

APPENDIX C. STATE STRENGTHS SURVEY FINDINGS

Survey overview

The Minnesota Department of Health (MDH) and the statewide health assessment steering committee conducted a survey in June 2023 for the statewide health assessment. It aimed to identify state strengths that support health and well-being and to use an asset-based approach in developing the health assessment.

Limitations of this survey

Not all populations could access this survey, so respondents are not a representative sample of the state. Accessibility limitations included:

- It was available in English only, creating barriers for people who read or speak other languages.
- It was available online only, decreasing access for people with limited internet access or who are less comfortable engaging with online technology.

Additional factors that limited who responded to this survey included the limited time the survey was open (approximately one month) and the limited resources for promoting the survey more broadly and amongst additional groups outside health Partnership and Minnesota Department of Health circles.

Methods

Staff created this survey in consultation with the steering committee and the MDH health equity bureau. It built on a survey conducted for the previous statewide health assessment from 2017.

The survey asked respondents (people who answered the survey) how strongly they agreed or disagreed that strengths identified from the 2017 survey currently support people's health and well-being in Minnesota. Two open-ended questions asked if any strengths were missing and if respondents had other comments. The survey included optional demographic questions to understand who completed the survey.

The healthy Minnesota Partnership launched the survey at a Partnership meeting on June 8, 2023, and closed it on June 30, 2023. Partnership staff shared the survey with member organizations, the Partnership email list, the community health services newsletter, 15 groups engaged through other community engagement activities, the health equity bureau newsletter, the state advisory committee for community health services, and MDH social media posts. In total, 538 people completed the survey.

Summary of responses

Survey respondents

Staff included optional demographic questions at the end of the survey to help understand who responded to the survey. Of the 538 people who completed the survey:

Table 7: Which county do you live in? N=538

Response	Frequency	Count
Seven-County Metro Area (Ramsey, Hennepin, Anoka, Washington, Carver, Scott, Dakota)	32.90%	177
Greater Minnesota (from over 40 MN counties across the state outside of the metro area)	38.48%	207
Other (did not name a Minnesota County)	10.04%	54
No response	18.59%	100

Table 8: Proportion and number of reported counties by SVI N=538

Proportion and number of reported Counties by SVI

Communities with a high social vulnerability index generally have higher rates of poverty; crowded housing; a lack of access to transportation; and a high proportion of residents who are Black, American Indian, Asian, or Hispanic/Latine when compared to communities with a low index.

Response	Frequency	Count
Low 0.0-0.25 (least vulnerable 25%)	9.67%	52
Low-Medium 0.2501-0.50	8.36%	45
Medium-High 0.5001-0.75	35.50%	191
High 0.7501-1.0 (most vulnerable 25%)	17.84%	96
Other (did not name a Minnesota county)	10.04%	54
No response	18.59%	100

**Table 9: Are you Hispanic, Latino, or Spanish?
N=538**

Response	Frequency	Count
Yes	1.49%	8
No	85.87%	462
Unknown	0.56%	3
No response	12.08%	65

**Table 10: Select your age range
N=538**

Response	Frequency	Count
Younger than 18 years	0.00%	0
18-24 years	3.40%	17
25-44 years	35.30%	176
44-64 years	45.80%	228
65 years and older	11.80%	59
No response/declined	3.60%	18

Table 11: How would you describe your gender today? N=538

Response	Frequency	Count
Male	12.90%	64
Female	81.90%	407
Transgender man	0.60%	3
Transgender woman	0.40%	2
Genderqueer/ gender non-conforming	1.00%	5
Non-binary	0.60%	3
Two-spirit (Indigenous Specific Gender)	0.20%	1
Gender not listed above	0.20%	1
Unknown	0.60%	3
No response/ declined	4.00%	20

**Table 12: How do you describe yourself?
N=538**

Response	Frequency	Count
American Indian or Alaska Native	0.74%	4
Asian	1.49%	8
Black or African or African American	2.04%	11
Native Hawaiian or Other Pacific Islander	0.00%	0
White	77.14%	415
Race Not Listed Above, please specify: Other	1.12%	6
Unknown	0.56%	3
Multi-racial (2 or more races)	3.35%	18
No response	13.57%	73

State strengths

Minnesota has many assets and strengths that support health and well-being. The survey included a range of items that spanned across the opportunity, nature, and belonging sections in the assessment.

Table 13: State strengths related to opportunity

State strengths from 2017 survey	Agreed or strongly agreed	Neutral	Disagreed or strongly disagreed
Strong educational system	67.4%	17.2%	15.5%
Many people have health insurance	66.4%	18.7%	15.0%
Availability of jobs	78.7%	14.6%	6.7%
Social programs for families	70.1%	20.0%	9.9%
Support from local health and state departments	69.5%	20.2%	10.3%
Access to transportation	40.3%	23.7%	36.0%

Table 14: State strengths related to nature

State strengths from 2017 survey	Agreed or strongly agreed	Neutral	Disagreed or strongly disagreed
Access to parks and trails	92.2%	5.4%	2.4%
Access to lakes and rivers	86.1%	10.4%	3.6%
Availability of home garden or community gardens	67.5%	21.5%	11.0%
Availability of farmers markets	80.1%	12.0%	7.8%

Table 15: State strengths related to belonging

State strengths from 2017 survey	Agreed or strongly agreed	Neutral	Disagreed or strongly disagreed
People feel welcome	57.6%	26.9%	15.5%
Growing diversity	70.2%	21.5%	8.2%
Opportunities to volunteer or get involved	74.4%	20.1%	5.4%
Access to voting	82.0%	14.0%	3.9%
Opportunities for immigrants	50.8%	37.1%	12.0%
Active faith-based communities	68.8%	24.1%	7.1%
Many charitable organizations that support communities	74.4%	20.9%	4.7%

Open-ended responses

Minnesota's strengths are not shared equally

Overall, survey respondents largely agreed that Minnesota has many strengths that support people's health.

However, strengths and assets for one community may not be a strength or asset for all communities. Several respondents commented on how the list of survey strengths are not equitably available to all Minnesotans and many inequities exist for people living in Greater Minnesota or rural areas, American Indian communities, Black or African American communities, communities of color, people with lower incomes, and people with disabilities. Some respondent quotations follow:

Minnesota is touted for being an outdoor activities state. However, in my experience of being outdoors frequently, this is an activity that lacks diversity and equity. Many of the outdoor experiences are shared amongst white individuals of privilege. Additionally, marginalized communities often suffer from climate-related and changing environmental events and do not have the resources to properly adapt.

Although we have a strong educational system and many people have access to health insurance, we know that these systems are only serving white Minnesotans.

Minnesota is full of amazing opportunities for all of the variables listed above, but there is a lack of equal access to these benefits. ...For example, BIPOC [people] have significantly less access and sense of welcome to local parks, trails, waterbodies, and locally grown food, something that I believe is a highly significant aspect of health and well-being in Minnesota.

All the above questions/answers are relevant to what part of MN you live in. If you live in a metro area—then I would say the chances are greater you have access to the choices offered. When you live in rural MN—not so much. Resources in rural MN are slim to none.

Strengths of Minnesota missing from the 2017 statewide health assessment

The survey also asked respondents what strengths, assets, or resources that support health and well-being in Minnesota were missing. The original intent of this question was to identify additional strengths that were not included on the survey list from the 2017 survey. However, other respondents commented on what strengths (resources, groups, activities, etc.) are missing in Minnesota.

Staff sorted these responses into the two groups below, though responses were not always clear.

Strengths missing from the 2017 survey: Several respondents suggested additional strengths that support health and well-being in Minnesota including:

- Active citizenry
- Social movements that advocate for policy change, communities advocating for themselves
- Growing awareness and focus on equity
- Growing diversity in leadership positions
- Learning from elders
- Health care systems (Mayo, University of Minnesota)
- Statewide suicide prevention efforts and coordinators
- Mix of public and private colleges
- Libraries
- Free events, community events
- Land stewardship and culture of Indigenous people
- Thriving local businesses and artisans, arts community

State weaknesses or areas for improvement: Some respondents interpreted this question as asking about strengths missing in Minnesota and mentioned the following as weaknesses and barriers to health and well-being. Many of these comments named structural racism and health inequities in Minnesota.

- Person-centered and culturally appropriate health care services and supports for people across the state, including people living in Greater Minnesota, seniors, people with disabilities, people who are undocumented, immigrants, people who speak a primary language other than English, and LGBTQIA+ communities.
- Mental health services, including for youth under 18 years old and people living in Greater Minnesota.
- Transportation for people living in Greater Minnesota, seniors, and people with disabilities.
- Affordable housing, including for people living in Greater Minnesota, people with mental health concerns, and people who use drugs, and senior housing.
- Affordable and accessible child care across the state; support and resources for equitable, quality education from grade school to higher education.
- Access to affordable and nutritious food across the state.
- Care for people impacted by long COVID and protecting high-risk populations.

Recommendations for future health assessment surveys

While the response rate improved in 2023 (538 responses) compared with 2017 survey (77 responses), MDH staff should work with the Healthy Minnesota Partnership to make future surveys more accessible and to increase the response rate, particularly for representation of Minnesota's American Indian, Black, and communities of color. A goal for future assessment surveys would be to ensure demographic categories of respondents reflect the demographics of the state.

Future statewide health assessment surveys should consider the following recommendations:

- Involve other key partners and community members to help design the survey questions, plan for distribution and implementation, and analyze and interpret the results.
- Translate surveys into multiple languages to reach a broader audience.
- Create more accessible survey tools and use other formats to allow for more participation.
- Promote the survey using platforms, social media, and groups outside the Minnesota Department of Health and healthy Minnesota Partnership.
- Create tailored promotional materials and outreach plan with partners representing partners representing communities of color and American Indian communities, LGBTQ+ communities, and people with disabilities.