

# South Central Minnesota Community Health Survey for Le Sueur County



JUNE 2023

The South Central Minnesota Community Health Survey was conducted to learn about the health and health habits of residents living in Le Sueur County. The survey was funded by the Minnesota Department of Health’s Statewide Health Improvement Partnership (SHIP).

The survey was conducted by mail, and each potential respondent received up to two reminders following the initial mailing. Households were randomly selected so that all addresses in Le Sueur County had an equal chance of receiving the survey. The “most recent birthday” method of within-household respondent selection was used to randomly select one adult from each sampled household, which balances the age and gender of respondents. This survey was conducted in 2010, 2013, 2016, 2019, and 2022. A total of 1,800 households in Le Sueur County were invited to participate and 316 completed a survey, for a response rate of 18%. Post-stratification weighting was used, based on age, sex, and number of adults living in the household to ensure representativeness. As such, only respondents who provided the necessary demographic data for weighting are included in this report. This brings the sample size to 293.

Because the current project uses a sample of Le Sueur County residents to represent the full population, there is a margin of error to our findings – the reported values will not exactly match the values we would obtain if we were to survey everyone in the county. *Nominal* margin of error is a rough estimate of how far true population values may diverge from the reported results. However, when data are weighted to make the sample more representative of the county’s population, the margin of error goes up. The more weights are relied on to make the sample representative of the population, the more the *true* margin of error goes up. For example, the nominal margin of error for Le Sueur County is estimated at +/- 6%, but when taking weighting into account, the true margin of error is estimated at +/- 12%. This suggests that results are likely within 12 percentage points in either direction of the true population values. We provide true margins of error for increased accuracy given the weighting procedure used on these data, as well as nominal margins of error to allow for comparison with other studies that may not report true margin of error values.

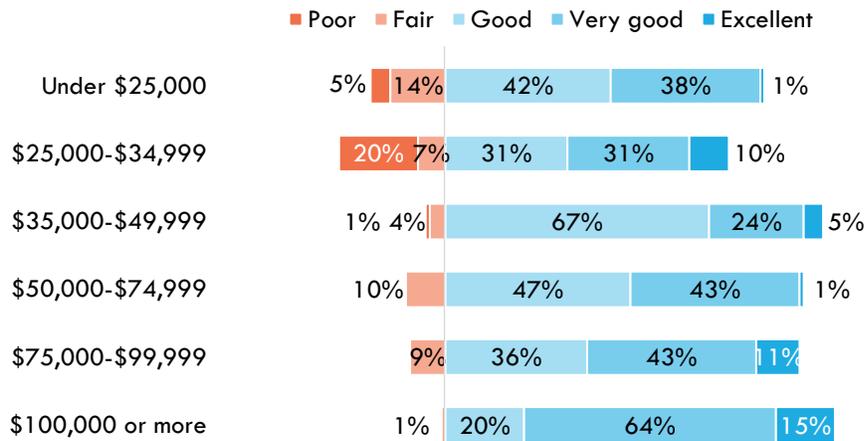
It is important to note that there are structural, systemic, and historic reasons why some demographic groups have a higher or lower rate of different behaviors and/or different health outcomes. These reasons include systemic bias, lack of access to resources, social determinants of health, historical trauma, and so on. These factors are important to keep in mind when considering possible interventions and upstream public health solutions to community health concerns.

# Overall health

In 2022, 92% of respondents reported their health as “excellent,” “very good,” or “good.” Just 8% reported their health as “fair” or “poor.” This did not change notably since 2010.

Higher proportions of higher-income respondents reported their overall health as “good,” “very good,” or “excellent,” compared with respondents from lower-income households (under \$35,000; Figure 1).

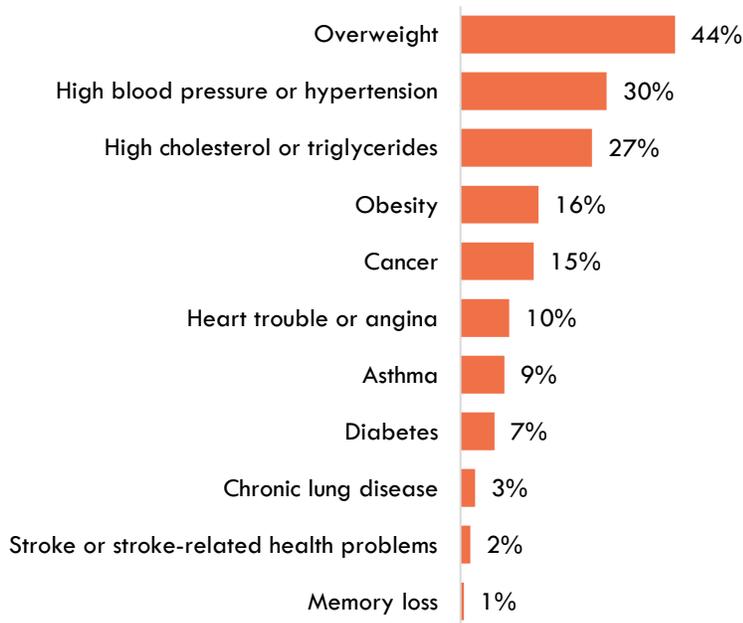
## 1. Self-reported overall health by household income



# Chronic health conditions

Respondents were given a list of health conditions and asked if they were ever told by a doctor or other health care professional that they had the condition. The most common health conditions were being overweight, high blood pressure or hypertension, and high cholesterol or triglycerides (Figure 2).

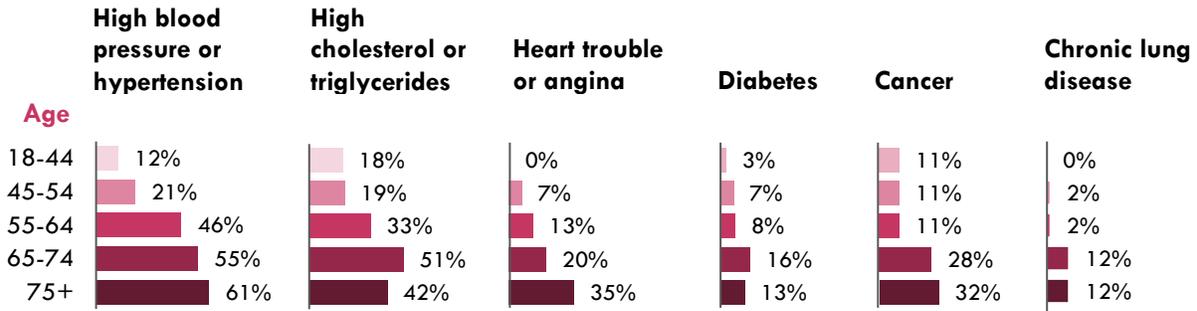
## 2. Chronic health conditions



Note. Percentages for high blood pressure or hypertension and diabetes include respondents that had these conditions during pregnancy.

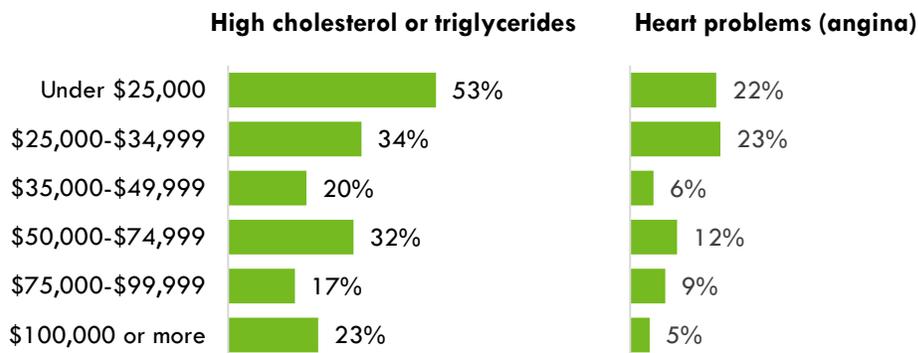
For some chronic health conditions, the proportion of respondents that have been told they have the condition increases with age. A higher percentage of older respondents (age 65 and older) reported high blood pressure, high cholesterol and triglycerides, heart trouble or angina, diabetes, cancer, and chronic lung disease, compared with respondents age 18-44 (Figure 3).

### 3. Various chronic health conditions by age



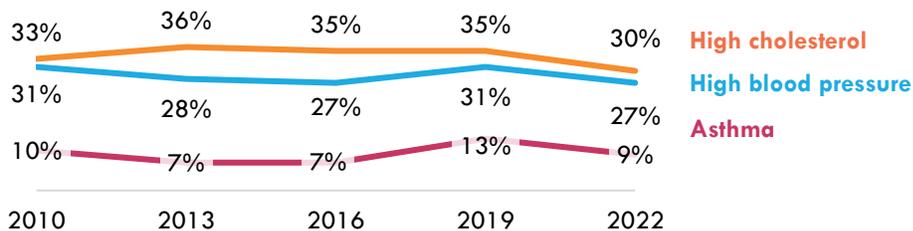
A higher percentage of lower-income households (under \$25,000) have been told they have high cholesterol or triglycerides compared with higher-income households. Similarly, a higher percentage of lower-income householders (under \$35,000) have been told they have heart problems (angina) compared with most other income categories (Figure 4).

### 4. High cholesterol and heart problems (angina) by household income



The proportion of respondents who reported they have high blood pressure, high cholesterol, or asthma has remained fairly constant since 2010 (Figure 5).

### 5. High cholesterol, high blood pressure, and asthma, 2010-2022



## Emotional and mental health conditions

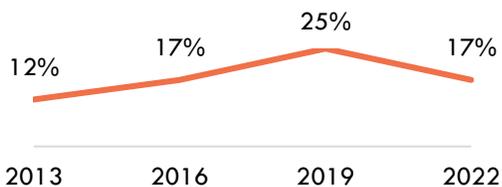
In 2022, 24% of respondents reported they “always” get the social and emotional support they need, and 42% said they “usually” get these types of supports. Five percent of respondents from households with incomes of \$25,000-\$34,999 reported they “always” get the social and emotional support they need, compared to 16-36% in other income groups.

Eight percent of respondents reported that they had seen a counselor, therapist, psychologist, psychiatrist, or other mental health professional in the past 12 months. Female respondents were more likely to report seeing a mental health provider compared to males (14% vs. 3%), and respondents age 18 to 44 were more likely to report seeing a provider compared to those age 65 and older (11% vs. 2%).

### Depression

According to the 2021 Minnesota data from the Behavioral Risk Factor Surveillance System Survey (BRFSS), 21% of adults in Minnesota reported they have depression. In 2022, 17% of Le Sueur County respondents reported they have depression, down from 25% in 2019 (Figure 6).

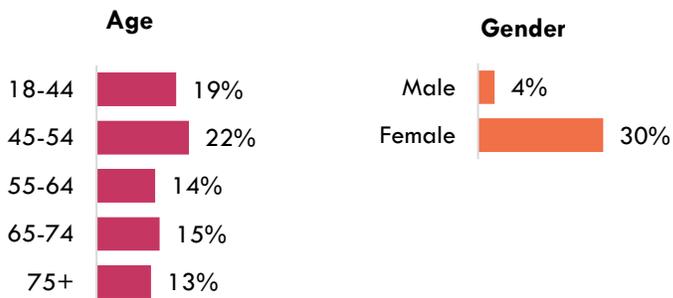
#### 6. Depression, 2013-2022



Note. Data were not available for 2010.

A higher proportion of younger respondents reported that they have been told they have depression compared to respondents age 55 and older. Female respondents were considerably more likely than male respondents to report being told they have depression (Figure 7).

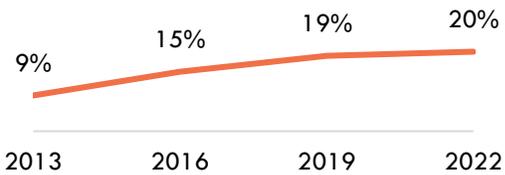
#### 7. Depression by age and gender



## Anxiety or panic attacks

In 2022, 20% of Le Sueur County respondents reported that they have anxiety or panic attacks (Figure 8). This has steadily increased since 2013.

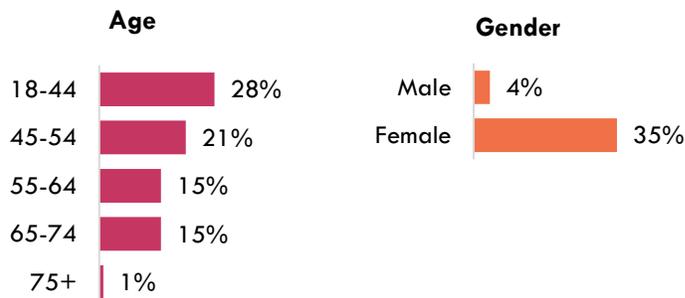
### 8. Anxiety or panic attacks, 2013-2022



Note. Data were not available for 2010.

A higher proportion of respondents age 54 and younger reported they have anxiety or panic attacks compared with older respondents. Female respondents were considerably more likely than male respondents to report having anxiety or panic attacks (Figure 9).

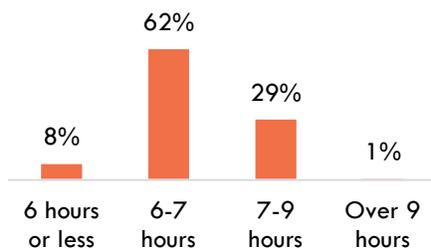
### 9. Anxiety or panic attacks by age and gender



## Sleep

According to the CDC, adults age 18 and older need at least seven hours of sleep per night. Sixty-two percent of respondents report getting between six and seven hours of sleep per night, whereas 29% of respondents report getting between seven and nine hours of sleep per night (Figure 10).

### 10. Hours of sleep per night



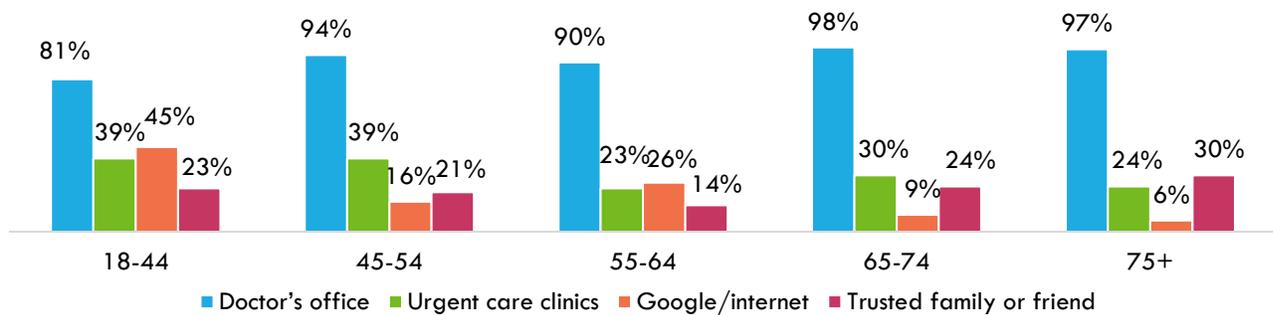
Respondents age 55 and older were more likely to get at least seven hours of sleep per night compared to respondents age 54 and younger. Female respondents were twice as likely as males to report getting at least seven hours of sleep per night.

## Health care providers and insurance coverage

Respondents were given a list of health care provider settings and asked about where they usually go when they are sick or need advice about their health. Respondents could mark all settings that apply to them. The most frequently visited places or sources of advice are doctor's offices (89%), urgent care clinics (33%), Google/the internet (28%), and trusted family or friend (21%).

Compared to younger respondents, a higher percentage of older respondents visit doctor's offices, whereas younger respondents appear to go to urgent care clinics more often when they are sick or need advice about their health. Respondents age 18 to 44 were considerably more likely to consult the internet compared to older respondents (Figure 11).

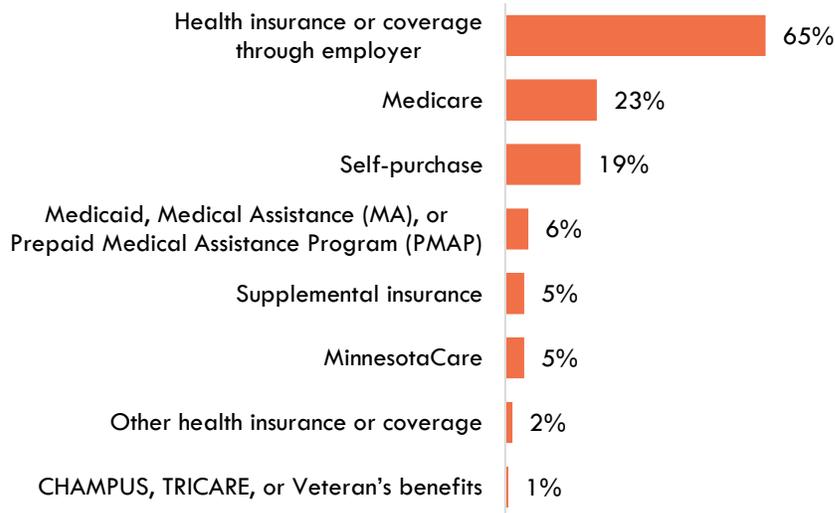
### 11. Health care provider settings by age



Note. Respondents could mark more than one response.

Ninety-nine percent of respondents reported having health insurance in 2022. Respondents were most likely to report getting health insurance through their employer. One-quarter of respondents reported they are on Medicare, and one-fifth buy health insurance directly for themselves or their family. Six percent of respondents reported being on Medicaid, Medical Assistance, or a Prepaid Medical Assistance Program (Figure 12).

### 12. Types of health insurance held by respondents



Note. Respondents could mark more than one response.

A higher percentage of male respondents reported getting insurance through their employer compared to female respondents (73% vs. 56%). Respondents with at least some post-secondary education were more than twice as likely to have health insurance through an employer compared to those with a high school diploma or GED as their highest level of educational attainment.

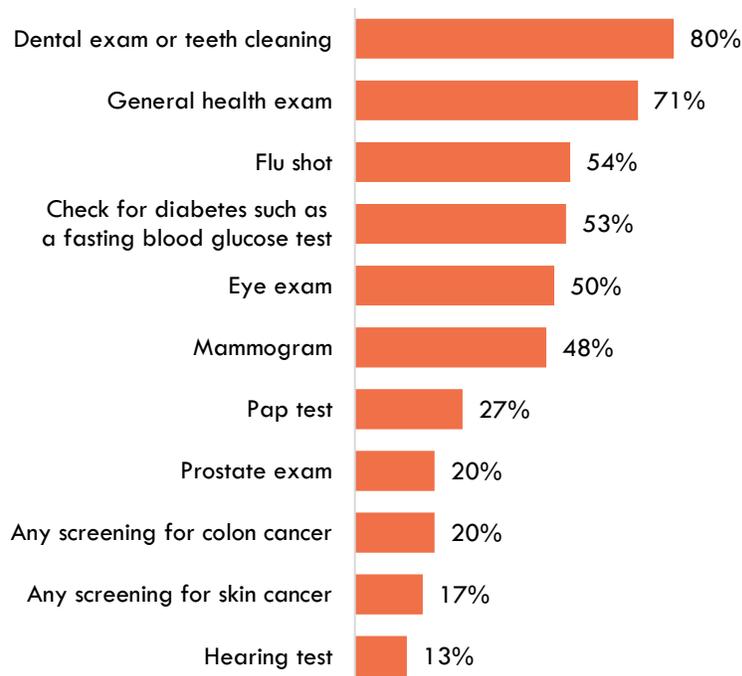
## Dental insurance

Sixty-three percent of respondents report having dental insurance through their employer, and 18% report having no dental insurance at all. People ages 65 to 75 (45%) and those over 75 (56%) report having no dental insurance at higher rates compared to younger respondents (3%). People with incomes of \$100,000 or more are more likely to have insurance through their employer than those with incomes under \$25,000 (89% and 5% respectively). People with lower incomes are more likely to have dental insurance through public assistance or not have dental insurance than those with higher incomes.

## Preventive care

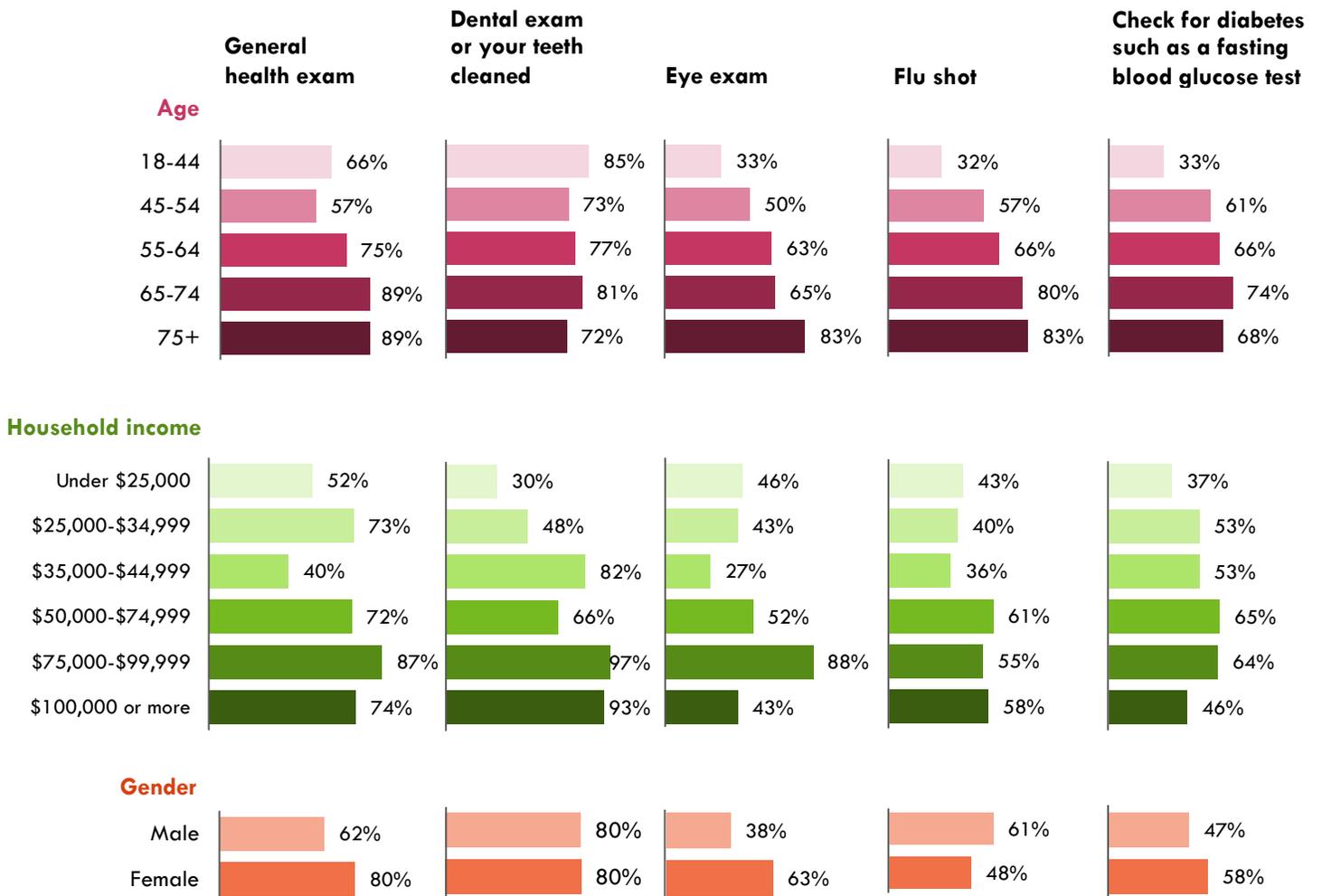
Within the past year, the top five preventive care exams that respondents had included: dental exam or teeth cleaning (80%), a general health exam (71%), flu shot (54%), diabetes test (53%), and eye exam (50; Figure 13).

### 13. Types of preventive care in the past 12 months



For the top five most common preventive care exams, a higher proportion of older respondents reported getting care in the past year, with the exception of dental care. Households with an income range of \$35,000-\$49,999 reported getting less preventive care for general health exams, flu shots, and eye exams as compared to other income ranges. Higher proportions of higher-income households reported getting dental exams. Compared to male respondents, a higher percentage of female respondents reported getting a general health exam, an eye exam, or check for diabetes within the past year (Figure 14).

14. Preventive care in the past 12 months by age, household income, and gender (only for the top five types of care)



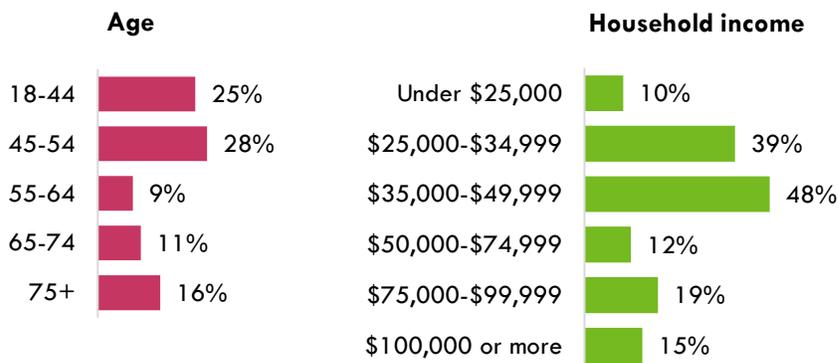
# Reasons for not receiving or delaying needed care

## Medical care

In 2022, 20% of respondents did not get or delayed getting medical care they thought they needed.

A higher proportion of younger respondents (age 18-54) reported that they delayed getting needed medical care in the past year, as did respondents with household incomes between \$25,000 and \$49,999 (Figure 15).

### 15. Delayed medical care by age and household income

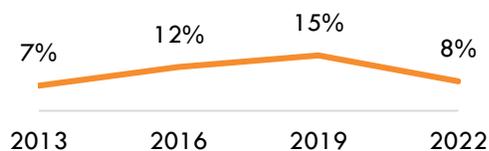


When asked why they delayed getting or did not get the care they needed, respondents most commonly reported that they did not think it was serious enough (45%) or they had work, family, or other obligations (44%). Respondents had the option to choose more than one reason.

## Mental health care

In 2022, 8% of respondents reported delaying getting mental health care that they thought they needed in the past 12 months. From 2019 to 2022, the proportion of respondents who did not get or delayed getting mental health care they thought they needed decreased from 15% to 8% (Figure 16).

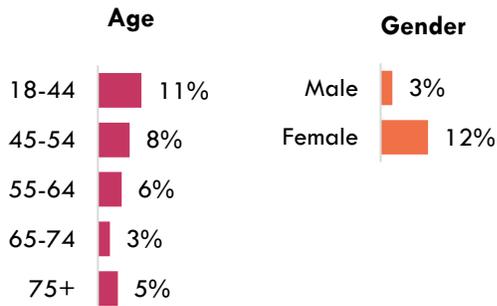
### 16. Delayed mental health care, 2013-2022



The top four most common reasons for why Le Sueur County respondents did not get or delayed getting mental health care they needed were being added to a waitlist/not able to get an appointment (38%), being nervous or afraid (34%), financial reasons such as high cost or no insurance coverage (32%), and obligations such as family or work (32%).

A slightly higher proportion of younger respondents (age 18-44) reported they did not get or delayed mental health care they thought they needed compared with older respondents. Twelve percent of female respondents reported they delayed getting the mental health care they thought they needed in the past 12 months, compared with 3% of male respondents (Figure 17).

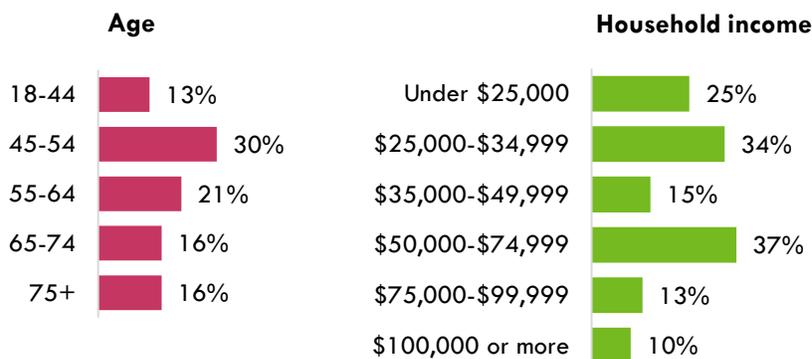
### 17. Delayed mental health care by age and gender



## Dental care

Eighteen percent of respondents reported delaying getting or not getting dental care they needed in the past 12 months, which was a decrease from 2019 (24%). A higher proportion of respondents age 35 to 54 reported not getting or delaying dental care they thought they needed. The highest household incomes were least likely to report delaying or not getting care (Figure 18).

### 18. Delayed dental care by age and household income



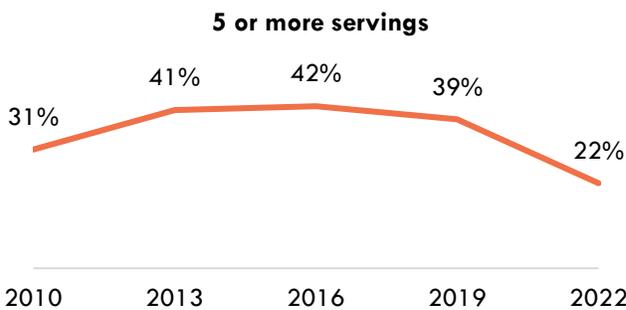
The most common reasons respondents delayed care were due to cost (72%), nervousness or fear (21%), or inability to get an appointment (20%).

# Nutrition

## Fruits and vegetables

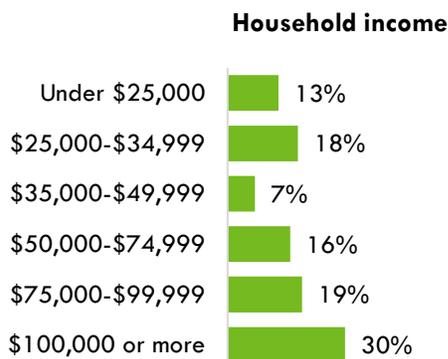
The CDC recommends that adults consume five or more servings of fruits and vegetables each day. On the day prior to completing the survey, 22% of respondents ate five or more servings of fruits and vegetables. The percentage of respondents who reported consuming five or more servings of fruits and vegetables the previous day decreased steadily from 2016 to 2022 (Figure 19).

### 19. Fruit and vegetable consumption, 2010-2022



A higher proportion of higher-income households (\$100,000 or more) reported eating the recommended five or more servings of fruits and vegetables the previous day compared with lower-income households (Figure 20).

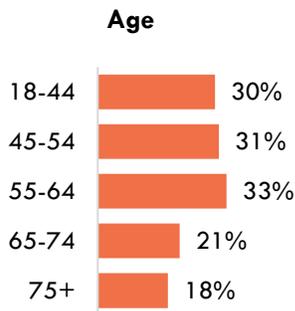
### 20. Consumption of five or more servings of fruits and vegetables by household income



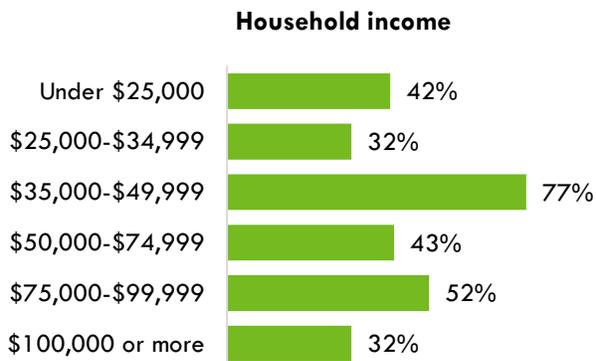
When asked about the availability and accessibility of fruits and vegetables, most respondents agreed or strongly agreed that there is a large selection of fruits and vegetables where they shop (85%), the fresh fruits and vegetables where they shop are of high quality (82%) and they eat enough fruits and vegetables to keep healthy (51%). Respondents age 18 to 64 were more likely to agree that most unhealthy foods taste better than healthy foods compared to respondents age 65 and older. Respondents with household incomes of \$35,000 to \$49,999 were most likely to say that eating healthy costs too much compared to other income brackets (Figure 21).

## 21. Availability and accessibility of fruits and vegetables

### Most unhealthy foods taste better than healthy foods (agree or strongly agree)



### Eating healthy costs too much (agree or strongly agree)



## Eating/ordering food out

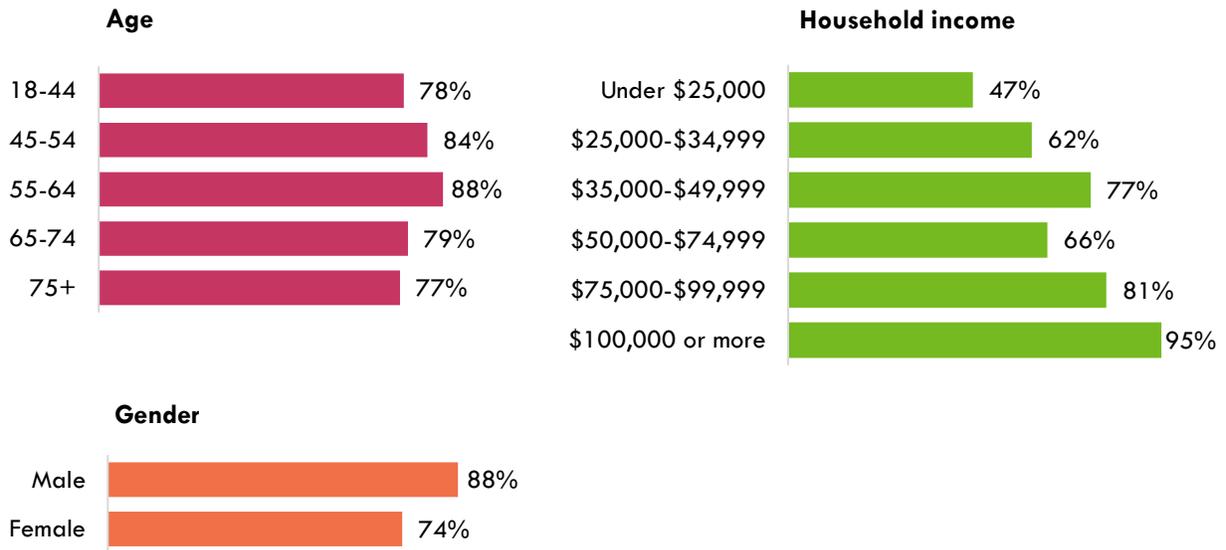
Sixty percent of respondents reported eating or ordering food out one to two times per week. Thirteen percent said they eat or order food out three to four times per week. Respondents with household incomes of \$35,000 to \$49,999 were most likely to say that they do not eat or order out in an average week compared to other income brackets.

# Physical activity

In 2022, 81% of respondents reported that they participated in physical activity or exercises such as running, yoga, golf, gardening, or walking for exercise in the past 30 days. This increased slightly as compared with 2019 (74%).

Respondents from households earning \$100,000 or more were most likely to report past month physical activity, and those earning less than \$25,000 were least likely to. Male respondents were more likely to report physical activity in the past month compared to females (Figure 22).

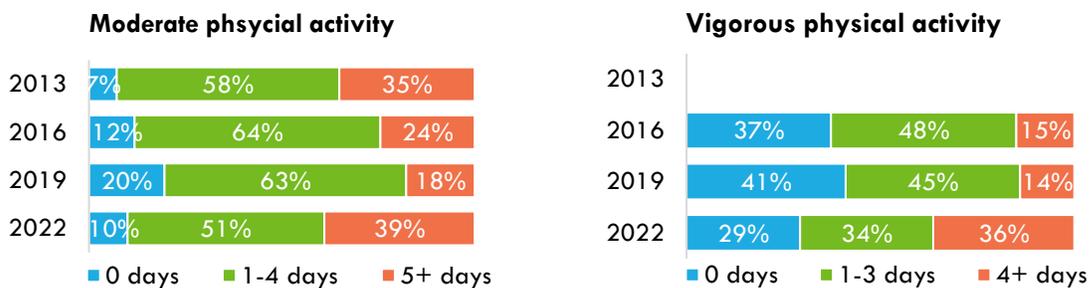
## 22. Participated in physical activity in past 30 days by age, household income, and gender



The CDC recommends 30 or more minutes of moderate physical activity per day five or more days per week or 20 or more minutes of vigorous physical activity per day four or more days per week for adults.

In 2022, 39% of respondents reported getting the recommended amount of moderate physical activity, which is a substantial increase since 2019 (Figure 23). Thirty-six percent of respondents participated in vigorous physical activity for four or more days per week.

## 23. Days of moderate and vigorous physical activity in an average week, 2013-2022



Note. There are no data for vigorous physical activity in 2013.

A higher percentage of respondents from households with incomes of \$75,000 or more (21%) reported getting the recommended amount of vigorous physical activity compared with lower-income households under \$35,000 (3%).

Respondents were asked about which factors prevent them from being more physically active from a list. They could select more than one answer. Respondents indicated the following issues are a “big problem” in terms of getting them to be more active: cost (24%), lack of time (24%), and not wanting to exercise (15%).

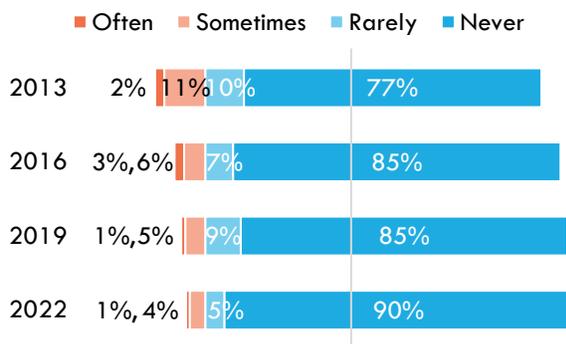
## Food accessibility and security

About one-fourth of respondents (23%) usually have to travel between eleven and twenty miles to get their groceries.

Very few respondents reported using a community food shelf program in 2022 (5%), 2019 (3%), 2016 (3%), and 2013 (4%).

In 2022, 90% of respondents said they never worry that their food will run out before they have money to buy more, compared to 77% in 2013 (Figure 24).

### 24. Concern about running out of food, 2013-2022



Note. Totals may not equal 100% due to rounding.

A higher proportion of male respondents (95%) said that they “never” worry that their food will run out before they have money to buy more compared with female respondents (85%).

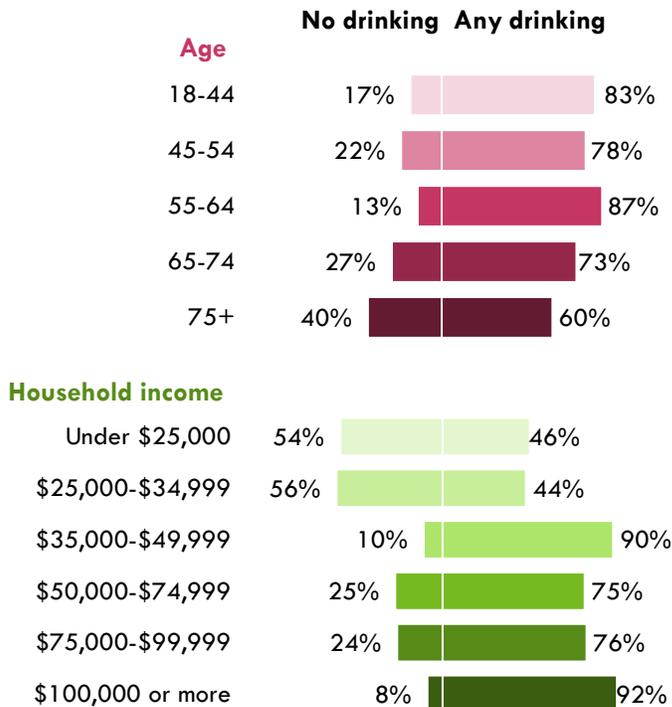
# Alcohol, tobacco, and other drugs

## General drinking

During the past 30 days, 79% of respondents consumed at least one alcoholic beverage such as beer, wine, a malt beverage, or liquor. This increased slightly from 72% in 2019.

In 2022, the proportion of respondents who reported drinking any alcohol was highest among respondents age 55-64 (87%) and lowest among respondents age 75 and older (60%). Ninety-two percent of respondents with household incomes of \$100,000 or more reported drinking alcohol in the last 30 days compared with 46% of respondents with household incomes under \$25,000 (Figure 25).

### 25. Drinking by age and household income



## Heavy drinking and binge drinking

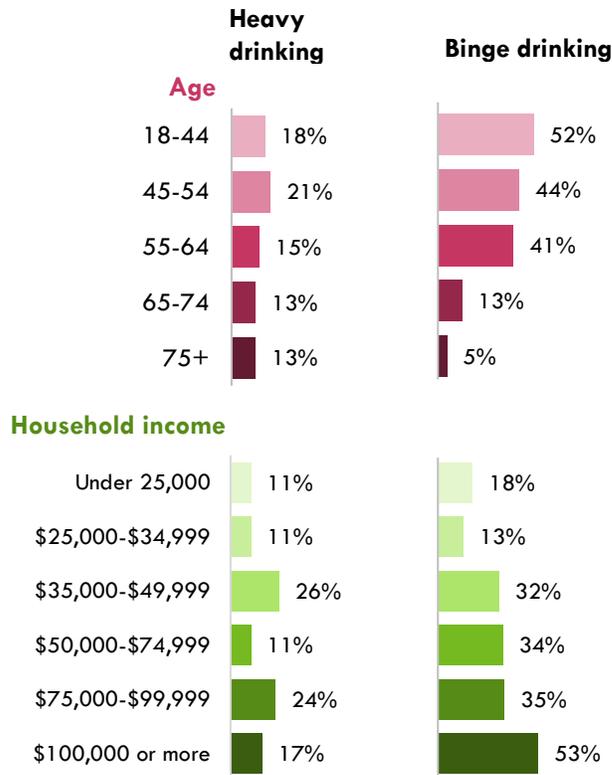
Heavy drinking is defined as consuming 60 or more alcoholic drinks in the past 30 days for men (an average of two or more drinks per day) and 30 or more alcoholic beverages in the past 30 days for women (an average of one or more drinks per day).

In 2022, 17% of respondents were heavy drinkers according to this definition and their self-reported drinking on this survey. Heavy drinking varied by age (Figure 26).

Binge drinking is defined as consuming five or more alcoholic drinks on one occasion for men and four or more alcoholic drinks on one occasion for women.

In 2022, 39% of respondents engaged in binge drinking compared with 32% in 2019. Over half of respondents age 18-44 (52%) reported engaging in binge drinking compared with 5% of respondents age 75 and older. Fifty-three percent of higher-income households (\$100,000 or more) engaged in binge drinking compared with 18% of households under \$25,000 (Figure 26). A higher proportion of male respondents (47%) reported binge drinking compared to females (31%).

## 26. Heavy and binge drinking by age and household income



## Drinking and driving

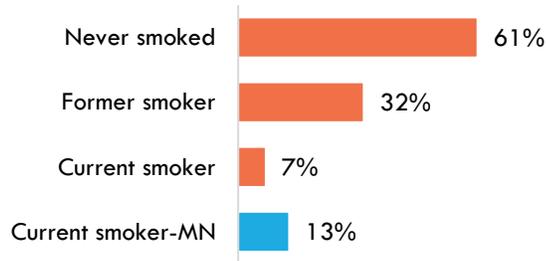
During the past 12 months, 5% of respondents reported they “sometimes” drove a car when they felt they had too much to drink.

## Tobacco use

To determine the smoking status of respondents, a variable was calculated based on respondents’ answers to whether they had smoked at least 100 cigarettes in their lifetime and whether or not they currently smoke every day or some days. According to the 2021 Behavior Risk Factor Surveillance System, 13% of adults in Minnesota are current cigarette smokers.

Sixty-one percent of respondents reported that they have never smoked cigarettes, while 7% are current smokers (Figure 27).

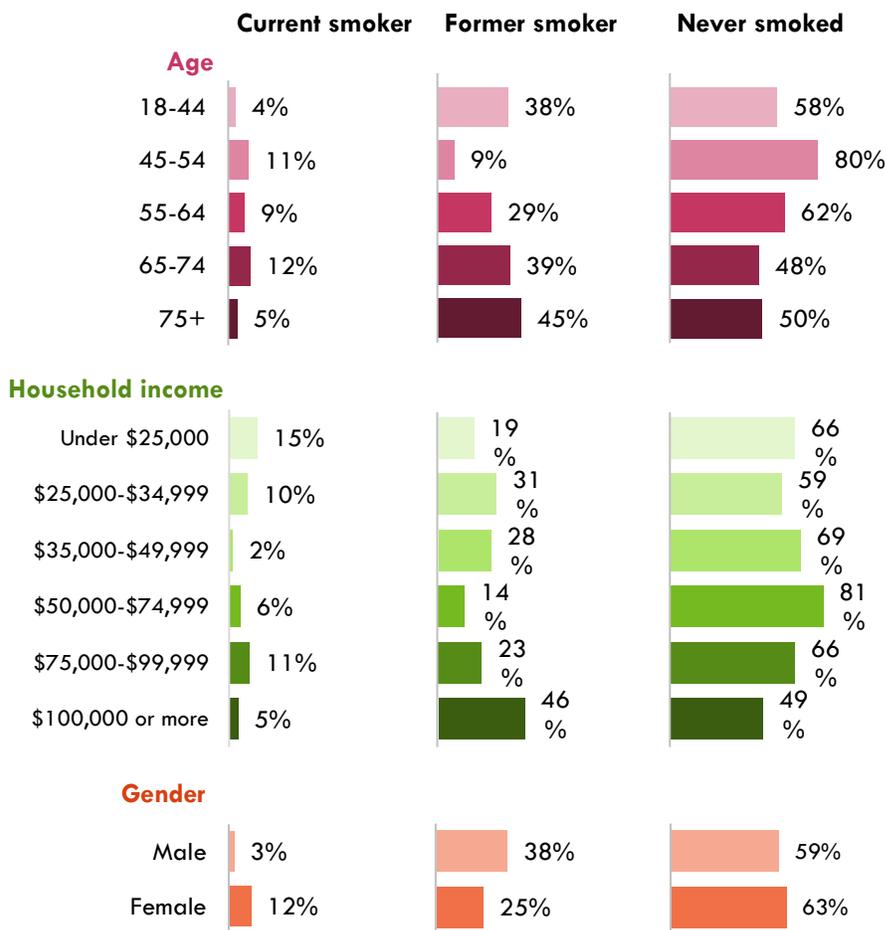
### 27. Smoking status in Le Sueur County and Minnesota overall



Note. Totals may not equal 100% due to rounding.

A higher proportion of respondents under the age of 65 reported they have never smoked compared with adults age 65 and older. Respondents from higher-income households were more likely to say they are former smokers compared to lower income brackets. Female respondents were more likely than males to be current smokers (Figure 28).

### 28. Smoking status by age, household income, and gender



Note. Totals may not equal 100% due to rounding.

Three percent of Le Sueur County respondents reported using e-cigarettes, a vaping pen, JUUL, or another type of vaping device “every day” or “some days.” Thirteen percent of respondents reported using snuff, snus, or chewing tobacco “every day” or “some days.” Two percent of respondents smoke cigars. Less than one percent of respondents smoke pipes or hookah.

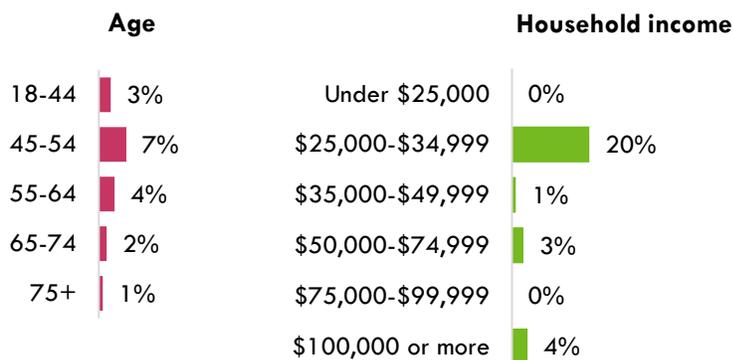
Participants reported they had been exposed to secondhand smoke in the last seven days in their home (6%), workplace (6%), or some other public place (23%). Younger people, women, and people in higher-income households were more likely to be exposed to secondhand smoke in public places.

## Drug use

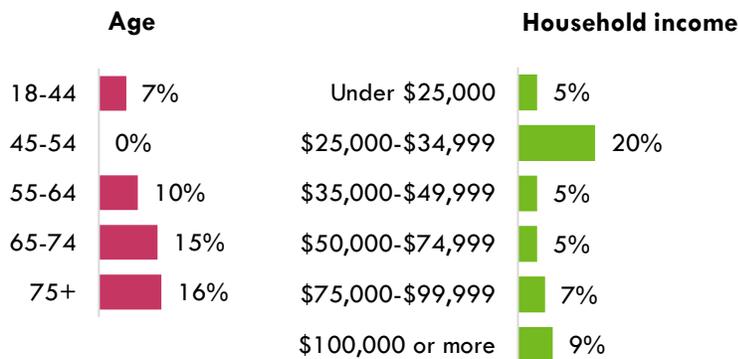
Participants were asked about their use of substances for non-medical purposes over the last 30 days. Four percent of respondents reported using marijuana (including smoking, vaping, hashish, wax, edibles, etc.) and 8% reported misusing pain relievers such as oxycodone, Vicodin or codeine. People ages 45 to 54 were more likely to use marijuana, whereas respondents ages 65 and older were more likely to misuse prescription drugs compared to other age groups. Respondents in householders earning \$25,000 to \$34,999 were more likely to use marijuana and misuse prescription drugs compared to other income brackets (Figure 29).

### 29. Marijuana and pain reliever use by age and income

#### Marijuana use



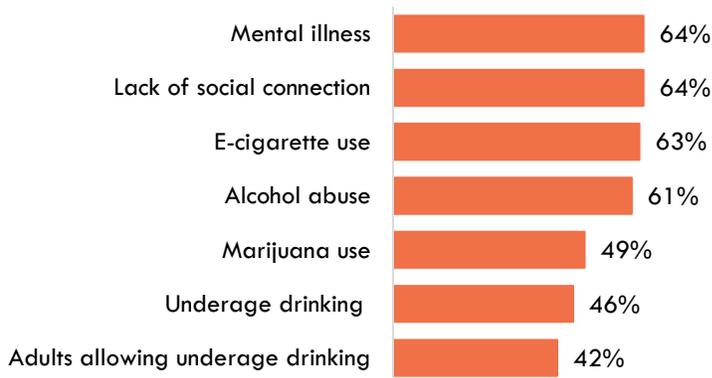
#### Pain reliever misuse



## Community problems

Participants were asked to rate how much of a problem alcohol, tobacco, and other drug use is in their community as well as mental illness and lack of social connection on a scale from “no problem” to “serious problem.” A higher percentage of respondents said that mental illness (64%), lack of social connection (64%), e-cigarette use among youth (63%), and alcohol abuse among adults age 21 or older (61%) were moderate to serious problems (Figure 30). Younger people were more likely than older people to consider mental illness a serious problem. Compared to male respondents, female respondents were more likely to consider mental illness a serious problem (45% vs. 17%) as well as lack of social connection (28% vs. 6%)

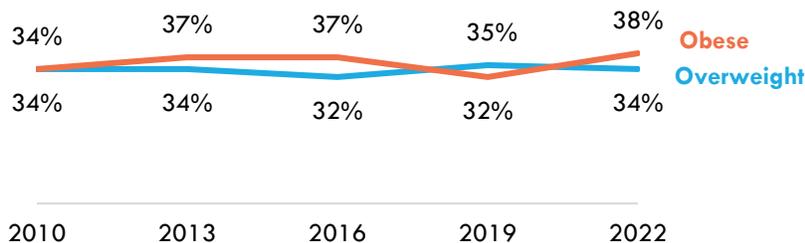
### 30. Moderate to serious community problems



## Overweight and obese

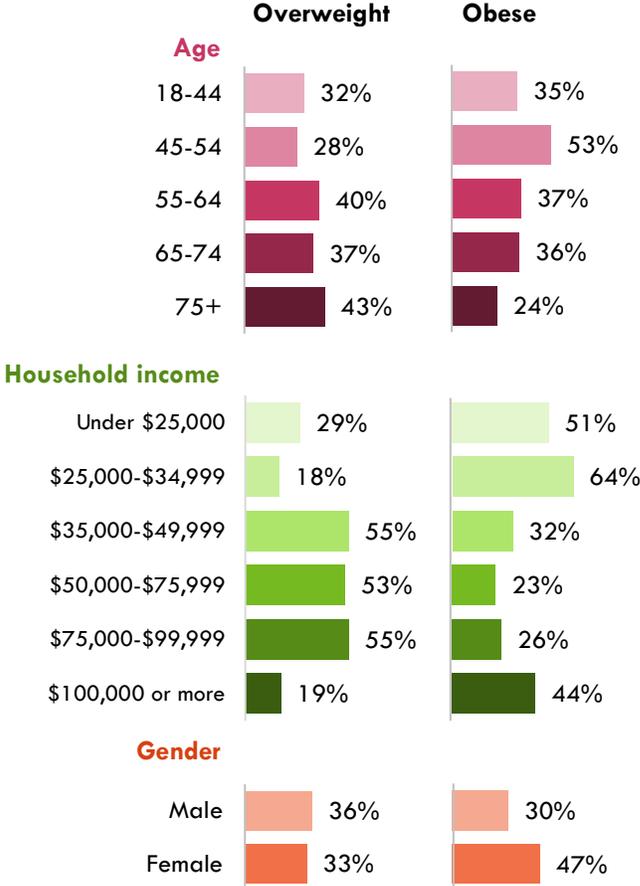
Respondents were asked to report their height and weight, which was then used to calculate their Body Mass Index (BMI). Based on BMI, adults can be classified as healthy weight, overweight, or obese. In 2022, a little over one-third (38%) of respondents were considered obese and another one-third (34%) were overweight. This is similar to the proportion of adults in Minnesota who are overweight (35%) and obese (32%), according to Behavioral Risk Factor Surveillance System (BRFSS) data from the Centers for Disease Control and Prevention (CDC). Overweight and obesity rates have not changed substantially since 2010 (Figure 31).

### 31. Weight classification by BMI, 2010-2022



Respondents ages 45 to 54 had the highest rates of obesity, and adults age 75 and older had the lowest rates. A higher proportion of lower-income households were obese compared with higher-income households. Female respondents were more likely to be obese than male respondents (Figure 32).

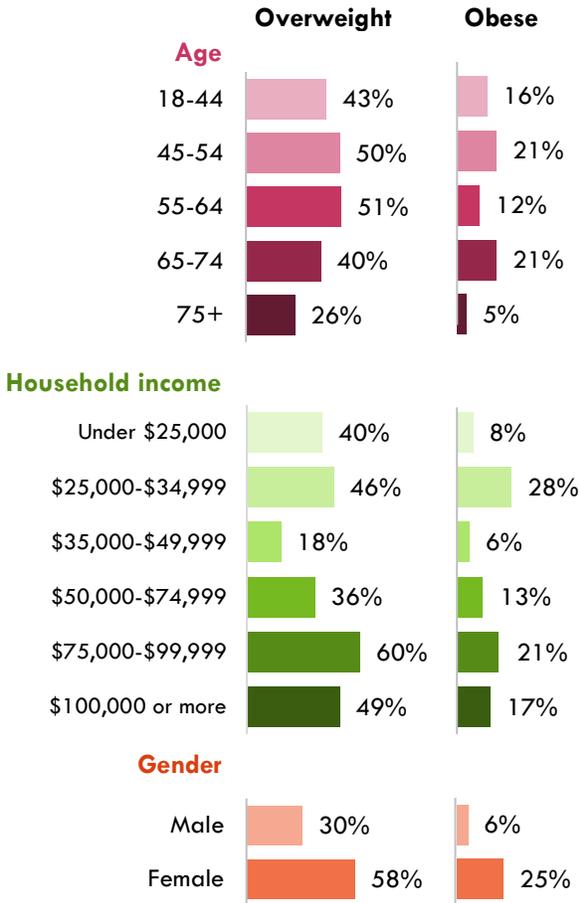
32. Weight classification by BMI by age, household income, and gender



In 2022, 44% of respondents were told by a doctor, nurse, or other health professional that they are overweight. Sixteen percent were told they are obese, which is substantially lower than the proportion of adults who are actually obese based on their BMI.

Respondents ages 75 and older were least likely to report that a health care professional told them they are overweight or obese. The highest percentage of individuals who were told they were overweight were from households earning \$75,000 to \$99,999 and the lowest percentage from households earning \$35,000 to \$49,999. Those from households earning \$25,000 to \$34,999 were most likely to report being told they are obese. Female respondents were considerably more likely to report being told by a health care professional that they are overweight or obese compared to males (Figure 33).

33. Told by a health care provider they are overweight or obese by age, household income, and gender



## Ways to get around

Nearly all respondents (97%) use their own vehicles (car, truck, van, motorcycle) to get around for things like work, shopping, or medical visits. Twenty-eight percent of older respondents (age 75 and older) get rides from family/friends, compared with 4% of younger respondents (age 18-44).

Respondents from lower-income households (under \$25,000) were least likely to report getting around using their own vehicle (83%), and most likely to report getting rides from friend and family (29%) compared to other income brackets. Few respondents reported facing transportation barriers getting to work (2%), medical appointments (4%), social functions (4%), or running errands (4%) and no one reported facing transportation barriers when accessing child care.

# Personal and community safety

## Driving

When driving or riding in a car, 98% of respondents reported that they “often” wear a seat belt. Similarly, the *Minnesota Observational Seat Belt Use Study: 2021* found that 92% of Minnesotans wore a seat belt.<sup>1</sup> Eighteen percent of respondents say they often or sometimes do things like eat, apply makeup, or shave while driving, and eighteen percent say they often or sometimes use a device while driving such as making a phone call, texting, or being on the internet.

While there are no major differences in seat belt use by age group or gender, respondents from lower-income households (under \$25,000) were least likely to report wearing a seat belt often (87%). Individuals age 45 to 54 were most likely to say they sometimes do things like eat or apply makeup while driving (32%) while younger adults ages 18 to 44 were least likely to (3%). Individuals age 45 to 54 were also most likely to report sometimes use a device while driving, as were individuals with a Bachelor’s degree or higher.

## Community safety

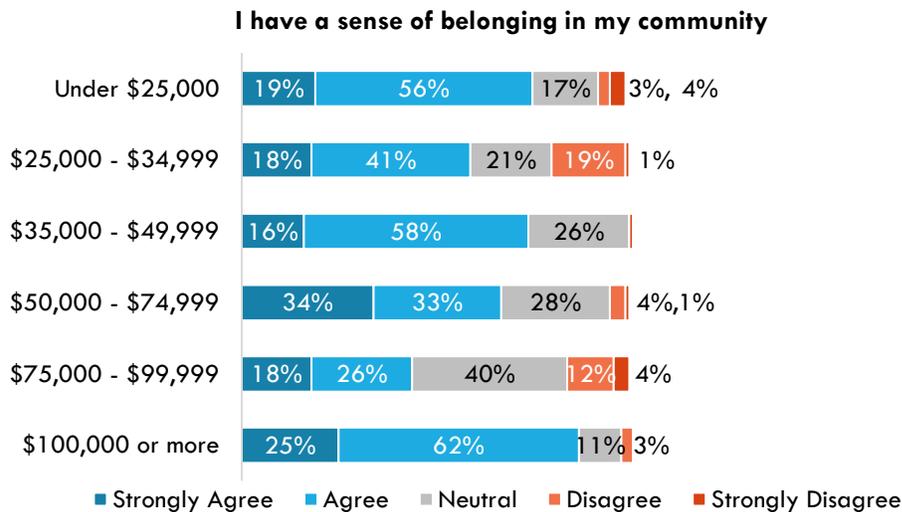
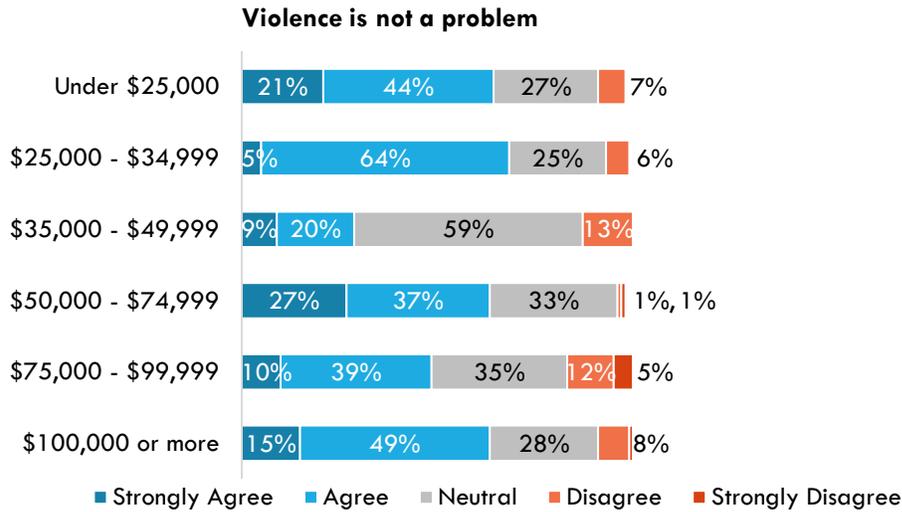
Seventy-nine percent of respondents agree that their community is an excellent place to live. Similarly, respondents agree that they feel safe calling the police for help (93%), they feel safe in their community (91%), people in their community are willing to help each other (80%), and that children are safe in their community (73%).

Respondents with household incomes of \$35,000 to \$49,999 were least likely to agree with the statement “violence is not a problem in my community” compared to other income brackets. Those with household incomes of \$75,000 to \$99,999 were least likely to agree with the statement “I have a sense of belonging in my community” (Figure 34).

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<sup>1</sup> Corona Insights. (2021). *Minnesota Observational Seat Belt Use Study: 2021 Final Report*. <https://dps.mn.gov/divisions/ots/reports-statistics/Documents/2021-minnesota-observational-seat-belt-use-study.pdf>

### 34. Perception of community safety issues by income



### Personal safety

Participants were asked if they ever felt or currently feel unaccepted, unvalued, or unwelcome based on a variety of characteristics. Forty-three percent of Le Sueur County respondents said they have felt unwelcome in the community. Among these respondents, the most common reasons they feel unwelcome are because others are not friendly (35%), their political affiliation (33%), their physical appearance such as height or weight (20%), and their age (18%). Female respondents are more likely than males to feel that others are not friendly and to feel unwelcome because of their physical appearance and age. Males are more likely to feel unwelcome because of their political affiliation.

If something unpredictable were to happen, such as a tornado, flood, or community disaster, 86% of respondents felt they have skills they can use to help others, 75 of respondents report that they have access to resources they could use to help their family, and 75% are confident in their community’s ability to respond.

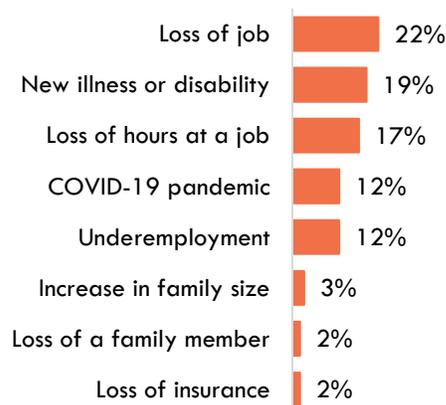
Five percent of respondents said they are currently in a relationship where they are or have been physically hurt, threatened, or made to feel afraid, and 5% report that they are living with someone who has made them fearful through action, tone of voice, threats, or destroying property.

## Financial security

Participants were asked about several household structural issues. Most participants reported they rarely or never have problems with cockroaches (100%), visible mold (98%), water leaking from the roof, windows, basement, etc. (95%), rodents (94%), or being uncomfortably cold or hot inside their homes (90%). Ten percent of respondents report they have been worried or stressed about having enough money to pay bills every month or almost every month. Most participants report that in the past six months their confidence that they are able to continue living in their current home has stayed the same or increased; however, 19% of respondents who work part-time report their confidence has decreased, compared to 6% of respondents working full-time and 5% who are retired.

Respondents ages 18 to 44 were more likely to worry about paying bills every month or almost every month (15%) than participants 75 and older (2%). Half of respondents in households making less than \$25,000 worry about paying bills every month or almost every month compared to 15% of respondents in households with an income of \$75,000 or more. For those respondents who report worrying about paying their bills a few months a year or more often, some of the factors that contribute to this stress include the loss of a job/unemployment (22%), a new illness or disability in the family (19%), or the loss of hours at a job (17%; Figure 35).

### 35. Life events contributing to financial stress



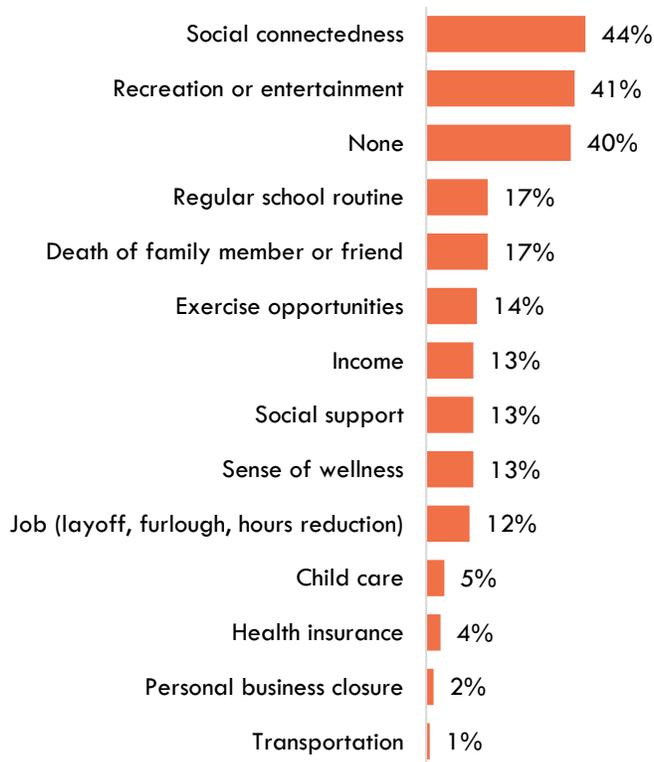
# Caregiving

Forty-three percent of respondents report they are the primary caregiver for someone. Of those respondents, 86% say they have enough family support, 83% have enough financial support, and 69% have enough help from outside organizations such as home health care, adult day care, etc.

# COVID-19

Participants were given a list of losses related to the COVID-19 pandemic and asked if they experienced them. The top three responses were social connectedness (44%), recreation or entertainment (41%), and no COVID-related losses (40%; Figure 36). Those who are younger were more likely to report loss of a job, income, health insurance, and regular school routine compared to older respondents. Female respondents more often reported loss of a job, childcare, social connectedness, social support, sense of wellness, recreation and entertainment, and death of a family member. Respondents in the lowest income households and the highest income households were least likely to report job losses.

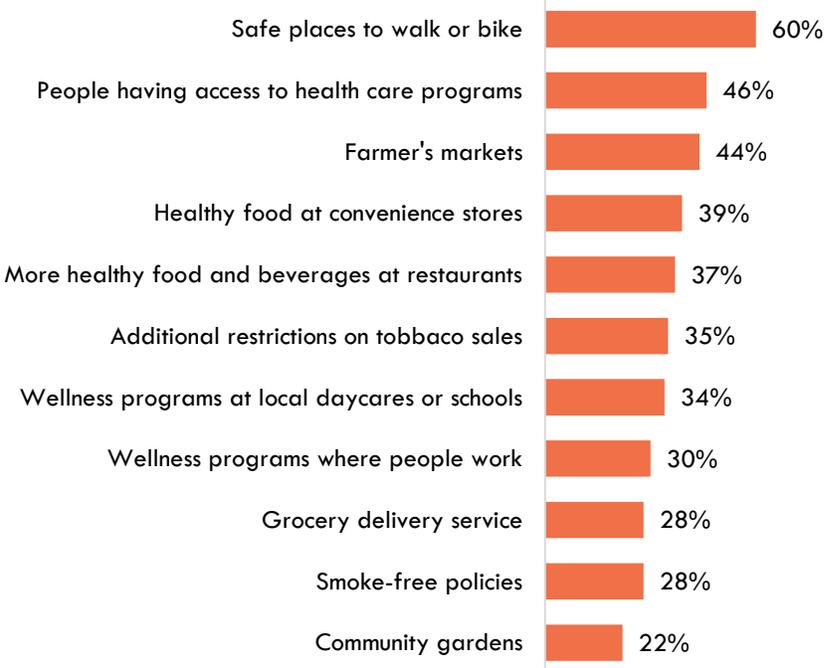
## 36. Losses related to the COVID-19 pandemic



# Community amenities

Respondents were asked how interested they were in a list of community amenities related to health. The five amenities with the highest percentage of respondents saying they were very interested in having them in their community were: safe places to walk or bike (60%), people having access to health care programs (46%), Farmer’s markets (44%), healthy food at convenience stores (39%), and more healthy food and beverages at restaurants (37%; Figure 37).

## 37. Community amenities that respondents are very interested in having



The following comparisons between groups include the proportion of respondents that indicated they are very interested in the community amenity.

## Safe walking and biking routes

Respondents with incomes of \$35,000 to \$74,999 were less likely to be very interested in this amenity compared to either lower or higher income households. Three-fourths of female respondents (75%) reported interest in a safe place to walk or bike as compared with less than half of male respondents (46%). Respondents from households with at least two adults were more interested in safe place to walk and bike as compared to single adult households with no children.

## Access to healthcare programs

Respondents age 18 to 54 were more likely to report being very interested in having access to healthcare programs compared with older respondents. The highest proportion of respondents that reported interest in this amenity were among those from households with incomes of \$100,000 or more (58%). Interest from other household income categories ranged from 25-48%. There were no differences in interest by gender.

## Farmer's markets

Fifty-six percent of respondents age 18 to 44 were very interested in a farmer's markets compared with 28% of respondents age 65 to 74. Interest in farmer's markets varied by household income. Lower and higher income households were more interested than middle-income households (\$35,000 to \$74,999). A higher percentage of female respondents than male respondents expressed interested in a farmer's market (57% vs. 31%).

# Respondent characteristics

## 38. Demographics

Gender	Unweighted	Weighted
Female	38%	50%
Male	62%	50%
Age		
18-34	4%	24%
35-44	7%	16%
45-54	11%	19%
55-64	20%	19%
65-74	32%	13%
75+	25%	10%
Race		
White	99%	98%
Of color	1%	2%

Education	Unweighted	Weighted
Less than high school	3%	1%
High school diploma or GED	21%	12%
Some college/trade or AA degree	37%	41%
Bachelor's degree or higher	39%	46%
Household income	Unweighted	Weighted
Under \$25,000	14%	7%
\$25,000 to \$34,999	10%	7%
\$35,000 to \$49,999	10%	10%
\$50,000 to \$74,999	20%	17%
\$75,000 to \$99,999	17%	14%
\$100,000 or more	29%	44%

Note. Totals may not equal 100% due to rounding.



## Wilder Research®

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This summary presents findings from South Central Minnesota Community Health Survey. For more information about this report, contact Amanda Petersen at Wilder Research, 651-280-2741.

Authors: Amanda Petersen, Bunchung Ly, and Nicole MartinRogers

## South Central Minnesota Community Health Survey

JUNE 2023

