# 2017 Goodhue County Community Health Assessment Annexes

## D: Summary of 2015 Goodhue County Community Health Needs Assessment Survey

This annex summarizes results from the mailed 2015 Goodhue County Community Health Needs Assessment Survey. For data tables for the entire survey, see Annex E.

# Summary of 2015 Goodhue County Community Health Needs Assessment Survey

## Introduction

The 2015 Goodhue County Community Health Needs Assessment Survey was conducted to learn about the health of Goodhue County residents. The data presented in this summary offer some key highlights from the survey findings in the areas of chronic health, mental health, access to medical and mental health care, nutrition, physical activity, and tobacco and alcohol use. Exploratory analyses were conducted to identify potential differences based on the following demographic and health status categories:

- Gender
- Age (adults age 18-34, 35-44, 45-54, 55-64, and 65+)
- Race/ethnicity (white only and all other races/ethnicities combined)
- Annual household income (less than $25,000, $25,000-$34,999, $35,000-$49,999, $50,000-$74,999, and $75,000 or more)
- History of mental illness
- Weight status (not overweight or obese, overweight but not obese, and obese)

The percentages referenced in this summary are rounded to the nearest whole number. All results from the 2015 survey can be accessed in the Goodhue County data book.

## Methods

Goodhue County Health and Human Services conducted the Health Needs Assessment Survey. It was mailed to respondents, and each potential respondent received up to two reminders following the initial mailing. Households were randomly selected using address-based sampling, and the "most recent birthday" method of within-household respondent selection was used to randomly select one adult from each sampled household.

A total of 3,000 people in Goodhue County were invited to participate and 1,002 completed a survey, a response rate of 33 percent. To ensure that the survey results are representative of the adult population in Goodhue County, the data were weighted when

analyzed. The weighting accounts for the sample design and for differential response among population groups.

## Interpretation and limitations

In this summary, a threshold of 10 percentage points or more is used to identify potential differences between groups. However, caution should be used when interpreting the findings and reporting differences between population groups, particularly comparisons including respondents of color and those age 18-34, where estimates are based on the perceptions and experiences of relatively few individuals. Community residents, specifically from groups underrepresented in the survey, should be engaged in reviewing and interpreting the survey results to ensure the findings align with the lived experience of Goodhue County residents. Additional data collection activities (e.g., interviews, focus groups, and other survey data) should be used to more closely examine the potential differences between groups suggested by these findings and topics of interest to community residents.

## A note about health equity

Goodhue County Health and Human Services is interested in understanding health inequities in the county. The Minnesota Department of Health defines health equity as "the opportunity for every person to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities."[1] Health inequities arise from disparities or differences in health between groups as a result of varying social, economic, environmental, geographic, and political conditions, also known as the social determinants of health. Certain health disparities are the consequence of genetic or biological differences between groups, while health inequities result from social conditions that can be changed through the implementation of policies and practices.

The data referenced in this summary and the full data book offer a starting point to identify potential health disparities between groups, and consider the need for additional research to better understand and address health inequities. As previously noted, there are limitations to these survey data. Therefore, the discussion focused on health inequities should be informed by other data collection activities, analysis of the factors that influence health in Goodhue County (e.g., geography, employment, and access to resources and services) and feedback from community residents, particularly groups who were not well represented among the survey respondents.

[1] Minnesota Department of Health. (2014). Advancing Health Equity Legislative Report. Retrieved from the Minnesota Department of Health website: http://www.health.state.mn.us/divs/chs/healthequity/legreport.htm

## Overall, potential differences between groups

This section highlights some potential differences between respondent groups that are described in greater detail in the following "key findings" section of the summary. In general, respondents from lower-income households and those who are obese were more likely to report chronic health conditions, mental health conditions, limited physical activity, and concerns about running out of food. Older and middle-age respondents were more likely to report chronic health conditions. Respondents of color were also more likely to report certain health conditions, such as anxiety or panic attacks, and concerns about running out of food.

### *Chronic health conditions*

- High blood pressure/hypertension and high cholesterol or triglycerides were more often reported among respondents who are obese or overweight, age 45-65+, or from households making less than $25,000.
- Diabetes was more often reported among respondents who are age 65+.
- Depression was more often reported among respondents who are female, from households that make less than $25,000, or who are obese.
- Anxiety or panic attacks were more often reported among respondents of color, from households making less than $25,000 and $75,000 or more, or age 35-44.
- Multiple groups were more likely to report delaying or not getting medical care, including respondents of color, from households making less than $25,000, or who are obese.

### *Nutrition*

- Respondents who are obese were less likely to report eating five or more servings of fruits and vegetables.
- Concerns about running out of food before having money to buy more were most often reported among respondents of color, from households that make less than $25,000, or who are obese.

### *Physical activity*

- Respondents who are age 18-34 or obese were less likely to report getting at least 30 minutes of moderate physical activity five days a week, during a typical week.
- Respondents who are age 65+, from households that make less than $75,000, or who are obese were less likely to report getting at least 20 minutes of vigorous physical activity three days a week, during a typical week.

### *Alcohol use*

- Respondents age 35-44 were most likely to report heavy drinking.
- Binge drinking was reported at a higher rate among males and overweight respondents.

# Key findings

*Caution should be used when interpreting any potential differences encompassing respondents of color and adults age 18-34, as these estimates are based on the responses of a relatively small number of residents.*

## Overall health

Most respondents (91%) rated their own health as "excellent," "very good," or "good." Few rated their health as "fair" (8%) or "poor" (1%).

**Potential differences between population groups**

- Older respondents age 65+ were more likely to report that their health is "fair" or "poor" (20%) compared with younger respondents (1-10%).
- Respondents from households that make less than $35,000 were more likely to report being in "fair" or "poor" health (26%) compared with those from higher-income households (3-8%).

## Chronic health conditions

### *High Blood Pressure/hypertension*

Twenty-nine percent of respondents reported that they have been told by a health care professional that they had high blood pressure/hypertension.

**Potential differences between population groups**

- The prevalence of high blood pressure increased with age. Respondents age 65+, 55-64, and 45-54 were more likely to report high blood pressure/hypertension (62%, 41%, and 24%, respectively) in contrast to those age 35-44 and 18-34 (8-9%).
- Respondents of color were less likely to report high blood pressure/hypertension (18%) compared with white respondents (30%).
- Respondents from households that make less than $25,000 were twice as likely to report having high blood pressure/hypertension (44%) than residents from households that make $75,000 or more (19%).
- Respondents who are obese or overweight were more likely to report high blood pressure/hypertension (35% and 30%, respectively) compared with respondents who are not overweight or obese (17%).

### *High cholesterol or triglycerides*

Twenty-nine percent of respondents reported that they have been told by a health care professional that they had high cholesterol or triglycerides.

**Potential differences between population groups**

- The prevalence of high cholesterol or triglycerides increased with age. Respondents age 65+, 55-64, and 45-54 were more likely to report high cholesterol or triglycerides (52%, 41%, and 31%, respectively) in contrast to those age 35-44 and 18-34 (18% and 6%, respectively).
- Respondents who are obese or overweight were more likely to report high cholesterol or triglycerides (32-33%) compared with respondents who are not overweight or obese (20%).

### *Asthma*

Thirteen percent of respondents reported that they have been told by a health care professional that they had asthma.

**Potential differences between population groups**

- Respondents age 18-34 were more likely to report asthma (18%) compared with those age 65+ (8%).
- Respondents with a history of mental illness were more likely to report asthma (20%) compared with those who do not have a diagnosed mental illness (10%).

### *Heart trouble or angina*

Eleven percent of respondents reported that they have been told by a health care professional that they had heart trouble or angina.

**Potential differences between population groups**

- Respondents age 65+ were more likely to report heart trouble or angina (27%) compared with younger respondents (0-9%).
- Respondents with a history of mental illness were more likely to report heart trouble or angina (19%) compared with those who do not have a diagnosed mental illness (8%).

- Respondents from households that make less than $25,000 were three times as likely to report heart trouble or angina (19%) in contrast to those from households that make $50,000-$74,999 (6%).

### *Diabetes and pre-diabetes*

Seven percent of respondents indicated that they have been told by a health care professional that they had diabetes, while 8 percent reported they have been told they had pre-diabetes.

#### Potential differences between population groups

- Respondents age 65+ were more likely to report having diabetes (16%) in contrast to respondents age 54-18 (0-5%).

## Mental health conditions

### *Depression*

Nineteen percent of respondents reported that they have been told by a health care professional that they had depression.

#### Potential differences between population groups

- Female respondents were more likely to report depression (26%) compared with male respondents (11%).
- Respondents from households that make less than $25,000 were more likely to report depression (30%) in contrast to those from households that make $35,000 or more (15-18%).
- Respondents who are obese were more likely to report depression (25%) compared with those who are overweight and not overweight or obese (15%, each).

### *Anxiety or panic attacks*

Seventeen percent of respondents reported that they have been told by a health care professional that they had anxiety or panic attacks.

#### Potential differences between population groups

- Respondents age 65+ were less likely to report anxiety or panic attacks (10%) compared with those age 35-44 (21%).

- Respondents of color were more likely to report anxiety or panic attacks (27%) in contrast to white respondents (16%).
- Respondents from households that make less than $25,000 and $75,000 or more were more likely to report anxiety or panic attacks (25% and 20%, respectively) compared with respondents from households that make $35,000-$74,999 (9-10%).

## Access to medical and mental health support

### *Seeing a health professional for medical care*

Over three-quarters of respondents (77%) reported seeing a doctor, nurse, or other health professional about their health during the past 12 months. Twenty-one percent indicated that in the past 12 months they delayed or did not get medical care when they thought they needed it. The most commonly reported reasons for delaying or not getting medical care was cost and that respondents didn't think the issue was serious enough (45%, each).

**Potential differences between population groups**

- Respondents of color were more likely to delay or not get medical care (35%) in contrast to white respondents (21%).
- Respondents from households that make less than $25,000 were more likely to delay or not get medical care (29%) compared with those from households that make $35,000-$74,999 (19-20%).
- Respondents who are obese were more likely to delay or not get medical care (27%) compared with those who are not overweight or obese (15%).

### *Seeing a health professional for mental health*

Seven percent of respondents who wanted to talk with or seek help from a health professional about mental health issues reported delaying seeking care or not going. The most commonly reported reasons for delaying or not getting mental health support was cost (32%), that respondents didn't think the issue was serious enough (31%), and that their insurance does not cover it (28%).

**Potential differences between population groups**

- Respondents with a history of mental illness were more likely to delay or not get mental health support (16%) compared with those who do not have a diagnosed mental illness (4%).

## Nutrition

### *Fruit and vegetable consumption*

Over one-third of respondents (37%) reported eating five or more servings of fruits and vegetables (including juices). Thirty-two percent ate three to four servings, 24 percent ate one to two serving(s), and 6 percent ate no servings.

**Potential differences between population groups**

- Respondents who are obese were less likely to eat five or more servings of fruits and vegetables (29%) compared with those who are overweight (43%) and not overweight or obese (42%).

### *Eating a home-cooked meal*

Nearly all respondents (98%) reported eating a home-cooked meal at least once in a typical week. Less than half (45%) eat a home-cooked meal every day.

**Potential differences between population groups**

- Respondents of color were more likely to eat a home-cooked meal every day (54%) in contrast to white respondents (44%).
- Respondents from households that make less than $25,000 were less likely to eat a home-cooked meal every day (38%) in contrast to households that make $25,000 to $74,999 (48%).
- Respondents who are obese or overweight were less likely to eat a home-cooked meal every day (42%) compared with those who are not overweight or obese (53%).

### *Concerns about running out of food*

Twelve percent of respondents indicated that during the past 12 months they "often" or "sometimes" worried that their food would run out before they had money to buy more.

**Potential differences between population groups**

- Respondents of color were more likely to report that they "often" or "sometimes" worried that their food would run out before they had money to buy more (28%) in contrast to white respondents (11%).
- Respondents from households that make less than $25,000 and $25,000-$34,999 were more likely to report that they "often" or "sometimes" worried that their food would

run out before they had money to buy more (34% and 29%, respectively) compared with those from households with higher incomes (4-16%).

- Respondents with a history of mental illness were more likely to report that they "often" or "sometimes" worried that their food would run out before they had money to buy more (20%) compared with those who do not have a diagnosed mental illness (9%).

## Physical activity

### *Moderate physical activity*

Twenty-nine percent of respondents reported that during an average week they get at least 30 minutes of moderate physical activity (i.e., activities that cause only light sweating and a small increase in breathing or heart rate) five days a week, while 59 percent get one to four days and 12 percent reported not getting any days of moderate physical activity.

**Potential differences between population groups**

- Respondents age 18-34 were less likely to report getting at least 30 minutes of moderate physical activity five days a week (18%) compared with those age 35-65+ (28-37%).
- Obese respondents were less likely to report getting at least 30 minutes of moderate physical activity five days a week (18%) compared with those who are overweight (35%) or not overweight or obese (38%).

### *Vigorous physical activity*

Twenty-seven percent of respondents reported that during an average week they get at least 20 minutes of vigorous physical activity (i.e., activities that cause heavy sweating and a large increase in breathing or heart rate) three days a week, while 33 percent get one to two days and 40 percent reported not getting any days of vigorous physical activity.

**Potential differences between population groups**

- Respondents age 18-34 and 65+ were less likely to report getting at least 20 minutes of vigorous physical activity three days a week (20% and 21%, respectively) in contrast to those age 45-64 (33-34%).

- Respondents from households that make more than $74,999 were more likely to report getting at least 20 minutes of vigorous physical activity three days a week (34%) compared with those from households that make less than $75,000 (18-22%).
- Obese respondents were less likely to report getting at least 20 minutes of vigorous physical activity three days a week (13%) compared with those who are overweight (32%) or not overweight or obese (39%).

## Alcohol use

### *Heavy drinking*

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

**Potential differences between population groups**

- Respondents age 18-34 and 65+ were less likely to report heavy drinking in the past 30 days (5-6%) compared with those age 35-44 (20%).

### *Binge drinking*

Nearly one-third of respondents (32%) reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females).

**Potential differences between population groups**

- Male respondents were more likely to report binge drinking in the past 30 days (41%) compared with female respondents (24%).
- Respondents age 65+ were less likely to report binge drinking in the past 30 days (12%) compared with younger respondents (29-44%).
- Respondents who are overweight were more likely to report binge drinking in the past 30 days (37%) compared with those who are not overweight or obese (27%).