



Scott County COVID Impact Survey Report

Prepared by Scott County Public Health

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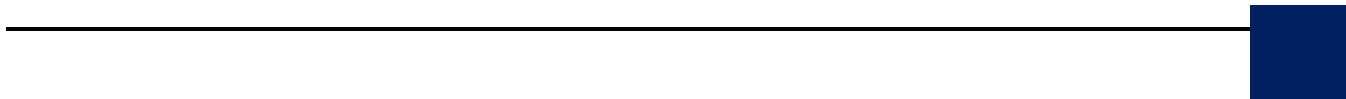
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Summary

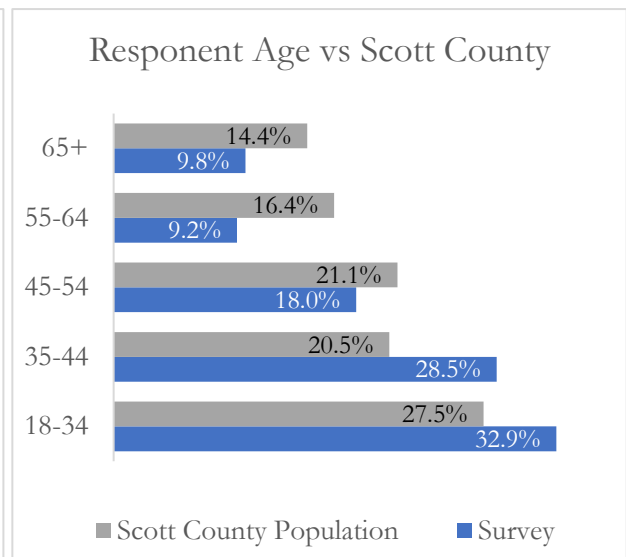
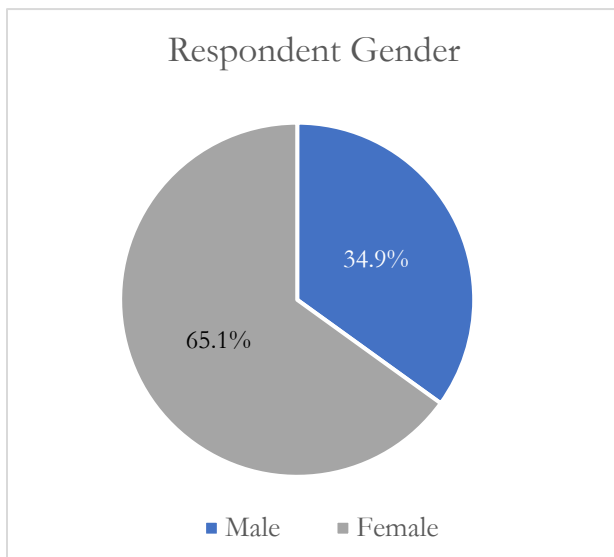
Residents of Scott County have experienced many of the same events and stressors as the entire nation during the COVID-19 pandemic. Scott County residents report decreases in mental health and increases in social isolation and substance use. While many have weathered the pandemic with minimal difficulties, existing disparities in health and well-being have been exacerbated for many others. This report offers insight into the pandemic experiences for a sample of over 400 community members.

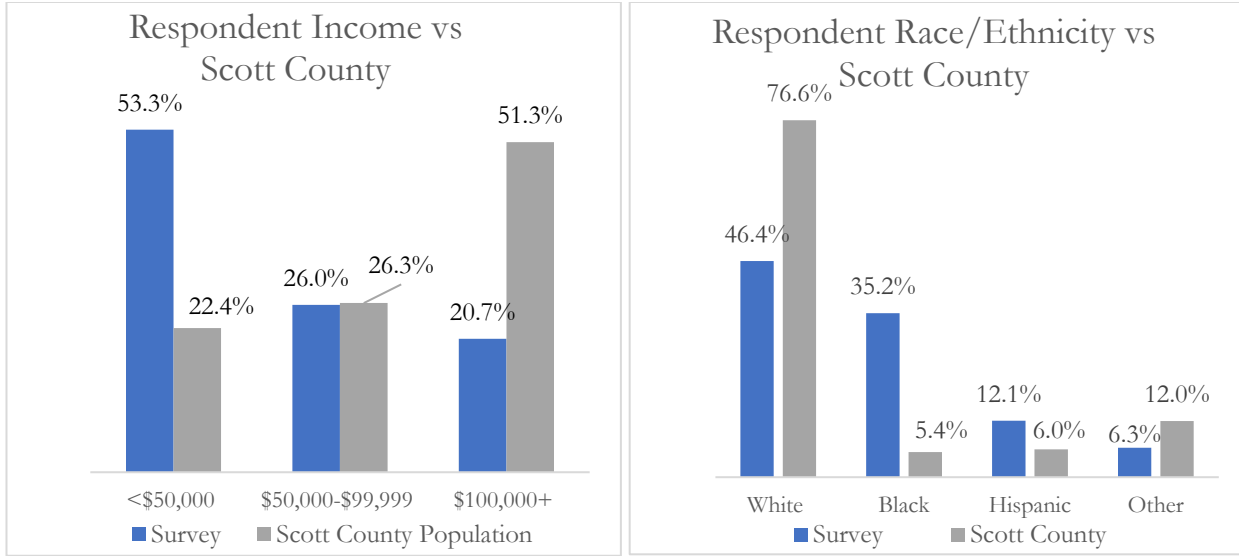
Overview

The Scott County COVID-19 Impact Survey, conducted over the summer of 2021, provides insight into the many ways Scott County residents' lives have been impacted by COVID-19. Participants were drawn from convenience samples across the community, with both in-person and electronic survey response options. Surveys were offered in English, Spanish, and Somali, with a goal of oversampling populations that are less well-represented in mail-based surveys.

The survey itself was modelled after a similar COVID impact study conducted by Olmstead County. The survey was designed and collected by three MPH interns (supervised by Lisa Brodsky). Data collection occurred at a variety of community events and activities, in addition to data collection at locations throughout the county, including coffee shops, ethnic markets and vaccine clinics.

Overall, 405 respondents completed surveys; 65% of respondents were females and 34.9% belonged to a minority racial or ethnic group (non-White). About one-third of respondents (36.5%) identify as foreign-born. Respondents ranged in age from 18 to 87 with an average age of 41 years old. Thirty-four percent of respondents were college graduates, with an additional 30% completing at least some college or post-secondary vocational education or associate degree. Roughly half of respondents (53%) had household incomes less than \$50,000, 26% reported incomes between \$50,000 and \$99,999, and 21% lived in households with incomes over \$100,000.



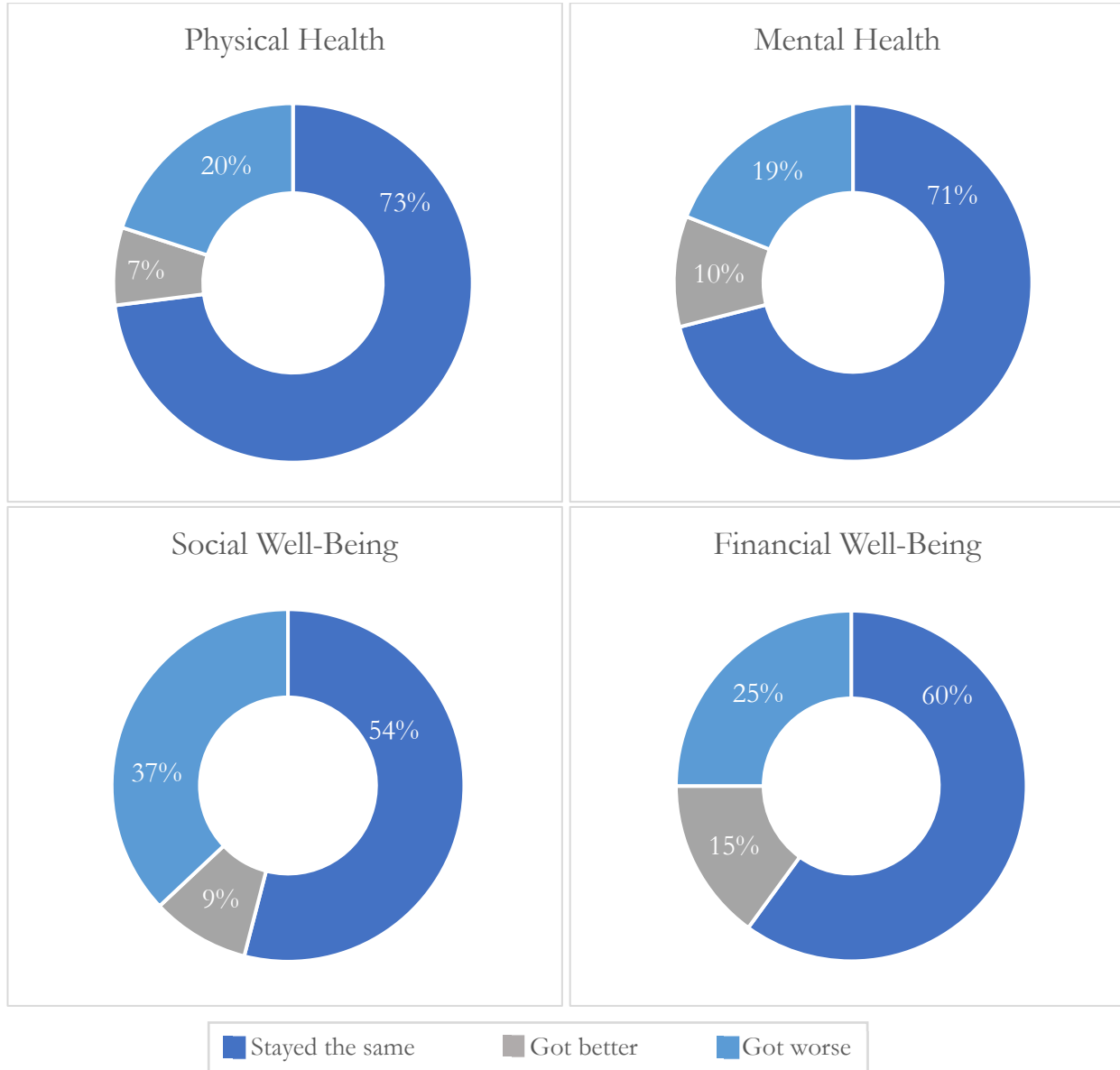


About this Report

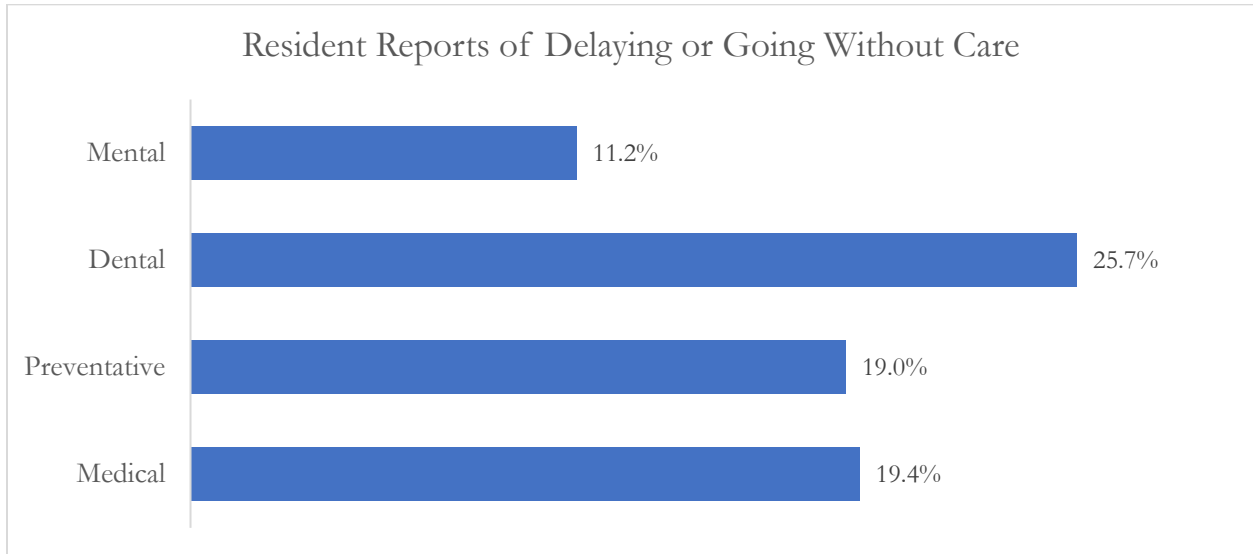
This report is intended to provide a snapshot of the Scott County population for the purposes of understanding how the COVID-19 pandemic has affected members of the community. This is not intended to be a representative sample of Scott County residents and responses are not weighted to be representative of Scott County or any subpopulations within. Reported here are descriptive results only. Tabulations of responses are first presented for all respondents, followed by a table or graphs showing frequencies and crosstabulations to show how experiences during COVID varied by key demographic factors and other social determinants of health. Health disparities are reported when significant differences arise between racial/ethnic groups, by sex/gender, across education level and income groups, or by other statuses.

Overall Health and Access to Care

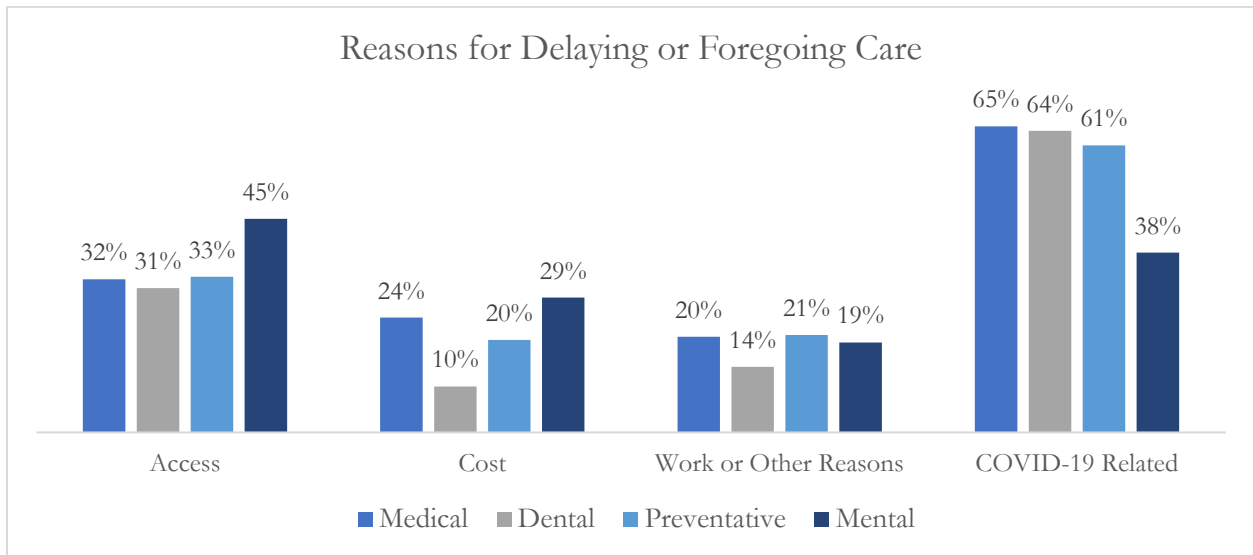
The survey measured overall physical health, mental health, social support and well-being, and financial well-being. Many Scott County residents were sheltered from the worst effects of COVID. In all areas, roughly three-quarters of residents reported their situations stayed the same or got better. However, in each of these areas, between one-fifth and one-third of residents reported their situations had gotten worse since the start of the pandemic.



The COVID-19 pandemic changed the way residents access health care. Residents reported delaying or foregoing care during the pandemic, with over one-quarter of respondents delaying dental care; respondents were less likely to delay seeking mental health care (only 11% delayed needed mental health care).



When asked why they delayed or skipped getting care, respondents were most likely to cite COVID as the main reason for not getting medical, dental, or preventative care, while access was the most common reason for not getting mental health care (45% of respondents cited access as the primary concern vs 38% delaying care because of COVID-19). Other reasons given for missing or delaying care were cost (though this is less of a concern for dental care) and work or other reasons.



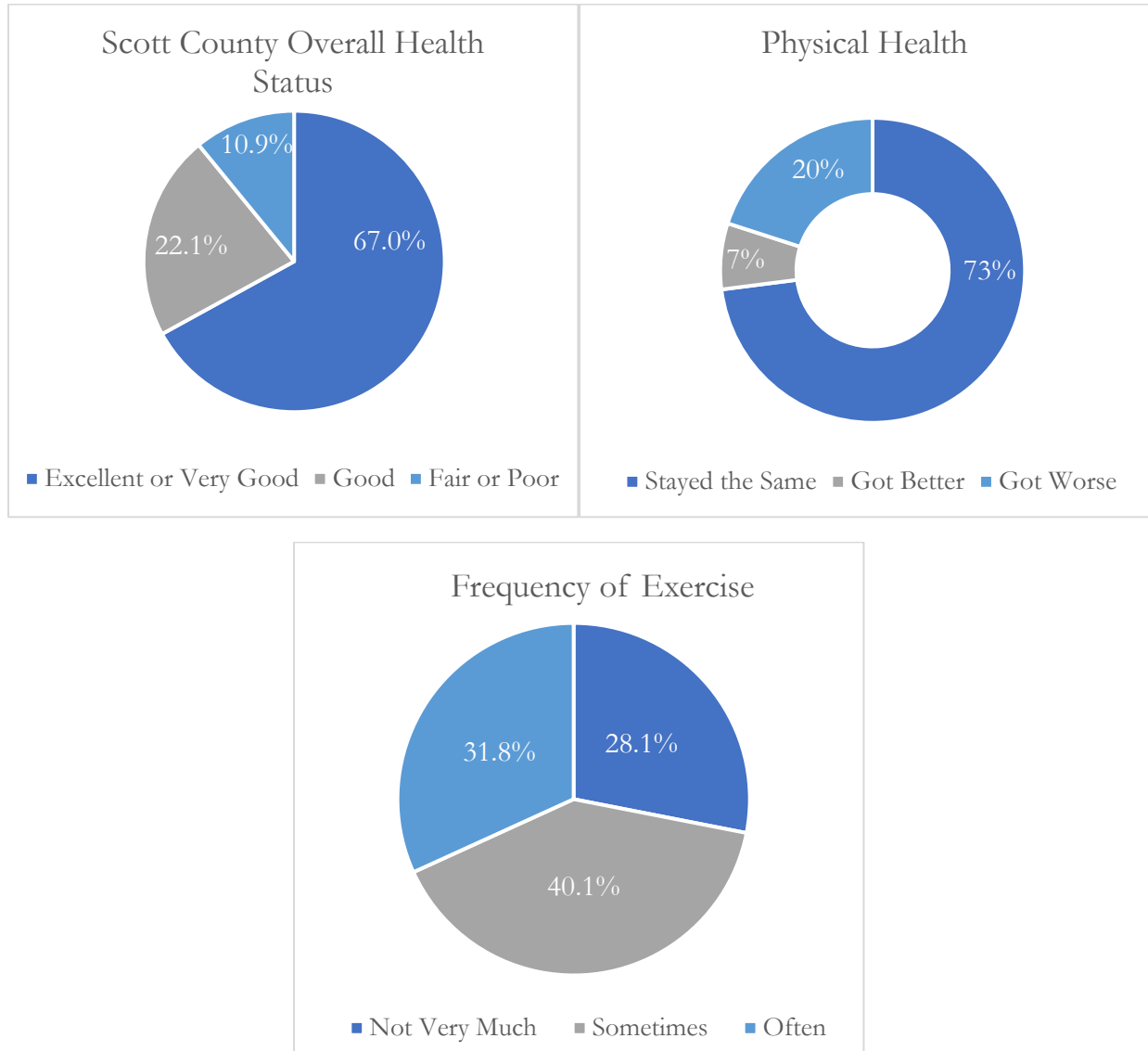
Disparities

Non-Hispanic white respondents and respondents with kids in the household were more likely to delay preventative and dental care compared to others. Preventative care was more frequently delayed by those born in the United States, married respondents, and respondents with higher incomes. Respondents with a bachelor’s degree or more were two to three times more likely to delay care compared with those with a high school degree or less than a high school degree (30% of those with a bachelor’s degree delayed care compared 17% with a high school degree or some college and 10% of those without a high school degree).

% who Delayed Preventative Care	
Age	
18-29	3.2%
30-39	22.5%
40-49	22.6%
50-64	36.2%
65+	17.9%
Race	
White, non-Hispanic	27.0%
All other races	11.7%
Birthplace	
Born in the United States	23.6%
Foreign born	13.9%
Education	
Less than High School	10.0%
High School grad/Some College	17.3%
Bachelor's or higher	30.0%
Family Status	
Have Kids in Household	23.2%
No kids in Household	9.6%
Married	24.6%
Not Married	13.7%
Income	
<\$50,000	13.2%
\$50,000-\$99,999	23.5%
\$100,000+	33.8%
% who Delayed Dental Care	
Race	
White, non-Hispanic	35.6%
All other races	17.0%
Family Status	
Have Kids in Household	29.0%
No kids in Household	12.3%

Physical Health

Most respondents reported their overall health as excellent or very good (67%). An additional 22% reported their health as good, while 11% reported fair or poor health. This 11% reporting fair or poor health is twice as high as the rate in a representative health survey of Scott County residents in 2014, when only 5.3% reported fair or poor health. Overall, 20% of respondents reported that their physical health got worse during the pandemic, compared to 7% who indicated their health got better and 73% who reported no change in overall health. Finally, 28.1% of respondents said they do not exercise much (once per week or less), while 31.8% indicated they often exercise (almost every day).



Disparities

Results suggest that disparities exist in overall health status. One-third of those with less than a high school degree reported fair or poor health. Respondents with incomes of \$50,000 or less were over 5 times more likely to report fair or poor health compared to those with incomes over \$100,000 (3% vs 16.7%). Excellent

or very good health is more common for those making \$50,000 a year or more compared to those with incomes less than \$50,000 annually.

Across all groups, two to five times more respondents reported health deterioration over the course of the pandemic as compared to health improvement. Individuals born in the United States were more likely than those who are foreign-born to have had their health status change during the pandemic, with a higher percentage of US-born respondents than foreign-born respondents reporting both that their health got better and that their health had deteriorated. Unmarried respondents were more likely to report improved health over the course of the pandemic compared with married respondents (11% vs 4%). Health change or deterioration was least likely for those with high school degrees. And, while a roughly similar percentage of respondents without a high school degree and with a bachelor’s degree reported their health got worse, respondents with a bachelor’s degree were two times more likely to report their health got better compared to those without a high school degree (9% compared to 4.3%). Generally speaking, though, few respondents reported health improvement during the pandemic.

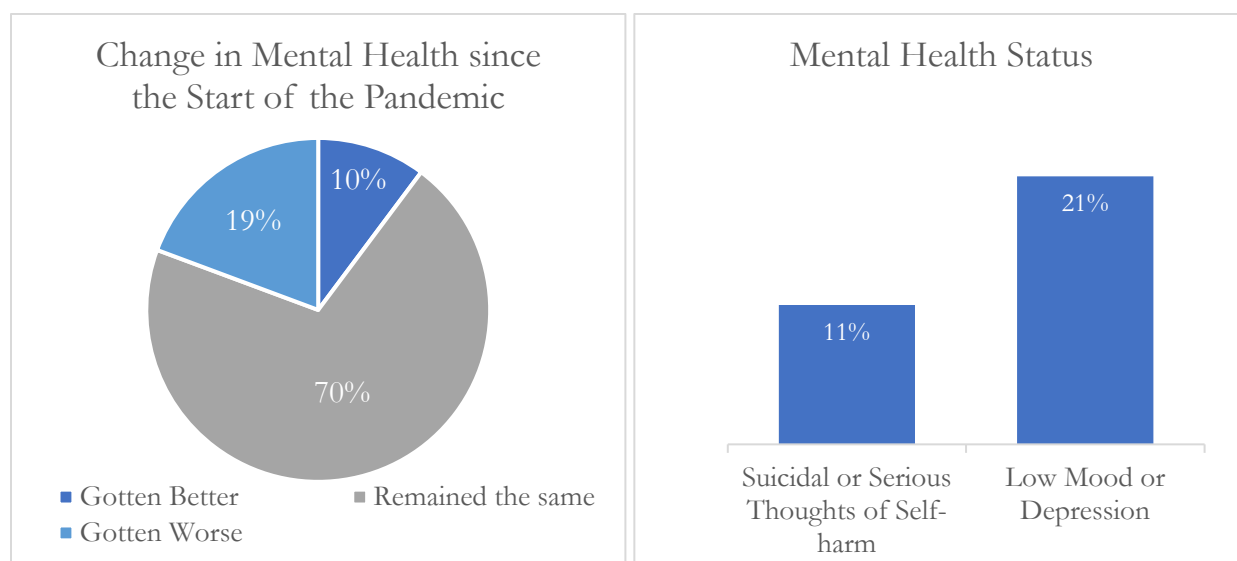
Overall, there were few differences in frequency of exercising, though those born in the United States were more likely to report they exercise often (almost every day), and foreign-born respondents were more likely to report they rarely exercise. Exercise rates also varied by age, with respondents aged 65 or older most likely to report frequent exercise.

Overall Health Status			
	Excellent or Very Good	Good	Fair or Poor
Education			
Less than High School	47.1%	19.6%	33.3%
High School grad/Some College	69.2%	21.9%	8.9%
Bachelor's or higher	71.6%	23.5%	4.9%
Income			
<\$50,000	61.1%	22.2%	16.7%
\$50,000-\$99,999	72.6%	16.7%	10.7%
\$100,000+	70.1%	26.9%	3.0%
Changes in Health since the Start of the Pandemic			
	Got Better	Stayed the Same	Got Worse
Birthplace			
Born in the United States	2.3%	81.3%	16.4%
Foreign born	9.9%	68.1%	22.0%
Family Status			
Married	3.9%	77.2%	18.9%
Not Married	10.9%	68.8%	20.3%
Education			
Less than High School	4.3%	66.0%	29.8%
High School grad/Some College	5.7%	80.4%	13.9%
Bachelor's or higher	9.0%	67.0%	24.0%

Frequency of Exercise			
	Rarely	Sometimes	Often
Birthplace			
Born in the United States	22.2%	42.7%	35.1%
Foreign born	35.8%	37.2%	27.0%
Age			
18-29	32.3%	30.8%	36.9%
30-39	38.6%	42.9%	18.6%
40-49	25.9%	43.5%	30.6%
50-64	22.4%	44.9%	32.7%
65+	16.1%	25.8%	58.1%

Mental Health

Mental health status got worse for many Scott County residents during the COVID-19 pandemic, with 19% of respondents reporting their mental health got worse. In the survey, follow-up questions used a World Health Organization Wellbeing Index to understand overall mental health and well-being. This 5-question measure asked about mental status in the past two weeks, measuring responses (ranging from “all of the time” to “at no time”) to the following questions: I have felt cheerful and in good spirits, I have felt calm and relaxed, I have felt active and vigorous, I woke up feeling fresh and rested, and my daily life has been filled with things that interest me. Responses to these five questions are combined to give a 3-category research-based measure of well-being that includes a measure of likely depression (though not a clinical or diagnostic measure), low mood, and positive mental health. Results show that one in five respondents suffer from low mood or depression (10.8% of respondents have low mood and 9.7% have concerning levels of depression). Further, in the past year, 11% considered self-harm or suicide.



Disparities

Several differences exist across demographic groups in mental health status and changes in mental health during the pandemic. First, males were over twice as likely as females to report their mental health improved over the pandemic, while females are more likely to report their mental health stayed the same or got worse. Young people (those ages 18-29) were about twice as likely as older adults to report their mental health got better and were the only group more likely to report their mental health got better vs. got worse. Nearly one-third (31.3%) of adults aged 30-39 reported their mental health got worse. Older adults (those over age 65) were most likely to report no change in mental health during the pandemic (86.7% reported no change). Individuals born in the United States were about twice as likely to report their mental health got worse compared to foreign-born adults (25.8% vs 10.3%). Family status also affected how mental health changed during the pandemic, with unmarried adults and those without kids more likely to report their mental health got better. Parents were twice as likely as those without kids in the house to experience mental health got worse over the course of the pandemic (22.6% vs 10.3%). Finally, healthier individuals were less likely to experience mental health declines during the pandemic, with those reporting fair or poor health twice as likely as those with excellent or very good health to report their mental health got worse (30.8% vs 14.9%).

Information from the WHO well-being index and self-reported suicidal ideation and thoughts of self-harm provides further insight into the changes in mental health status noted above. First, foreign-born adults are less likely than U.S.-born adults to report low mood and depression, with a combined 25.9% of U.S.-born adults reporting low mood or depression while only 11.9% of foreign-born adults report similarly. Corresponding with the decreases in overall mental health status, those with kids in the home are less likely to report positive mental health than those without kids in the home (75.1% vs 90.8%). Less than half of those whose overall health is fair or poor report positive mental health and one-third (32.5%) report concerning levels of depression.

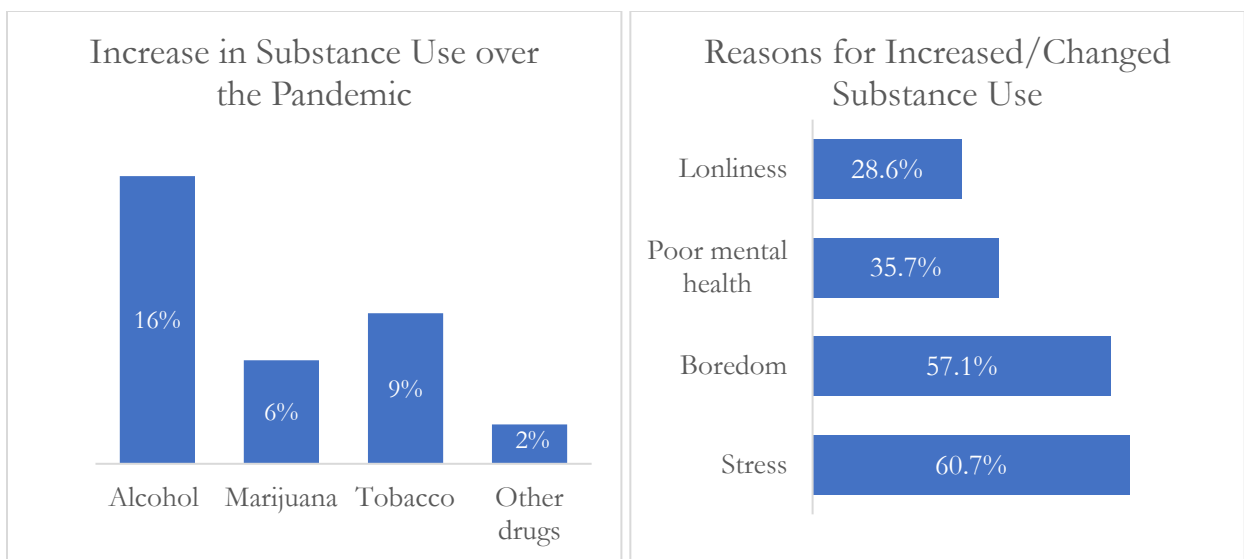
Finally, suicidal ideation and serious thoughts of self-harm also vary across demographic groups, with nearly one-quarter (23.3%) of those age 18-29 reporting serious suicidal thoughts in the last year. Unmarried individuals were twice as likely as married adults to report suicidal ideation in the past year (16.2% vs 6.5%).

Changes in Mental Health since the Start of the Pandemic			
	Got Better	Stayed the Same	Got Worse
Gender Identity			
Female	6.4%	73.5%	20.1%
Male	16.2%	67.6%	16.2%
Age			
18-29	17.5%	69.8%	12.7%
30-39	9.0%	59.7%	31.3%
40-49	8.5%	75.6%	15.9%
50-64	6.5%	71.7%	21.7%
65+	0.0%	86.7%	13.3%
Birthplace			
Born in the United States	9.6%	64.6%	25.8%
Foreign born	9.6%	80.1%	10.3%
Family Status			
Have Kids in Household	6.8%	70.6%	22.6%
No kids in Household	14.7%	75.0%	10.3%
Married	5.6%	76.0%	18.4%
Not Married	15.8%	63.9%	20.3%
Health Status			
Excellent or Very Good	11.9%	73.2%	14.9%
Good	8.9%	64.6%	26.6%
Fair or Poor	2.6%	66.7%	30.8%
WHO Well-Being Index			
	% Positive Mental Health	% Low Mood	% Depressed
Birthplace			
Born in the United States	74.1%	15.1%	10.8%
Foreign born	88.1%	4.0%	7.9%

Family Status			
Have Kids in Household	75.1%	12.9%	12.0%
No kids in Household	90.8%	6.2%	3.1%
Health Status			
Excellent or Very Good	89.4%	6.8%	3.8%
Good	66.2%	18.2%	15.6%
Fair or Poor	45.0%	22.5%	32.5%
Suicidal Ideation or Self Harm			
% Replying Yes (in last year)			
Age			
18-29	23.2%		
30-39	13.9%		
40-49	8.1%		
50-64	6.1%		
65+	0.0%		
Family Status			
Married	6.5%		
Not Married	16.2%		

Substance Use

Beyond the WHO index and information about suicidal thoughts, substance use also provides insight into mental well-being. During the COVID-19 pandemic, 16% of respondents report increased alcohol use, 6% reported increased marijuana use, and 9% report increased tobacco use. When asked to provide a reason for the changes in drug, alcohol, or tobacco use during the pandemic, respondents were most likely to cite stress (60.7%) followed by boredom (57.1%) as the reason for their change in substance use.



Disparities

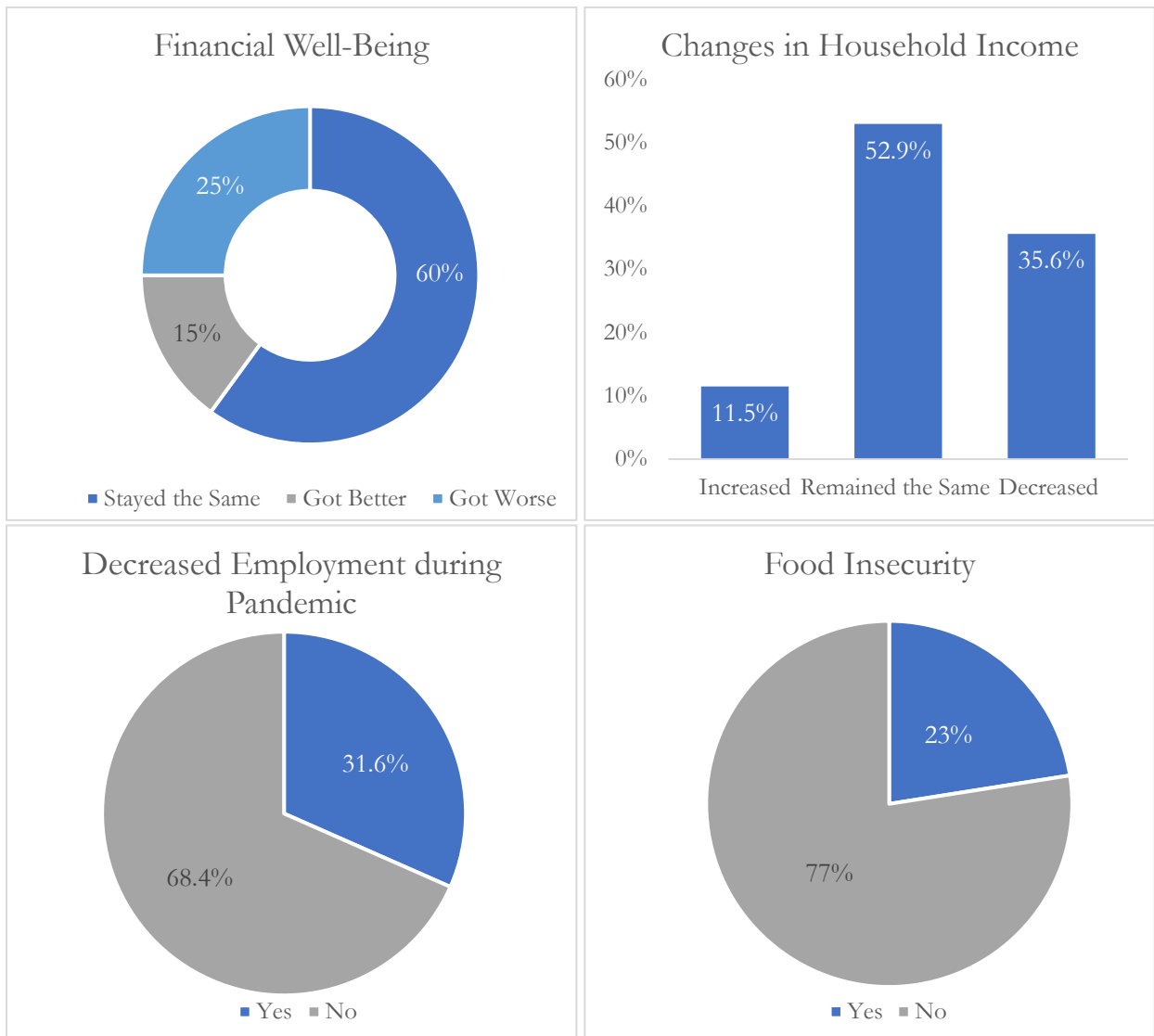
Substance use increases differed across groups, with further differences across substance type. First, alcohol use increased much more for non-Hispanic white respondents than those of other race/ethnic groups, with about one-quarter (24%) of white respondents reporting an increase in alcohol use during the pandemic compared to 7.2% for those in other race/ethnic groups. Those with incomes over \$100,000 were also more likely to report increased alcohol use, with 29.2% of respondents in this group reporting an increase compared to about 12% in other income groups. Tobacco use increased much more for unmarried adults and for those with fair or poor health than for others. Males were more likely than females to increase marijuana use (12.3% compared to 2.6%, respectively), as were younger adults and those with good health. Finally, more males reported increases in other drug use, as did those without kids in the home.

	Alcohol	Tobacco	Marijuana	Other drugs
Gender Identity				
Female			2.6%	0.7%
Male			13.3%	7.8%
Race				
White, non-Hispanic	24.0%			
All other races	7.2%			
Age				
18-29			16.7%	
30-39			9.8%	
40-49			3.2%	
50-64			0.0%	
65+			0.0%	
Education				
Less than High School				
High School grad/Some College				
Bachelor's or higher				
Family Status				
Married		4.8%		
Not Married		15.8%		
Have Kids in Household				1.2%
No kids in Household				10.0%
Income				
<\$50,000	12.6%			
\$50,000-\$99,999	12.7%			
\$100,000+	29.2%			
Health Status				
Excellent or Very Good		4.8%	3.0%	
Good		13.2%	12.5%	
Fair or Poor		23.8%	9.5%	

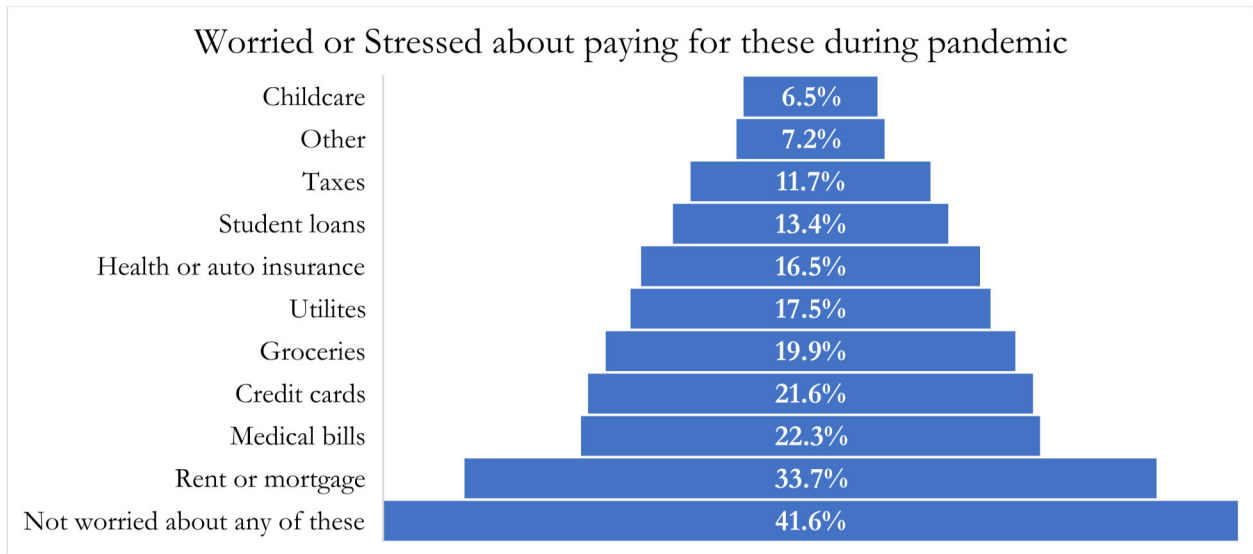
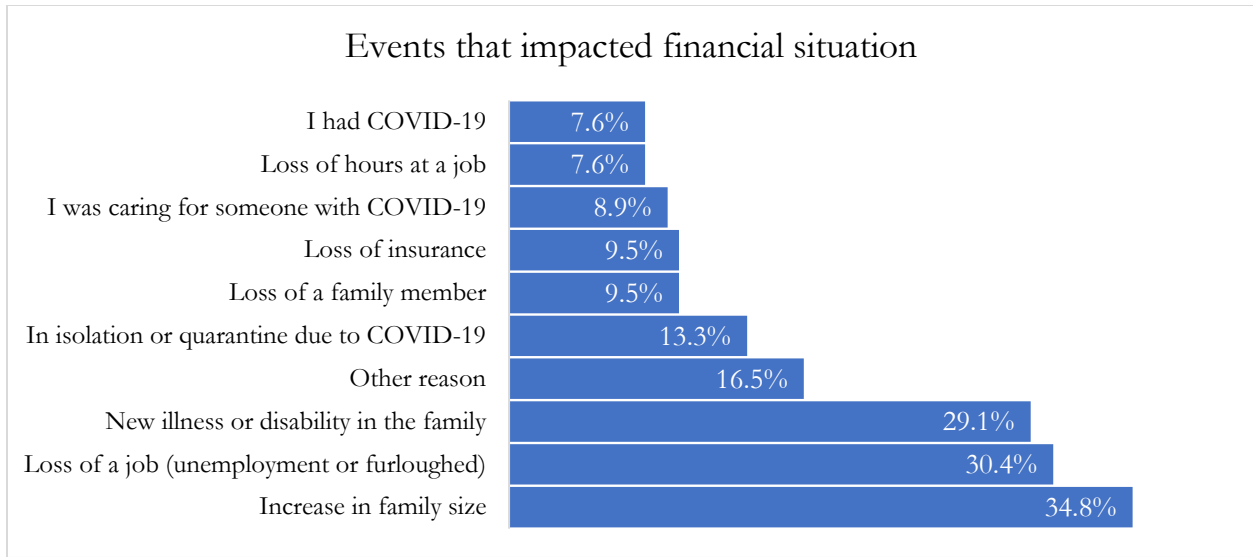
	Alcohol	Tobacco	Marijuana	Other drugs
WHO Well-Being Index				
Depression	37.5%	23.3%	16.7%	
Low Mood	11.8%	13.3%	9.7%	
Positive Mental Health	14.4%	5.8%	3.7%	
Suicidal Thoughts				
Yes	32.3%	35.7%	29.6%	12.0%
No	14.4%	4.5%	2.5%	0.6%
Mental Health Change				
Got Better	27.3%	19.0%	15.0%	
Stayed the Same	11.2%	4.8%	3.0%	
Got Worse	24.2%	14.0%	10.5%	

Financial Well-Being

Financial situations became more precarious for many Scott County residents, with 25% of respondents reporting their financial situation has gotten worse over the course of the pandemic. Over one-third of respondents (35.6%) reported decreased household income over the course of the pandemic, much of which is attributable to decreased employment (31.6% reported their household experienced a furlough, job loss, or decreased employment during the pandemic). Finally, one quarter of households (23%) experienced food insecurity (they worried they would run out of food before they had enough money to buy more).



Respondents who indicated financial changes were asked about the causes of the changes. The top three reasons for changes in financial situations were increased family size, followed by job loss and new family illness. Finally, regardless of changes in income or financial status, respondents reported on their financial worries or concerns. Only 41.6% of respondents indicated they are not concerned about finances, with rent/mortgage being the most pressing concern (a worry for 33.7% of respondents), followed by medical bills and credit card bills.



Disparities

Rather than causing universal experiences in household finances, the pandemic affected families in very different ways, in many ways exacerbating existing disparities and causing greater uncertainty for those whose financial situations were already precarious. While roughly equal amounts of native-born and white respondents had their financial situation improve as compared to get worse, roughly three times as many foreign-born and non-white respondents had their situations get worse compared to get better. Financial situations were most likely to get worse for those ages 30-39 while most respondents over age 65 did not see a change in their financial situation during the COVID-19 pandemic. Over four times as many respondents without a high school degree saw their financial situation get worse as opposed to get better (33.3% got worse while 7.7% got better). Nearly one-third of respondents with household incomes less than \$50,000 had their financial situation get worse while only 12.3% of households with incomes over \$100,000 saw their financial situation get worse. Finally, financial declines are linked to poor health, with over half of respondents in fair or poor health reporting their financial situation got worse.

Changes in household income were even more profound across demographic groups, with nearly twice as many foreign-born and non-white respondents reporting decreased incomes during the pandemic compared to white and US-born respondents (approximately 26% compared to 45%). Nearly half of those without high school degrees saw their incomes decrease (48%). Families with incomes of \$100,000 or more were nearly as likely to experience earnings increased as decreases, though those households making less than \$50,000 were over five times more likely to see incomes decrease as opposed to increase (8% vs 42%). Last, decreases in income were associated with lower levels of mental health.

Finally, food insecurity (being worried you would run out of food before you had enough money to buy more) also varies across groups, again with non-white and foreign-born individuals reporting food insecurity about twice as much as white and native-born respondents. Younger adults (those 49 and younger) reported more food insecurity than older respondents, while roughly one-third of unmarried respondents and those with incomes under \$50,000 reported food insecurity. Food insecurity is associated with worse self-reported health and lower levels of mental health.

Changes in Financial Situation since the Start of the Pandemic			
	Got Better	Stayed the Same	Got Worse
Race			
White, non-Hispanic	22.3%	56.8%	20.9%
All other races	9.0%	60.7%	30.3%
Birthplace			
Born in the United States	19.2%	59.9%	20.9%
Foreign born	11.0%	57.6%	31.4%
Age			
18-29	16.1%	64.5%	19.4%
30-39	10.4%	49.3%	40.3%
40-49	20.3%	58.2%	21.5%
50-64	24.4%	48.9%	26.7%
65+	6.9%	82.8%	10.3%
Education			
Less than High School	7.7%	59.0%	33.3%
High School grad/Some College	12.7%	61.8%	25.5%
Bachelor's or higher	25.0%	53.0%	22.0%
Family Status			
Have Kids in Household	20.0%	53.6%	26.4%
No kids in Household	2.8%	73.6%	23.6%
Income			
<\$50,000	9.1%	59.4%	31.5%
\$50,000-\$99,999	16.7%	61.5%	21.8%
\$100,000+	30.8%	56.9%	12.3%

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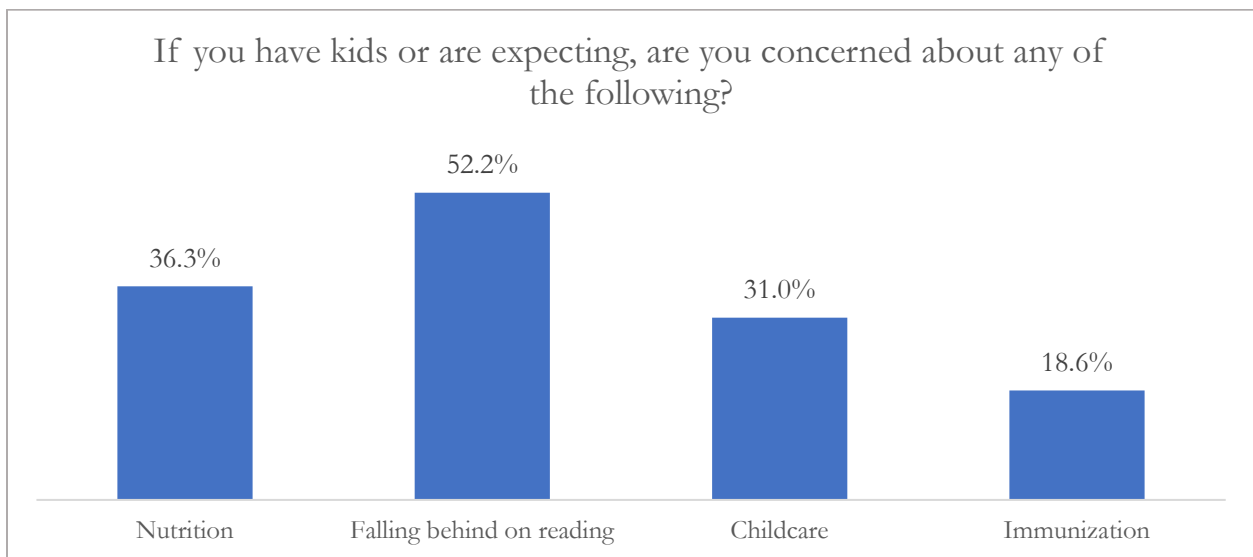
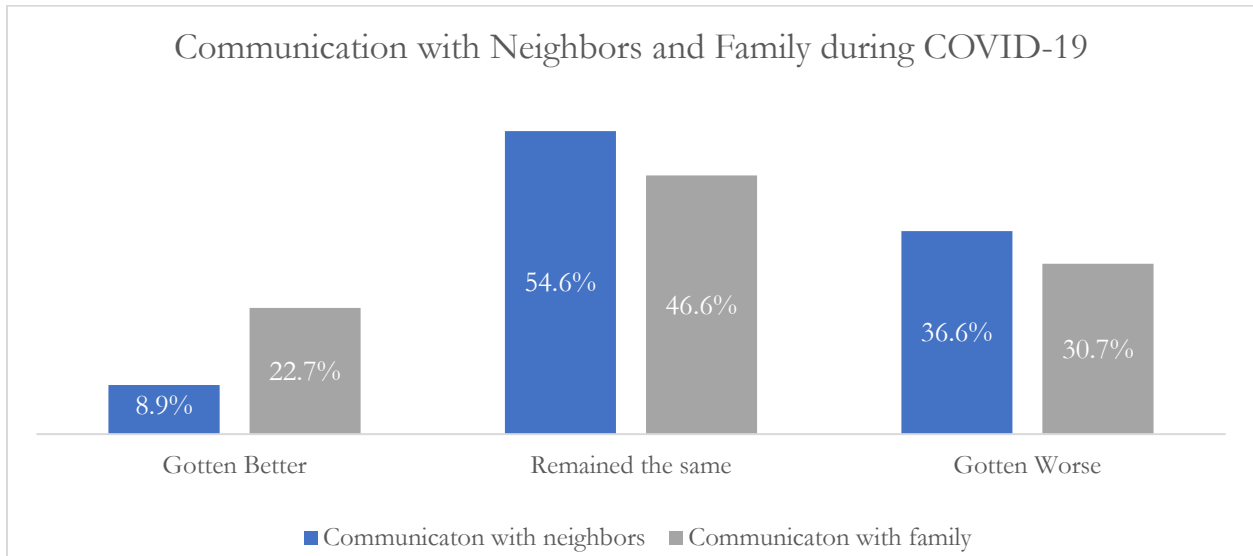
Health Status			
Excellent or Very Good	17.2%	63.8%	19.0%
Good	13.0%	54.5%	32.5%
Fair or Poor	12.1%	36.4%	51.5%
Income Change since the Start of the Pandemic			
	Increased	Stayed the Same	Decreased
Race			
White, non-Hispanic	16.3%	57.1%	26.5%
All other races	6.5%	48.7%	44.8%
Birthplace			
Born in the United States	14.7%	58.8%	26.6%
Foreign born	6.8%	47.7%	45.5%
Education			
Less than High School	4.3%	47.8%	47.8%
High School grad/Some College	8.9%	54.8%	36.3%
Bachelor's or higher	18.0%	55.0%	27.0%
Income			
<\$50,000	7.9%	50.3%	41.7%
\$50,000-\$99,999	12.0%	56.0%	32.0%
\$100,000+	21.5%	53.8%	24.6%
WHO Well-Being Index			
Depression	18.2%	33.3%	48.5%
Low Mood	2.8%	58.3%	38.9%
Positive Mental Health	12.6%	56.5%	30.9%
Food Insecurity			
	% replying Yes		
Race			
White, non-Hispanic	13.6%		
All other races	29.9%		
Birthplace			
Born in the United States	16.9%		
Foreign born	27.1%		
Age			
18-29	23.5%		
30-39	27.1%		
40-49	23.8%		
50-64	13.0%		
65+	3.4%		
Family Status			
Married	15.8%		
Not Married	29.4%		

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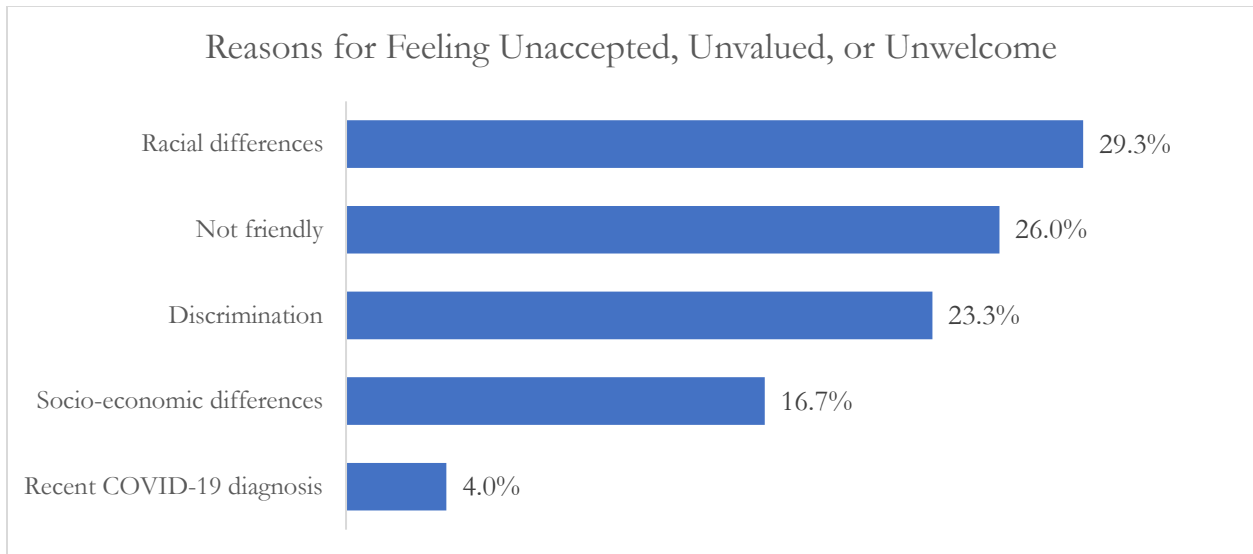
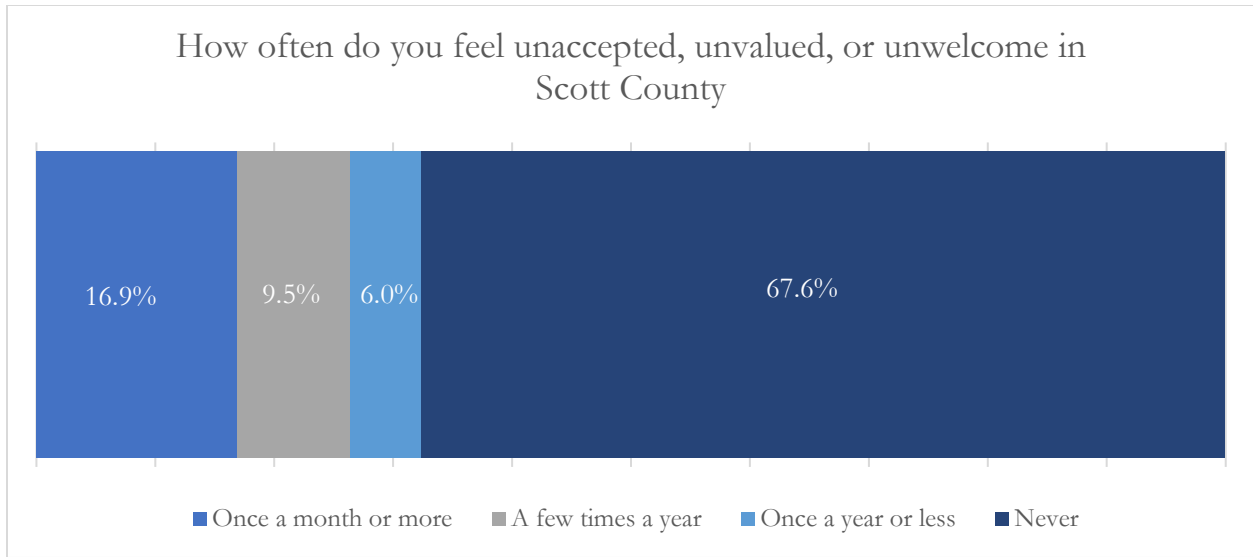
Income	
<\$50,000	31.7%
\$50,000-\$99,999	16.0%
\$100,000+	9.4%
Health Status	
Excellent or Very Good	16.1%
Good	30.1%
Fair or Poor	47.4%
WHO Well-Being Index	
Depression	43.8%
Low Mood	38.2%
Positive Mental Health	17.1%

Social Well-Being

Residents' social support networks deteriorated during the pandemic, with roughly one-third of respondents reporting decreases in communication with friends, family, or neighbors. Additionally, parents are concerned about the impact of COVID on their families. Over half of parents reported they are concerned about their children falling behind in reading.



Despite growing diversity in Scott County, there remains work to be done to create a fully inclusive and welcoming community. While two-thirds of respondents never feel unwelcome or unaccepted in the county, roughly one in six (17%) reports feeling unaccepted, unvalued, or unwelcome once a month or more. For many, racial differences and discrimination are the main source of this unwelcome feeling, though 26% report general unfriendliness in the community as a reason for feeling unwelcome.

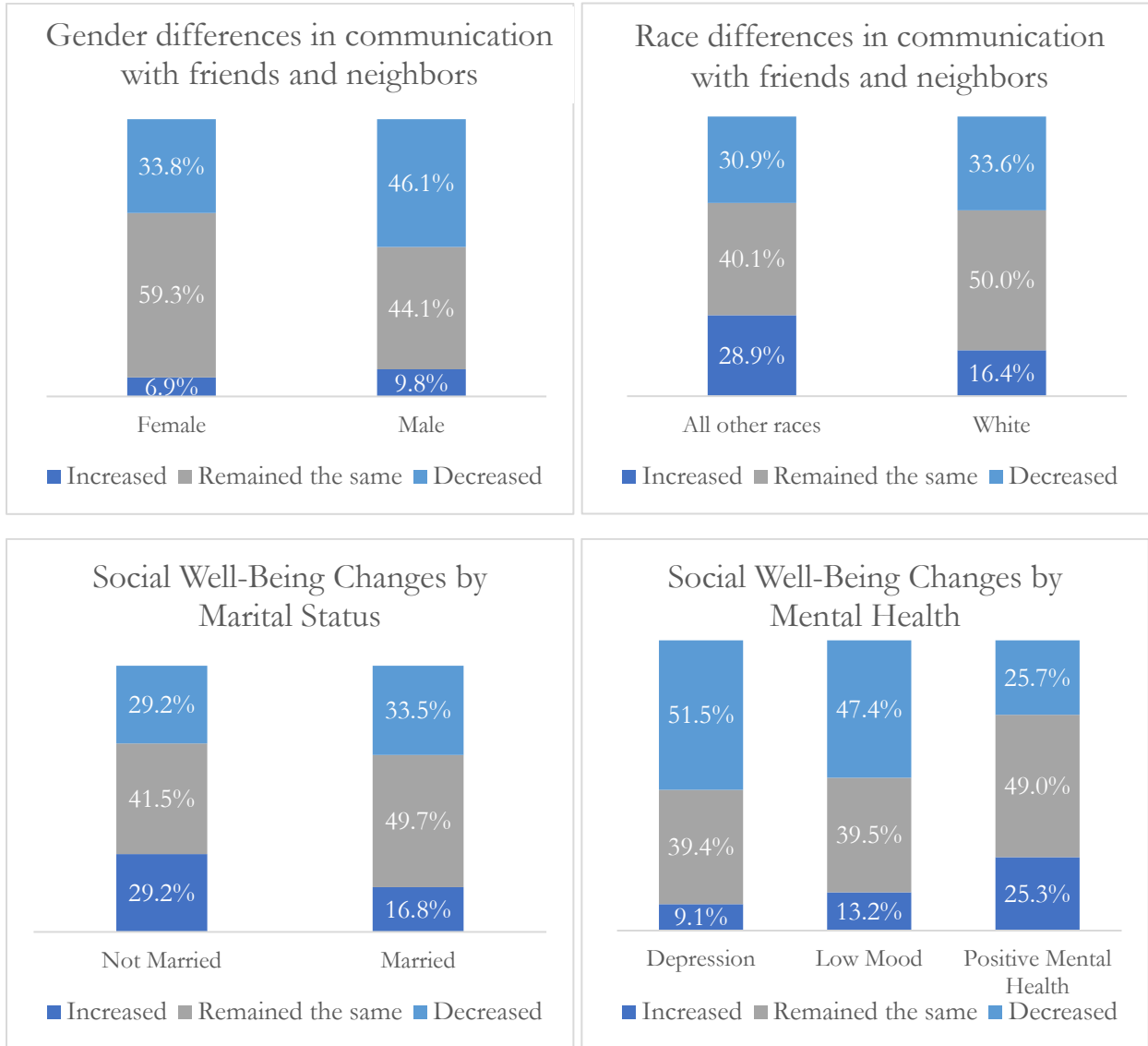


Disparities

Experiences of social well-being differed across socio-demographic groups, as shown in the charts below. First, males were more likely than females to report that their communication with friends and neighbors decreased (46% of males vs. 34% of females reported a decrease). While white and non-white respondents were roughly equal in reporting declines in communication with friends and neighbors, non-white respondents were almost twice as likely to report an increase in communication with others during the pandemic (29% of non-white respondents reported an increase compared to 16% of white respondents). Married respondents were also less likely to report an increase in communication with friends and neighbors during the pandemic; married and unmarried respondents reported similar levels of decreases in communication but nearly one-third of non-married respondents (29%) increased communication with others compared to 17% of married respondents.

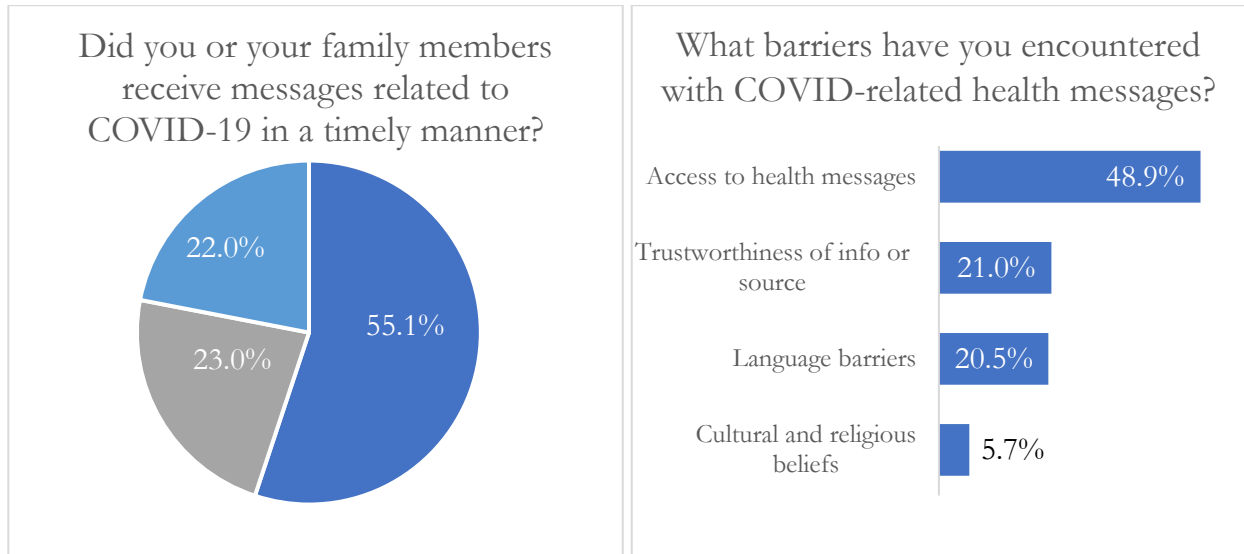
Finally, communication with friends and neighbors is linked to overall mental health. Over half of respondents with depressive scores on the WHO well-being index (51%) and nearly half of those with low

mood (47%) report decreases in communication with others; these levels are twice as high for those with positive mental health (26% of whom report decreases in communication with friends and neighbors). This mirrors broader trends in Minnesota and across the United States related to social isolation as a major health concern stemming from the COVID-19 pandemic.

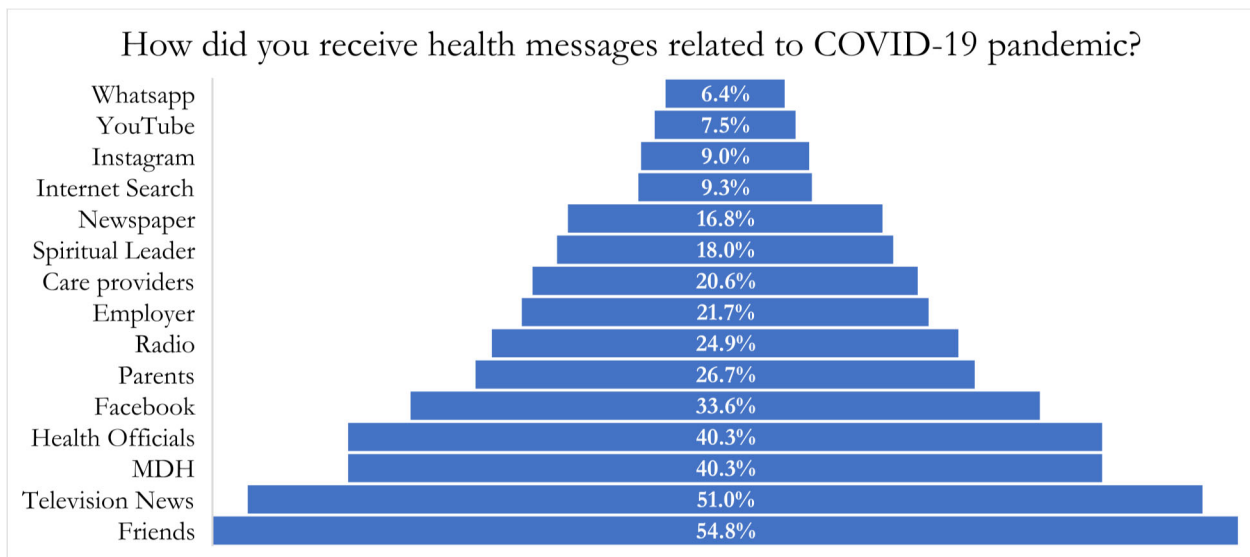


Covid-Related Health and Behaviors

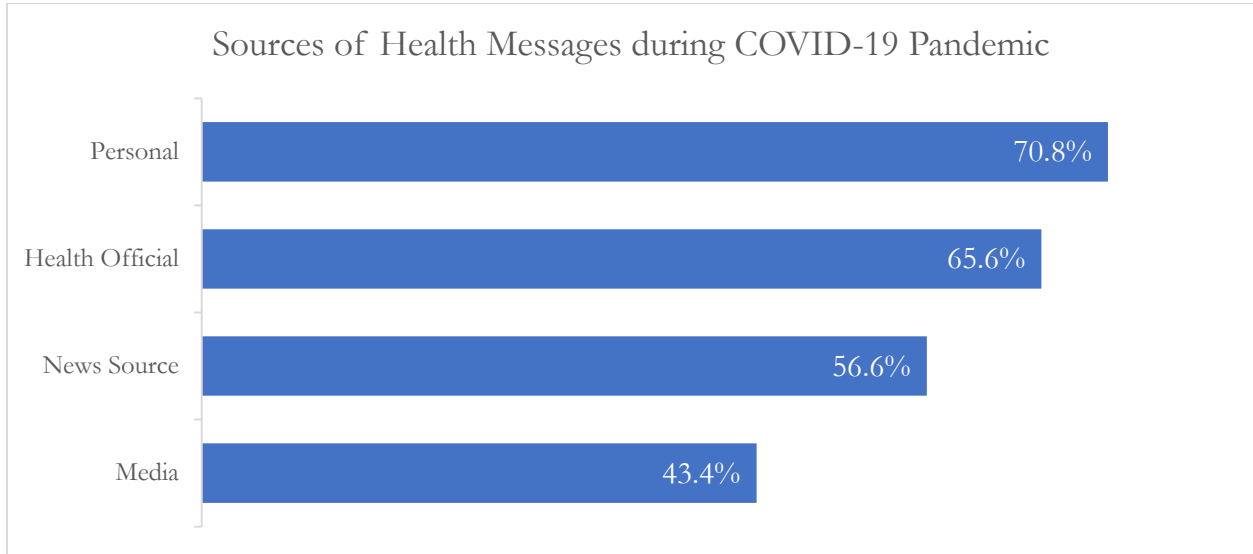
Most respondents report receiving COVID-related health messages in a timely manner (55%) and an additional 23% report “sometimes” receiving information in a timely manner. Among those who experienced barriers in receiving health-related messaging, nearly half (48.9%) cite access as an issue. Twenty-one percent report the trustworthiness or source of information as a barrier, while 20.5% report language barriers and 5.7% cite cultural or religious beliefs as a barrier to health messaging.



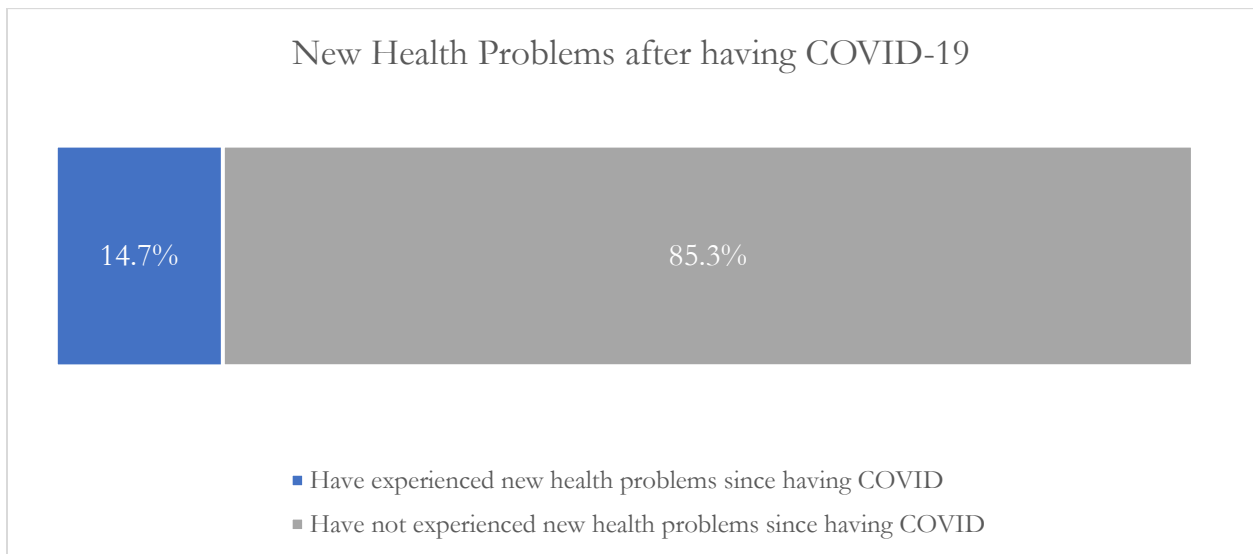
In terms of where respondents turned for health information during the pandemic, friends and TV news were the most common sources of information (both indicated by over 50% of respondents), followed by the Minnesota Department of Health (MDH) and other health officials (both with 40% of respondents indicated receiving health messages from these sources).



However, when similar source types are combined, personal contacts were the most common source, with 71% reporting getting health information from friends, family, spiritual leaders or employers. Sixty-six percent report getting COVID-related health information from health officials, MDH, or their care provider. Television news radio, and newspapers were sources of information for over half of respondents (57%). Finally, 43% of respondents received health information from media sources such as Facebook, Instagram, YouTube, Whatsapp, or other internet sources.



Minnesota Department of Health (MDH) data suggests that by the end of 2021, roughly 18.5% of Scott County residents had a positive test for COVID. Among survey respondents who have had COVID, roughly 15% report experiencing new health problems after COVID.



Disparities

Over the course of any new and evolving situations, especially the COVID-19 pandemic, a communication stream between public health officials and the public is important. Unequal access to information can cause unequal distribution of information about recommended health precautions and practices. In Scott County, access and barriers to COVID-related health information varied across several different groups. First, younger respondents (those age 18-29 and age 30-39) were less likely than respondents over age 40 to report that they received COVID-related health information in a timely manner. Education is also correlated with access to health information, with those without a high school degree least likely to report receiving COVID messages in a timely manner. Those who are unmarried and those without kids report lower levels of access to timely information, as do non-White respondents and those who are foreign-born. Finally, those with lower self-reported health are also less likely to report receiving COVID messages in a timely manner (38% of those in fair or poor health said they received messages in a timely manner compared to 51% in good health and 61% with very good or excellent health).

When asked about the barriers respondents or their family members encountered with health messages related to the COVID-19 pandemic, non-White respondents more frequently faced barrier with access, language, and cultural or religious beliefs, while White respondents were over twice as likely to cite the trustworthiness of the source of information as a barrier to health messages about COVID (31% vs 12%). Younger respondents were more likely to have difficulty accessing messages, with 40% of those age 18-29 experiencing a barrier of access to messages. Those with more education were more likely to indicate the trustworthiness of the information source as a barrier to COVID information and those with fewer years of formal education were more likely to face language barriers than others. Unmarried respondents and those without kids more frequently faced difficulties accessing messages than their married counterparts and parents. Non-parents also more commonly faced barriers associated with language or cultural or religious beliefs compared to parents (30% compared to 19% for language barriers and 8% vs 2% for barriers related to beliefs). Income was correlated with access to messages and language barriers, with those with lower incomes more likely to experience barriers than those with higher incomes. Foreign-born respondents more commonly faced barriers related to access (31% vs 21%) and language (38% vs 8%) than their US-born counterparts, while US-born respondents found the trustworthiness of the source a barrier more often than foreign-born respondents (30% vs 11%).

Finally, physical and mental health were associated with barriers to health information. Those whose self-reported health was good or fair or poor were more likely than those with excellent or very good health to have difficulty finding trustworthy sources (29.9% and 23.3% vs. 14.4%, respectively), while those with fair or poor health faced language barriers twice as often as respondents with good, or very good or excellent health (37% of those with fair or poor health compared with 16% of all others). Compared to those with low mood or depression, those with healthy levels of mental health faced fewer access barriers (21.3% of those with positive mental health vs. 33-37% of others) and those with low mood or depression were more likely to find difficulty finding trustworthy sources of COVID-related health information than those with positive mental health (17-23% vs. 42.9%).

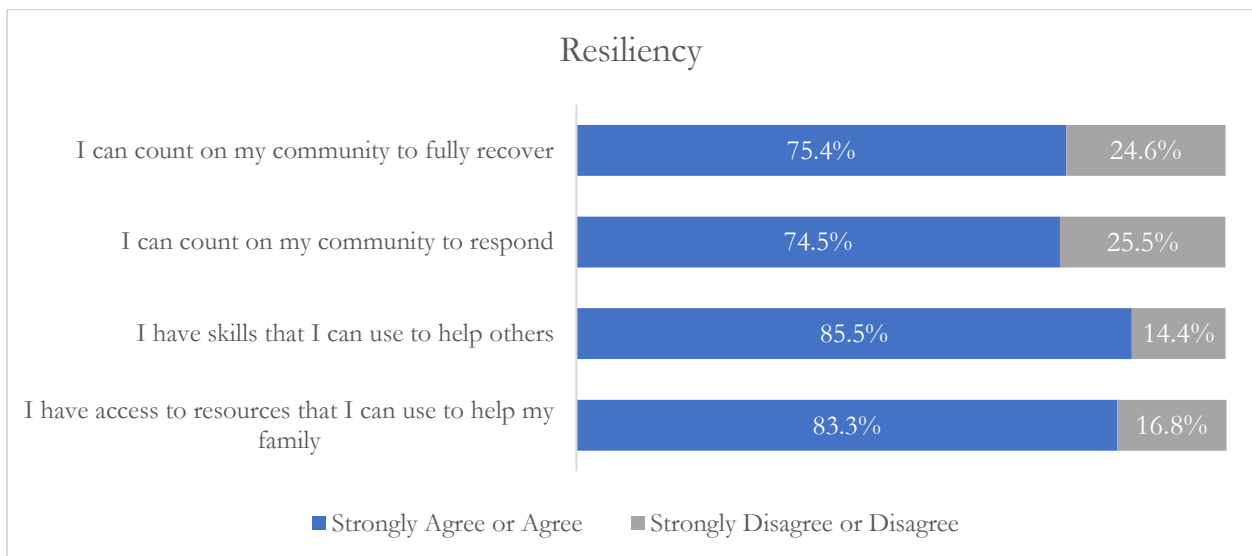
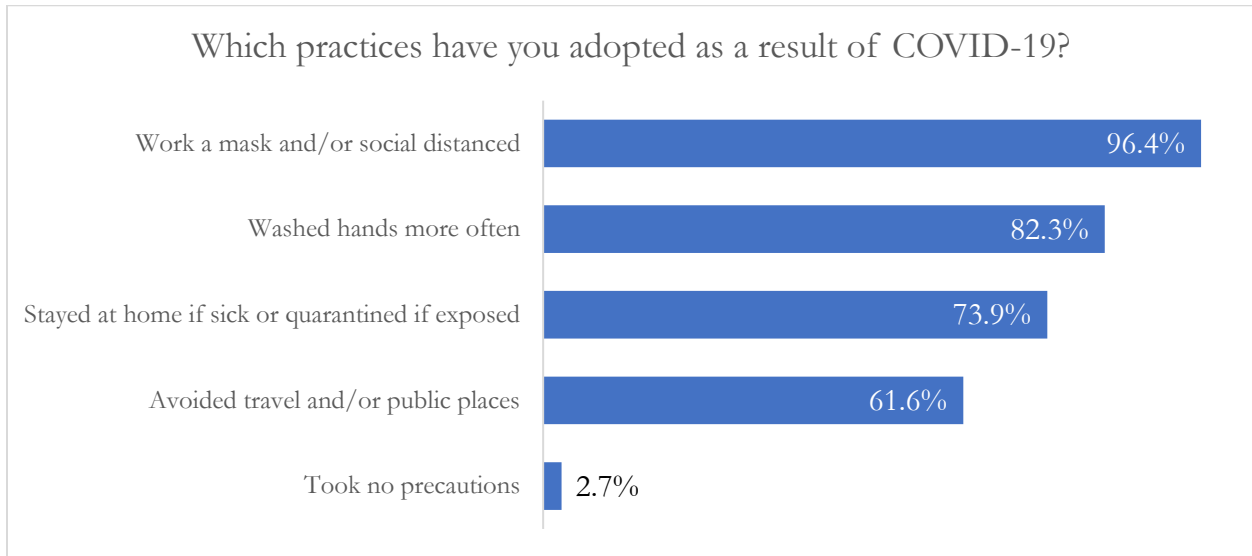
% Receiving messages in a Timely Manner	
Age	
18-29	35.0%
30-39	47.1%
40-49	65.8%
50-64	65.9%
65+	67.9%
Education	
Less than High School	37.5%
High School grad/Some College	54.8%
Bachelor's or higher	67.0%
Family Status	
Married	61.3%
Not Married	45.5%
Have Kids in Household	60.1%
No kids in Household	40.0%
Race	
White, non-Hispanic	73.5%
All other races	35.1%
Income	
<\$50,000	38.7%
\$50,000-\$99,999	64.5%
\$100,000+	80.3%
Birthplace	
Born in the United States	69.7%
Foreign born	34.5%
Health Status	
Excellent or Very Good	61.3%
Good	50.7%
Fair or Poor	38.2%

Barriers to Pandemic Health Messages (% yes)				
	Access to Messages	Trustworthiness of Source	Language	Beliefs
Race				
White, non-Hispanic	15.7%	31.4%	5.2%	1.3%
All other races	35.0%	11.9%	34.5%	6.2%
Age				
18-29	40.6%			
30-39	29.7%			
40-49	18.2%			
50-64	18.4%			
65+	19.4%			
Education				
Less than High School		7.3%	36.4%	
High School grad/Some College		23.0%	22.4%	
Bachelor's or higher		27.5%	10.8%	
Family Status				
Married	21.4%			
Not Married	31.3%			
Have Kids in Household	21.3%		18.5%	2.0%
No kids in Household	40.5%		30.4%	7.6%
Income				
<\$50,000	33.7%		32.0%	
\$50,000-\$99,999	27.4%		15.5%	
\$100,000+	10.4%		4.5%	
Birthplace				
Born in the United States	21.1%	30.0%	7.9%	
Foreign born	32.4%	10.8%	37.8%	
Health Status				
Excellent or Very Good		14.4%	16.3%	
Good		29.9%	16.1%	
Fair or Poor		23.3%	37.2%	
WHO Well-Being Index				
Depression	37.1%	42.9%		
Low Mood	33.3%	23.1%		
Positive Mental Health	21.3%	17.1%		

Covid Response and Resiliency

Most residents responded to COVID with behavioral changes. Nearly all respondents reported wearing a mask or social distancing (96%), and most respondents washed hands more frequently, stayed home if sick or quarantined if exposed, and avoided travel or public places. Only 3% indicated they took no health-related precautions as a result of COVID-19.

However, by the summer of 2021, three-fourths of respondents agreed or strongly agreed that they could count on their community to respond to and fully recover from the pandemic and roughly 85% of respondents were optimistic about their own ability to help themselves and others.



Connection to the Community Health Improvement Plan and Next Steps

Through a multi-year planning process, in collaboration with community members, service organizations, hospital systems, non-profits, schools, and businesses, Scott County Public Health completed a Community Health Improvement Plan (CHIP) from 2019-2024. This plan draws on a wide array of quantitative and qualitative data to identify the most pressing health-related needs in the community and to develop comprehensive strategies to address the health needs of the community. Four main health issues were identified in the CHIP – Alcohol, Tobacco, and Other Drugs, Obesity, Healthcare and Mental Health Access, and Adverse Childhood Experiences. It also provides important information to identify emerging health needs and concerns, most pressing of which in the concerning level of low mood, depression, and suicidality. This report will provide valuable information to these workgroups as they monitor and revise their work plans and strategies. As the needs of the community change and continue to change (because of COVID but also through other changes), the CHIP will be revised to ensure the health needs of the community are being met to the fullest extent possible. All updates to the CHIP will be available on the Scott County Public Health website at <https://www.scottcountymn.gov/1232/Public-Health-Reports>.