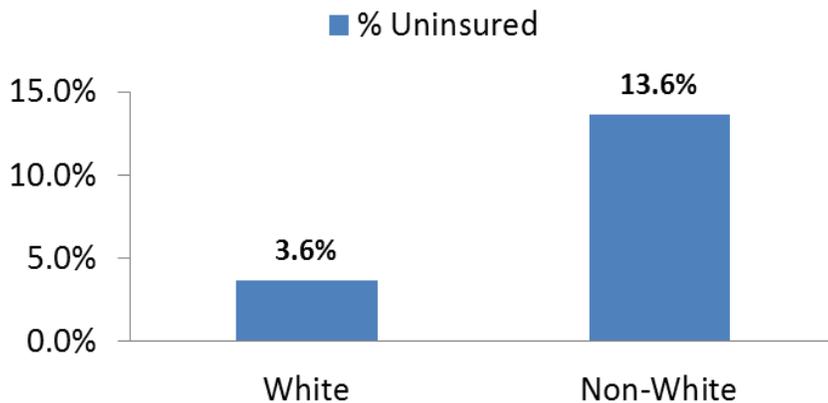
SOURCE:

[Minnesota Health Access Survey](#)

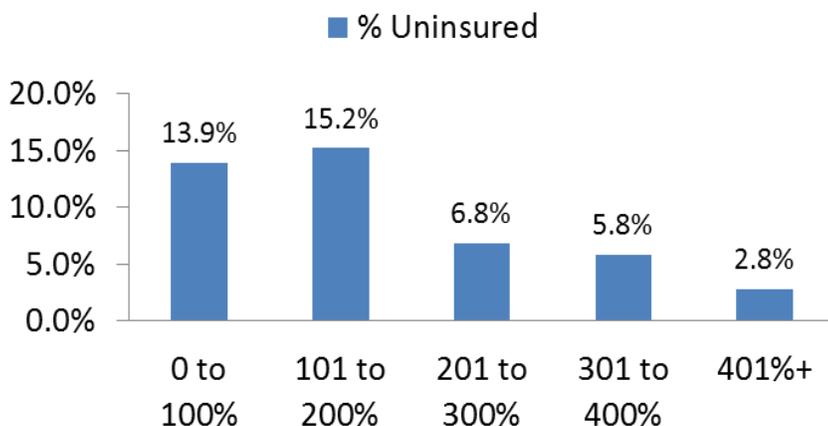
Percent Uninsured in 2017 (by Race/Ethnicity)



Percent Uninsured in 2017 (White vs Non-White)



Percent Uninsured in 2017 (by Family Income)



Un-insurance by Race/Ethnicity

In the Twin Cities metro region, the un-insurance rate as of 2017 was highest in the Hispanic/Latino group:

- 4.1% in Whites.
- 11.2% in Blacks.
- 0% in American Indians.
- 10.1% in Asians.
- **22.7% in Hispanic's/Latino's.**

Un-insurance by White vs non-Whites

In the Twin Cities metro region, the un-insurance rate as of 2017 was higher non-whites:

- 3.6% in Whites.
- **13.6% in non-Whites.**

Un-insurance by Family Income

In the Twin Cities metro region, the un-insurance rate as of 2017 was highest in families with an income between 101% - 200% of the FPL:

- 13.9% in families with an income of 0—100% of FPL.
- **15.2% in families with an income of 101%—200% of FPL.**
- 6.8% in families with an income of 201%—300% of FPL.
- 5.8% in families with an income of 301%—400% of FPL.
- 15.2% in families with an income of 401%+ of FPL.

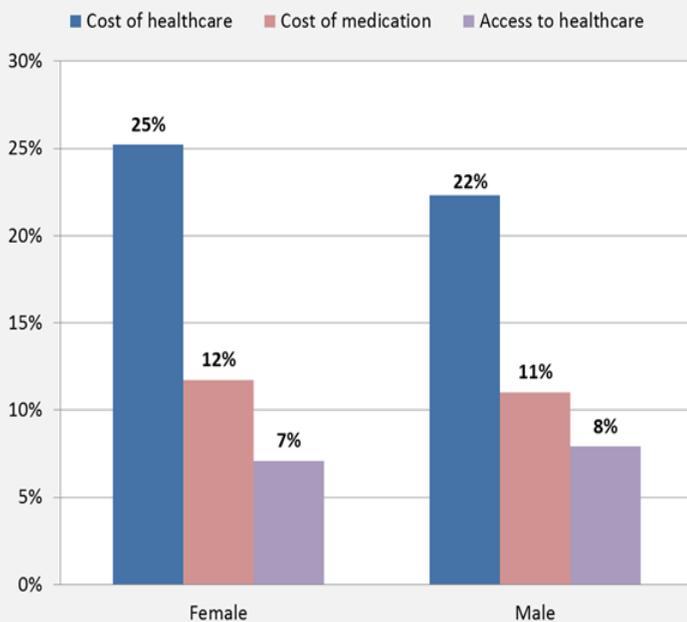
SOURCE:

[Minnesota Health Access Survey](#)

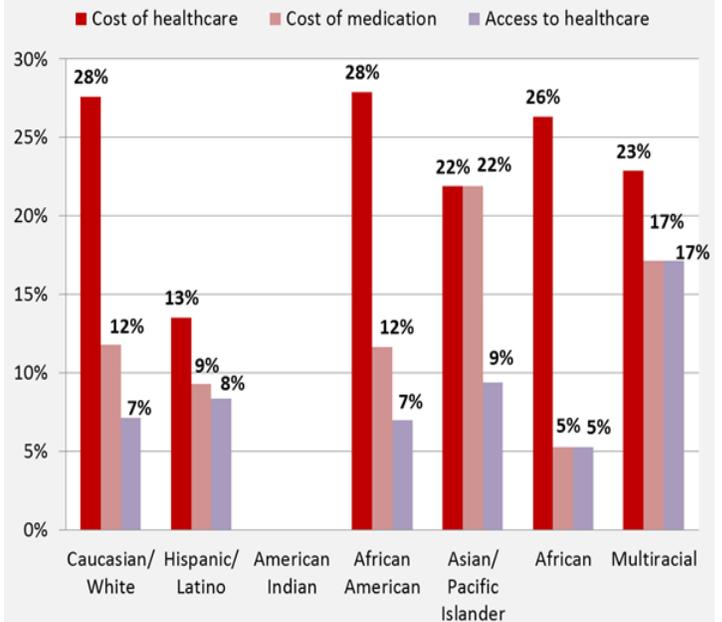
COMMUNITY VIEWS

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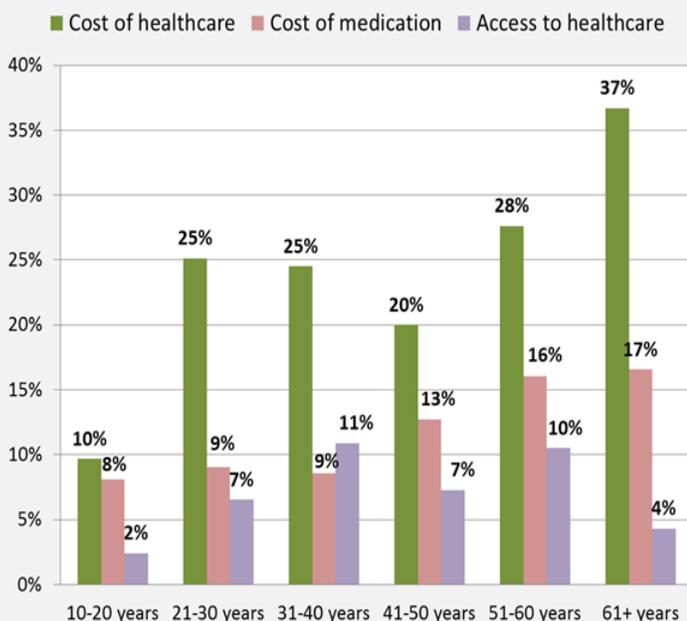
Percent concerned by Gender



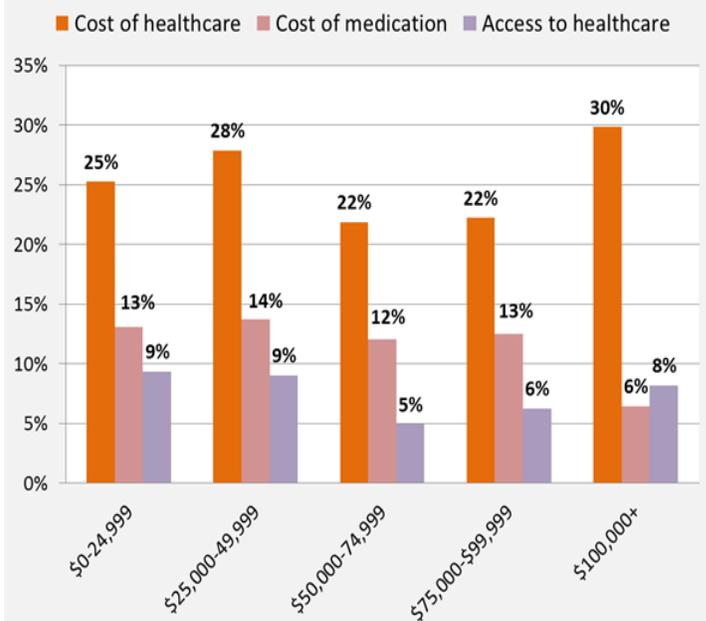
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



UNHEALTHY LIFESTYLE



Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15 to 29-year-olds.

There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.

BACKGROUND

Good nutrition is an important part of leading a healthy lifestyle. Combined with physical activity, your diet can help you to reach and maintain a healthy weight, reduce your risk of chronic diseases (like heart disease and cancer), and promote your overall health.

WHY IT'S IMPORTANT

Healthy eating and regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.

HOW WE ARE DOING

In 2016, Scott County was generally performing better than the state average with respect to the prevalence of obesity (25% versus 27%), physical inactivity (18% versus 20%) and the access to exercise opportunities (94% versus 88%). The data seems to indicate that access to exercise opportunities may directly impact the likelihood of physical activity and consequently the chances of becoming overweight or obese.

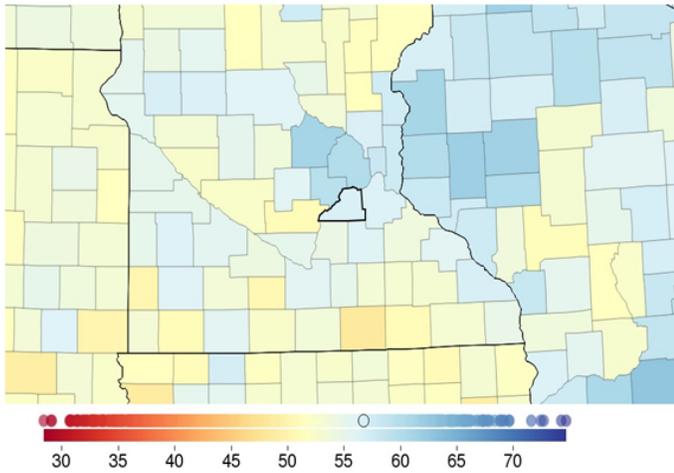
Between 2004—2013, the prevalence of leisure-time physical inactivity in Scott County was consistently lower than that of the state of Minnesota. The prevalence reduced from 15% in 2004 to 14% in 2006 after which it rose to 18% in 2010 before dropping back to 15% in 2013.

Between 2004—2013, the prevalence of obesity in Scott County was the same as that of the State of Minnesota, rising from 25% in 2004 to 28% in 2008 after which the prevalence of obesity became consistently lower for Scott County until 2013.

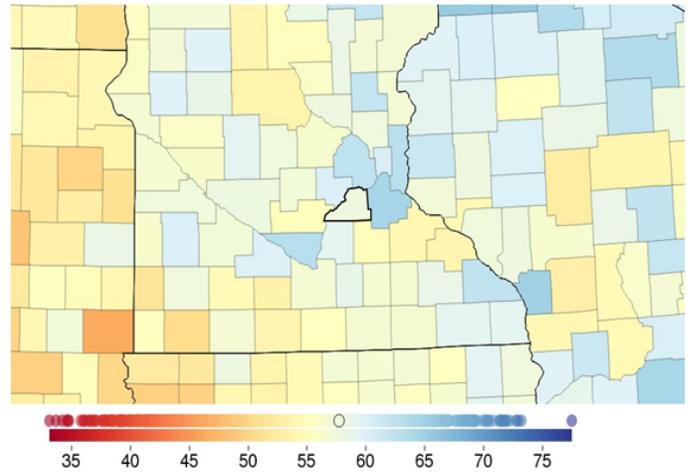
RECOMMENDED PHYSICAL ACTIVITY

Sex	Scott County	Minnesota	National	National rank	% change 1980-2014
Female	56.7	56.8	52.6	503 of 3142	+0.2
Male	57.7	59.8	56.3	687 of 3142	-10.8

prevalence (%), age-standardized, 2011



Female, 2011

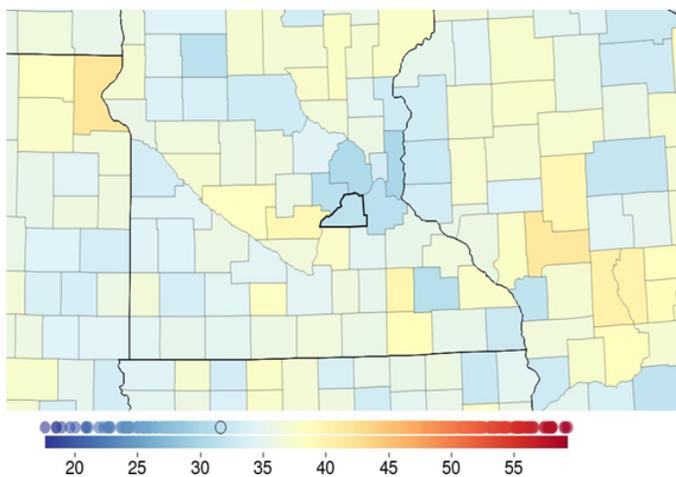


Male, 2011

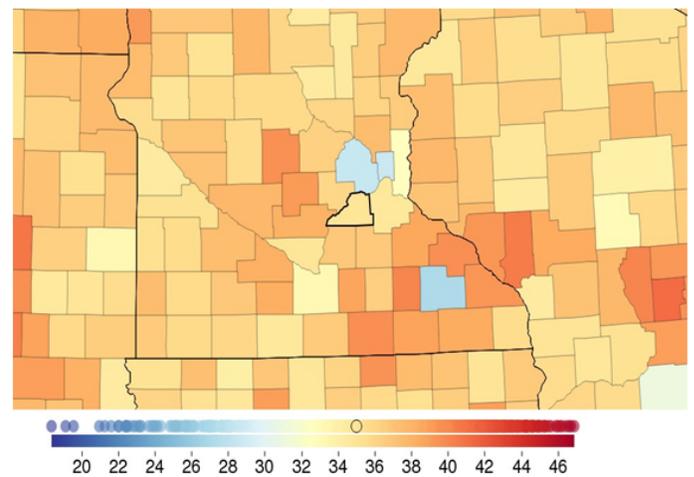
OBESITY

Sex	Scott County	Minnesota	National	National rank	% change 1980-2014
Female	31.6	33.3	36.1	215 of 3142	+21.4
Male	35.0	33.4	33.8	658 of 3142	+32.8

prevalence (%), age-standardized, 2011

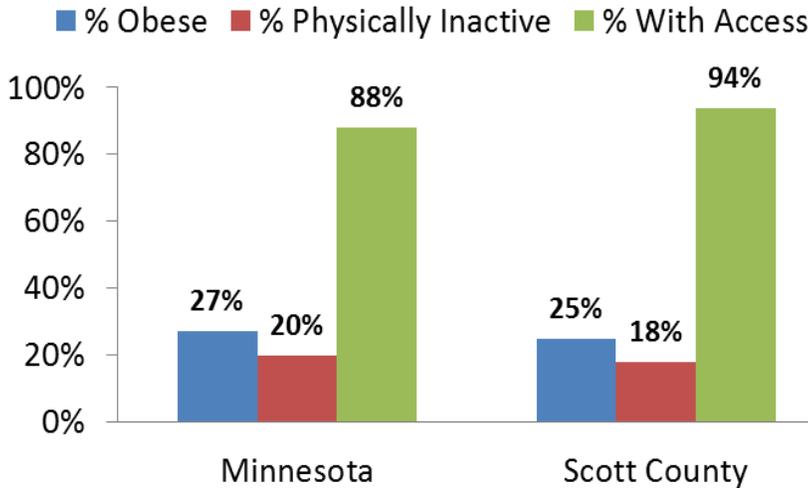


Female, 2011

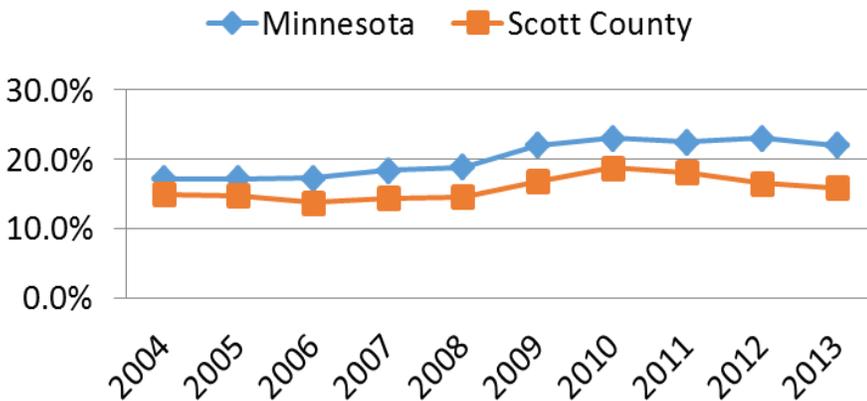


Male, 2011

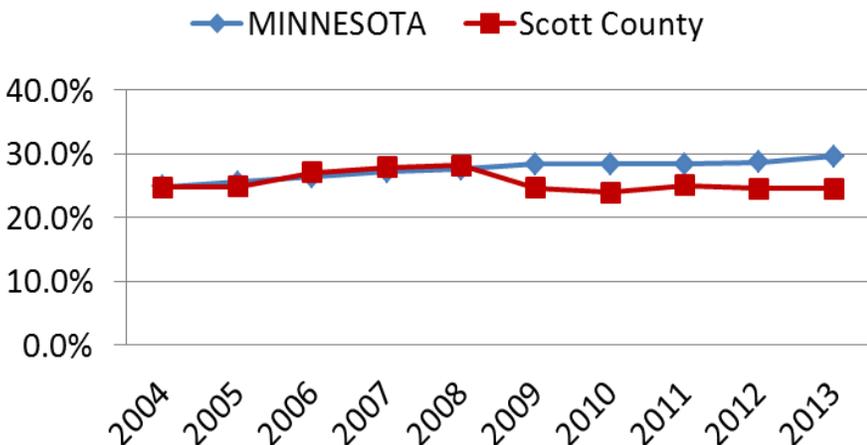
Active Living and Obesity



Leisure-Time Physical Inactivity Prevalence



Obesity Prevalence



Recommended Physical Activity

There is no significant difference between males and females or between Scott County and Minnesota in the prevalence of recommended physical activity though we're slightly more active than the national average.

Obesity

In Scott County, males are slightly more obese than females while there is no difference statewide. Nationally, females have higher rates of obesity.

SOURCE (Previous Page)

[2015 County Report](#)

Active Living and Obesity

Scott County residents have more access to physical activity opportunities than the average Minnesotan as well as lower rates of physical inactivity and obesity.

Leisure-Time Physical Inactivity

Between 2004—2013, Scott County has consistently had a lower prevalence of leisure-time physical inactivity than the state of Minnesotan over the same period of time.

Obesity Prevalence

For the period 2004—2013, the obesity prevalence was similar for Scott County and the state of Minnesota up until 2008 after which the prevalence of obesity in Scott County remained lower than the state of Minnesota.

SOURCES (This Page)

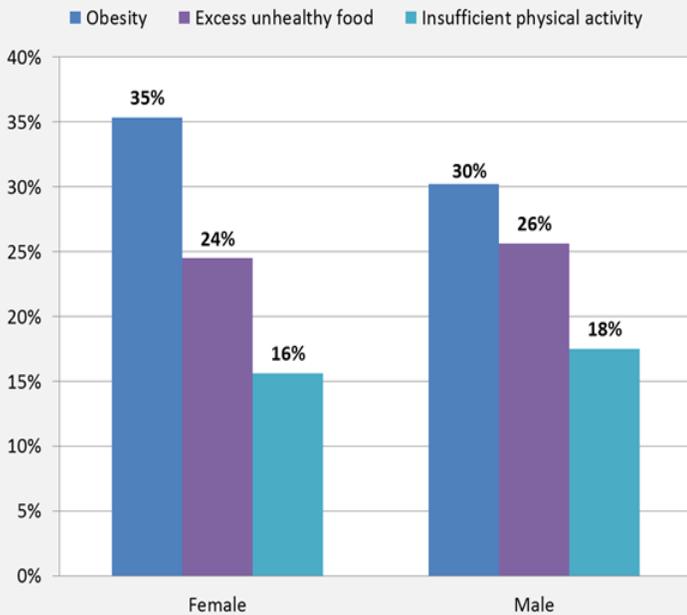
[County Health Rankings](#)

[County Data Indicators, CDC](#)

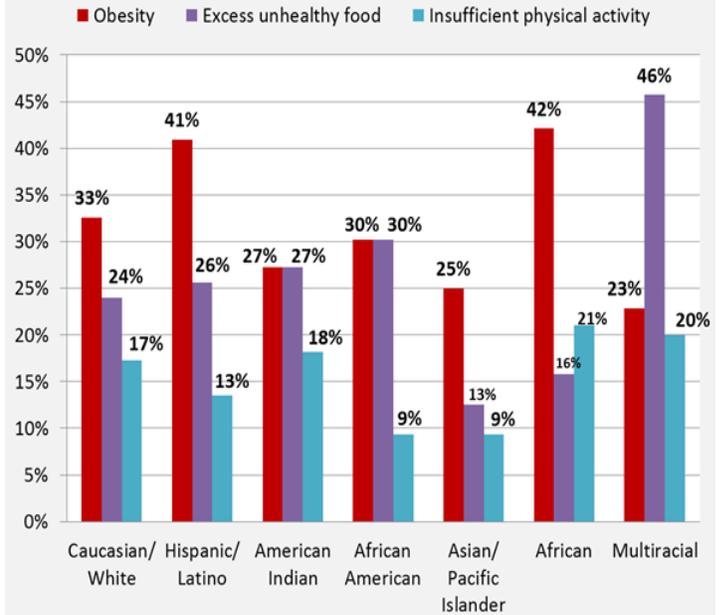
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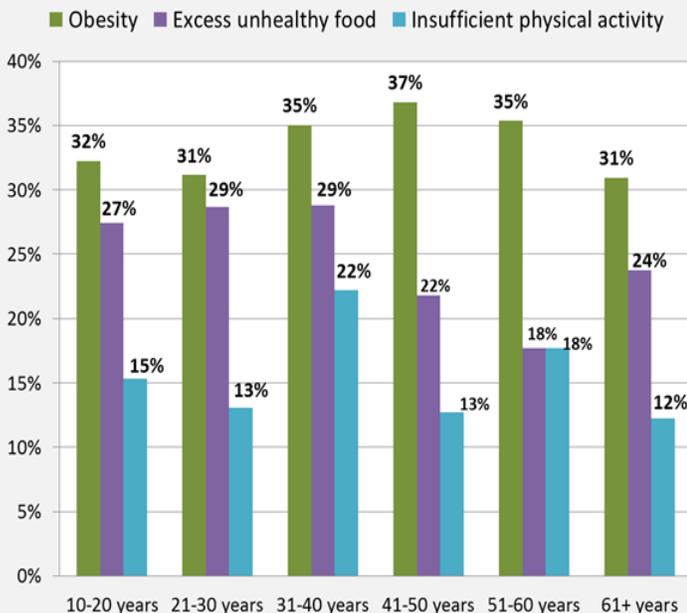
Percent concerned by Gender



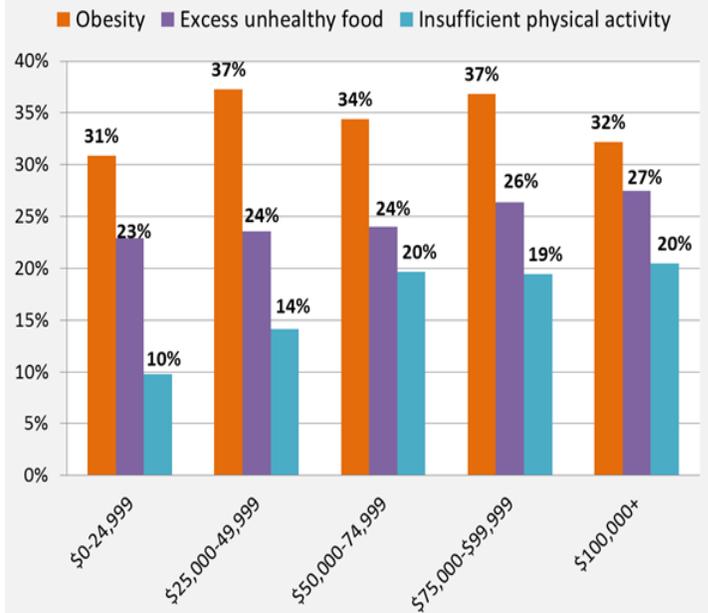
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



ADVERSE CHILDHOOD EXPERIENCES



“Many of our most intractable public health problems are the result of compensatory behaviors such as smoking, overeating, high risk sexual behavior, and alcohol and drug use, which provides immediate relief from emotional problems caused by traumatic childhood experiences.”

Felitti, V. [The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic.](#)

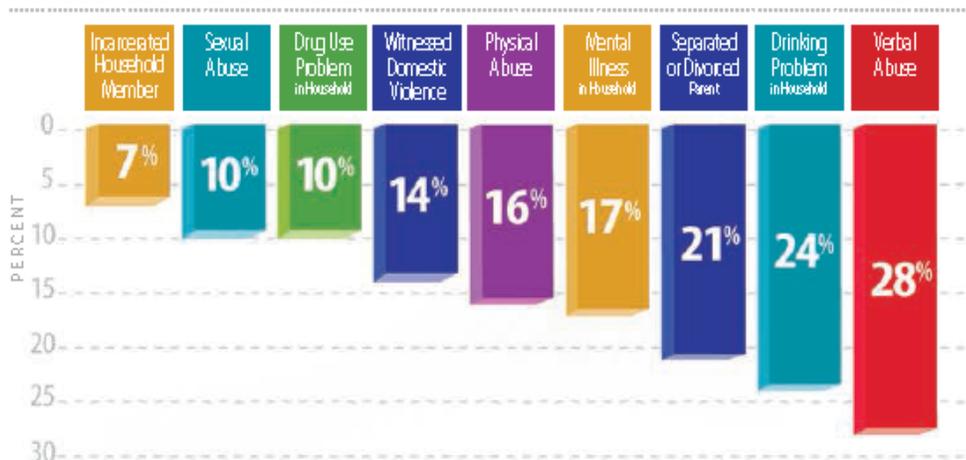
BACKGROUND

Health in young children is created through the makeup of parental genes, economic stability, adequate housing, food, and provision of levels of education; which are often referred to as the social determinants of health. While brain architecture is being constructed prenatally and in young infants, early adverse experiences can weaken brain structure and permanently alter or disrupt normal development. These experiences include poverty, abuse, neglect, lack of adequate food, and household problems such as domestic violence, mental illness, substance use or separation/divorce.

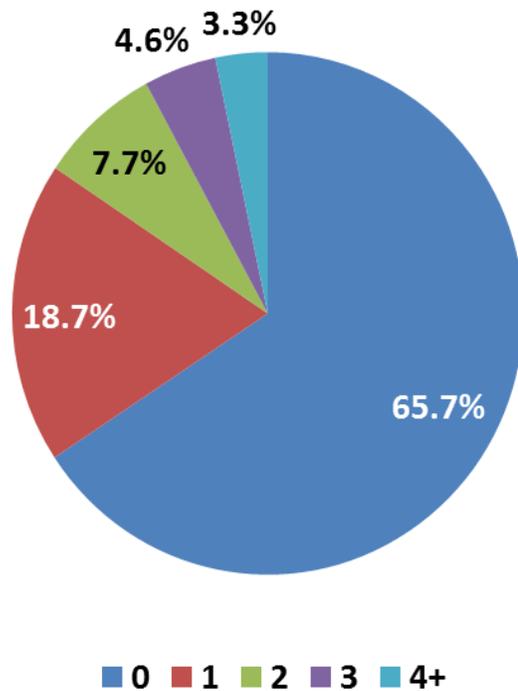
WHY IT'S IMPORTANT

Adverse childhood experiences (ACEs) have been studied among Minnesota adults, and have been found to be common. ACEs are more common among those who did not graduate from high school, are unmarried, rent rather than own, are unemployed, or worry about paying rent/the mortgage or buying food. There is an increased risk of a health condition (asthma, diabetes, or obesity) or behavior (depression, anxiety, chronic drinking or smoking) when an adverse childhood experience is present for adults. Scientific research has demonstrated that the earliest possible identification and intervention has improved childhood well-being building self-sufficiency in adulthood.

PREVALENCE OF INDIVIDUAL ACEs



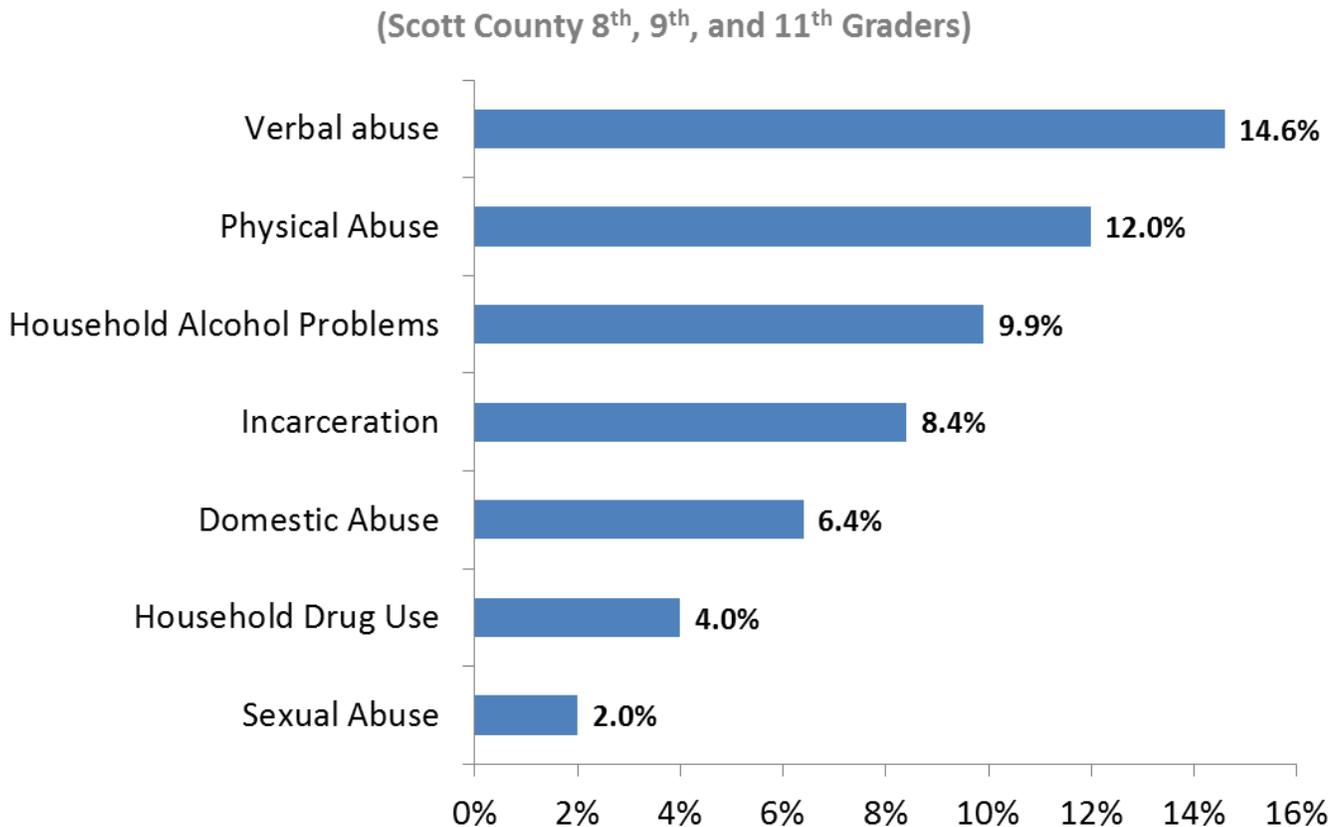
Number of ACEs Reported (Scott County 8th, 9th, and 11th Graders)



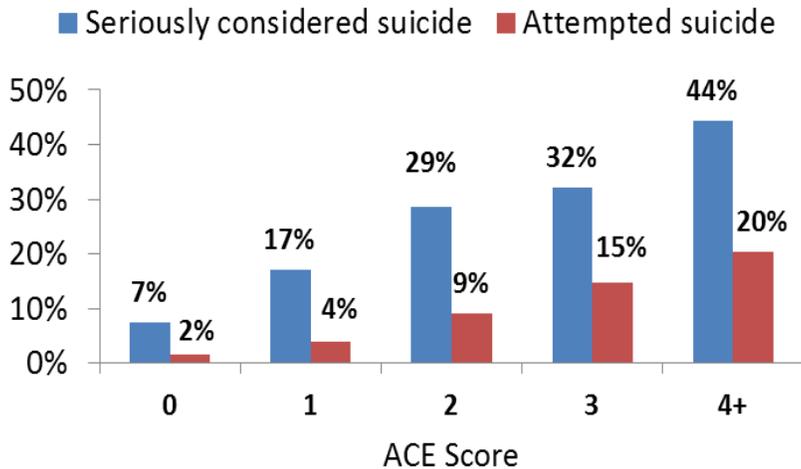
Characteristics of ACEs in our Teens

Data from the 2016 Minnesota Student Survey is helpful to understand the adverse events that Scott County teens face. 35% of teens experience 1 or more ACEs with 3.3% reporting 4+ ACEs. Verbal abuse, perceived physical abuse, and household alcohol problems are the most frequently reported adverse experiences. As the number of ACEs increases, so do thoughts of suicide and suicide attempts. Student drug and alcohol problems resulting in treatment are highest with one reported ACE and 4+ reported ACEs.

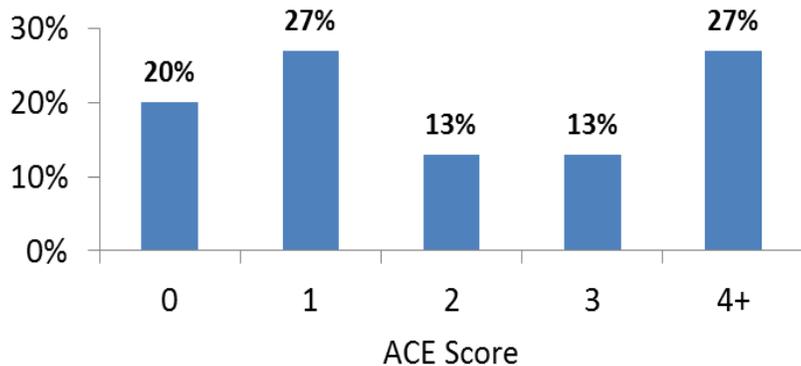
Frequency of ACE Categories (Scott County 8th, 9th, and 11th Graders)



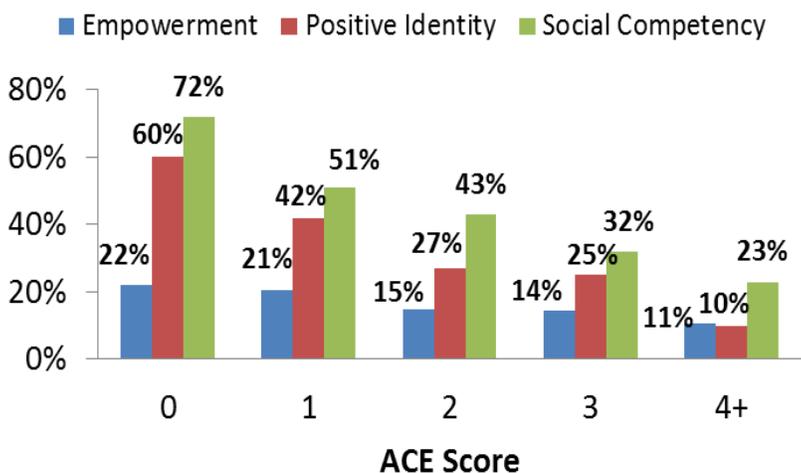
ACE Score and Suicide



ACE Score by Treatment for Drug or Alcohol Problem (Last Year & > One Year Ago)



Protective Factors and ACE Scores



Protective Factors for Our Teens

ACE Scores increase with a decrease in the protective factors in teen’s lives that build resiliency to withstand ACEs. These protective factors are: empowerment, positive identity, and social competency.

Empowerment is . . .

- Feeling valued and appreciated.
- Inclusion in family tasks/decisions.
- Given useful roles/responsibilities.

Positive Identity is . . .

- Feeling in control of your life and the future.
- Feeling good about yourself.
- Feeling good about your future.
- Dealing with disappointment without getting too upset.
- Finding ways to deal with the things that are hard in my life.
- Thinking about one’s purpose in life.

Social Competency is . . .

- Saying no to dangerous/unhealthy things.
- Building friendships with others.
- Appropriately expressing feelings.
- Planning ahead and making good choices.
- Staying away from bad influences.
- Resolving conflicts without anyone getting hurt.
- Accepting people who are different.
- Sensitivity to the needs/feelings of others.

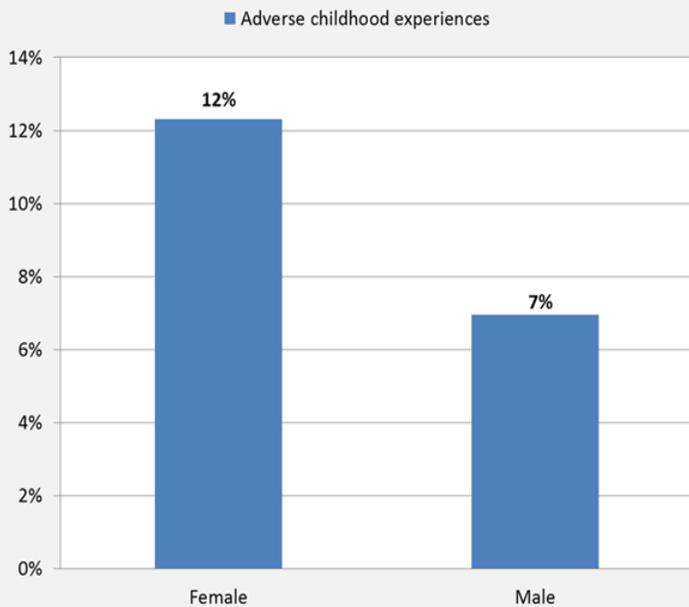
SOURCE:

[Minnesota Student Survey](#)

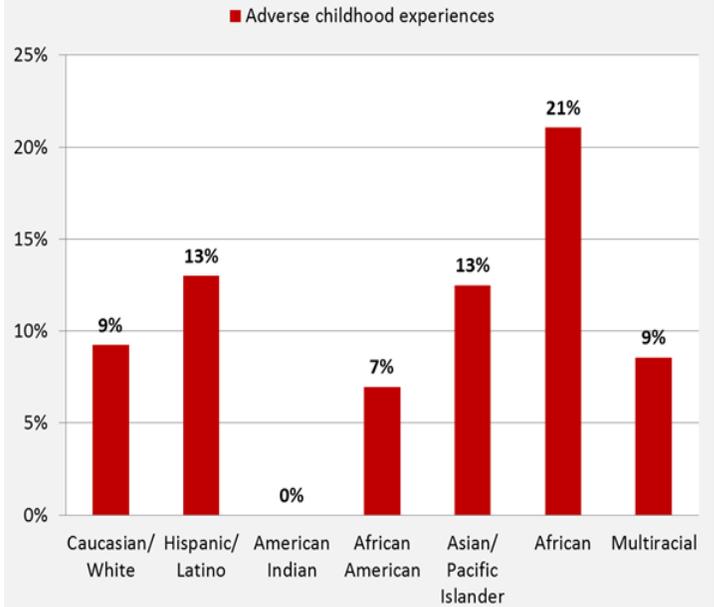
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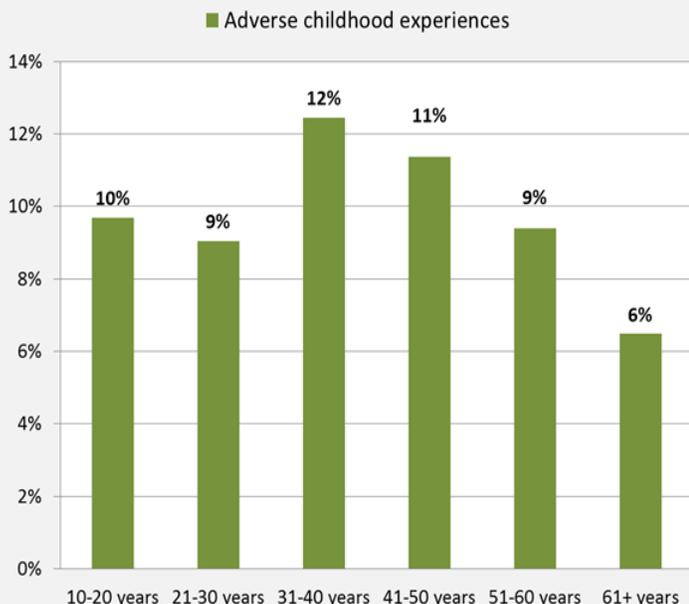
Percent concerned by Gender



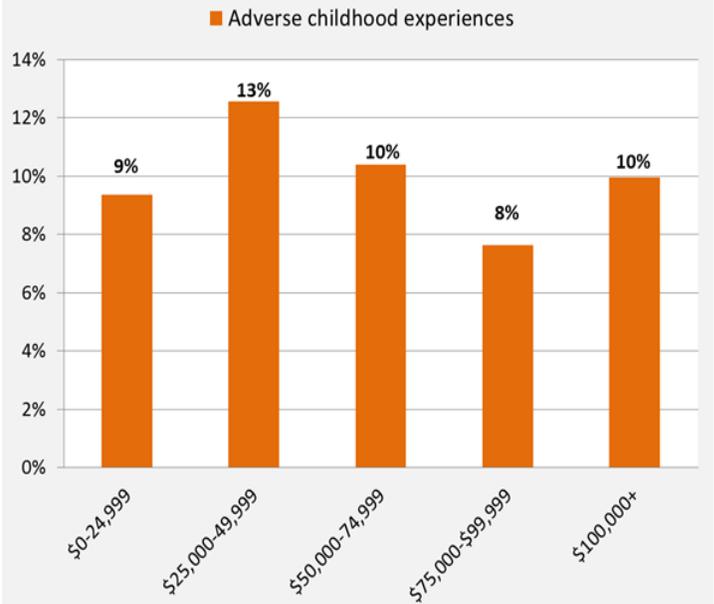
Percent concerned by Race



Percent concerned by Age



Percent concerned by Income



UNINTENTIONAL INJURIES



An American is accidentally injured every second and killed every three minutes by a preventable event – a drug overdose, a vehicle crash, a fall, a drowning or another preventable incident. A total of 14,803 more people died accidentally in 2016 than in 2015, the largest single-year percent rise since 1936.

BACKGROUND

An unintentional injury, is an undesirable, incidental, and unplanned event that could have been prevented had circumstances leading up to the accident been recognized, and acted upon, prior to its occurrence.

WHY IT'S IMPORTANT

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

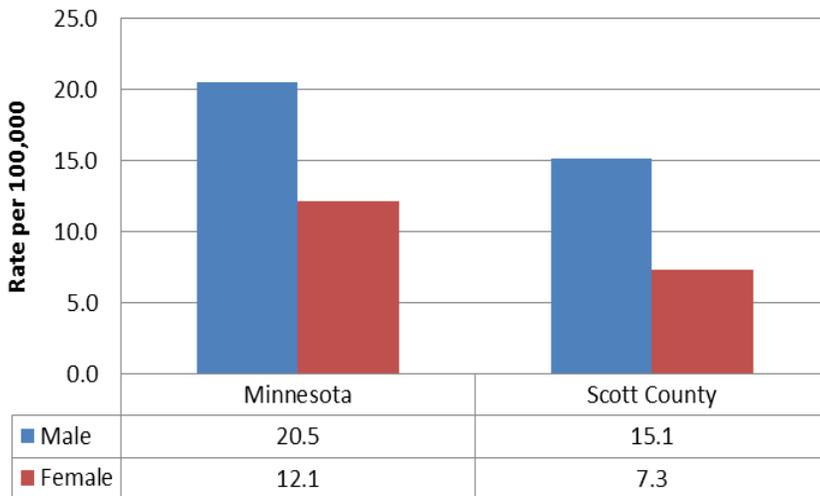
HOW WERE DOING

In 2016, there were no fatalities in Scott County from injured persons who received care in an emergency department while the rate of fatalities statewide was 2 per 100,000 for males and 1.2 per 100,000 for females. For those who were hospitalized, the death rate for males in Scott County was 15.1/100,000 and 7.3/100,000 for females. These were lower than the statewide rates (20.5/100,000 and 12.1/100,000) for males and females respectively.

The Scott County rates of non-fatal unintentional injuries were higher for emergency department treated unintentional injuries (5815.9/100,000 for males and 5067.1/100,000 for females) than the statewide rates (5490.8/100,000 for males and 4653.4/100,000 for females). For their hospitalized counterparts, the rates were lower than the statewide rates (473.2/100,000 for males and 385.9/100,000 for females) vs (525/100,000 for males and 471.4/100,000 for females) .

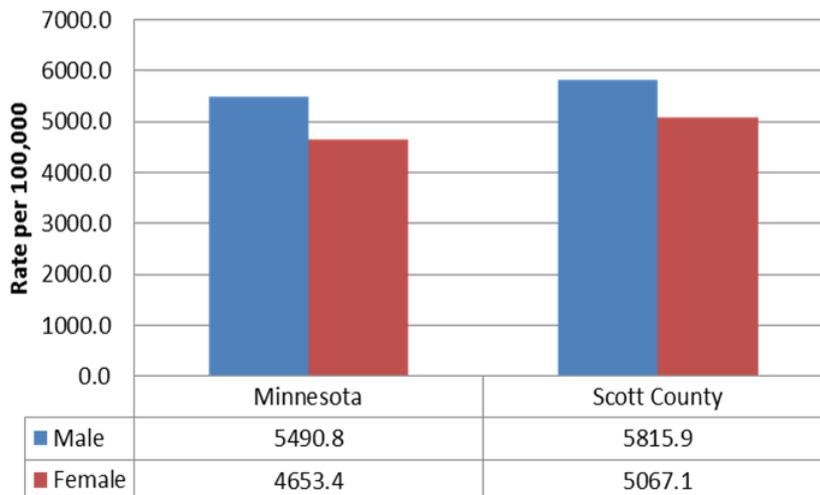
Rates were highest in the elderly for both fatal and non-fatal unintentional injuries.

Rate of All Unintentional Injuries Hospitalized Only (Fatal)



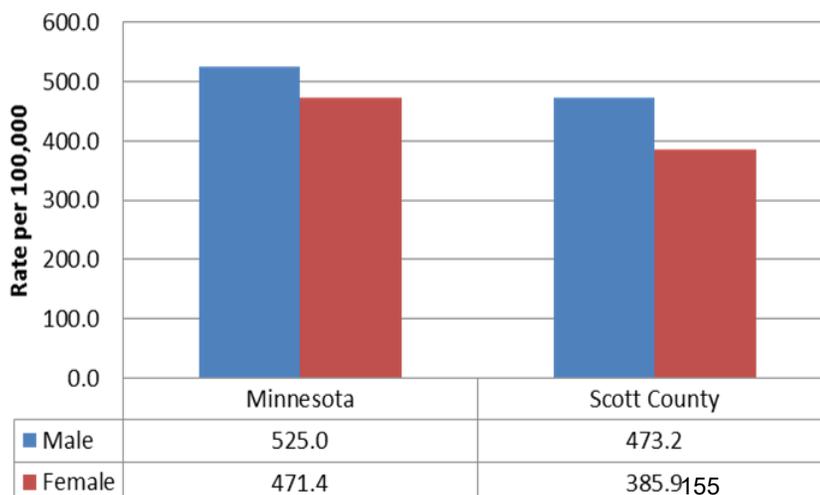
In 2016, the rate of fatalities among individuals hospitalized after sustaining unintentional injuries was higher for males than it was for females. In Minnesota, the rate was 20.5 per 100,000 deaths among males and 12.1 per 100,000 among females. In Scott County, the rate was 15.1 per 100,000 among males and 7.3 per 100,000 among females. The rates are lower for Scott County than they are for the entire state of Minnesota.

Rate of All Unintentional Injuries ER/ED Only (Non-Fatal)



In 2016, the rate of non-fatal emergency room or emergency department visits arising from unintentional injuries was higher for males than it was for females. In Minnesota, the rate was 5490.8 per 100,000 among males and 4653.4 per 100,000 among females. In Scott County, the rate was 5815.9 per 100,000 among males and 5067.1 per 100,000 among females. The rates are slightly lower for Scott County than they are for the entire state of Minnesota.

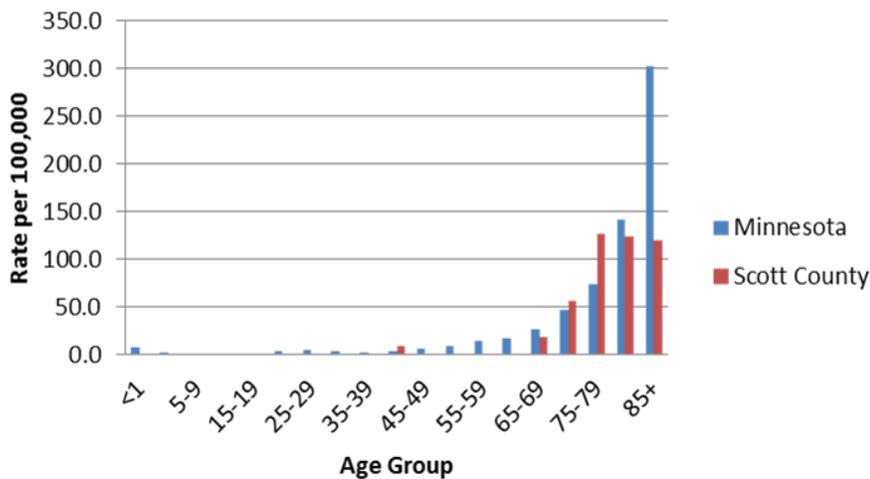
Rate of All Unintentional Injuries Hospitalized Only (Non-Fatal)



In 2016, the rate of non-fatal emergency hospitalizations due to unintentional injuries was higher for males than it was for females. In Minnesota, the rate was 525 per 100,000 among males and 471.4 per 100,000 among females. In Scott County, the rate was 473.2 per 100,000 among males and 385.9 per 100,000 among females. The rates are slightly lower for Scott County than they are for the entire state of Minnesota.

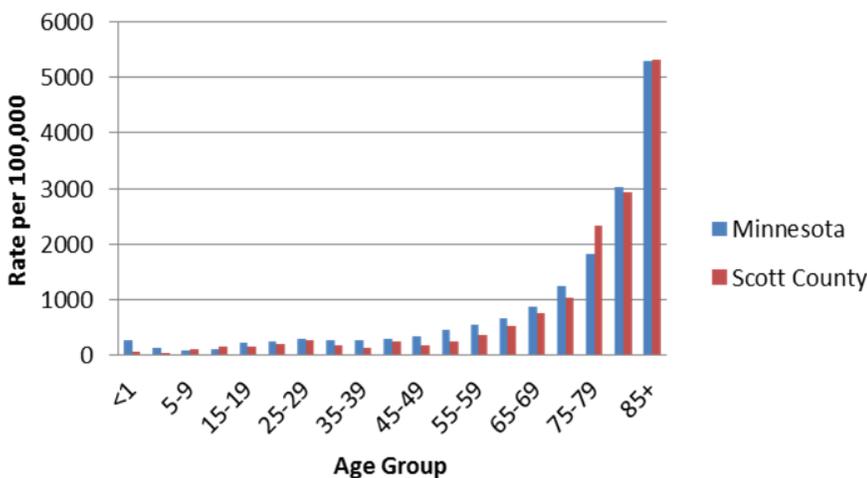
SOURCE: [Minnesota Injury Data Access System \(MIDAS\)](#)

Rate of All Unintentional Injuries Hospitalized Only (Fatal)



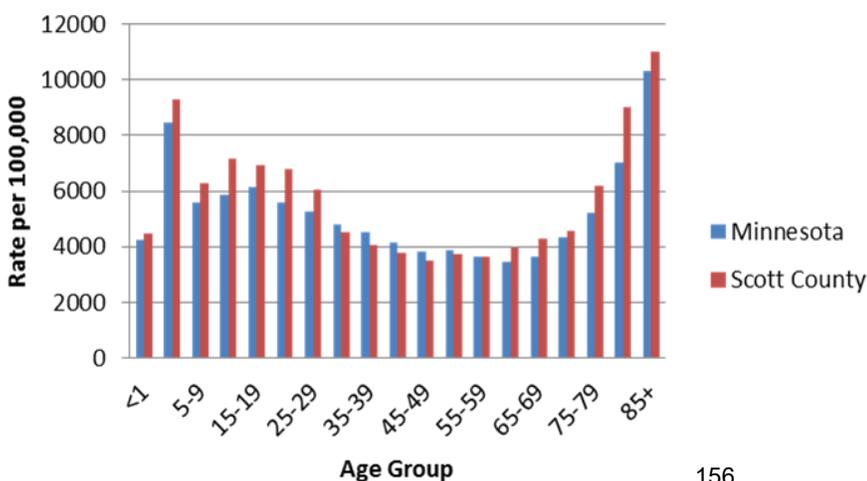
In 2016, the rate of fatalities among individuals hospitalized after sustaining unintentional injuries increased with age starting about 50+ years. The fatalities were highest among persons aged 85 years and above for the entire state (300 per 100,000). The rate was consistently higher for the state of Minnesota than that of Scott County except among 75 – 79 year olds (126.6 per 100,000 for Scott County against 73.8 per 100,000 for the entire state). The trend was similar for non-fatal hospitalizations as a result of unintentional injuries.

Rate of All Unintentional Injuries Hospitalized Only (Non-Fatal)



In 2016, the rate of non-fatal emergency room or emergency department visits arising from unintentional injuries was high among 1—4 year olds for both the state of Minnesota (8467.16 per 100,000) and Scott County (9268.41 per 100,000). The rate gradually decreased, plateaued and gradually rose again starting at the 75—79 year age group and was highest among the 85 years and above age group (10,312.99 per 100,000) for the state of Minnesota and (11,011.37 per 100,000) for Scott County). The rates were general higher for Scott County up until the 25—29 years age group after which the rates were higher for the state of Minnesota. This trend continued only until the 60—63 years age group after which Scott County rates superseded those of the state.

Rate of All Unintentional Injuries ER/ED Only (Non-Fatal)



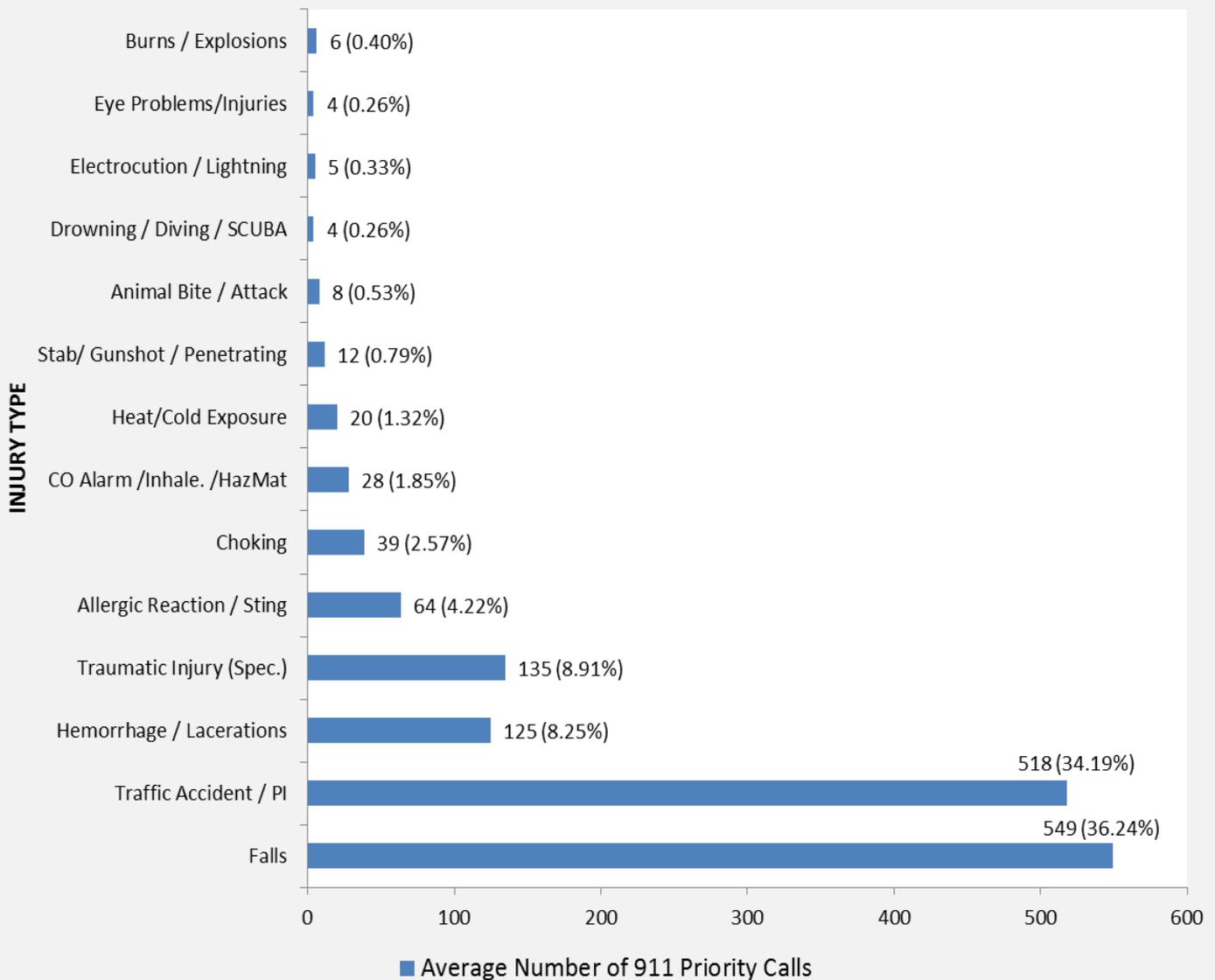
SOURCE:

[Minnesota Injury Data Access System \(MIDAS\)](#)

SUMMARY OF INJURY RELATED 911 PRIORITY CALLS

Between 2014 and 2017, over six thousand (6,058) 9-1-1 priority calls responded to unintentional injuries in Scott County. 70% of these calls were related to either falls (2,195 or 36.24%) or traffic accident / personal injury (2,073 or 34.19%). Traumatic injuries came in third with 539 calls (8.91%) while hemorrhages/lacerations accounted for 499 of the calls (8.25%). Allergic reactions/stings prompted 254 of the calls (2.57%) while carbon-monoxide alarms/inhalation/hazardous materials were responsible for 111 of the calls (1.85%). 81 calls (1.32%) were made because of heat/cold exposure while the remaining 149 calls were distributed between stab/gunshot/penetrating (48 or 0.79%); animal bite/attack (30 or 0.53%); burns/explosions (22 or 0.40%); electrocution/lightning (19 or 0.33%); drowning/diving/scuba (16 or 0.26%); and eye problems/injuries (14 or 0.26%).

**Average Annual Number of 911 Priority Calls by Injury Type
(2014 - 2017)**

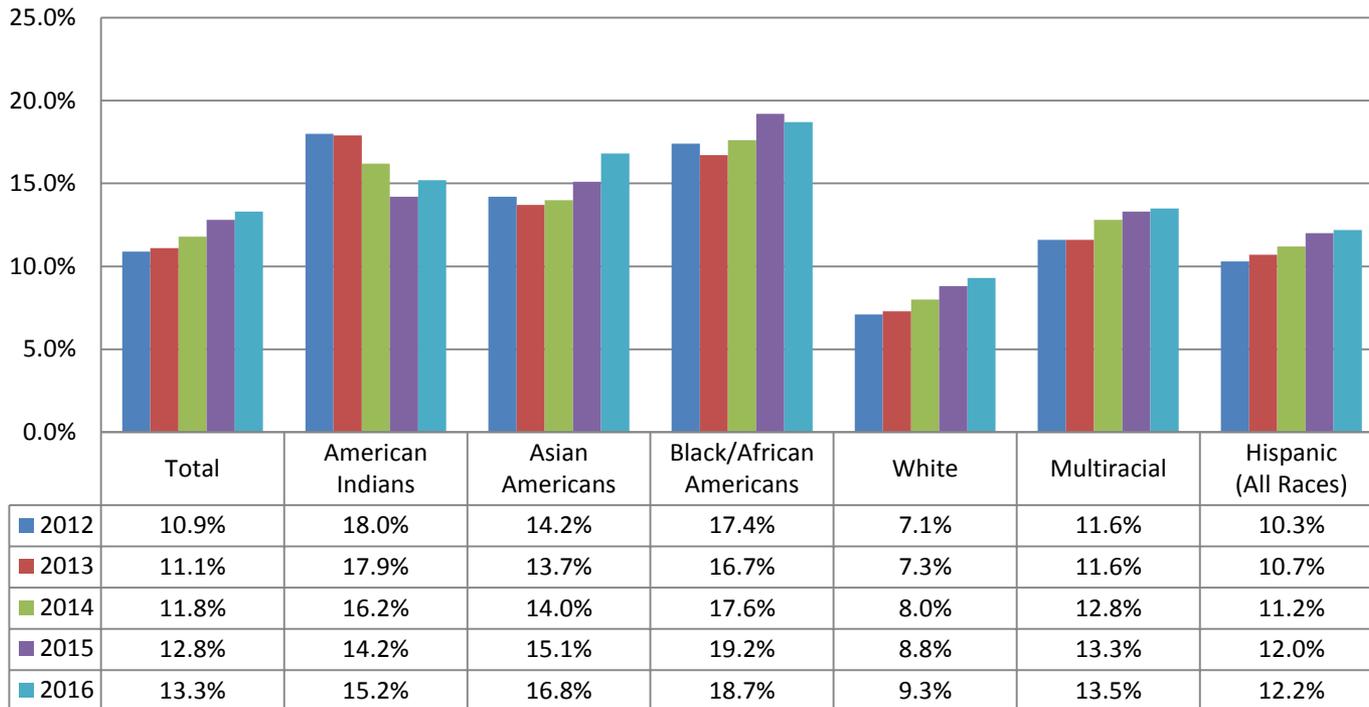


Women, Infants and Children (WIC) Program Data

This section contains charts on data for Minnesota and Scott County WIC program elements and clients from 2012 – 2016. This data will be analyzed further, and a narrative will be added at a later time.

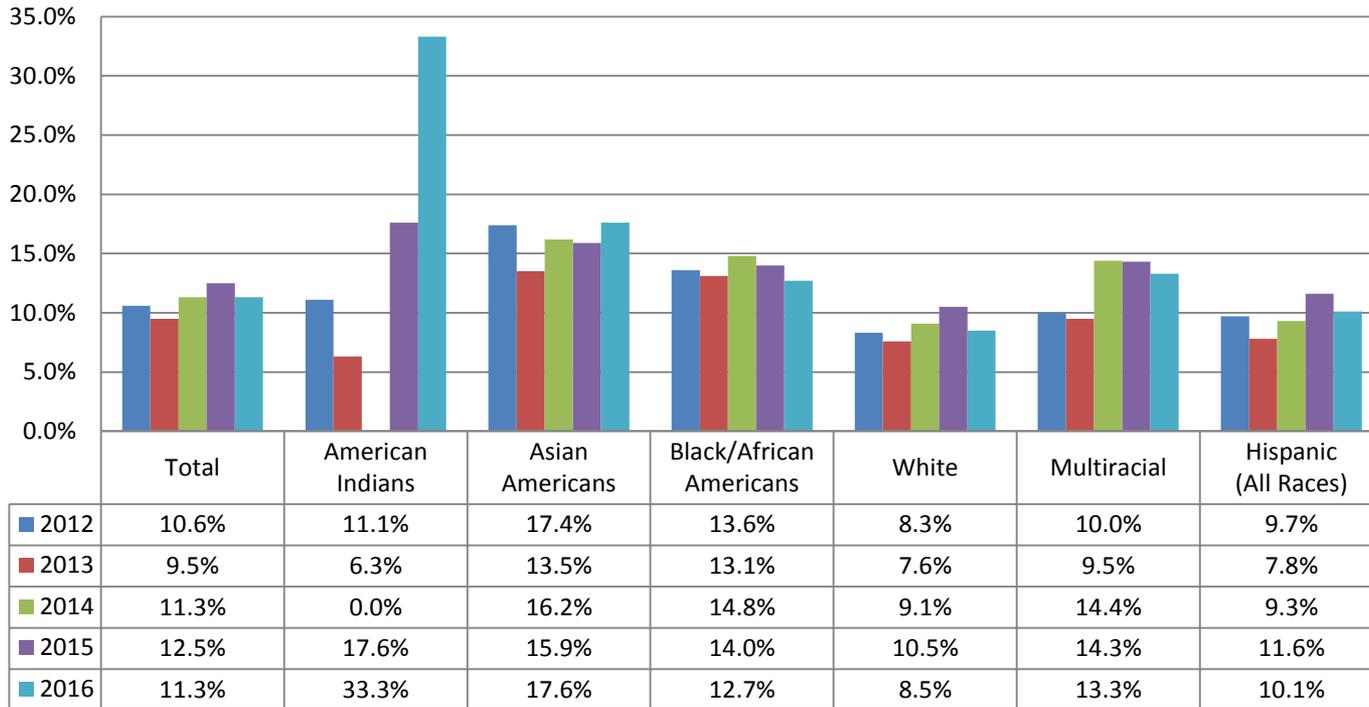
Anemia in Infants and Children Participating in Minnesota WIC

by Race and Ethnicity: Statewide



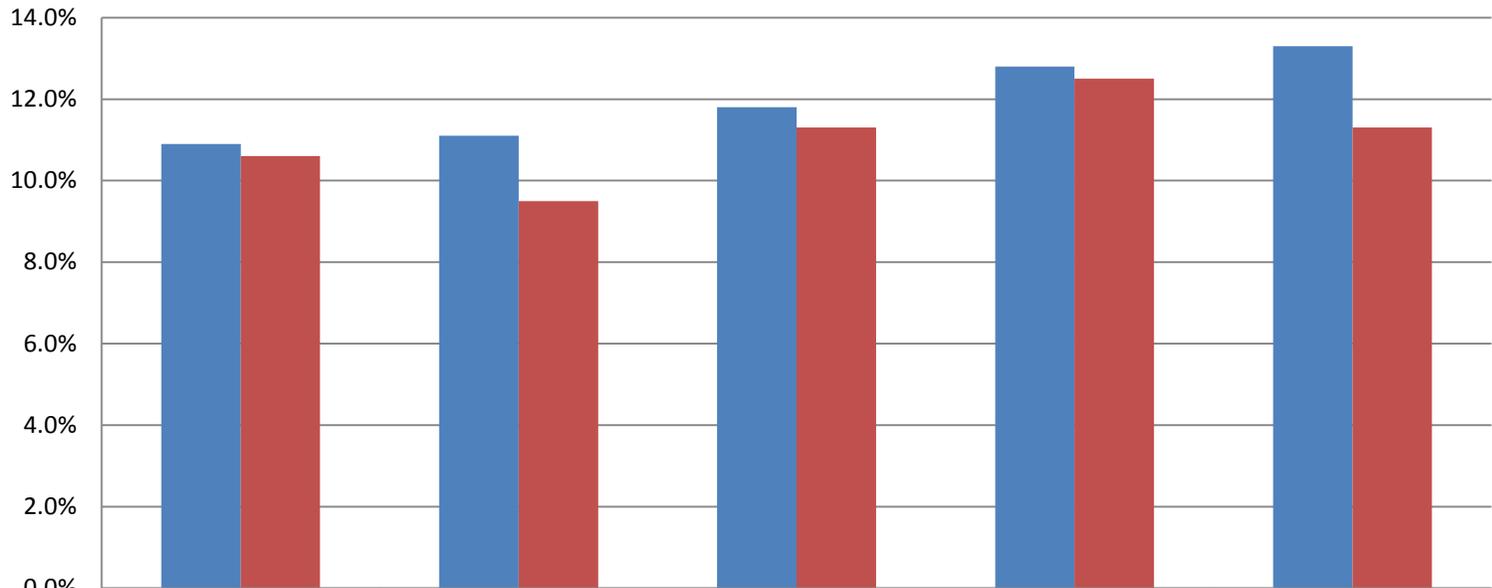
Anemia in Infants and Children Participating in Minnesota WIC

by Race and Ethnicity: Scott County



Anemia in Infants and Children Participating in Minnesota WIC

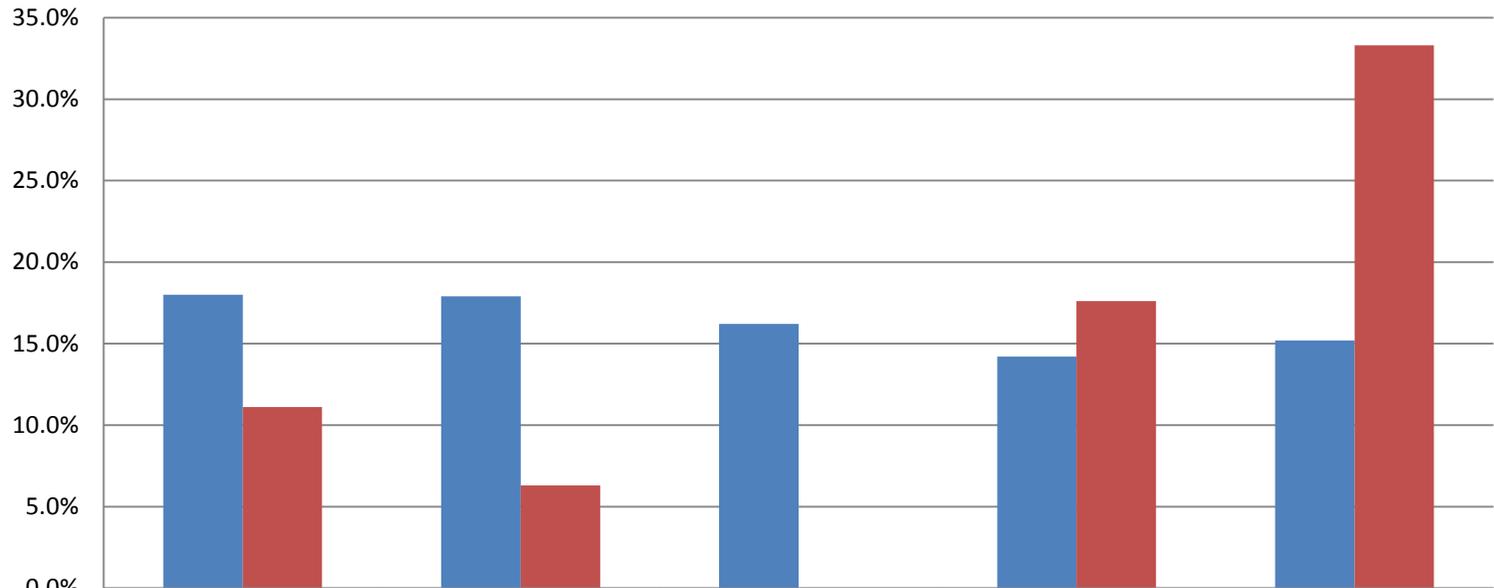
by Race and Ethnicity: All



	2012	2013	2014	2015	2016
■ Minnesota	10.9%	11.1%	11.8%	12.8%	13.3%
■ Scott County	10.6%	9.5%	11.3%	12.5%	11.3%

Anemia in Infants and Children Participating in Minnesota WIC

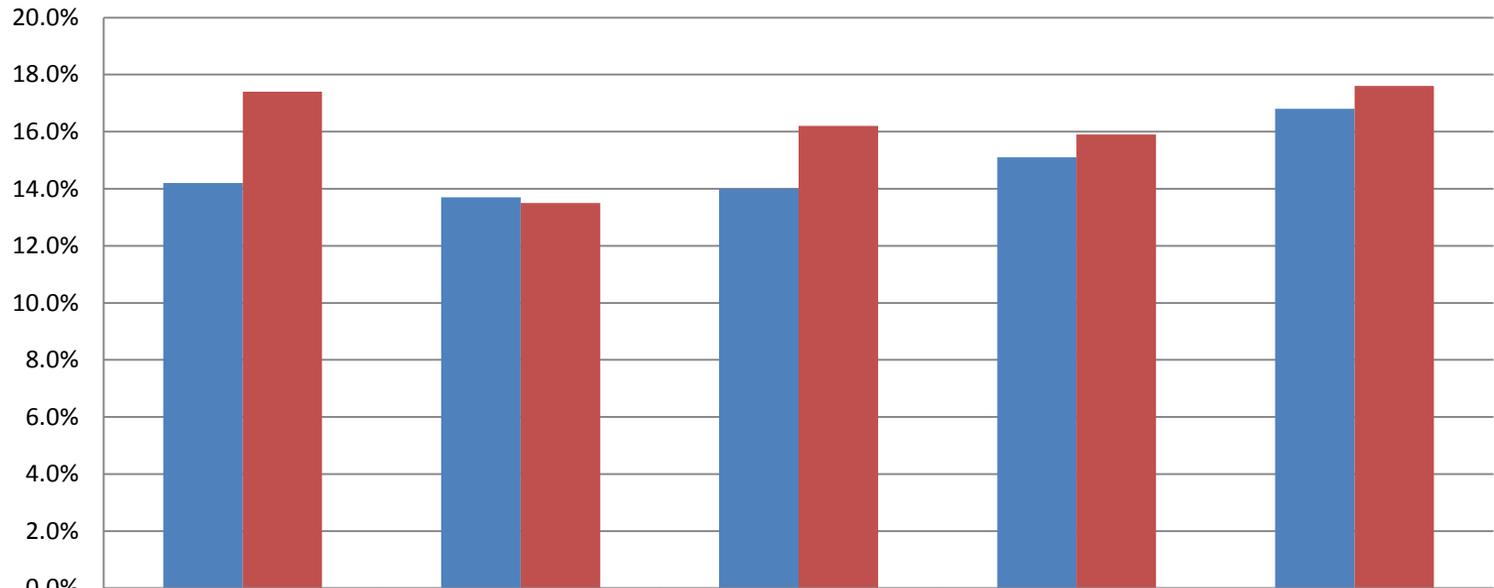
by Race and Ethnicity: American Indians



	2012	2013	2014	2015	2016
■ Minnesota	18.0%	17.9%	16.2%	14.2%	15.2%
■ Scott County	11.1%	6.3%	0.0%	17.6%	33.3%

Anemia in Infants and Children Participating in Minnesota WIC

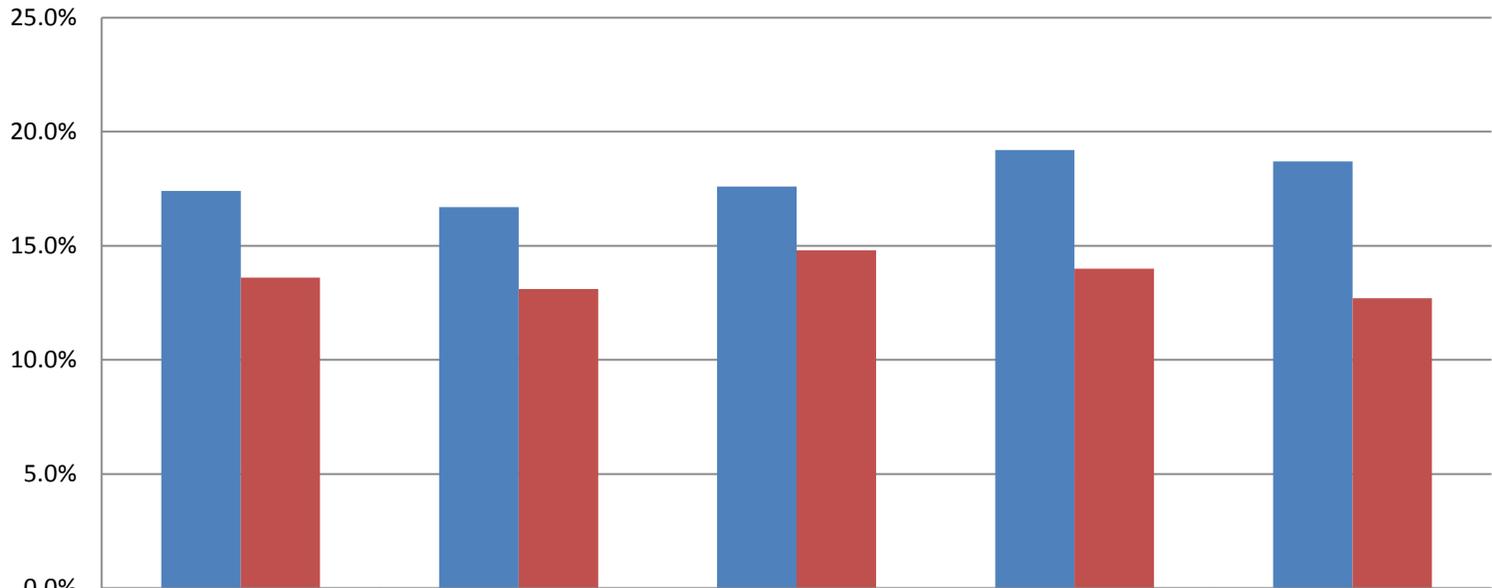
by Race and Ethnicity: Asian Americans



	2012	2013	2014	2015	2016
■ Minnesota	14.2%	13.7%	14.0%	15.1%	16.8%
■ Scott County	17.4%	13.5%	16.2%	15.9%	17.6%

Anemia in Infants and Children Participating in Minnesota WIC

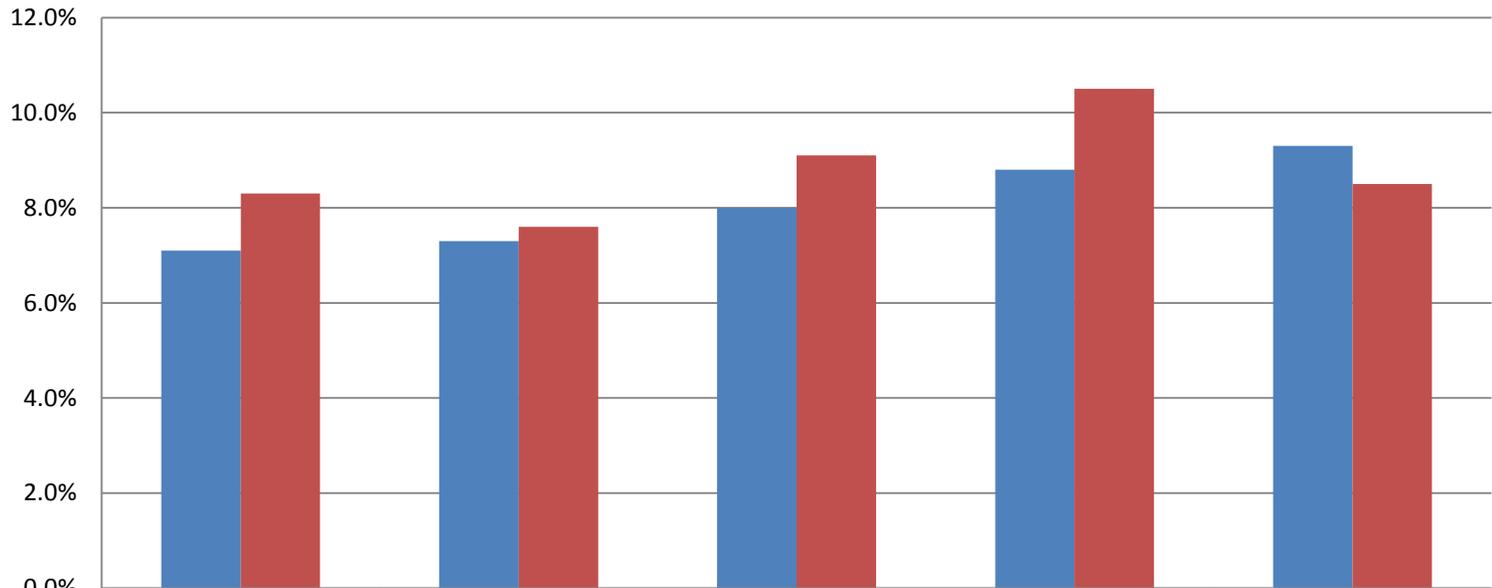
by Race and Ethnicity: Black/African Americans



	2012	2013	2014	2015	2016
■ Minnesota	17.4%	16.7%	17.6%	19.2%	18.7%
■ Scott County	13.6%	13.1%	14.8%	14.0%	12.7%

Anemia in Infants and Children Participating in Minnesota WIC

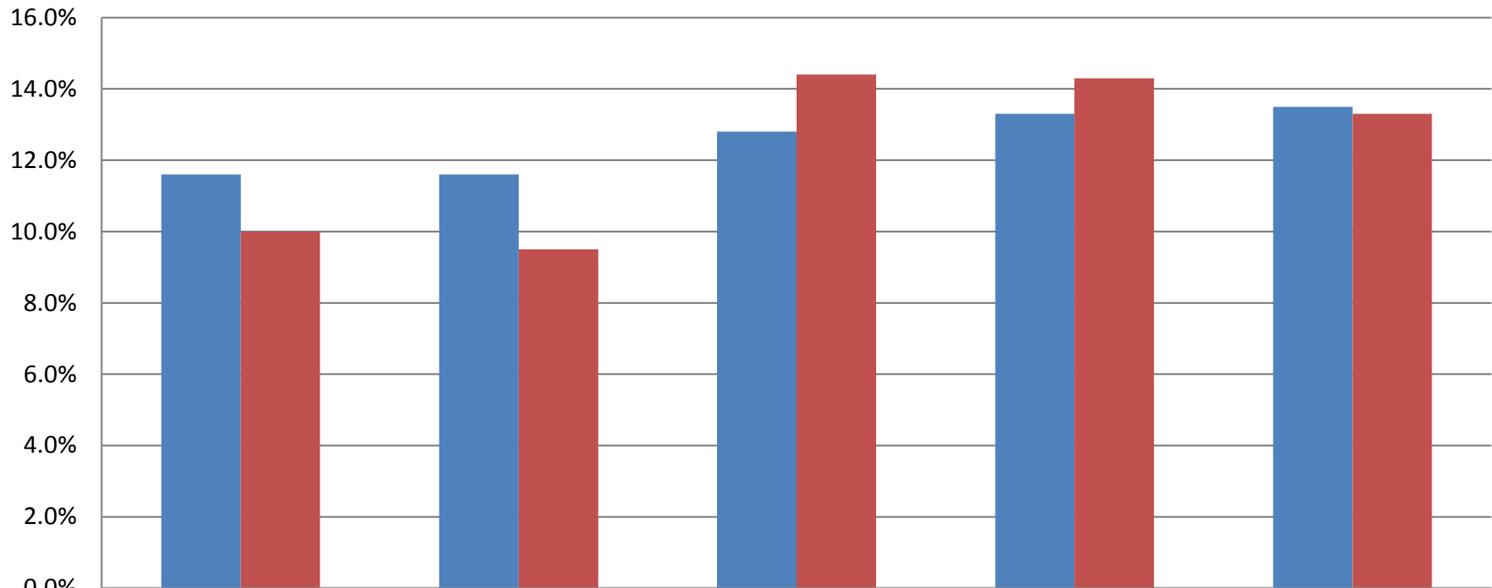
by Race and Ethnicity: Whites



	2012	2013	2014	2015	2016
■ Minnesota	7.1%	7.3%	8.0%	8.8%	9.3%
■ Scott County	8.3%	7.6%	9.1%	10.5%	8.5%

Anemia in Infants and Children Participating in Minnesota WIC

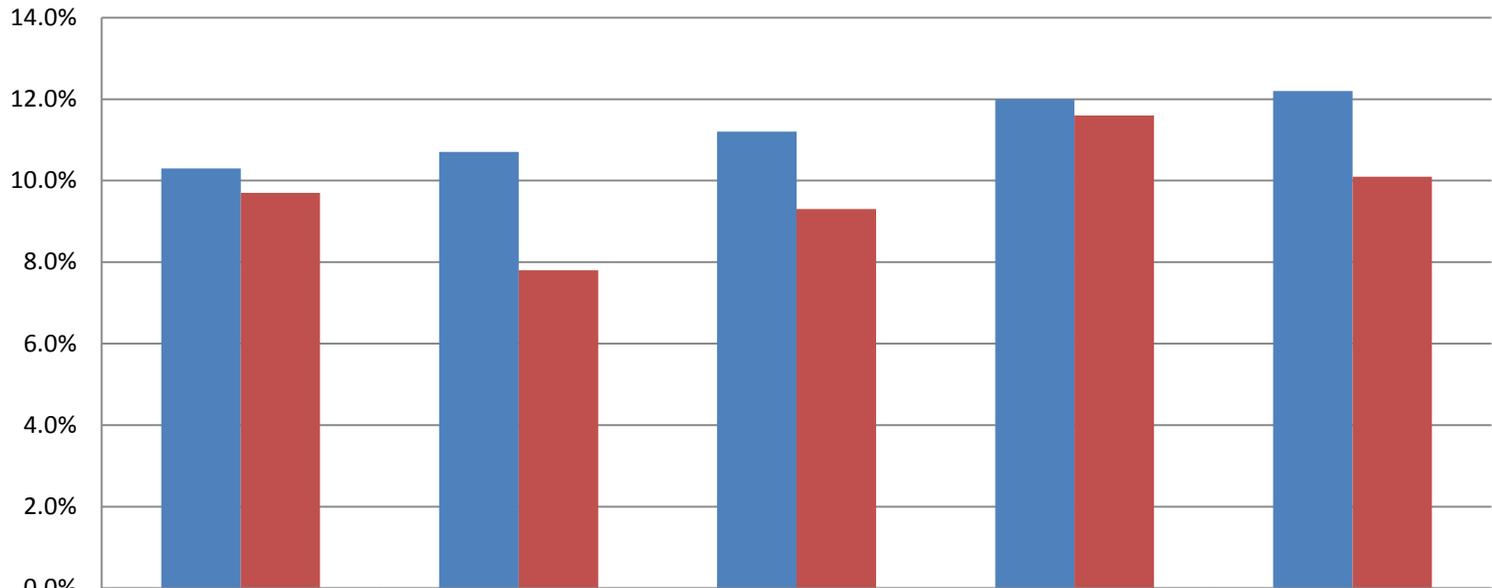
by Race and Ethnicity: Multiracial



	2012	2013	2014	2015	2016
■ Minnesota	11.6%	11.6%	12.8%	13.3%	13.5%
■ Scott County	10.0%	9.5%	14.4%	14.3%	13.3%

Anemia in Infants and Children Participating in Minnesota WIC

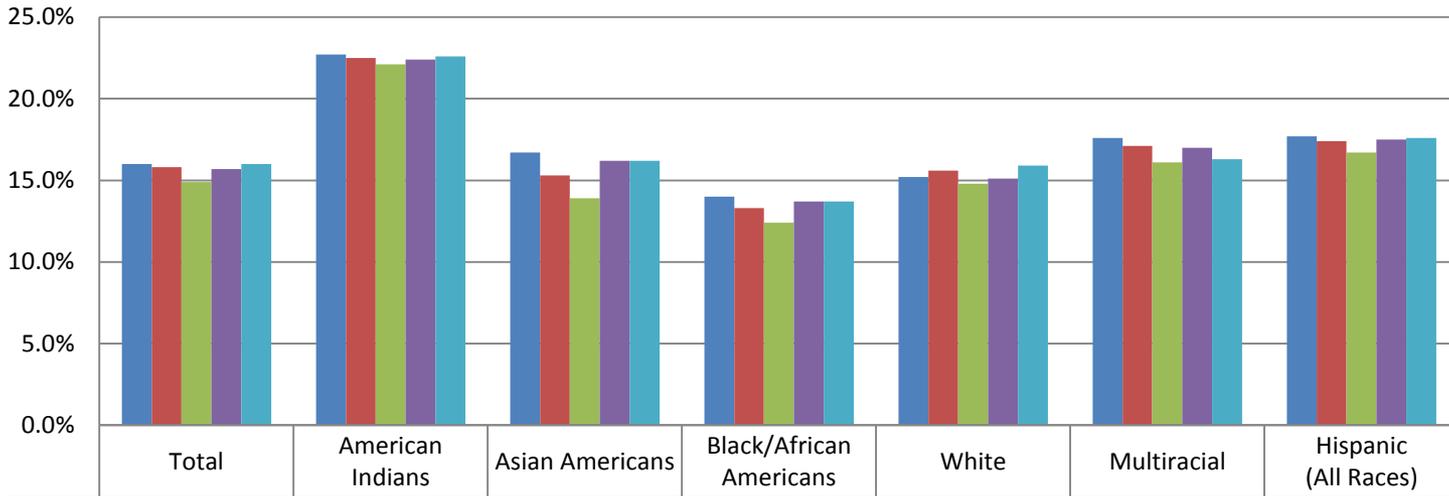
by Race and Ethnicity: Hispanic (All Races)



	2012	2013	2014	2015	2016
■ Minnesota	10.3%	10.7%	11.2%	12.0%	12.2%
■ Scott County	9.7%	7.8%	9.3%	11.6%	10.1%

Overweight Children (2 - 5 YO) Participating in Minnesota WIC

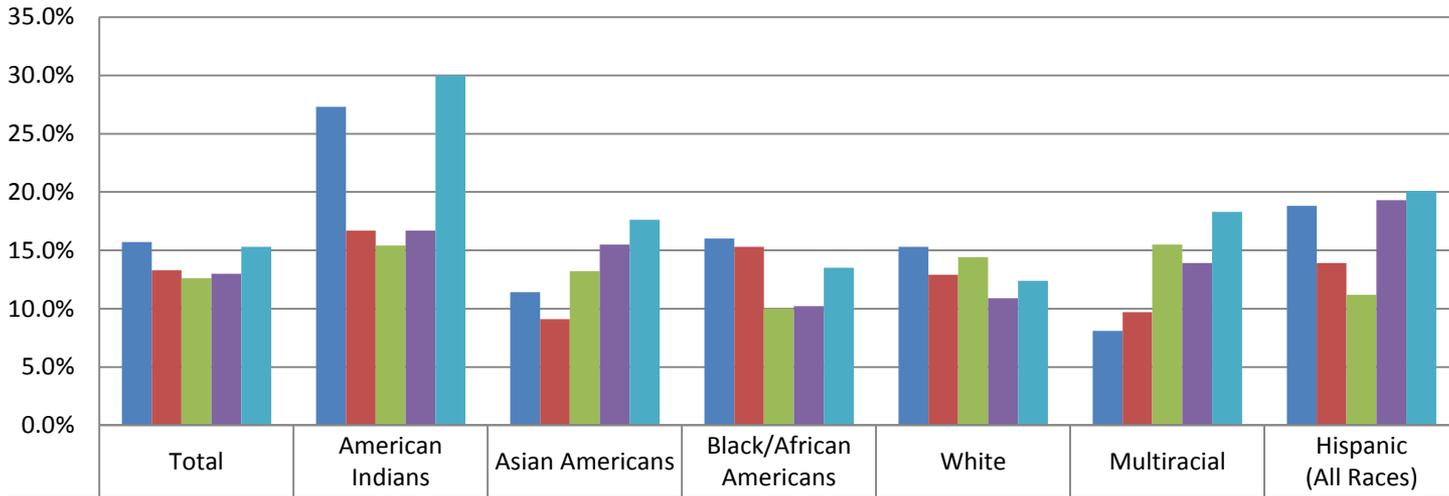
by Race and Ethnicity: Statewide



	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
■ 2012	16.0%	22.7%	16.7%	14.0%	15.2%	17.6%	17.7%
■ 2013	15.8%	22.5%	15.3%	13.3%	15.6%	17.1%	17.4%
■ 2014	14.9%	22.1%	13.9%	12.4%	14.8%	16.1%	16.7%
■ 2015	15.7%	22.4%	16.2%	13.7%	15.1%	17.0%	17.5%
■ 2016	16.0%	22.6%	16.2%	13.7%	15.9%	16.3%	17.6%

Overweight Children (2 - 5 YO) Participating in Minnesota WIC

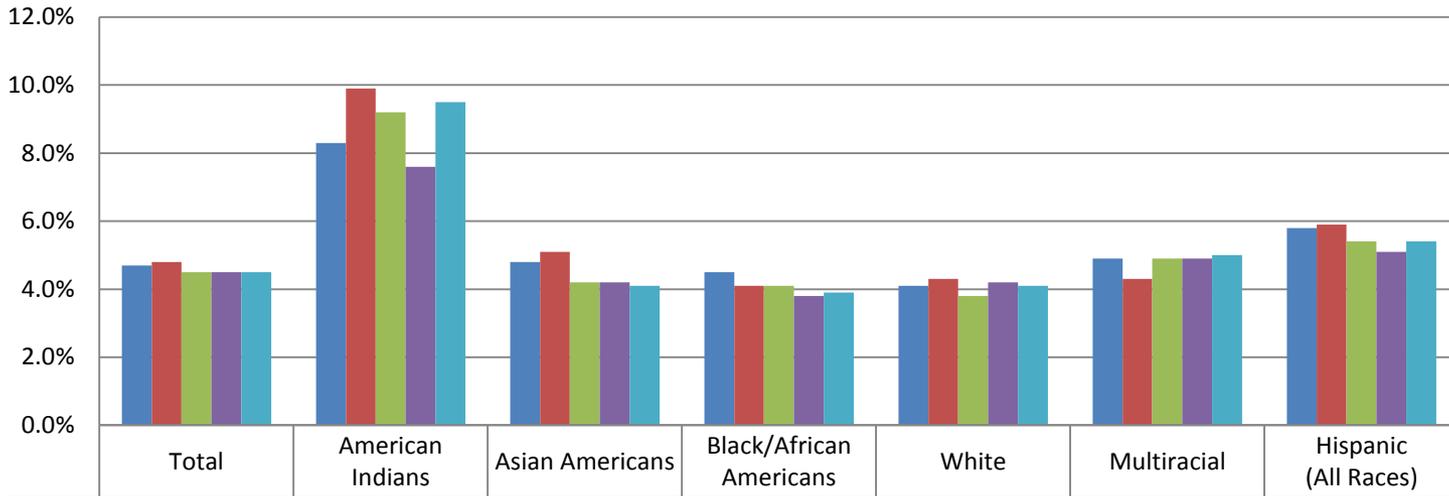
by Race and Ethnicity: Scott County



	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
■ 2012	15.7%	27.3%	11.4%	16.0%	15.3%	8.1%	18.8%
■ 2013	13.3%	16.7%	9.1%	15.3%	12.9%	9.7%	13.9%
■ 2014	12.6%	15.4%	13.2%	10.0%	14.4%	15.5%	11.2%
■ 2015	13.0%	16.7%	15.5%	10.2%	10.9%	13.9%	19.3%
■ 2016	15.3%	30.0%	17.6%	13.5%	12.4%	18.3%	20.1%

Obese Children (2 - 5 YO) Participating in Minnesota WIC

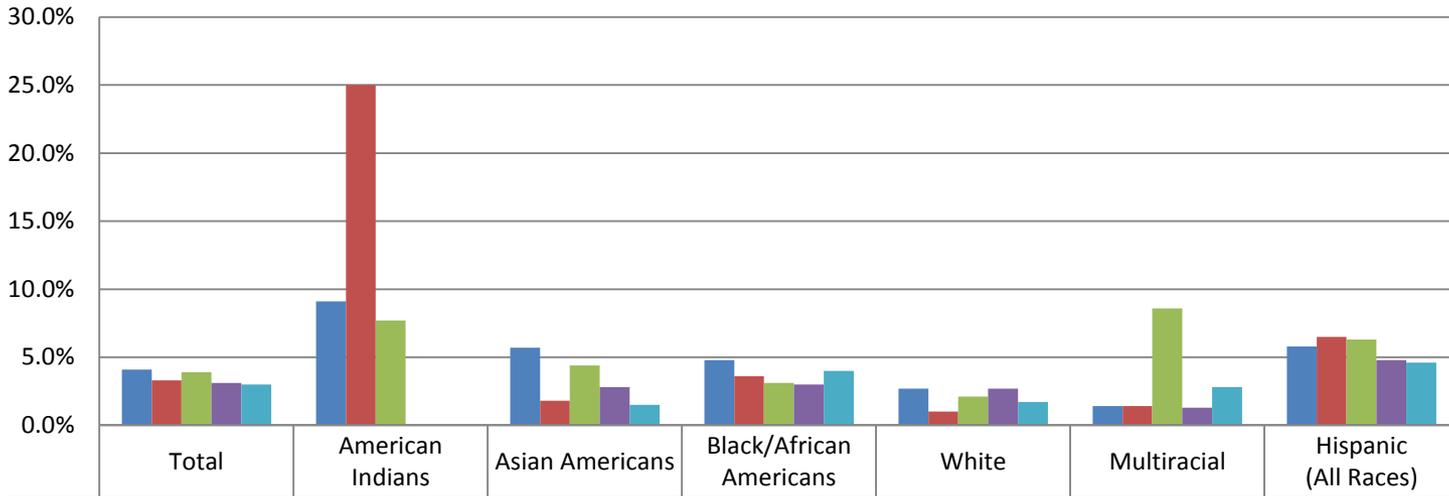
by Race and Ethnicity: Statewide



	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
2012	4.7%	8.3%	4.8%	4.5%	4.1%	4.9%	5.8%
2013	4.8%	9.9%	5.1%	4.1%	4.3%	4.3%	5.9%
2014	4.5%	9.2%	4.2%	4.1%	3.8%	4.9%	5.4%
2015	4.5%	7.6%	4.2%	3.8%	4.2%	4.9%	5.1%
2016	4.5%	9.5%	4.1%	3.9%	4.1%	5.0%	5.4%

Obese Children (2 - 5 YO) Participating in Minnesota WIC

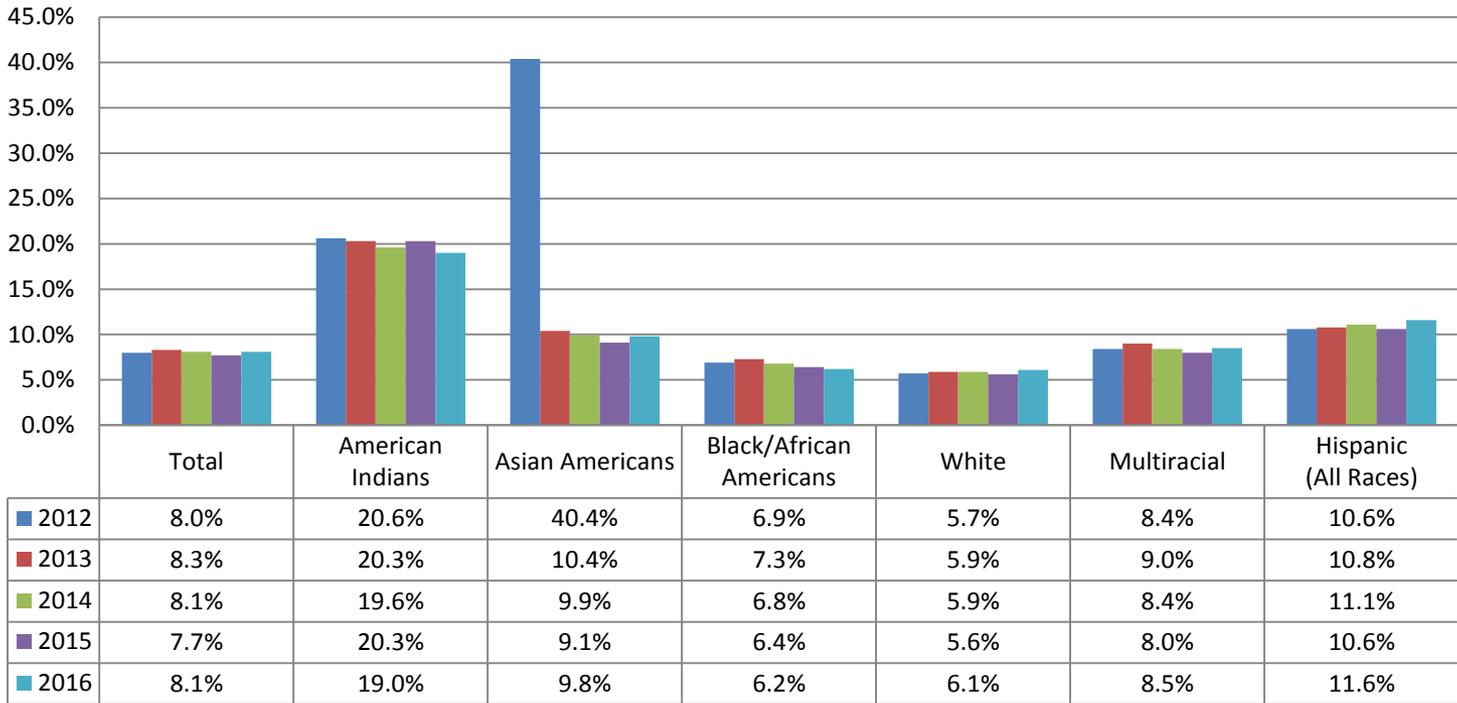
by Race and Ethnicity: Scott County



	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
■ 2012	4.1%	9.1%	5.7%	4.8%	2.7%	1.4%	5.8%
■ 2013	3.3%	25.0%	1.8%	3.6%	1.0%	1.4%	6.5%
■ 2014	3.9%	7.7%	4.4%	3.1%	2.1%	8.6%	6.3%
■ 2015	3.1%	0.0%	2.8%	3.0%	2.7%	1.3%	4.8%
■ 2016	3.0%	0.0%	1.5%	4.0%	1.7%	2.8%	4.6%

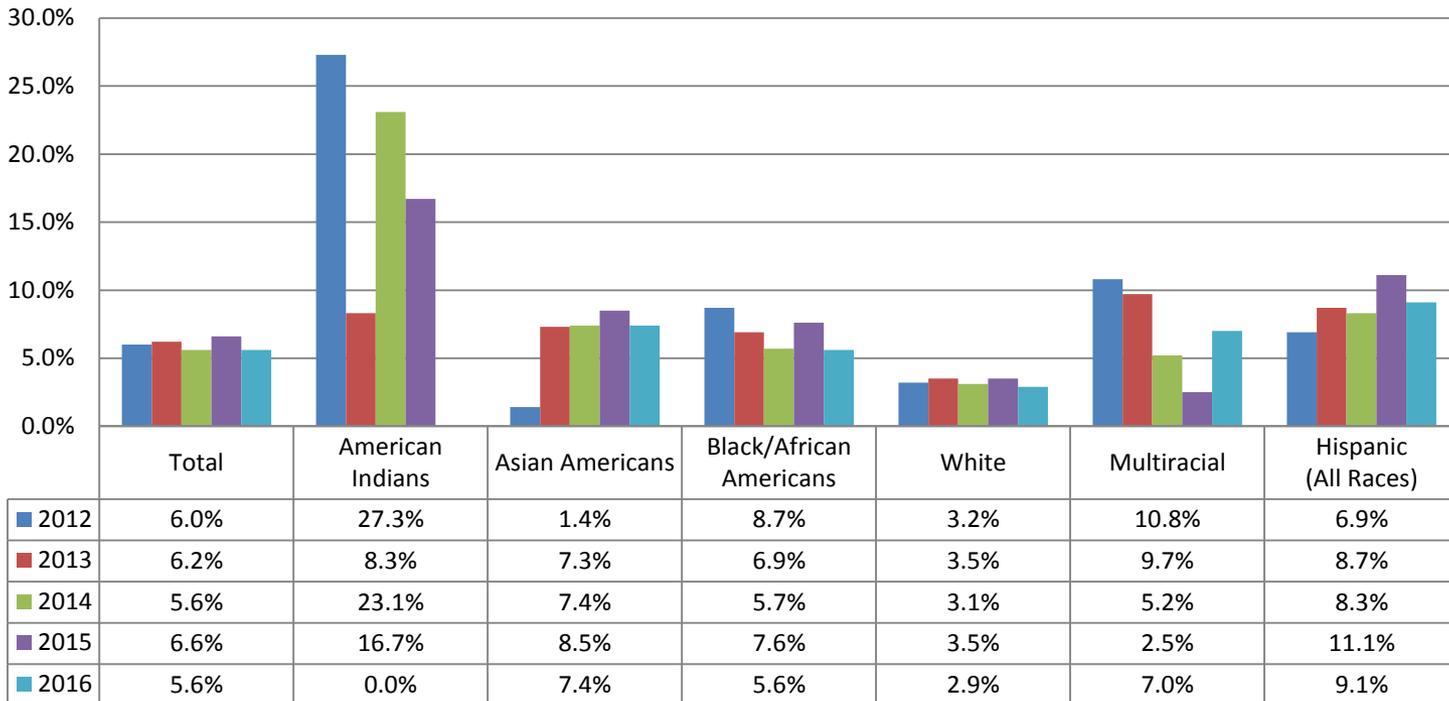
Very Obese Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Statewide



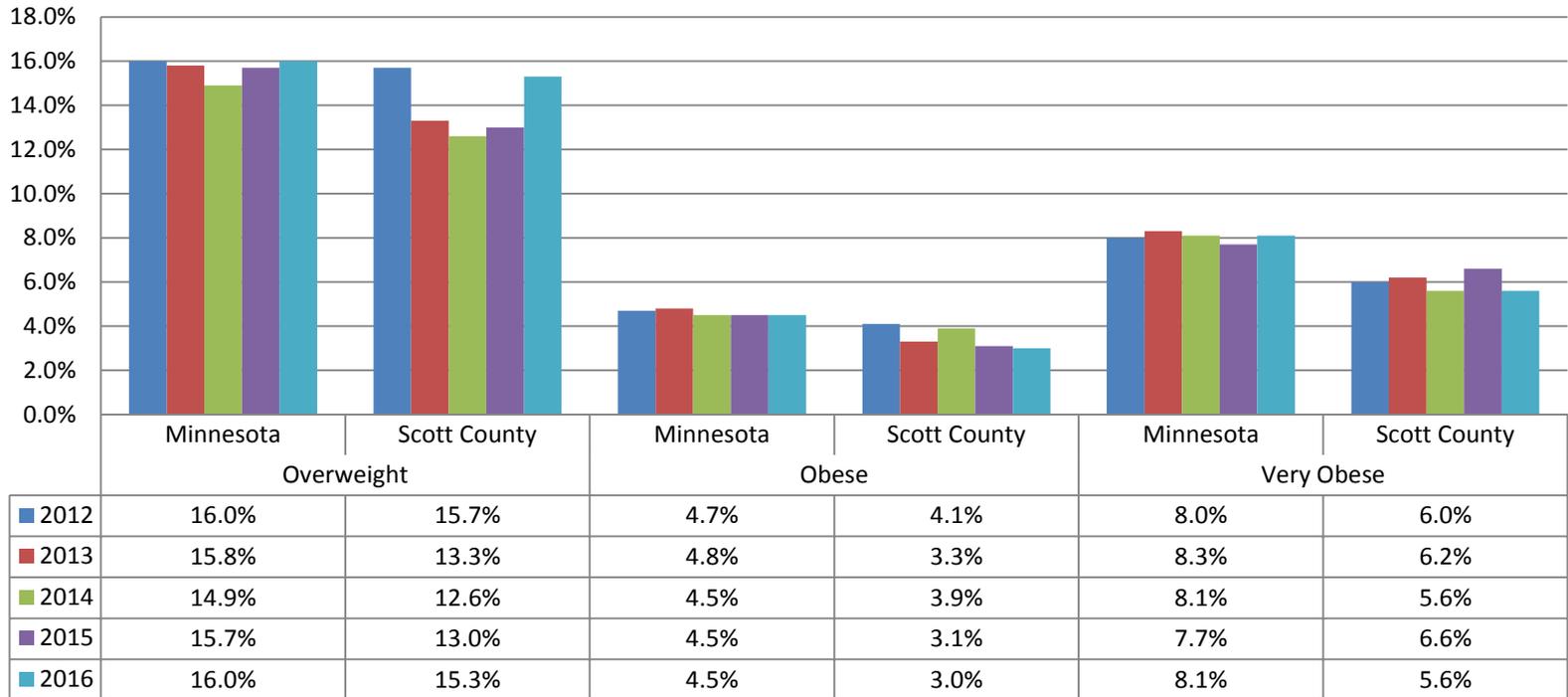
Very Obese Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Scott County



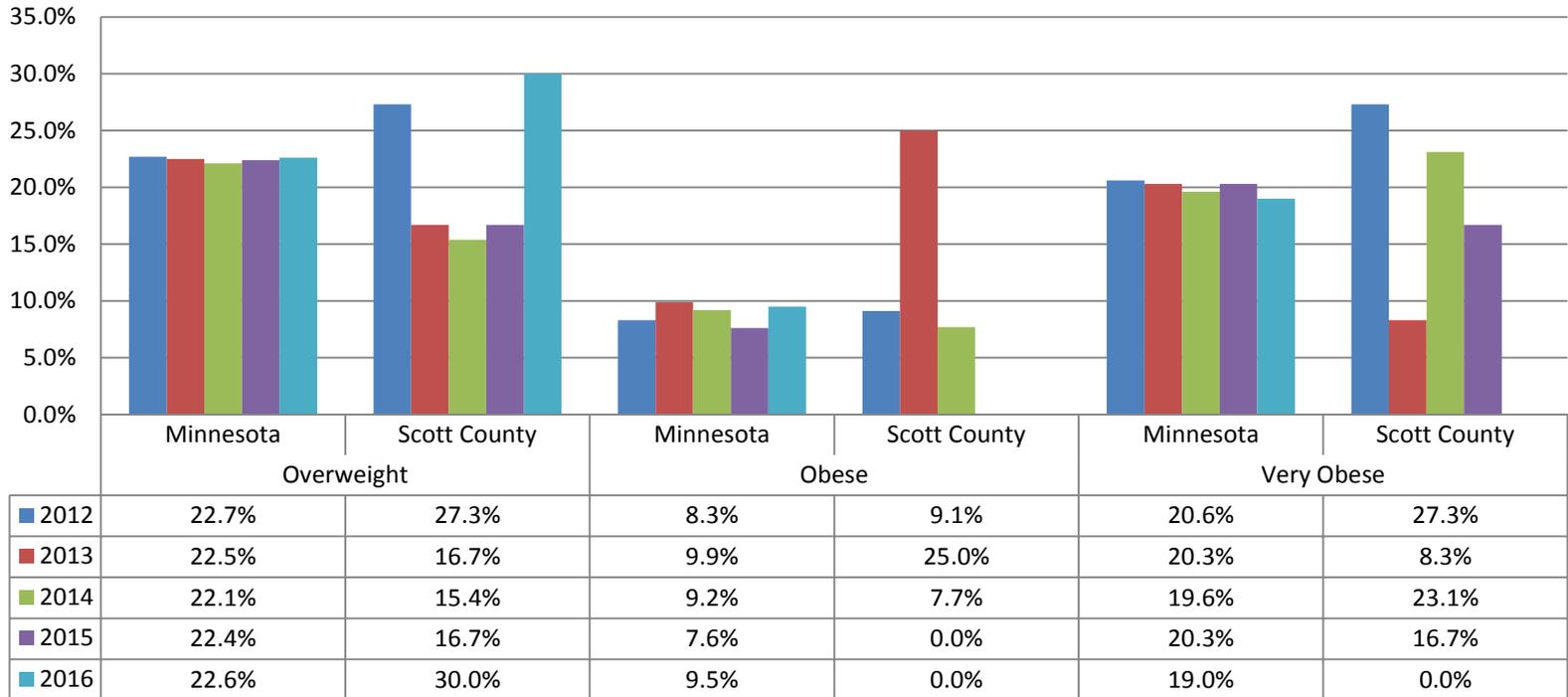
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: All



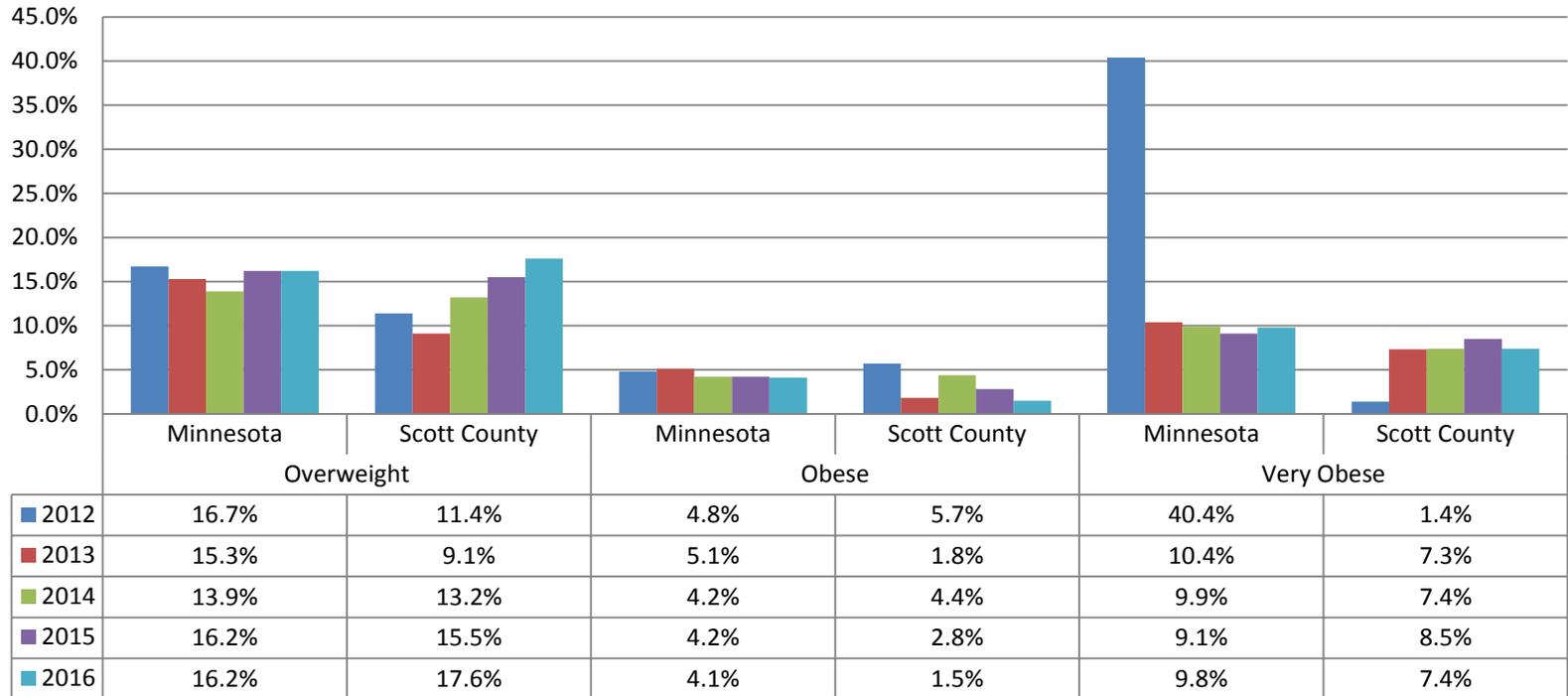
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: American Indians



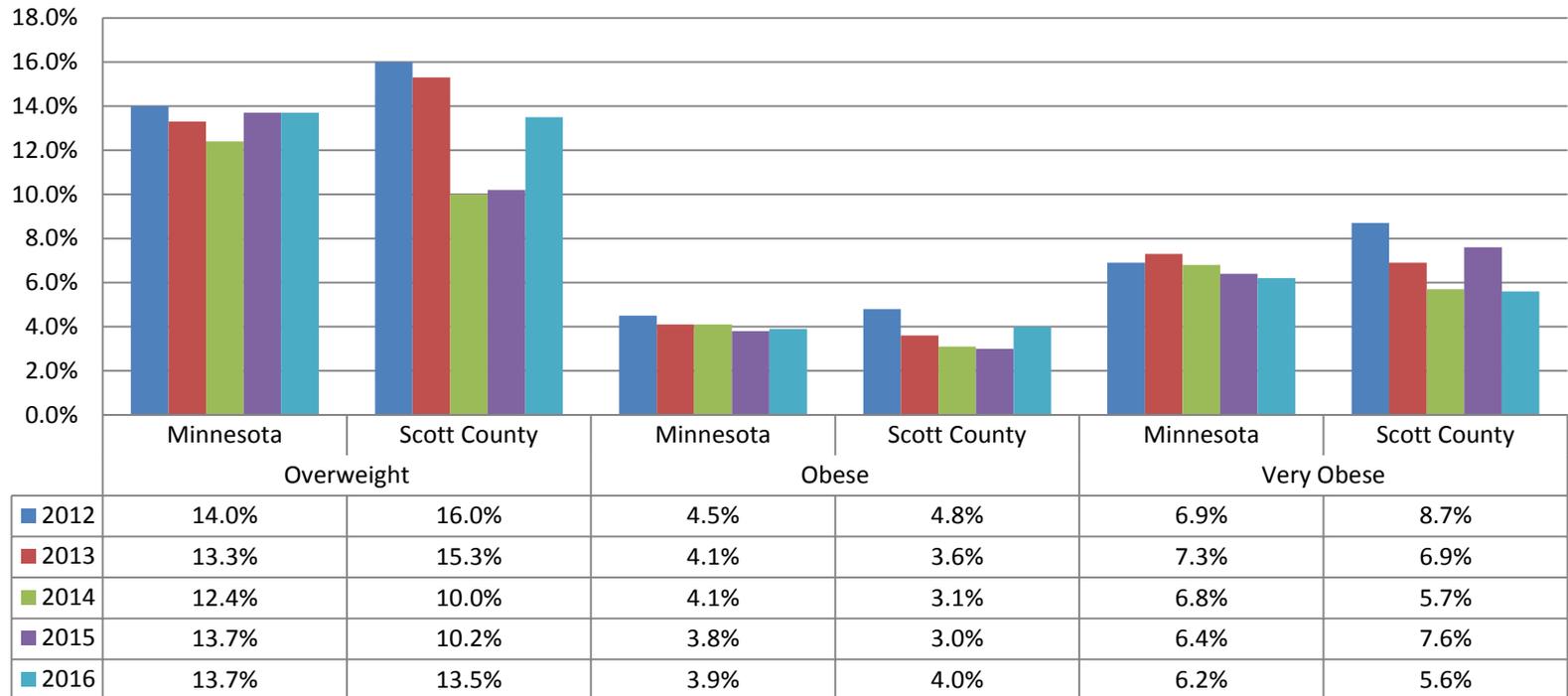
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Asian Americans



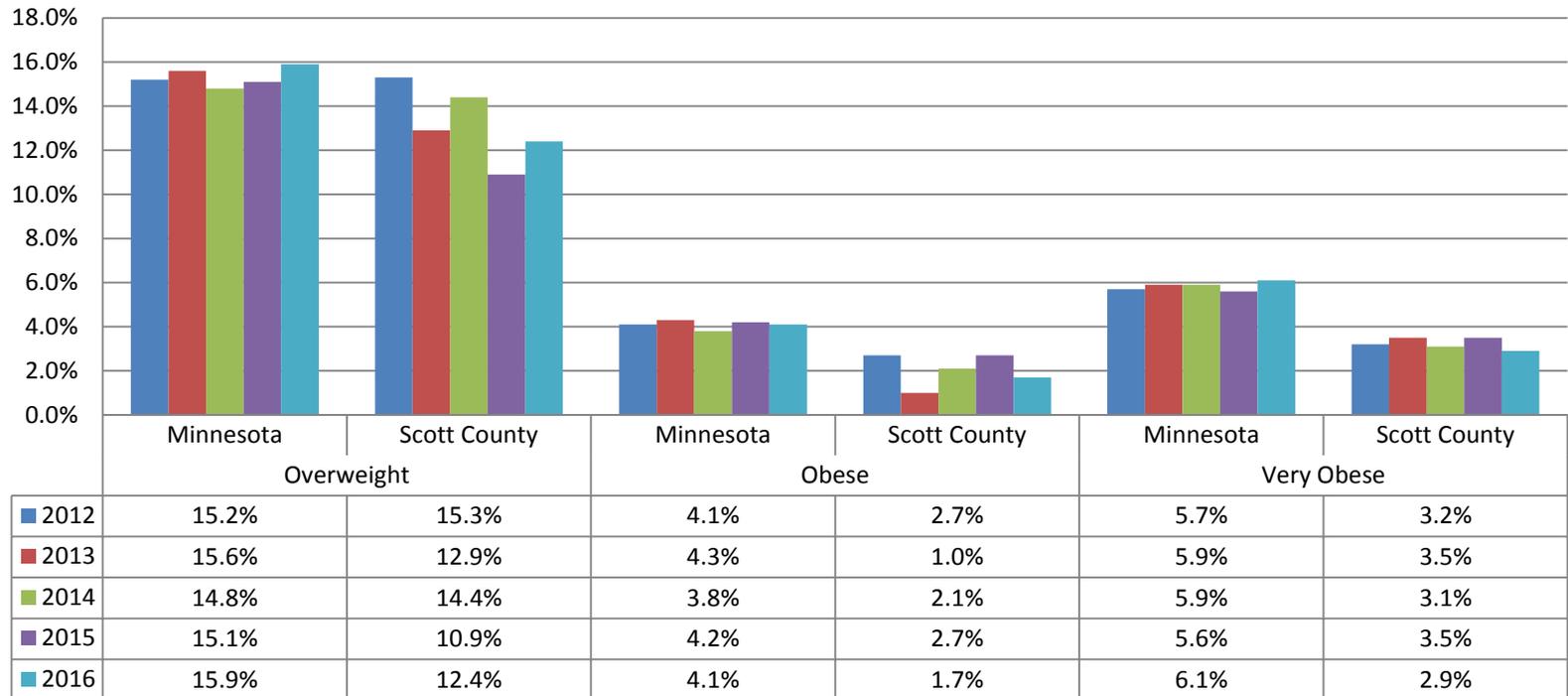
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Black/African Americans



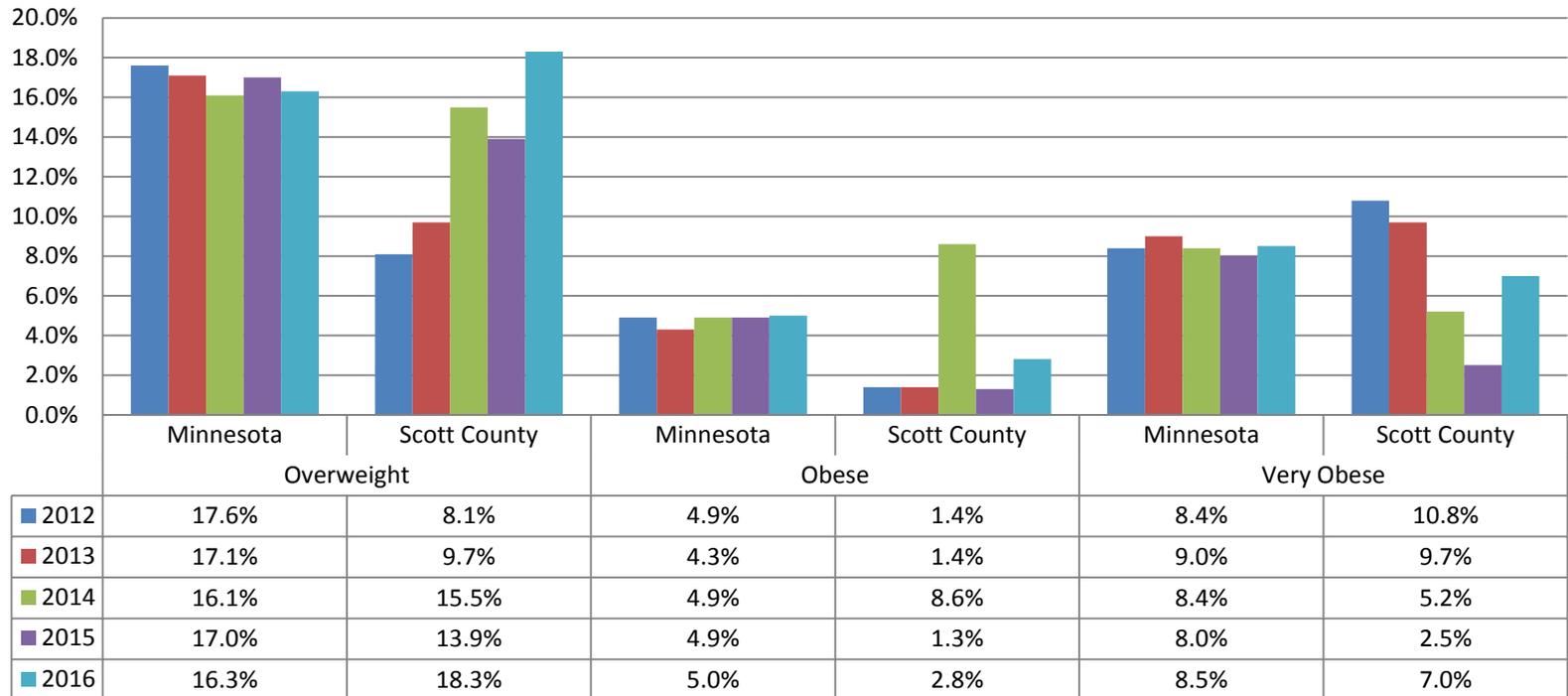
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Whites



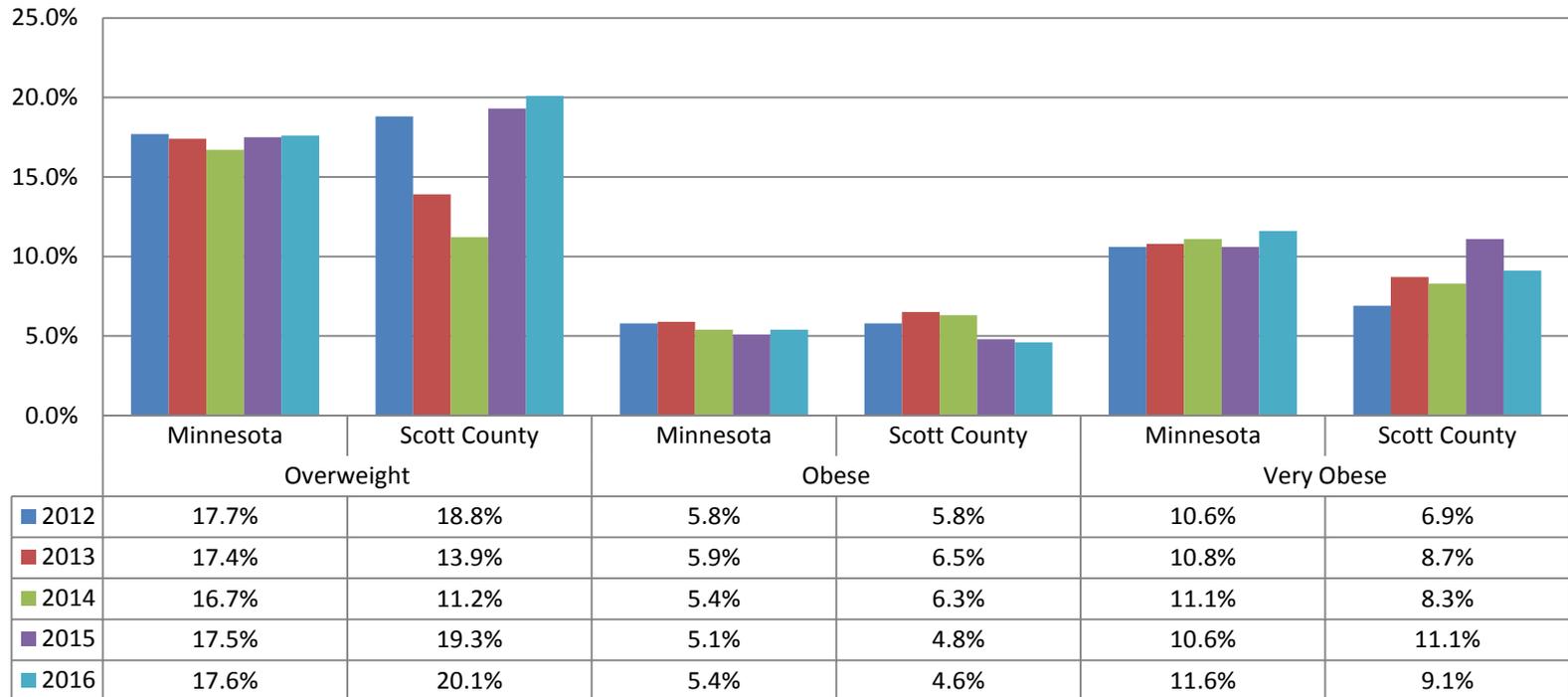
Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

by Race and Ethnicity: Multiracial

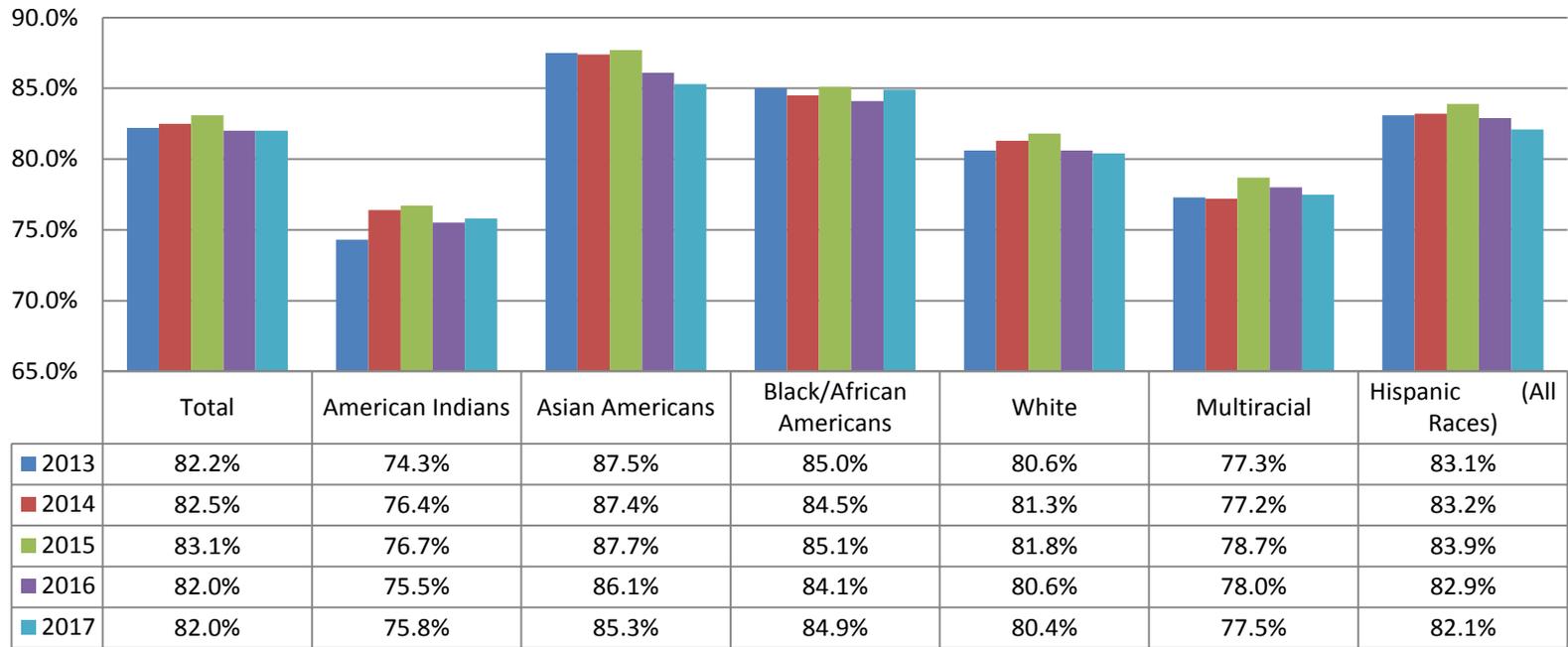


Weight Status of Children (2 - 5 YO) Participating in Minnesota WIC

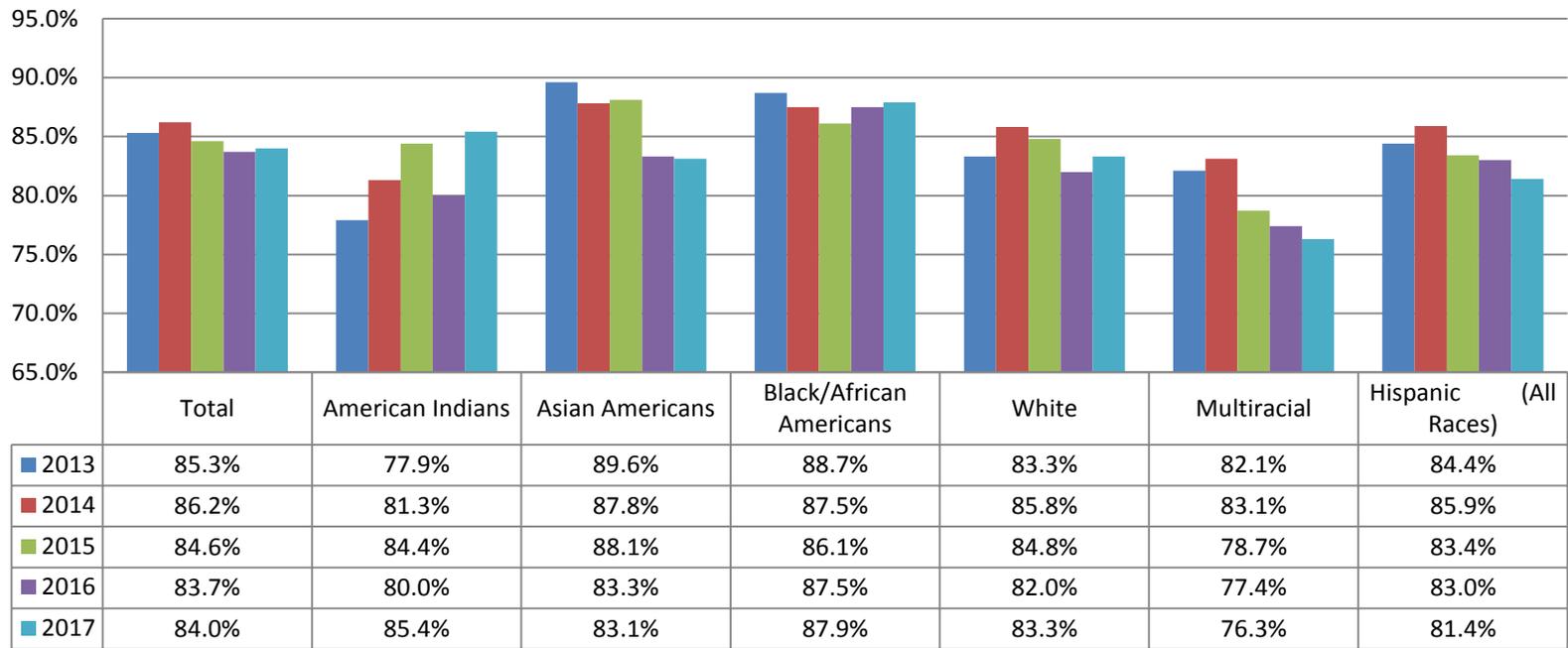
by Race and Ethnicity: Hispanic (All Races)



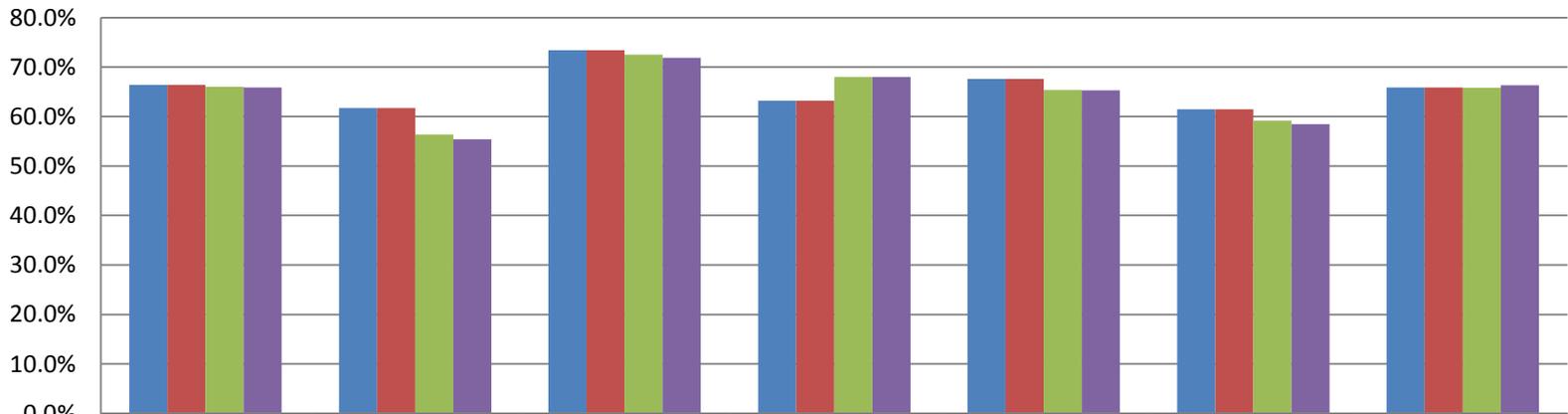
**Fruit & Vegetable Cash Value Voucher Redemption for Children (1 - 5 YO)
Participating in Minnesota WIC
by Race and Ethnicity: Statewide**



**Fruit & Vegetable Cash Value Voucher Redemption for Children (1 - 5 YO)
Participating in Minnesota WIC
by Race and Ethnicity: Scott County**



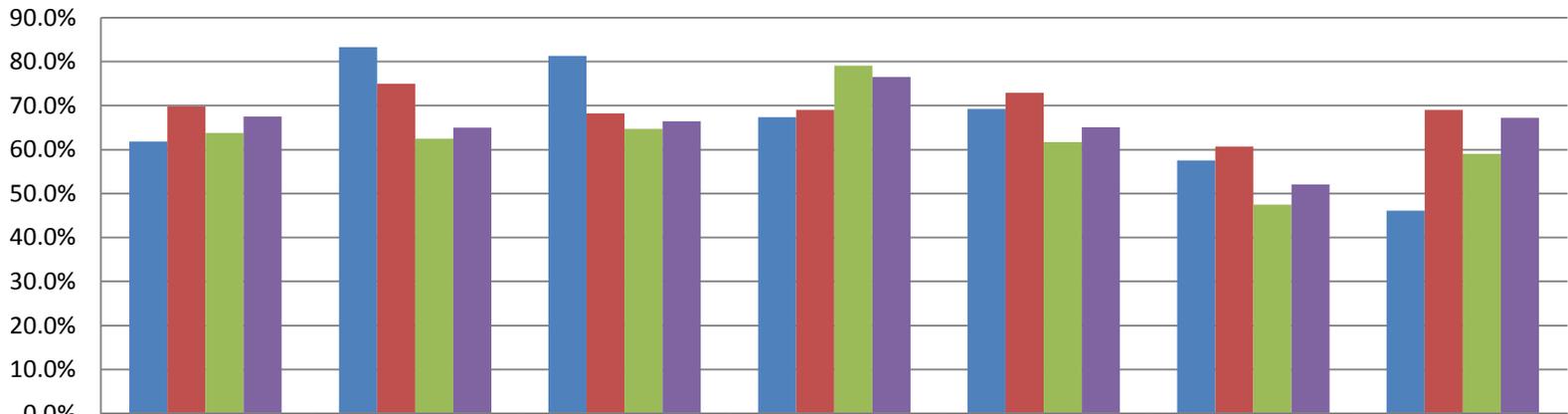
**Fruit & Vegetable Cash Value Voucher Redemption for Infants
Participating in Minnesota WIC
by Race and Ethnicity: Statewide**



	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
2014	66.4%	61.7%	73.4%	63.2%	67.6%	61.5%	65.9%
2015	66.4%	61.7%	73.4%	63.2%	67.6%	61.5%	65.9%
2016	66.0%	56.4%	72.5%	68.0%	65.4%	59.2%	65.8%
2017	65.9%	55.4%	71.9%	68.0%	65.3%	58.5%	66.3%

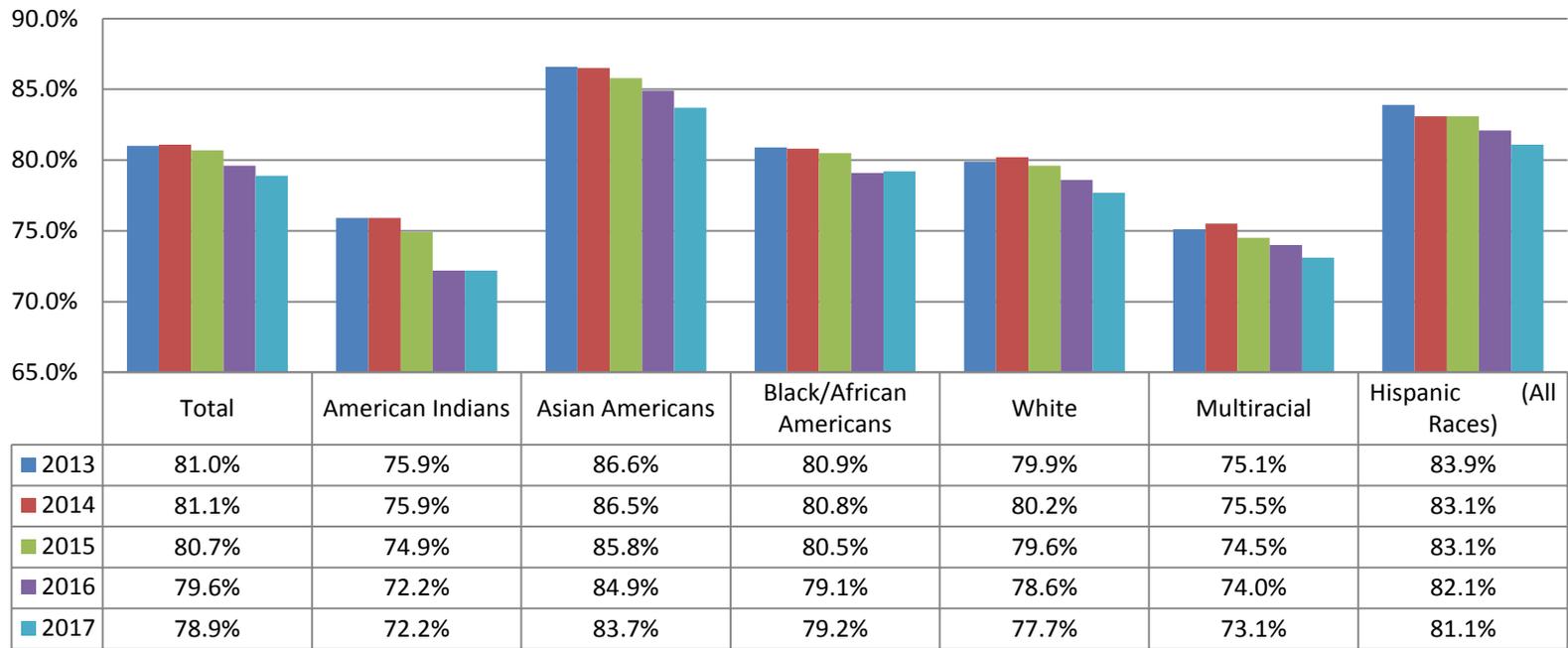
Fruit & Vegetable Cash Value Voucher Redemption for Infants Participating in Minnesota WIC

by Race and Ethnicity: Scott County

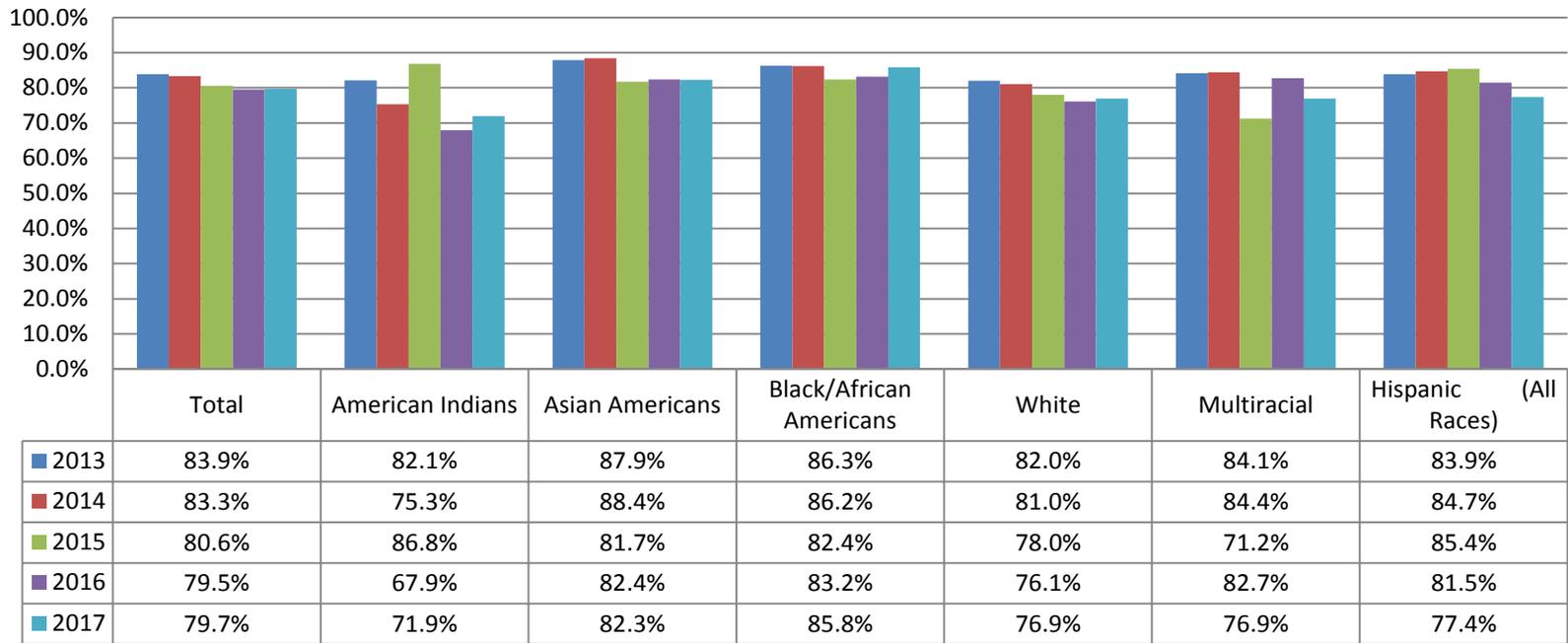


	Total	American Indians	Asian Americans	Black/African Americans	White	Multiracial	Hispanic (All Races)
2014	61.8%	83.3%	81.3%	67.4%	69.2%	57.5%	46.1%
2015	69.8%	75.0%	68.2%	69.0%	72.9%	60.7%	69.0%
2016	63.8%	62.5%	64.7%	79.1%	61.7%	47.5%	59.0%
2017	67.5%	65.0%	66.4%	76.5%	65.1%	52.1%	67.2%

Fruit & Vegetable Cash Value Voucher Redemption for Women Participating in Minnesota WIC *by Race and Ethnicity: Statewide*

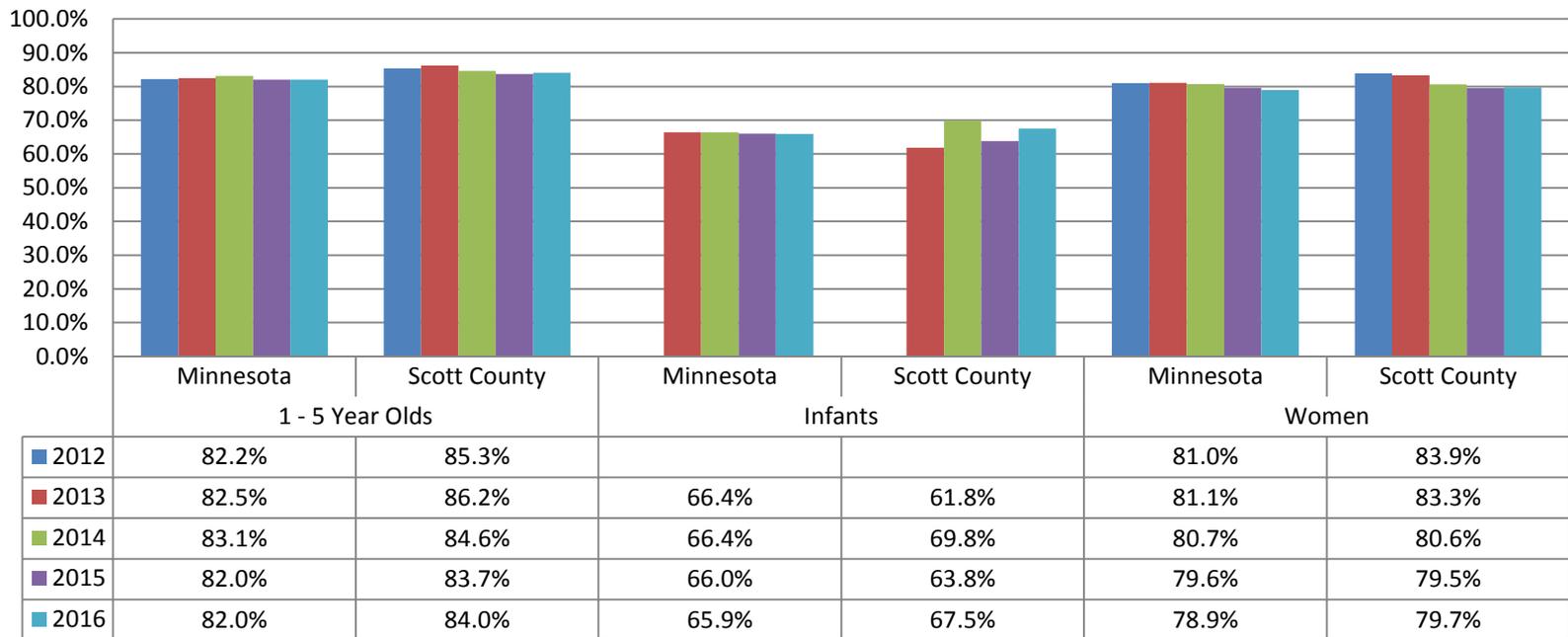


Fruit & Vegetable Cash Value Voucher Redemption for Women Participating in Minnesota WIC *by Race and Ethnicity: Scott County*



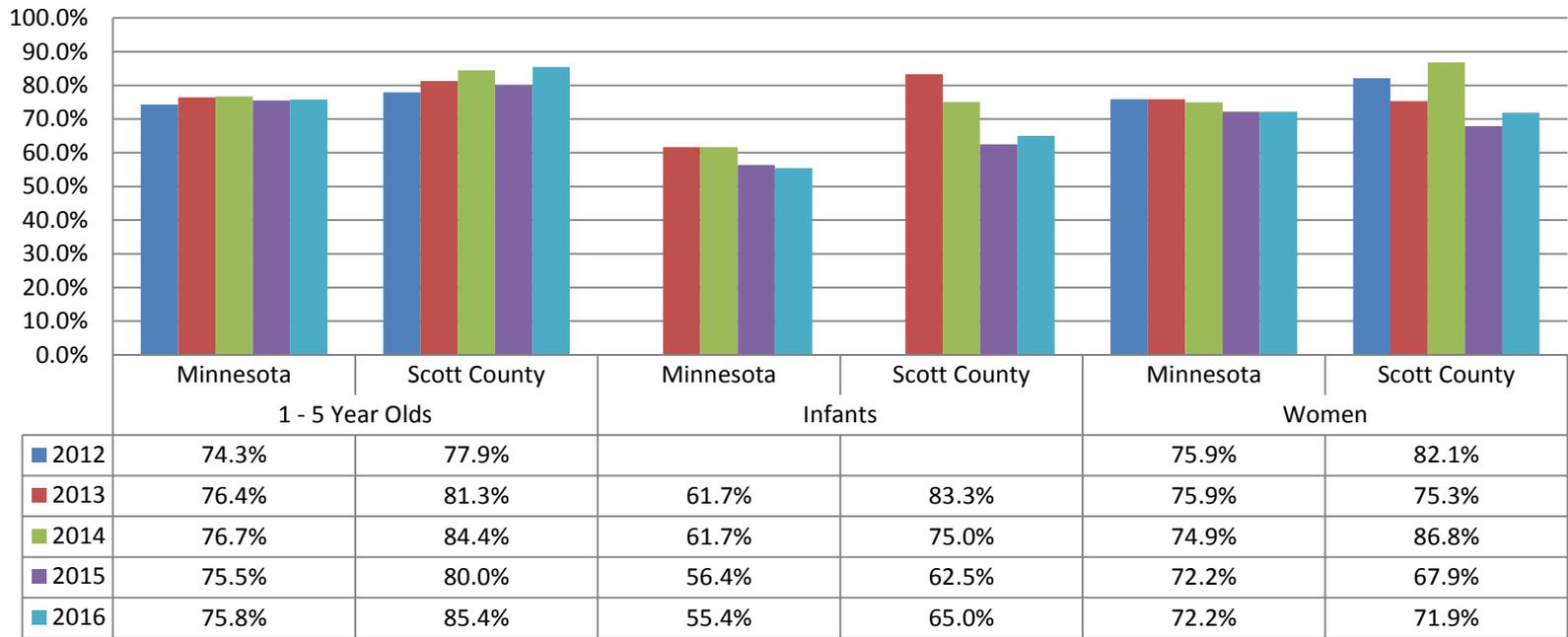
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: All



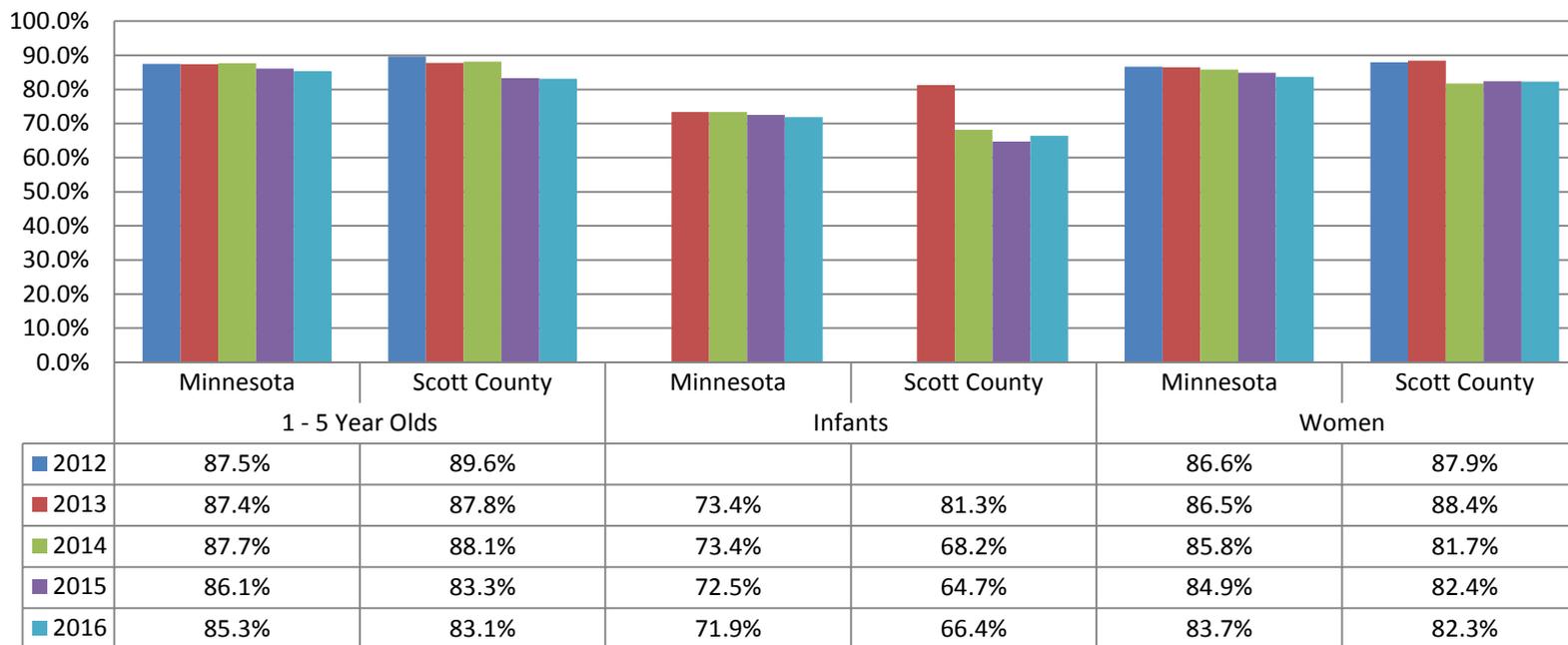
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: American Indians



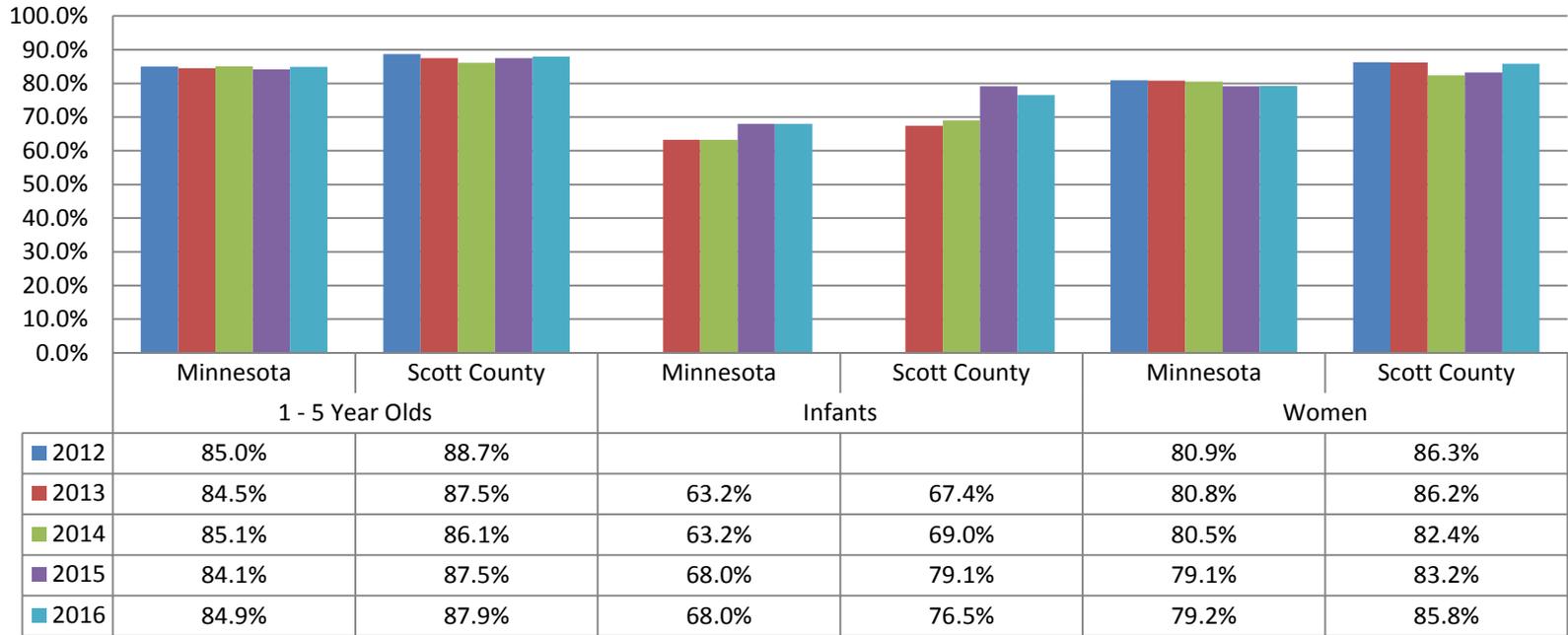
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: Asian Americans



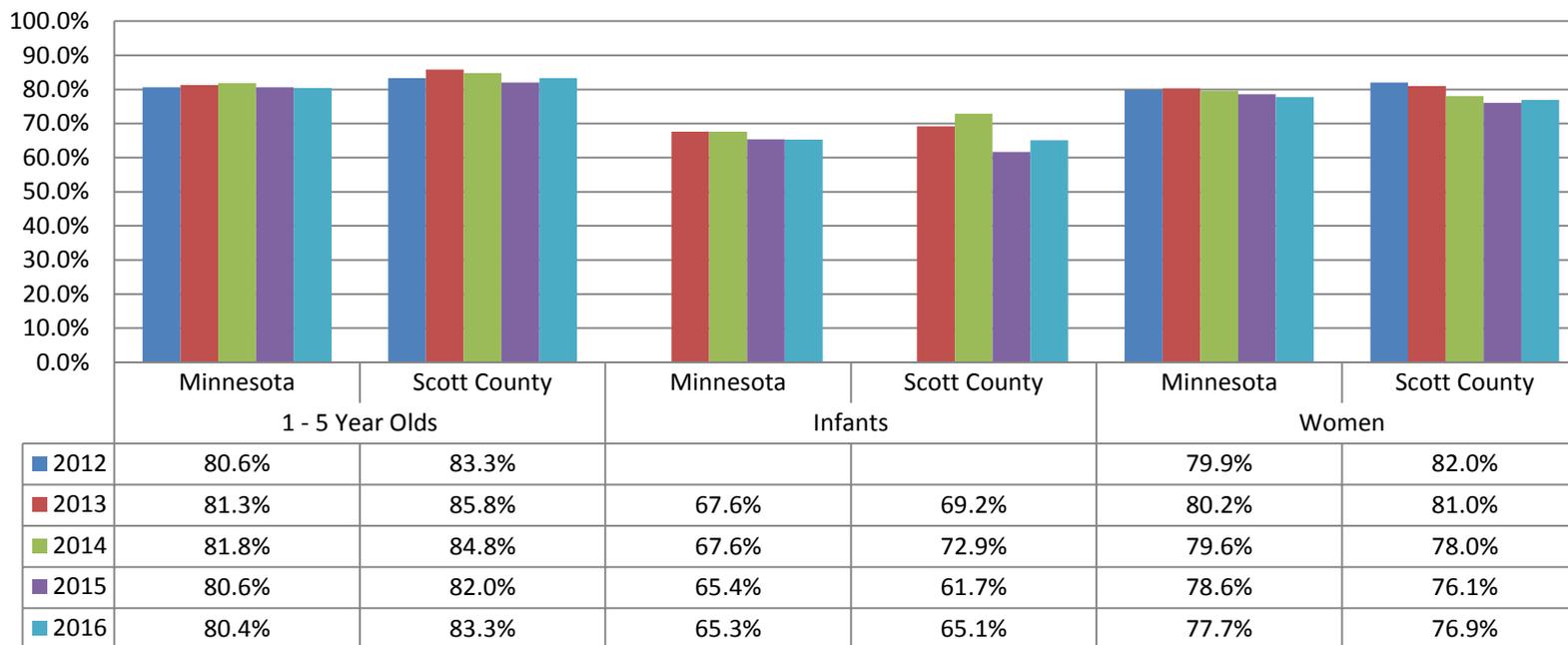
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: Black/African Americans



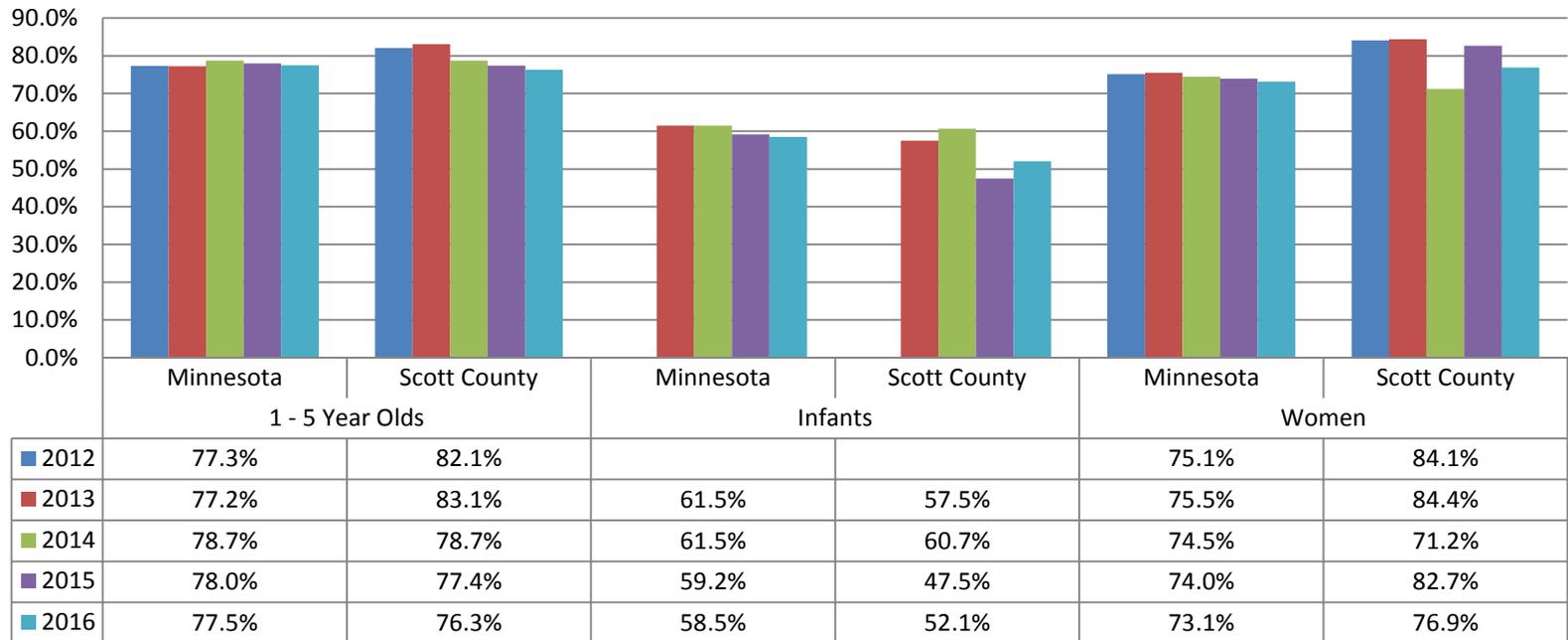
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: Whites



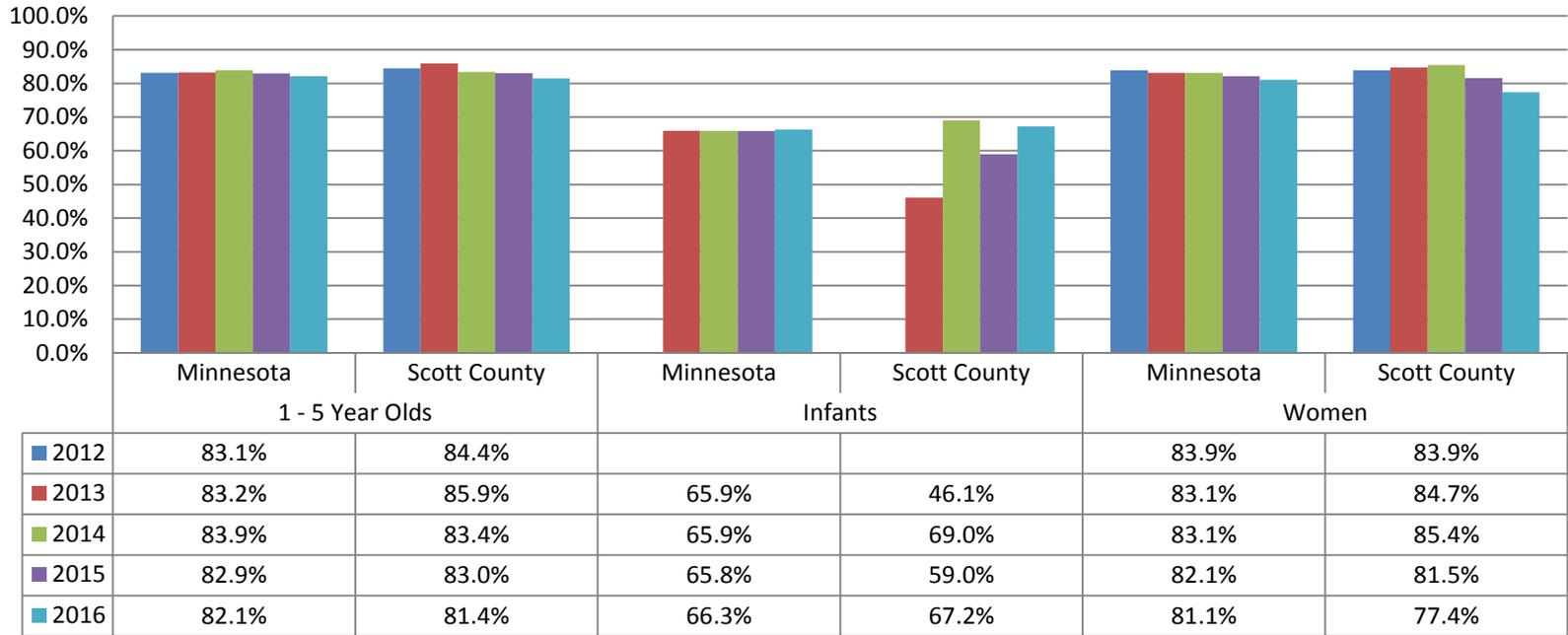
Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: Whites



Fruit & Vegetable Cash Value Voucher Redemption (Minnesota WIC)

by Race and Ethnicity: Hispanic (All Races)



Southern Minnesota Needs Assessment

Data compiled by:
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Phone: 660-988-4488

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Project Overview

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

Variable	Measures and Data Year
Demographics	<ul style="list-style-type: none"> - Population by Age and Gender (n) (2016) - Population by Race and Ethnicity (n) (2016) - Population 65+ YOA (n and %) (2016) - Population 25+ YOA <= high school education or equivalent (%) (2012-2016) - People of all ages living at or below 200% of poverty (%) (2012-2016) - Housing occupied by owner (%) (2012-2016) - Children <18 YOA living in single parent headed household (%) (2012-2016) - Housing units built before 1980 (%) (2012-2016) - Minnesota Medical Assistance – Average Monthly Eligible by all families and children, adults with no kids, elderly, and disabled (%) (2016) - Median household income (\$) (2016)
Mental Health	<ul style="list-style-type: none"> - Ever been treated for mental health, emotional, or behavior problem (8th, 9th, and 11th grade) (2016) - Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016) - Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015) - Quality of Life (QOL) – frequent physical distress (%) (2016) - Quality of Life (QOL) – frequent mental distress (%) (2016) - Insufficient sleep (%) (2016) - Adults report poor or fair health (%) (2016) - Average number of physically unhealthy days reported in the last 20 days (2016) - Average number of mentally unhealthy days reported in the last 20 days (2016) - Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (n and %) (2013) - Students reporting high distress levels for externalizing disorders (8th, 9th, and 11th grade) (n and %) (2013)
Lead	<ul style="list-style-type: none"> - Elevated blood lead levels (>5 mcg/dL) (2015)
Suicide	<ul style="list-style-type: none"> - Hospital treated violence including ideation (Fatal and non-fatal) (2016)
Nutrition and Physical Activity	<ul style="list-style-type: none"> - Obese adults (%) (2014) - Limited access to healthy foods (%) (2015) - Food insecurity (%) (2015) - Physically inactive (%) (2014) - Diabetes prevalence (20+ YOA) (%) (2014)

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Tobacco	<ul style="list-style-type: none"> - Adult Smokers (%) (2016) - Students reporting smoking a cigarette on one or more days within the Past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting any tobacco or nicotine use on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting using an E-Cigarette on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016)
Alcohol	<ul style="list-style-type: none"> - Excessive drinking (%) (2016) - Alcohol impaired driving deaths (n and %) (2012-2016) - Students reporting any use of alcohol in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students having 5 or more drinks in a row on at least one occasion in the Past 30 days (Grades 8, 9, and 11) (n and %) (2016)
Drugs	<ul style="list-style-type: none"> - Students reporting any use of marijuana in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of inhalants within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting methamphetamine use within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of MDMA/ecstasy within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of crack/cocaine within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of LSD, PCP or other psychedelics within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of heroin within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of synthetic drugs within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting any past 30 day use of prescription drugs not prescribed for them (8th, 9th, and 11th grade) (n and %) (2016) - Rate per 1,000 pop. of adults on probation in Minnesota for drug offense as governing sentence (2016) - Rate per 1,000 Pop of juveniles on probation in Minnesota for drug offense as governing sentence (2016)
Sexual Activity, Sexually Transmitted Infections, and Contraceptive Practices	<ul style="list-style-type: none"> - Chlamydia rate (2015) (Available in accompanying <i>Microsoft Excel</i>[®] document) - Chlamydia cases (n) (2015) (Available in accompanying <i>Microsoft Excel</i>[®] document) - Teen birth rate (overall, white, and Hispanic) (2010-2016) - HIV prevalence (per 100,000) (2015) - Students reporting they drank alcohol or used drugs before they last had sexual intercourse (9th and 11th grade) (n and %) (2013) - Pregnancy rates per 1,000 (ages 15-19) (2016) - Birth rates per 1,000 (ages 15-19) (2016) - Chlamydia rate (ages 15-19 per 100,00 population) (2017) - Gonorrhea rate (ages 15-19 per 100,00 population) (2017) - Rates (per 100,000 persons) of Chlamydia (Total pop.) (2016) - Rates (per 100,000 persons) of Gonorrhea (Total pop.) (2016) - Students who have ever had sexual intercourse (%) (9th and 11th grade) (2016) - Among sexually active students: percent who used a condom during last intercourse (%) (9th and 11th grade) (2016)
Healthcare System	<ul style="list-style-type: none"> - Uninsured (Under 65 YOA) (n and %) (2015) (Available in accompanying <i>Microsoft Excel</i>[®] document) - Primary care physician ratio (n:1) (2015) - Number of primary care physicians (2015) - Dentists ratio (n:1) (2016) - Number of dentists (2016) - Mental health provider ratio (n:1) (2017) - Number of mental providers (2017) - Residents under age 65 without health insurance (2016)
Social and Economic Factors	<ul style="list-style-type: none"> - Graduate rate (%) (2014-2015) - Unemployment rate (%) (2016) - Children in poverty (%) (overall, white, and Hispanic) (2016)
Maternal, Infant, and Child	<ul style="list-style-type: none"> - Low birth weight (overall, white, and Hispanic) (%) (2010-2016)

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Health	<ul style="list-style-type: none"> - No prenatal care or care only in 3rd trimester (ages 15-19) (%) (2016) - Low birth weight (ages 15-19) (%) (2016) - Infant mortality per 1000 live births (2012-2016) (Available in accompanying <i>Microsoft Excel</i>® document) - Low birth weight - less than 5 lbs. 8 oz (%) (2012-2016) - Premature - less than 37 weeks gestation (%) (2012-2016)
Immigrant Populations	<ul style="list-style-type: none"> - Place of birth for the foreign-born population in the United States (n) (2016) - Primary refugee arrival to Minnesota by initial county of resettlement (n) (2016) - Secondary refugee arrival to Minnesota by initial county of resettlement) (n) (2016)
Limited English Proficiency (LEP)	<ul style="list-style-type: none"> - Limited LEP (n and %) (2014)
Chronic Conditions	<ul style="list-style-type: none"> - Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer’s disease, diabetes, suicide, Parkinson’s disease, liver disease and cirrhosis (n) (2016) - All Cancers Incidence Rate per 100,00 People (2010-2014) - County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)
Dental	<ul style="list-style-type: none"> - EPSDT/C&TC Eligible Minnesota health care programs children (age 20 and under) use of dental sealant services (%) (2015) - Dental service use among Minnesota health care programs enrollees (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of dental services (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of preventive dental services (%) (2014)
Immunizations	<ul style="list-style-type: none"> - Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV –(%) (2016) - Percent of children ages 24-35 months with complete childhood series (%) (2017)
Hospitalizations and Emergency Department (ED) Visits	<ul style="list-style-type: none"> - Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) - Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015) - Heat illness ED (per 100,000 age-adjusted) (2011-2015) - Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)
General/Other	<ul style="list-style-type: none"> - Years of potential life lost before 75 YOA (2014-2016)
* Data was not available for all counties or at the state level	

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

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http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table3std2016.pdf
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table1std2016.pdf
http://www.health.state.mn.us/divs/chs/genstats/countyttables/profiles2017/cmort16pdf.pdf
https://data.web.health.state.mn.us/web/mndata/cancer_query
https://data.web.health.state.mn.us/copd_query
https://data.web.health.state.mn.us/oral-health
https://data.web.health.state.mn.us/web/mndata/topics#menu3
https://data.web.health.state.mn.us/web/mndata/immunization_basic
https://data.web.health.state.mn.us/web/mndata/topics#menu3
http://www.health.state.mn.us/divs/chs/surveys/mss/singleyr/index.html

Section 1: Demographics

Population (2016)

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

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

Race and Ethnicity (2016)

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

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

^aBlack/African American; ^bAmerican Indian/Alaska Native; ^cAsian/Native Hawaiian or other Pacific Islander

^dHispanic/Latino can be of any race

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

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

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

Socioeconomic Data (2012-2016)

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

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

Minnesota Medical Assistance – Average Monthly Eligibles (2016)

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

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

Median Income (2016)

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

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

Section #2: Mental Health

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

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(2016)

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

		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Blue Earth	No	86.00	85.00	85.00	80.00	84.00	74.00
	Yes, during the last year	6.00	10.00	8.00	13.00	9.00	17.00
	Yes, more than a year ago	8.00	7.00	9.00	9.00	11.00	13.00
Brown	No	84.00	83.00	87.00	80.00	86.00	75.00
	Yes, during the last year	7.00	7.00	6.00	12.00	5.00	17.00
	Yes, more than a year ago	10.00	12.00	9.00	13.00	10.00	13.00
Faribault	No	88.00	79.00	79.00	73.00	90.00	78.00
	Yes, during the last year	7.00	13.00	11.00	13.00	5.00	17.00
	Yes, more than a year ago	9.00	13.00	13.00	18.00	5.00	11.00
Freeborn	No	89.00	84.00	92.00	79.00	80.00	68.00
	Yes, during the last year	7.00	11.00	3.00	17.00	7.00	16.00
	Yes, more than a year ago	5.00	7.00	4.00	5.00	16.00	18.00
Goodhue	No	89.00	81.00	86.00	78.00	87.00	73.00
	Yes, during the last year	6.00	15.00	10.00	15.00	9.00	18.00
	Yes, more than a year ago	5.00	7.00	6.00	12.00	5.00	15.00
Le Sueur	No	89.00	80.00	87.00	77.00	95.00	73.00
	Yes, during the last year	5.00	13.00	5.00	20.00	3.00	12.00
	Yes, more than a year ago	6.00	13.00	8.00	8.00	3.00	19.00
Martin	No	88.00	78.00	87.00	94.00	85.00	69.00
	Yes, during the last year	7.00	14.00	10.00	4.00	7.00	13.00
	Yes, more than a year ago	10.00	13.00	5.00	2.00	12.00	21.00
Mower	No	83.00	77.00	86.00	77.00	84.00	70.00
	Yes, during the last year	11.00	16.00	9.00	13.00	7.00	19.00
	Yes, more than a year ago	9.00	10.00	8.00	14.00	13.00	15.00
Nicollet	No	85.00	88.00	90.00	80.00	73.00	65.00
	Yes, during the last year	12.00	8.00	7.00	15.00	17.00	24.00
	Yes, more than a year ago	8.00	6.00	7.00	10.00	17.00	13.00
Scott	No	88.00	81.00	85.00	76.00	85.00	74.00
	Yes, during the last year	6.00	14.00	8.00	18.00	9.00	18.00
	Yes, more than a year ago	7.00	8.00	9.00	10.00	8.00	13.00
		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)

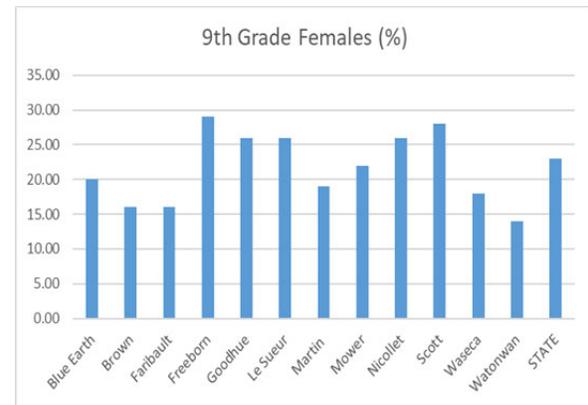
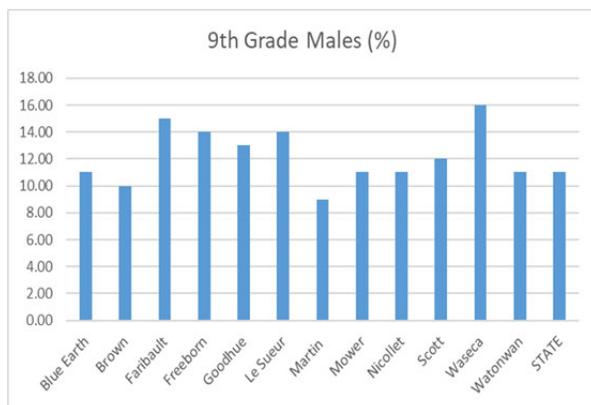
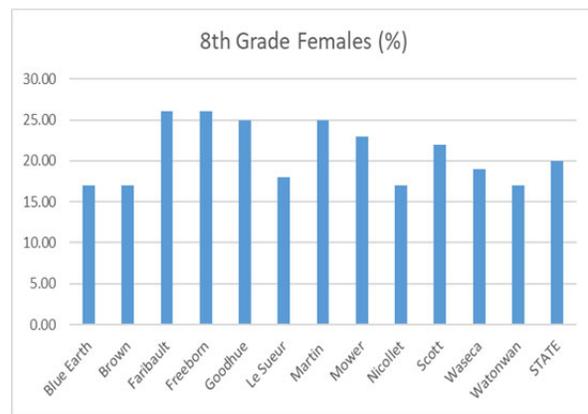
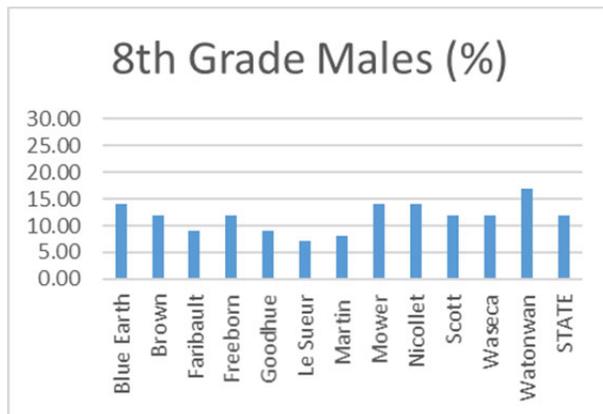
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Waseca	No	89.00	83.00	83.00	76.00	91.00	82.00
	Yes, during the last year	8.00	13.00	11.00	14.00	5.00	15.00
	Yes, more than a year ago	6.00	6.00	9.00	13.00	4.00	10.00
Watowan	No	87.00	84.00	91.00	88.00	80.00	80.00
	Yes, during the last year	9.00	8.00	3.00	1.00	10.00	11.00
	Yes, more than a year ago	4.00	12.00	7.00	10.00	10.00	11.00
STATE	No	85.00	82.00	86.00	79.00	84.00	74.00
	Yes, during the last year	8.00	12.00	7.00	14.00	9.00	18.00
	Yes, more than a year ago	8.00	9.00	8.00	10.00	10.00	14.00

* Highlighted cells indicate data is higher than state percentage

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

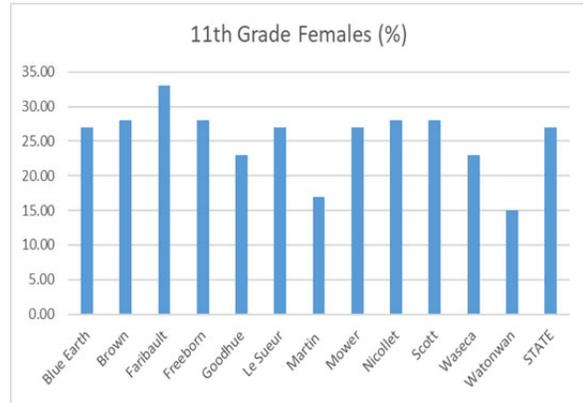
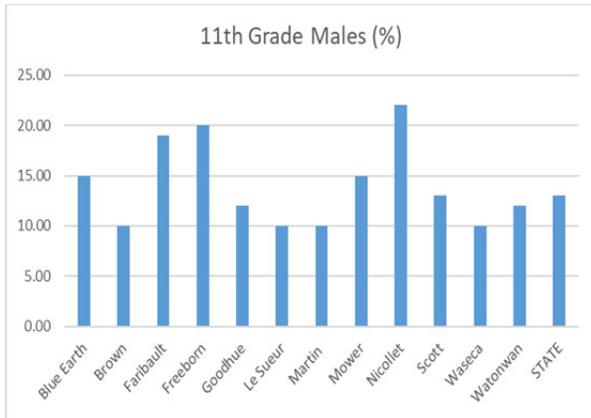
Source: <http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm>



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

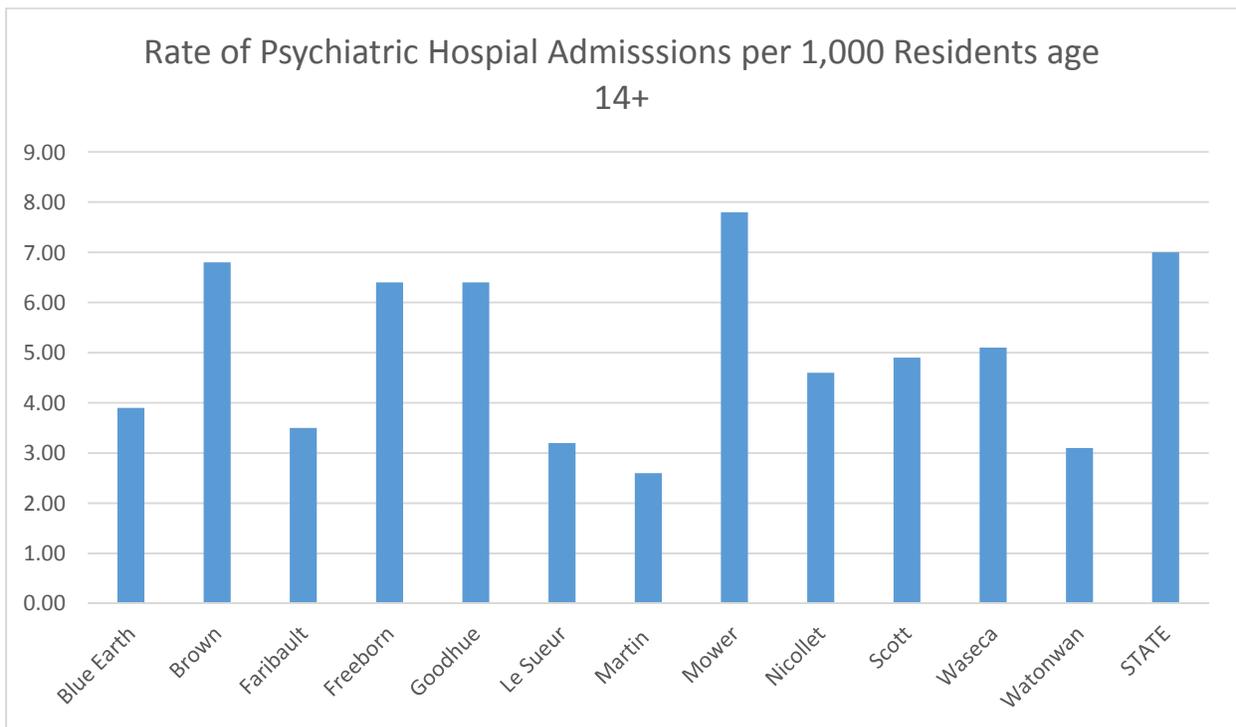
Source: <http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm>

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

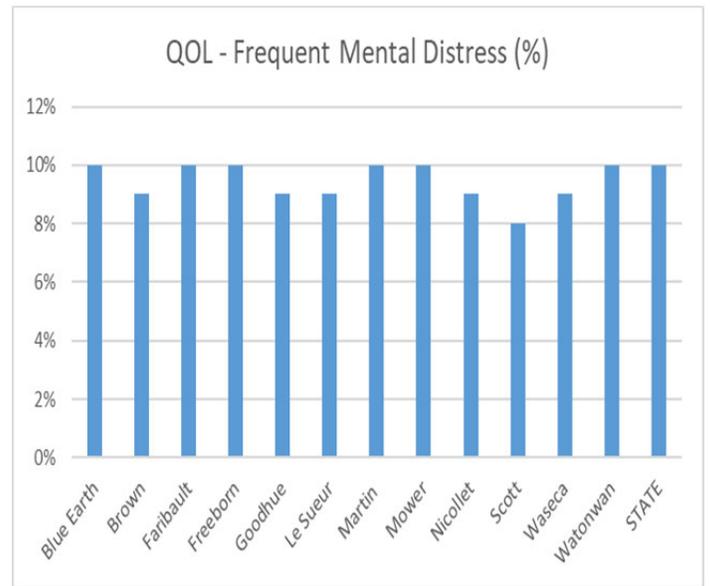
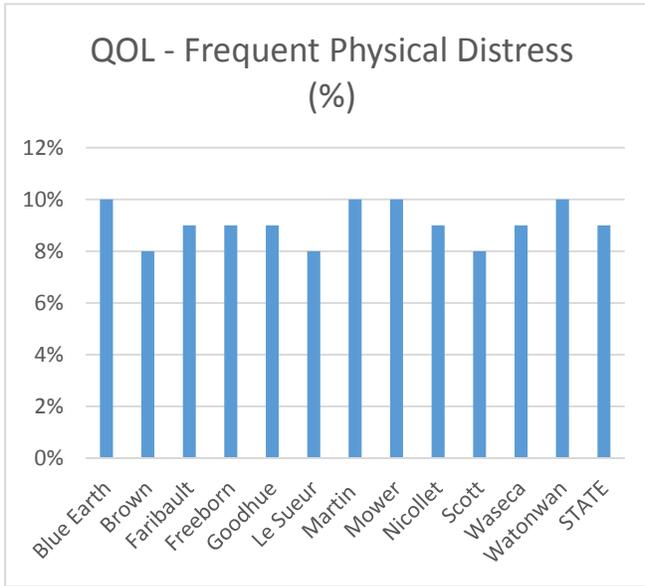
Source: <https://www.mncompass.org/health/mental-health-admissions#1-4470-g>



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

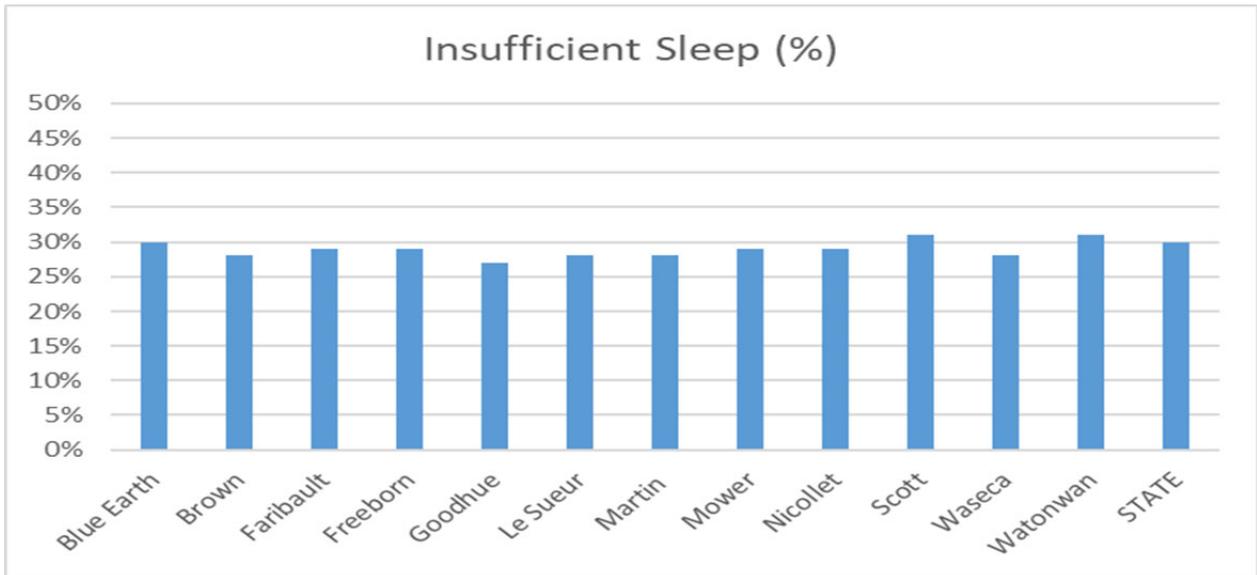
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Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



Insufficient sleep (2016)

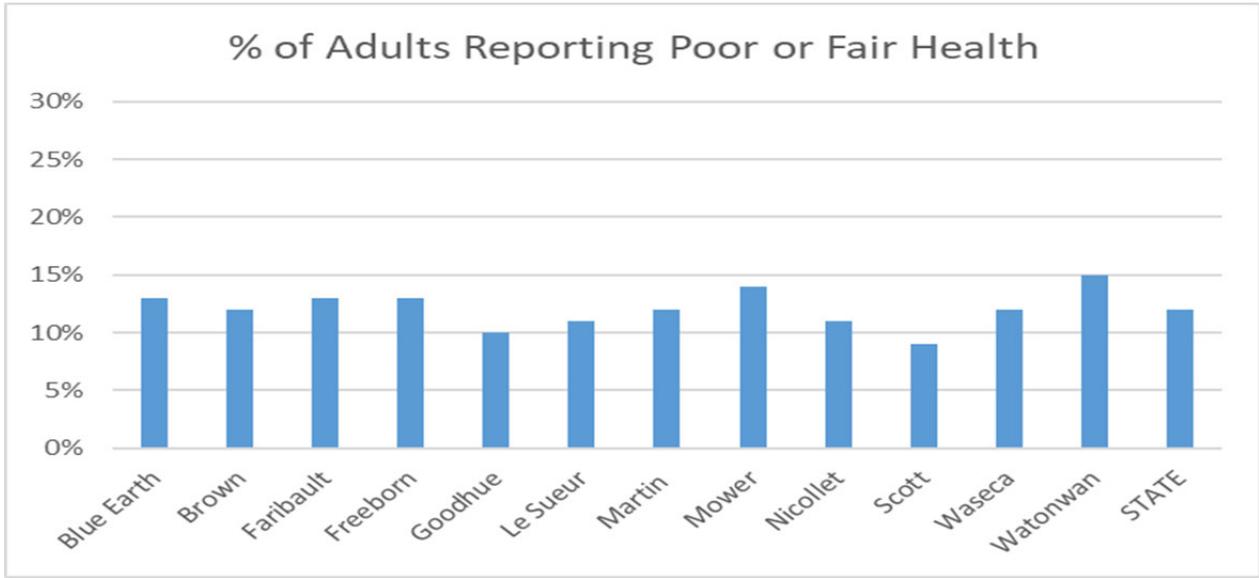
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



Adults report poor or fair health (2016)

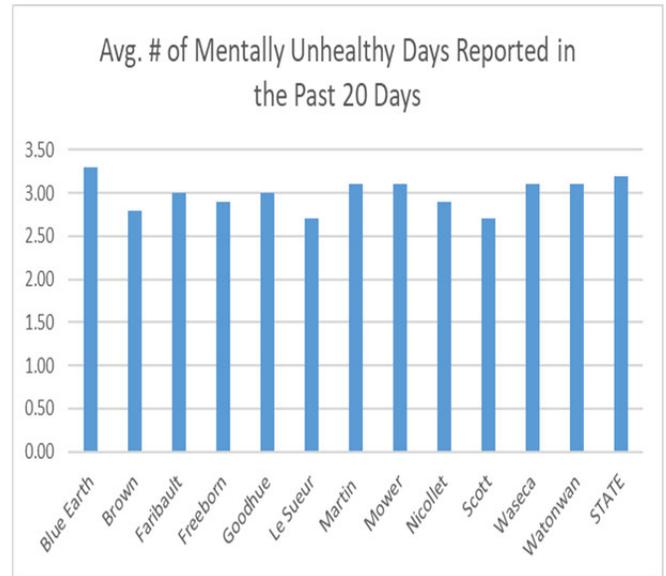
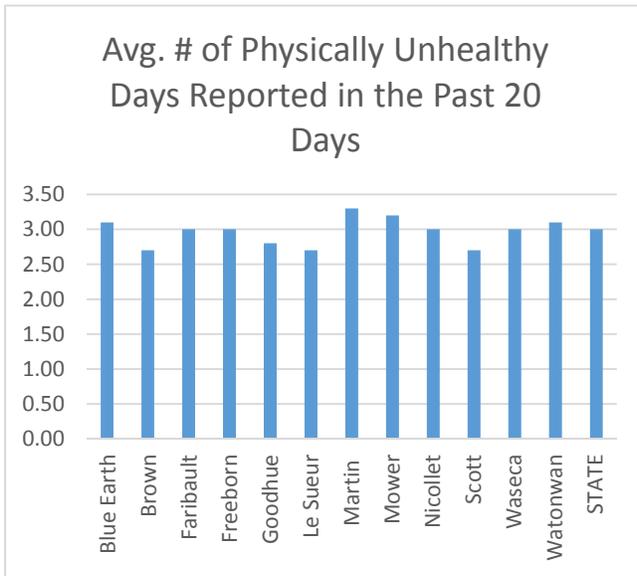
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Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



Average number of physically unhealthy days reported in the last 20 days (2016) & Average number of mentally unhealthy days reported in the last 20 days (2016)

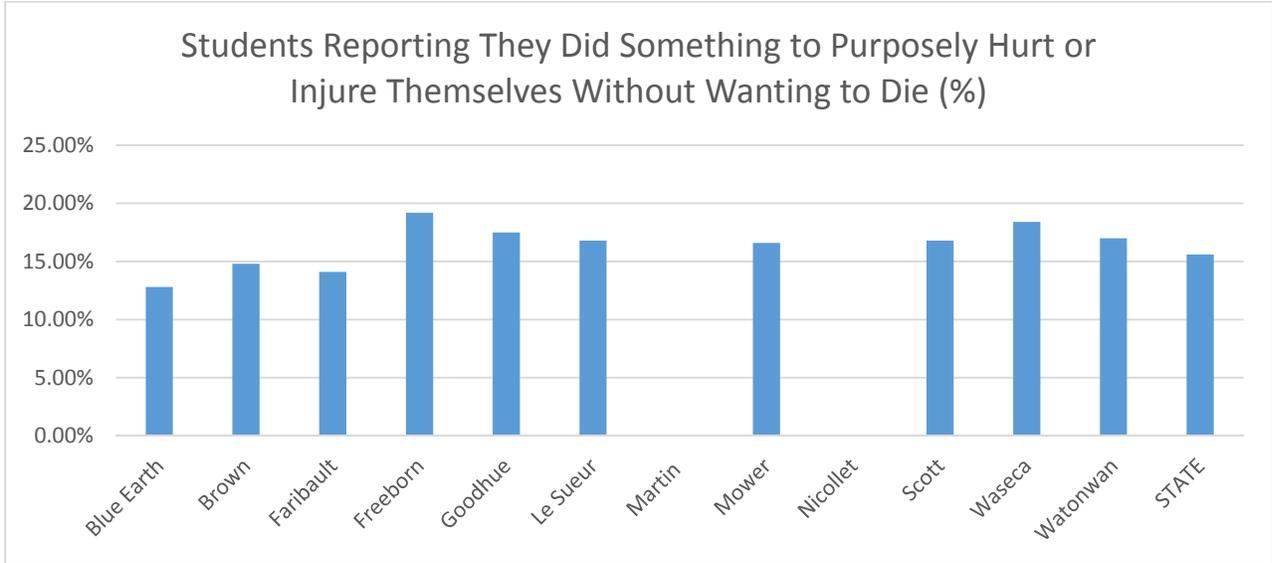
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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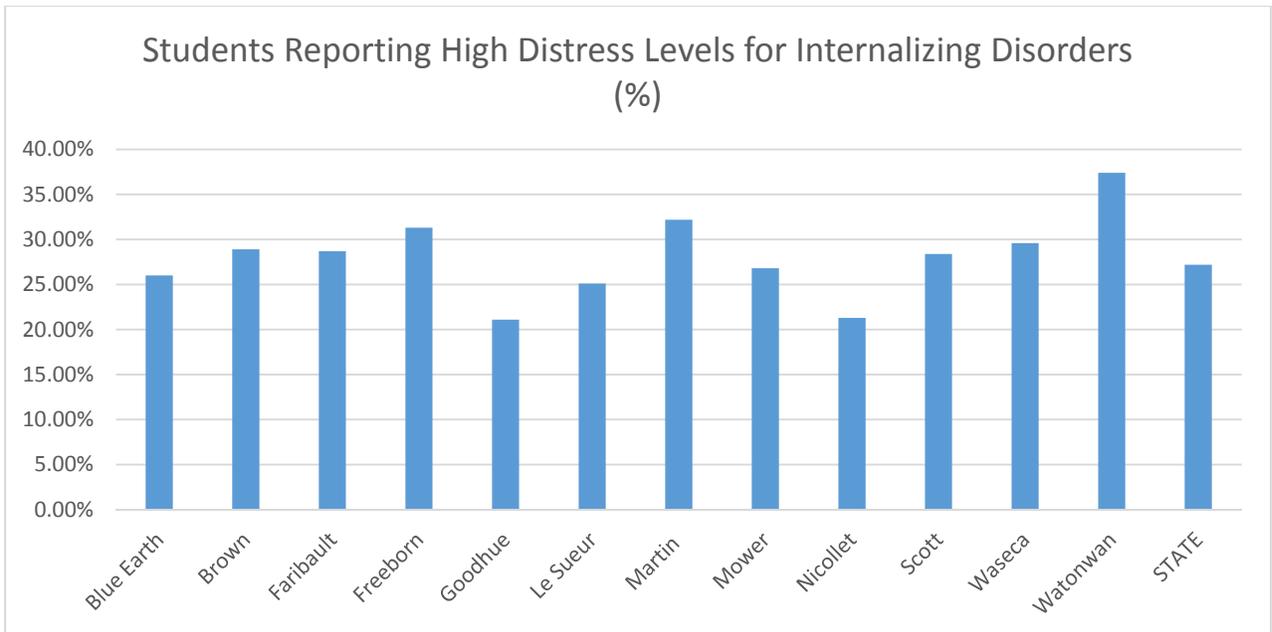
Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (2016)

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



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

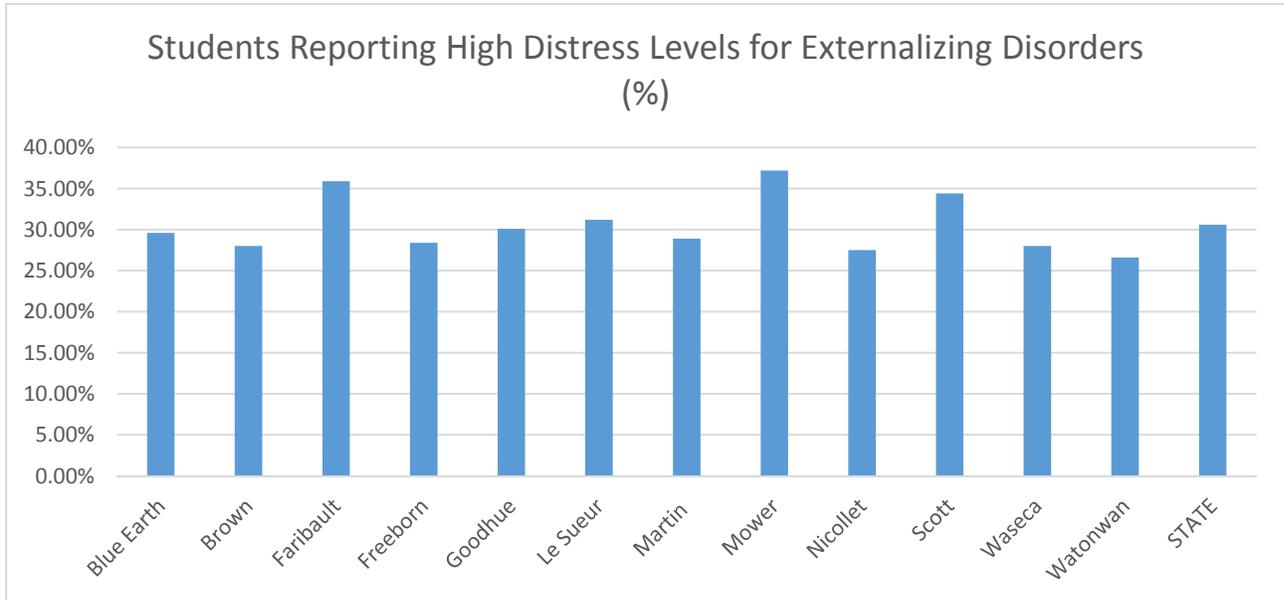
Source: <http://www.sumn.org/data/location/>



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

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



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Section #3: Lead

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

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

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

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Section #4: Suicide

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

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

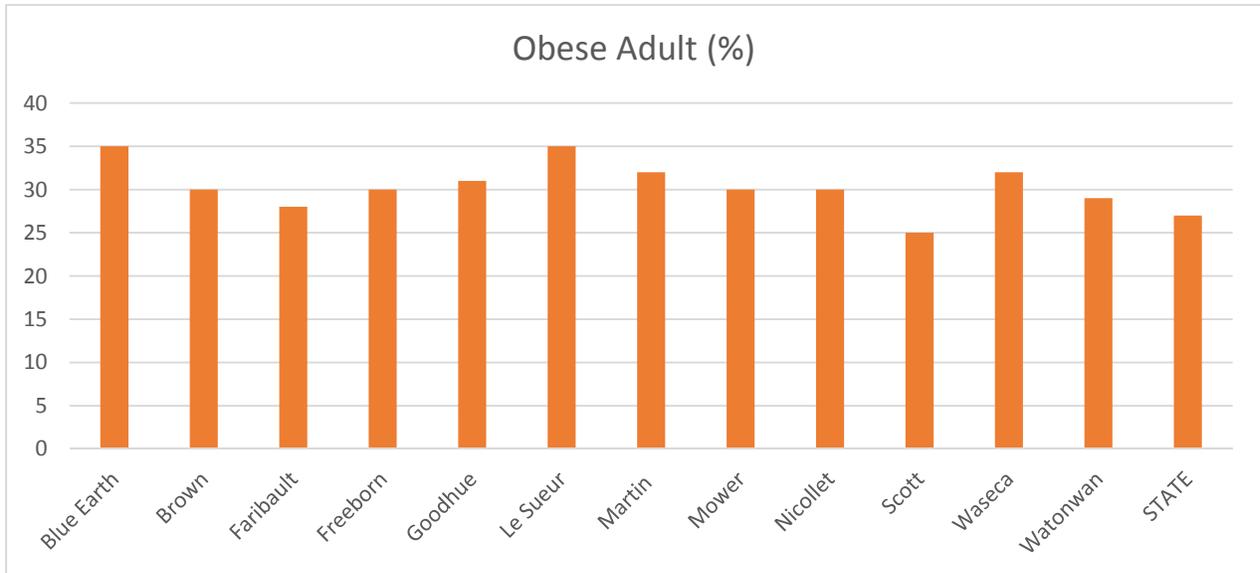
	Fatal (n)	Non-fatal (n)
Blue Earth	0	448
Brown	0	157
Faribault	0	88
Freeborn	0	216
Goodhue	1	319
Le Sueur	0	108
Martin	0	110
Mower	0	289
Nicollet	0	176
Scott	2	668
Waseca	0	122
Watsonwan	0	47
STATE	65	32477
* Age-specific results available on the accompanying <i>Microsoft Excel</i> ® document		

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Section #5: Nutrition and Physical Activity

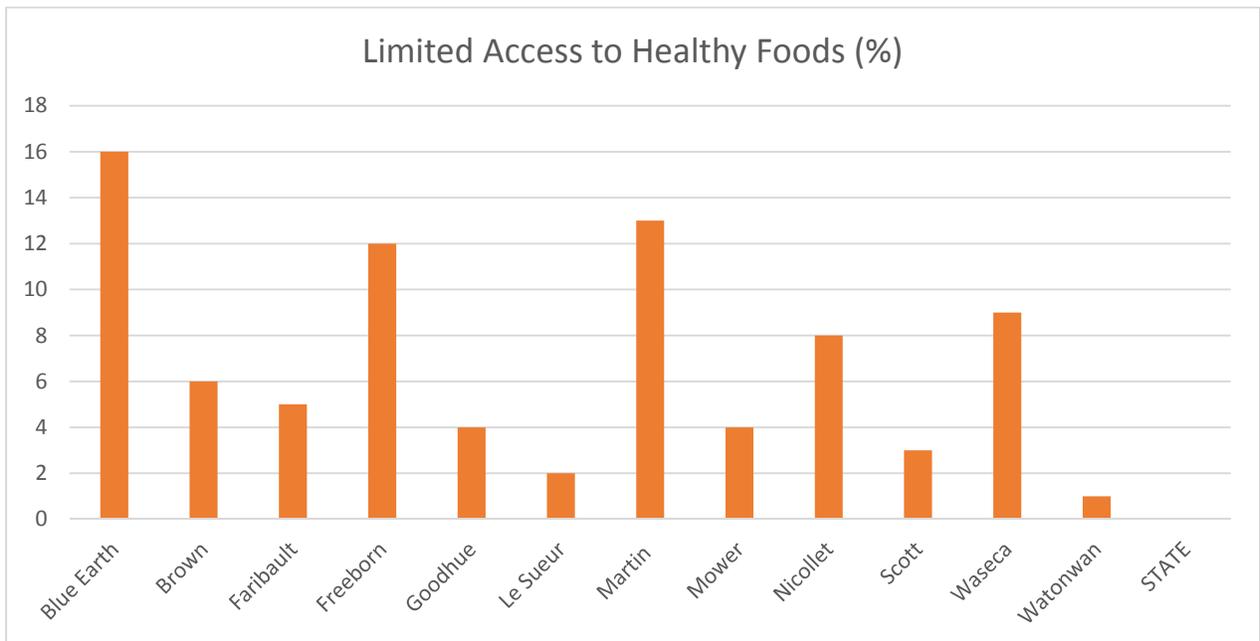
Obese adults (2014)

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



Limited access to healthy foods (2015)

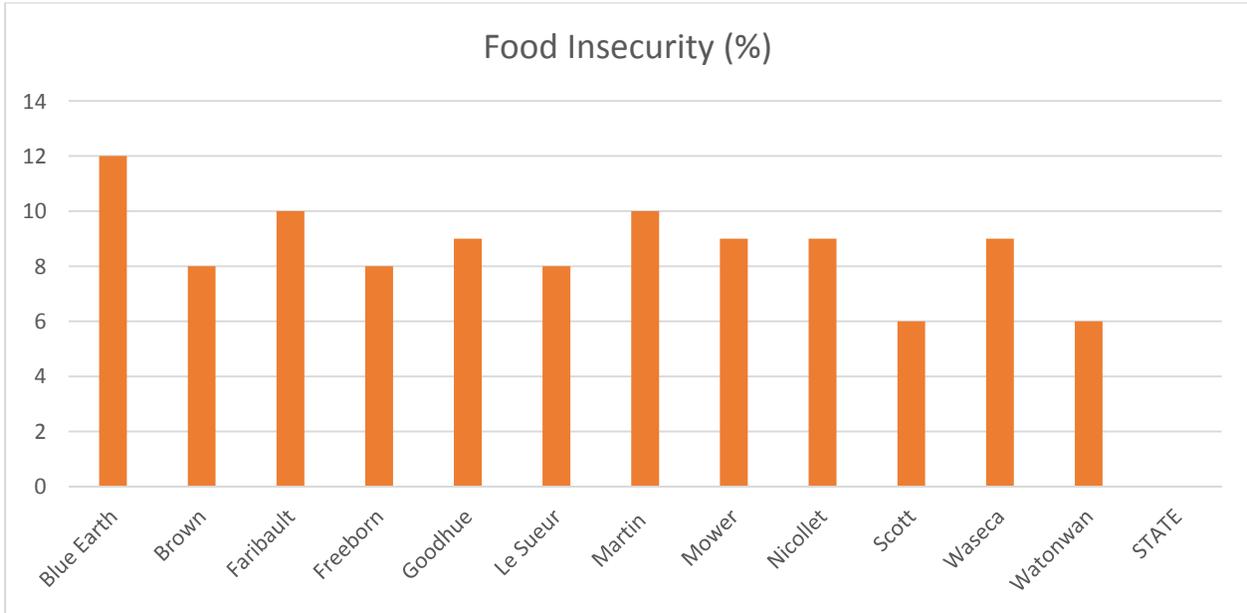
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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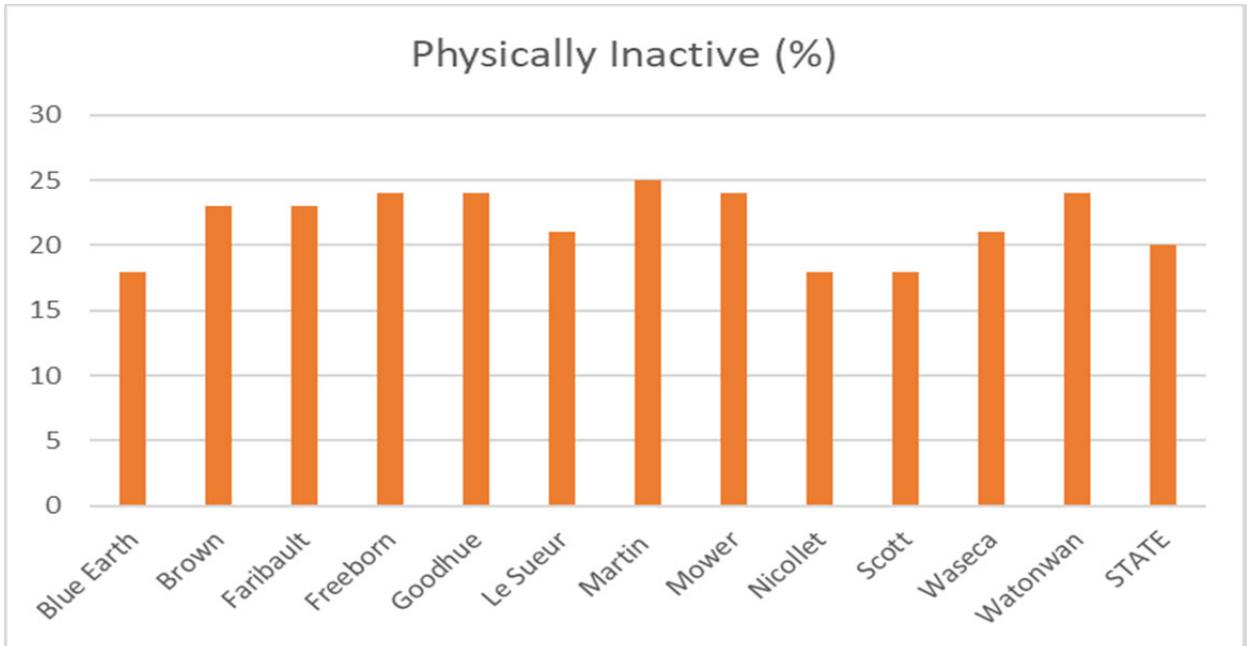
Food insecurity (2015)

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



Physically inactive (2014)

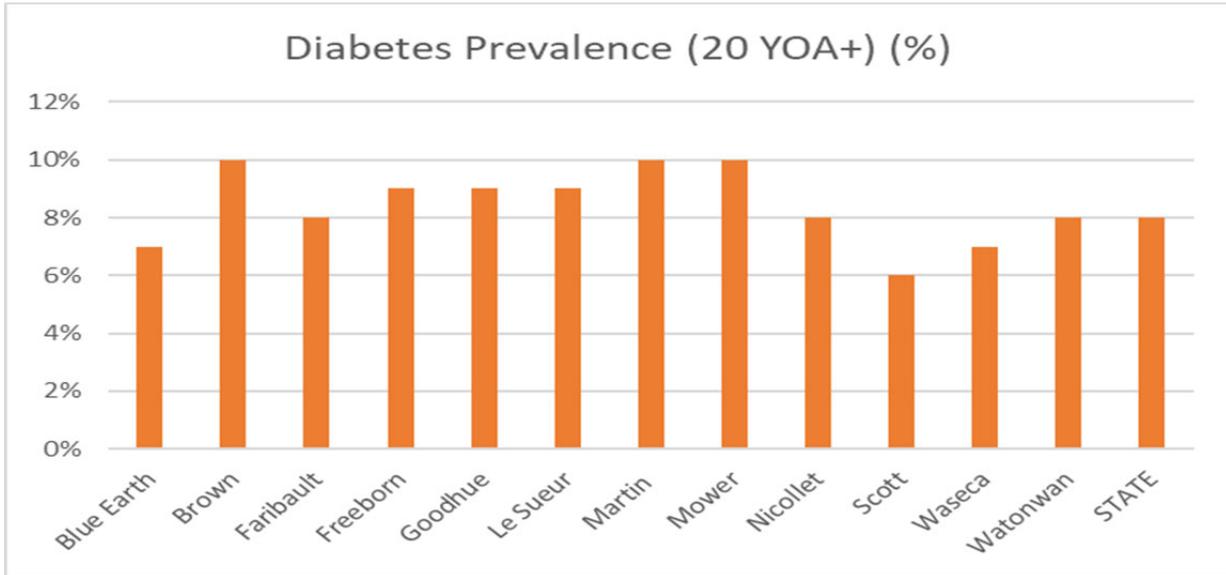
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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Diabetes prevalence (20+ YOA) (2014)

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

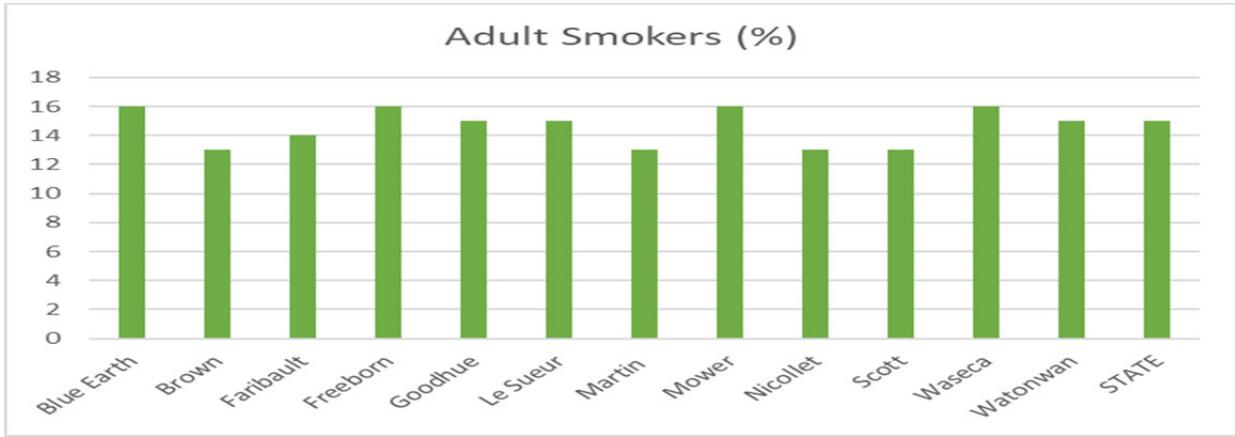


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Section #6: Tobacco

Adult Smokers (2016)

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



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

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

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

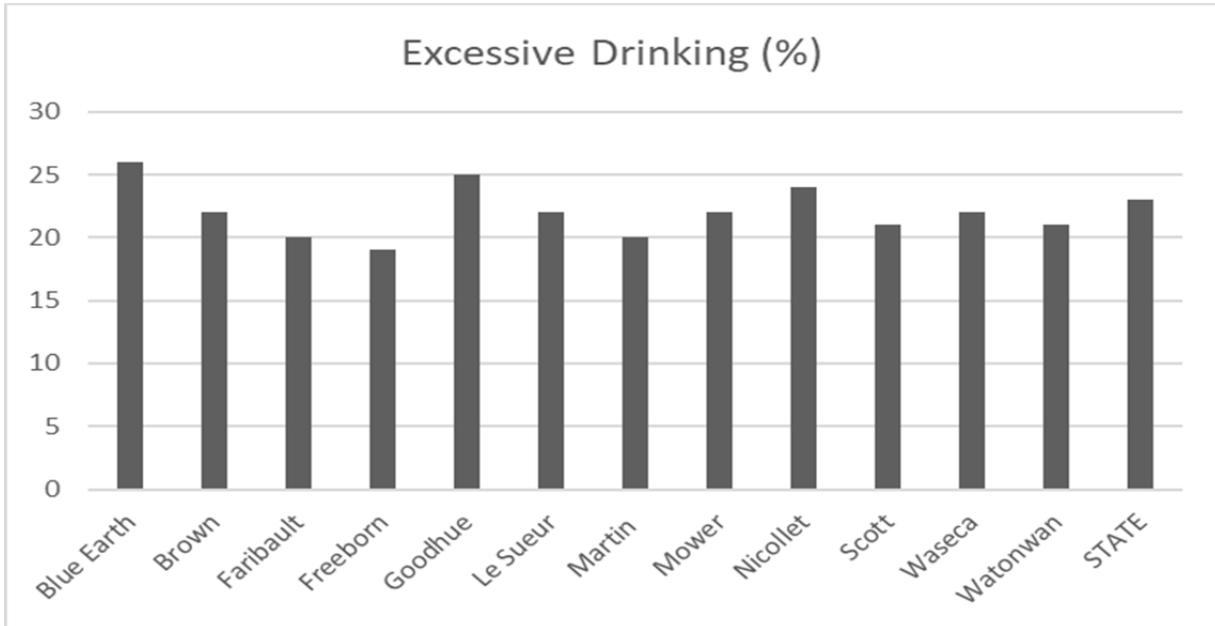
* Highlighted cells indicate percentage is higher than state percentage

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Section #7: Alcohol

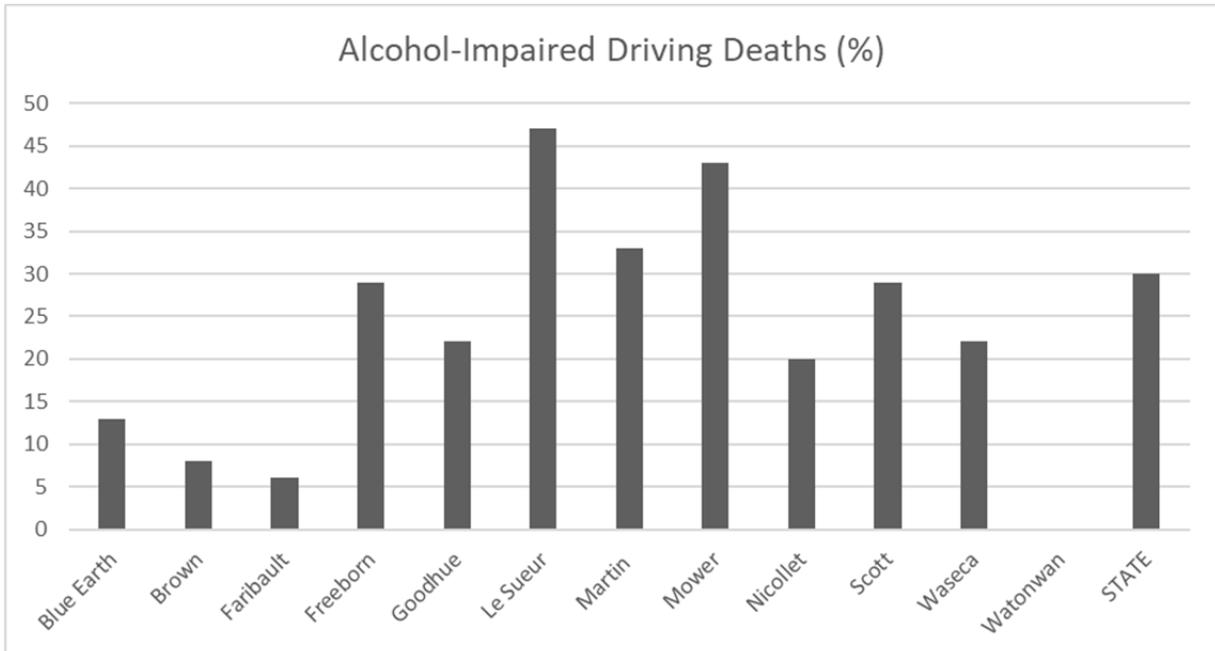
Excessive Drinking (2016)

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



Alcohol impaired driving deaths (2012-2016)

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



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

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

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

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Section #7: Drugs

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

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

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

* Highlighted cells indicate percentage is higher than state percentage

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

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

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

* Highlighted cells indicate percentage is higher than state percentage

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

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

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

* Highlighted cells indicate percentage is higher than state percentage

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

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

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

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

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

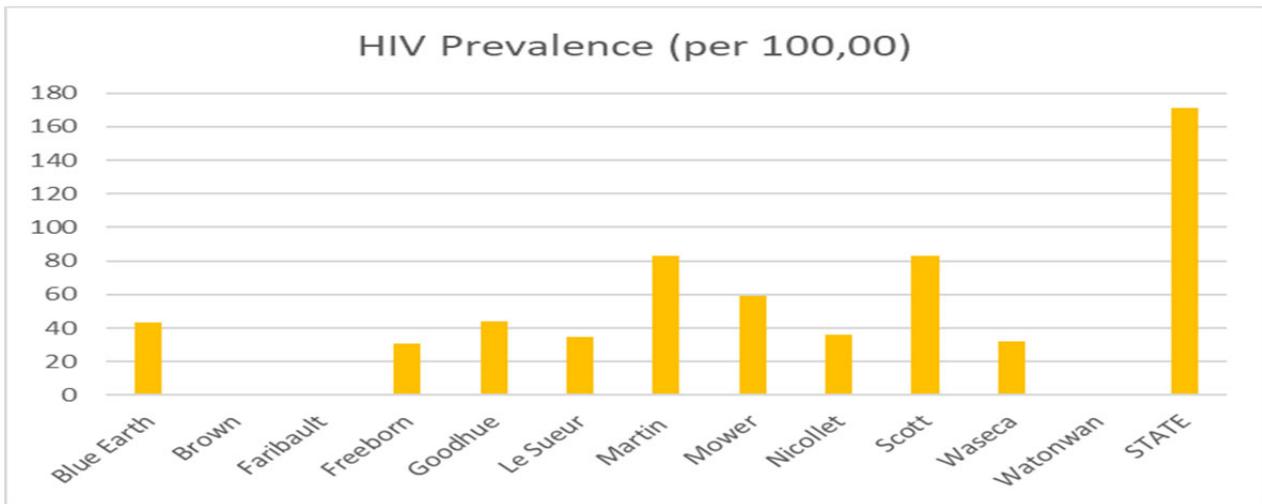
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

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

* Highlighted cells indicate rate is higher than state rate

HIV prevalence (per 100,000) (2015)

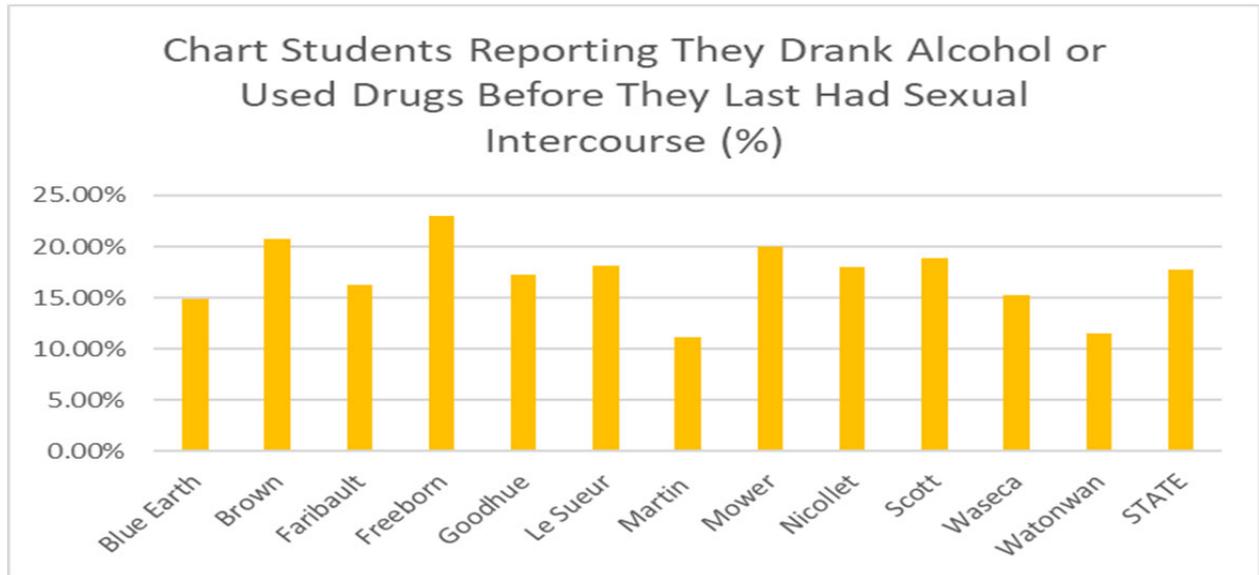
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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

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



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

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

	Pregnancy Rates per 1,000 (ages 15-19)	Birth Rates per 1,000 (ages 15-19)
Blue Earth	14.70	8.00
Brown	12.30	11.10
Faribault	26.80	19.50
Freeborn	30.30	25.50
Goodhue	24.00	19.30
Le Sueur	11.10	8.90
Martin	12.40	10.60
Mower	24.80	22.30
Nicollet	9.40	8.70
Scott	10.20	6.50
Waseca	6.60	4.90
Watonwan	48.90	48.90
STATE	17.20	12.60

* Highlighted cells indicate rate is higher than state rate

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

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

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

* Highlighted cells indicate rate is higher than state rate

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

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

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

* Highlighted cells indicate rate is higher than state rate

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

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

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

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Section #8: Healthcare System

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

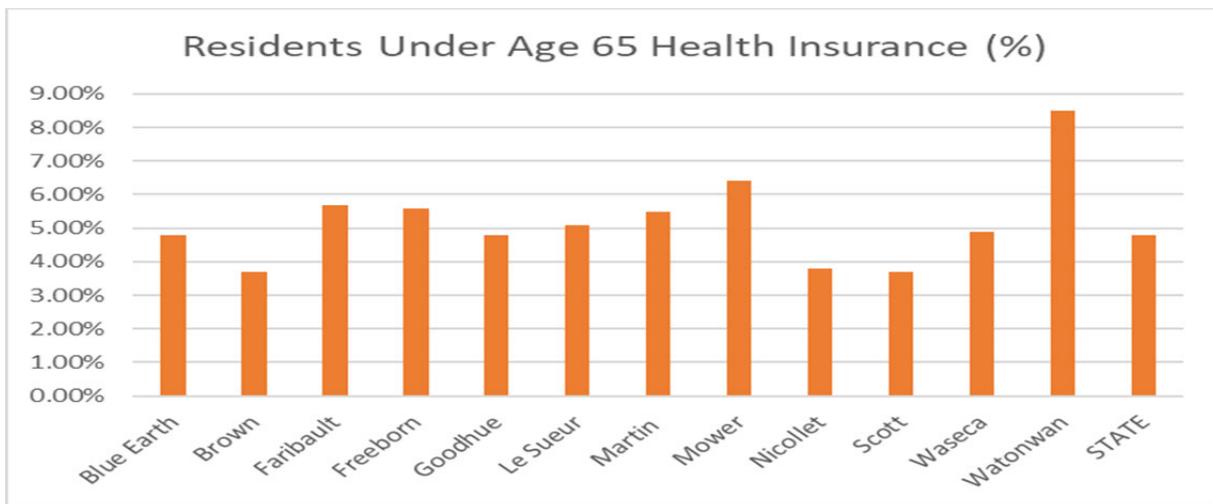
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

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

* Highlighted cells indicate ratio is higher than state ratio

Residents under age 65 without health insurance (2016)

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

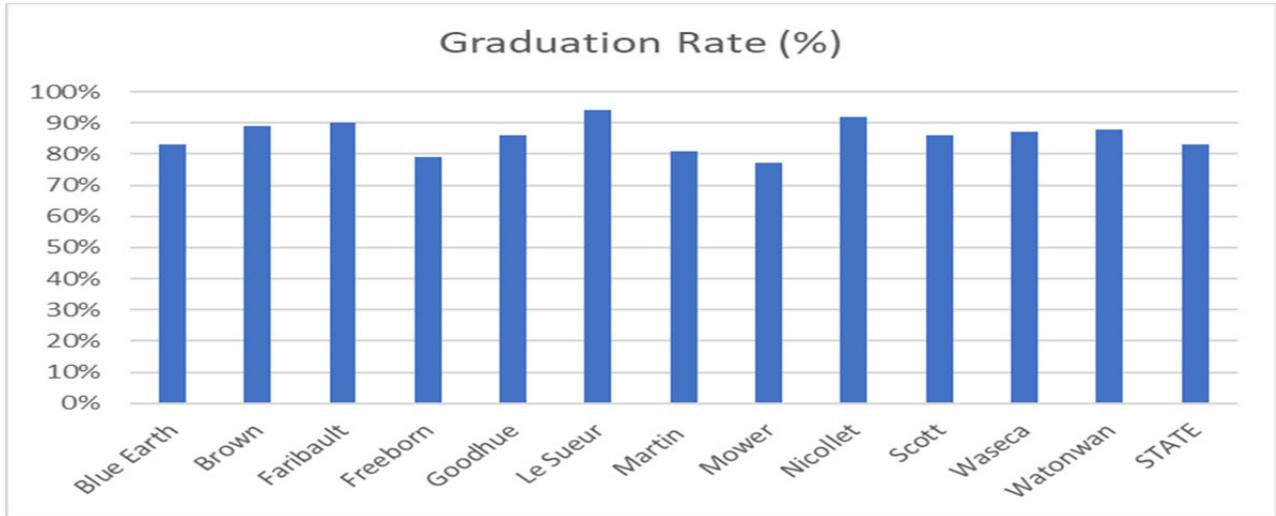


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Section #9: Social and Economic Factors

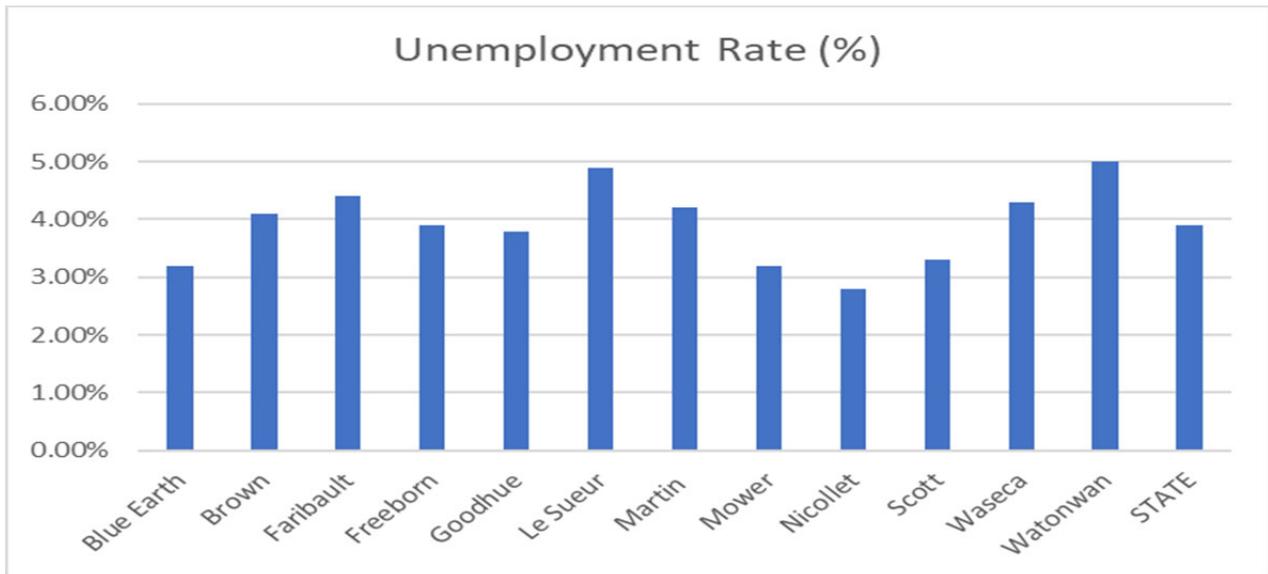
Graduation rate (2014-2015)

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



Unemployment rate (2016)

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



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

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

	Children in Poverty (Hispanic)	Children in Poverty (White)
Blue Earth	44%	7%
Brown	14%	9%
Faribault	54%	15%
Freeborn	21%	12%
Goodhue	10%	14%
Le Sueur	29%	8%
Martin	42%	15%
Mower	39%	10%
Nicollet	12%	7%
Scott	19%	5%
Waseca	13%	6%
Watonwan	33%	10%
STATE	N/A	N/A

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Section #10: Maternal, Infant, and Child Health

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

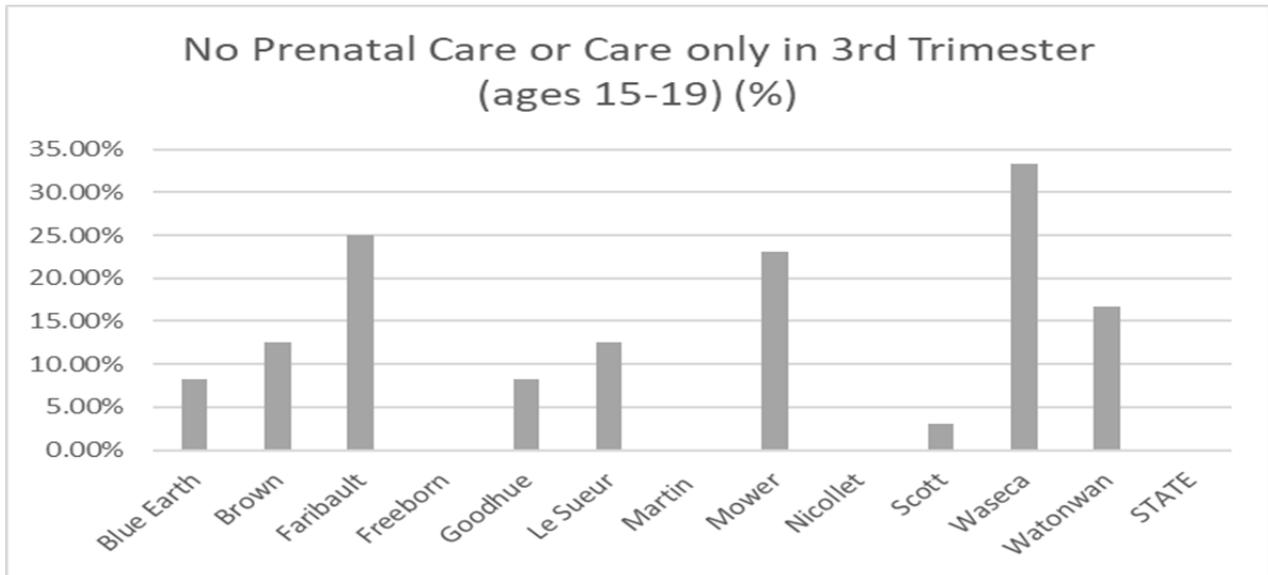
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

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

*Highlighted cells indicate percent is higher than state percent

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

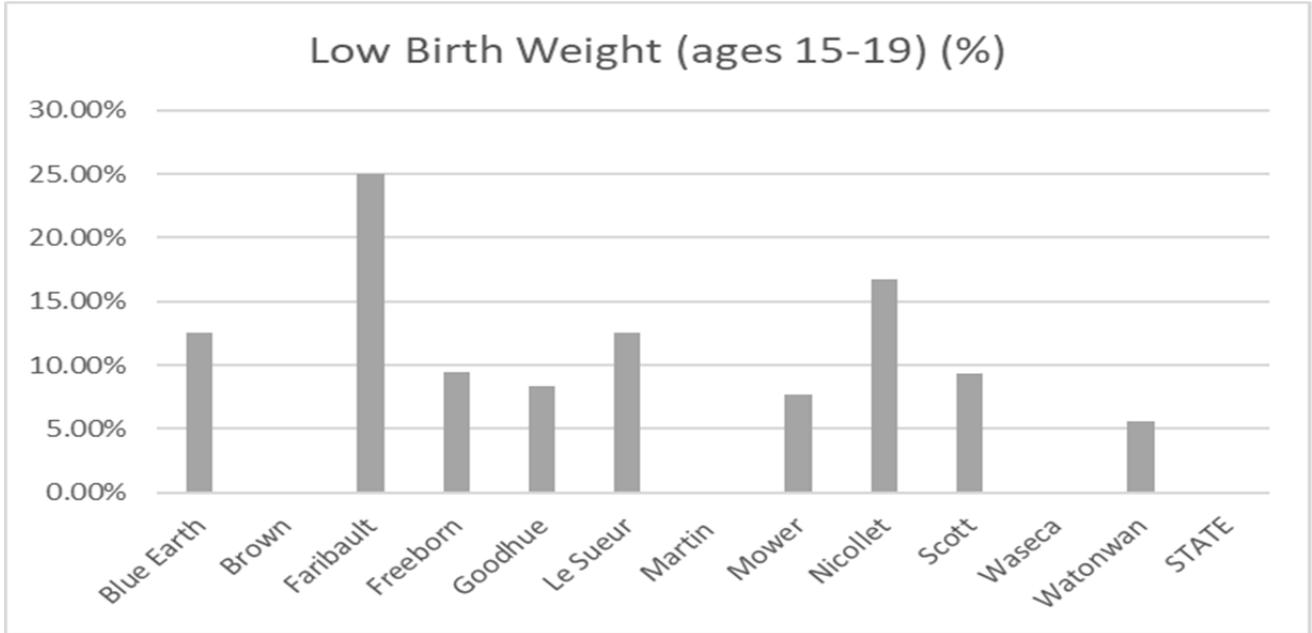
Source: <https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report>



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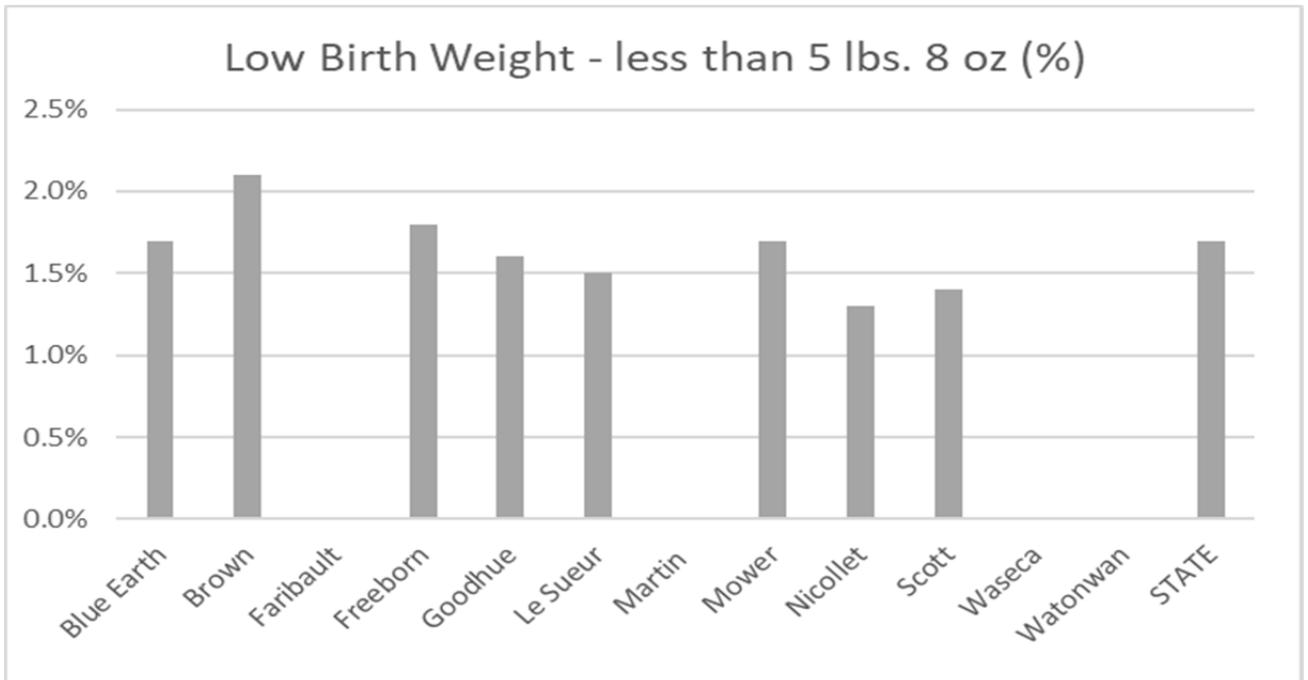
Low birth weight (ages 15-19) (2016)

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



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

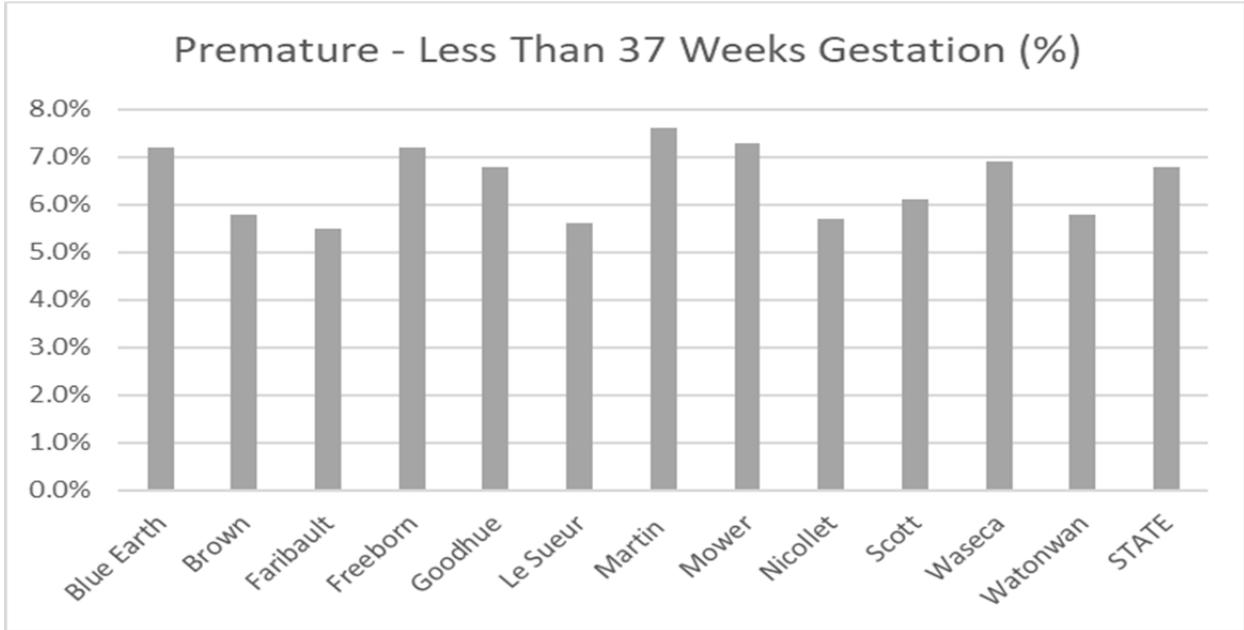
Source: <https://data.web.health.state.mn.us/web/mndata/topics#menu3>



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

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



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Section #11: Immigrant Populations

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

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

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

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

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

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

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Section #12: Limited English Proficiency (LEP)

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

	Total LEP (n)	Total LEP %
Blue Earth	1039	1.70%
Brown	336	1.40%
Faribault	252	1.86%
Freeborn	722	2.48%
Goodhue	545	1.25%
Le Sueur	547	2.10%
Martin	301	1.55%
Mower	2111	5.76%
Nicollet	527	1.70%
Scott	5492	4.40%
Waseca	421	2.35%
Watonwan	947	9.13%
STATE	217737	4.33%
*Highlighted cells indicate percent is higher than state percent		

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Section #13: Chronic Conditions

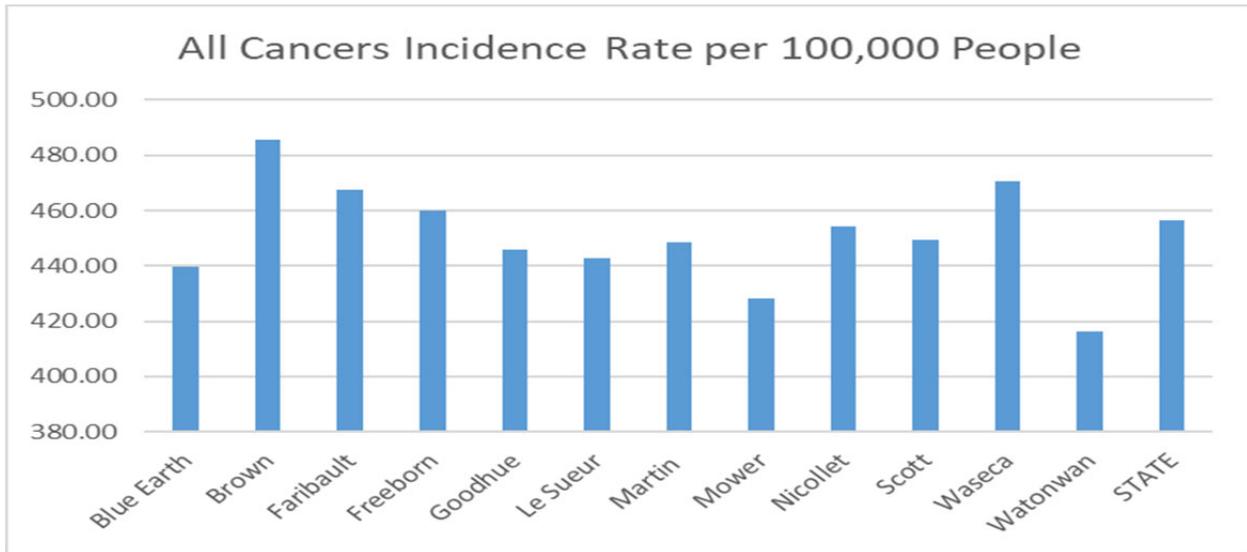
Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer’s disease, diabetes, suicide, Parkinson’s disease, liver disease and cirrhosis (2016)

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

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

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

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



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County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)

Source: https://data.web.health.state.mn.us/copd_query

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

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Section #14: Dental

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

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

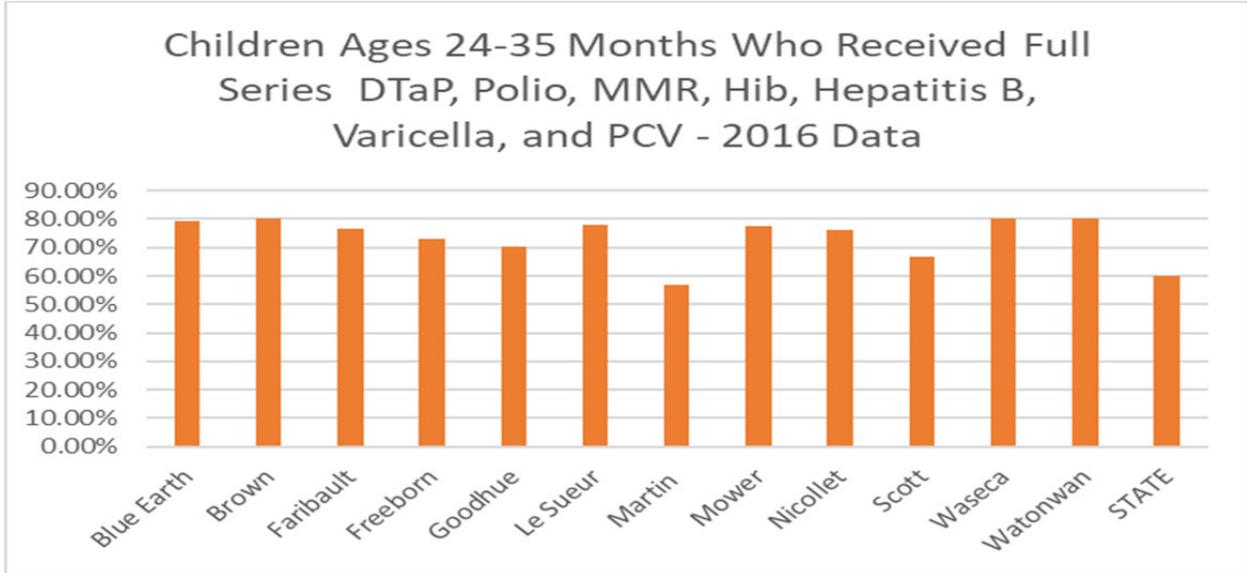
	EPSDT/C&TC Eligible Minnesota Health Care Programs children (age 20 and under) use of dental sealant services)	Dental service use among Minnesota Health Care Programs enrollees	EPSDT/C&TC eligible Minnesota Health Care Programs children (age 20 and under) use of dental services	EPSDT/C&TC eligible Minnesota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

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Section #15: Immunizations

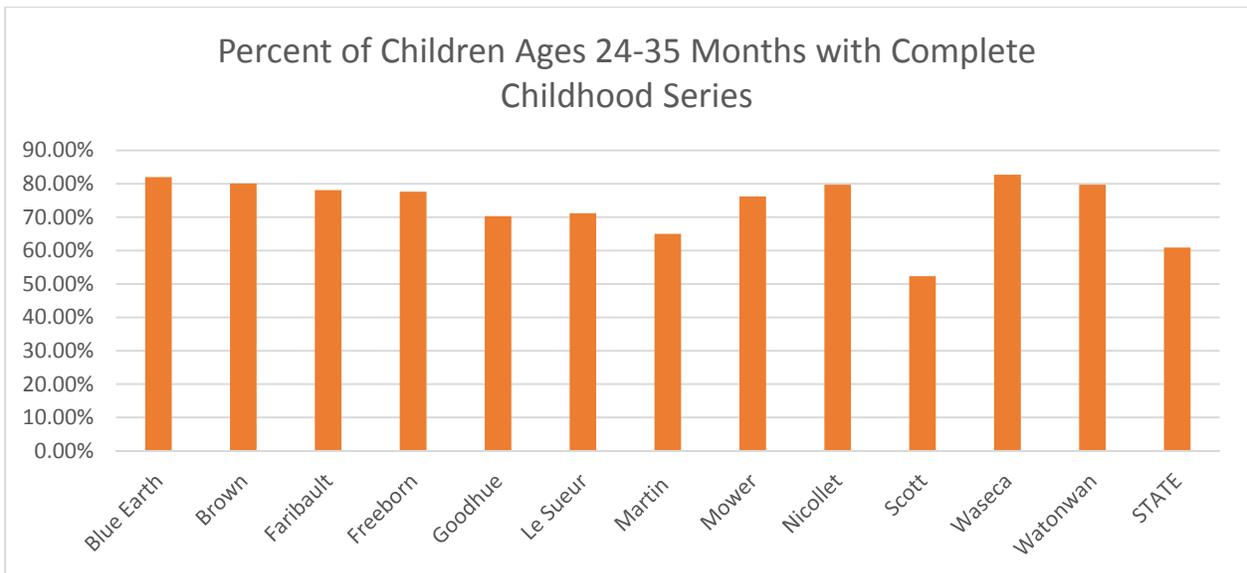
Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV – (2016)

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



Percent of children ages 24-35 months with complete childhood series (2017)

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



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

Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) ; Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015); Heat illness ED (per 100,000 age-adjusted) (2011-2015); Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)

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

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

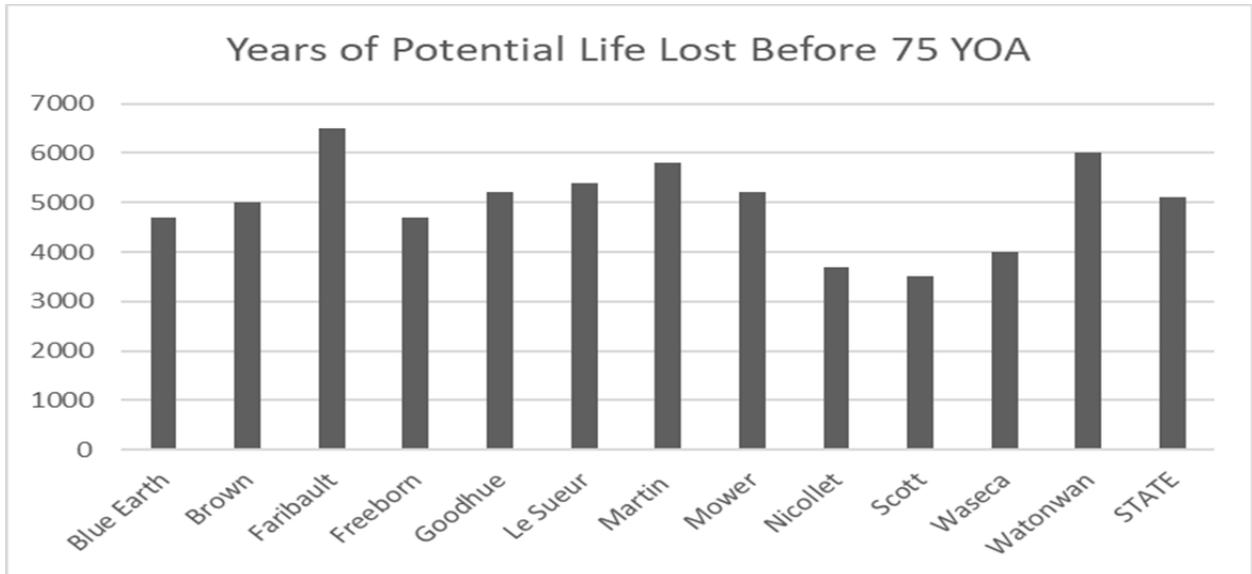
* Highlighted cells indicate rate is higher than state rate

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Section #17: General/Other

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

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



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Recommendations

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

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

Limitations

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

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Conversations with the Community

Report from a Targeted Community Engagement Approach

Prepared in support of the:
Scott County 2040 Comprehensive Plan
September 2017

This publication was supported by the Minnesota Statewide Health Improvement Partnership of Scott County.



Acknowledgements

Thank you to the many community members who took the time to participate in our engagement efforts along with the many cross-sector committees and partnerships who advised throughout this effort. Additional thanks to the 50 x 30 workgroups, Scott County Development Agency, Wagner Brothers Orchard and Thompson Hillcrest Orchard for guidance and support through incentives.

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Executive Summary

Targeted community engagement efforts began in August 2016 and continued through January 2017. We held six focus groups, attended 16 community events, and received 639 responses to an online survey.

The purpose of this report is to document the experiences of residents as they relate to the following topic areas:

- Active Living
- Career
- Early Childhood
- Healthy Eating
- Housing
- Parks & Trails
- Transportation

Conversations around these topics will not only inform the County's 2040 comprehensive plan and support the goal of the county to work toward a Safe, Healthy, and Livable Community but they will also provide insight to the countywide effort called **50 by 30: Live Learn Earn**. This collective impact effort seeks to advance a vision for Scott County: a place where residents are Stable, Connected, Educated, and Contributing.

The responses were an interesting insight into the views of the residents. This effort is an important step into creating more authentic engagement with the residents of Scott County. The following will highlight what we learned from this effort both in terms of what we heard from people but also how we engaged with people and how we might improve upon that approach.

Introduction

In April 2016, Scott County developed an engagement plan to guide a series of participation opportunities for stakeholders and residents of the County throughout the development of the 2040 Comprehensive Plan. Previous engagement efforts with residents resulted in useful, albeit limited response, from a fairly uniform demographic. In an attempt to engage with a more representative cross section for the current planning effort, Scott County strove to engage with a variety of diverse populations within the county.

The impact of environmental factors on health, diseases, and chronic disease affect an individual's life. Similarly, the health and vitality of a community depends on that of its people. The goal of community level efforts is to make healthy living not only easier – but possible – where people live, learn, work, and play. How the surrounding environment is built contributes to many of the problems and solutions to improving our health. Supporting people who are affected most by death, disability, and suffering from chronic disease help them reach health equity.

The conversations with community included the following topics as they relate to the county's development by 2040:

- Active Living
- Career
- Early Childhood
- Healthy Eating
- Housing
- Parks & Trails
- Transportation

Conversations around these topics will not only inform the County's 2040 comprehensive plan, but they will also provide insight to the countywide effort called **50 by 30: Live Learn Earn**. This collective impact effort seeks to advance a vision for Scott County: a place where residents are Stable, Connected, Educated, and Contributing.

The Community Engagement Plan included additional strategies to solicit input from residents: Resident Survey Results, Speak Up Scott County, Conversations with the Community, Commission Input and Oversight, Workshop with Reconvened 2030 Visions Advisory Committee, Township Planning Area Meetings, Intergovernmental and Interagency Meetings and Review, Open House for the Draft Comprehensive Plan, Public Hearing for the Draft Comprehensive Plan, Scott County Website and Social Media, Scott Scene Newspaper, Participation by request or on the fly, Logo and Cover Page Design Competition, and SCALE Collective Impact Input.

To support this effort, a group of Scott County staff assembled to discuss the engagement opportunities. This advisory group included members from Planning and Zoning, Public Health, Parks, and Transportation.

Of the various community engagement strategies, *Conversations with the Community* required the biggest investment of time and reached the most diverse residents within the county.

Methods

The advisory group collected data from residents through focus groups, online surveys, and paper surveys through pop-up engagement efforts. Instead of formalizing a single questionnaire for every responder to provide input on every topic, we encouraged respondents to comment on at least one. Throughout the process, they were welcome to respond to as many of the topics as they are interested in discussing.

Engagement with each individual was generally limited to three main questions about the selected topic. These questions were asked within the four different engagement approaches we deployed to help reach a broad sample of people in the County. These include online surveys deployed through NextDoor (Nextdoor is a social media site focused on connecting with neighbors, in this case all Scott County residents who are enrolled in the site) and Facebook, pop-up engagement at various community gatherings, displays at all seven county library facilities, and focus groups with diverse populations – specifically targeting the previously underrepresented.



Staff ask Project Community Connect attendees about their experiences living in Scott County.

Pop-Up Engagement

Between September 2016 and January of 2017, there were 16 different events in which staff joined in at different community gatherings for pop-up engagement efforts.

Pop-up meetings consisted of one or two county staff attending a public event. With survey forms in hand, the crew engaged with residents, offering an incentive for participation. Scott County partnered with Wagner Brothers Orchard and Thompsons' Hillcrest Orchard to provide people with locally grown apple. We were present at Project Community Connect, a career fair, the government center lobby, Scott West trail, mobile clinic events, Shakopee farmers market, Spring Lake Park volunteering event, Halloween and fall themed events, and a Diversity Alliance event.

There were 151 responses at these events. The events that were family-oriented were most successful while others such as the mobile clinics and farmers markets did not garner much of

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a response. We found that people were less likely to engage with staff if they were gathering for a specific task and were not there to linger and enjoy the event.

Events Attended	Location	Count
Project Community Connect, Canterbury Park	Shakopee	14
Fall Community Fest, Prior Lake High School	Prior Lake	0
Shakopee Farmers Market	Shakopee	2
Mobile Clinic, Russian Baptist Church	Shakopee	1
Fall Frenzy, Prior Lake	Prior Lake	42
Autumn Fare, Scott County Fairgrounds	Jordan	4
Mobile Clinic, Workforce Center	Shakopee	0
Scott West Trail	Shakopee	5
Volunteer Event, Spring Lake Regional Park	Spring Lake Township	1
Mobile Clinic	Savage	0
Scott County Senior Expo, Prior Lake High School	Prior Lake	5
Shakopee Diversity Forum	Shakopee	2
Scott County Government Center	Shakopee	12
Savage Halloween Bash	Savage	50
Career Fair, Canterbury Park	Shakopee	7
Shakopee Diversity Alliance Event, Workforce Center	Shakopee	6

Paper surveys were also available at all seven of the County libraries with available translations in Cambodian, Russian, Somali, Spanish, and Vietnamese. There was minimal response to these surveys, and none in any of the non-English translations. Savage Library did dedicate a large space to advertise these surveys and received, by far, the most surveys from these library displays.

Online Survey

The most responses were received through an online survey that was delivered through Facebook and Nextdoor. As of April 2017, there were nearly 10,000 residents within Scott County who have accounts with Nextdoor. The Scott County Facebook page has nearly 2,000 likes.

Focus Groups

While pop-up meetings and online surveys provided an easy opportunity for people to provide input, the depth of their responses was typically very limited. Focus groups provided another way for people to respond. Several different demographics were approached about the idea of sitting down for a discussion about county issues we will be facing as we head toward 2040. It was an important part of the strategy in the hopes that it would garner responses from people who have a different perspective than those we typically hear from. Whether it be the next generation, those who will help us understand our past to help pave the way for the future, lower income or disadvantaged in some way, or ethnically diverse, we hope these interactions provide a broader context for issues in the county.

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We held six focus groups with the following groups – Esperanza, Scott County Historical Society, the Savage Buddhist Temple, CAPS (Center for Advanced Professional Studies) students, senior citizens, and 4H leaders.

There were six groups that ultimately decided to participate in this manner.

Focus Group	Date	Location	Topics
Esperanza at New Creation Church	September 2016	Shakopee	C, E, HE
Scott County Historical Society	November 2016	Shakopee	E, HU, PT
Kingsway Retirement Facility	November 2016	Belle Plaine	AL, HE, T
Center for Advanced Professional Studies (CAPS)*	December 2016	Shakopee	AL, C, HE
Tay Phung Temple	December 2016	Savage	AL, HU, PT, T
4H Leaders*	December 2016	Shakopee	AL, HE, PT

AL = Active Living, C = Careers, E = Early Childhood, HE= Healthy Eating, HU = Housing, PT = Parks & Trails, T= Transportation

**denotes youth involvement*

Other attempts were made to have more thorough discussions with the Russian community, Parents, Friends and Family of Lesbian and Gays (“PFLAG”), the Somali community, and representatives of the agricultural community for example. These efforts were thorough, but ultimately did not result in interest in participating in a focus group. A group of Somali respondents did spend some time filling out surveys which are represented in this analysis.

The focus groups were generally coordinated to be in a location that was easy for participants to attend, frequently at a location where they are already gathering. At the commencement of the meeting, the facilitator provided an overview of the Comprehensive Plan, the process for developing the plan, and the seven topic areas that are part of this initiative. Each of the participants was then asked to name one or two of the topics that were most interesting to them. Generally three or four of the most popular topics selected were able to be discussed within the time frame allotted. In addition to the standard questions asked on the surveys, follow up questions were available and a dialogue to understand more about their responses was possible.

Youth Involvement

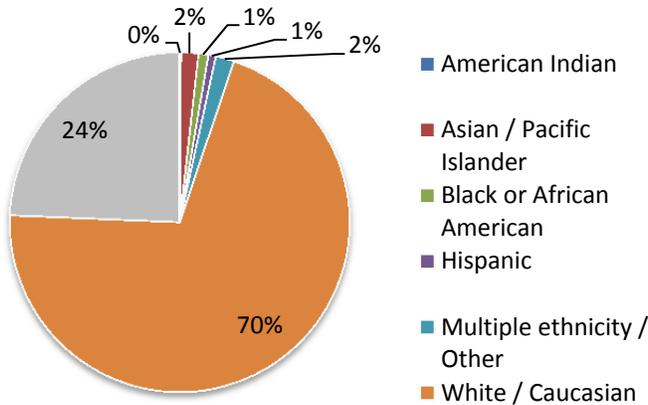
The CAPS students also provided a survey and analysis to students at Shakopee High School. Their results can be found in **Appendix A**.

Results

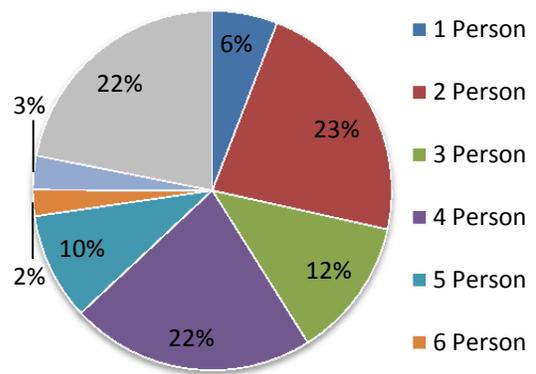
Demographics

These results provide an overview of the responses by all participants in our online and pop-up community engagement efforts. Here are some summaries of what the respondent demographics look like:

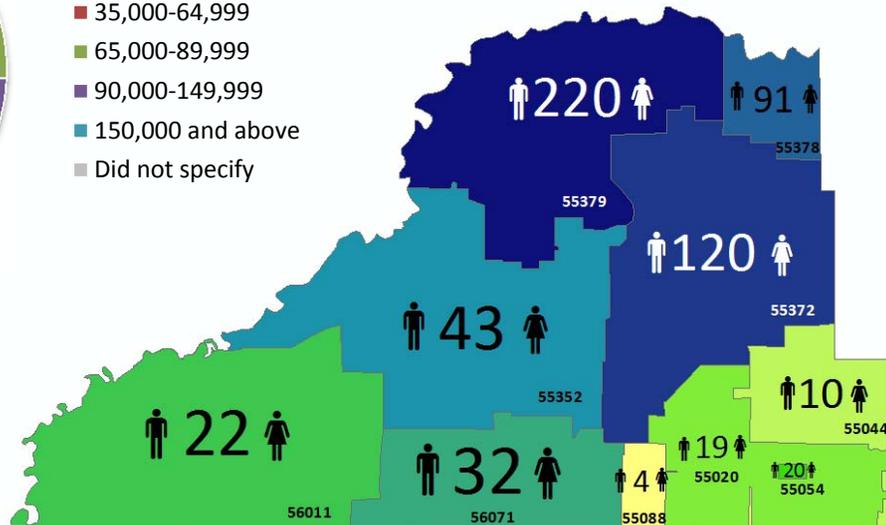
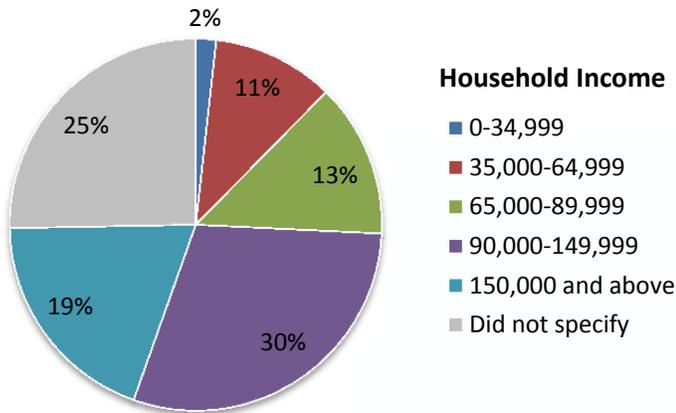
Race/Ethnicity



Household Members



Household Income



Number of residents who responded from each zip code

208 did not specify.

61 were not residents of Scott County, but may work here.

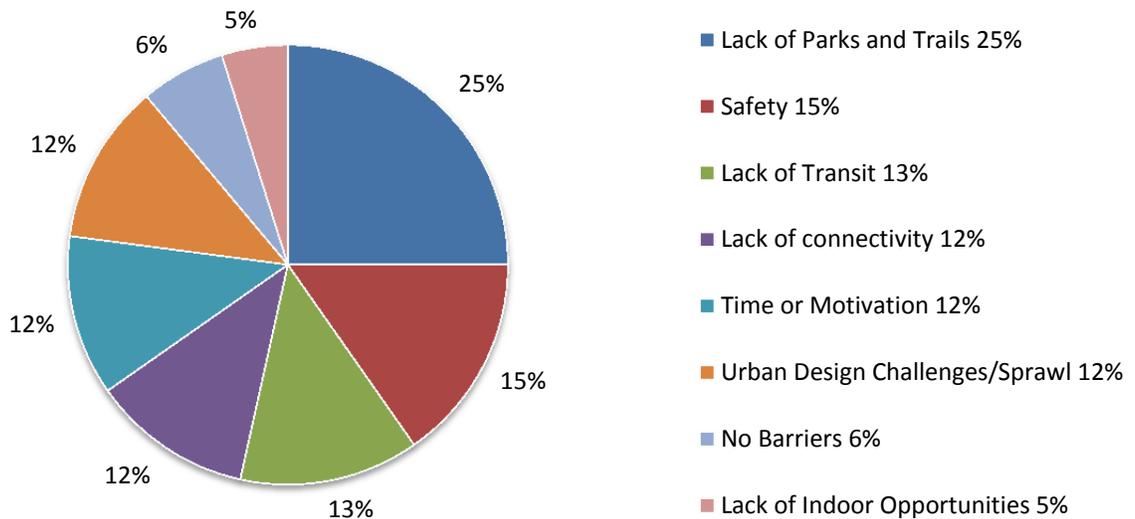
Active Living

Providing opportunities for people to lead an active lifestyle supports our role as a regional park and trail provider as well as the initiatives framed by the Statewide Health Improvement Partnership (SHIP). As part of our community engagement process we sought out answers to the following questions:

- When you think about transportation and its relationship to physical activity, what barriers exist to being physically active?
- Is there an adequate system of trails and paths that allow for alternative modes of transportation (walking, bicycling, etc.) to occur throughout the city? How accessible are these options?
- When you think about active living in Scott County, what are the strong points? What could be improved upon?
- We were pleased to have received responses from nearly **100** residents via online surveys and **30** with paper surveys. Below is a summary of the results.



When you think about transportation and its relationship to physical activity, what barriers exist to being physically active?



Response	Explanation
Lack of parks and trails	Respondents expressed a lack of parks and trails and that existing trails are not well connected. Others showed interest in additional parks and recreational opportunities.

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Safety	Responses were evenly split between concerns of personal safety – particularly at night – and the compatibility of recreational trail and fast moving traffic adjacent to each other.
Lack of transit	Lack of a robust transit system created a barrier getting to places to be active. Respondents suggested options like buses, light rail transit, and taxis.
Lack of connectivity	Desire for a system of trails that connect with other trails, community centers, businesses, and transit opportunities. Others called out the need for more consistent sidewalks within neighborhoods.
Time/Motivation	Respondents noted long commutes as a contributing factor. One suggested time spent during work hours as an opportunity to help increase physical activity.
Urban Design Challenges & Sprawl	Scott County development is spread out making travel difficult, particularly without a vehicle.
No Barriers	Respondents listed no barriers to active living.
Lack of indoor opportunities	Additional indoor facilities needed, presumably during winter months.
Other	Lack of equipment, lack of support from employers, physical limitations, and income disparities.

“I do not think there are adequate trails and paths for cycling in Scott County, and/or Shakopee where I live. Riding on the roadways gets to be too dangerous.”

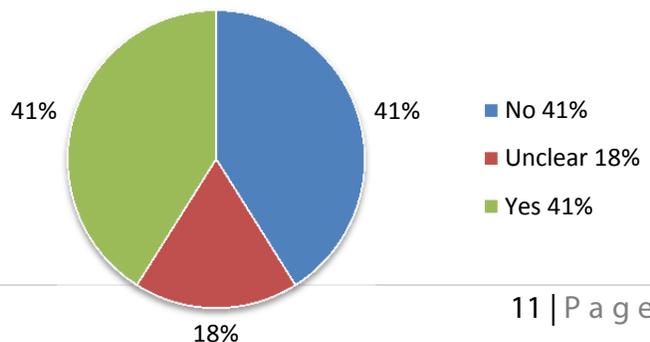
“I think our park system is strong but getting information out to the community about events is a challenge.”

“The biggest barrier is how spread out everything is. We don't want to be crowded so it is a catch 22.”

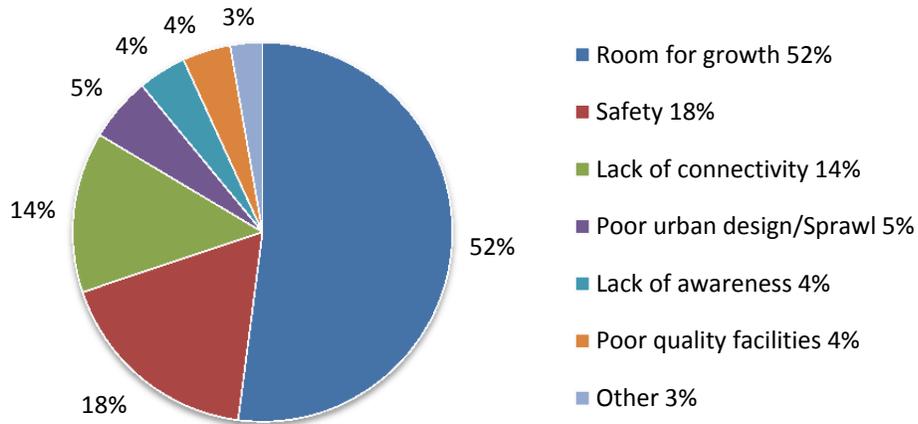
“...it needs to be easy to be active or there needs to be more opportunities to introduce [physical activity] into work life.”

Is there an adequate system of trails and paths that allow for alternative modes of transportation (walking, bicycle, etc.) to occur throughout the city?

In answering the first portion of the question, the respondents were evenly split. Nearly 20% didn't directly address this as a yes or no question.

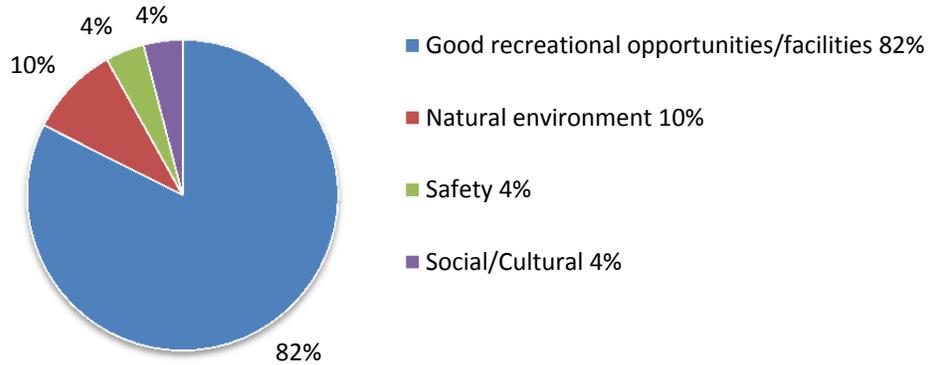


How accessible are these options?



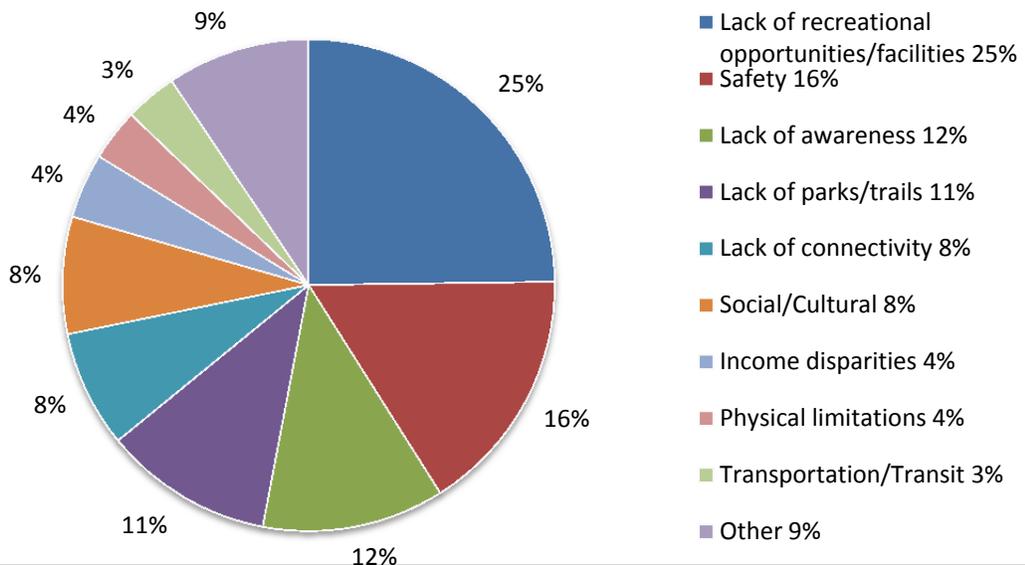
Response	Explanation
Room for Growth	Over half of the respondents felt the trail system has room for growth. Many discussed the poor connection between trails and business centers. Several noted that the trail system is improving.
Safety	Responses were evenly split between concerns of personal safety – particularly at night – and the compatibility of recreational trail and fast moving traffic adjacent to each other.
Lack of connectivity	Desire for a system of trails that connect with other trails, community centers, businesses, and transit opportunities. Others called out the need for more consistent sidewalks within neighborhoods.
Urban Design Challenges & Sprawl	Scott County development is spread out making travel difficult, particularly without a vehicle.
Lack of awareness	Respondents felt there was little information available to help understand access to trail systems. Some suggested marketing efforts, improved signage, and maps to help the public connect to amenities.
Poor Quality Facilities	Respondents commented on the quality of maintenance on existing trails.
Other	Support from businesses to help with active living and concerns about bicyclists and pedestrians mixing on trails.

When you think about active living in Scott County, what are the strong points?



Response	Explanation
Good Recreational Opportunities/Facilities	Respondents were overwhelmingly positive about the quality of recreational opportunities and facilities. Trails, activities, and amenities were highlighted.
Natural Environment	Natural features of the county with an emphasis on scenery, lake shores, and open spaces.
Safety	Responses were evenly split between concerns of personal safety – particularly at night – and the compatibility of recreational trail and fast moving traffic adjacent to each other.
Social/Cultural	Entertainment opportunities such as Land of Big Fun as places to pursue active living. One respondent felt there was a strong sense of community in the county contributing to Active Living.

What could be improved upon?



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Response	Explanation
Lack of recreational opportunities	There is a missing piece in the provided recreational opportunities. This ranged from amenities that aren't offered – indoor activities – as well as expansion of existing trails and community programs and equitable geographically dispersed activities.
Safety	Responses were evenly split between concerns of personal safety – particularly at night – and the compatibility of recreational trail and fast moving traffic adjacent to each other.
Lack of awareness	Respondents felt there was little information available to help understand access to trail systems. Some suggested marketing efforts, improved signage, and maps to help the public connect to amenities.
Lack of parks/trails	Lack of trails and connectivity in Scott County.
Lack of connectivity	Desire for a system of trails that connect with other trails, community centers, businesses, and transit opportunities. Others called out the need for more consistent sidewalks within neighborhoods.
Social/Cultural	Entertainment opportunities such as Land of Big Fun as places to pursue active living. Parks could be more culturally inclusive.
Income disparities	Lack of opportunities for all citing fees and sensitive demographics such as the aging population.
Transportation/transit	Additional indoor facilities needed, presumably during winter months.
Other	Lack of equipment, lack of support from employers, physical limitations, and income disparities.

Focus Groups

There were four groups that discussed their challenges and experiences with regard to living an active lifestyle in Scott County. Tay Phuong, as a community, talked about their concerns with a lack of, or unsafe, sidewalks, crosswalks, and general mobility through trail systems (and a lack knowledge of regional parks and trails systems), particularly for the elderly. The Kingsway residents had similar concerns and mentioned a general lack of resources available to them. This seemed to be partly due to geography as they felt resources were focused in the more populous cities such as Shakopee and Prior Lake.

The two groups consisting of youth (CAPS and 4H) had some strong overlap – particularly as it related to having time and motivation to balance their school

Comparison to Pop Up/Online responses:

The focus groups had many similar thoughts about Active Living. The strongest themes for the focus groups were time, motivation, and lack of amenities. These themes were also some of the most significant themes represented in the comments from the previous section.

It is worth noting that the youth groups had similar responses despite the different environments (urban vs rural).

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life and being active. The CAPS students liked the idea of incorporating physical activity into their day. The 4H students offered the idea that standing desks or stability balls would offer easy ways to be more active. The 4H students did recognize the benefits of being active with chores – particularly as many lived and assisted on the family farm. CAPS students found summer activities hard to balance with their summer jobs. They would like to see flexibility of sports programs and intramurals.

The conversation with Tay Phuong did leave an impression that this group was fairly isolated from government services, we were happy to provide some outreach for this group and hope that they explore some of the services that were passed along to them.

Active Living themes discussed included:

Focus Group	Themes
Tay Phuong	Safety, Communication, Transportation, Awareness
4H	Cost, Time, Motivation, School
CAPS	Time, Motivation, School, Summer Programs
Kingsway	Lack of resources



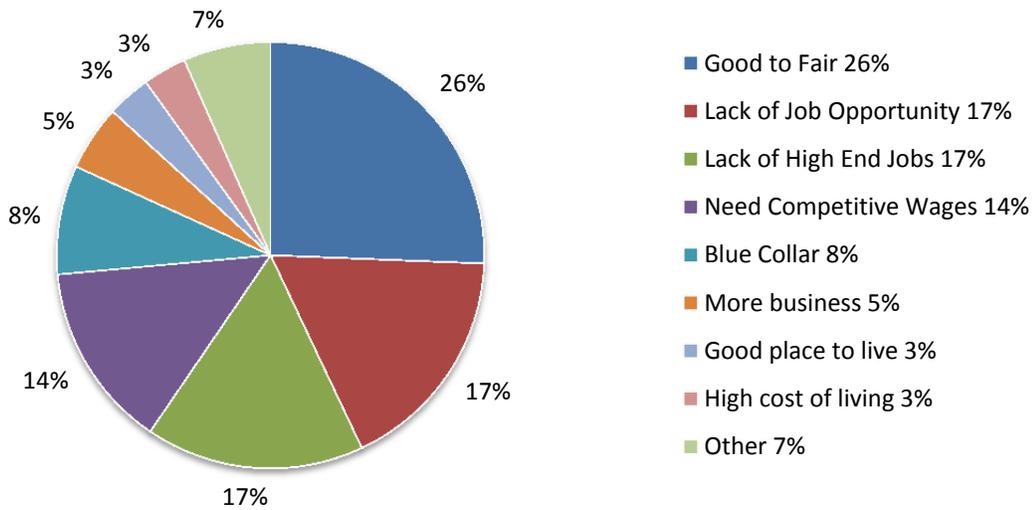
Career

The 50 by 30 initiative is an effort to have 50% of employees live within Scott County by the year 2030. The County, along with public and private partners, hopes to foster better employment opportunities and attract quality jobs to our residents. As part of our community engagement process we sought out answers to the following questions:

- Within Scott County, what do you think about the balance between good career opportunities and being a good place to live?
- Do you feel there are professional growth opportunities where you work?
- Is there anything else you would like to tell us about finding or keeping work in Scott County? Is additional professional training in your future?

We were pleased to have received responses from nearly 100 residents via online surveys and paper surveys. Below is a summary of the results. We understand that during our engagement we might be finding people who work, but do not live in Scott County, we asked each respondent if they were currently working the county: 56% of respondents said no and 44% said yes.

Within Scott County, what do you think about the balance between good career opportunities and being a good place to live?



Response	Explanation
Good to fair	Respondents felt the balance was generally positive
Lack of job opportunity	Respondents expressed a lack of job availability
Lack of high end jobs	Respondents touched on idea that there are not adequate high paying, office-based careers in the county

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Need competitive wages	Wages in Scott County don't compare to wages offered outside the county
Blue collar	Respondents requested a wider variety of career availability; they felt there is a preponderance of blue collar employment opportunities
More business	Requested more business attraction to the county
Good place to live	Respondents felt Scott County as a good place to live while referencing limitations in the job market
High cost of living	Respondents found that high cost of living compared to type of jobs available created a challenge in both living and working here
Other	Referenced difficulty in matching available careers to skills of people who live here; social and cultural environment could be more welcoming; property taxes are too high; difficult commutes. Respondents also recognized the continuous improvements in the job market.

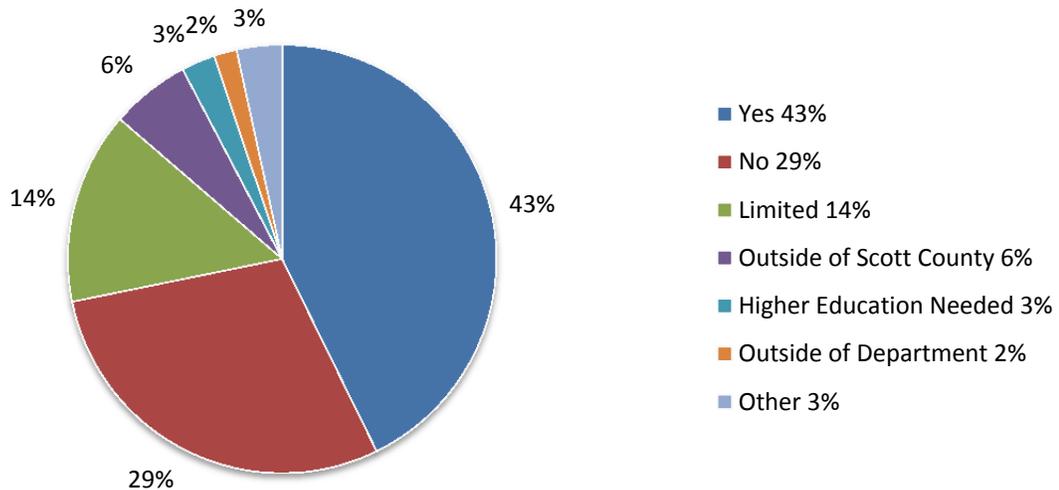
"It's a good place to live but there aren't a wide variety of professional jobs available."

"With the size of Scott County, attracting technical colleges or job training companies might be beneficial."

"We need more careers that match the local skills."

"Yes, Scott County can be the best county in the next 5-20 years."

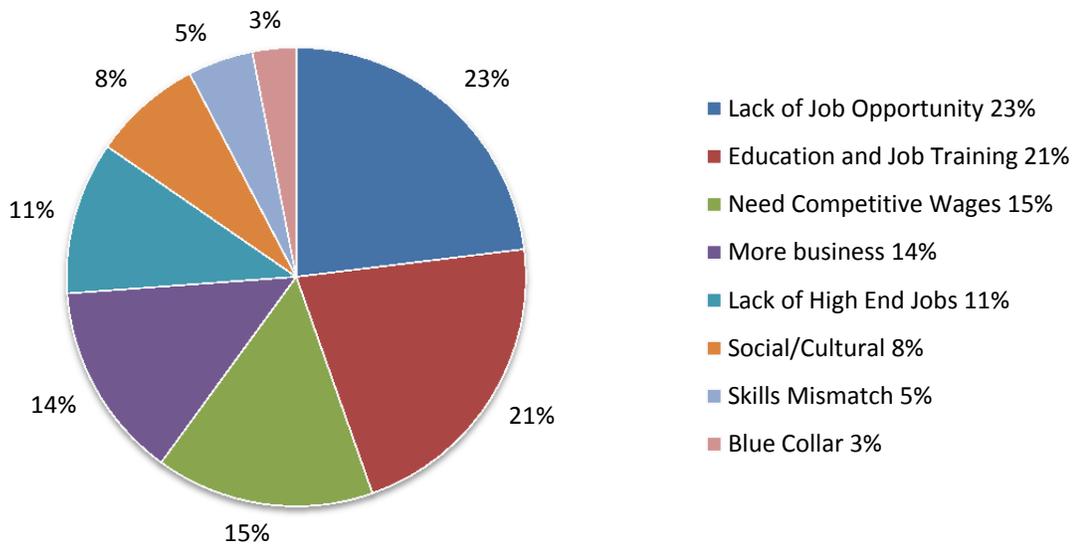
Do you feel there are professional growth opportunities where you work?



Response	Explanation
Yes	Largest proportion of responses were generally positive about the prospects of professional growth where they currently work

No	Felt there was no possibility of growth at the current employer
Limited	Responses reflected the thought that there is not a clear path to professional growth with their current employer
Outside of Scott County	Respondents do not work in the county and found growth opportunities exist in their current career
Higher education needed	Respondents mentioned education growth and felt they would not likely advance in their current career without higher education
Outside of department	A career change would be necessary to see advancement.
Other	Some respondents felt that while opportunities exist, the commute makes it less appealing. One respondent was self-employed and one felt that low wages would be a concern even if advancement was possible

Is there anything else you would like to tell us about finding or keeping work in Scott County? Is additional professional training in your future?



Response	Explanation
Lack of job opportunity	Many respondents felt that things would improve for them with more job opportunities
Education and job training	Respondents provided many paths to finding new job opportunities through training and education: vocational training, post-secondary education, attaining special licenses, and technical school training
Need competitive wages	Wages in Scott County don't compare to wages offered outside the county
More business	Requested more business attraction to the county
Lack of high end jobs	Respondents touched on idea that there are not adequate high paying,

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	office-based careers in the county
Social/Cultural	Respondents felt that improvements were needed to make this a more welcoming community
Skills mismatch	Skills required for job openings do not match skills of people in the community
Blue collar	Respondents requested a wider variety of career availability; they felt there is a preponderance of blue collar employment opportunities

Focus Groups

Both Esperanza and CAPS students discussed the career topic. The Latina group felt that there were too few opportunities for jobs outside of the industrial/manufacturing industries. The lack of public transportation options further lessened opportunities for those without reliable personal transportation. This group also echoed the analysis in the previous section finding that there was not a great match-up between cost of living and salary within the boundaries of the County. Opportunities for further training in the County was a priority for this group, particularly including English classes, technology training, and opportunities for specialized certifications (specifically referencing was Nursing (CNA).

The CAPS students have a different perspective; this group discussed the lack of future prospects in Scott County. They felt that there were too few long term, promising careers here and didn't envision themselves staying after schooling.

Comparison to Pop Up/Online responses:

While much of the conversation echoed the responses from the general population responses, there was more focus placed on the difficulties of career upward mobility with barriers such as a lack of transportation and education options.

The future was not bright for the students who participated and they already view themselves working outside the county boundaries.

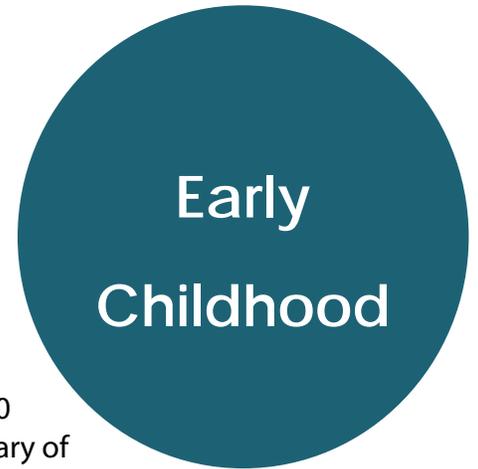
Focus Group	Themes
Esperanza	Industrial, Cost, Transportation
CAPS	Small Community, Professional Careers

Early Childhood

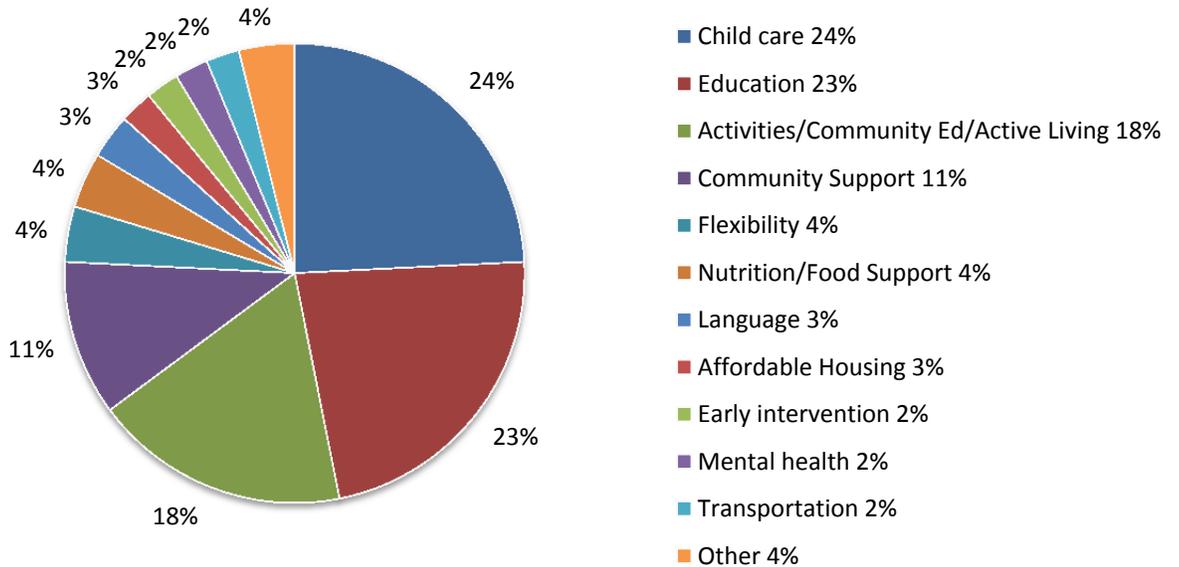
The County recognizes that investment in children can have a positive influence in our future. To help understand how the County might be able to provide services that could help children and their families we asked the following questions:

- What kinds of support do families of young children need?
- Thinking about supporting children and families, what are your community's strengths?
- What are the barriers to educational success?

We were pleased to have received responses from approximately 50 residents via online surveys and 35 paper surveys. Below is a summary of the results.



What kinds of support do families of young children need?

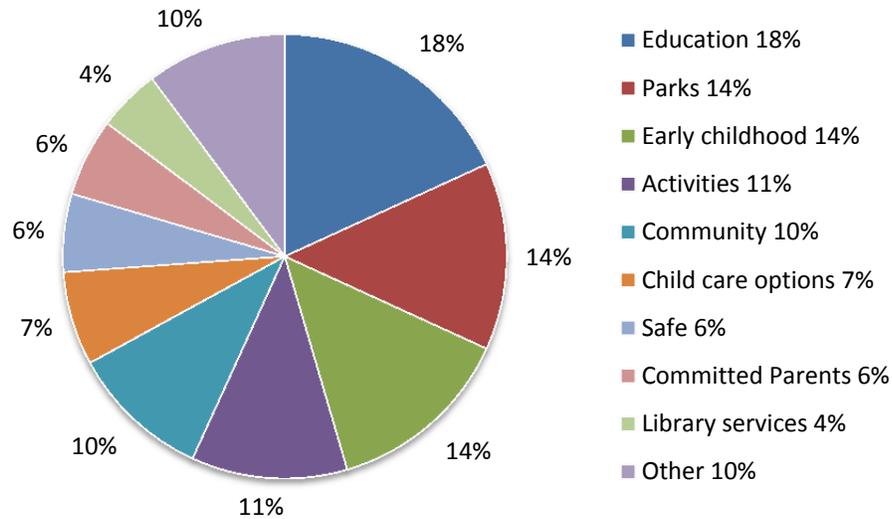


Response	Explanation
Child care	Affordable child care available for all ages was a primary concern. Also mentioned was a care option for parents with ill children and special needs.
Activities/Community Ed/Active Living	Respondents touched on the idea that children need activities in addition to classroom education. Some responses focused on group activities while others expressed a specific need for high level activities
Community support	Community support through increased awareness initiatives, providing mentoring, parental support, and access to services

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Flexibility	Responses focused on people needing assistance outside of the “standard” 9AM-5PM work day
Nutrition/food support	People who responded to this theme were concerned with food insecurity, healthy eating, and kids getting a balanced diet
Language	Respondents recognized that children would benefit from focus on different language skills including ESL, speech improvements, and immersion opportunities
Affordable housing	Financial burden people feel from the high cost of housing means that sacrifices in child care are choices people might have to make
Early intervention	Respondents focused on making sure parents have support for recognizing and providing services for possible cognitive or physical disabilities
Mental health	Providing mental health services and removing negative stigma of mental health concerns was a theme for some respondents
Transportation	Transportation was a barrier for providing adequate care to children
Other	Financial support, better health care, more job opportunities, and support in religious organizations

Thinking about supporting children and families, what are your community’s strengths?



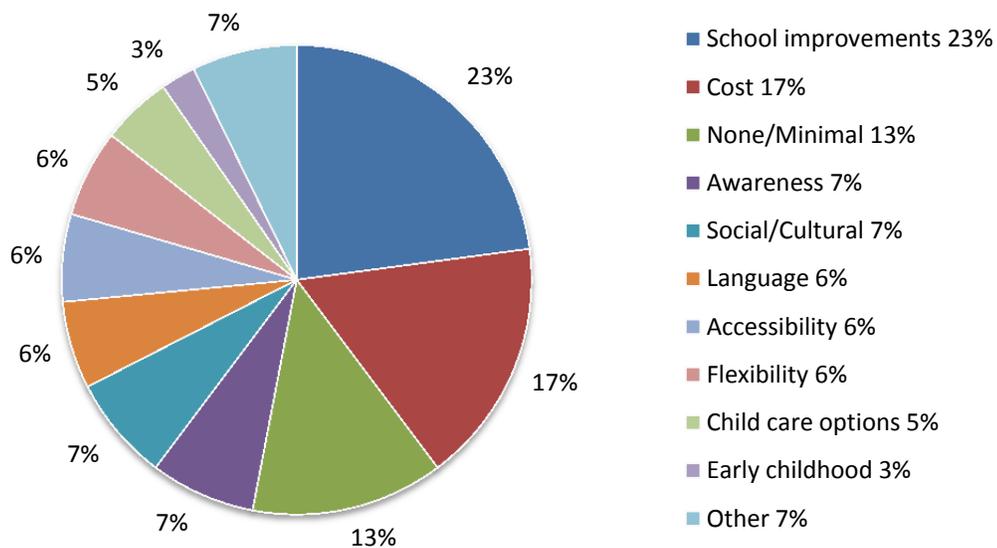
Response	Explanation
Education	Respondents recognized schools and educational programs as significant contributors to support of families and children
Parks	Parks and trails in Scott County bring opportunities for outdoor play

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Early childhood	This theme recognizes all of the community programs available for early childhood development including ECFE, Follow Along, preschool offerings and community education
Activities	An important element for many was the offering of activities within the community
Community	Importance of community in raising children was recognized by many respondents. Responses included elements of community such as neighbors, small town feeling, family events and awareness campaigns
Child care options	With the reality that many families include two working parents or single parents raising children, child care becomes a necessary support for families
Safe	Respondents felt that the safe feeling of their community in Scott County is an important factor for supporting families and children
Committed parents	Engaged family members was recognized as a critical element in child rearing
Library services	Libraries and programs they offer are recognized as a support structure for families
Other	Mental health support, work done by Public Health department, farmers markets, healthy eating, support for diversity, and early intervention

What are the barriers to educational success?



Response	Explanation
School improvements	Respondents felt that the following are barriers: lack of funding, transportation, student to teacher ratios, special education, early intervention, and lack of secondary education options within the County

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Cost	The cost of education, both out of pocket and taxes, were a concern of residents. Some touched on the idea that for many, it is critical that both parents work
None/minimal	Some respondents felt that they did not face any barriers to educational success
Awareness	There was a sense that some respondents were missing things simply because they were not aware of what is offered, and what critical stages children are going through so they can provide the best for them
Social/cultural	This theme is centered on the recognition of different cultures and teaching with that in mind. Providing a welcoming environmental for all was important to these residents
Language	Referenced language barriers for ESL students
Accessibility	Making school and educational opportunities accessible was a focus for some referencing time, transportation options, and winter activity lulls
Flexibility	Challenge of balancing lives for working parents and benefits available to children
Child care options	Respondents would like to have more options for quality child care to help support their children’s mental and physical growth
Early childhood	Better understanding of young children’s needs referencing play time as a specific activity
Other	Mental health support, support from peers, family engagement, improved nutrition, and comprehensive health care

“The Public Health Staff work hard with the least dedicated amount spent capita we have our priorities backwards here. Prevention is where it is at!”

“Scott County has better schools and housing for now, but there is growing needs for better housing and playgrounds.”

“We do not have easy access to college classes in Scott County other than online.”

“The county is nice place to raise family, but we need the county to hire bilingual staff.”

Focus Groups

Two themes shared between the Scott County Historical Society and Esperanza was a desire for more cultural competency within the community and a lack of program availability.

The Scott County Historical Society focused on the need for increased awareness of early education programs and support for children when school is out of session. They liked the idea of summer learning programs through libraries and SCHS to help meet demand. They did emphasize the need for bilingual programs and increased cultural competency throughout the community.

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Comparison to Pop Up/Online responses:

There were several common themes between the two different approaches. Child care and access to programs were the most prominent themes to show up in both.

Cultural sensitivity was a significant focus for these groups – something that was only barely touched on by the survey responses.

A strong emphasis for the Esperanza focus group during this discussion was the financial impact that child care has on a family. While they recognized that early education was an important part of child rearing, it was a financial hardship for some of them. This included costs for preschool, limited free programs, and transportation to and from the provider. There was also significant discussion about a lack of cultural sensitivity within the schools for Hispanic people. Feelings of profiling and a general unwelcoming attitude were perceived by many. Conversely, there was a significant amount of support within the group to help build a strong Latino community. Much of the discovery of community services and offerings are done through word of mouth.

Focus Group	Themes
Esperanza	Cost, Community Support, Education, Child Care
SCHS	Social/Cultural, Education, Early Intervention, Community Ed

Healthy Eating

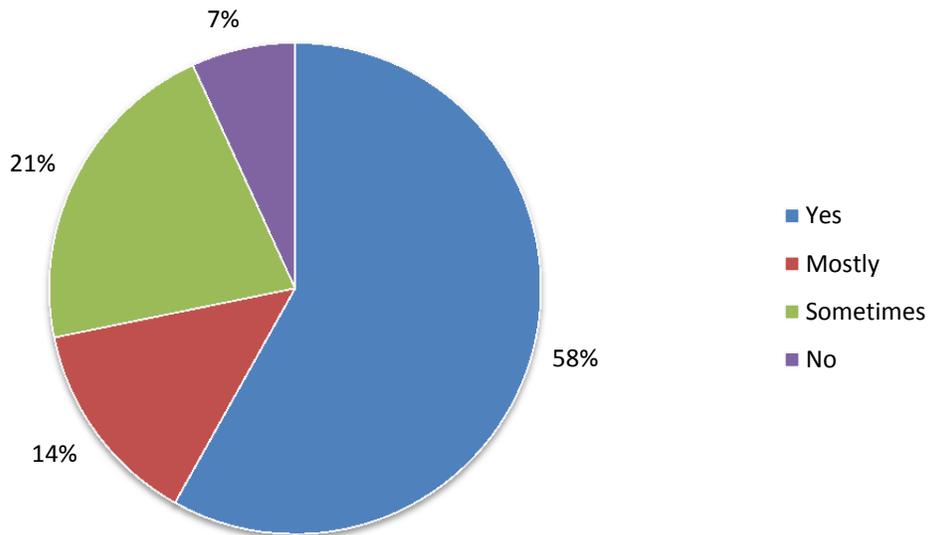
The County recognizes that one of the pillars of health is access to and consumption of healthy foods. Our health and human services department will use this information to develop programs to encourage healthy eating for all people who live, learn, work, and play in Scott County:

- Do you feel like the food you eat is healthy?
- When you think about healthy eating in Scott County, what are the strong points?
- What could be improved upon?

We were pleased to have received responses from approximately 120 residents via online surveys and 30 paper surveys. Below is a summary of the results.



Do you feel like the food you eat is healthy?



Nearly $\frac{3}{4}$ of the respondents felt they generally ate healthy foods. Some respondents provided further insight to what contributed to eating, or not eating, a healthy diet. Those responses included the following means of support for healthy eating:

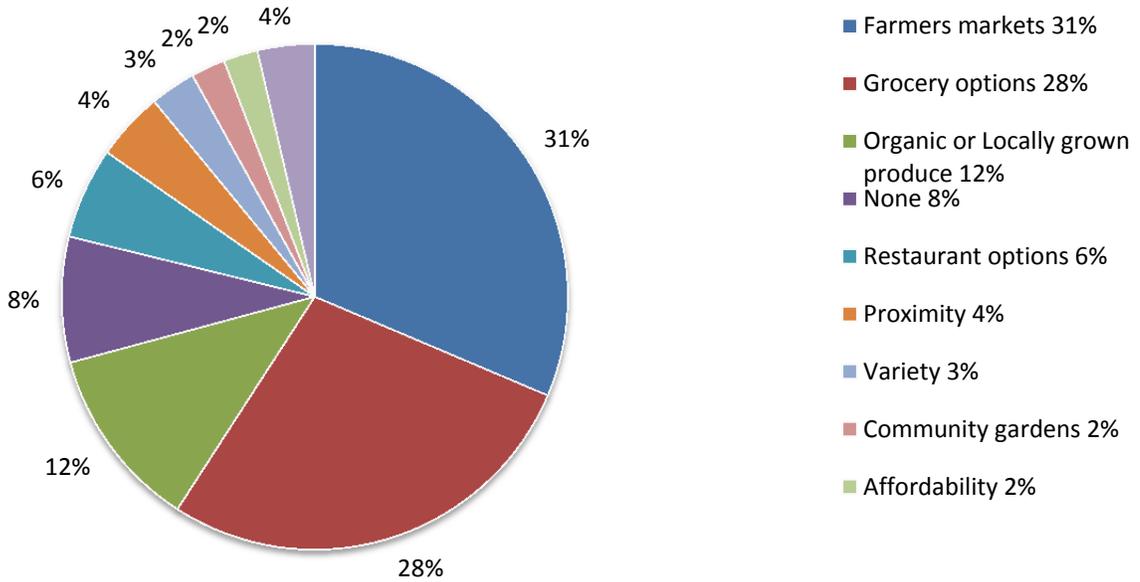
- Controlling what you eat by cooking for yourself
- Eating what you grow
- Using motivation to stay healthy to encourage consumption of healthy foods
- Eating organic foods
- Eating fruits and vegetables

Some pointed out the difficulties they found in eating healthy.

- Food options, particularly restaurants, are limited in Scott County
- Fast food is too prevalent
- Higher cost to eat healthy foods.

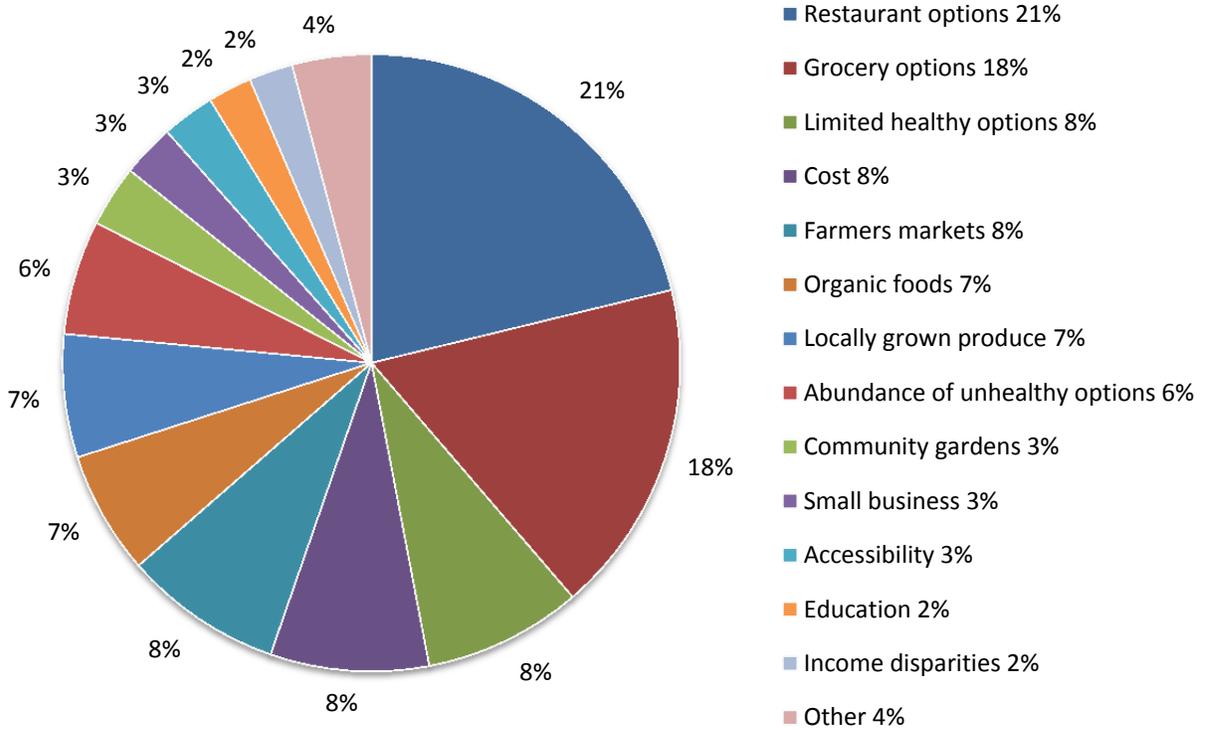
- Needing more education regarding what constitutes healthy eating

When you think about healthy eating in Scott County, what are the strong points?



Response	Explanation
Farmers markets	Local markets are present in every city during the summer months
Grocery options	Respondents generally have their choice of markets to purchase healthy foods
Organic or locally grown produce	Residents felt one of the strengths in Scott County was availability of organic or locally grown produce to eat at home
None	Many people felt there were not many, if any, strong points related to healthy eating in Scott County
Restaurant options	Many choices offered in Scott County provide people with options to eat healthy foods
Proximity	Respondents felt they would not have to travel far to find healthy food options
Variety	Availability of options has continue to improve and respondents have access to more than one option
Community Gardens	In addition to grocery stores, respondents made use of different locally grown produce including community gardens or community supported agriculture (CSAs)
Affordability	Within the county, respondents felt the food available is affordable.
Other	Support for teaching children and families about healthy eating at a young age, support within school districts and culturally varied food stores

When you think about healthy eating in Scott County, what could be improved upon?



Response	Explanation
Restaurant options	Restaurants in Scott County are the top item respondents would like to see improved upon. Current offerings favor fast food options with few restaurants offering healthy menu choices
Grocery options	Respondents were concerned with the number and variety of grocery options available
Limited healthy options	Concern for quality of food available both from restaurants and grocers
Cost	Respondents believed that eating healthy is more expensive than eating processed and fried foods
Farmers markets	Desire for more opportunities to visit farmers markets. Times offered do not align with some respondents' schedules
Organic foods	Quality and selection of organic foods is lacking in Scott County but some mentioned it was improving
Locally grown produce	Respondents were interested in seeing increased access to local foods
Abundance of unhealthy options	Respondents felt fast food and junk food is too prevalent in Scott County
Community gardens	The availability of locally grown foods would be bolstered by more community gardens

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Small business	Respondents stated they would like to support small businesses opening restaurants featuring healthy food, bakeries, or grocery stores
Accessibility	Access to healthy foods could be improved upon by offering more flexible hours, more locations of farmers markets, or more places to pick up local produce
Education	Respondents felt there is a lack of education both for children through schools and adults.
Income disparities	Access to healthy food is more limited for those with lower incomes
Other	Providing more nutritious foods through school lunches, increasing awareness for farmers markets and community gardens, recognizing ethnic barriers, making it easier for mothers to breastfeed in public locations

“There is a preponderance of chain and fast-food restaurants in Scott due mainly to the county's reliance on industrial spaces and worker housing.”

“Outside of a few grocery stores and farmers markets, there are not many places (at least that I know of) to obtain organic, non-gmo, and locally produced food.”

“Teach people how to cook. A lot of young people don't know how to prepare meals with the four food groups to provide nutritious food to their families.”

“I think there should be places around each community for residents to grow their own veggies.”

“I need healthy eating classes. I am not sure if I am eating healthy.”

Focus Groups

A popular topic in the focus group format, Esperanza, 4H students, CAPS students, and Kingsway all discussed how healthy eating affected their lives. Two pervasive themes were heard in all of the groups. The first was that it is too expensive to eat healthy. The price of organic foods and fresh produce in particular were referenced as barriers to eating well. Junk food tends to be plentiful, affordable, and convenient. Which leads to the second pervasive theme, people do not have time to eat healthy. It is so much easier to fit in a trip to a fast food restaurant as people navigate their busy lives than to plan a weeks' worth of meals, plan for and visit the grocery store, and prepare homemade meals every day of the week. The seniors worried about spending more money on food when housing and medical costs were a hindrance on their budgets.

Comparison to Pop Up/Online responses:

Of the two big themes discussed to the left (Cost to eat healthy, and convenience of junk food), one was well discussed in both formats. The emphasis on time being a barrier to eating well was less of an issue for the pop-up/online responses. Perhaps this serves as an explanation to why fast food restaurants are so prevalent in Scott County. Convenience usually wins when one is pressed for time.

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The CAPS student group felt that school healthy food options were of poor quality and were not an appealing choice. The 4H students were proud of the agricultural foundation in the county and were glad to have farmers markets as an option to access fresh produce. They did have concerns that the markets weren't easy to access and wondered if more advertising might help. The increase in the amount of land dedicated to housing worried them as well. It seemed to them that it might end up having a negative impact on the price of agricultural goods.

The retirees at Kingsway spoke positively about Scott County's agrarian economy though they worried about corporate influence. Too much commercial farming has limited the feasibility of the small family farm. They also expressed concern that the food that comes from the commercial farms were not of the same quality.

Cultural influences were recognized by Esperanza as well, their cultural traditions include a lot of unhealthy foods. There were also struggles with finding their culture's foods in schools or in healthy cooking classes. The cultural divide was also found within the family as 2nd generation family members preferred traditional "American foods" to the Latino cooking of their parents. They were the one group to mention the benefits of community gardens.

Focus Group	Themes
4H	Time, Cost, Farmers Markets, Restaurant options
CAPS	Cost, Awareness, Limited healthy options
Esperanza	Cost, Social/Cultural, Community gardens
Kingsway	Cost, Locally grown produce, Organic

Housing

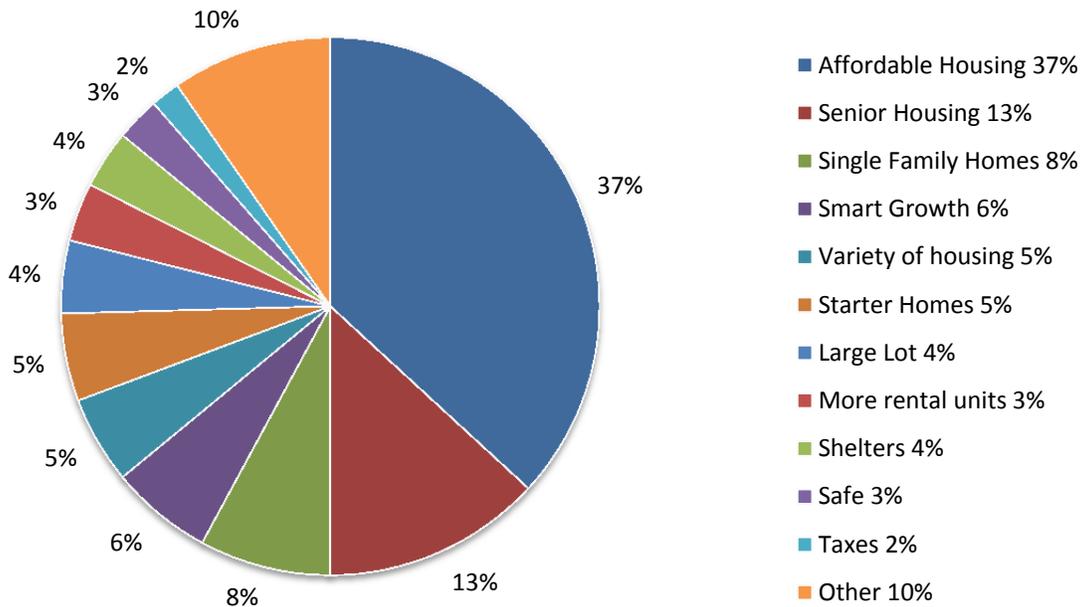
One of the basic necessities for all residents is shelter. The current housing stock in Scott County is predominantly single family housing for middle to upper class. The Community Development Agency in Scott County strengthens communities by providing housing opportunities to low and moderate income families. We asked:

- What do you see as the greatest housing need in Scott County?
- We've identified that 30% or less of your income to housing indicates a sustainable cost. What does affordable housing mean to you?
- What makes a good neighborhood?

We were pleased to have received responses from approximately 95 residents via online surveys and 25 paper surveys. Below is a summary of the results.



What do you see as the greatest housing need in Scott County?

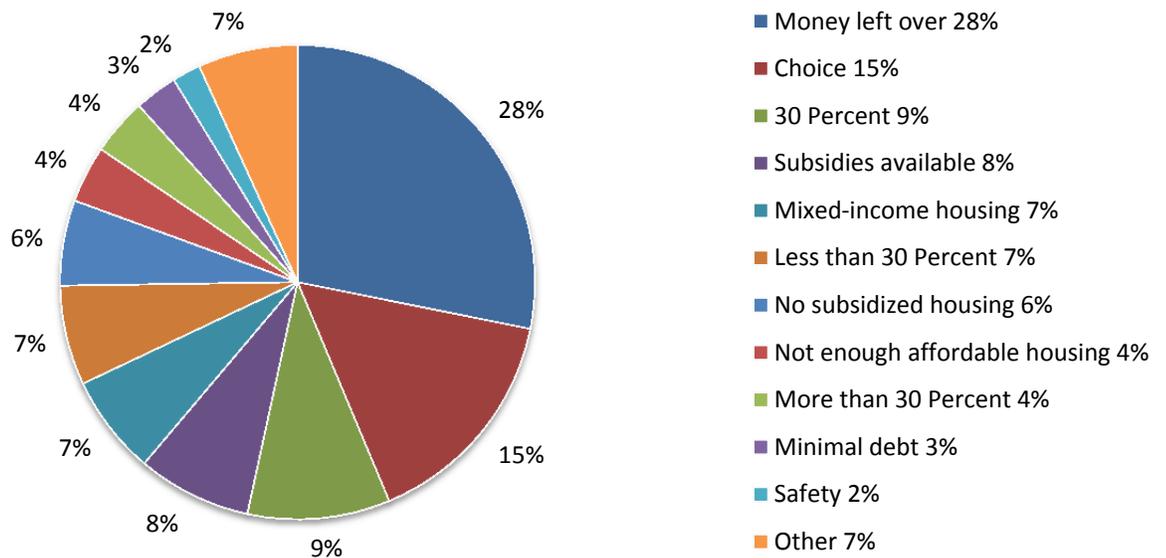


Response	Explanation
Affordable housing	Different considerations for affordable housing were mentioned within this theme. Most comments referred to the need as being simply affordable. Others gave more detail in their responses. This included the desire for clean/new housing, near transportation and employment, and workforce housing

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Senior housing	Ensuring there is a place for seniors to live was a concern for residents. Quality and cost were considerations provided when responses were more detailed
Single family homes	There were comments about wanting more single family homes with large lots. These responses included people who want less low income housing and apartments
Smart growth	Respondents felt a need to limit development or ensure that development occurred in a more thoughtful manner
Variety of housing	Responses within this theme are the opposite perspective of the Single Family Homes theme. More options including townhomes, middle priced homes, multi-family housing, and transitional housing
Starter homes	People who indicated more starter homes as a need recognized the high cost of entry into this housing market
Large lot	Some responses were focused on preserving larger lots with more space between houses
More rental units	Lack of rental options
Shelters	This theme included the desire to provide housing for the homeless and those who cannot afford housing
Safe	Providing safe and affordable housing as well as sidewalks in all neighborhoods
Taxes	Property taxes are too much of a burden for some respondents
Other	Limiting sounds coming from busy roads, renovating historical homes, limiting association fees, not enough housing, smaller homes, and housing for seasonal workers

We've identified that 30% or less of your income to housing indicates a sustainable cost. What does affordable housing mean to you?

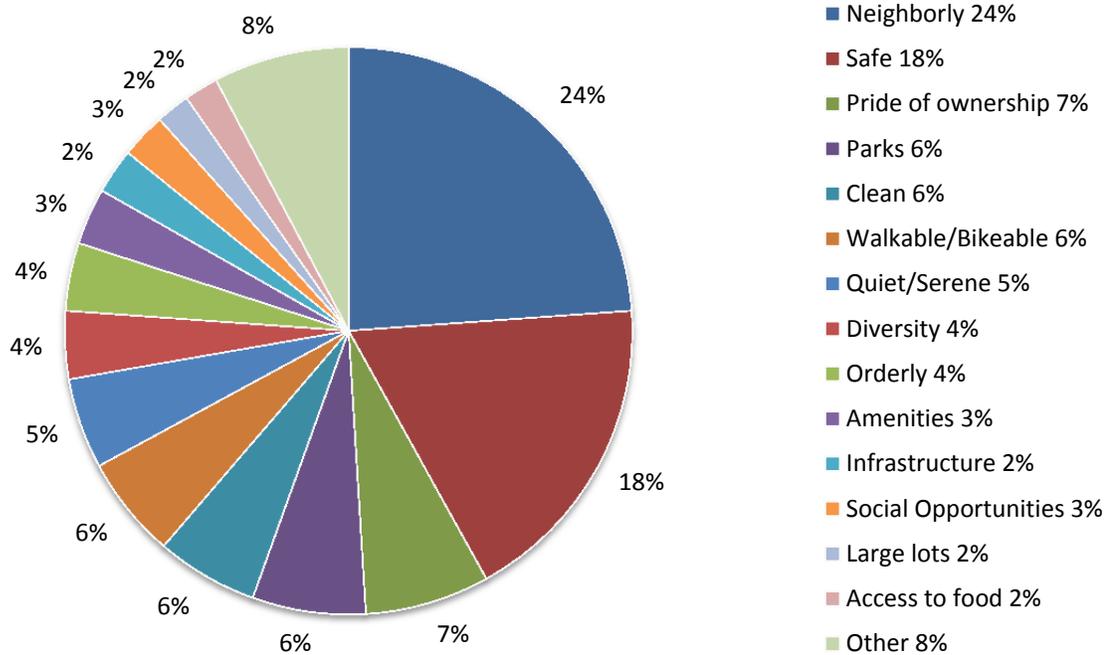


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Response	Explanation
Money left over	Many comments indicated that affordable housing means that there is money leftover but it was unclear how much and what percentage that would be
Choice	Respondents did not directly indicate what affordable meant as a percentage of their earning but many indicated a variety of price ranges mostly under \$225,000 for a house or under \$1,000 for rent. Others wanted more options living in a safe neighborhood near work.
Thirty percent	Accurate representation of what affordable means.
Subsidies available	Residents felt programs to help low-income families were important
Mixed-income housing	Focused on the idea that housing should be mixed in terms of income levels and housing type (i.e., single family homes, townhomes, apartments, etc.)
No subsidized housing	Respondents felt the availability of these programs were enabling and did not support any subsidized housing
Not enough affordable housing	Residents responded that there needs to be more housing available at lower price points. Some specified that they would like to see subsidized housing
More than thirty percent	Respondents felt that 30% wasn't necessarily the right value and that they could put more toward housing
Safety	Housing should be safe no matter the income level
Other	Responses included commentary about high taxes, seeing low income housing as a handout, and being smart about the pace of development

What makes a good neighborhood?

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Response	Explanation
Neighborhoodly	People and how they interact with each other was a strong consideration for people
Safe	Living in an area where you feel safe at night
Pride of ownership	Neighborhoods are strong when people take care of their property
Parks	Having quality parks nearby
Clean	Cleanliness of homes, streets, and nearby amenities
Walkable/bikeable	Respondents appreciated having access to walking or biking trails and that they were connected with nearby amenities such as retail or outdoor spaces
Quiet/Serene	Emphasis on the natural environment (green space), low traffic, and a peaceful setting
Diversity	Diversity of people within neighborhood
Orderly	Availability and responsiveness of police force
Amenities	Included quality schools, nearby attractions, and retail
Infrastructure	Physical infrastructure including internet/cable and road maintenance
Social opportunities	Opportunities to interact with neighbors and attend events
Large lots	Larger lots for single family homes
Access to food	Access to groceries or farmers markets
Other	Quality housing stock, family friendly attitude, homogenous people and housing, heterogeneous people and housing, limited access to welfare recipients

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"There has been a boom of housing in the east end, but those are \$300,000 - \$400,000. Single family homes to raise families in with yards are critically important. Most affordable options are townhomes or apartments."

"Property taxes need to be lowered. It is difficult for people to stay living in Scott County because property taxes are high."

"[Scott county needs to work on] Achieving the right balance of population. We don't necessarily need to keep growing."

"[A good neighborhood includes] people who take pride in caring for their property and reaching out to the neighbors to build community."

"[A good neighborhood has] community involvement and events, crime watchers, and parks for the kids."

Focus Groups

Building a sense of community came through as one of the most important facets if the housing discussion between both the Tay Phuong and Scott County Historical Society focus groups. They both placed a lot of emphasis on living in a caring community where people are helpful and respectful.

Comparison to Pop Up/Online responses:

While many people discussed home ownership and pride of ownership in the surveys, the Tay Phuong response about the reason for home ownership being a part of financial security was an interesting detail.

Both formats recognized the current and growing problem with providing housing for our aging population. SCHS were strongly in favor of support for the homeless.

The SE Asian focus group discussed home ownership and found that to be an important goal for any members of their community. It was seen as an important investment for the future. For families, they placed a strong emphasis on having parks available near their homes. They had concerns about the making sure there was adequate access to housing for the elderly including both independent and assisted living facilities.

The SCHS also focused some of their discussion on housing for seniors. They saw the increasing demand and wanted to make sure there were options available to various income levels. They noted that income-based housing is hard to get into and better transition housing was needed for the homeless. They recognized there were no facilities for them in the County.

Focus Group	Themes
Tay Phuong	Senior Housing, Pride of ownership, Neighborly, Parks
SCHS	Neighborly, Senior Housing, Affordable Housing, Shelters



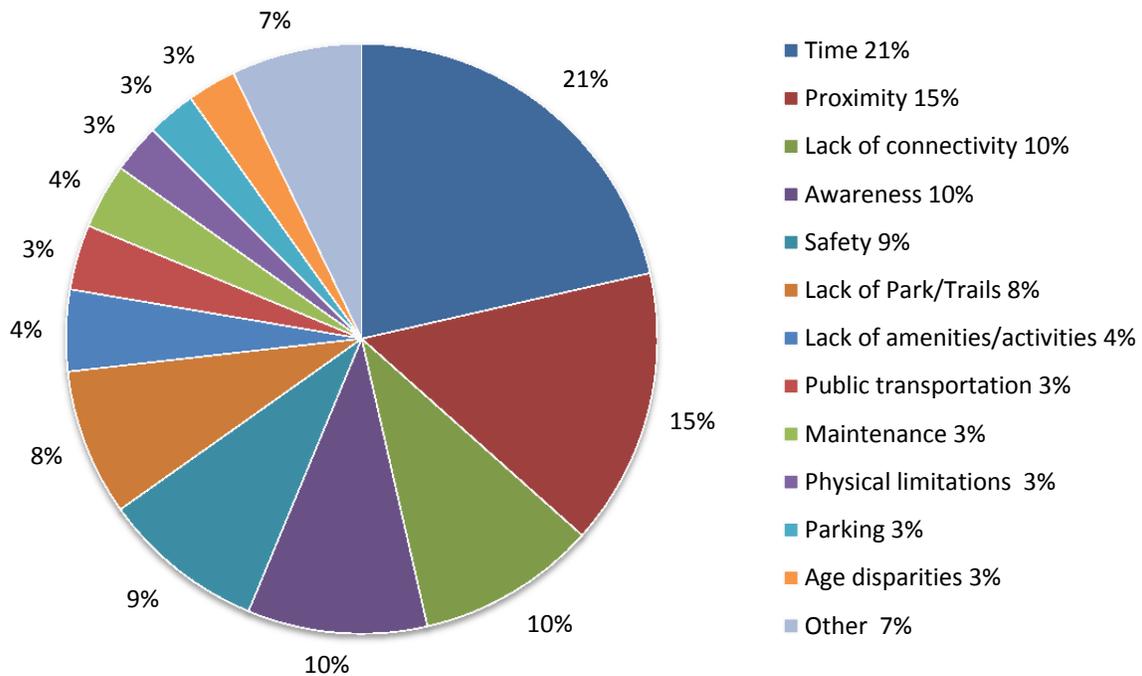
County Parks & Trails

Scott County operates four regional parks and one regional trail. The goal of our regional parks is to develop opportunities for recreation and learning in a natural resources-based setting and with a focus on outdoor activities that tend to be larger in scale than city parks. It is important for people to experience, typically, large expanses of open natural landscapes. The parks and trails department is interested in finding out what barriers might exist for residents visiting our regional parks and trails. We hope this will help us understand if there is something that can be done to remove these barriers. We asked:

- What prevents you from visiting regional, more natural resources based, parks?
- Do you have concerns about visiting regional county parks?
- What changes would you like to see made to make visiting regional county parks easier?

We were pleased to have received responses from over 80 residents via online surveys and 35 with paper surveys. Below is a summary of the results.

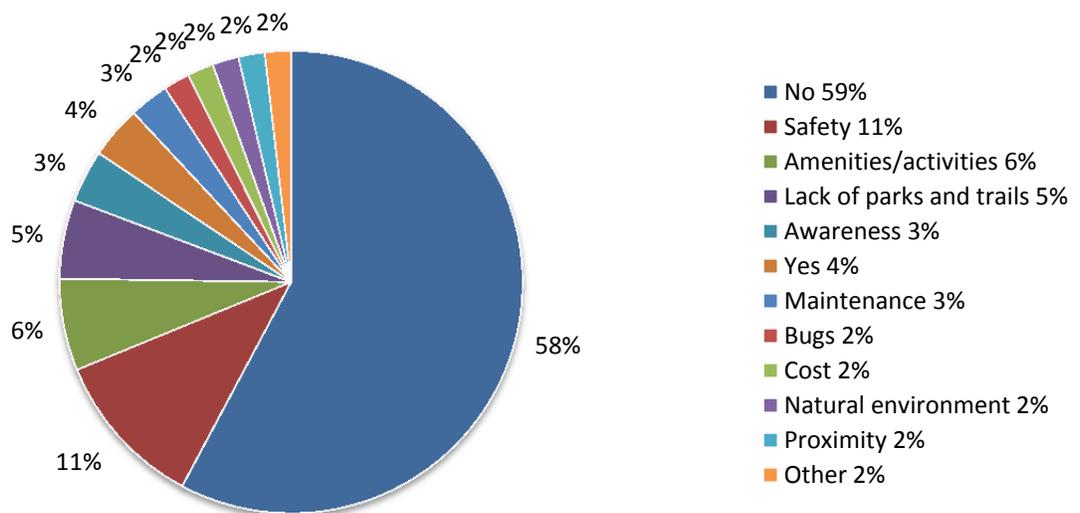
What prevents you from visiting regional, more natural resources based, parks?



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Response	Explanation
Time/Motivation	Lack of time or motivation. Several respondents mentioned their long commute as a contributing factor. At least one person suggested that time spent during work hours is an opportunity that could help increase physical activity
Proximity	Distance to parks and trails from a person’s home or place of work
Lack of connectivity	Desire for a system of trails that connects to other trails, community centers, businesses, and transit opportunities
Lack of awareness	Little information available to help individuals understand accessible trail systems
Safety	Two safety themes around personal safety and compatibility of recreational trail and fast moving traffic adjacent to one another
Lack of parks and trails	Lack of trails in Scott County that are poorly connected. Others wanted more parks and recreational opportunities
Lack of amenities/activities	Amenities provided are not consistent with visitor interests. Responses include lack of playgrounds, restrooms, and sufficient campsites
Public transportation	Lack of a robust transit system causes a barrier to accessing places to be active
Maintenance	Quality of facilities including cleanliness, closures, and wear and tear
Physical limitations	Lack of opportunities for people who have physical limitations
Parking	Insufficient parking
Age disparities	Lack of activities for young children
Other	Cost of services, weather, fear of racism, paper passes, not allowing pets in certain areas

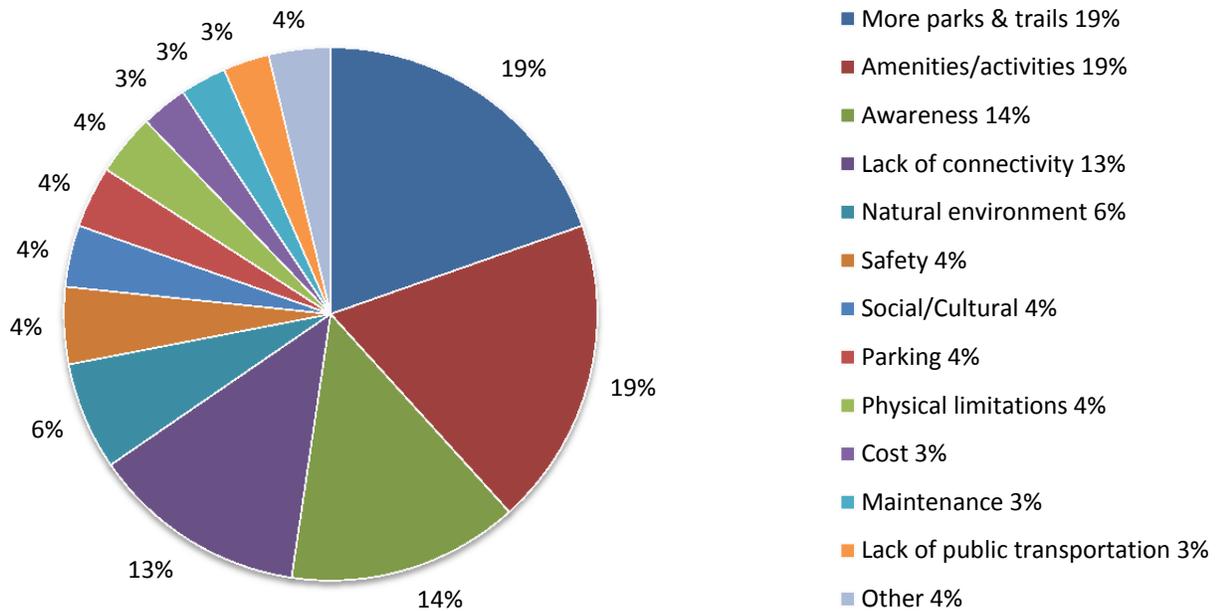
Do you have concerns about visiting regional county parks?



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Response	Explanation
No	Respondents had no concerns about visiting regional parks
Safety	Two safety themes around personal safety and compatibility of recreational trail and recreating near incompatible uses (e.g. walking near fast moving bikes)
Amenities/activities	The offerings within the parks do not provide an activity the respondent is interested in
Lack of parks and trails	Residents felt that the park and trail network should expand. The responses were evenly split between more parks and trails
Awareness	More information needed prior to visiting regional parks
Yes	Some respondents referenced that they did have concerns but did not elaborate
Maintenance	Quality of amenities such as bathroom upkeep and trail pavement
Bugs	Too many pests
Cost	Includes rental fees and misperception of entry fees
Natural environment	Respondents mentioned the desire for the parks and trails to feature nature and wildlife
Proximity	Parks location and time required to travel to park was a concern for some respondents
Other	No time for visiting parks and trails; design not suitable for children or elderly

What changes would you like to see made to make visiting regional county parks easier?



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Response	Explanation
More parks and trails	By developing more parks and trails, people could more easily access existing parks
Amenities/activities	Respondents felt that by expanding the amenities or activities offered, they would be more likely to participate
Awareness	For some there was more information needed to encourage more visitation at regional parks
Lack of connectivity	There was a desire for a system of trails that connected with other trails, community centers, businesses, and transit opportunities.
Natural environment	Respondents mentioned the desire for parks and trails to feature nature and wildlife
Safety	Two safety themes around personal safety and compatibility of recreational trail and recreating near incompatible uses (e.g. walking near fast moving bikes)
Social/cultural	Residents were concerned that they might not be welcomed at parks
Parking	Insufficient parking
Physical limitations	Making parks more accessible for people of all physical capabilities
Cost	Programming or rental fees and misconception of entry fees
Maintenance	Quality of amenities including cleanliness and trail pavement quality
Public transportation	Lack of a robust transit system in Scott County caused a barrier accessing places to be active
Other	Automation through electronic passes; fewer bugs; more/less investment

“I don't want to drive to [parks]. I want a way to safely walk/bike straight to them.”

“Regional parks are beautiful - finding time is the challenge.”

“Make [parks] usable for people who are not fitness nuts and who may have limited mobility or time to hike distances.”

“I do visit regional parks and trails, but I am amazed at how empty they are when they are so nice!”

Focus Groups

For two of the three groups, awareness seemed to be an issue. Both the SCHS and Tay Phuong were generally unaware of the regional parks and trails in Scott County. Of the members of the SCHS that were aware, they were unaware that the parks were free for all (and have been for over 10 years), and unaware of programming. There were suggestions that more efforts could be made to advertise the parks and for special events to bring families and a more diverse group of people to the parks and trails. They viewed parks as a community building asset.

Comparison to Pop Up/Online responses:

Many common themes were found between the focus groups and the pop-up/online survey group. The biggest issues perceived by both were awareness, time, and connectivity.

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The connectivity of parks and trails was discussed by the 4H group. They would like to see more trails connecting urban areas and parks so they could better enjoy the natural environment. This group was aware of the parks, and visited, generally, in groups. Time impeded their use of the parks and found them to be too clustered within the County.

Focus Group	Themes
4H	Time, Proximity, Lack of connectivity, Natural environment
SCHS	Awareness, Amenities/Activities, Social/Cultural
Tay Phuong	Awareness



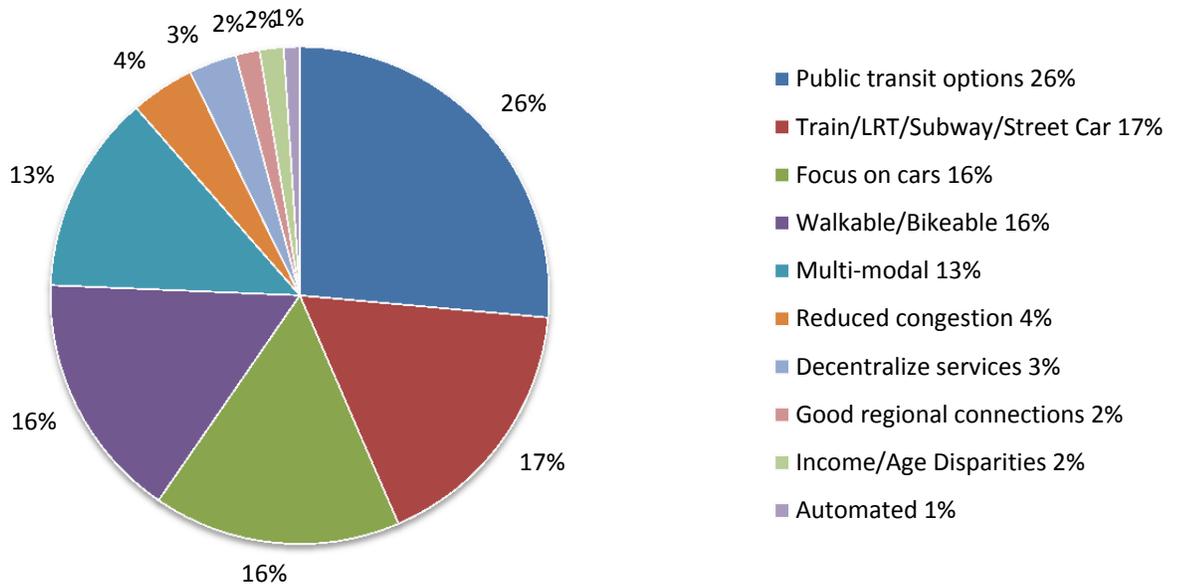
Transportation

One of the most visible and widely used county services is the construction and maintenance of county roads and trails. As a county, we work to provide a high standard for the quality of our transportation network and the quality of our roads:

- If you could design your perfect city, how would you like to get around and travel from place to place?
- What aspects of the transportation system work well for you?
- Describe current challenges you face with the transportation system?

We were pleased to have received responses from over 150 residents via online surveys and nearly 30 with paper surveys. Below is a summary of the results.

If you could design your perfect city, how would you like to get around and travel from place to place?

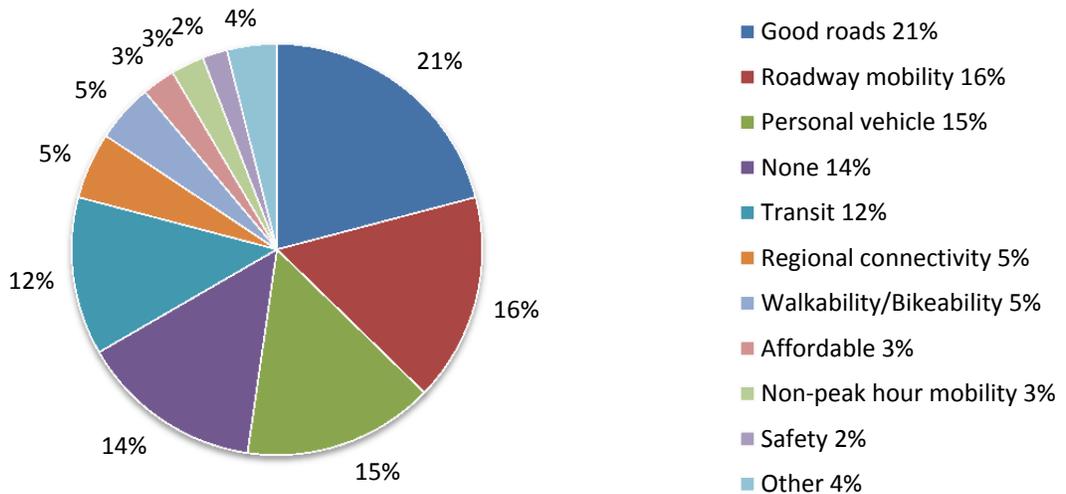


Response	Explanation
Public transit options	Transportation would be improved with more options. A strong subtheme was that cars were the only way to get around
Train/LRT/Subway/Street car	Suggestions for alternative modes of transit on a fixed route
Walkable/bikeable	Cities accessed easily via human-powered transportation
Multi-modal	Sharing similarities with above themes, these respondents would like

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	more options but did not specify
Focus on cars	Car is the best mode of transportation for ideal city
Reduced congestion	Too much traffic results in a city that is hard to navigate.
Decentralize services	Design of cities to include neighborhood nodes instead of large scale commercial development for easier access to good and services
Good regional connections	Respondents made connections between their community and regional network making it easy to travel within and to neighboring communities
Income/age disparities	More options need to be available for those who can no longer drive or can't afford to drive
Automated	Providing more future focused options such as Hyperloop technology or implementing more technology to sense when to provide traffic control measures

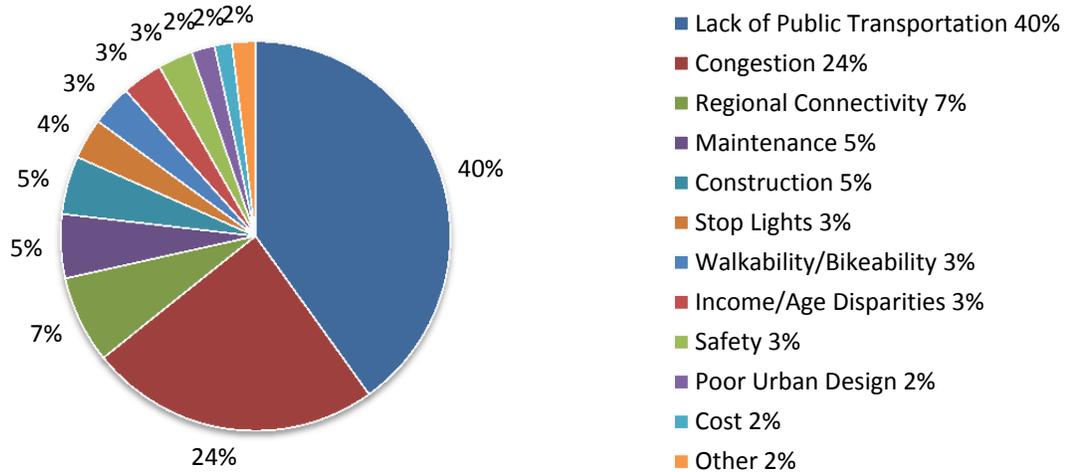
What aspects of the transportation system work well for you?



Response	Explanation
Good roads	Leading theme referenced the general quality of the roads
Roadway mobility	Good quality access to regional connections, improvements to circulation, and the network in general
Personal vehicle	Respondents for this theme felt that their use of a car was well served by the transportation system
None	Transportation network is not providing what is needed
Transit	Public transportation options were notable
Regional connectivity	Connections to nearby counties
Walkable/bikeable	Trail network works well
Affordable	Cost is not a barrier to travel about the county
Non-peak hour mobility	During non-peak hours the road network moves freely and easily

Safety	Public transportation is a safe option that reduces traffic
Other	MnPass, choosing to work closer to home, and flexibility

Describe current challenges you face with the transportation system?



Response	Explanation
Lack of public transportation	Lack of options for mobility without driving your own vehicle
Congestion	Too much traffic
Regional connectivity	Connections to the rest of the metro
Maintenance	Condition of roads
Construction	Timing of and seemingly constant presence of construction projects
Stoplights	Too frequent stoplights
Walkability/bikeability	Trail network doesn't allow for transportation efficiently as an incomplete network
Income/age disparities	Need for mobile support systems for those with limited resources
Safety	Concerns about being safe on the roads including inexperienced drivers, fast drivers, dangerous corridors and public transportation
Poor urban design	Design of cities limits easy transportation
Cost	Cost of driving
Other	Multiple names of roads is confusing and train transportation is loud

Focus Groups

The Kingsway focus group spent the most time discussing transportation. They were very interested in having more options for public transportation. They felt there were not many options in Scott County and would love to see something like light rail brought into the County. They also had concerns that the county lacked options to get out of the city and county. It would be beneficial for this group if the county raised awareness and provided them with better access to transportation resources. They also noted that disseminating information via the web was a poor way to reach them.

Tay Phuong talked about challenges they have with regard to getting to and from their temple.

Transportation came up at other times during other topic areas in other focus groups. Esperanza discussed the challenges they have with regard to getting children to and from care. Transportation to and from their jobs presented a barrier to wider employment opportunities.

Transportation also was discussed by Tay Phuong, in regards to general transportation for aging people within their community.

Comparison to Pop Up/Online responses:

It was helpful to hear from Kingsway in Belle Plaine express their interest in public transit. We hear that in the three more urban cities, but for a community in one of the four more rural cities to express that desire helps us understand this is a countywide issue, not just for the emerging suburban communities.

Focus Group	Themes
Kingsway	Public transit options, Regional connections, Income/Age disparities
Tay Phuong	Poor urban design

“Driving is my preferred method for moving around Scott County. If I lived in a denser area, I would love light rail or biking options.”

“Depending on where I needed to go, I'd like the option of biking, walking or riding on public transportation that was easily accessible.”

“It is not about traveling within the city it is about transportation to health care in other cities that is not available in the rural communities.”

Lessons Learned

This effort was generally successful. We did reach a more diverse cross section of the county. We did provide an easy way for residents to provide input on the future of the county. We were able to provide outreach to residents about county services. We were able to receive quality responses that will help inform the goals developed for the 2040 Comprehensive Plan.

Within these successes there is room for growth in future community engagement endeavors. The first goal was to strive to reach a representative cross section of the county in terms of ethnicity, income, and age. We also wanted to reach as many community members as possible. There were several factors we identified that would result in better connections with the community.

Findings

The findings in this report represent a new approach to community engagement. In fact, this approach reached many people who had never been involved in a public meeting, including nearly 60% of respondents to the paper surveys. The targeted approach resulted in more diverse response rate, and while we aren't able to conclusively say that certain populations have a significantly different opinion on the topics we asked about than the population we traditionally hear from, we were surprised to find hints that there were some differences.

We heard from multiple ethnically Somali respondents that they had safety concerns in our parks. This finding was interesting enough that we need to do more to determine if there is cause for concern or if this effort is highlighting an anomaly. Similarly, we are interested in learning more about data that would suggest there are a large number of people who receive no benefit from the transportation system. More information could be gathered to understand if the failings of this transportation system follow the most common challenges we hear about or if they have other insight into what does not work well for them. The concerns of some residents that felt they weren't sure if they were eating a healthy diet or not was another response that could be explored. One conversation with the Latino focus group showed a strong difference in how this group experienced a vastly different experience as a minority in the school system. There may be more to explore with regard to acceptance of diversity in Scott County.

Begin early

Community engagement takes a significant amount of time to coordinate with event operators, find focus group participants, and to coordinate with staff. The staff responsible for planning and rolling out the community engagement program began in July 2016 with a goal of finalizing any community engagement by late winter/early spring of 2017. For pop up events, this allowed staff to participate at many events throughout the county starting in September—many of which were fall themed events. The Apples for Ideas program was very successful at fall themed events where people were interested in the incentive. We may have missed out on some very well attended events earlier in the spring and summer that could

have provided a more diverse response. Ideally the plan to engage with the community would be in place at least 12 months in advance and be implemented for a period of 12 – 18 months .

Find Community Partners

The single biggest issue we had with setting up focus groups was in finding people who were engaged and interested in the topic areas who had connections with targeted audiences. We reached out to WIC, PFLAG, the Somali community, the Russian community, and the agricultural community. While we offered incentives to participate – including food and grocery gift cards – there was little to no response from any of these groups. Given more time we may have found participants who would be willing.

Funding

Through the Planning and Zoning, Parks and Trails, Public Health/SHIP budgets we were able to fund portions of this effort. The biggest cost savings was the partnership with the two orchards, Wagner Bros and Thompsons’ Hillcrest. They provided a great value in providing a healthy draw for residents to engage with staff at pop-up events. In return we provided each person who took an apple a card advertising the hours and location of the two orchards. Without that partnership, more funding would be needed to provide an incentive to encourage resident participation.

It was not without its drawbacks, after a few weeks, many of the apples became soft and unappealing. It was nice to provide these apples from the local orchards, but it may be preferred to have a smaller amount on hand and pick up what is needed for each event. Because they were donated, we had little say into what we were given. More funding would allow for more flexibility in incentives for participation, particularly for focus groups targeting lower income brackets. Some require child care and many are working multiple jobs and do not have the time to donate to this effort. It would allow for funding payment of key non English speaking facilitators.

Translation

While most residents speak English, we know there is a growing population of first generation non-English speakers. We did provide translated surveys in all of the libraries, we asked for a native Spanish speaker to participate and help facilitate the Esperanza focus group and we had assistance with Vietnamese during the Tay Phuong focus group. The translated surveys were not responded to with the exception of a group of Somali participants. Even then, a Somali representative assisted with translation and had concerns with the quality of the translations. A different vendor may provide better translations, but different dialects may be in play. We were promised that the translators used were extremely proficient. We may also want to work directly with any future translator/facilitators to provide the translation at focus groups or facilitator led events.

Pop up methods

The approach to pop-up events could use some tweaking. There were two areas that we saw room for improvement. Firstly, staff had different approaches to communicating with the public. Some filled out the questionnaires for the guest after hearing their response, while others handed them the clipboard. The approach to getting people to participate varied as well. By providing an opportunity for the community to participate in an accessible setting are we doing enough to engage them? Should staff be outgoing and proactive to ensure we get as many responses as possible? What is the balance between offering an opportunity and being intrusive?

The second area to consider is the face we present at each pop-up. The Shakopee farmers market was an interesting case where two staff members were ready and available with apples to give for free which would seem quite compatible with the event. At the venue, many people from different backgrounds and ethnicities were present. It is possible the people there were not interested in participating in any capacity – only two white/Caucasian people responded. It seemed that we may have gotten a better response if we would've been able to present a person of color to help the respondents feel more comfortable.

Some events worked better than others. Those with a connection to autumn were most productive from a sheer numbers standpoint. Where people were gathered and waiting around, we found a good response from residents. We did not get a good response from the medical clinic locations. Similarly, events such as farmers markets were not effective.

Other thoughts

What can be done to capture ideas that don't fit nicely into the 7 topics?

Many times residents offered ideas on other topic areas, but may not have fit within the topic areas offered.

How do we leverage the right staff and experts to assist in response collection?

There were a few select staff that were active in facilitating pop-ups, more people at more events would result in more responses; we have to weigh the benefit of more responses with the extra staff time that would be required.

There were a few other topics that were brought up by the focus groups. Tay Phuong expressed interest in partnering with the county on healthy living through flu shot clinics and observation of food prep practices.

CAPS students wanted to promote more awareness of school clubs and programs that could be better attended. They also felt there was room for improvement regarding cultural sensitivity.

Esperanza would like an opportunity to explore and discuss women's health issues.

What next?

This report is the beginning of sharing the results with local cities, townships, county government departments, and the community.

Our goal is to find meaningful ways of engaging with the community to inform and affect county goals and policies. This is hopefully the beginning of a discussion about ways we can improve our engagement and communication with the community.

This targeted community engagement approach also serves as a model for community engagement moving forward. This was a large undertaking using a collaborative approach to reach out to populations that we have not historically heard from as often. If we are to advance the safety, health, and livability of our community and residents, it is necessary to ensure we've taken steps to engage underserved populations and ensure ample opportunities for all voices to be heard and incorporated into both short- and long-term planning efforts.

These findings will be available in fall of 2017 for people to discuss on Speak Up Scott County (<https://www.scottcountymn.gov/1127/speak-up>). Participants in the six focus groups will see the report and have the opportunity to comment on it. The community engagement efforts will be shared with the 50 by 30 initiative. Finally, and perhaps most importantly, they will be inspire and affect future goals in the 2040 Comprehensive Plan due to be approved in 2019.

The information found in this effort has already helped influence how different departments are approaching comprehensive plan development.

From Parks Planner, Nathan Moe:

"The information gathered in this community engagement effort has been helpful to review our policies within the context of this new information. We don't use one source as we focus our efforts toward making our parks and trails more useful, more welcoming, and more relevant to our residents, but this has been an important resource for us as we make . This is an important piece of the puzzle and has influenced how we increase the importance of our trail development goals from the previous plan, how we have placed increased importance on equity within our parks, and how we think about making the active choice the easy choice." – Parks Planner Nathan Moe

Senior Transportation Planner, Angie Stenson:

"The public input illustrates the public's desire for a multi-modal transportation system that includes public transit options and pedestrian and bicycle infrastructure. Specific items related to a multi-modal system for consideration are transportation for an aging population and development patterns that make accessibility a challenge. The feedback also acknowledged the continued role of personal vehicles in everyday transportation for residents. Respondents felt congestion reduction and regional connections are crucial components to address in a 2040 transportation system.

Community Engagement Report

In support of the 2040 Comprehensive Plan

This feedback supports and directs key aspects of the transportation section of the 2040 Comprehensive Plan. For example, congestion and regional connections are major areas of study in planning a 2040 highway network. Multi-modal transportation solutions and infrastructure makes up a specific section of the transportation plan, focusing on strategies and policies to promote transit, pedestrian, and bicycle infrastructure. The drafting of these sections is underway and the goal is to incorporate and elevate topics identified by the public through the outreach process.”

SHIP staff, Nathan Moe, on Active Living:

“Active living is a relatively new focus for the County, certainly new since our last comprehensive plan. We want to see the barriers people see in being active in their daily life and, conversely, the strong points here in Scott County. This effort helped shed light on to both of these characteristics of active living. The community engagement report has enlightened SHIP staff as we review the comprehensive plan to share Active Living principles throughout the comprehensive plan.”

Housing Director, Julie Siegart:

“The community engagement information reaffirms and supports the continued work of the Scott County Community Development Agency to strengthen the communities in Scott County. The CDA will continue to partner with each of our communities to support the development of a variety of housing types across income levels so that as people move through their life cycle they have access to housing that meets their changing needs.”

Healthy Eating, Jamie Bachaus, SHIP Coordinator:

“The results of the healthy eating and active living portions serve as a starting point for addressing barriers and opportunities of livability within Scott County. We will work to incorporate these issues into our current and future SHIP work, not only with our efforts at the County but also efforts of our partner agencies. We want this to serve as an open invitation to everyone experiencing barriers and opportunities surrounding healthy eating and active living in Scott County to create solutions and strengthen partnerships so that the healthy choice is a possible choice for all, especially those most vulnerable. As we see it, these plans will be continuously monitored and evaluated so that we truly meet the needs of our residents.

Brad Davis, Planning Manager, on the future of the workforce in Scott County:

“The input received through community conversations around the topic of workforce and career development informed the 2040 Plan’s chapter on economic competitiveness in a number of ways. First, the surveys and focus groups involving the County’s student population (which found a lot of younger residents speculating they will leave the county for employment in the future) resulted in the chapter for the first time inventorying the unemployment rate for 16-19 year olds and 20-24 year olds, and for the first time forecasting labor force trends for these two age cohorts to 2025. Most respondents to our community engagement felt the County was not balanced enough with good career opportunities, high end jobs, and competitive wages. As a result, the 2040 Plan includes, for the first time, goals

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that specifically commit to identifying reasons residents are commuting to jobs outside of the county through employer surveys and resident surveys. A new goal also commits to exploring opportunities to offer post-secondary educational opportunities within the County. Finally, the 2040 Plan recommends new areas in the County's rural areas for commercial or industrial development, which again is intended to tip the balance toward a more balanced mix of jobs desired by respondents in our community engagement efforts."

Jacob Grussing, Director of the Scott County Library on early childhood:

"The results of the comprehensive planning focus groups and pop-up engagement activities targeting families with young children provide helpful information about the supports those families need, the barriers they experience, and the community strengths they recognize. These results will inform Scott County Library's 2018-2019 business plan. While I was pleased that the library was recognized as an asset that supports families, it is clear we can build on our position in the community. Expanding evening and weekend programs, increasing awareness of existing library and partner organization programs, and engaging child care providers to help create literacy-rich environments are just a few of the opportunities the engagement results identified or affirmed."

Appendix A:

Community Engagement Questions

Questions for Community Engagement: Pop-ups and Online Surveys

Active Living

- **When you think about transportation and its relationship to physical activity, what barriers exist to being physically active?**
- **Is there an adequate system of trails and paths that allow for alternative modes of transportation (walking, bicycle, etc.) to occur throughout the city? How accessible are these options?**
- **When you think about active living in Scott County, what are the strong points? What could be improved upon?**

Careers

- **Within Scott County, what do you think about the balance between good career opportunities and being a good place to live?**
- **Do you feel there are professional growth opportunities where you work?**
- **Is there anything else you would like to tell us about finding or keeping work in Scott County? Is additional professional training in your future?**

Early Childhood

- **What kinds of support do families of young children need?**
- **Thinking about supporting children and families, what are your community's strengths?**
- **What are the barriers to educational success?**

Healthy Eating

- **Do you feel like the food you eat is healthy?**
- **When you think about healthy eating in Scott County, what are the strong points?**
- **What could be improved upon?**

Housing

- **What do you see as the greatest housing need in Scott County?**
- **We've identified that 30% or less of your income to housing indicates a sustainable cost. What does affordable housing mean to you?**
- **What makes a good neighborhood?**

Parks & Trails

- **What prevents you from visiting regional, more natural resources based, parks?**
- **Do you have concerns about visiting regional county parks?**
- **What changes would you like to see made to make visiting regional county parks easier?**

Transportation

- **If you could design your perfect city, how would you like to get around and travel from place to place?**
- **What aspects of the transportation system work well for you?**
- **Describe current challenges you face with the transportation system?**

Questions for Community Engagement: Focus Groups

Esperanza – New Creation Church

Healthy Eating

- Do you feel like the food you eat is healthy?
- What makes it difficult to eat better?
- What inspires you to eat better?
- When you think about healthy eating in Scott County, what are the strong points?
- What could be improved upon?
- What are the forces that could affect healthy eating in Scott County over the next 20 years?

Early Childhood

- What kinds of supports do families of young children need?
- Thinking about supporting children and families, what are your community's strengths?
- What are the barriers to educational success?

Career

- Are you currently working in Scott County?
- Within Scott County, what do you think about the balance between good career opportunities and being a good place to live?
- If you don't work in Scott County, do you look for work here?
- Do you feel there are professional growth opportunities where you work?
- Is there anything else you would like to tell us about finding or keeping work in Scott County?
- Is additional professional training in your future?

Scott County Historical Society

Parks and Trails

- What types of things prevents you from visiting regional parks?
- What types of activities are you interested in?
- Do you have concerns about visiting regional parks?
- What changes would you like to see made to make visiting regional parks easier?

Housing

- What do you see as the greatest housing need in Scott County?
- What does affordable housing mean to you?
- What makes a good neighborhood?

Early Childhood

- What kinds of support do families of young children need?
- Thinking about supporting children and families, what are your community's strengths?
- What are the barriers to educational successes?

Kingsway Retirement Facility

Transportation

- If you could design your perfect city how would you like to get around and travel from place to place?
- What aspects of the transportation system work well for you?

Healthy Eating

- When you think about healthy eating in Scott County, what are the strong points?
- What could be improved upon?

CAPS Students

School & Education

- Have you ever skipped class? Why?
- Are you looking forward to or dreading senior year?
- Do you think Shakopee High School respects various cultures?
- What could be addressed/improved at Shakopee High School?
- How many adults do you trust to talk to at Shakopee High School?
- Do you think Shakopee High School should have an open campus?
- Are cell phones more of a distraction or good use at school?
- What advice would you give younger students coming in to high school?

Healthy Eating

- Do you feel like the food you eat is healthy?
- What makes it difficult to eat better?
- What inspires you to eat better?
- What does healthy eating mean to you?
- When you think about healthy eating in Scott County, what are the strong points?
- What could be improved upon?

Career

- Could you see yourself working in Scott County after schooling?

Active Living

- How much physical activity do you get a week (in hours)?
- Are you as active as you would like to be?
- Are you able to make time for physical activity?
- What are the biggest barriers to living an active life?
- What aspects of your daily life could be more active?
- What types of intramurals would you like to see at Shakopee High School?

Tay Phuong Temple

Active Living

- When you think about transportation and its relationship to physical activity, what barriers exist to being physically active?
- Is there an adequate system of trails and path allows alternative modes of transportation (walking, bicycle, etc.) to occur throughout the city?
- How accessible are these options?
- When you think about active living in Scott County, what are the strong points?
- What could be improved upon?

Housing

- What do you see as the greatest housing need in Scott County?
- How have you compromised in finding adequate housing for your needs?
- What does affordable housing mean to you?
- We've identified that 30% or less of your income to housing indicates a sustainable cost, is that reasonable?
- What makes a good neighborhood?
- What factors are most important to you in choosing your current home?

4H Extension

Healthy Eating

- Do you feel like the food you eat is healthy?
- What inspires you to eat better?
- When you think about healthy eating in Scott County, what are the strong points?
- What could be improved upon?
- What are the forces that could affect healthy eating in Scott County over the next 20 years?

Parks and Trails

- What types of things prevent you from visiting regional parks?
- Regional parks typically have a more natural environment focus than city parks, does that interest you?
- What types of activities are you interested in?
- Do you have concerns about visiting regional parks?
- What changes would you like to see made to make visiting regional parks easier?

Active Living

- How much physical activity do you get in a week (in hours)?
- Are you as active as you would like to be?
- Are you able to make time for physical activity?
- What are the biggest barriers to living an active life?
- What aspects of your life could be more active?

Appendix B:

CAPS Student Analysis

2040 Comprehensive Plan

By: Neal Bhakta, Nasra Ismail, and Tommy
Nguyen



Objectives

- Influence adolescents to get involved with focus groups
- Implement ideas of what teens or adults find most important in Scott County
- Develop a teen survey
- Report on findings for all focus groups and general survey

Overview

Online/Paper Survey

- 1,271 responses
- 72 paper survey responses
- Students did not take it seriously
- Very vague answers
- Not as effective in getting responses to sensitive questions
- Paper Survey was given to Students and Adults

Focus Group

- 3 Focus Groups
- More honest
- Open-minded
- Dynamic environment

Focus Group Responses



Healthy Eating

- Common Themes
 - Did not feel like they were eating healthy
 - Difficult to eat better due to availability
 - Unhealthy foods taste better
- “Healthy foods are too expensive”
- “McChicken's are not only delicious, but cheaper”

Active Living

- Common Themes
 - Difficult to find time for physical activity
 - Stress
 - Motivation
 - “Simply not enough time for exercise”
 - “Sometimes I feel too lazy to exercise”

Housing

- Common Themes
 - Housing too expensive in Scott County
 - Safe neighborhoods
- “The only houses I see affordable is single-family homes in Shakopee”
- “Some homes are too expensive for no reason”

Career

- Common Themes:
 - Not enough opportunities (healthcare)
 - Exploring the world
 - “Shakopee is a great community, but I rather stay away from home”
 - “Scott County is growing, but I do not see much opportunities out of college”

Transportation

- Common Themes:
 - Better roads
 - Cheaper driver's education
 - Lack of public transportation
 - “Gas prices are too high for my blood”
 - “Driver's education should not be \$370, it should be a free thing”

Parks & Trails

- What prevents you from visiting parks?
 - Time/Transportation
- What should we do with extra land?
 - More agriculture, mall, and nature preserves
- Common Theme:
 - Need to improve a new system of trails
 - "We need to expand more trails throughout neighborhoods"

Strengths & Weaknesses

Strengths

- Very diverse
- Many health clubs (YMCA, Community Center)
- Lots of parks & trails

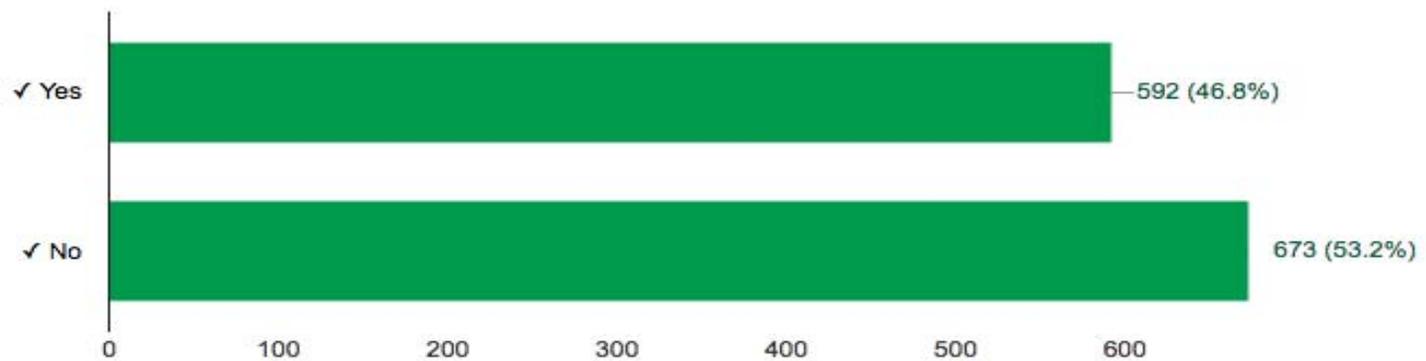
Weaknesses

- Little career opportunities
- Cost of health clubs - not enough to incentivize teens
- Interaction between students and teachers – need to strengthen relationships

Online Responses

Are you as active as you would like to be?

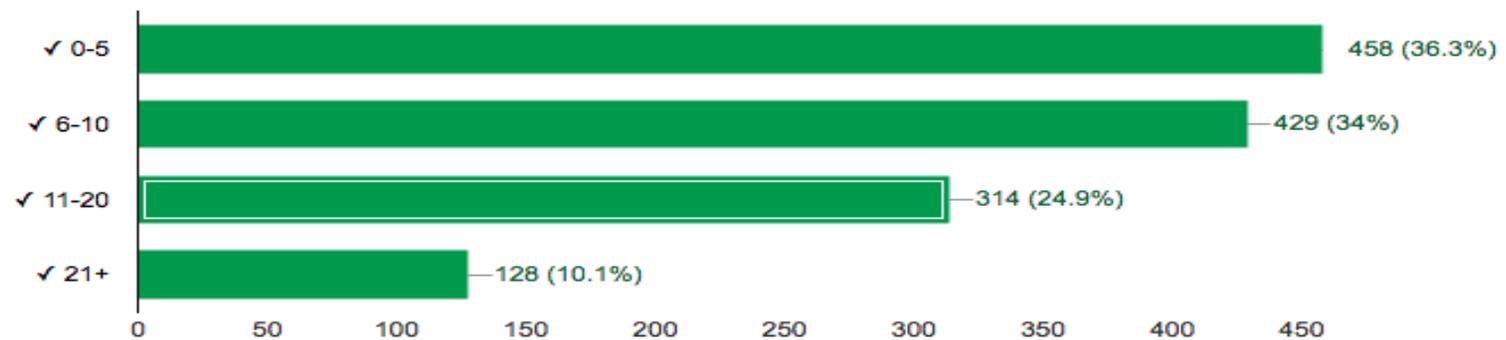
1265 / 1265 correct responses



Online Responses

How much physical activity do you get a week (in hours)?

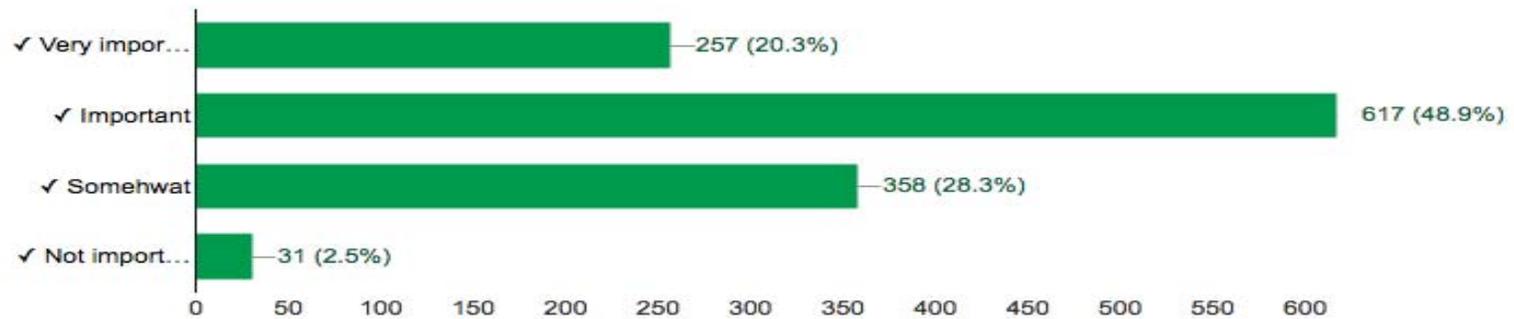
1 / 1262 correct responses



Online Responses

How important is it to you to eat healthy?

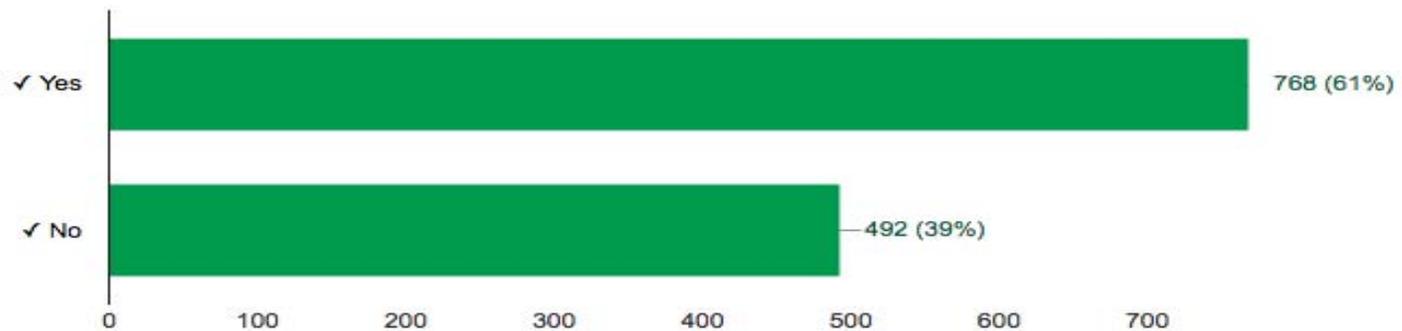
1263 / 1263 correct responses



Online Responses

Are you concerned where your food comes from?

1260 / 1260 correct responses



Main Themes to Open Ended Questions

- What Does healthy eating mean to you?
- Balanced Diet
- What makes a good neighborhood?
- People, Low crime rate, parks
- What do you think Shakopee should do with their extra land?
- Farming, business, parks, and mall
- Challenges with transportation?
- None or lack of public transportation, no car,
- Perfect city?
- Walking, bikes, cars, and public transportation

Paper Surveys Common Themes

Housing

- What makes a neighborhood?
 - Generous people/Clean
 - Low crime rate
- What does affordable housing mean to you?
 - Necessary commodities

Career

- Could you see yourself coming back and working in Scott county?
 - Participants from focus group all reported, “No” due to the lack of training and little growth

Paper Surveys Common Themes

Transportation

- What aspects of the transportation work well for you?
 - Many nearby highways
- Do you have access to a car?
 - All students said, “Yes”

Parks and Trails

- What prevents you from visiting parks?
 - Time/Transportation
- What should we do with extra land?
 - More agriculture, mall, and nature preserves

Methodology

The findings in this report are based upon information supplied by stakeholder participants of the community engagement process Intentional Social Interaction (IZI) during an engagement event held on Tuesday, October 24th, 2017. Approximately 100 of the 140 total guests of the IZI participated in this portion of the event, for which they were asked to form small groups of 5-6 individuals each in order to discuss seven questions about community health needs, access and experiences with healthcare in Scott County. The seven-question surveys distributed at this time utilized a randomized ordering system in order to minimize the effect of question order bias. For this purpose, five differently ordered sets were distributed. Fifteen groups discussed the questions and submitted their handwritten notes for transcription and analysis immediately following the event. Since respondents were asked to read all the questions aloud before beginning, and to focus their conversations on questions of greatest importance to the group as a whole, questions receiving higher rates of response are loosely considered to be of greater significance to participants of this event.

Points of Inquiry

Community health assets and resources

Cultural wellness traditions and culturally relevant healthcare services

Closing other gaps in Scott County services and care

Insights from past experiences with Scott County Health Care System

Community health assets and resources

Issues Identified

- Need for more free or low-cost, year-round activities for youth (especially during the winter season) and families such as soccer fields closer to home to serve the many youth who participate in this sport in/formally, inexpensive community center activities and classes like Zumba (membership costs for clubs and centers too high for some in the community)
- Need for more education about nutrition and food preparation in many languages and for multi-cultural audiences
- Need to invest in community relationships, public education around available healthcare resources and (primary and secondary) immigrant communities.

Community Recommendations

- **Invest** in sports activities and opportunities for youth to be active on a spontaneous basis (rather than by membership) to accommodate unexpected nice-weather days
- **Use** waiting room time to screen videos on healthy cooking and nutritional education (in multiple languages or with subtitles in several common languages).
- **Collaborate** with local community centers, libraries, nonprofits, etc. to host community gatherings designed to build connection and trust across difference and disseminate important information about available resources for healthcare, nutrition and wellness, obtaining a provider, addressing ACEs and other topics of interest to the community.

Cultural wellness traditions and culturally-relevant healthcare services

Issues Identified: General Wellness

- Need for less time and resource-intensive sources of fresh, healthy meals for families. While many traditional food culture practices involve whole foods and special methods of growing, preparing and preserving these foods, respondents report that much of the foods readily available, especially to lower-income and working families, are highly processed and unhealthy.)
- Need for more physical activities that families, friends and neighbors can do together
- Need for better system for accessing hospital and clinic translators in a timely manner.
- Need Somali representative to interface with community on navigating MnCare.

Issues Identified: Mental Health

- Need for more specialists working in mental health (and comfortable working with multicultural and immigrant populations who may or may not have experienced trauma of varying severities).
- Need for specialized mental health resources for women postpartum.

Community Recommendations

- **Representation** – diversity of providers, culturally-specific medical information for patients, community sports from a range of cultures (cricket, for example). Hire community health workers who speak Somali and Spanish – additionally, hire providers who speak these languages, not just translators and support staff.

Cultural wellness traditions and culturally-relevant healthcare services

Community Recommendations (cont)

- **Education** - tangible resources for menu planning and nutritional decision-making; nutrition classes for the whole family; drug prevention efforts in collaboration with schools; training and education for providers on cultural difference, migrant histories, responses to trauma, and cultural differences in the description/conceptualization of illnesses. Provide mental health resources and education to new parents - especially mothers - postpartum
- **Investment** in deepening authentic community connections - allow doctors more time to meet with patients individually during clinic and hospital visits, use social media to connect with youth, engage with the community in meaningful partnership with existing organizations outside the Health Care System, encourage providers to lead the conversation about wellness with the idea that health care "begins outside the clinic" and ask patients: "What are you doing for fun? ...To recharge?"
- **Expanding accessibility of services** - post signage in multiple languages; make it easier to access translation services spontaneously, as some patients may not be well equipped to navigate the current system and receive immediate language support when needed; offer programs such as Alcoholics Anonymous in multiple languages (not just English); support health-based and/or active after school programs for youth and teens.
- Additionally, response groups noted the importance of personal choices around diet and exercise that might make a difference on an individual level.



Translating for people in this event help me appreciate that fact that I'm bilingual. I can help people in our community, so they can be heard.

- IZI attendee

Closing other gaps in Scott County services and care

Issues Identified

- Need better supports for those lacking dental insurance (with or without medical insurance)
- Need sliding scale clinics nearby (like Northpoint)
- Need access to holistic/integrative and alternative care options
- Need more days offered at free clinics and better access to teen clinics
- Need for mobile health care services in Scott County
- Need to address the up-charge for townships of Scott County that would like to use Shakopee community center resources.

Community Recommendations

- **More** dental clinics for un/derinsured community members.
- **Support** clinics in schools and increase public transportation options for clinics; provide mobile clinic support.
- **Collaborate** with faith communities around mental and physical wellbeing in community context.

Insights from past experiences with Scott County Health Care System

Issues Identified

- Need to provide resources and assistance for navigating MnSure.
- Need to ensure positive experiences for patients and families so that they feel respected and safe enough to continue seeking care when it is needed.

Insights from past experiences with Scott County Health Care System

Issues Identified (cont)

- Need to build trust in community for immigrants, New Americans, and/or undocumented community members who need to access health care, but are especially vulnerable in the current political environment and so do not always feel comfortable seeking needed care or assistance.

Community Recommendations

- **Multimedia** information sharing and outreach to provide direct community assistance in navigating MNsure.
- **Community** collaborations and engagement events designed to deepen relationships and expand access to information and resources.
- **Training** to address sexism, judgmental attitudes toward parents and other patients, and stigma around mental health and disability (which community members report is sometimes viewed in absolute terms not relevant to their experience). Help patients set reasonable expectations before and after major procedures like surgeries and fully explain immunization benefits and risks.



Community Discussion Questions & Response Themes

We Asked...

We asked: What does it mean to be healthy? What does a healthy community look like? Please give at least five things you would want to see in your community to support or encourage health and well-being.

Response Themes:

- Access to healthy foods (community gardens and farmers' markets, for example) and nutritional education (workshops, videos on nutrition in waiting rooms for culturally diverse audiences, healthier school lunches, etc.)
- Activities and opportunities for recreation
- Community connection
- Education
- Health care access
- Mental health supports
- Safety
- Preventative health care

Bright Ideas



Due to lack of adequate lighting in local soccer fields, many Scott County youth are exposed to a higher risk of injury. Yet, for an un/derinsured family, a visit to the ER just isn't in the cards.

When this came up during *Health Matters!*, one of the participants realized that they were in a position to keep the lights on and agreed to make it happen. In the space of just one 3 hour IZI, a solution to a problem disproportionately impacting the health of under resourced peoples went immediately from being heard to lived in the community. Now that's a light bulb moment!



We Asked...

We asked: Do you have family or cultural traditions and routines related to health that are important to you? Are there ways that healthcare providers could support them or incorporate them into care at clinics, hospitals or community health programs?

Response Themes:

- Food culture / dietary traditions
- Movement / physical activity

Ways to incorporate:

- Representation
- Education
- Deepening social / community connections
- Accessibility
- Personal choices
- Health care access

- IZI attendee





We Asked...

We asked: Is there anything you would change about health care in Scott County? If yes, what would those changes be and why?

Response Themes:

- Expanded access
- Expanded services
- Culturally-specific health care providers
- Interpretation
- Transportation / location
- Basic needs met
- Personal connection
- Improved communication
- Addressing stigma
- Group therapy
- Culturally competent care
- Access
- Miscellaneous

We Asked...

We asked: Are there ways your culture supports or encourages good mental health? If so, name them. Are there ways that Scott County can incorporate those practices in their services to support mental health for you and your community?

Response Themes:

- Basic needs met
- Connection
- Improved and increased communication
- Addressing stigma
- Group therapy
- Culturally competent care
- Access

We Asked...

We Asked...

We asked: Is there anything you would change about health care in Scott County? If yes, what would those changes be and why?

Response Themes:

- Negative experiences include sexism, poor treatment around mental health issues, viewing disability as an absolute, discouragement from doctors about post-surgery practices, bad reaction of child to immunization damaging to trust between parent and providers
- One instance of a mixed experience (positive and negative - no details provided), and one instance of a positive experience related to provider patience with patient.

We Asked...

We asked: Is there anything we didn't we ask that should be asked? Share the question and your answer to it as well.experience wellbeing? What are they? community?

Only one group answered this open-ended question, indicating that judgmental attitudes from providers - especially regarding the (perceived) role of mothers as caretakers - can discourage families from seeking care. This response group also emphasized the importance of utilizing multiple means of communication - print and social media, word-of-mouth, flyers/school collaborations around healthcare information for families.

**Community Engagement/Assessment
Families & Individuals Sharing Hope (FISH) Meeting
Sept 14, 2017 – Spring Lake Township Hall**

Meeting Summary: Dr. Michael Wilcox and Public Health Director, Lisa Brodsky, were the main presenters at the FISH meeting addressing The State of the County's Health. Specifically, they spoke about the 2016 Minnesota Student Survey results, Robert Wood Johnson County Health Rankings, and data from the mobile clinic operated by Scott County Public Health.

Fifty-four people attended the meeting including 10 public health employees, 9 representatives from churches, 8 Health and Human Service employees, 4 school employees, 3 CAP employees, and others representing cities, businesses, law enforcement, medical clinics, and Carver County.

For a more detailed summary of the meeting, see the attached FISH recap. This report will focus on the work done in small groups at the conclusion of the meeting. Two questions were responded to in the groups, which follow in bolded print.

What does the data say about *issues* and *assets* in our community?

Issues:

- How are stats related to income?
- Social Media – too much attention to it
- Trends in mental health, chemical health
- ACEs – exposure to behavior, normalizing behavior
- Preventative issues
- Access to health care/services
- Education on dangers; low perception of risk
- The issues are starting earlier than ever before.
- The issues we face are not going away.
- The dangers of unhealthy behavior need to be more clearly communicated.
- Adult's diet/activity and how that sets a bad example.
- Education challenges – how to be new/impactful.
- Females increases in usage, self-injury.
- Girls – Image – depression
- Mental Health
- Unique Needs – multicultural/refugees, etc
- We are working hard but making minimal gains.
- Youth are at risk
- Social Media & bullying – technology & lack of physical activity, brain development/self-image
- Mental health issues not being addressed & passed on through generations; underlying issues people are dulling with substances.

Assets:

- Mobile Clinic and Safety Net Providers
- MSS data and participation
- School-based therapists
- Mental Health Center; responsive staff
- School/district staff participation and buy-in; correlation between health and learning; health in all policies
- Mobile clinics are amazing! We have lots of partners in the community that work together, which is great!
- Organized data, resources & collaboration between organizations/community.

Recommendations Offered:

- Peers speaking to peers about the dangers of unhealthy behavior would powerfully communicate in a way young people will hear.
- “ACES” childhood trauma – suggestion = need data ? – During last 12 months did you purposely hurt others, and in the last 12 months were you hurt by others?

What are the top 3 health issues that should be addressed?

- Mental Health – 10 responses including these comments
 - Addressing mental health early
 - Mental Health Facilities – good ones
 - Youth anxiety and depression
- Obesity – 2 responses including this comment
 - Health Lifestyles/Community Gardens
- Lack of physical activity and diet – 2 responses
- Diabetes
- Tobacco – 3 responses including these comments
 - Cigarette use may go down; but e-cigarette use rising
 - Raise smoking age to 21
 - E-cigarettes
- Income – affordability
- Socialization – family – parents working more hours

Summary:

The asset portion of the discussion was well rounded, and reflected an understanding of resources being provided to the community. The issues portion was largely focused on youth and mental health needs with general comments about starting with intervention younger, and being more effective. Three dominant health issues were identified in this priority order:

mental health, obesity, and tobacco issues such as e-cigarettes and a policy issue to increasing the smoking age. The 3 health issues are consistently identified in other forums in the county.



Forces of Change Affecting Community Health October 25, 2017

Suggested citation:

"Forces of Change Affecting Community Health: a community dialogue."
Center for Community Health. 25 Oct 2017. <http://www.mnmetroch.org/>

Executive Summary

The Center for Community Health (CCH) hosted a dialogue for community leaders on Wednesday, October 25, 2017, *Forces of Change Affecting Community Health*. This event aimed to increase collaboration and richness of conversation about health, broadly defined, across the Minneapolis Saint Paul metro region. Sixty (60) participants contributed to insights and exchanged ideas. This document captures their input.

Intended participants included leaders with diverse experience and expertise representing sectors such as government, community organizations, health care, business, and education. The event facilitated a community dialogue to identify and discuss factors that influence the health of people in our local communities and the Twin Cities region. Participants explored questions such as: "What is occurring that might affect the health of our community?" and "What specific threats or opportunities are present?"

What is "Forces of Change"?

Forces of Change (FoC) is one of four required assessments in the community health assessment framework, *Mobilizing for Action Through Planning and Partnerships* (MAPP). *Forces of Change* identifies forces that are or will be affecting the community or local public health system. The MAPP framework includes three other assessments: *Community Themes and Strengths Assessment*, *Local Public Health System Assessment*, and *Community Health Status Assessment*. Using the results of the assessments, participants identify strategic health priorities and then formulate goals and strategies for addressing each priority together in our local communities.

Intended Use

Center for Community Health (CCH) designed the 2017 Forces of Change event to fulfill a health assessment requirement shared by health systems, local health departments, and health plans. These results can be used as-is, or local-/agency-level partners can adapt the results to better match the "forces of change" they perceive locally.

CCH invites all community organizations that work directly or indirectly to advance health in the metro region to use these results as shared context in their respective work.

Table Discussion: *Forces of Change Affecting Community Health*

What local, regional or national *forces of change* are affecting community health?

- DACA (Deferred Action for Childhood Arrivals) – fear hopelessness
- Aging population
- Current administration
- Fear around funding changes
- Systems not proactive, not meeting needs
- Changing demographics, growth
- Government slow to change
- Resistance to making change
- Not enough, not culturally appropriate providers
- Across service continuum
- Equity
- Continuum of care
- Mental health/wellbeing
- Housing
- Structural racism
- Bias
- Adverse Childhood Experiences (ACES)
- Social emotional learning
- Elections
- Immigration status
- Shrinking workforce
- Incarcerated population (empathy/no empathy)
- Vaccine (measles)
- Funding/safety net
- Insurance
- POTUS (US President) – lack of direction, reactive, trust
- Climate change
- Health insurance for those who need it most – uncertain
- Decision makers – not representative of those they serve
- Streets, transportation → safe streets for people
- Population
- Disparities
- Engagement
- Policy system approaches
- Opportunity
- Equity
- Always reacting instead of planning



- ID the disparities in populations through engagement and policy systems looking for opportunities to obtain equity
- Health results are slow all below are interconnected (can't fix just one)
- Mental health aging population
- Livable wage
- Transportation, walkability, bike-ability
- Affordable housing
- Cultural appropriateness
- Disparities/equity
- E-cigarettes ↑ in youth (from MN student survey)
- Link between health status and education and achievement gap
- Fear, anxiety on lots of topics – immigration
- Working two jobs –always playing
- Social determinates of health
- Poverty number of kids in poverty – two generation approach
- How to measure and see improvement
- Election – chaos divisiveness
- Healthcare – how many changes at federal level
- Media –and credible source of info and impact to be cohesive
- ↓ trust in government, police/law enforcement, healthcare
- Fear-unable to problem
- Disease of despair (drugs, alcohol, suicide)
- Reduce social isolation
- Grassroots engagement
- Stigma
- Social isolation
- Funding
- Collaboration
- Environment (large and small scale)
- Funding priorities
- Resources
- Work in silos
- Fear and distrust
- Community led
- Cultural diversity
- Shift in federal leadership
- Complexity in healthcare – access, i.e. MNsure
- Increased awareness of health disparities
- Awareness of impact of historical trauma
- Insecurity of insurance/stress
- Immigrants, refugees, general public
- Trauma response – fear
- Income inequality

- Poverty, housing, transportation (Social Determinants of Health/ "SDOH") reframing
- change demographics – divisive communities –identify strengths - assets
- Opioid crisis
- Mental health
- Something is starting to happen
- Continuum/language
- Stigma
- Age and boomers
- Real attention and community level action
- Local policies driving change
- Opioid
- Collaboration and attention
- Focus
- Funding decrease
- Executive orders decrease
- Infrastructure (bike lanes) increase
- Affordable Care Act (ACA) uncertainty/ ups and downs
- Elections upcoming possibly up and downs
- ↑ broader community engagement top down
- Language access increase
- Partnership, full community participation, communication, need, essential, assets, collaborative, uncertainty, hope, challenging systems and assumptions, willingness to be uncomfortable and make mistakes, humility, openness to change
- Political climate
- Increasing need – medical and social
- Challenging systems and assumptions
- Childhood obesity
- Housing market (destabilizing)
- Poor quality housing (bad landlords)
- Immigration
- Health insurance increase in cost
- Social determinants
- Mental health is big
- Same bucket as physical
- Tied to other conditions
- Not the absence of illness
- Employment and insurance
- Lack of awareness around resources

The Wave –incoming and outgoing trends, ideas, practices and processes, and systems in community health

Note: At any point in history, in any given field, we are in the midst of adjusting and shedding paradigms and approaches in response to changing demands. Participants brainstormed responses below, across a variety of “positives” and “negatives,” obstacles and opportunities in each of the four categories. The reader is encouraged to read these responses with that in mind.

Emerging			
On the Horizon	Established		Disappearing
ON THE HORIZON	EMERGING	ESTABLISHED	DISAPPEARING
<ul style="list-style-type: none"> • Out of school time – community schools model • Community schools • Strategies to address social media • Privilege • Linking clinical care with community health • Multi-generational communities and families (4-5 generations) • Long-term view of health • We drive social media • Support cultural healers • Community at center (established financial support) • New partners (business, parks, other) • Informed based practices • Emerging diseases • Funding shifts • Mental health system transformation • Radical reform of criminal justice • Continuity • Cultural outreach corp. • Health defined with communities • Mental Health ↔ Housing • Identity and gender fluidity • True bridge out of poverty • Mental well-being • Triage and referral (Department of Human Services) • Environmental impacts on health • Radical change in technology and climate change will drive how we look at community • Revenue sharing with community based organizations to care for populations • Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations) • Incorporate lay people into the medical model • Community health is an ethical obligation and should be a non-profit system • Frame public health issues/science in compelling way • Big data and analytics • Understanding historic trauma • Universal healthcare • Climate change reality • 65% of our children’s job not invented • Digital bio monitoring and telemedicine • Gutsier initiatives (social activism, language, partnerships, tech) 	<ul style="list-style-type: none"> • Restructure investment and funding for community-driven work • Public health is cross sector (housing, transportation, mental health, job, employment) • Solve problems with not for the community • Nothing about you, without you • Collaboration beyond boundaries • Youth aren’t as healthy as we assume • Health equity as a practice • Concerns about privacy • Opportunities for local policies to make a local difference • Working across silos • Multi-generational interventions • Spectrum thinking – illness/wellbeing • Understanding of issues related to caregiving • Baby Boom generation • Independent and healthy living initiatives • Health in all policies • Behavioral economics approach (make the effort appealing & easy) • Anchor institutions • Racism/trauma (historical, structural, personal bias, aces) • Data collection new ways (participatory, use of technology) • Those outside of traditional health community seeing their role in solving health issues • Social Determinants of Health (SDOH) • Increased used of CHWs • Relationships whole person systems – Orgs collaborative(s) • Domestic Violence and Substance Abuse is a health concern (addressing healthy masculinity) • Welcoming youth in community decisions • Community members as experts • Use of technology to improve connection to resources for SDOH • Income inequality • Opioids • Community based care/health workers • Working with community • Health equity • E-health and informatics • Interdisciplinary research (U of M) and community based research • Community health workers • Participatory decision making • Public Health Accreditation (meeting set benchmarks) • New media questioning reliability 	<ul style="list-style-type: none"> • Community engagement on government time • Technology <ul style="list-style-type: none"> ◦ EHRs (Electronic Health Record System) ◦ Social media • Regulations driving practice • Working in silos • Entrenched health disparities • Evidence-based practices work • Local foundation support • Community activism and volunteerism • Reactionary funding (high) – prevention funding (low) • Structural discrimination → disparities • Wholesome collaboration <ul style="list-style-type: none"> ◦ Natural spaces ◦ Funding • Siloed approach • Data is a tool • Restrictions on data sharing • Navigating complex systems • Land of 100 ideas – make old new again • AHA – AMA – APHA (American Hospital Association, American Medical Association, American Public Health Association) • Assumptions that others understand our “language” • A divided nation • Family home visiting • Short-term focus for long-term impact • Prevention focused on kids • Social justice • Health/public health “lingo” (“not well understood”) • Collaborative partnerships and projects • Organization culture of one-way “official” communication • Data sources are not connected • No shared values on health “health is not a right” type thinking 	<ul style="list-style-type: none"> • Institutional knowledge <ul style="list-style-type: none"> ◦ Retirements • Homelessness isn’t a health concern • Phone calls and voicemail • Chemical dependency isn’t a health concern • Risk taking • Red-lining in land use/ banking (is it disappearing though?) • Health is only physical with clinical interventions • Old survey techniques • Non-fat/low-fat • Top-bottom approach • Public health clinics/direct services • Legal entities providing services without stakeholder/com. Input • “Large sized” funding sources for programs • Static desktop technology • State and federal funding • Single sector (non-collaborative) approaches • “Clients” rather than participants • Education-only approaches for complex issues (e.g. just tell what to eat) • Funders funding creativity and flexibility -funding becoming prescriptive (less opportunity to innovate) • Obesity just as issue of calories and exercise • One size fits all approach • “Compliance” we know better than participants • Doing “to” rather than “with” • An unwillingness to disaggregate data by race and ethnicity. • Trust <ul style="list-style-type: none"> ◦ Systems ◦ Communities ◦ Government • Privacy • Prevention through medical model lens • Addressing specific conditions/diseases in isolation (as different as holistic) • Silos breaking • Old forms of public input (public hearings) • Abstinence only • Provider /Medical Doctor knows all

Wave Analysis Reflection

Which concepts are hopeful?

- What on the horizon/emerging
- Priorities can emerge – finding great impact
- Keeping community at center – build leadership
- Conversation today – get people involved
- Growing movement that they are experts of their own life, own solutions, own power

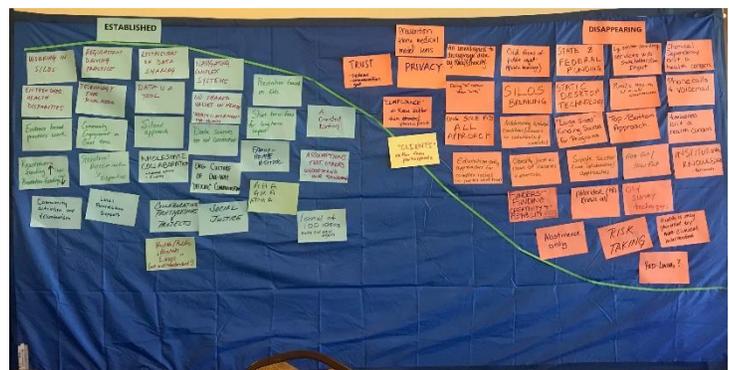


Which concepts require caution?

- Political climate
- Great ideas and energy
 - Data follow up to see if achieved
- Reactive funding being low
- Not able to respond to trends because of disappearing \$
- Sustainability-need more people to do the work
- Things changing fast – need ways to manage
- Change expectation about how/when things get done
- Dominant set of beliefs don't allow emerging beliefs – silos sometimes ok
- Data and sharing data thoughtful /communities
- Change resulting because of planning – keep up

How would the wave look if it was made 10 years ago?

- Discussion of universal health care
- Housing instability and financial risk
- Not as comfortable talk about disparity
- Less political divide
- Historical trauma
- No talk about racism, privilege, supremacy



How would the wave look if it was made 10 years from now?

- People in room different
- Technology – virtual
- Effects of climate change (more) visible. More believers
- Lessons learned – built infrastructure – addressed holes and gaps
- Things on emerging and horizons to establish

- Can't even imagine horizon
- Serve people -way deserve to be served without labels
- Increased prioritization of services

What are the trends that will make an impact?

- Technology
- "Nothing about you without you"
- Aging
- Public Health accreditation = collaboration

What are the characteristics of our jurisdiction or state may pose an opportunity or threat?

- Build on reputation
- Greatest disparities
- Able to shape narrative in community health at legislature
- Sectors want to work together around data set stage for future
- Changing technology-who knows where it will go
- Affordable Care Act (ACA) and MNsure = unknown
- Social impact investing but might be disruptive
- We are progressive and can make change like universal pre-k

What implications for our work together?

- Heighten awareness – need to keep pay attention
- Connect personal issues to larger trends and spectrum of thinking from individual to broad
- Rethink our work to be relevant/ inclusive
- Effective communicators to get health in all policies

Participation

About 150 people working in organizations and disciplines related to advancing health were invited to participate with the event. Eighty-one (81) people registered and sixty (60) attended. Of the 60 participants, 22 are affiliated with the Center for Community Health (CCH), serving on one or more CCH committees.

Participating organizations

African Immigrant Services	Minneapolis Health Department
Allina Health	Minnesota State Demographic Center
American Heart Association	Minnesota Council of Health Plans
Blue Cross Blue Shield of MN	Minnesota Dept. of Education (MDE)
Carver County Medical	Minnesota Dept. of Health (MDH)
Casa de Esperanza	Minnesota Lung Association
Children's MN	Neighborhood House
City of Bloomington	Park Nicolett
City of Minneapolis	Pillsbury United Communities
Community Action Partnership of Ramsey & Washington Counties	Rainbow Health Initiative
Courage Kenny Rehabilitation Institute	Ramsey County
Dakota County	Ramsey County Human Services Homelessness
Fairview Health Services	Ramsey County Public Health
Greater Twin Cities United Way	Robinsdale Area Schools
HealthEast	Scott County Public Health
HealthPartners	St. Paul Public Housing
Hennepin County	Three Rivers Park District
Hennepin County Office of Multicultural Service	Twin Cities Local Initiatives Support Corporation (LISC)
Hennepin County Public Health Dept	Washington County
Lakeview Hospital/HealthPartners	Wilder Research
Medica Foundation	Woodbury Thrives/Chamber of Commerce



Forces of Change Affecting Community Health

St. Mary's Event Center
Wednesday, October 25, 2017
9:00 a.m. – 11:45 a.m.

AGENDA

Welcome

*Joan Pennington, HealthEast
Center for Community Health Executive Committee Member*

Table Discussion: Forces of Change Affecting Community Health

Participant introductions and guided discussion

Wave Analysis

What are incoming and outgoing trends, ideas, practices, and paradigms in community health?

Closing Remarks

*Ashlyn Christianson, Blue Cross Blue Shield
Center for Community Health Executive Committee Member*

*Sponsored by the Center for Community Health
<http://www.mnmetrocch.org/>*

*Catering by Common Roots
<http://www.commonrootscatering.com/>*

*Facilitation by Minnesota Technology of Participation (MN ToP)
Amy Schrempp and Kellie Jones
<https://mntop.us/>*

*Center for Community Health Mission
To advance community health, well-being, and equity through collective understanding of needs and
innovative approaches to foster community strengths*

Local Public Health System Assessment

Local Public Health Act Performance Measures for 2017

SCOTT | JULY 2018

LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

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If you would like help interpreting this data or would like to discuss ideas on using your data to communicate progress or improve quality, please contact the MDH Center for Public Health Practice (above), or your public health nurse consultant: [Who Is My Public Health Nurse Consultant?](#)

About this report

Each spring, Minnesota community health boards report data from the previous year on programs, activities, and resources, to help monitor the health of the state-local public health partnership in three key areas: Finance and Staffing, Title V MCH Block Grant, and Local Public Health Act (LPH Act) performance measures. This report shares state-level information on Local Public Health Act (LPH Act) performance measures, next to your community health board’s own responses. For more information, visit: [Annual Reporting for Local Public Health](#).

What are LPH Act performance measures?

The LPH Act performance measures correspond with [Minnesota’s six areas of public health responsibility](#) found in statute: assure an adequate local public health infrastructure (this area includes capacity measures based on national standards and Minnesota-specific measures), promote healthy communities and healthy behavior, prevent the spread of communicable diseases, protect against environmental health hazards, prepare and respond to emergencies, assure health services. This report addresses only the infrastructure area.

How do community health boards respond?

For a majority of measures, a community health board responds based on services provided in one or more of its individual health departments. For capacity measures aligning with national standards, a community health board responds based on the lowest level of capacity of its individual health departments. If you have questions about how community health boards were instructed to respond, please refer to this year’s instructions at: [Module: LPH Act Performance Measures](#).

Findings in this data book are noted by year and community health board population. In 2017, Minnesota had 51 community health boards; 13 “large” community health boards had a population of 100,000 residents or more, 16 “medium” boards had a population between 50,000 and 99,999 residents, and 22 “small” boards had a population 49,999 or fewer residents.

Your community health board is classified as: Large

What does MDH do with the data?

MDH and the [SCHSAC Performance Improvement Steering Committee](#) use the data submitted by community health boards to monitor the performance of the state’s public health system, identify strengths and gaps, and recommend opportunities for improvement.



Minnesota Public Health System Performance Management Cycle

Taking action

A number of community health boards use this data to identify and make improvements in their organizations. To learn about those efforts, view presentation slides online for [Using Data to Tell Your Story](#) and [Data In, Data Out, Now What?](#)

Along with this report, you will also have received a set of presentation slides with ideas for sharing your data with stakeholders. Community health boards have used these slides as a starting point to explain some of their activities and the importance of public health to local elected officials, local government, community organizations, and other partners.

Questions and assistance

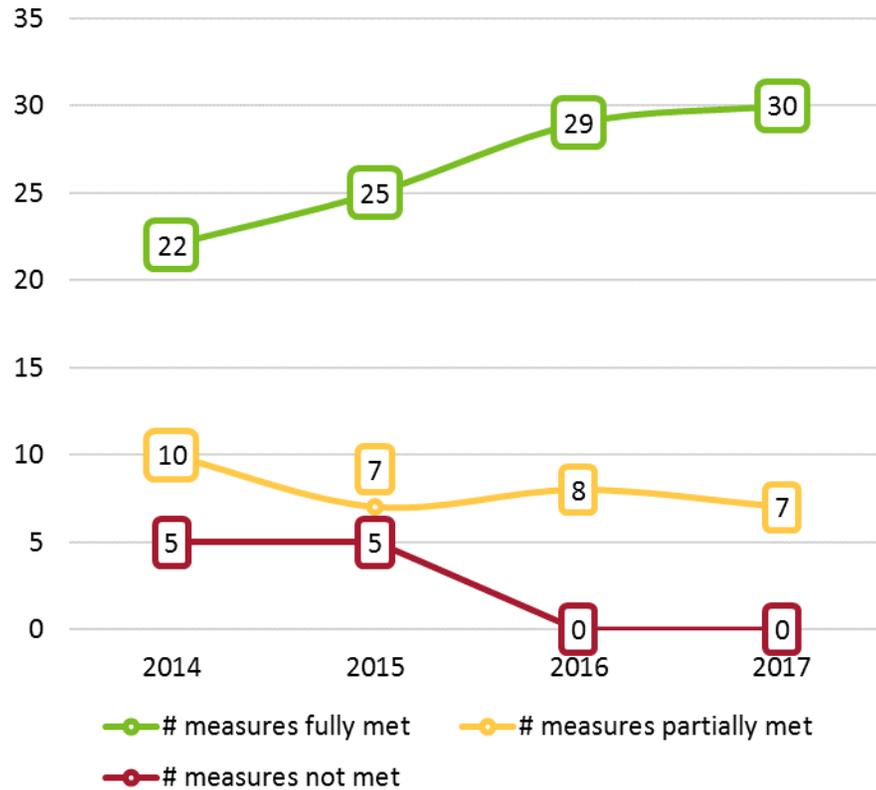
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Assure an adequate local public health infrastructure: Capacity measures from national standards

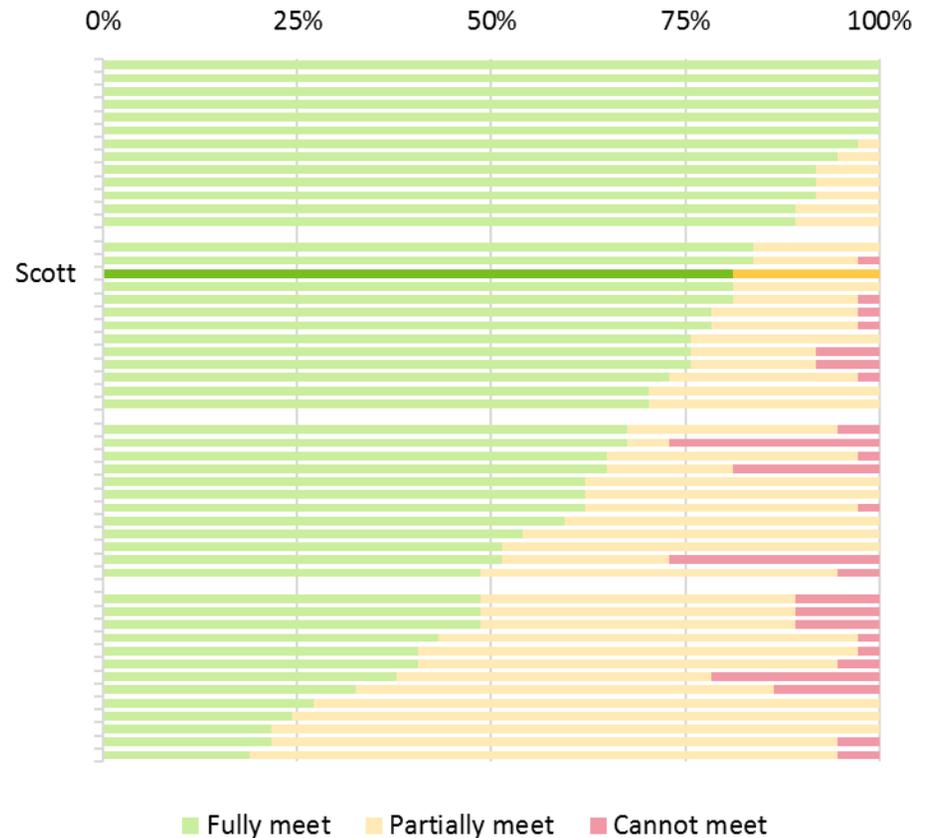
Progress on key national public health measures

At left, each bar represents a community health board's current ability (in 2017) to meet 37 key national public health measures. At right, you will see your community health board's individual progress meeting these same key national measures from 2014 to 2017 (excluding those community health boards not in place during that time).

Your community health board's progress toward meeting 37 key national public health measures, 2014-2017



Your community health board's ability to meet 37 key national public health measures, 2017



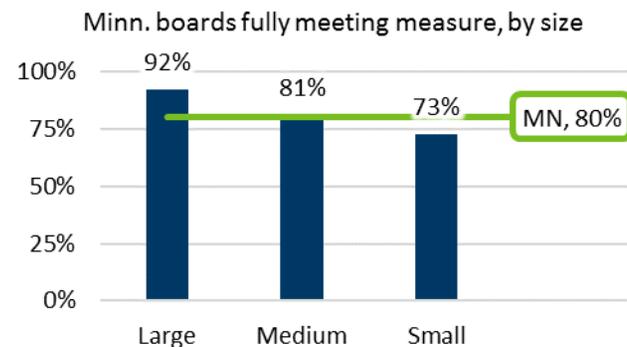
LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

Community health boards report on a subset of 37 measures used by the Public Health Accreditation Board (PHAB), on the following pages. If your community health board is preparing for national public health accreditation, MDH encourages you to rely on official PHAB guidance, rather than solely on the measures below.

1.1.2. A local community health assessment.

A thorough and valid community health assessment is a customary practice and core function of public health, and also is a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota community health boards have been required to engage in a community health improvement process, beginning with a community health assessment.

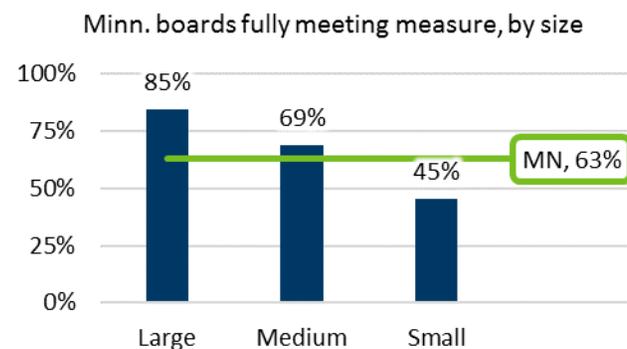
Your community health board in 2017: Fully Meet



1.2.2. Communication with surveillance sites.

Communicating with surveillance sites about their responsibilities ensures sites are providing timely, accurate, and comprehensive data.

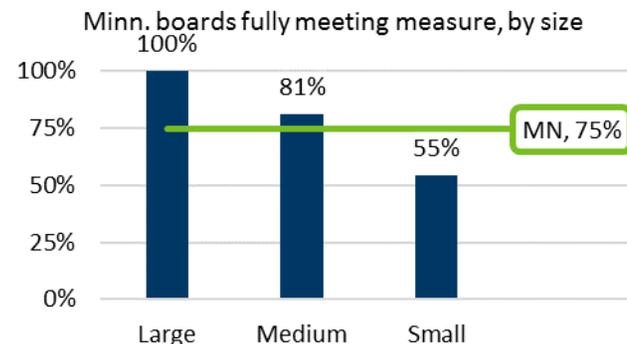
Your community health board in 2017: Fully Meet



1.3.1. Data analyzed and public health conclusions drawn.

Valid analysis of data is important for assessing a health problem’s contributing factors, magnitude, geographic location(s), changing characteristics, and potential interventions, and for designing and evaluating programs for continuous quality improvement.

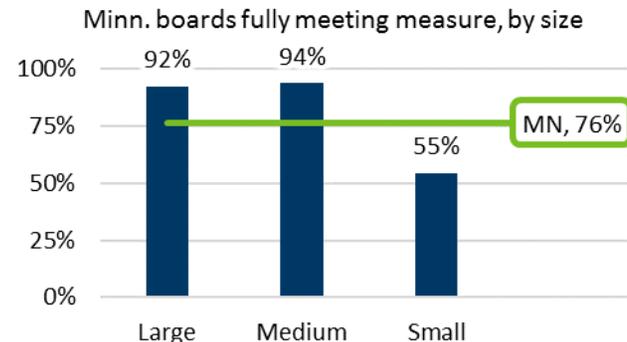
Your community health board in 2017: Fully Meet



1.4.2. Community summaries or fact sheets of data to support public health improvement planning processes at the local level.

Public health data must inform the development of public health policies, processes, programs, and interventions. Community health boards must share data with other organizations to inform and support others’ health improvement efforts.

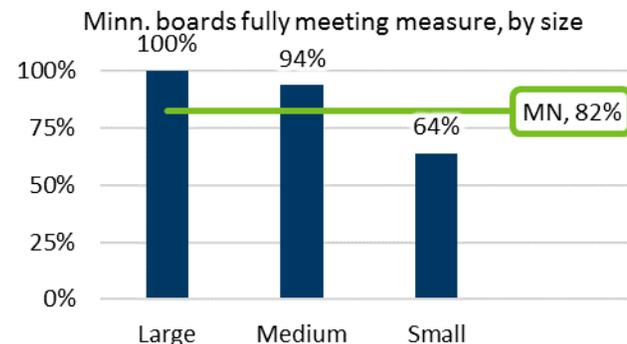
Your community health board in 2017: Fully Meet



2.1.4. Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues.

The ability to conduct timely investigations of suspected or identified health problems is necessary for the detection of the source of the problem, the description of those affected, and the prevention of the further spread of the problem.

Your community health board in 2017: Fully Meet

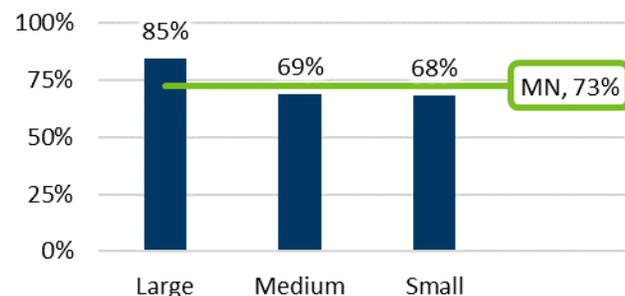


2.2.3. Complete After Action Reports (AARs).

Community health boards must be able to act on information concerning health problems and environmental public health hazards that was obtained through public health investigations, and contain or mitigate those problems and hazards in coordination with other stakeholders. After Action Reports (AARs) can demonstrate a community health board’s ability to do this.

Your community health board in 2017: Partially Meet

Minn. boards fully meeting measure, by size

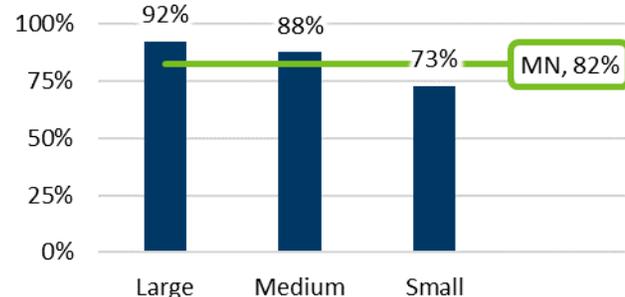


3.1.2. Health promotion strategies to mitigate preventable health conditions.

Health promotion aims to enable individuals and communities to protect and improve their own health. Community health boards must establish strategies to promote health and address preventable health conditions.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

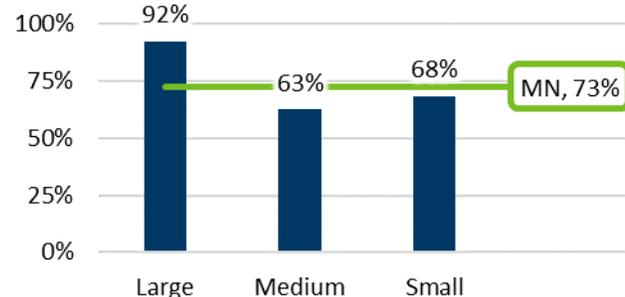


3.1.3. Efforts to specifically address factors that contribute to specific populations’ higher health risks and poorer health outcomes.

Differences in population health outcomes are well documented. Factors that contribute to these differences are many and varied and include the lack of opportunities and resources, economic and political policies, discrimination, and other aspects of a community that impact on individuals’ and populations’ resilience.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

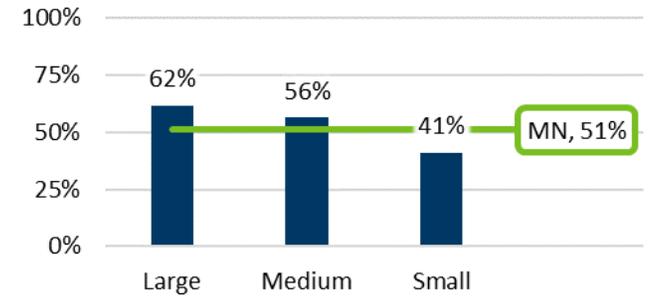


3.2.2. Organizational branding strategy.

Branding can help to position a community health board as a valued, effective, trusted leader in the community, by communicating what a community health board stands for and what it provides that is unique and differentiated from other agencies and organizations.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

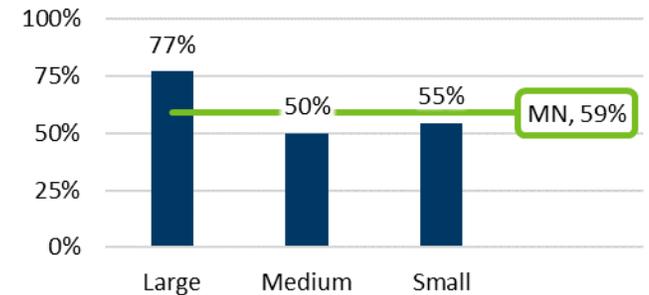


3.2.3. Communication procedures to provide information outside the health department.

Consistent communication procedures and protocols ensure reliability in the management of communications on public health issues, and that information is in an appropriate format to reach target sectors or audiences.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

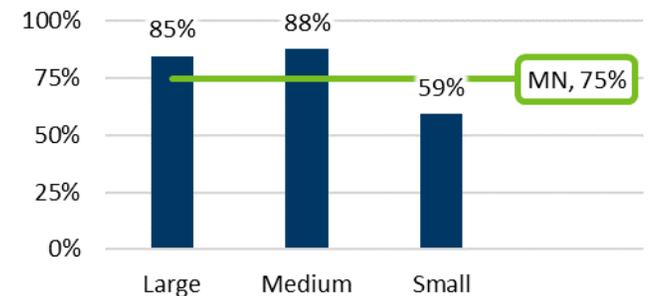


3.2.5. Information available to the public through a variety of methods.

Community health boards need to be able to present information to different audiences through a variety of methods.

Your community health board in 2017: Fully Meet

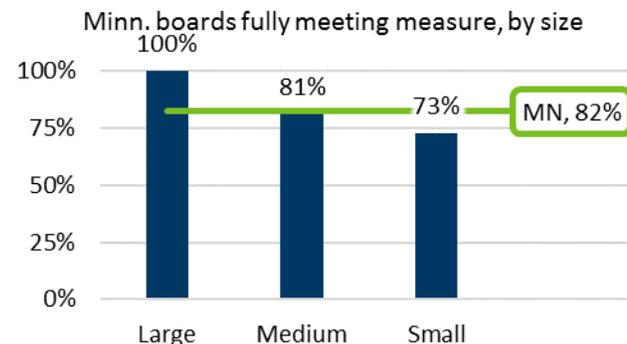
Minn. boards fully meeting measure, by size



5.1.3. Inform governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies.

Community health boards must provide policy makers and the public with sound, science-based, current public health information that must be considered in setting or supporting policies.

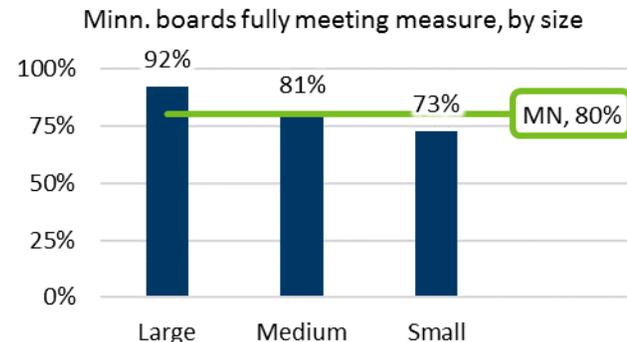
Your community health board in 2017: Fully Meet



5.2.3. Elements and strategies of the health improvement plan implemented in partnership with others.

The community health improvement plan is only useful when implemented, and provides guidance for priorities, activities, and resource allocation. A community health board must implement its community health improvement plan in partnership with others.

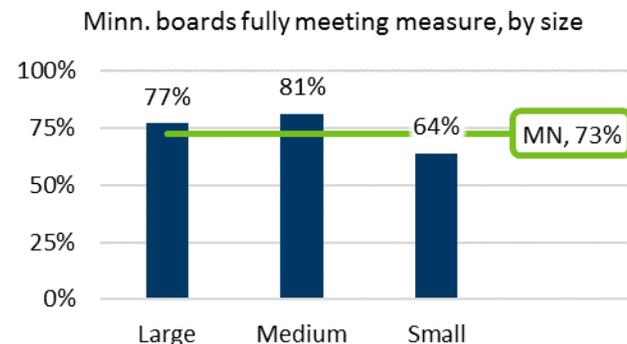
Your community health board in 2017: Fully Meet



5.2.4. Monitor the strategies in the community health improvement plan and revise as needed, in collaboration and with broad participation from stakeholders and partners.

The 2017 and 2018 performance-related accountability measure is 5.2.4. Community health boards work to meet the measure over the course of the year, and report back to MDH in the following year. More information: [Accountability Requirements for the Local Public Health Act](#).

Your community health board in 2017: Fully Meet

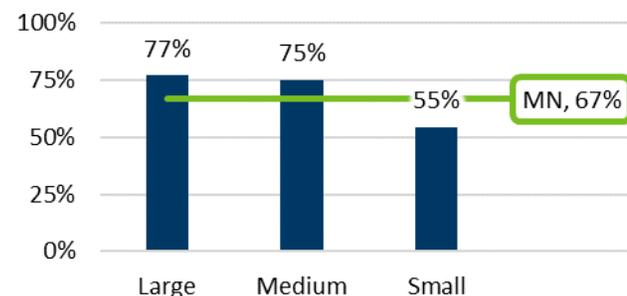


5.3.3. Implemented community health board strategic plan.

A strategic plan sets forth what a community health board plans to achieve, how a community health board will achieve those plans, and how a community health board will monitor progress (e.g., annual reports of progress toward goals and objectives in the strategic plan). It provides a guide for making decisions on resource and policy priorities.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

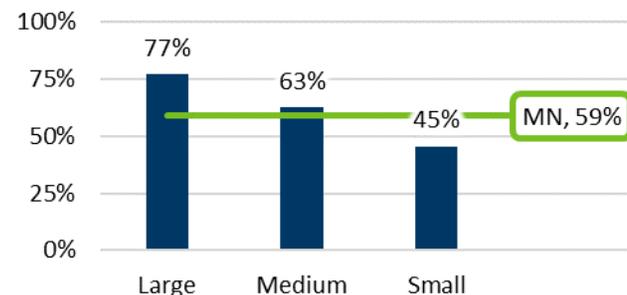


6.3.4. Patterns or trends identified in compliance from enforcement activities and complaints.

A community health board has a role in ensuring that public health laws are enforced—either by using its authority to enforce, or working with those who have the legal authority to enforce.

Your community health board in 2017: Partially Meet

Minn. boards fully meeting measure, by size

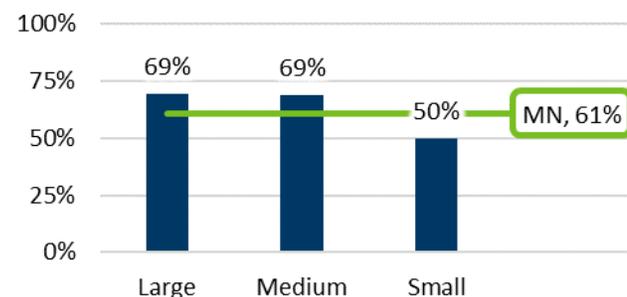


7.1.1. Process to assess the availability of health care services.

Collaborative efforts are required to assess the health care needs of the population of a tribe, state, or community.

Your community health board in 2017: Fully Meet

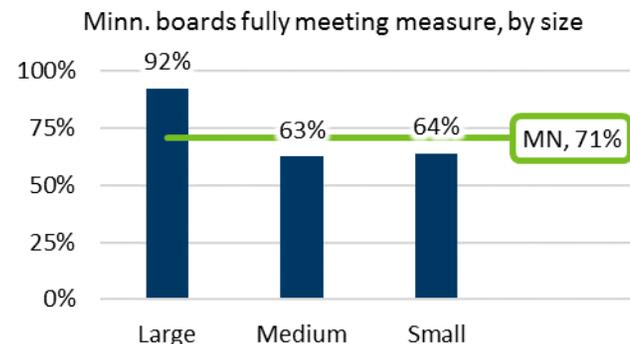
Minn. boards fully meeting measure, by size



7.1.2. Identification of populations who experience barriers to health care services.

It is important for a community health board to identify populations in its jurisdiction that experience perceived or real barriers to health care. Assessing capacity and access to health care includes the identification of those who are not receiving services, and understanding the reasons that they are not receiving needed care or experiencing barriers to care.

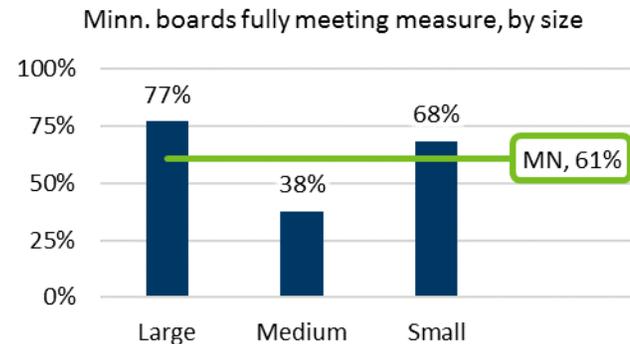
Your community health board in 2017: Fully Meet



7.1.3. Identification of gaps in access to health care services, and barriers to the receipt of health care services.

It is important for community health boards to understand the gaps in access to health care, so that effective strategies can be put into place. Community health boards must have reports of data analysis from across the public health system, which identify gaps in access to health care services and causes of access gaps.

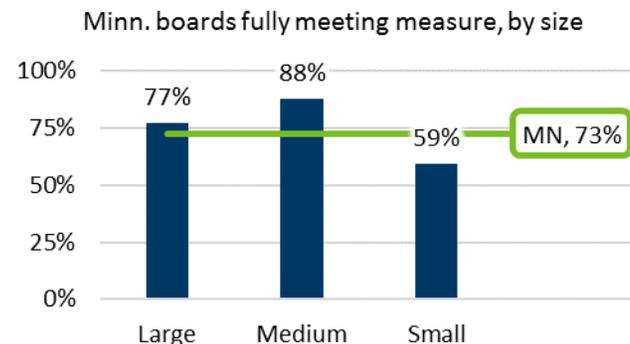
Your community health board in 2017: Fully Meet



7.2.1. Process to develop strategies to improve access to health care services.

Partnering with other organizations and agencies allows community health boards to address the multiple factors that contribute to poor access, and to coordinate strategies. A community health board does not need to have convened or led the collaborative process, but must have participated in the process.

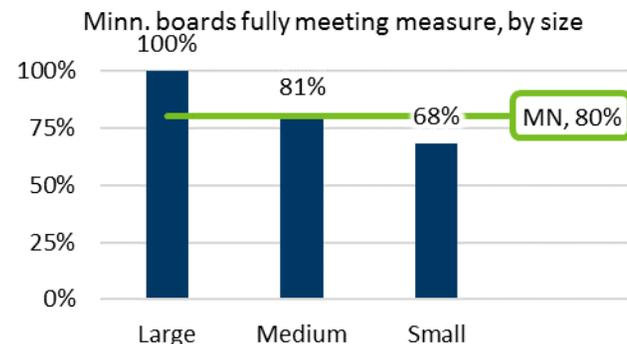
Your community health board in 2017: Fully Meet



7.2.2. Implemented strategies to increase access to health care services.

Many factors influence health care access. Community health boards can use their local knowledge of these factors to act collaboratively and implement strategies to increase access.

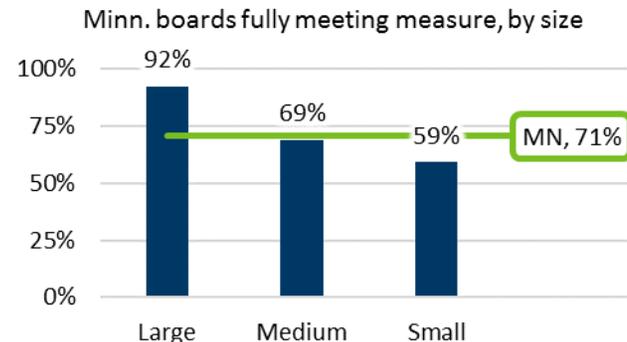
Your community health board in 2017: Fully Meet



7.2.3. Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences.

Cultural differences can present serious barriers to receipt of health care services, and must be addressed in strategies if those strategies are going to be successful.

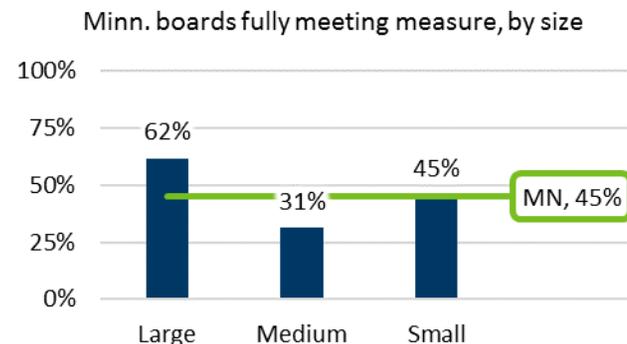
Your community health board in 2017: Fully Meet



8.2.1. Workforce development strategies.

Workforce development strategies can ensure that staff development is addressed, coordinated, and appropriate for a community health board's needs.

Your community health board in 2017: Fully Meet

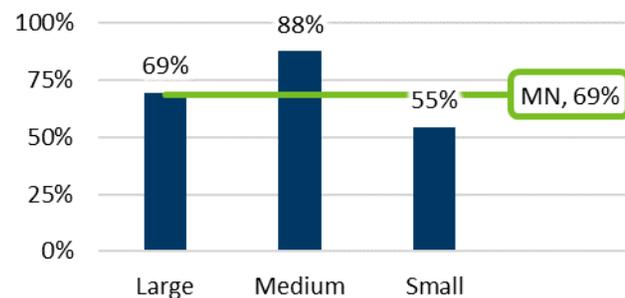


8.2.2. A competent community health board workforce.

As in all organizations, a community health board’s success depends on the capabilities and performance of its staff. In order for a community health board to function at a high level, it must take action to maximize staff capabilities and performance.

Your community health board in 2017: Fully Meet

Minn. boards fully meeting measure, by size

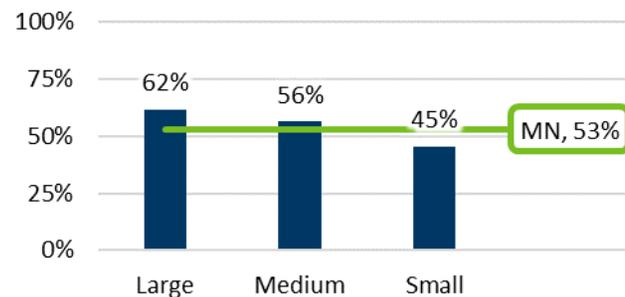


9.1.1. Staff at all organizational levels engaged in establishing and/or updating a performance management system.

An effective performance management system engages leadership, management, and staff in its development and implementation.

Your community health board in 2017: Partially Meet

Minn. boards fully meeting measure, by size

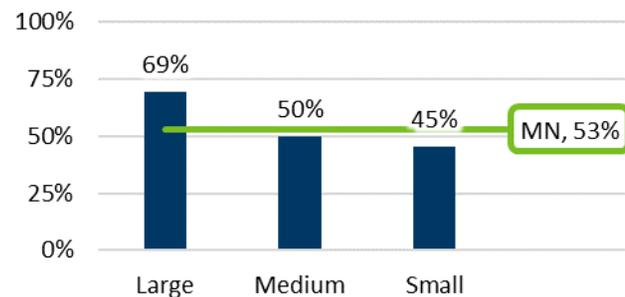


9.1.2. Performance management policy/system.

A performance management system encompasses all aspects of using objectives and measurement to evaluate programs, policies, and processes; identify and manage opportunities for improvement; and achieve outcome targets.

Your community health board in 2017: Fully Meet

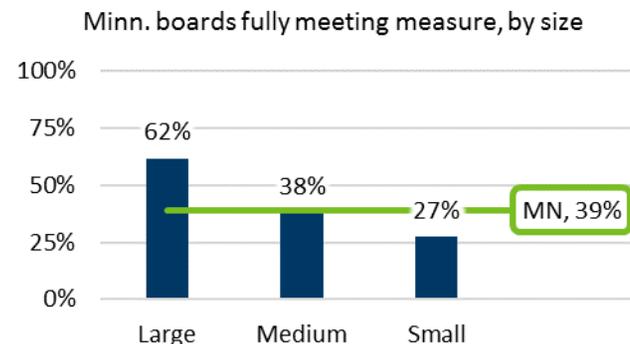
Minn. boards fully meeting measure, by size



9.1.3. Implemented performance management system.

Use of a process to evaluate and report on achievement of goals, objectives, and measures set by the performance management system is critical to improving effectiveness and efficiency.

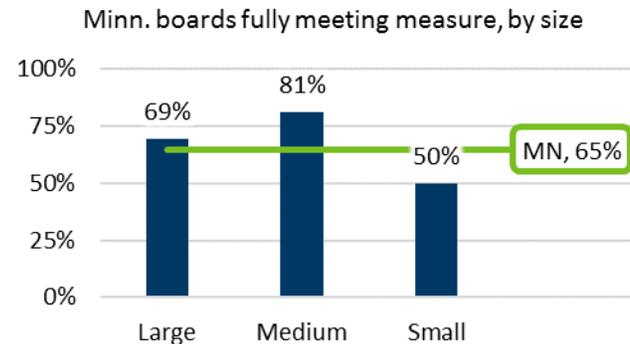
Your community health board in 2017: Partially Meet



9.1.4. Implemented systematic process for assessing customer satisfaction with community health board services.

Customer focus is a key part of a community health board’s performance management system. A community health board must have the capacity to assess its process to measure the quality of customer relationships and service.

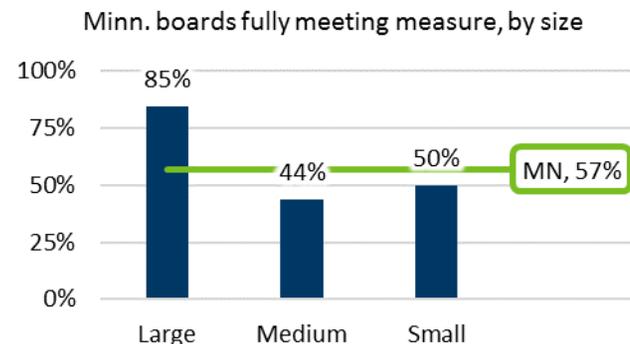
Your community health board in 2017: Partially Meet



9.1.5. Opportunities provided to staff for involvement in a community health board’s performance management.

Staff must understand what a performance management system is, and how evaluation integrates with performance management. Community health boards must provide staff with development opportunities help to assure broad engagement in the performance management system.

Your community health board in 2017: Fully Meet

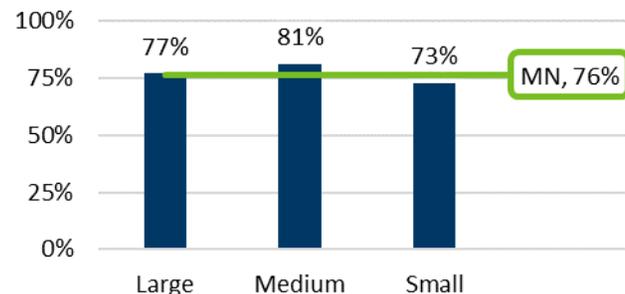


9.2.1. Established quality improvement program based on organizational policies and direction.

Implementing a quality improvement program is an important requirement of a performance management system, and a quality improvement plan helps create the infrastructure required to make and sustain quality improvement gains.

Your community health board in 2017: Partially Meet

Minn. boards fully meeting measure, by size

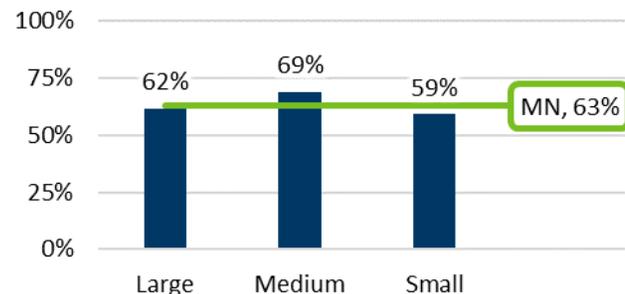


9.2.2. Implemented quality improvement activities.

Performance management system concepts and practices serve as the framework to set targets, measure progress, report on progress, and make improvements. Community health boards must use QI activities to improve processes, programs, and interventions.

Your community health board in 2017: Partially Meet

Minn. boards fully meeting measure, by size

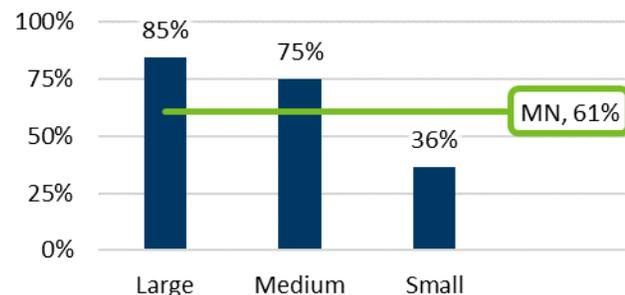


10.2.3. Communicated research findings, including public health implications.

Public health research provides the knowledge and tools that people and communities need to protect their health. However, research findings can be confusing and difficult to translate into knowledge that steers action toward improved public health.

Your community health board in 2017: Fully Meet

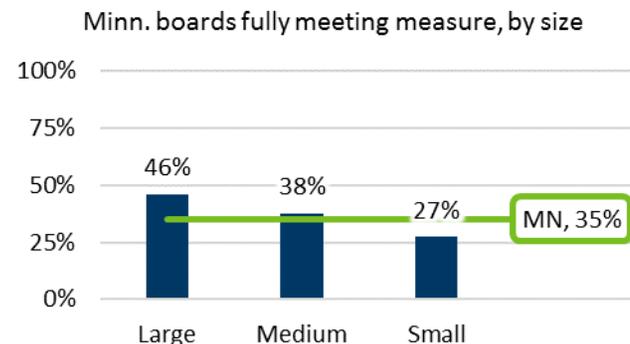
Minn. boards fully meeting measure, by size



11.1.2. Ethical issues identified and ethical decisions made.

Efforts to achieve the goal of protecting and promoting the public’s health have inherent ethical challenges. Employer/employees relations may also raise ethical issues. Understanding the ethical dimensions of policies and decisions is important for the provision of effective public health and public health management.

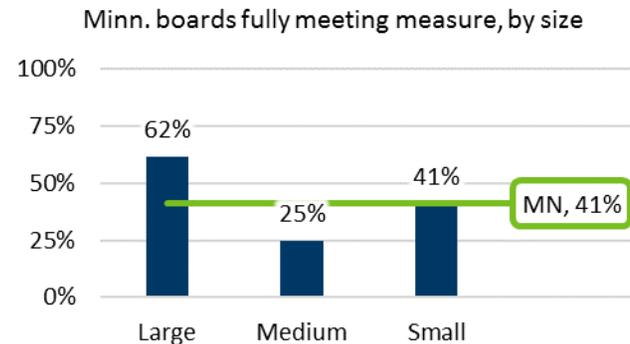
Your community health board in 2017: Fully Meet



11.1.4. Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.

A community health board needs to cultivate social, cultural, and linguistic competence in working with its own employees, and in providing public health programs to populations in its jurisdiction.

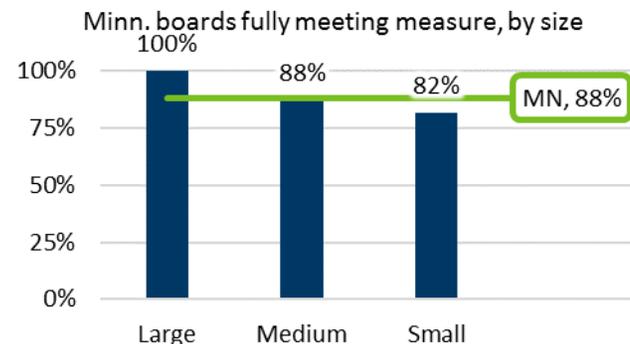
Your community health board in 2017: Fully Meet



12.2.1. Communication with the governing entity regarding the responsibilities of a community health board and of the responsibilities of the governing entity.

The governing entity is accountable for a community health board achieving its mission, goals, and objectives, to protect and preserve the health of the population within its jurisdiction.

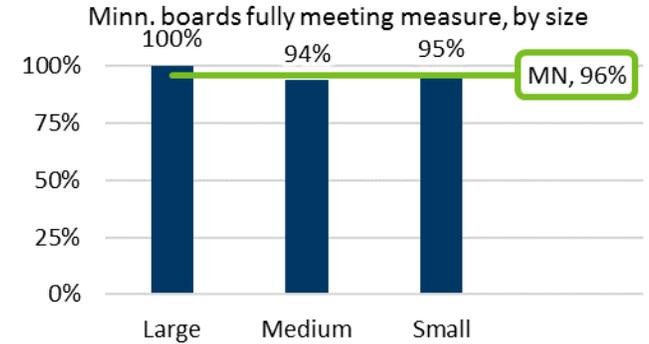
Your community health board in 2017: Fully Meet



12.3.1. Information provided to the governing entity about important public health issues facing the community, a community health board, and/or the recent actions of a community health board.

Public health governing entities exercise a wide range of responsibilities, which demand that the governing entity is well-versed in public health and in the work of a community health board.

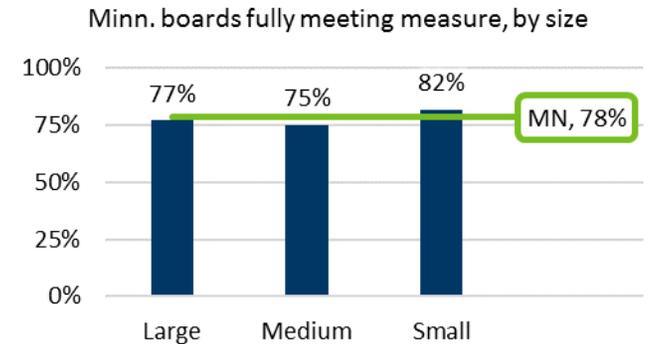
Your community health board in 2017: Fully Meet



12.3.3. Communication with the governing entity about community health board performance assessment and improvement.

Public health governing agencies exercise a wide range of responsibilities, which demand that the governing entity is well-versed in public health and in the work of a community health board. A community health board must communicate with the governing entity on assessing and improving the overall performance of a community health board.

Your community health board in 2017: Fully Meet



Assure an adequate local public health infrastructure: Minnesota-specific measures

Workforce competency

Community health boards need a trained and competent workforce. The [Core Competencies for Public Health Professionals](#), developed by the Council on Linkages between Academia and Public Health Practice, offer a starting point to identify professional development needs and develop a training plan. These response options are based on the [Core Competencies for Public Health Professionals’ eight domains](#), with the addition of *Informatics*.

The MDH Center for Public Health Practice provides technical assistance to community health boards that wish to assess their workforce competency or implement the Public Health Foundation’s [3-Step Competency Prioritization Sequence](#). For more information, contact your public health nurse consultant: [Who Is My Public Health Nurse Consultant?](#)

	Strengths			Gaps		
	Large boards	Medium boards	Small boards	Large boards	Medium boards	Small boards
Analysis, assessment	8%	13%	14%	15%	13%	23%
Policy development, program planning	23%	25%	18%	0%	31%	23%
Communication	8%	38%	36%	23%	0%	5%
Cultural competency	31%	19%	23%	23%	0%	23%
Community dimensions of practice	23%	31%	36%	8%	25%	14%
Public health sciences	15%	0%	5%	46%	56%	23%
Financial planning and management	31%	13%	27%	31%	25%	14%
Leadership and systems thinking	62%	63%	36%	8%	6%	23%
Informatics	0%	0%	5%	31%	44%	55%

Your community health board’s strengths

- Analysis/assessment
- Community dimensions of practice

Your community health board’s gaps

- Cultural competency
- Leadership and systems thinking

Assure an adequate local public health infrastructure: Minnesota-specific measures

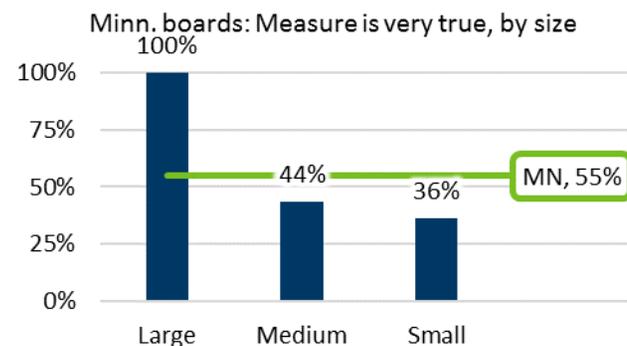
Health equity

These questions recognize that health disparities are primarily the result of longstanding, systemic social and economic factors (e.g., social determinants of health) that have unfairly advantaged and disadvantaged some groups of people. Addressing social and economic factors that influence health is a vital part of efforts to achieve health equity.

If you would like to learn more about how to address these social and economic factors in your community health board, contact your public health nurse consultant: [Who Is My Public Health Nurse Consultant?](#)

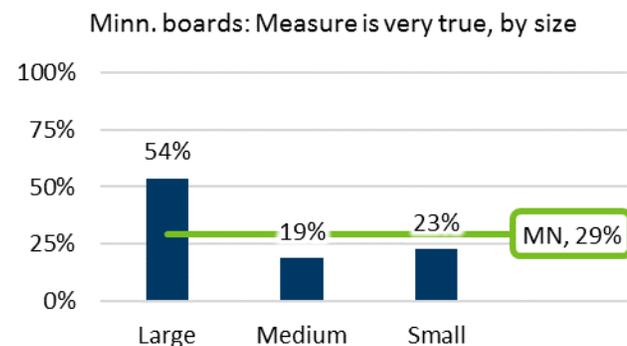
My community health board has identified health equity as a priority, with specific intent to address social determinants of health.

Your community health board in 2017: Very true



My community health board has built capacity to achieve health equity (e.g., human resources, funding, training staff) by addressing social determinants of health.

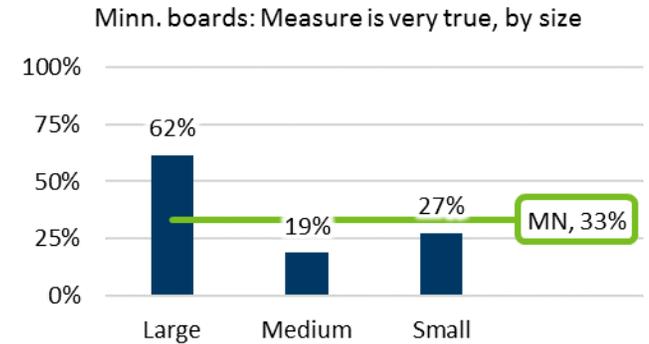
Your community health board in 2017: Somewhat true



LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

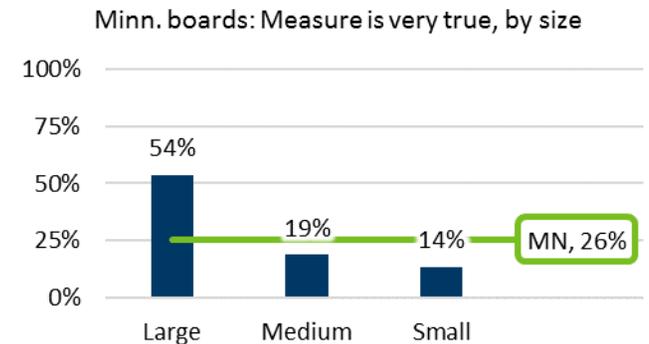
My community health board has established a core contingency of staff who are poised to advance a health equity agenda.

Your community health board in 2017: Very true



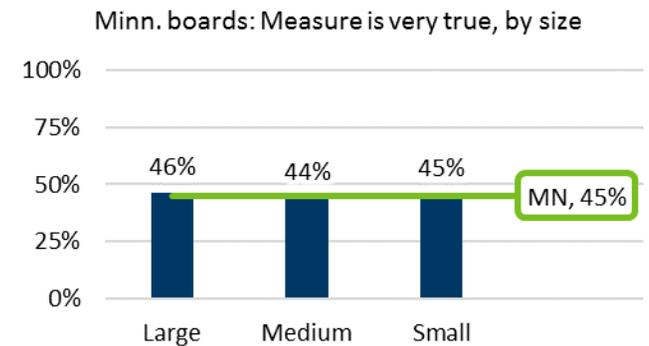
My community health board has increased the amount of internal resources directed to addressing social determinants of health.

Your community health board in 2017: Somewhat true



My community health board has engaged with local government agencies or other external organizations to support policies and programs to achieve health equity.

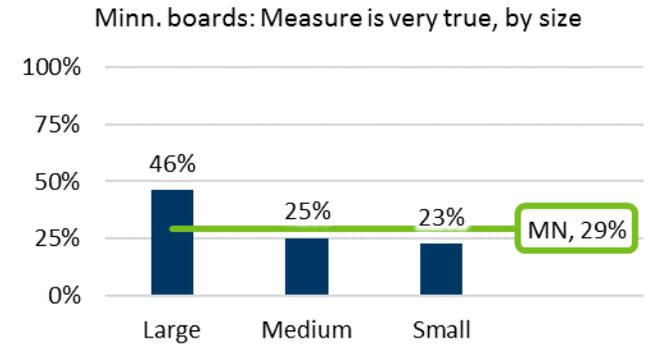
Your community health board in 2017: Very true



LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

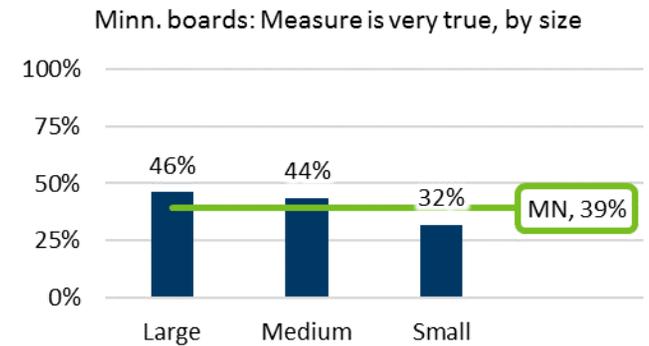
My community health board has made deliberate efforts to build the leadership capacity of community members to advocate on issues affecting social determinants of health.

Your community health board in 2017: Very true



My community health board has provided resources to community groups to support their self-identified concerns for achieving health equity in their communities.

Your community health board in 2017: Very true



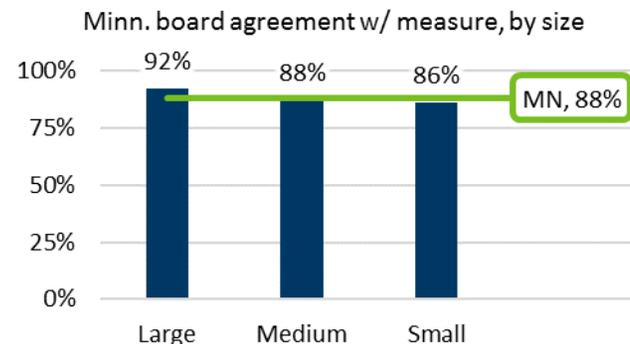
Assure an adequate local public health infrastructure: Minnesota-specific measures

Organizational quality improvement maturity

Assessing organizational QI maturity can help a community health board identify key areas for quality improvement, and determine additional education or training needed for staff and leadership. If you would like assistance surveying your community health board’s staff to assess organizational QI maturity, please contact your public health nurse consultant: [Who Is My Public Health Nurse Consultant?](#)

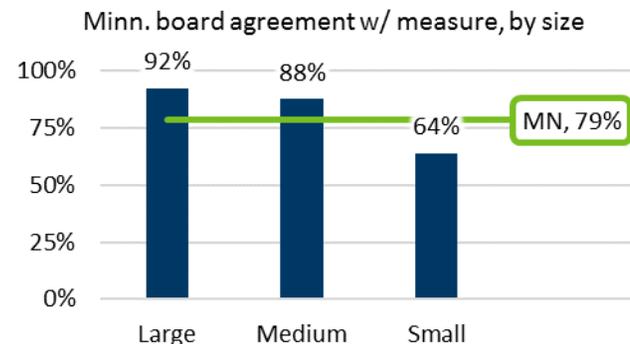
Staff members are routinely asked to contribute to decisions at my community health board.

Your community health board in 2017: Agree



The leaders of my community health board are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.

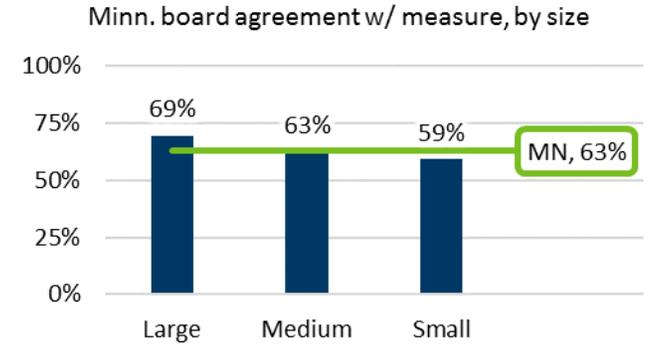
Your community health board in 2017: Agree



LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

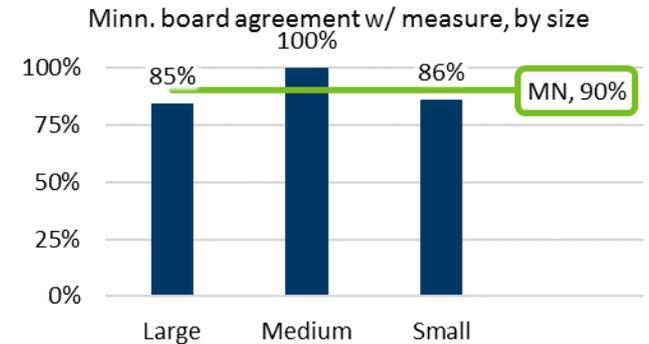
For many individuals responsible for programs and services in my community health board, job descriptions include specific responsibilities related to measuring and improving quality.

Your community health board in 2017: I don't know



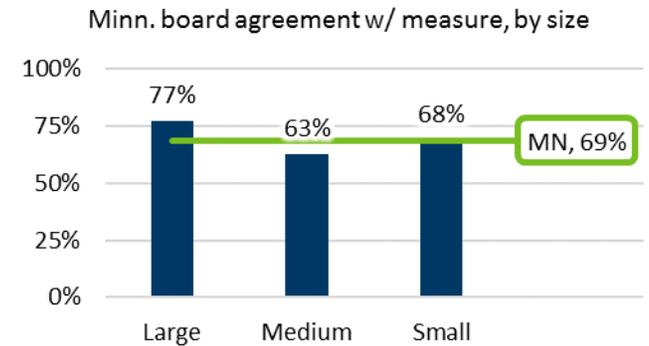
My community health board has a quality improvement (QI) plan.

Your community health board in 2017: Disagree



Customer satisfaction information is routinely used by many individuals responsible for programs and services in my community health board.

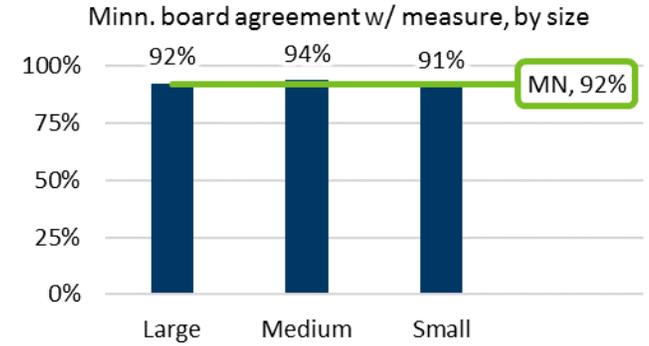
Your community health board in 2017: Agree



LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

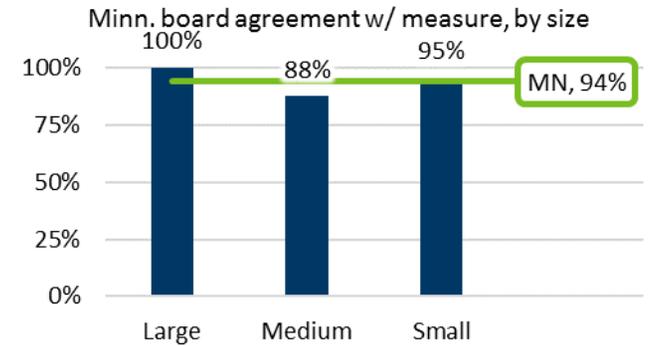
When trying to facilitate change, community health board staff has the authority to work within and across program boundaries.

Your community health board in 2017: Strongly agree



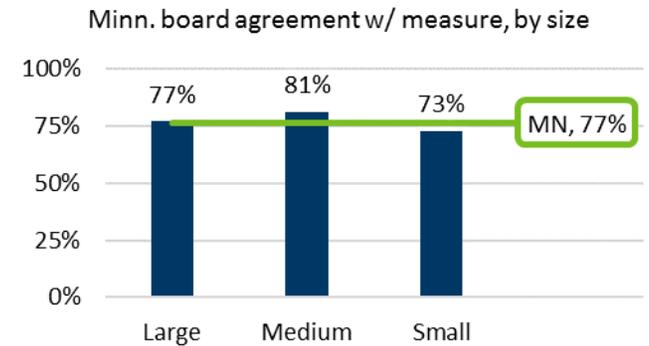
The key decision makers in my community health board believe QI is very important.

Your community health board in 2017: Agree



My community health board currently has a pervasive culture that focuses on continuous QI.

Your community health board in 2017: Neutral

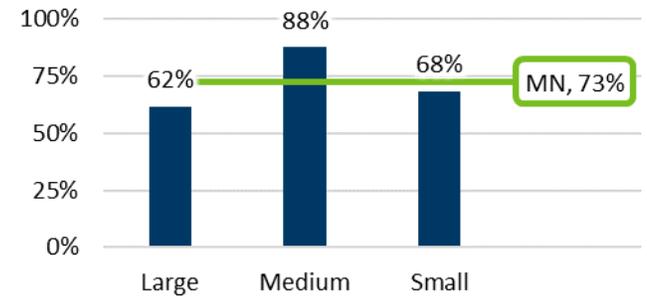


LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

My community health board currently has aligned its commitment to quality with most of its efforts, policies, and plans.

Your community health board in 2017: Neutral

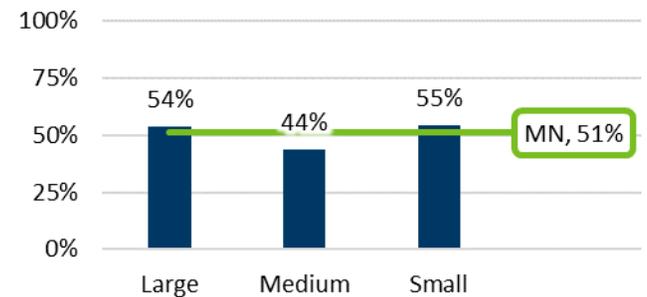
Minn. board agreement w/ measure, by size



My community health board currently has a high level of capacity to engage in QI efforts.

Your community health board in 2017: Disagree

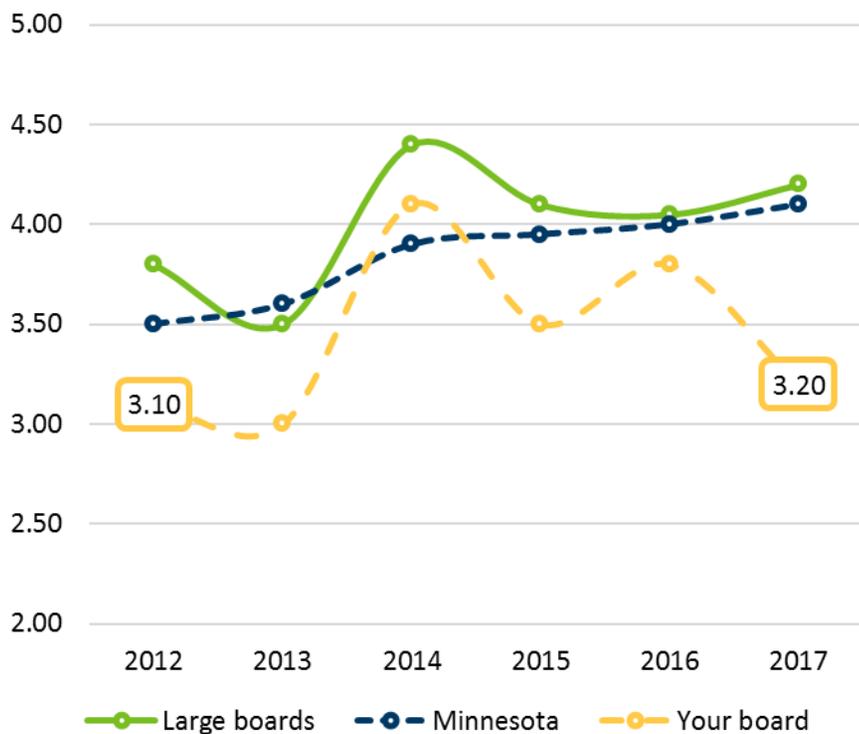
Minn. board agreement w/ measure, by size



LOCAL PUBLIC HEALTH ACT PERFORMANCE MEASURES FOR 2017: SCOTT

To monitor system-level changes in QI maturity, the [Minnesota Public Health Research to Action Network](#) developed the organizational QI maturity score, which corresponds to the [NACCHO Roadmap for a Culture of Quality Improvement](#). You may see your community health board’s QI maturity score fluctuate as your community health board becomes more immersed in quality improvement activities and gains a better understanding of what quality improvement looks like to you. If you would like assistance surveying your community health board’s staff to assess organizational QI maturity, please contact your public health nurse consultant: [Who Is My Public Health Nurse Consultant?](#)

Your community health board's organizational QI maturity score, with median scores from similarly-sized boards, 2012-2017



A community health board’s organizational QI maturity score is based on its responses to the 10 questions from the previous pages:

1. Staff members are routinely asked to contribute to decisions at my community health board.
2. The leaders of my community health board are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.
3. For many individuals responsible for programs and services in my community health board, job descriptions include specific responsibilities related to measuring and improving quality.
4. My community health board has a quality improvement (QI) plan.
5. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my community health board.
6. When trying to facilitate change, community health board staff has the authority to work within and across program boundaries.
7. The key decision makers in my community health board believe QI is very important.
8. My community health board currently has a pervasive culture that focuses on continuous QI.
9. My community health board currently has aligned its commitment to quality with most of its efforts, policies, and plans.
10. My community health board currently has a high level of capacity to engage in QI efforts.

	2012	2013	2014	2015	2016	2017
Your community health board’s organizational QI maturity score	3.1	3.0	4.1	3.5	3.8	3.2

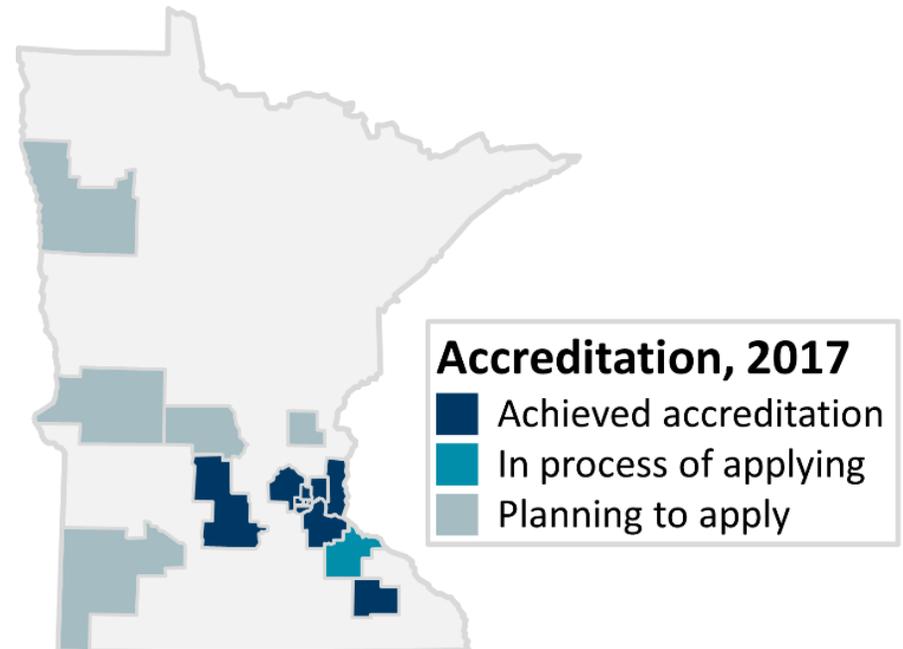
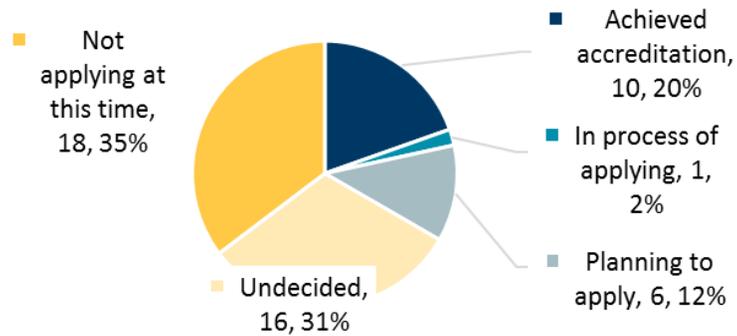
Assure an adequate local public health infrastructure: Minnesota-specific measures

Voluntary public health accreditation

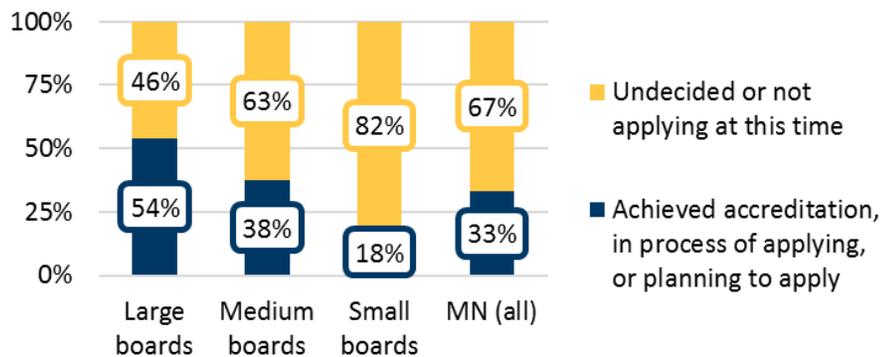
Systematic information on accreditation preparation is useful for networking, mentoring, and sharing among community health boards, and enables monitoring system-level progress to implement the SCHSAC recommendation that all community health boards are prepared to apply for voluntary national accreditation by 2020 (as well as a national goal to increase percentage of population served by an accredited health department).

You reported that your community health board is: My community health board is undecided about whether to apply for accreditation

Minnesota community health board participation in national voluntary public health accreditation, 2017



Minnesota community health board participation in accreditation, by population, 2017



Workforce Development Plan

Scott County Public Health

04.05.2019

Workforce Development Plan

Scott County Public Health

Introduction

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for Scott County Public Health. It also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

This workforce development plan contains the following sections:

Topic	Page
Workforce Profile	3
Competency Assessments	4
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Workforce Profile

Table 1 below summarizes the demographics of the agency's workforce as of January 1, 2019.

Total number of employees		20
Number of Intermittent staff and contractors		7
Total number of FTEs (not including contractors)		17.35
# paid by grants/contracts		75%
Gender:	Female	24
	Male	3
Race/Ethnicity (including contractors)	Hispanic:	3
	Non-Hispanic	24
	American Indian / Alaska Native:	0
	Asian:	0
	African American/Black:	2
	Hawaiian:	0
	Caucasian:	24
	Other:	0
Age:	<20:	0
	20-29	2
	30-39:	10
	40-49:	3
	50-59:	5
	60+:	7
Primary Professional Disciplines/Credentials:	Leadership/Supervisor:	3
	Nurse:	8
	Data Planner:	1
	Health Planner/Educator/Outreach:	5
	Social Worker:	1
	Community Health Worker/Case Aide:	2
	Office Administration/Aide:	3
	Interpreter:	3
	Medical Director:	1
	Other:	
Employees less than 5 years from eligible retirement age:	Management:	0
	Non-Management:	3
Part Time:		18
Full Time:		8

Assessment of Competencies

In order to determine the training needs for Scott County Public Health staff and leadership, a core competency assessment was completed in 2016 and then again in 2018.

The 2016 assessment was composed of two key collection parts, a staff core competency assessment and a competency prioritization process conducted by agency leadership. It is the combination of these two assessments which determined the overall training needs of Scott County Health employees.

Background

In 2014, SCPH chose the Council on Linkages Core Competencies for Public Health Professionals, as those most needed for the division's success as a public health agency. These competencies represent SCPH's expectations of competent performance in public health and will be used to guide professional development and training in its workforce. Arranged in three tiers to reflect progressive levels of responsibility (entry level; supervisors and managers; senior managers and CEO's), the Core Competencies are categorized by eight areas of practice:

- Analytical/assessment skills
- Policy development/program planning skills
- Communication skills
- Cultural competency skills
- Community dimensions of practice skills
- Public health sciences skills
- Financial planning and management skills
- Leadership and Systems Thinking

The Council on Linkages Core Competencies for Public Health Professionals are described in detail here: http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Methods – 2016 Assessment

In 2016, in collaboration with the Minnesota Department of Health (MDH) Office of Performance Improvement (OPI), all staff was asked to complete the Council on Linkages Core Competencies for Public Health Professionals assessments. These assessments varied by tier, with front-line staff completing the tier 1 assessment, grant coordinators and program supervisors completing tier 2 and program managers and Administrators completing tier 3. While this structure differs somewhat from other agency's administration of the assessments, the tier distribution was determined adequate for SCPH due to the agency's smaller size comparative to the Core Competencies intended design. Core Competencies are assessed on a 4 point scale of self-reported competency in the area, 4 being the highest level.

At the same time that the Core Competency Assessment was conducted, and also through collaboration with MDH, the Public Health Leadership Team completed a prioritization of the 8 domains included in the Core Competency framework: The results of the staff competency assessments and domain prioritizations were combined to determine the training needs of the agency as a whole. Assessment and prioritization analysis were conducted according to guidance from the Council on Linkages to form a Core Competency High Yield Analysis.

Scott County Public Health High Yield Analysis Results (Oct 2016)

The combination of the core competency analysis and domain prioritizations results in a four sector grid of training needs distribution. The first section of the grid contains higher priority areas where competency is relatively low. The second sector contains higher priority areas where competency is relatively high. The third sector contains lower priority areas where competency is relatively high. The fourth sector contains lower priority areas where competency is relatively low. Table 2 contains the combined high yield analysis for each tier as well as the aggregated results for all tiers.

Matrix Key	I Develop: Higher priority areas where staff competency is relatively low	II Leverage: Higher priority areas where staff competency is relatively high	Hi
	IV De-emphasize: Lower priority areas where staff competency is relatively low	III Maintain: Lower priority areas where staff competency is relatively high	Lo
Tier One (M)	Community Dimensions of Practice Leadership and Systems Thinking	Analytical Assessment Cultural Competency	Hi
	Public Health Sciences Policy Development/Program Planning	Communication Skills Financial Planning and Management	Lo
Tier One	Analytical Assessment Leadership and Systems Thinking	Cultural Competency Community Dimensions of Practice	Hi
	Policy Development/Program Planning Public Health Sciences Financial Planning and Management	Communication Skills	Lo
Tier Two	Leadership and Systems Thinking	Community Dimensions of Practice Cultural Competency Analytical Assessment	Hi
	Policy Development/Program Planning Public Health Sciences Financial Planning and Management	Communication Skills	Lo
Tier Three	Leadership and Systems Thinking Community Dimensions of Practice	Analytical Assessment Cultural Competency	Hi
	Public Health Sciences	Communication Skills Financial Planning and Management Policy Development/Program Planning	Lo
All Tiers	Leadership and Systems Thinking	←Analytical Assessment ←Cultural Competency Community Dimensions of Practice	Hi
	Financial Planning and Management Policy Development/ Program Planning Public Health Sciences	Communication Skills	Lo
	Lo	Hi	

Priority for Future Success ↑

Current Competency → **Lo** **Hi**

Methods – 2018 Assessment

In October 2018, this process was once again completed due to staff turnover. A similar process was undertaken with some improvements made by MDH. The Public Health Leadership Team met to identify priority competency areas and identified the following:

1. **Data Analysis:** Determine validity, reliability, and comparability of data. Analyze & interpret quantitative and qualitative data.
2. **Policy, Program and Service Implementation:** Implement policies, programs, and services. Manage within budgets and staffing levels. Evaluate policies, programs, and services & implement strategies for continuous improvement.
3. **Written and Oral Communication:** Communicate in writing and orally with linguistic and cultural proficiency
4. **Relationship Building:** Identify relationships that are affecting health; develop & maintain relationships
5. **Partner Collaboration:** Facilitate collaboration among partners
6. **Budgeting:** Justify programs for inclusion in budgets: develop and defend budgets
7. **Performance Management:** Develop & use performance management system
8. **Systems Thinking:** Describe public health as part of a larger system. Explain how public health, health care, and other organizations can work together or individually

Staff completed a core competency assessment on these priorities only. The results will be used to guide the training needs of the department for the next several years.

Results indicated that areas of sufficient competency included:

- Data Analysis
- Witten and Oral Communication
- Relationship building
- Partner Collaboration
- Systems Thinking

Further workforce training and development needs to be done in the following competency areas:

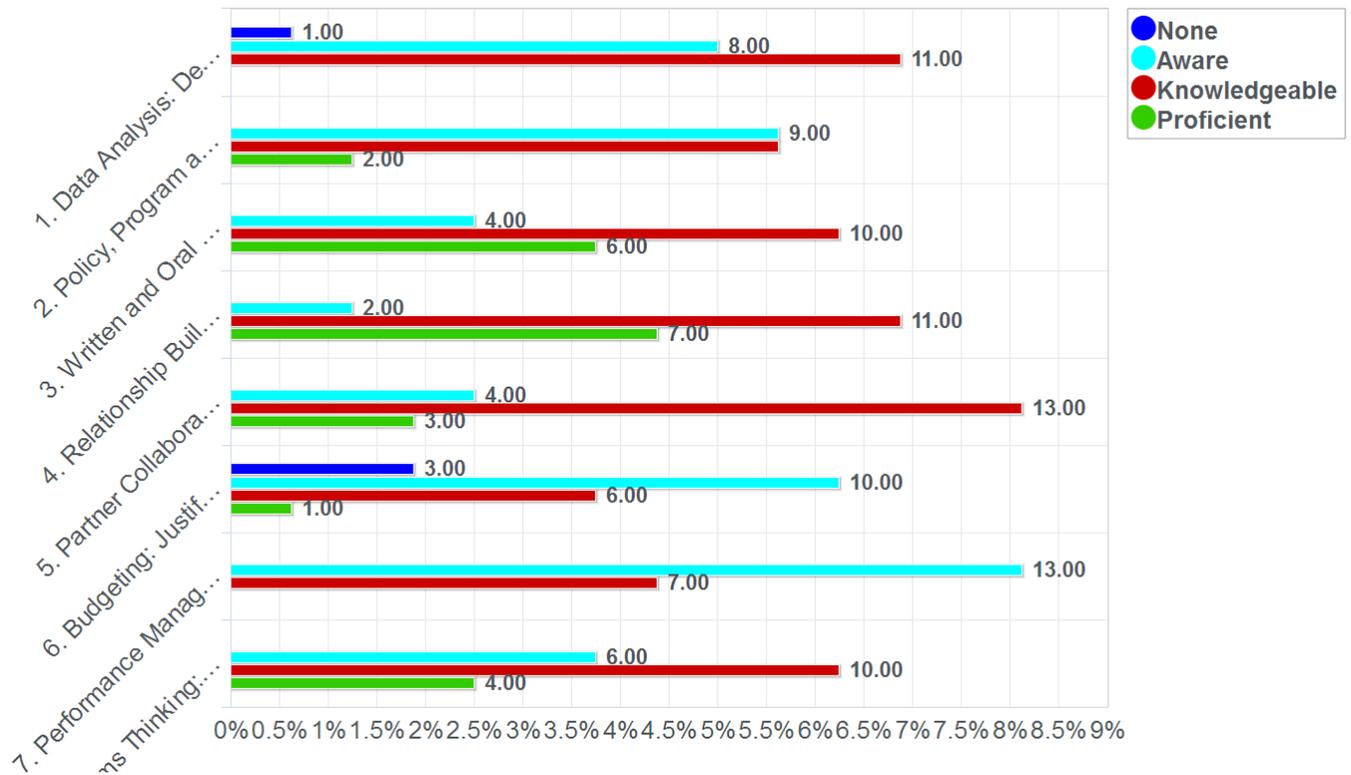
- Policy Programs and Services implementation
- Budgeting
- Performance Management

Staff training plans will be developed based on the final result of the Core Competency High Yield analysis and the Core Competency Assessment. As such, priorities for training will focus on those resources that will best develop higher priority areas where competency is relatively low and leverage higher priority areas where competency is relatively high.

Core Competency Assessment-Scott County (Oct 2018)

Date: 12/11/2018 Total number of responses collected: 20

1. For each of the competencies listed below, mark the answer based on the description that best describes your comfort level.
(Respondents could only choose a **single** response for each topic)



Core Competency Assessment-Scott County (Oct 2018)

Total number of responses collected: 20

1. For each of the competencies listed below, mark the answer based on the description that best describes your comfort level.
(Respondents could only choose a **single** response for each topic)

		None	Aware	Knowledgeable	Proficient	Total
1. Data Analysis: Determine validity, reliability, and comparability of data. Analyze & interpret quantitative and qualitative data.	Count	1	8	11	0	20
	% by Row	5.0%	40.0%	55.0%	0.0%	100.0%
2. Policy, Program and Service Implementation:	Count	0	9	9	2	20

Implement policies, programs, and services. Manage within budgets and staffing levels. Evaluate policies, programs, and services & implement strategies for continuous improvement.						
	% by Row	0.0%	45.0%	45.0%	10.0%	100.0%
3. Written and Oral Communication: Communicate in writing and orally with linguistic and cultural proficiency	Count	0	4	10	6	20
	% by Row	0.0%	20.0%	50.0%	30.0%	100.0%
4. Relationship Building: Identify relationships that are affecting health; develop & maintain relationships	Count	0	2	11	7	20
	% by Row	0.0%	10.0%	55.0%	35.0%	100.0%
5. Partner Collaboration: Facilitate collaboration among partners	Count	0	4	13	3	20
	% by Row	0.0%	20.0%	65.0%	15.0%	100.0%
6. Budgeting: Justify programs for inclusion in budgets: develop and defend budgets	Count	3	10	6	1	20
	% by Row	15.0%	50.0%	30.0%	5.0%	100.0%
7. Performance Management: Develop & use performance management system	Count	0	13	7	0	20
	% by Row	0.0%	65.0%	35.0%	0.0%	100.0%
8. Systems Thinking: Describe public health as part of a larger system. Explain how public health, health care, and other organizations can work together or individually	Count	0	6	10	4	20
	% by Row	0.0%	30.0%	50.0%	20.0%	100.0%
Total	Count	4	56	77	23	160
	% by Row	2.5%	35.0%	48.1%	14.4%	100.0%

Scott County Public Health Training Goals and Objectives 2016 - 2021

Overall strategic goal: Develop an empowered and effective workforce (Strategic Plan Goal 3)

Goal	Objective	Target	Resources	Responsible Party
Orient new employees to public health and the agency	<ul style="list-style-type: none"> • Orient employees to the agency • Train new staff in emergency preparedness • Train new employees in public health Policies and Procedures • Train new employees on Bloodborne Pathogens/ Universal Precautions • Train new employees on HIPAA Requirements • Train new employees on cultural diversity and sensitivity • Train new staff on Personal Protective Equipment 	New employees	New Employee Orientation checklist	PH Supervisor
Improve opportunities for leadership and professional development (Strat Plan 3.4)	<ul style="list-style-type: none"> • Identify training needs • Offer training opportunities for staff based on agency priorities • Support staff engagement in community issues • Provide encouragement and motivation to staff • Take advantage of leadership development and professional growth opportunities as time permits (Strat Plan 3.4.3) 	All Staff	Core Competency Assessment Results Professional Development Requests	All Staff PH Leadership Team
Ensure licensure educational requirements are met	<ul style="list-style-type: none"> • Annually verify compliance with continuing education requirements for staff with licensure/certification requirements • Continue to support employees meeting licensure education requirements by paying registration fees and by granting paid time to attend training 	All staff requiring licensing for their position	Staff required to self-document and report, Certifications/licenses reviewed annually at renewal dates.	PH Supervisors
Ensure staff receive training to effectively perform their jobs	<ul style="list-style-type: none"> • Identify training needs • Provide job specific training opportunities for staff 	All Staff		PH Leadership Team

Scott County Public Health Curricula and Training Schedule 2016 – 2021

Topic	Description	Audience	Competencies Addressed	Schedule	Length	Resource
New Employee Orientation	Introduction to agency, goals, strategic priorities and directions, organizational policies and procedures, org chart, new hire paperwork, etc.	All new staff		Upon hire		http://teamscoop.co.scott.mn.us/div/commserv/home/SS/PH/DEPT/New%20Employee%20Orientation%20Checklist.docx
(IS) -100, Introduction to the Incident Command System (ICS)	Enable participants to demonstrate basic knowledge of the Incident Command System.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c
IS-200, Incident Command System (ICS) for Single Resources and Initial Action	Describe the ICS organization appropriate to the complexity of the incident or event. Use ICS to manage an incident or event.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b
IS-700, National Incident Management System (NIMS), An Introduction	Describe the key concepts and principles underlying NIMS. Identify the benefits of using NIMS as a national response model.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b
IS-300 Intermediate Incident Command System (ICS)	Describe how the National Incident Management System (NIMS) Command and Management component	Mandatory for anyone in leadership position in ICS		As soon as available Prereq: ICS 100, 200,	24.0 hours	
IS-400 Advanced Incident Command System (ICS)	Explain how major incidents engender special management challenges. Describe the circumstances in which an Area Command is established. Describe the circumstances in which multiagency coordination	Mandatory for anyone in leadership position in ICS Chart		As soon as available Prereq ICS 400	16.0 hours	

	systems are established.					
Basics of Quality Improvement for Public Health Practitioners	This tutorial provides the basics of Quality Improvement and how it fits into the Performance Management Framework.	All Staff	Performance Management		1.0 hour	http://www.phtc-online.org/learning/pages/catalog/pm-qi-basics/default.cfm
Introduction to Performance Management	Module is designed to be one part of a comprehensive approach to integrate QI into the culture of the agency. Performance Management can be defined in many different ways, and can pertain to both organizational and individual performance. For the purposes of this tutorial, we will be describing a Performance Management Framework (PMF) that has been used to improve the efficiency and effectiveness of organizations in both the public and private sector.	All Staff	Performance Management		20-30 minutes	http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm
Measurement	Performance Measurement is one part of the Performance Management Series and provides a basic overview of Capacity, Process and Outcome Measures in developing an effective performance measurement process	All Staff	Performance Management Policy Programs and Service		1.0 hour	http://www.phtc-online.org/learning/pages/catalog/pm-cpom/
Program Evaluation	The primary focus of the course is to explore the six steps and the four standard groups in the CDC's Framework for Program Evaluation. This framework represents all of the activities prescribed by the CDC in Program Evaluation, along with sensible guidance under the standards to aid in good decision-making.	All Staff	Performance Management Policy Programs and Service		1.0 hours	http://www.phtc-online.org/learning/pages/catalog/ev/

Barriers and Strategies

- 1. Staff turnover:** The agency has recently experienced a higher than usual level of staff turnover. This leads to new staff may not having the same level of training and development, as they have not been on staff long enough to receive the necessary training. To reduce this effect, training may be offered multiple times a year. Also, online trainings, available at any time, will be made a priority and staff will be encouraged to complete them at their earliest opportunity.
- 2. Time:** With much of the work at the agency funded through grants, appropriating staff time towards general or specific training has been a challenge. Requiring certain trainings as part of agency policy and a regular requirement of an employee's position may help to prioritize trainings in staff time tables.
- 3. Funding:** While appropriate and effective training is a priority at the agency, funding does not always exist to hire contractors, pay for travel or cover other expenses. To maintain consistent training availability despite sometimes inconsistent funding, the agency will focus on low or no-cost trainings, whether online or offered as part of technical assistance through the Minnesota Department of Health.
- 4. Identification of training:** While trainings are available which fit the agency's budget, identifying those with the appropriate content and value is a time consuming process that requires a large commitment from responsible management staff. Systems such as MN TRAIN and the Public Health Training Center can help to alleviate this burden through their categorization of trainings by core competency domain. Additional investigation into resolving this barrier may evolve through regular evaluation of selected trainings regarding their value to agency priorities.

Conclusions and Considerations

Professional development is part of Scott County Public Health's strategic plan. The strategic plan was also used to guide prioritization of the public health core competencies.

The Workforce Development Pan will be reviewed and revised annually by the Public Health Leadership Team, which includes the Director, Supervisors and Program Coordinators. As part of the review, a core competency assessment will be conducted every two years.

Domain prioritization will be done every 5 years if technical assistance is available from the Minnesota Department of Health.

Maintenance of the plan is the responsibility of the Public Health Director.

Appendix

**HEALTH & HUMAN SERVICES
STANDARD OPERATING PROCEDURES**

PROGRAM AREA: Public Services	EFFECTIVE DATE: 03/01/99
TITLE: Public Health	REVISED DATE: 04/05/2018
MANAGER: Lisa Brodsky	

Employee Orientation

I. PURPOSE:

- Standardization of new employee orientation.

II. SCOPE:

- All new Public Health employees will use the Orientation for New Staff as a guide. New employees will work with the PH Nursing Supervisor (NS) or designee and Public Health (PH) Director to guide the orientation process.

III. POLICY:

- All new PH employees will be provided an overview of expectations of orientation to the Public Health Department.

IV. REFERENCE:

- Scott County New Employee Welcome
<http://employee.co.scott.mn.us/neo/Pages/home.aspx>
- HHS Orientation for New Staff / New Employee Orientation Manual -
[http://teamscoop/div/commserv/home/NewEmployeeHandbook2/Form s/Group%20by%20Category.aspx](http://teamscoop/div/commserv/home/NewEmployeeHandbook2/Form%20s/Group%20by%20Category.aspx)
- Other references as noted throughout document.

V. PROCEDURE:

- NS/designee and PH Director will meet to discuss roles prior to employees first day of employment.
- Orientation for New Staff will be near completion by 6-month evaluation for new employee.

- Additional recommendations will be monitored throughout orientation process.
- At 3-month evaluation, NS or designee, PH Director, and new employee will evaluate orientation experience and make recommendations for change.
- At 6-month evaluation, NS or designee, PH Director, and new employee will review process. Orientation to be completed by 6 months.

SCOTT COUNTY HEALTH & HUMAN SERVICES
Scott County Public Health
Roles for Orientation

PH Nursing Supervisor:

- Provides practice standards and expectations of the process.
- Provides supervision and direction.
- Responsible for formal evaluation of process.

Coordinator (if available)

- Day to day operations of programs relevant to the new employee.
- Provide clinical program orientation and ongoing guidance.

ORIENTATION CHECKLIST

Employee Name: _____ Start Date: _____

Nursing Supervisor or Director: _____

Task	Date Completed	Employee/Staff Initials
1. Orientation Overview - Noreen		
A. Review this checklist		
B. Review existing schedule		
C. Review orientation SOP (attached pg 1 -2)		
D. Review job description		
2. Introduce Staff – Lisa or Noreen		
A. Public Health staff		
3. Tour MRTS, WFDC & Government Center – Kim		
A. Give map of layout		
B. Parking map MRTS and GC		
C. 1 st Floor Customer Services		
D. 2 nd Floor – County Administration		
a. Professional Development Center (PDC)		
E. 3 rd Floor - HHS		
F. Locate emergency supplies (AEDs) - MRTS		
G. WFDC Tour including immunization room		
4. Tour Public Health Dept. – Kim		
A. Cabinets/Supplies		
B. Resources		
C. Mailboxes		
D. Restrooms		
E. Coffee area / break room		
F. Recycling		
G. Shredding of Confidential paper		

Task	Date Completed	Employee/Staff Initials
5. Review Necessary Employment Forms – Lisa/Noreen		
A. Copy of licenses to Director		
B. MN DHS-Licensing-Background Study Clearance		
C. CPR Certification		
D. Immunization Form – See necessary information form		
6. Scott County New Employee Orientation Employee Relations – Kim		
A. Scheduled for: _____		
B. Attend County Board of Commissioners Mtg.		
C. Review New Employee Welcome in SCOOP http://employee.co.scott.mn.us/neo/Pages/home.aspx		
D. Complete the 5 modules on Policy Training in the above site.		
7. Scott County Health & Human Services Orientation (SCHHS) – Lisa		
A. Review SCHHS new employee handbook http://teamscoop/div/commserve/home/NewEmployeeHandbook2/Forms/Group%20by%20Category.aspx		
B. HHS Director Welcome (Pam)		
8. State of Minnesota Departments – Do Independently (Review information with staff)		
A. Minnesota Department of Health (MDH)		
a. Commissioner of Health		
b. CHS Mailbag - Email http://www.health.state.mn.us/subscribe.html		
B. Department of Human Services (DHS) https://mn.gov/dhs/partners-and-providers/		
C. Public Health 101 – Structure, Core Functions – Mary Kay		

Task	Date Completed	Employee/Staff Initials
9. Scott County Public Health Department – Lisa		
A. Strategic Plan		
B. Mission		
C. Goals		
D. Community Health Needs Assessment		
E. SCPH Performance Management System		
F. County Board Meetings		
G. Delivering What Matters (DWM)		
H. Priority Based Budgeting & Key Performance Indicators		
I. Organizational structure		
J. SCPH Contracts		
K. FHV Grants – Mary Kay		
L. Program Areas		
a. Family Health Team – Mary Kay		
1. Home visiting- Traditional- prenatal, postpartum, parenting – MCH & TANF – Mary Kay		
2. Intensive home visiting (MAHF) – Mary Kay		
3. Follow Along – Terry		
4. EDHI & Birth Defects Follow-up – Judy		
5. SIDS Follow-up – Judy		
6. New Beginnings – Angie		
7. Car Seat Program – Mary Kay		
b. Child & Teen Check-ups - Darcy		
c. Scott Family Net – Mary Kay		
d. Clinic Services & Disease Prevention and Control Team – Noreen		
1. MIIC - Britt		
2. JAF (Juvenile Alternative Facility) assessments – Britt		
3. Mobile Health Clinic - Britt		
4. Immunization Clinic - Britt		
5. Tuberculosis Preventive Therapy - Barb		
6. Immunization Practice Improvement - Britt		
7. Tuberculosis Control- Barb		
8. Refugee Health Screening Procedure - Barb		
9. Perinatal Hepatitis B - Britt		
10. Blood Lead - Britt		
f. Emergency Preparedness – Alexa		
g. Health Alert – Noreen		
h. Statewide Health Improvement – Lindsay		
i. Outreach - Laurie		
M. Existing Grants – Lisa		
N. Staff Meetings & Group Check-in – Mary Kay		
H. Sunshine Fund – Mary Kay		
O. Newsletters – Noreen		
a. The SCENE		
b. HHS Monthly Newsletter		

Task	Date Completed	Employee/ Staff Initials
10. Main Reference Manuals – Noreen		
A. Minnesota Health Statistics or data sources relative to the position		
B. Laws relating to the Minnesota Board of Nursing Nurse Practice Act		
C. Rules relating to the Minnesota Board of Nursing		
D. ANA Standards of Community Health Nursing Practice		
E. Care Facts Training Manual/Handbook – including log-in		
F. Omaha System		
G. Family Home Visiting Statute (MDH) – Mary Kay		
H. HFA Best Practice Standards (if needed) – Mary Kay		
J. MAHF Policy & Procedures – Mary Kay		
11. Intake Procedures – Angie/Mary Kay		
A. Intake Procedures		
a. CareFacts Intake		
B. Central Intake/CEP		
C. AT&T Language Line		
12. Computer Training – Kim		
A. Lync, SCOOP, Harmoni ie http://employee.co.scott.mn.us/training/Pages/Training-Resources.aspx		
B. Network Introduction		
C. Mail/Calendar - Outlook		
a. Out-of-Office notice		
b. PTO calendar		
D. Introduction to Windows		
E. Fleet Car booking/Mileage Reimbursement - Noreen		
F. Setting up printing options		
G. Lawson time entry - Noreen		
H. 365 Office		
I. VPN remote log-in – Mary Kay		
J. County training calendar		
K. IT request		
L. Conference room (206) Smartboard & Projector		
M. Set-up phone/ voicemail/taking voicemail off		
N. Cell phone		
O. HHS Phone List/SCOOP Phone Directory		
13. Other Training – Kim will show how to schedule		
A. Defensive Driving (ER)		
B. Bloodborne Pathogen Training (ER Training Calendar)		
C. DHS Mandated Reporter Training http://www.dhs.state.mn.us/media/flash/Training%20modules%20on%20guidelines%20for%20mandated%20reporting/public9.htm		

D. Care Facts electronic documentation /Tabs/Use of Pathways – Noreen http://carefacts.com/ Member Login: Username: Spectra Password: Esprit Video Training Tutorials: Do the following modules: <ul style="list-style-type: none"> • First 4 – log-in, tour, enter client, intake • Omaha Chart to Care Plan • Omaha Modify Care Plan • Omaha Pathways. 		
E. Care Facts activity log – Mary Kay		
F. Integrated Strategies for Home Visiting		
G. NCAST (if needed) Parent Survey Training		
I. “With Child” Educator text – Mary Kay		
J. Scheduling a translator for visit – FH Staff		
K. FH Standard Operating Procedures – Mary Kay		
L. Omaha System – Noreen		
M. FEMA ICS – 700 – Do Independently		
N. FEMA ICS – 100 – Do Independently		
O. FEMA ICS – 200 – Do Independently		
P. Psychological First Aid (optional)		
Q. Mass Dispensing Training Introduction – U of M online course https://learning.umn.edu/search/publicCourseSearchDetails.do?method=load&courseid=1730508		
R. MN Responds Sign-up for system - https://mnresponds.org/ <ul style="list-style-type: none"> a. MIR3 On Demand – MDH Partnerlink (if needed) https://ondemand.mir3.com/mdh/login/?div=han/chb/scott 		
S. 800 MHz and Two-way radio use – Alexa		
14. Equipment Resources (PHN Bag & Exam Room) – FH Staff		
A. Baby Scale		
B. Adult Scale		
C. Blood Pressure Cuffs (peds, adult, large adult)		
D. Gestation Wheel		
E. Educational DVDs		
F. Stethoscope		
G. Thermometer		
H. Links to resources in FH SCOOP		

I. Immunization Supplies		
J. Bloodborne Pathogen Supplies - Noreen		
a. Spill Clean Up Kit		
b. Antimicrobial hand wipe		
c. CPR Microshield		
d. Protective Eye Equipment		
e. Gloves		
K. Growing Great Kids Curriculum – FH Staff		
L. NCAST Kit		
M. Visiting Bag/Suitcase		
N. Water Thermometer		
O. Tape Measure		
P. Omaha System Book		
Q. Folders with forms & resources		
R. Bright Futures, Guidelines for Health Supervision /Protocols		

SCOTT COUNTY HUMAN SERVICES
Public Health
Necessary Employment Information

Employee Name: _____ **Date:** _____

1. Licenses:

RN _____

PHN _____

Specialty _____

2. Certifications:

CPR _____

Other _____

3. MN DHS Licensing Background Study Clearance: _____

4. Preventable Disease/Immunization Information:

a. Mantoux:

date given: _____

date read: _____

b. Date of last MMR (if born after 1957): _____

c. Date of last Tdap: _____

d. Date Hepatitis B series completed: _____

e. Hepatitis B vaccination declined: _____

f. Varicella Disease History: _____

Information given: _____

g. Date of last Flu Vaccine _____

5. Other:

Scott County Health and Human Services
Public Health Department
3/6 Month Orientation Process Evaluation

The purpose of this form is to improve the orientation process for the next new employee. Therefore, please be as candid and detailed as possible. Your ideas and suggestions are valued and are considered as an integral part of this orientation process.

1. The orientation guide was helpful to structure aspects of my orientation:
Agree _____ Unsure _____ Disagree _____

Comments: _____

2. Aspects of the orientation “process” which were most helpful include:

3. Suggestions for improving the orientation process include (roles, procedures, resources, and tools)-any ideas welcome:

4. Additional comments:

Please return to Director at the time of your 3-month and 6-month evaluations.
Thank you.

Contact Information

Lisa Brodsky
Public Health Director
952-496-8520
lbrodsky@co.scott.mn.us

Theresa Fouch
Data Planner
952-496-8595
tfouch@co.scott.mn.us

Noreen Kleinfehn-Wald
Public Health Nursing Supervisor
952-496-8274
nkleinfehnwald@co.scott.mn.us

General Number: 952-496-8555

Address:
1615 Weston Court
Shakopee, MN 55379

TECHNICAL ASSISTANCE CONTACT INFORMATION

To use the form, click into the gray box to type. Use the Tab key to move from field to field.
Email your completed form to: Healthmatters@co.scott.mn.us

Contact Name:	Agency Name:	
Address:		
City:	State:	ZIP Code:
Email Address:		Telephone:

Please provide a detailed summary of the assistance/consultation needed.

Please describe the activity or process for which you need assistance.

How is your agency considering addressing the activity or process at this point?

How do you see the technical assistance being offered supporting the agency's needs?

What would you like to see as the end product of your consultation with ? (i.e. process, product, document, presentation, plan of action, etc.)

Additional comments/details:

Based on the information you provided above, please indicate an estimate of the number of hours being requested:

--

Please indicate when you would like assistance.

Starting Date:	Ending Date:
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Scott County Community Health Assessment Feedback Form

To use the form, click into the gray box to type. Use the Tab key to move from field to field.

Email your completed form to: Healthmatters@co.scott.mn.us

It is optional to complete this section.

Contact Name:	Agency Name:	
Address:		
City:	State:	ZIP Code:
Email Address:	Telephone:	

Please provide any feedback you have.

Thank you for your time to submit your comments.