



Public Health
Prevent. Promote. Protect.

Freeborn County Public Health



COMMUNITY HEALTH ASSESSMENT - 2025

FREEBORN COUNTY PUBLIC HEALTH

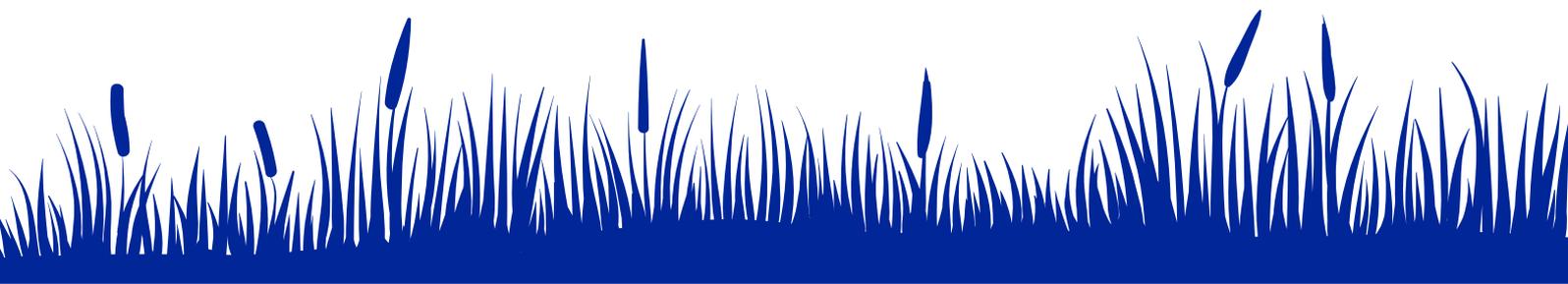


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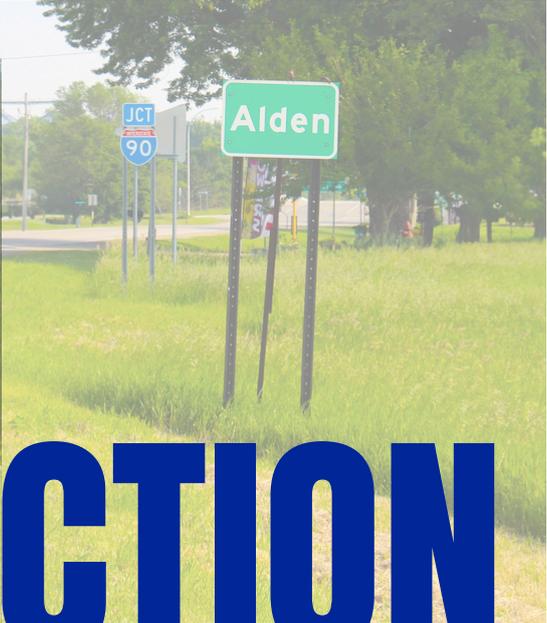
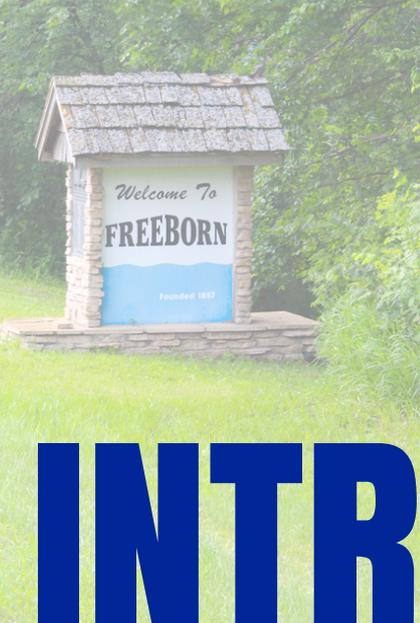
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INTRODUCTION



Executive Summary

The Community Health Assessment is a report that looks at information from many sources to tell the story of health and well-being in Freeborn County, MN. The purpose of this report is to increase community awareness, help community partners better understand where and how to focus our resources to reduce health disparities, and increase the health of all people. This process is led by Freeborn County Public Health and its many community partners, which include leaders from Mayo Clinic Health System – Albert Lea, the main healthcare provider in the county, and other community partners who work together to develop health strategies for Freeborn County, MN through a health equity lens.

The Community Health Assessment (CHA) provides a snapshot of Freeborn County's health, considering a variety of data sources and community member input. Freeborn County Public Health works under a collective impact model that recognizes change is most possible when our community works together to create focused, measurable strategies. Gaps exist in health depending on race, ethnicity, age, social determinants of health, and any other characteristic linked to discrimination or exclusion.

Freeborn County Public Health is deeply committed to reducing health inequities, and shifting our focus upstream to create the most meaningful and lasting impact on the well-being of our community.

This report provides a comprehensive overview of the current state of health and well-being in Freeborn County, MN. It offers valuable data and insights that will guide us in setting evidence-based priorities and developing collaborative, community-driven strategies for improvement.

Our ultimate goal is to empower every person who lives, works, learns, and plays in Freeborn County to thrive. Through inclusive engagement, informed decision-making, and targeted actions, we aim to build a healthier, more equitable future, where everyone has the opportunity to live a fulfilling, healthy, and longer life.



Letter to the Community

Dear Freeborn County,

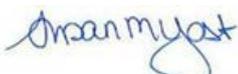
At Freeborn County Public Health, our mission is Freeborn County Public Health: Protect, Empower, Improve, Health and Well-being for All.. We focus on bettering the health of individuals and the community using data, prevention strategies, leadership, advocacy, partnerships, and promoting health equity.

As part of our mission, we conduct a Community Health Assessment every five years. This helps us understand the current health status of our county and guides our work with partners. While we have made great strides in some of our greatest health challenges in our county, it is important to reflect on current and emerging health trends in order to maintain and promote the health of our residents.

Freeborn County Public Health increasingly strives to play an effective role as a Chief Health Strategist for our communities, mobilizing efforts to form and strengthen strategic partnerships. We hope that the information contained in our new Community Health Assessment will provide a useful synopsis of the health status of our county and increase the understanding of what a healthy community should look like and the role we all play in supporting our community's health.

We look forward to working with community members and partners to address these health issues and create a new Community Health Improvement Plan in the future to identify our communities greatest health concerns and work to improve our community's health. We are excited to present the 2025 Community Health Assessment.

Sincerely,



Sue Yost, BSN, RN/PHN

Public Health Director/CHS Administrator

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Meet the Team



Avi Sukhwal
Public Health
Planner



Lana Howe
Health Educator/
SHIP Coordinator



Laura Petersen
Public Health
Nurse



Michelle Dettmer
Public Health Corps/
Recovery Corps
Member



Irene Hernandez
Family Home
Visitor



Hser Blu
Community Health
Worker

Common Language

BIPOC - An acronym for Black, Indigenous, People of Color

Chronic Disease - An illness which lasts for longer than one year and requires ongoing medical care and management by the person with the condition. (Source: Centers for Disease Control and Prevention and the World Health Organization)

Community Health Assessment (CHA) - An assessment that identifies key health needs and issues through comprehensive data collection and analysis. (Source: Centers for Disease Control and Prevention)

Community Health Improvement Plan (CHIP) - A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. (Source: Centers for Disease Control and Prevention)

Collective Impact - A network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. (Source: Collective Impact Forum)

Health Disparity - Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. (Source: Centers for Disease Control and Prevention)

Goals/Strategies - Focus areas (collections of actions) under each of the chosen health priorities.

Health - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (Source: World Health Organization)

Health Equity - The state in which everyone has a fair and just opportunity to attain their highest level of health. (Source: Centers for Disease Control and Prevention)

Common Language

Health Inequity - A particular kind of health disparity that is reasonably believed to reflect injustice. (Source: Centers for Disease Control and Prevention)

Health Priorities - Strategic issues which have been chosen as a focus area for our community as part of the Community Health Improvement Plan (CHIP)

Indicators - Quantitative measurement of results at the community (population), not program level.

LGBTQIA2+ or LGBTQ+ - This acronym refers to people who are gender and/or sexually diverse. Letters stand for: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Two Spirit (a term commonly used by Queer Indigenous people). The + symbol is representative of other people who fit under the umbrella of people who are gender and/or sexually-diverse. (Source: GLAAD Media Reference Guide)

Physical Environment - Where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. (Source: County Health Rankings & Roadmaps)

Primary Data - Data collected via original research through surveys, interviews, and experiments, and is specially designed for understanding and solving the research problem at hand. (Adapted from: Benedictine University)

Secondary Data - Previously collected data that is made available to other organizations for use in their own work. Examples of secondary data collected for the Community Health Assessment include data from the Youth Risk Behavior Survey and the Behavioral Risk Factor Surveillance System. (Adapted from: Benedictine University)

Upstream Factors- The set of factors that impact health beyond individual-level characteristics are often referred to as “upstream factors” or more commonly, social determinants of health.

Our Approach

To write this Community Health Assessment, we created an Adult Health Survey in partnership with Mayo Clinic Health Systems – Albert Lea, Austin, and Red Wing, as well as Mower and Goodhue Counties. This assessment was conducted via a mailed survey and distributed randomly across our community while our survey was slightly skewed, due to having only certain demographics of people filling out the survey. The data was “weighted” or adjusted to better represent the community. We also collected data from the Minnesota Student Survey, originally created and distributed by the Minnesota Department of Health (MDH). The surveys yielded results that would form the backbone of this assessment. We also collected data from external sources to inform our community health assessment, such as data from MDH, the US Census Bureau, Opioid Dashboards, and more.

While all of this information gave us plenty of quantitative data, information revolving around counts, percentages, and figures, we needed to gain more insight into specific communities and partners. It is important for our work in Public Health to understand what different health concerns may impact the variety of people who live, work, and play in our county. It is also important for us to understand how our different community partners address health concerns in order to avoid duplication and work together to create or strengthen health initiatives. Our Community Health Assessment is a snapshot of our community health needs, which will guide our efforts moving forward as we create our Community Health Improvement Plan.



Results Based Accountability

The Community Health Assessment Committee utilized the Results-Based Accountability (RBA) Model, which is a community-driven strategic planning process for improving community health. This process was facilitated by public health leaders. The framework helps communities with ways of thinking and taking action that can be used to improve the awareness of the health needs in the community. The RBA methodology helps community members and stakeholders identify what changes will be needed to “turn the curve”, to move the curve in a positive direction.

The CHA eventually leads to a Community Health Improvement Plan (CHIP), based on 3 identified health priorities. The CHIP involves a 5-stage process to improve the top 3 prioritized areas, with Results-Based Accountability as a framework.

Results-Based Accountability Overview

How are we doing?

What are our action steps in improving the health priorities?

What is the story behind the health concerns?

What is pushing this issue up or down?

Who are the stakeholders who have a role in turning the curve?

Data Collection and Analysis Assessment Action Planning



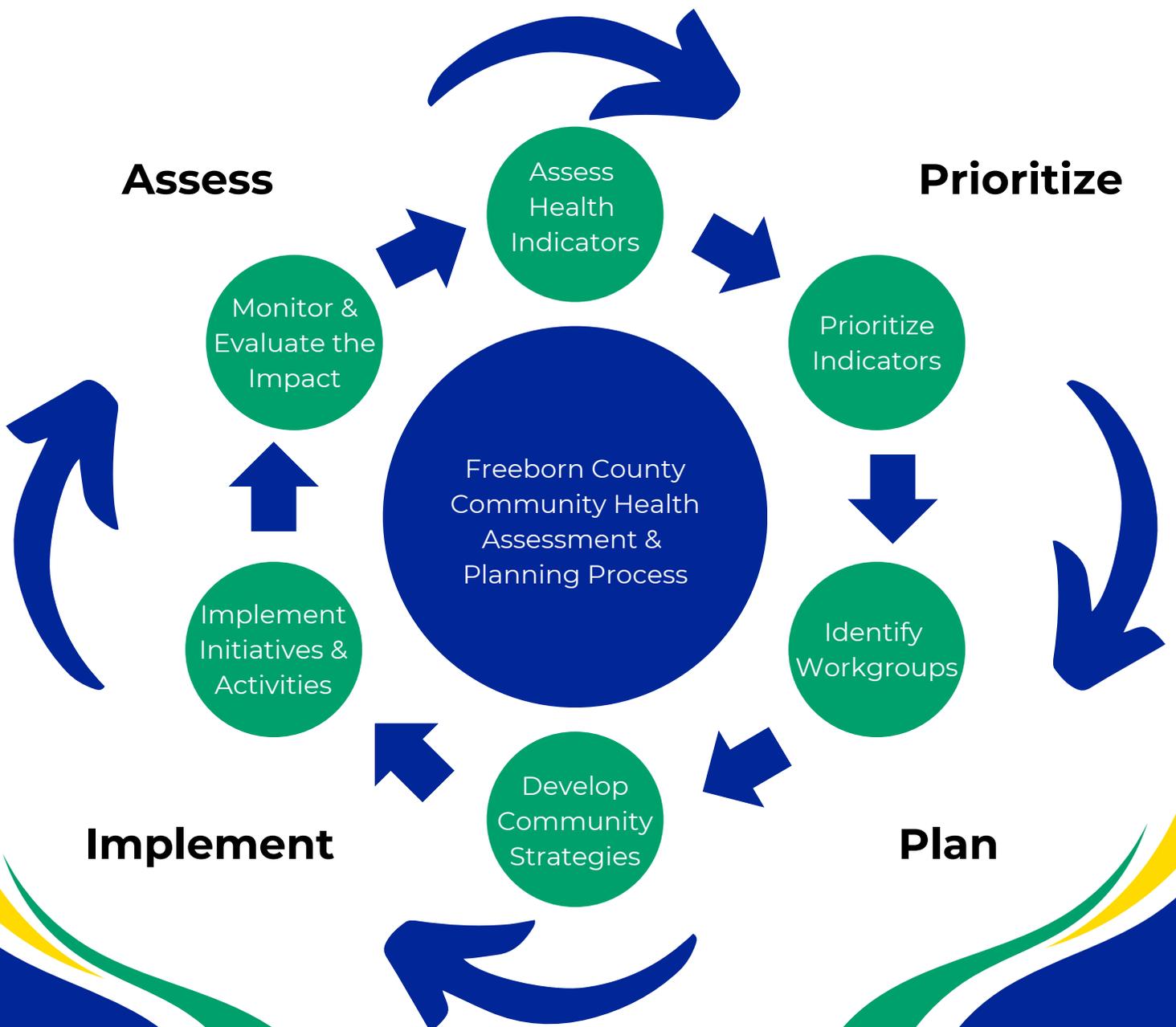
Planning Process

Core Values

- Data Driven
- Sustainable
- Community Focused
- Collaboration
- Actionable
- Health Equity

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve health of all groups.
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages.



Mission, Vision, and Values

Mission

Freeborn County Public Health: Protect, Empower, Improve, Health and Well-being for All.

Vision

Active, healthy families and people of all ages, abilities and cultures living, learning, working and playing in thriving communities... a healthy Freeborn County.

Values

Prevention and Promotion - Strategies that prevent disease and promote healthy living in healthy environments lead to long-term benefits for everyone in Freeborn County.

Collaboration - Teamwork and partnerships produce well-supported and cost-effective health outcomes by bringing people, resources, and organizations together to achieve common goals.

Data-Driven, Science-Based Services - Effective Public Health interventions are based on the best and most up-to-date research and information available.

Equality, Diversity and Respect - A healthy community recognizes that everyone's health matters equally, and that services and solutions must be accessible, affordable, and appropriate for all.

Customer Service and Accountability - As agents of the public's trust, we provide services that are responsive and accountable to the community's needs.

Skilled, Innovative, Diverse Workforce - A well-trained, dedicated, creative and diverse workforce is the foundation of our ability to assess and address the health of the community.

Health Equity

What is Health Equity?

The Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Health Inequities in Freeborn County, MN

Health equity is of concern in our community with the diverse populations within Freeborn County, and throughout the state of Minnesota. Over the past 5 years, since the last Freeborn County Public Health Community Health Assessment and Improvement Plan were completed, our diverse populations and cultures have continued to emerge. Many of our Black, Indigenous, and People of Color (BIPOC) belong to the Latino, Black/African American, and Karen, Burmese, and Karenni cultures that have moved into our community.

The Karen, pronounced Kah-Ren (emphasis on the second syllable), are indigenous to the Thailand-Burma border region in Southeast Asia and are one of the many ethnic groups in Burma. Due to the conflict in Burma, thousands of Karen refugees have crossed the border to Thailand for safety, and live in large refugee camps. Many of the adults that are new to our community have been refugees in Thailand for many years. Freeborn County Public Health works with many families of the Karen culture. More than half of our families that we serve in the Family Home Visiting program, are of other cultures.

Given our diverse and vibrant community, and the dynamic nature of the people and places within Freeborn County, MN, we must be prepared to address challenges affecting our health to ensure that current and future Freeborn County, MN residents have a great place to live, work and play.





COMMUNITY OVERVIEW

Demographics

Freeborn County is located in southern Minnesota, bordering Iowa, and rooted in a rich agricultural tradition. Home to vibrant prairie landscapes, the county seat, the city of Albert Lea, spans 707 square miles, and serves as a key connector of I-35 & I-90, just 90 minutes south of Minneapolis, St. Paul.

Cities

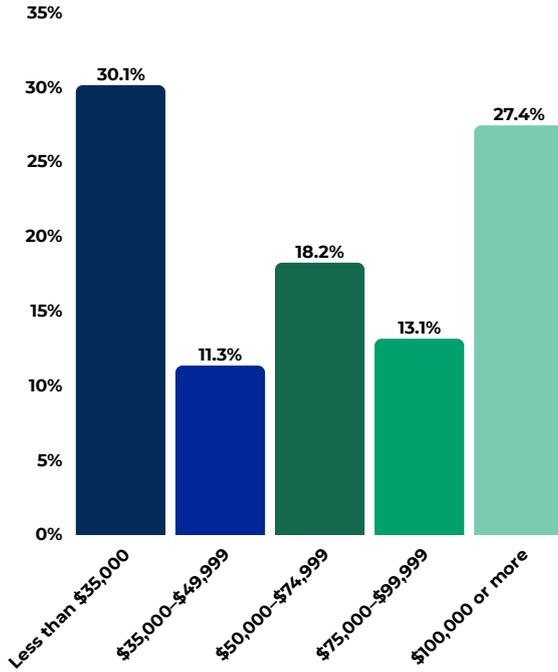
- Albert Lea (county seat)
- Alden
- Clarks Grove
- Conger
- Emmons
- Freeborn
- Geneva
- Glenville
- Hartland
- Hayward
- Hollandale
- Manchester
- Myrtle
- Twin Lakes

Townships

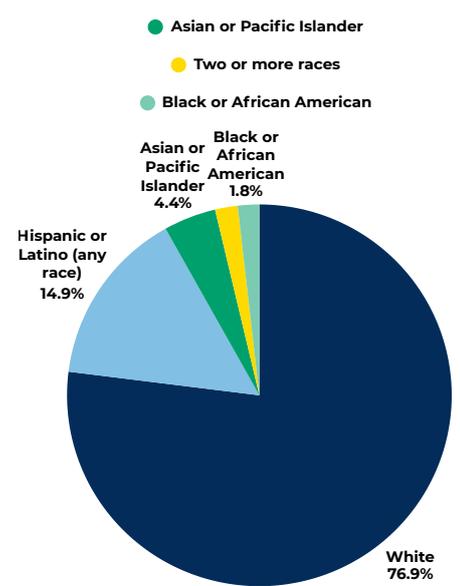
The county is subdivided into 20 townships:

- Albert Lea Township
- Alden Township
- Bancroft Township
- Bath Township
- Carlston Township
- Freeborn Township
- Freeman Township
- Geneva Township
- Hartland Township
- Hayward Township
- London Township
- Manchester Township
- Mansfield Township
- Moscow Township
- Newry Township
- Nunda Township
- Oakland Township
- Pickerel Lake Township
- Riceland Township
- Shell Rock Township

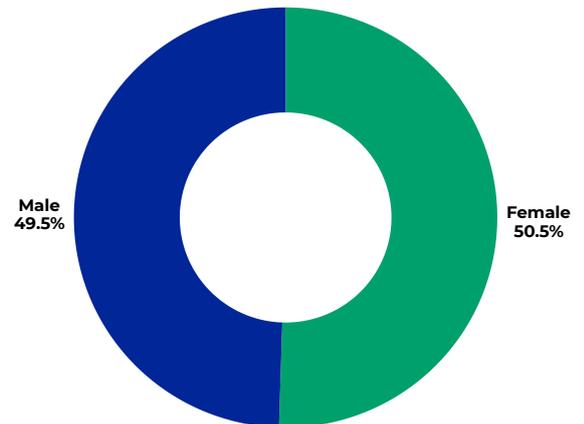
Income



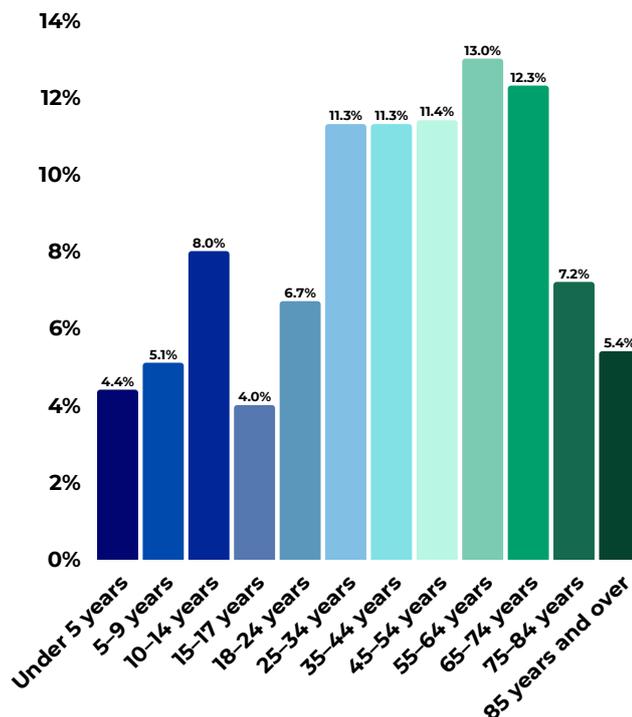
Race



Sex



Age in Freeborn County



Land Acknowledgment - Freeborn County, Minnesota

We acknowledge that Freeborn County occupies the traditional homelands of the Dakota (Sioux) people, particularly the Wahpekute and Mdewakanton bands, who have lived on and cared for this land for generations.

This region, like much of southern Minnesota, was stewarded long before European-American settlement through a deep spiritual and cultural connection to the land.

We recognize the forced treaties and displacement that unjustly removed Indigenous people from their ancestral lands and honor their enduring presence. Today, Indigenous nations—including the Dakota and Ojibwe peoples—continue to contribute to the cultural, environmental, and social fabric of Minnesota.

As residents and stewards of Freeborn County, we affirm our responsibility to understand this history and commit to building relationships rooted in mutual respect, healing, and justice.

Housing



2023 COUNTY PROFILE

Freeborn County

12,844 Households | Southern Region

For Minnesotans to be and stay well, for our children to grow and elders to flourish, we all need a place to live.

Our existing homes are aging and increasingly unaffordable, with few new ones being built.



2021 RENTER HOUSEHOLDS
2,743 | 21% of households

% of rental units built before 1970: **56%**
2022 multi-family units permitted: **5**
Median rent: **\$743** = **↑7%** over 5 years



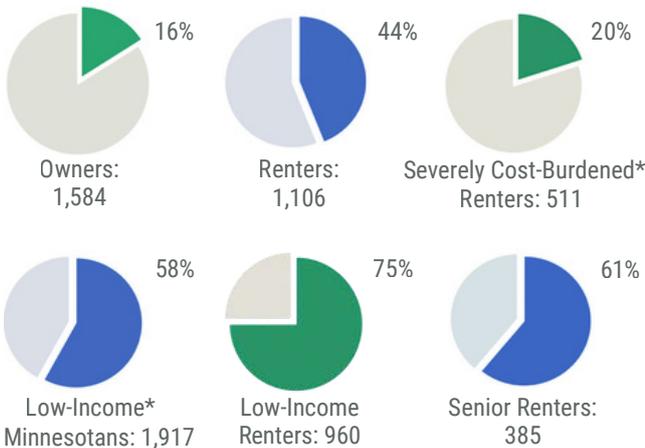
2021 OWNER HOUSEHOLDS
10,101 | 79% of households

% of houses built before 1970: **65%**
2022 single-family units permitted: **15**
Median home value: **\$132,100** = **↑10%** over 5 years

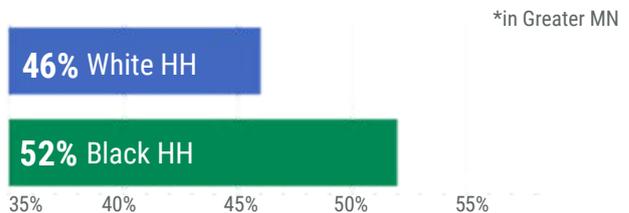
*Increases in rent or home value have been adjusted for inflation.

Too many Minnesotans experience cost burden, and the impacts are felt disproportionately.

COST-BURDENED * COUNTY HOUSEHOLDS



RACIAL DISPARITIES IN RENTER COST BURDEN



2,690 in the county are “cost-burdened”—at-risk of being forced to choose between a home and other basic needs like food, clothing, and medicine.

*Cost burden: spending 30% or more of household income on housing costs.
*Severe cost burden: spending more than 50%.
*Low-income: households earning under \$35,000 annually.

Such pressures can lead to eviction and homelessness, both on the rise in the state.



EVICTIONS IN THE COUNTY
2022 eviction filings: **78**

Average pre-pandemic monthly filings (2012-19): **74**



HOMELESSNESS IN THE STATE
2022 homelessness: **19,600***

66% were Black, Indigenous, or people of color

Number of homeless children under 18:* **8,891**

*on any given night in 2022

Housing

For renters struggling to make ends meet, finding an affordable home can be difficult.

Minnesota's racial homeownership disparity is among the worst in the nation.

EXTREMELY LOW-INCOME HOUSEHOLDS (ELI)*

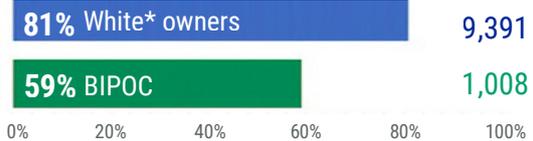
of ELI renter households in the county: **750**

Homes affordable / available* to the ELI: **460**

Shortage of affordable/available homes for ELI in the county: **290**

*ELI: households earning under \$30,190 annually.

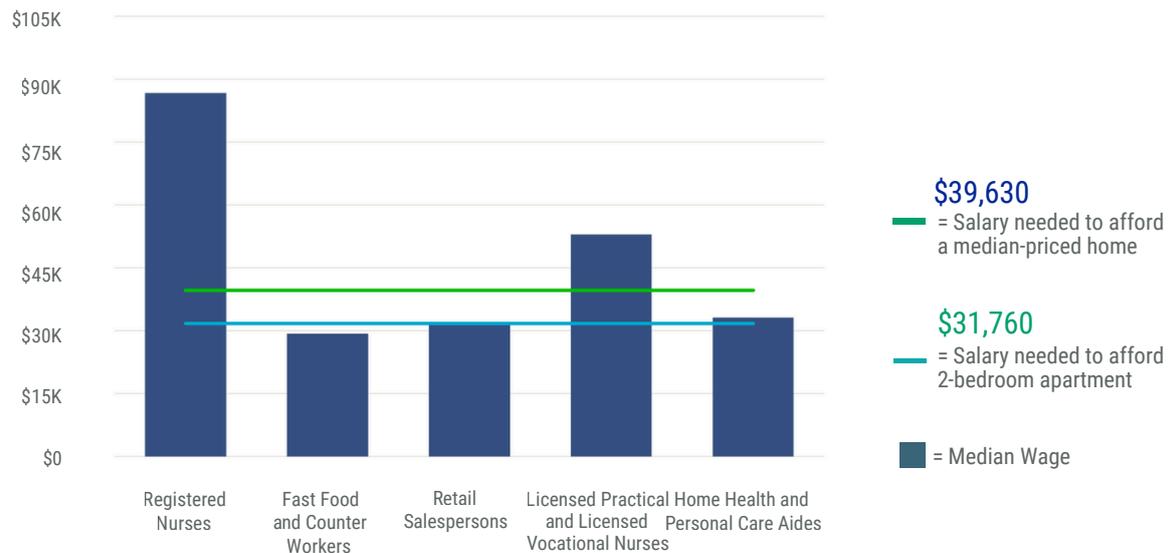
COUNTY HOMEOWNERSHIP RATE



*non-Hispanic white

The cost of housing is out of reach for many working Minnesotans.

THE REGION'S MOST IN-DEMAND JOBS vs FREEBORN'S COST OF HOUSING



Sources

*Affordable housing is defined as: Housing that costs an owner or renter no more than 30% of household income. A unit is affordable and available if that unit is both affordable and vacant or is currently occupied by a household at the defined income threshold or below.

Cost burden: U.S. Census Bureau, American Community Survey 2021, 1-year estimates | Evictions: Eviction Lab, Eviction Tracking System 2022
 Homelessness: Wilder Research Center, 2018 Minnesota Homeless Study | ELI Units and Renters: National Low Income Housing Coalition (NLIHC), *The Gap 2023* | Homeownership: U.S. Census Bureau, American Community Survey 2021, 1 year estimates | In-demand jobs: Minnesota Department of Employment and Economic Development (MN DEED), Occupations in Demand, 2022

FOR RESEARCH INQUIRIES

Population of Cities and Towns

Myrtle - 49	Hartland - 311
Manchester - 52	Emmons - 360
Twin Lakes - 130	Geneva - 499
Conger - 151	Glenville - 558
Hayward - 249	Alden - 575
Freeborn - 257	Clarks Grove - 682
Hollandale - 303	Albert Lea - 18,159



Education



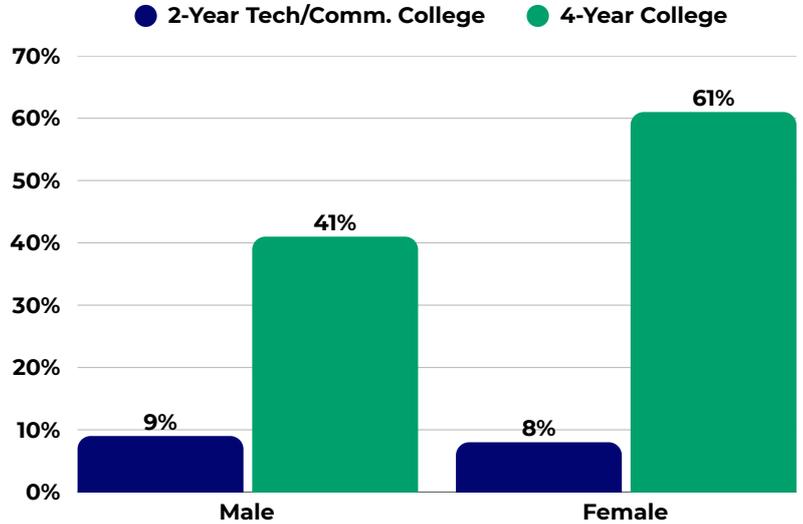
**Alden-Conger
Public School District**



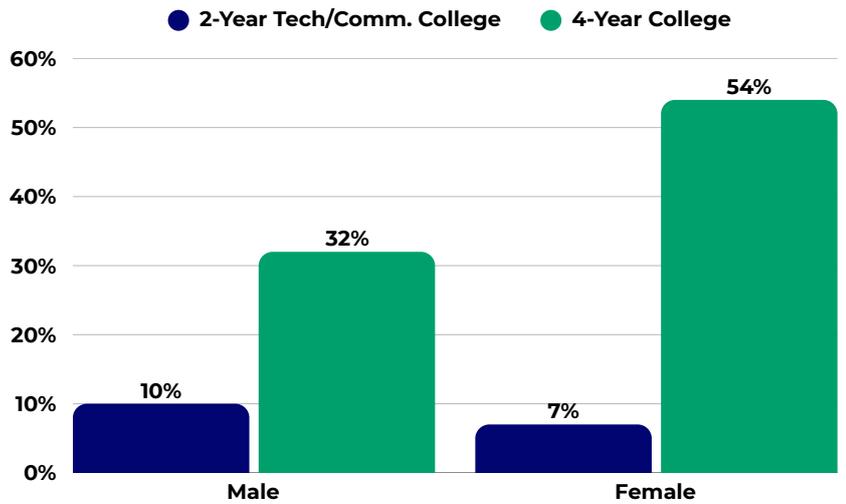
Glenville-Emmons
Home of the Wolverines



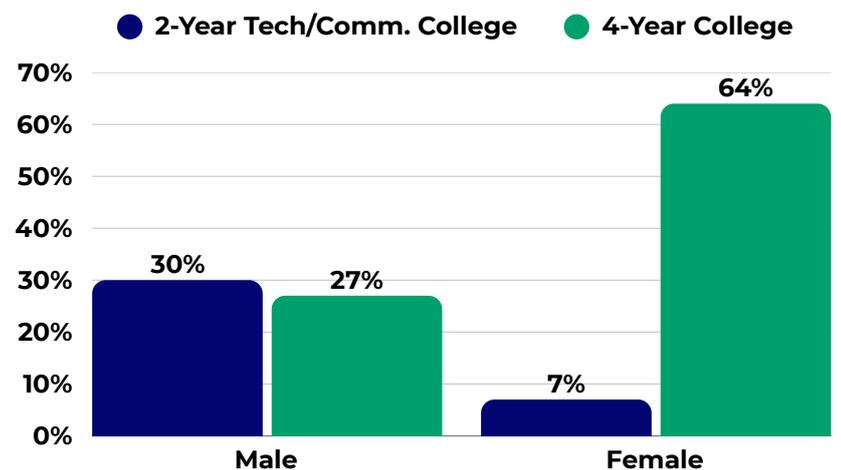
8th Grade Plans for After Graduation



9th Grade Plans for After Graduation

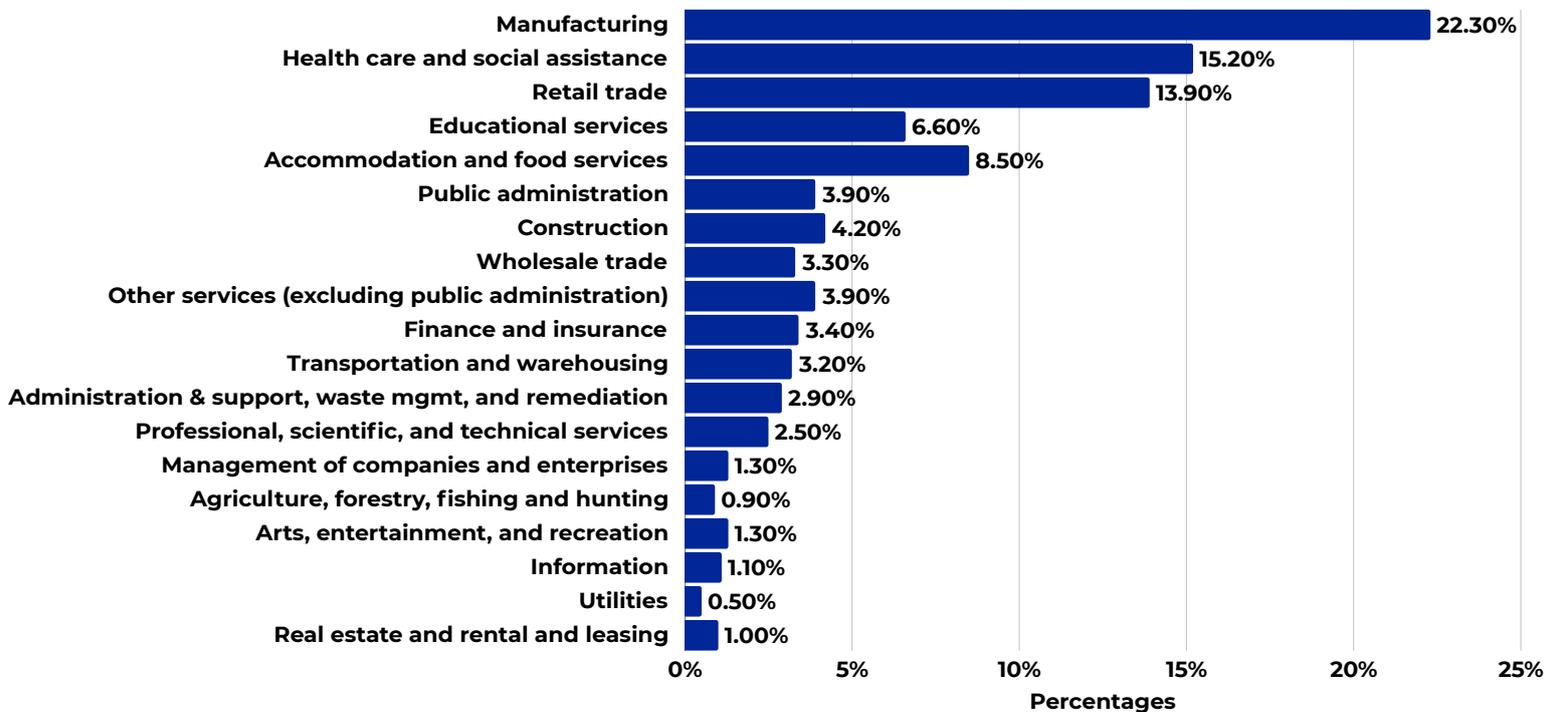


11th Grade Plans for After Graduation



Workforce, Industry, and Employment Status

Types of Workplace Industries

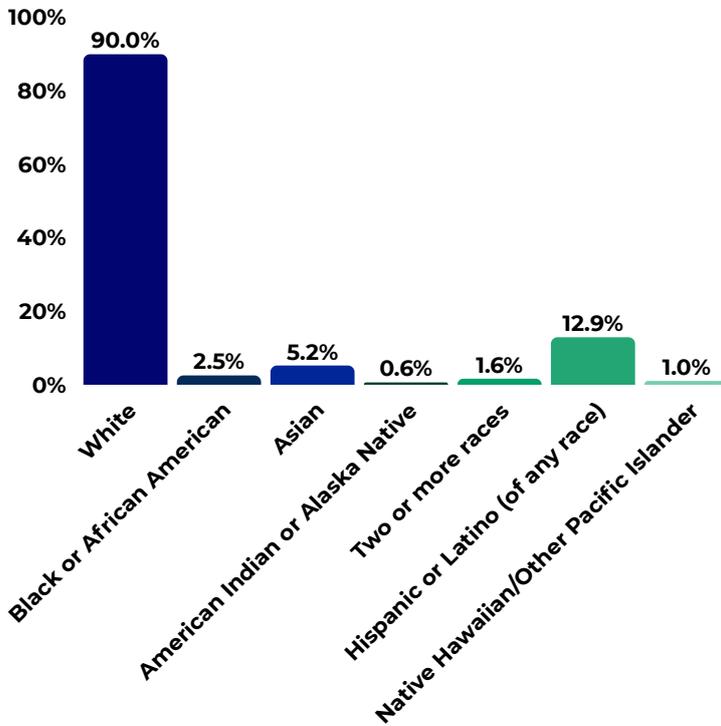


The workforce in Freeborn County, MN, primarily consists of work in manufacturing, healthcare, and retail. Major employers in the county include Mayo Clinic Health System and Cargill. In addition, a large agricultural community in rural portions of Freeborn County, MN that focuses on a variety of products, such as corn and livestock.

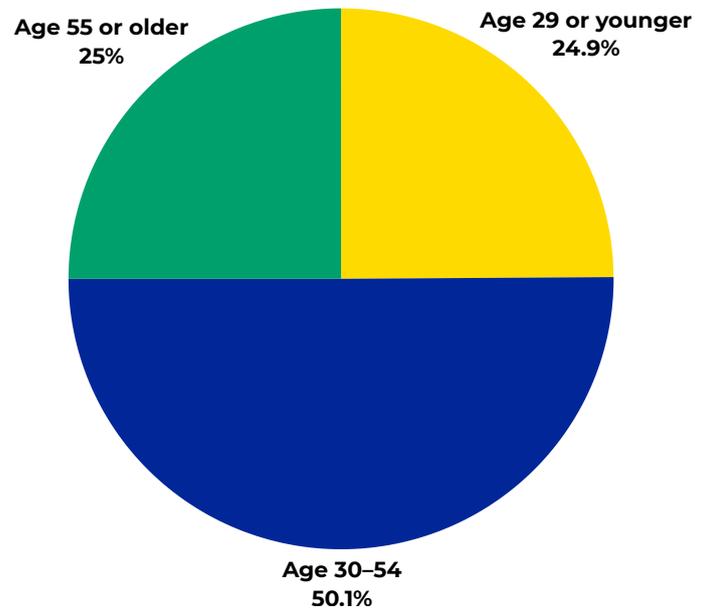


Workforce, Industry, and Employment Status

Workforce Race Breakdown

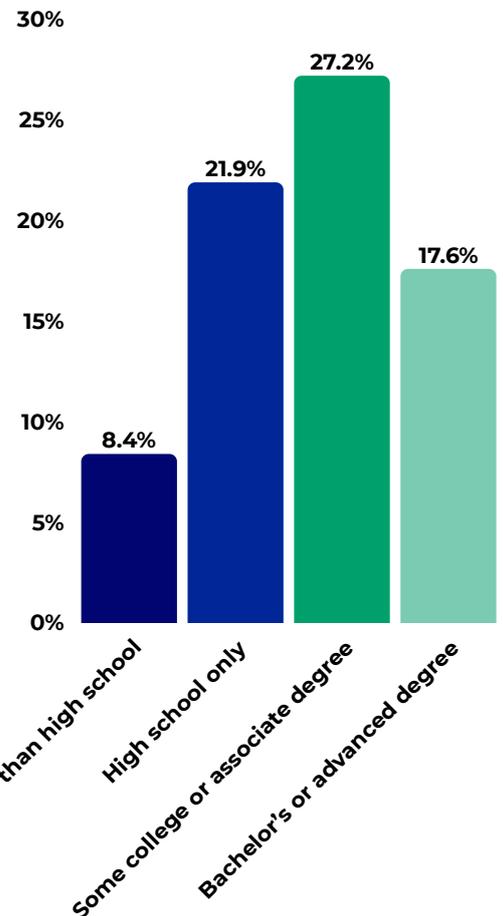


Ages of the Workforce



The breakdown of the workforce is similar to the population of Freeborn County, MN; however, unemployment rates are higher among ethnic minority groups. It is also important to note that 25% of the workforce is over the age of 55 and headed towards retirement, which, given the lower birth rate in the county, may lead to a worker shortage in the coming years.

Education Level of the Workforce



Adult Workforce Data

Total civilian non-institutionalized population, age 18-64	16,869	100.00%
Working age adults who are employed	13,296	77.10%
Civilian labor force	13,801	100.00%
Unemployed	505	3.80%

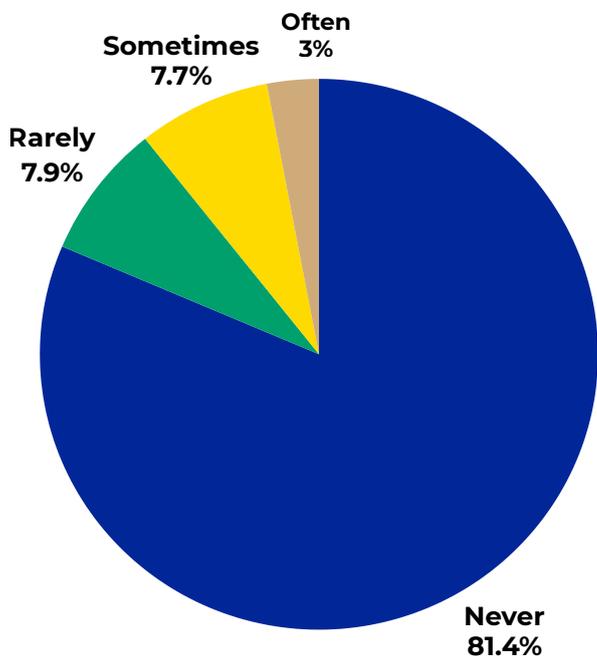
The image features a photograph of a water treatment facility with several large, cylindrical, corrugated metal storage tanks. The tanks are arranged in a row, and a network of pipes and ladders is visible on top of them. In the foreground, there is a gravel-covered area with some smaller, white cylindrical tanks. The entire scene is framed by a decorative border consisting of overlapping geometric shapes in blue, yellow, and green. The text 'COMMUNITY NEEDS AND BARRIERS' is overlaid in the center in a bold, blue, sans-serif font.

COMMUNITY NEEDS AND BARRIERS

Poverty and Financial Challenges

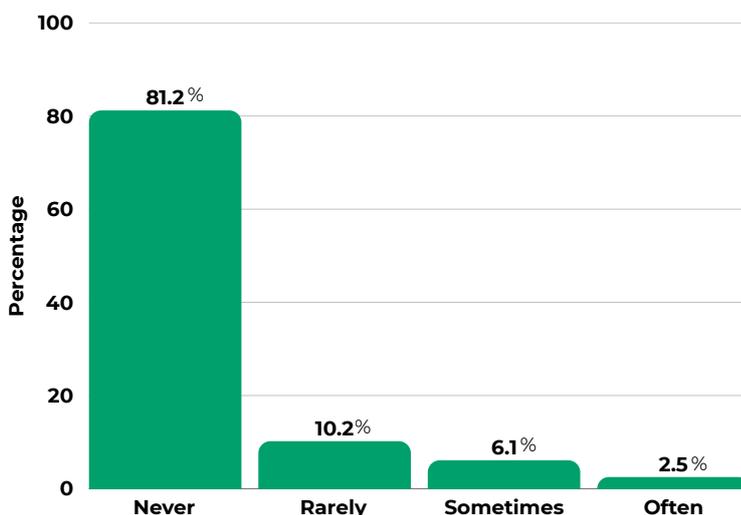
In Freeborn County, Minnesota, nearly 10 percent of the population, or about 2,960 individuals out of 30,000, live below the poverty line. The group most affected by poverty in the county is females aged 25 to 34, followed by males aged 45 to 54, and then males aged 55 to 64.

Worry About Running Out of Money to Pay for: Heating & Cooling of my home



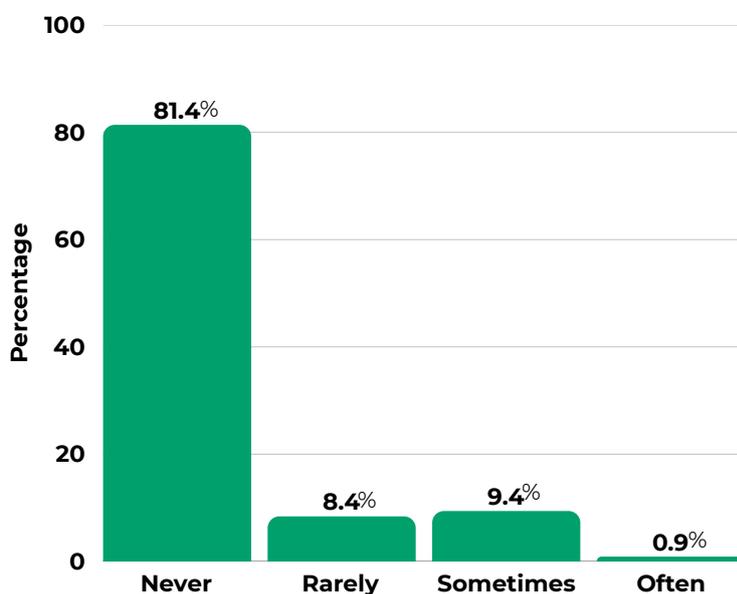
Many residents struggle to afford essential household utilities, reflecting ongoing financial challenges.

Worry About Running Out of Money to Pay for: Housing



Survey respondents have reported worrying about running out of money to pay for housing. This finding highlights the financial challenges that some residents face in meeting basic living expenses.

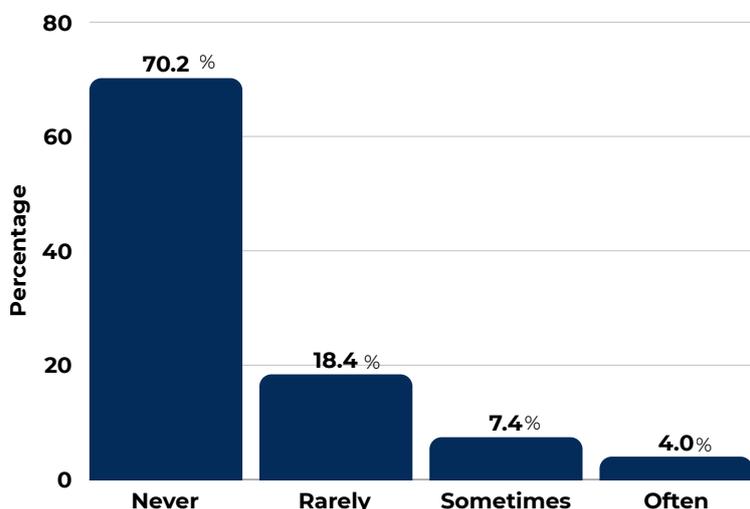
Worry About Running Out of Money to Pay for: Transportation



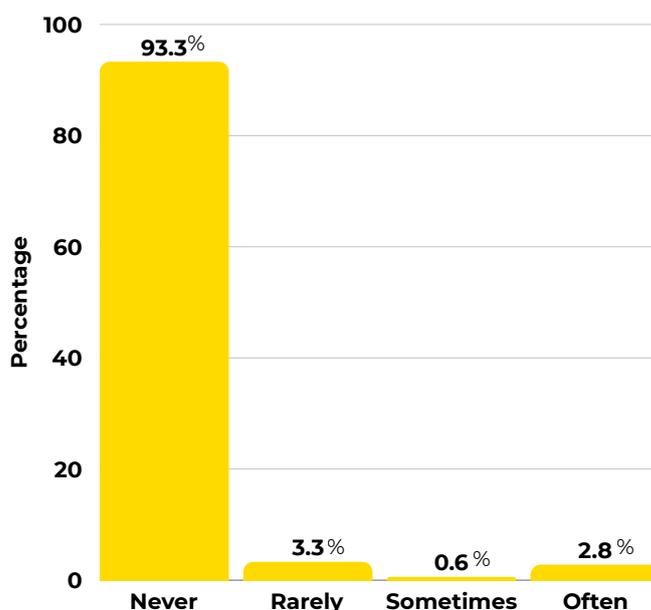
Poverty and Financial Challenges Continued

Many adults expressed concern about not having enough money to buy food. This issue reflects the challenges some individuals face in affording essential daily needs.

Worry About Running Out of Money to Pay for: Food

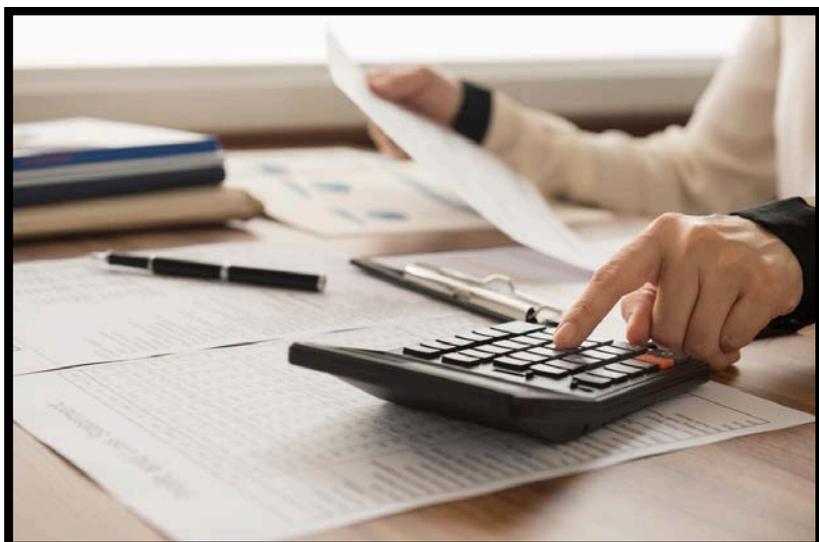
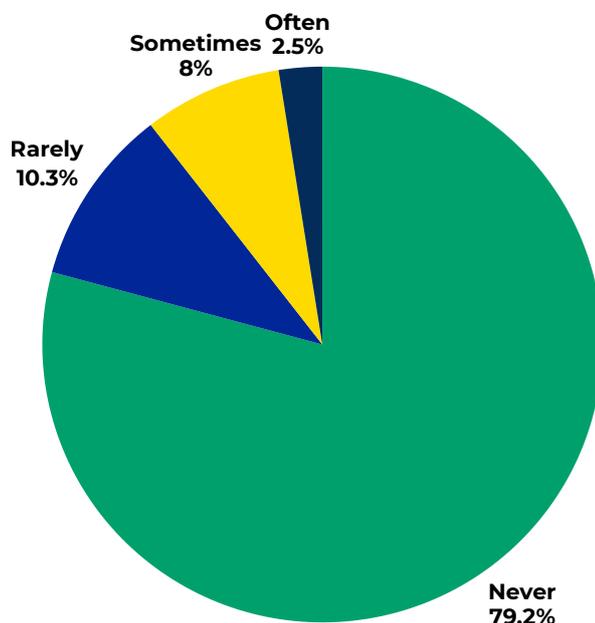


Worry About Running Out of Money to Pay for: Childcare



In 2023, 17.8% of children in Freeborn County, MN, were living in poverty.

Worry About Running Out of Money to Pay for: Perscriptions

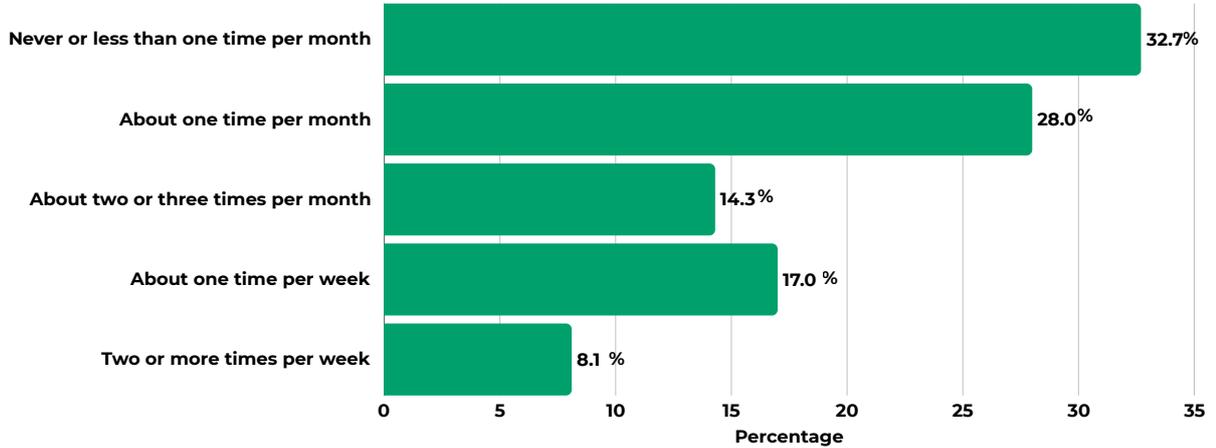


Food Insecurity

Stores That Sell Produce

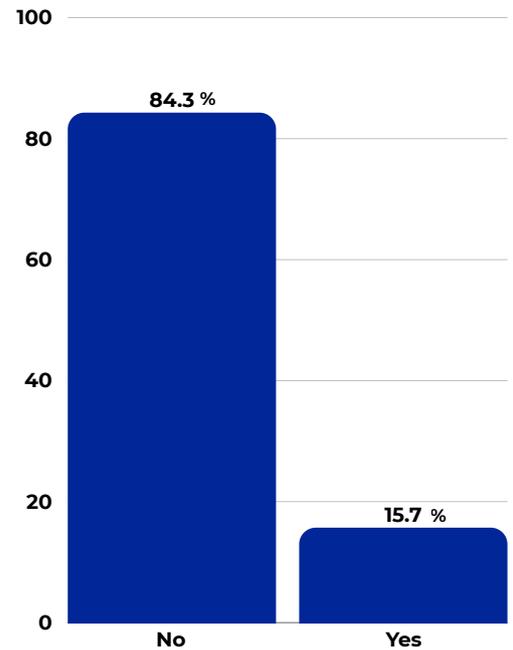
- **Grocery Stores:**
 - Walmart
 - Hy-Vee
 - Aldi
- **Gas Stations:**
 - Kwik Trip
 - Hy-Vee Fast and Fresh
- **Asian Grocery Stores:**
 - Asian Market & Food Deli
 - Yaw Asian Grocery Store
 - Narinda Asian Grocery & Deli
 - Natural Asian Grocery & Cafe
- **Mexican Grocery Store**
 - Esperanza Tienda Mexicana

During the Growing Season, Getting Food from a Farmer's Market or Fruit or Vegetable Stand

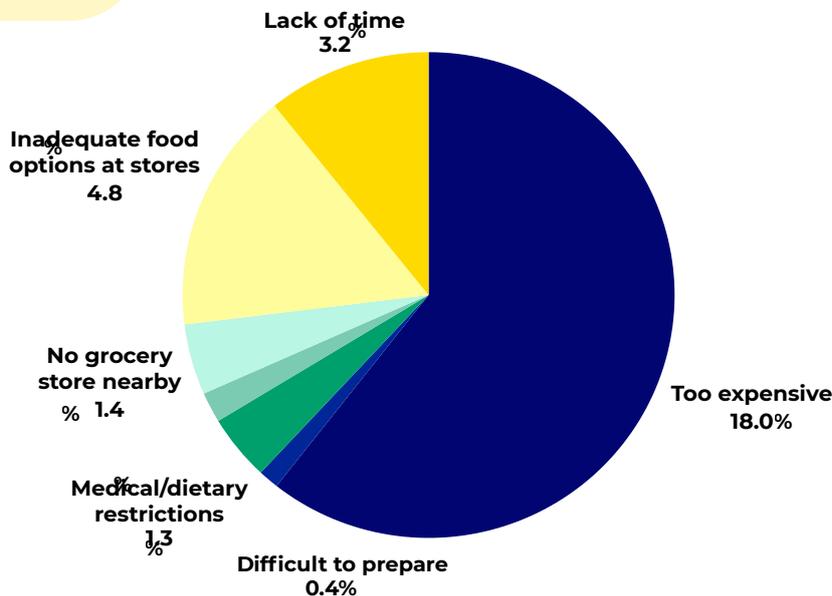


Food insecurity remains a critical issue in our community, with many households lacking consistent access to enough nutritious food to support an active, healthy life. This challenge disproportionately affects children, seniors, and low-income families, contributing to poor health outcomes and increased reliance on emergency food services.

Used Community Food Shelf in the Past 12 Months



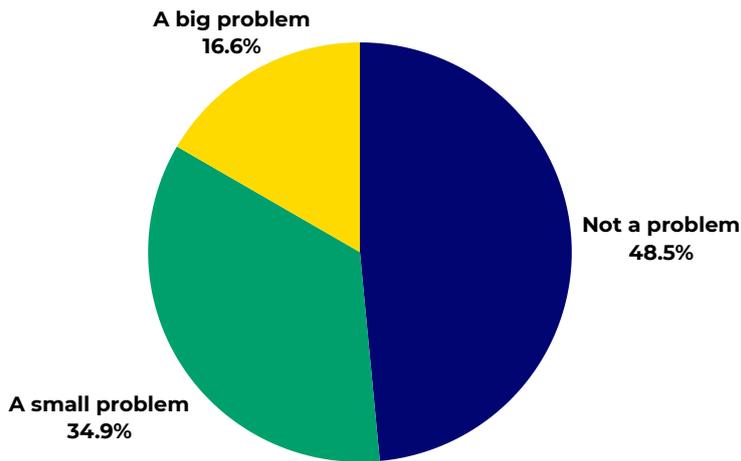
Barrier to more Fruits and Vegetables



Based on the information available, Freeborn County, Minnesota, contains areas designated as food deserts; however, it is not accurate to say the entire county is a food desert.

Physical Activity and Recreation Spaces

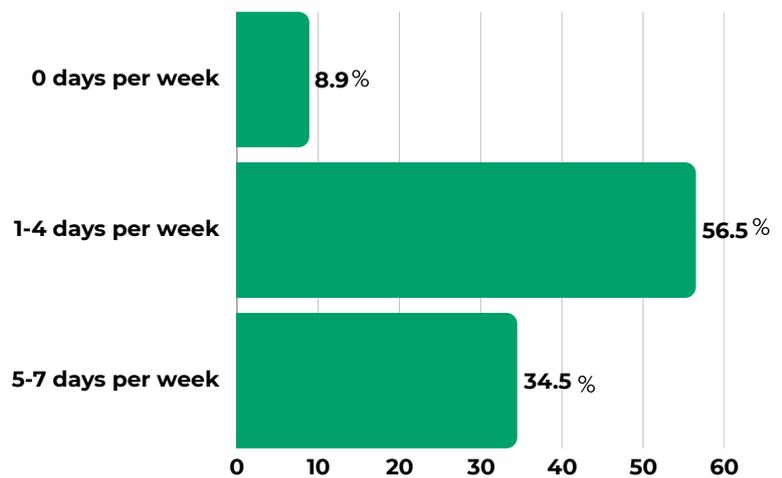
How Much of a Problem is: Cost of Fitness Programs, Gym Memberships or Admission Fees



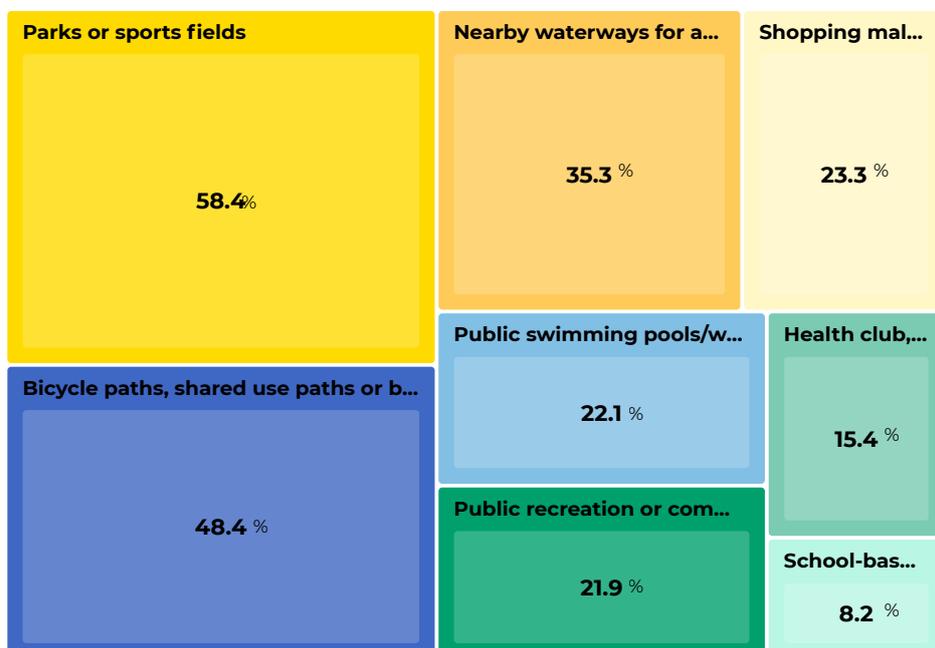
The cost of fitness programs, gym memberships, and admission fees can be a significant barrier to regular physical activity, especially for low-income individuals and families. These financial obstacles limit access to structured exercise opportunities, contributing to health disparities across the community.

Access to safe and welcoming physical activity and recreation spaces supports healthier lifestyles and stronger community connections. However, some neighborhoods face barriers such as limited facilities, safety concerns, or lack of transportation, which can contribute to disparities in physical health.

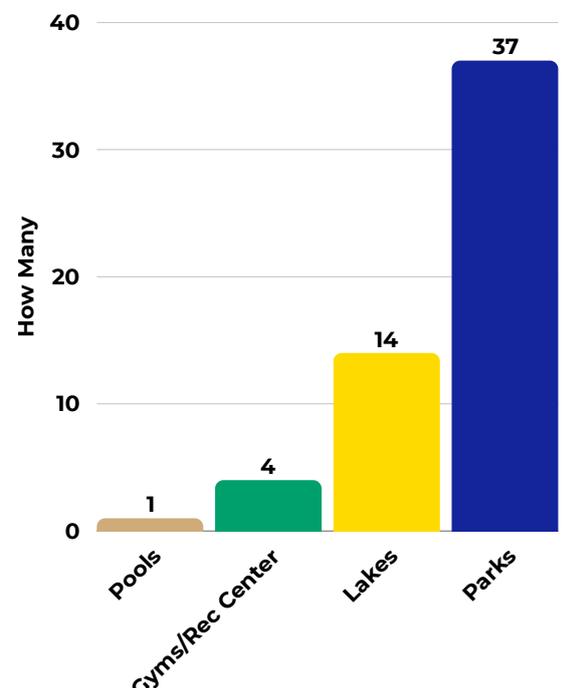
Moderate Exercise 5+ Days per Week

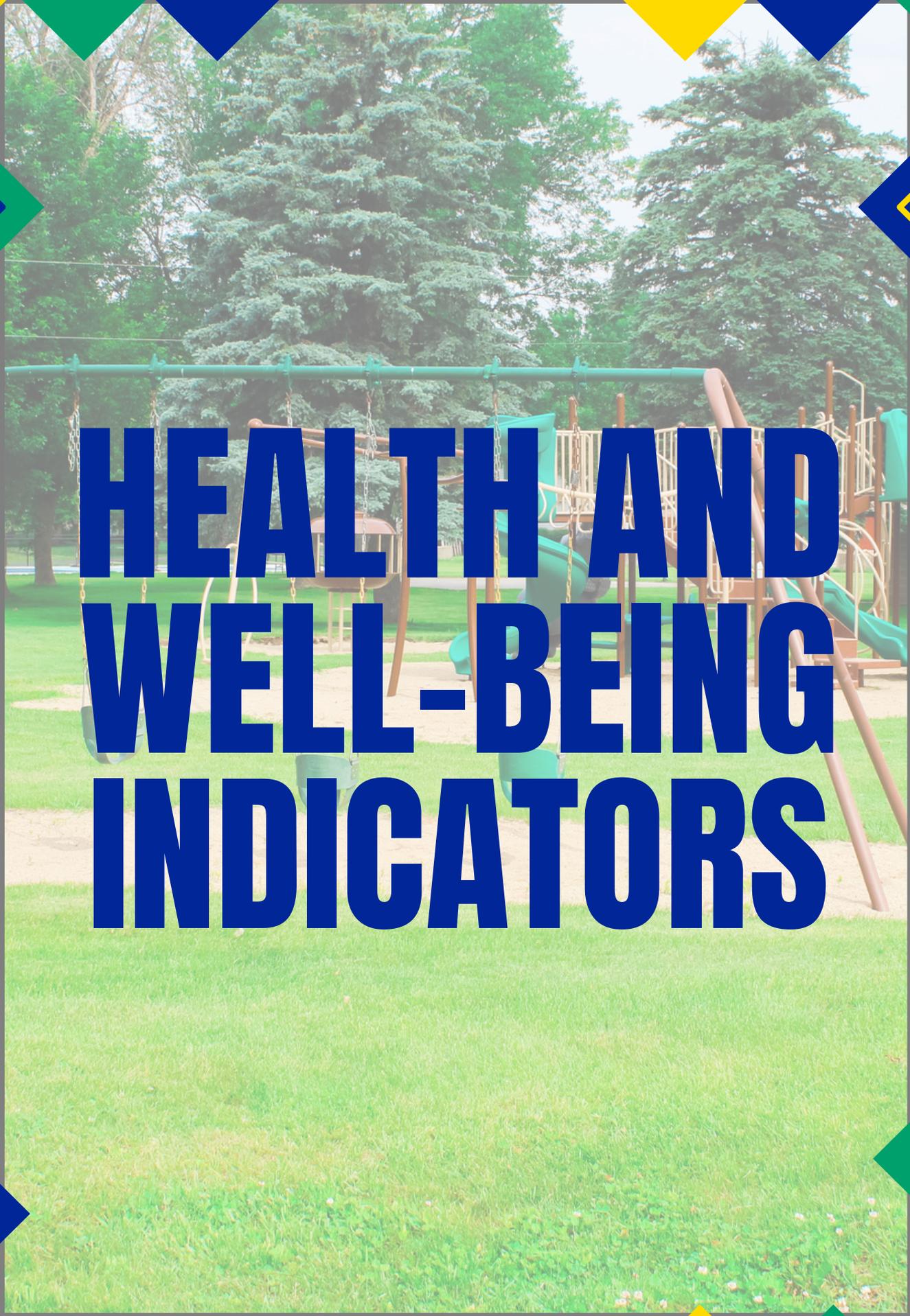


Do You Use:



Waterways





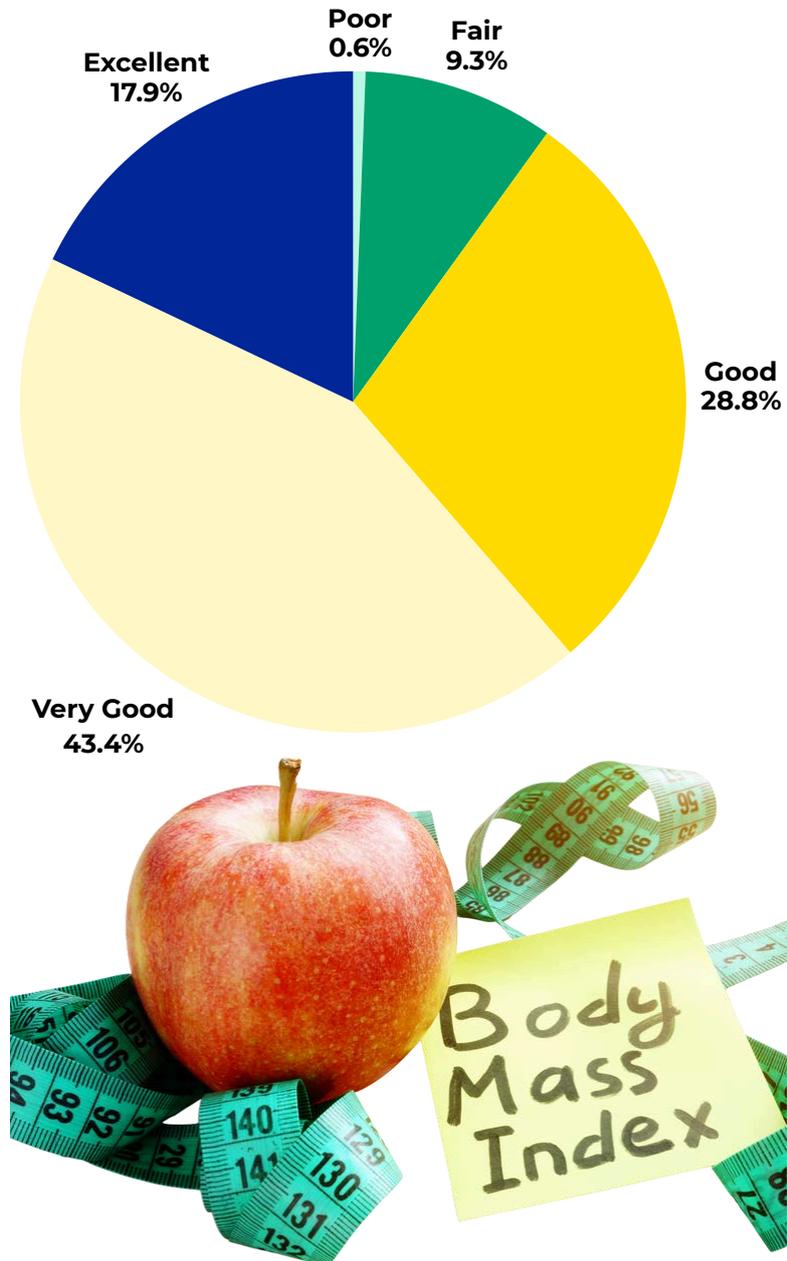
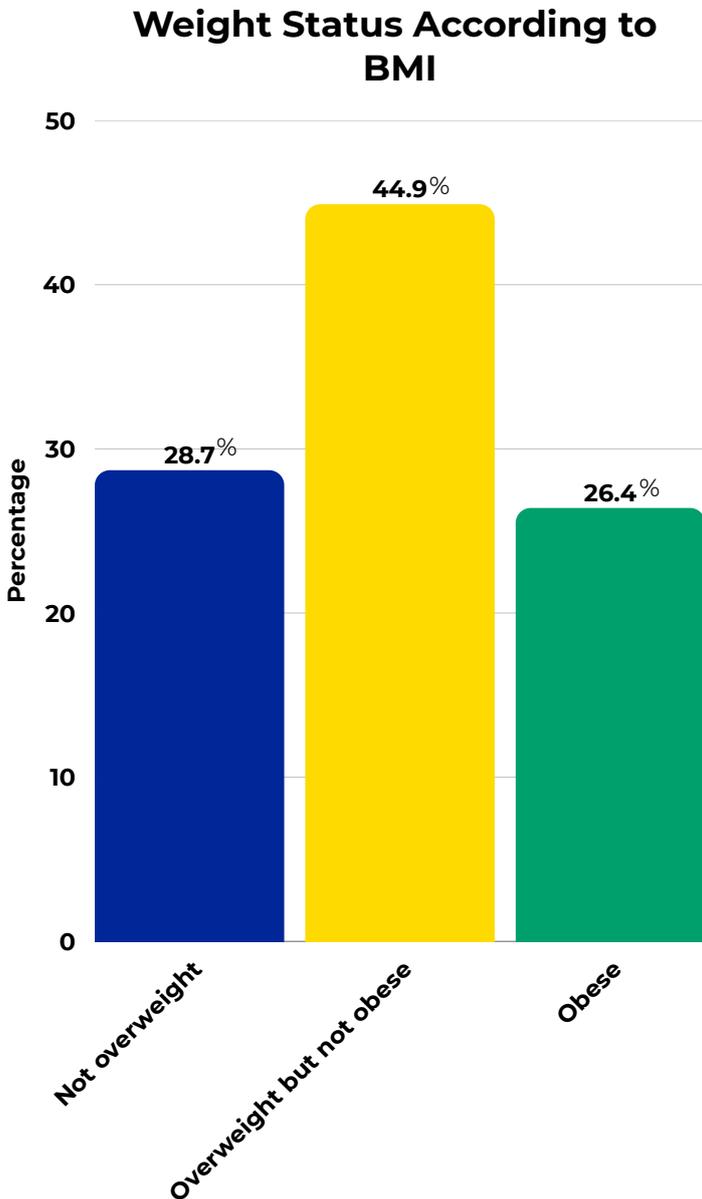
HEALTH AND WELL-BEING INDICATORS

General Health Perception

As BMI increases, the risk of health issues also rises. Overweight and obese BMI levels are often associated with both chronic, and acute health conditions.



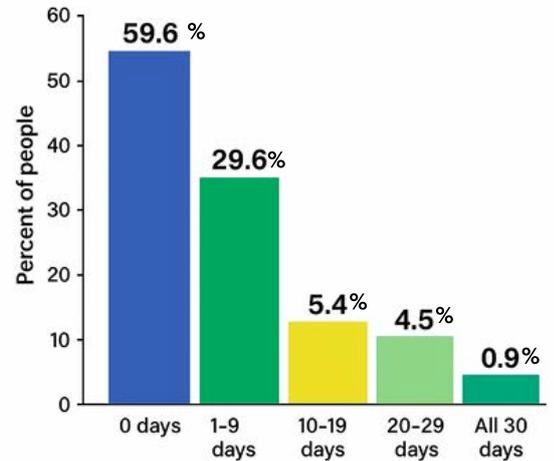
General Health and Well-Being



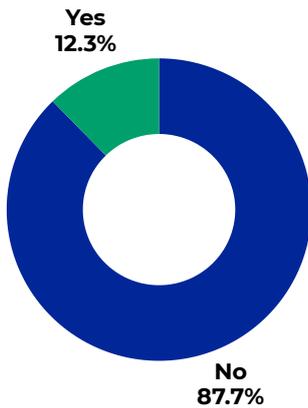
Mental Health Challenges, Anxiety, and Depression

In Freeborn County, many people did not seek mental health services because they believed their concerns were not serious enough for an appointment, while 15% reported that they felt their concerns were serious.

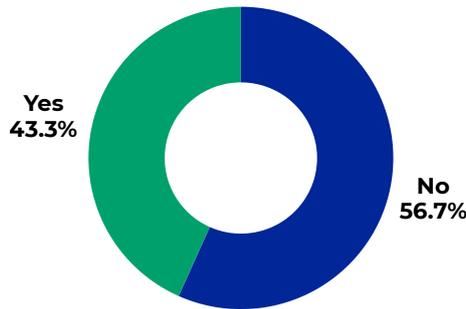
Poor Mental Health Days



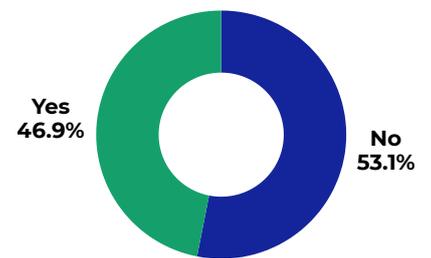
Cost Too Much - Mental Health Services



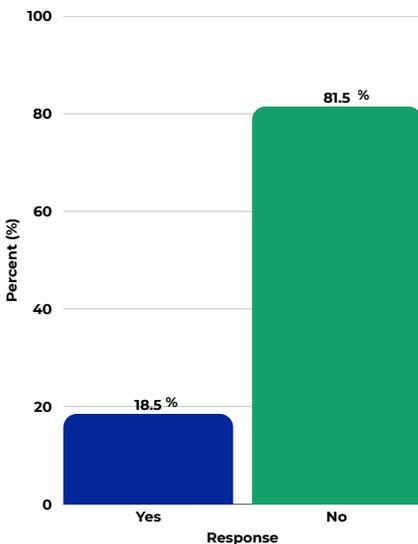
Could Not Get An Appointment



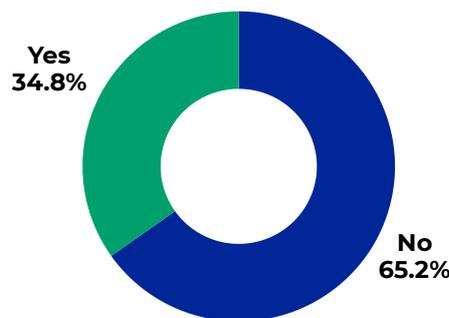
Mental Health - Too Nervous or Afraid



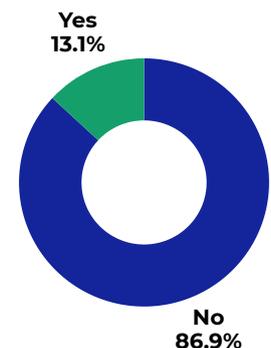
Depression in Freeborn County



Any Mental Health Problems



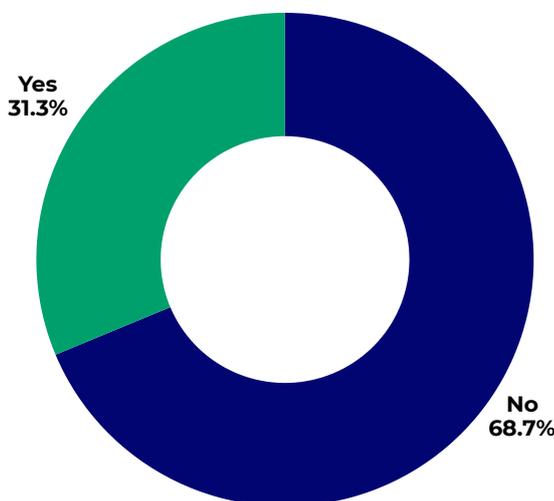
Did Not Know Where To Go For Mental Health Services



Access and Delay in Care and Dental Challenges

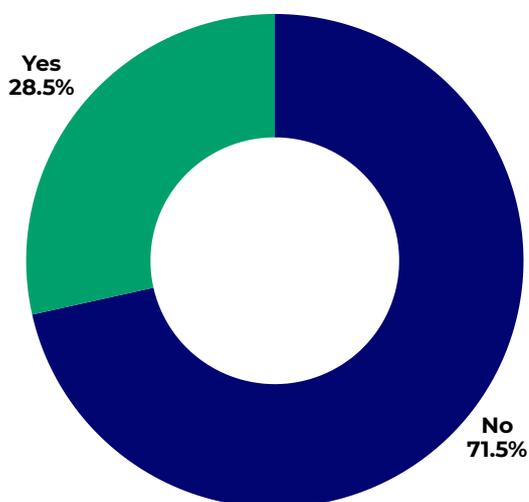
In Freeborn County, MN, one-fifth of residents reported that the cost of medical care prevented them from seeking healthcare when it was needed.

Medical Care Delay



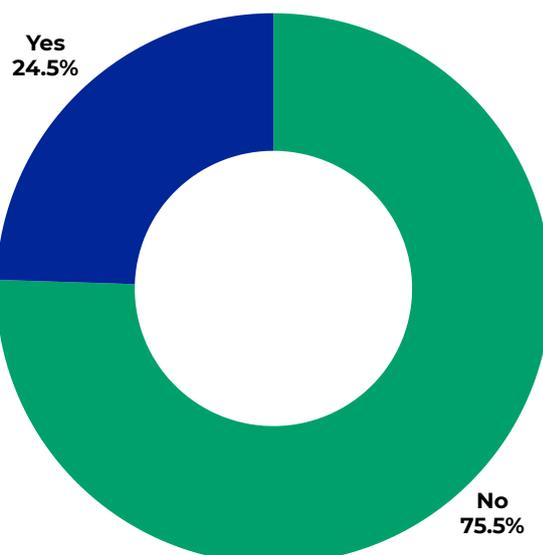
Medical Care

Did not think it was serious enough



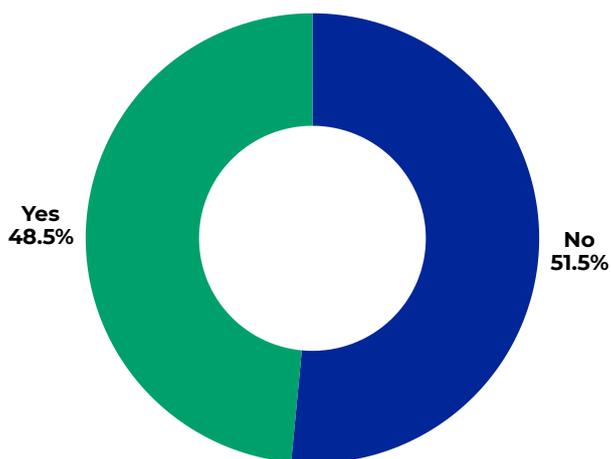
In Freeborn County, MN, over 1 in 10 people reported that they couldn't take time off work to go to the doctor.

Dental Care Delay



Many people in Freeborn County, MN don't know where to seek care when they need it, which contributes to significant disparities in healthcare.

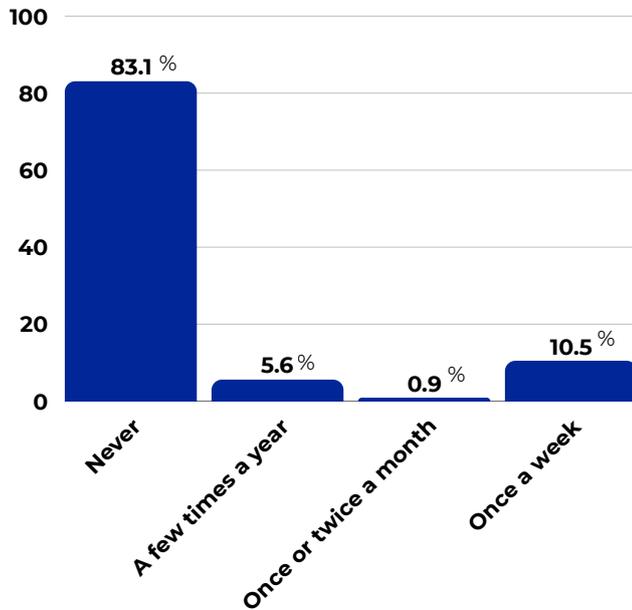
Dental Care Cost to Much



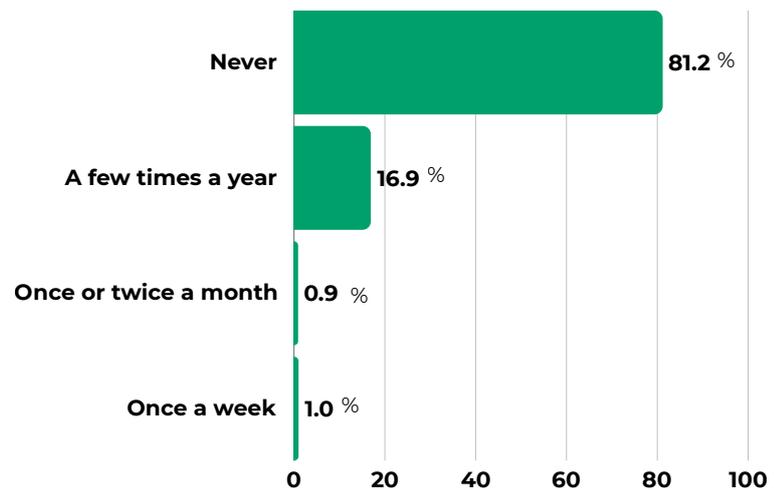
In Freeborn County, MN, access to dental care remains a concern for many residents. Data show that 20.3% of people delayed dental care because they lacked insurance coverage, highlighting the ongoing impact of affordability barriers. Additionally, 9.4% of residents reported postponing care because a dental office would not accept their insurance, indicating that coverage alone does not guarantee access.

Support Systems and Belonging

How often do you feel unaccepted because of your: Religion

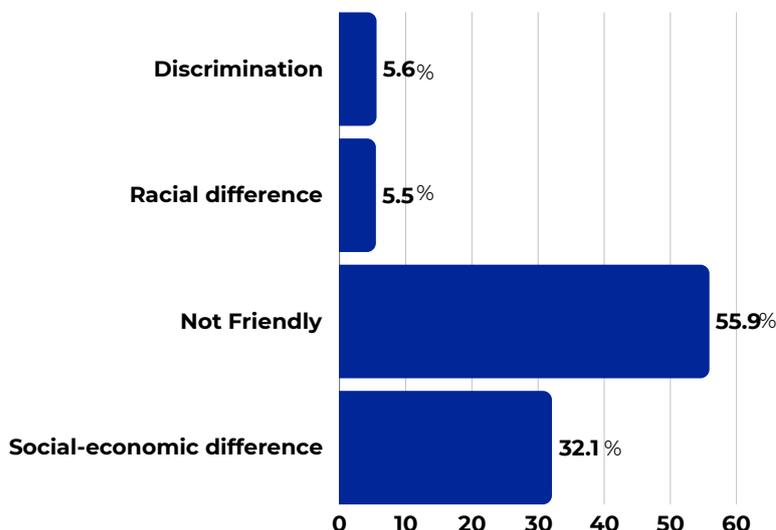


How Often do you feel unaccepted because of your: Age

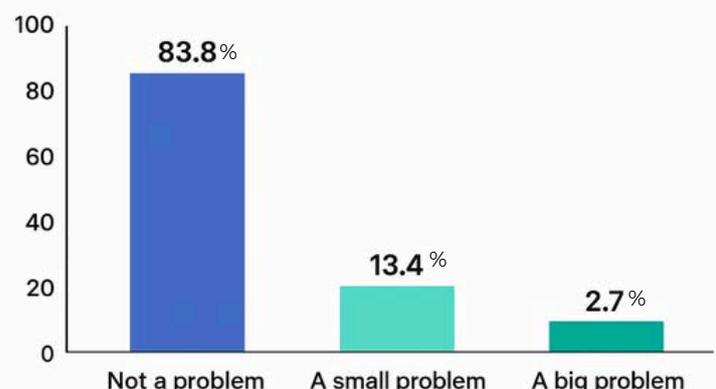


Most residents in Freeborn County feel accepted in their community regardless of religion or age. However, subtle signs of exclusion still exist. Some people report feeling unwelcome due to differences in friendliness, social class, or race, showing that belonging is not experienced equally by everyone. While many residents have reliable support systems, others experience limited connection or understanding from friends and family. These findings suggest that social cohesion is strong but not complete, and continued attention to inclusion, empathy, and community relationships could help close remaining gaps.

Feelings: Unaccepted, Unvalued, or Unwelcomed

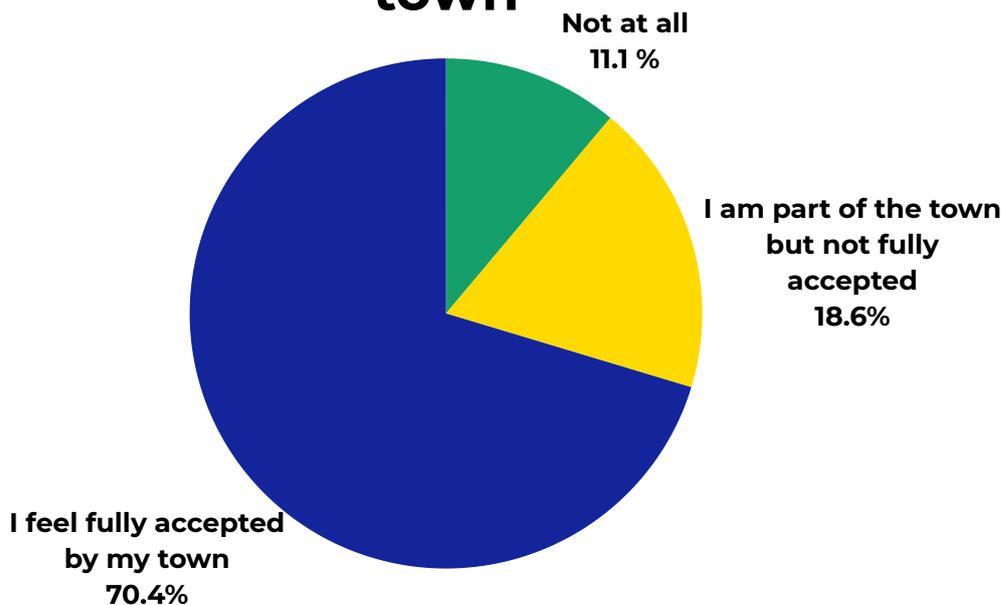


How Much of a Problem is Lack of Support from Family or Friends?



Support Systems and Belonging Continued

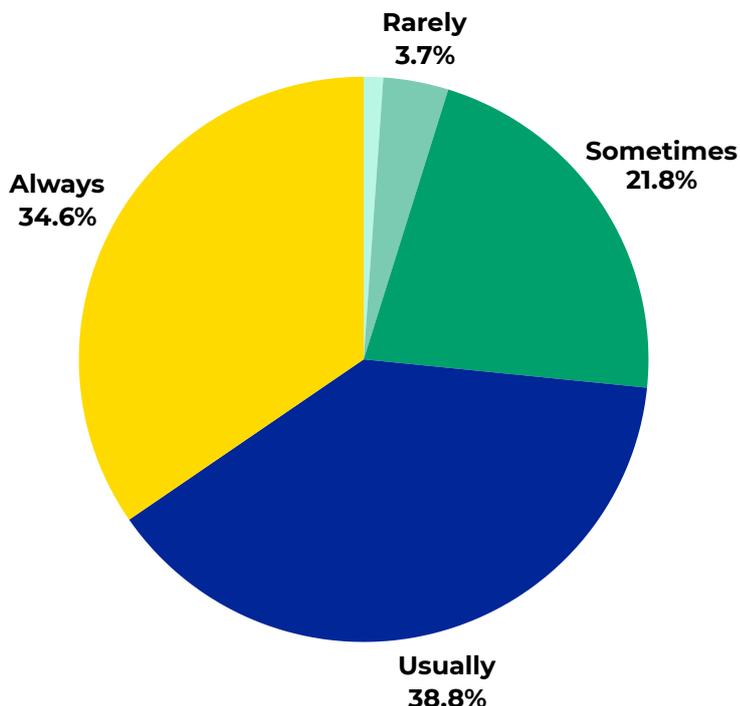
How much do you feel like you belong to your town

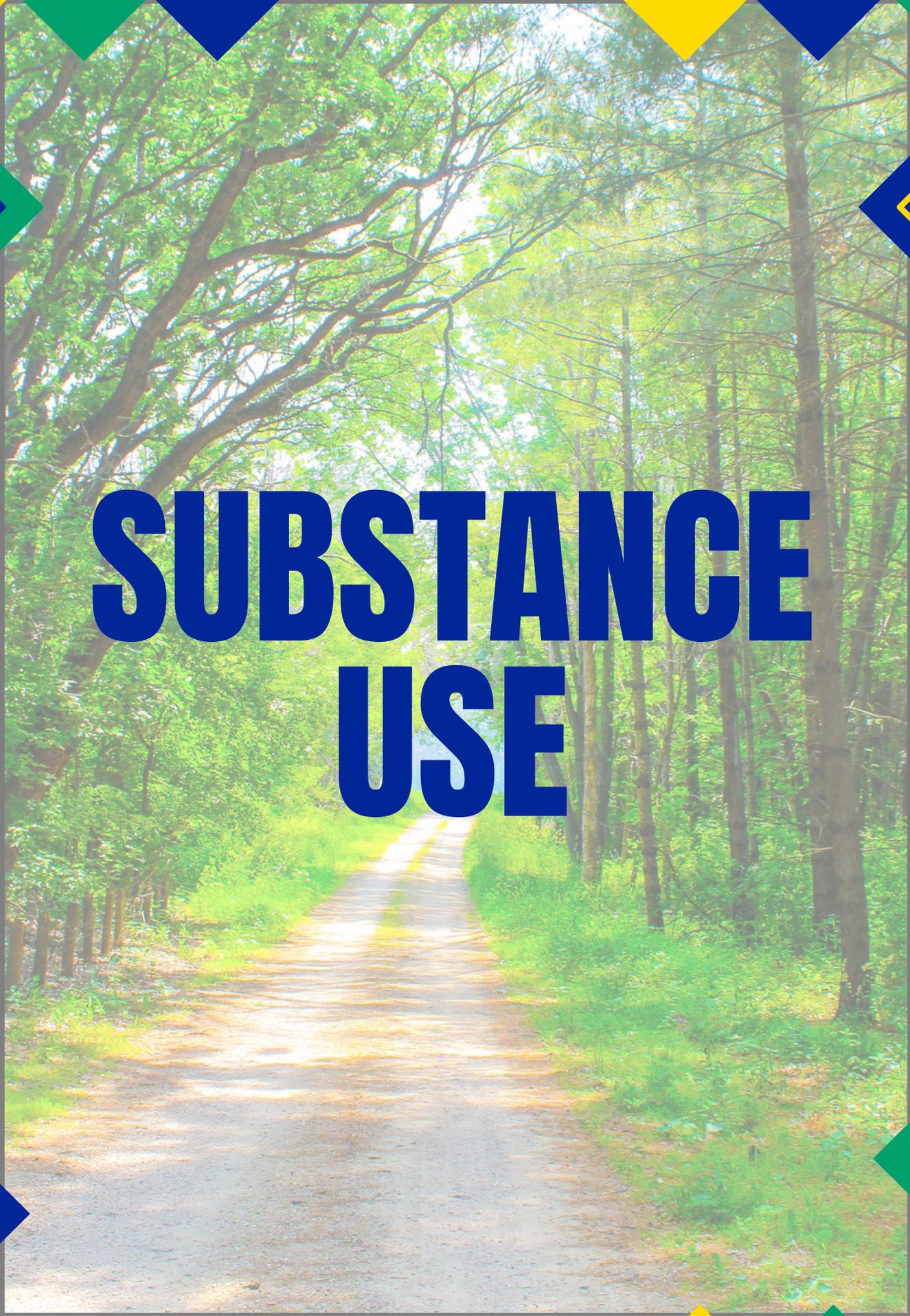


Many residents in Freeborn County, MN describe a sense of belonging and connection to their community, but the data suggests that this feeling is not universal. Some people still feel like outsiders or lack deeper, more meaningful relationships. This uneven sense of acceptance points to underlying barriers that prevent everyone from feeling included and supported.

Building spaces and relationships that foster trust, shared purpose, and genuine connection could help strengthen the county's social fabric and overall well-being.

How often do you feel like you have meaningful connections to the people around you

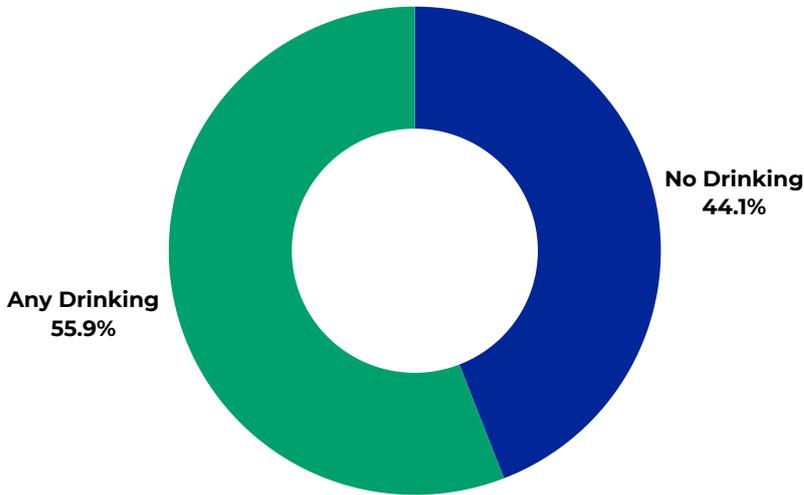




SUBSTANCE USE

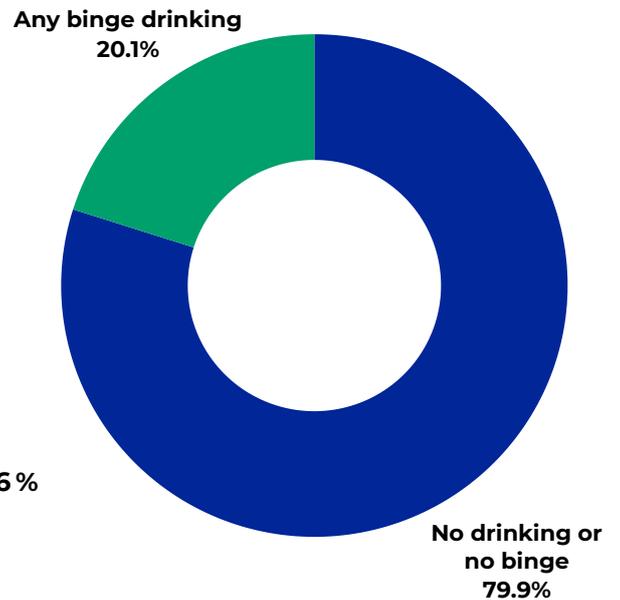
Alcohol/Drug Use

Any Alcohol Drinking in the Past 30 Days

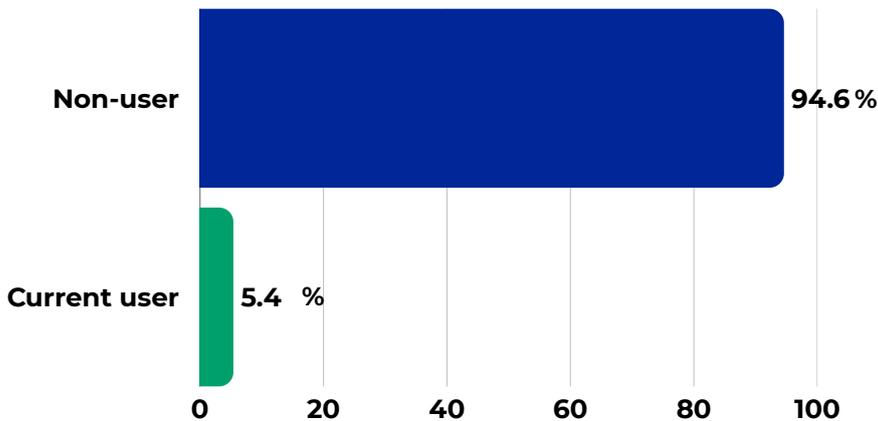


In Freeborn County, MN, most people do not drink heavily. About 93.4% of people said they are not heavy drinkers, while only 6.6% people reported heavy drinking.

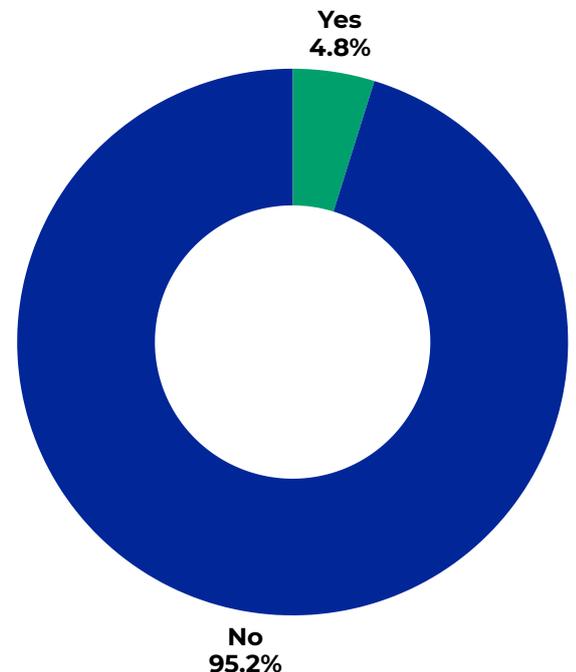
Binge Drinking



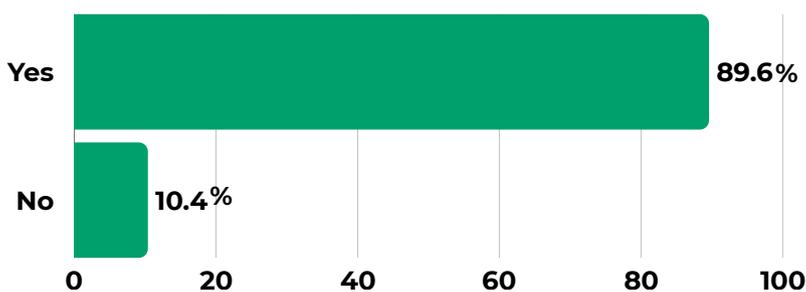
Marijuana Status



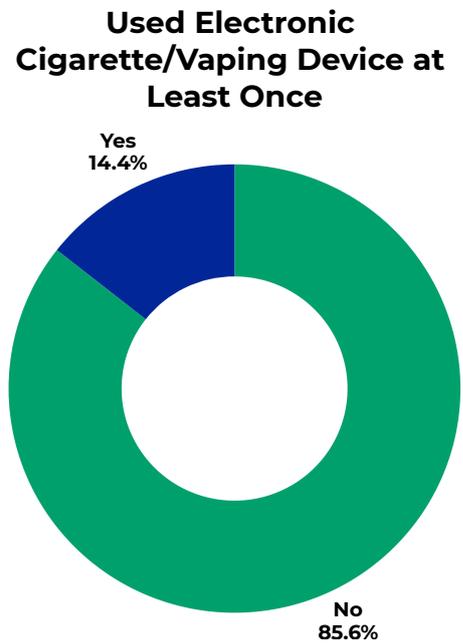
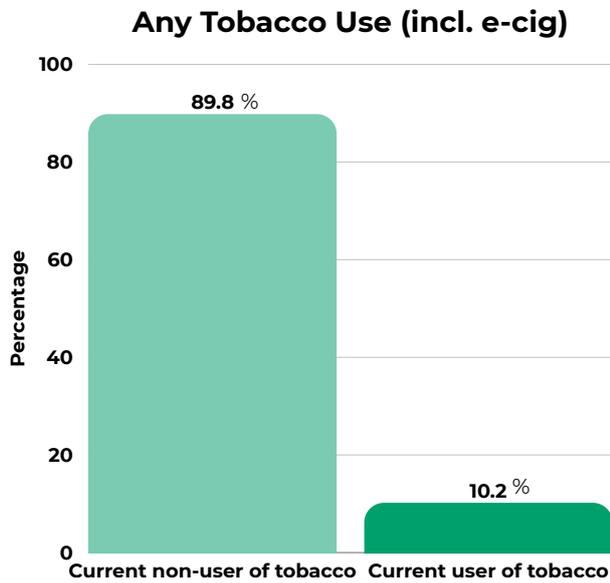
Used at least once during the past 30 days, non-medical purpose Pain Relievers



Did Not Use Any Substances

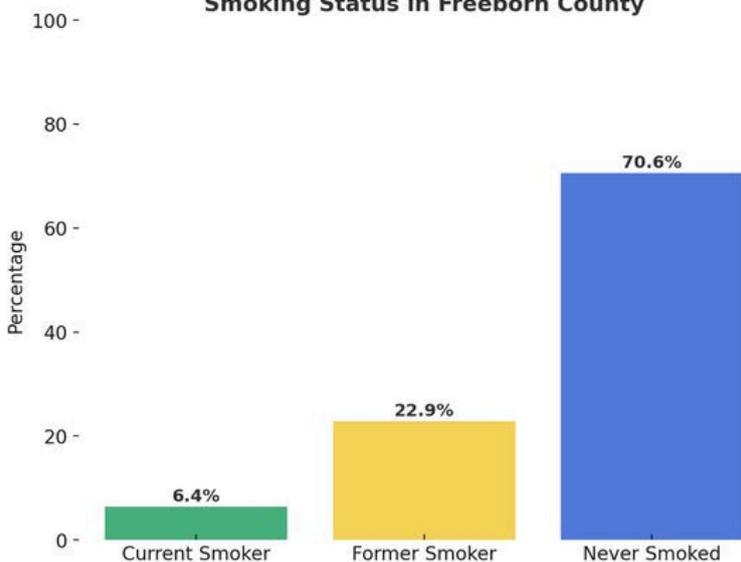


Tobacco and Electronic Cigarettes/ Vaping



Most adults in Freeborn County, MN report not using tobacco or vaping products, showing overall positive progress in tobacco prevention. However, a smaller group continues to use these products or has experimented with e-cigarettes, indicating that nicotine use has not disappeared entirely. The data suggest that while traditional smoking is declining, vaping remains a concern, particularly among younger adults. Continued education and outreach are needed to prevent initiation and support those who want to quit, ensuring that healthier, tobacco-free lifestyles remain the community norm.

Smoking Status in Freeborn County

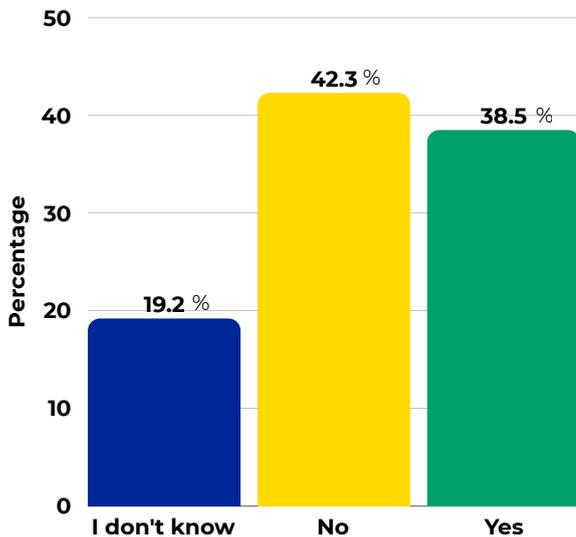




ENVIRONMENTAL HEALTH

Radon Testing

Household Ever Tested for Radon



Radon testing and lead exposure remain important environmental health concerns in Freeborn County, MN. Many households have not tested for radon or are unsure whether testing has been done, leaving families at potential risk for long-term exposure to this invisible gas. Lead exposure also poses ongoing challenges, particularly in older homes built before 1974. While most children tested show safe levels, a small number have elevated blood lead levels, signaling the need for continued vigilance. Expanding awareness, promoting affordable testing, and supporting home safety efforts can help protect residents from these preventable environmental hazards.

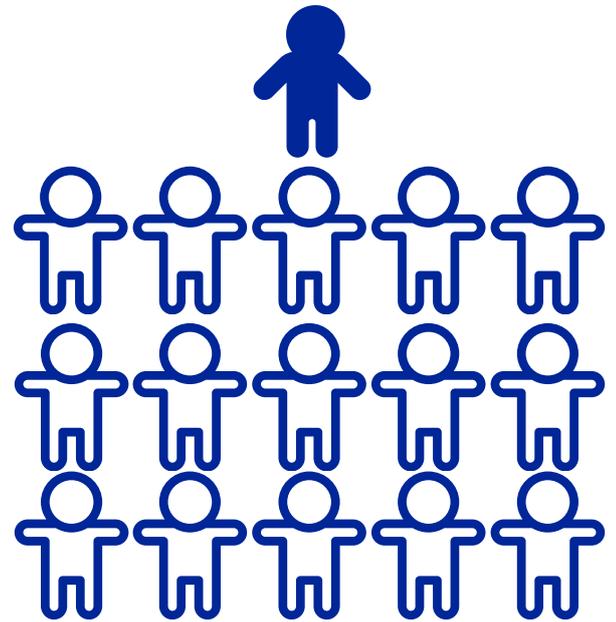
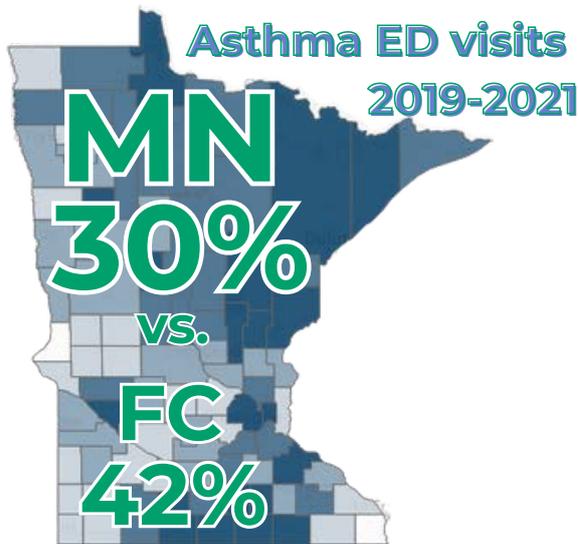


In Minnesota, **2 in 5** homes have high radon.

Lead Paint - Pre 1978

Children with EBLLs (Elevated Blood Lead Level) (5+ mcg/dL)	5 (2.0%)
Percent EBLLs compared to Minnesota	Significantly higher than MN
Children above 15 mcg/dL	0
Children tested	248 (81.6%)
Children under 5 in poverty	8.10%
Pre-1950 housing	35.30%

Safety Concerns

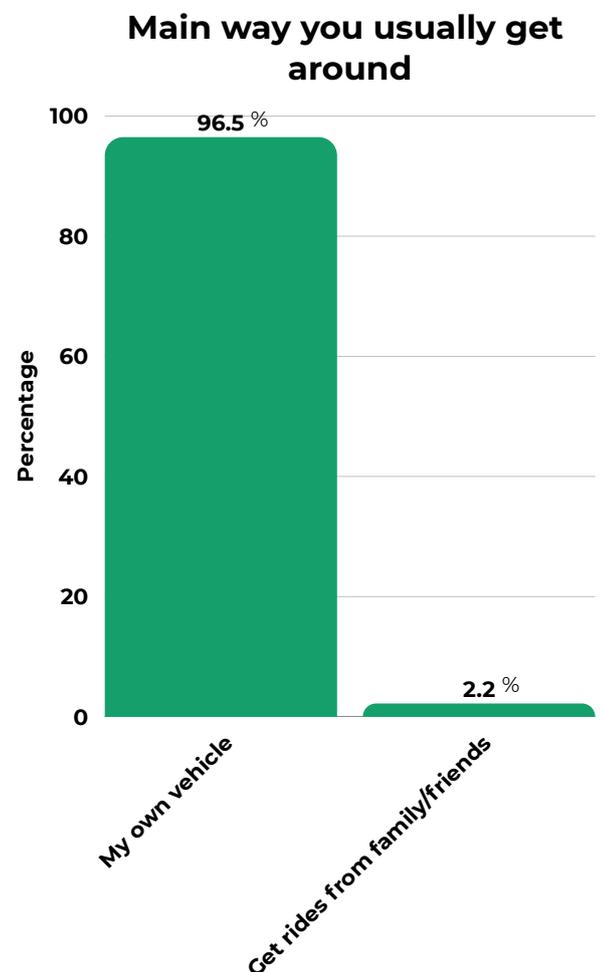


1 in 16 children currently have asthma in Freeborn County, MN

1 in 10 adults currently have asthma in Freeborn County, MN

Asthma continues to be a significant health and safety concern in Freeborn County, MN, affecting both children and adults at higher rates than the state average. Emergency Room (ER) visits for asthma are notably more common locally, suggesting ongoing challenges related to air quality, housing conditions, or access to consistent care.

Most residents rely on personal vehicles for transportation, which may make it harder for those without reliable access to reach medical services or safe environments. These patterns highlight the importance of improving respiratory health resources, transportation access, and environmental conditions to support long-term community well-being.

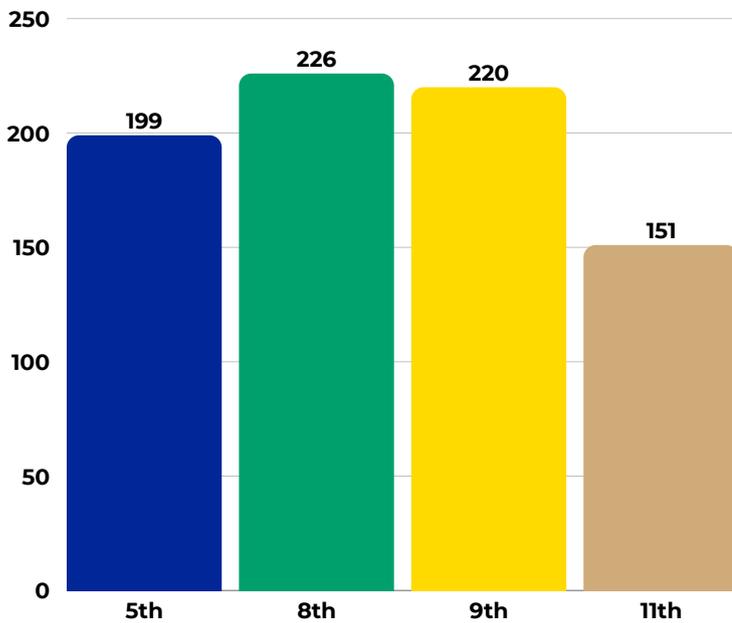




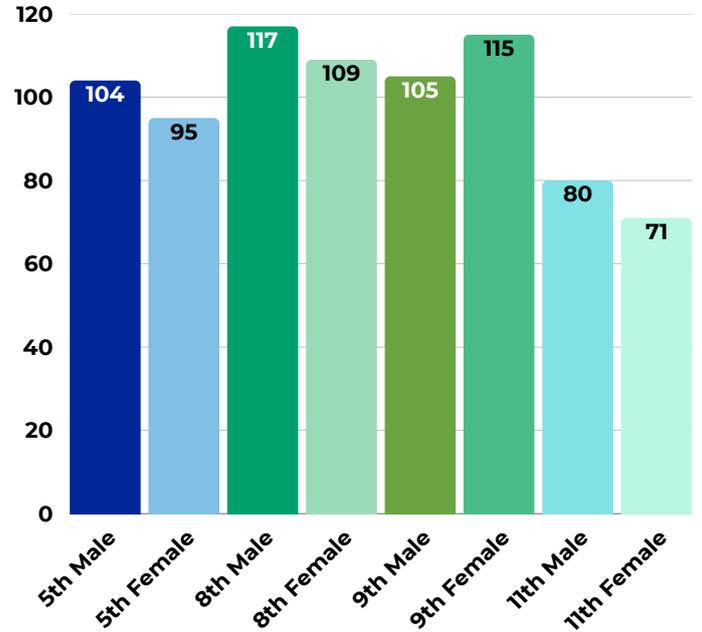
STUDENT DEMOGRAPHICS

Grade, Gender, Race

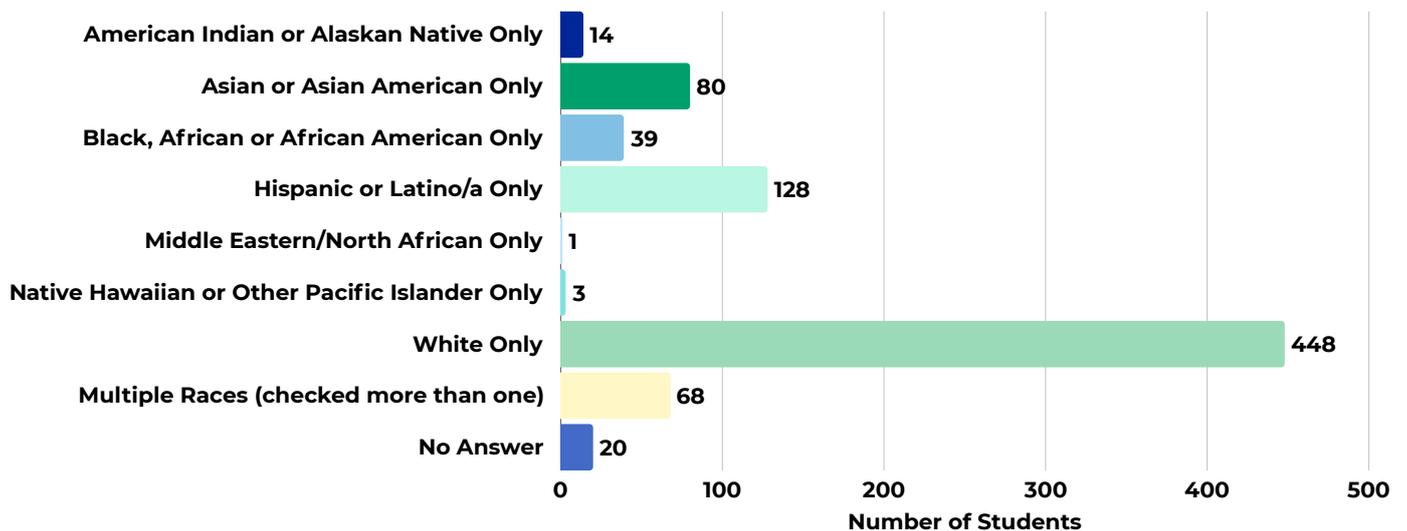
Freeborn County Students per Grade That took the MN Student Survey



Freeborn County Gender per Grade That took the MN Student Survey



Freeborn County Student Race That took the MN Student Survey



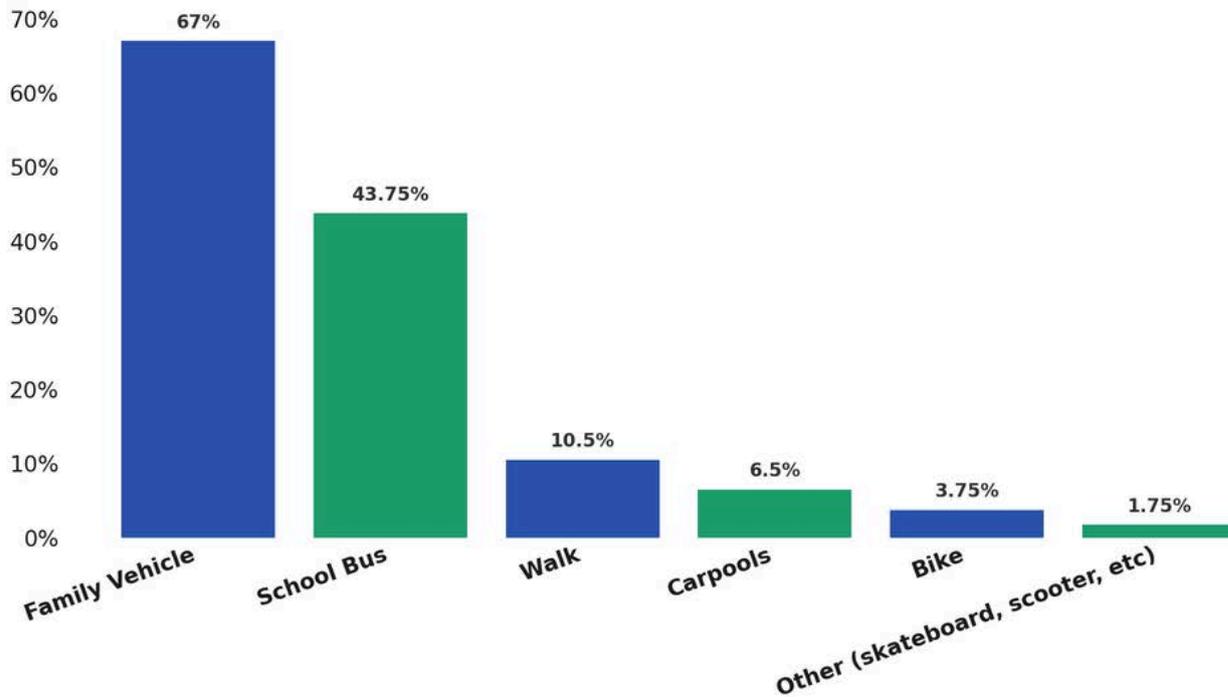
A tall, white water tower with a spherical top. The word "HARTLAND" is written in white capital letters on the sphere. The tower is set against a blue sky with white clouds. The entire image is framed by a decorative border of colorful triangles (yellow, green, blue) pointing inwards.

HARTLAND

YOUTH TRANSPORTATION

Youth Transportation

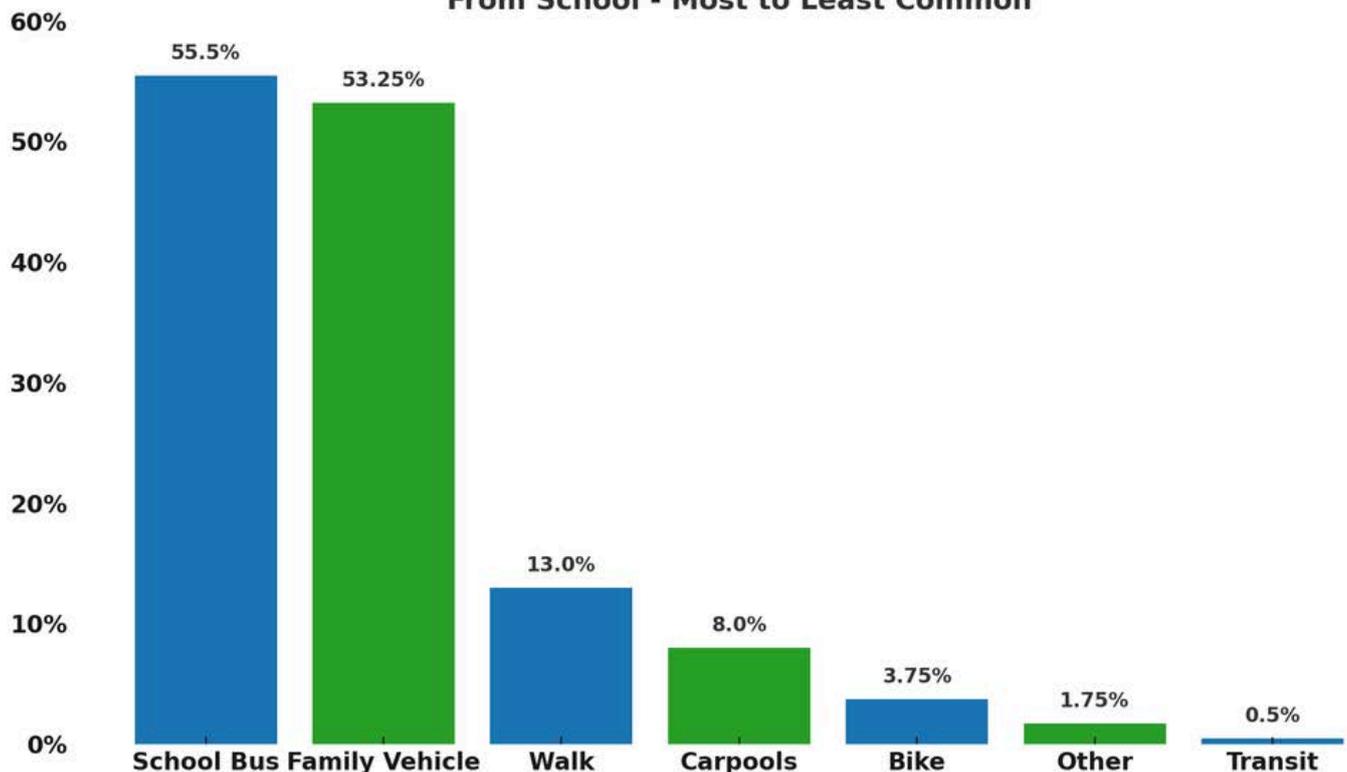
To School — Most to Least Common



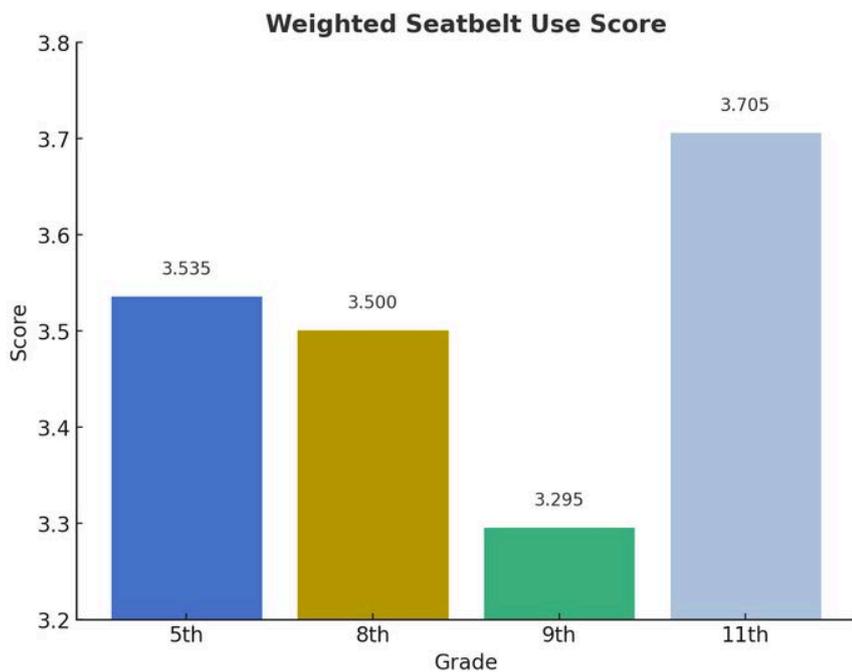
Some students said they do not join after-school activities because they do not have a ride to get there or to get home.

Roughly two-thirds of students (68.4%) missed none or 1 - 2 days of school, while about 15% missed 3-5 days, and another 15% missed 6 or more days - highlighting a small, but meaningful group with higher absenteeism.

From School - Most to Least Common



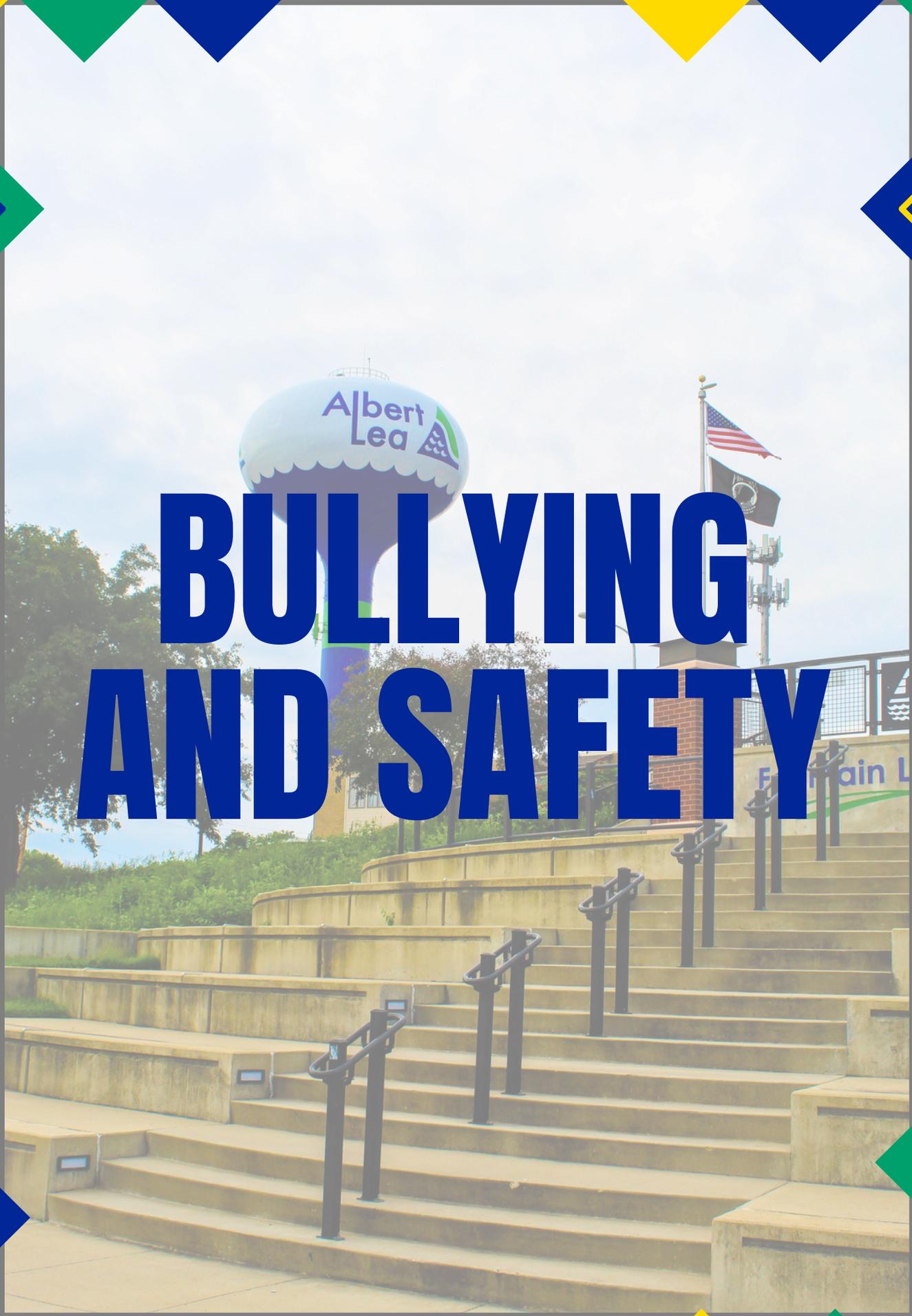
Youth Car and Seatbelt Safety



- A score of 4.0 means all students reported “Always” wearing a seatbelt.
- Scores near 3.5-3.7 indicate strong usage, with occasional lapses.
- 9th grade shows the lowest consistency in seatbelt use among the four grades.

Most 9th graders don't drive, especially females (70%). By 11th grade, more students are drivers, and only about one-third report never using their phones while driving.

Still, a small but notable group of 11th graders, especially males, admit to using phones sometimes, often or always while driving - raising concerns about distracted driving.



BULLYING AND SAFETY

Youth Safety in School/Bullying



Social Media

Bullying on or regarding social media was reported less frequently overall, but it had the highest rates of everyday bullying compared to the other reasons, especially among 5th and 11th grade girls.

Size or Weight

This was the most common reason students reported being bullied. It was especially notable among 8th graders, with some reporting being bullied daily. Across all grades, both boys and girls reported bullying related to body size or weight more often than any other reason.



Physical Appearance (non-weight-related)

This reason was reported slightly less often than social media, though similar patterns appeared, especially among 8th and 9th graders. While daily bullying for appearance was similar in frequency to that for size/weight, reports of it happening "several times" were lower overall.

The average rates of bullying reported across 5th, 8th, 9th, and 11th grade students:

Bullied once or more in the past 30 days:

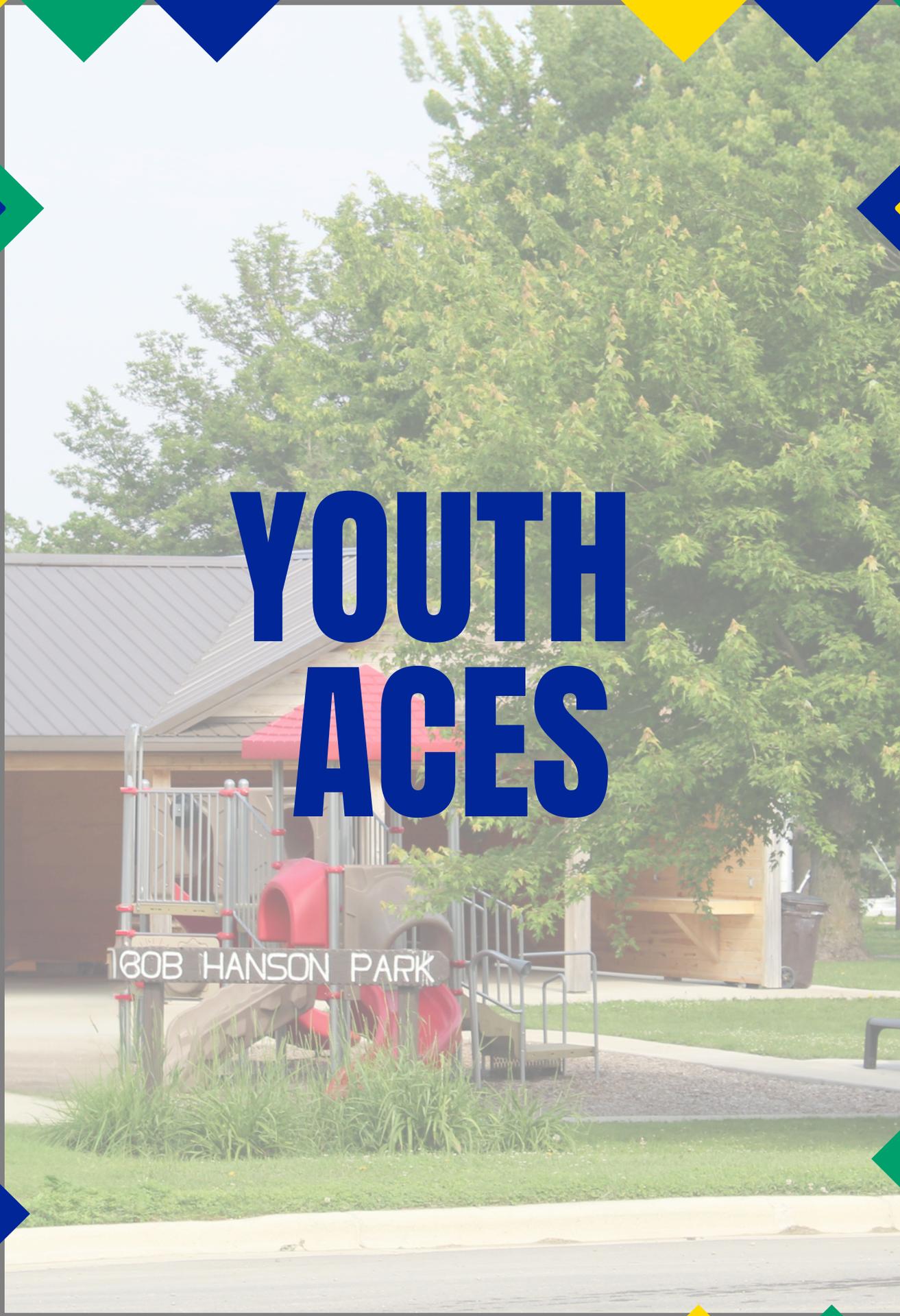
48.3%

Nearly half of students reported experiencing some form of bullying in the past month.



YOUTH AGES

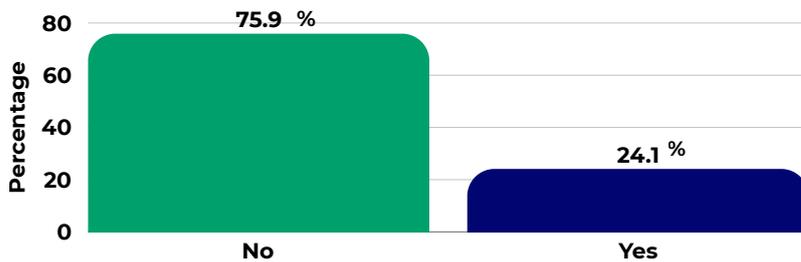
BOB HANSON PARK



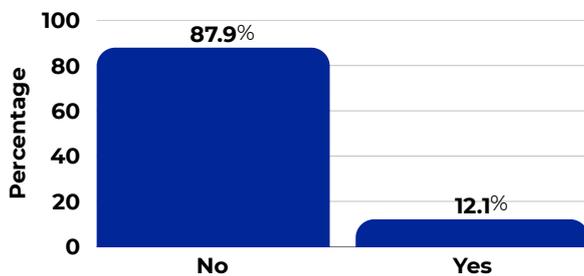
Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are hard or scary things that happens before age 18, like being hurt, not cared for, or living in a stressful home. They can affect physical and mental health, social and emotional well-being, and happiness later in life.

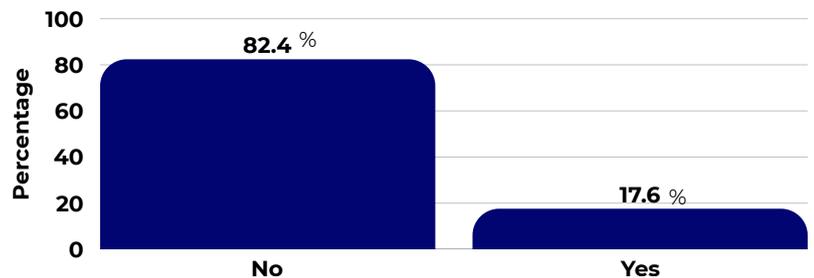
Lived With Someone Who Was Depressed, Mentally Ill, or Suicidal Before Age 18



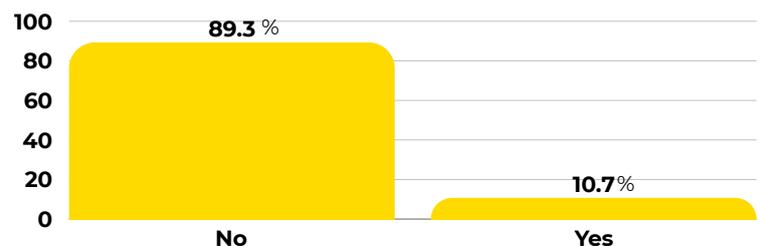
Were your Parents Separated or Divorced Before Age 18



Lived with Someone Who had a Drinking Problem or was Alcoholic Before Age 18

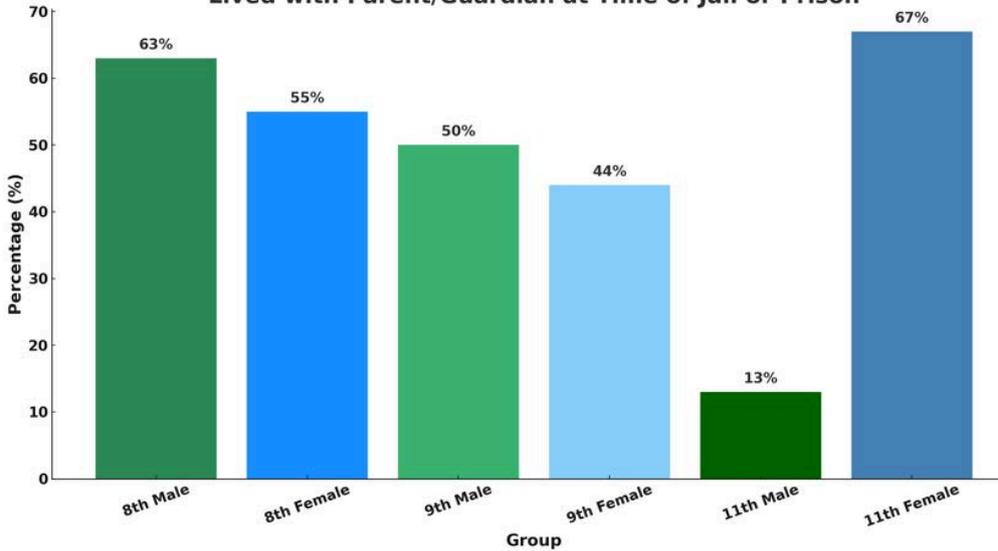


Did you often or very often feel no one in your family loved you or family members didn't feel close to or look out for each other Before Age 18



Adverse Childhood Experiences

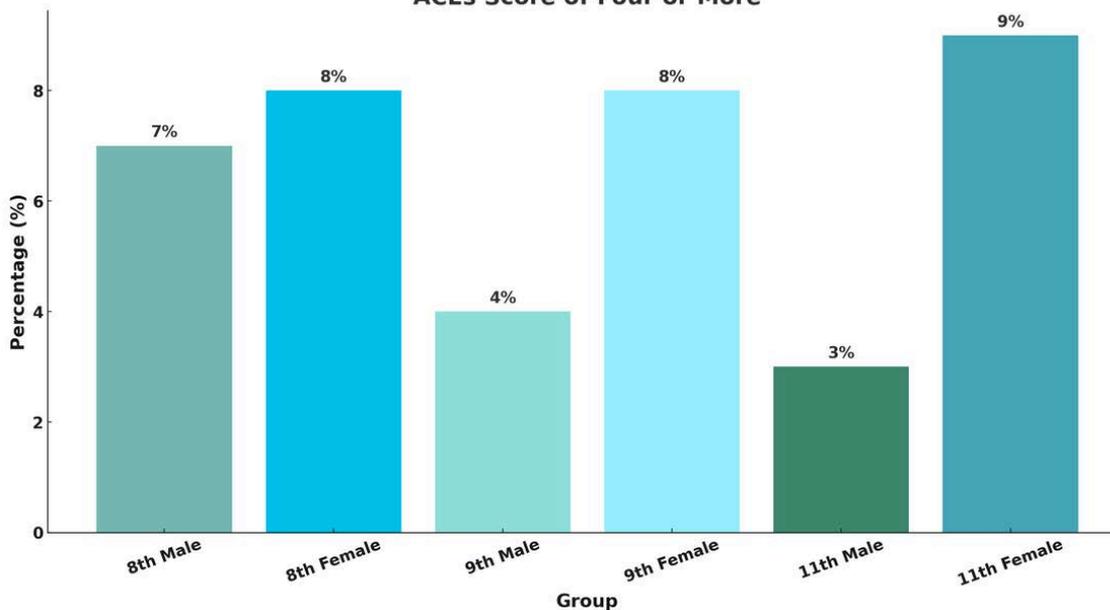
Lived with Parent/Guardian at Time of Jail or Prison



Adverse Childhood Experiences (ACEs) can shape how a person's mind and body respond to stress throughout life. When early experiences involve abuse, neglect, or family instability, the body adapts by staying in a heightened stress state, which can continue into adulthood. Over time, this constant stress response increases the risk for heart disease, diabetes, depression, and anxiety, while also affecting trust, emotional regulation, and coping habits. Many adults with ACEs struggle with self-worth or rely on unhealthy coping behaviors, yet healing is possible through supportive relationships, therapy, and consistent self-care that helps the body re-learn safety.



ACEs Score of Four or More

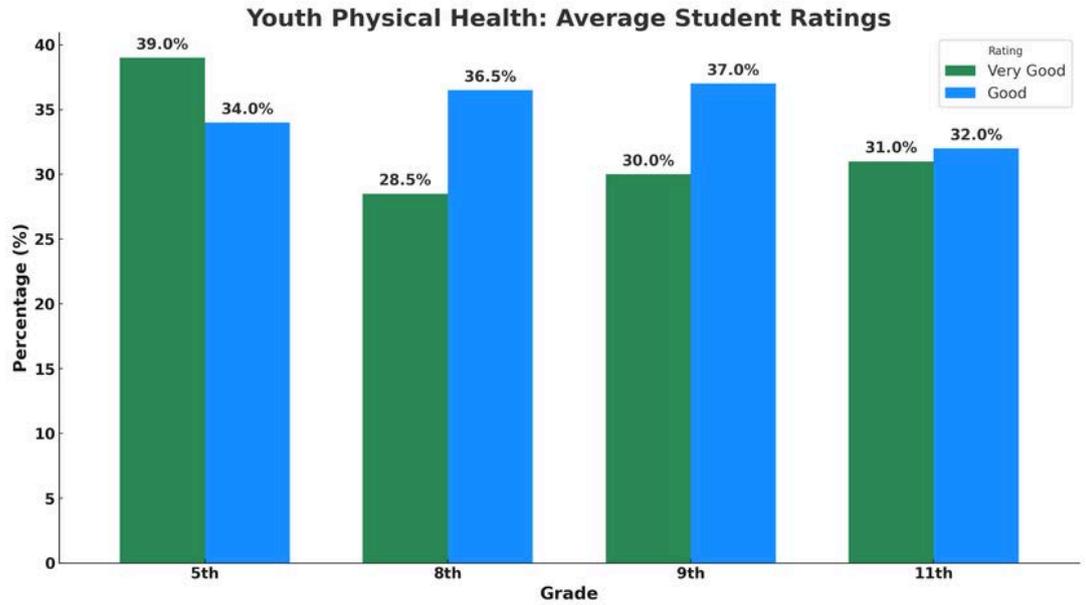
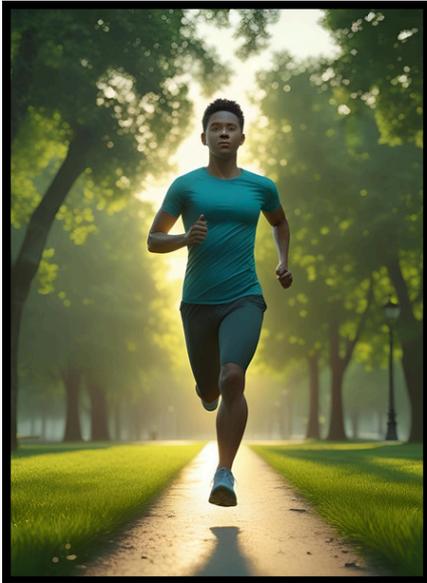




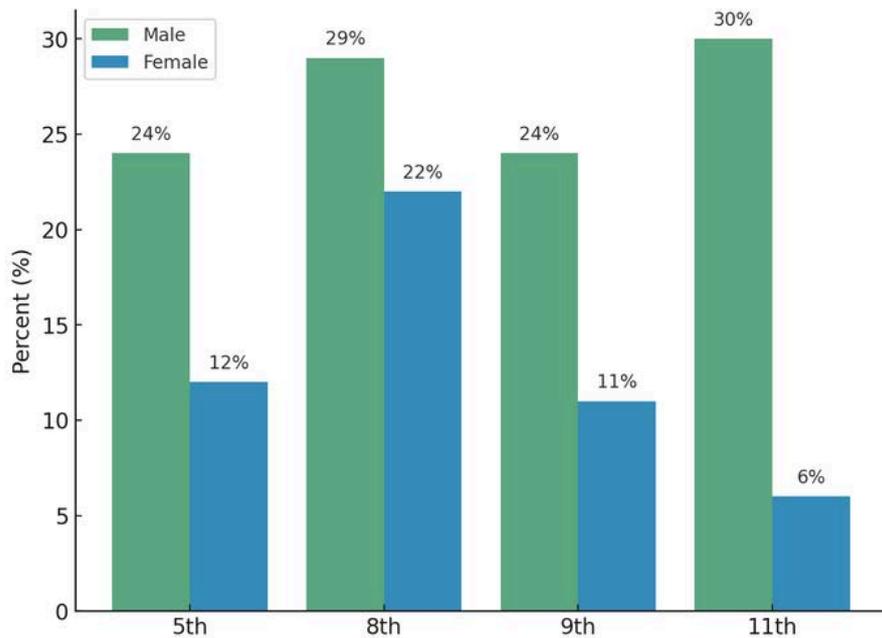
YOUTH HEALTH

Youth Physical/Dental Health

The average percentages of students who rated their health as "Very Good" or "Good", with male and female responses combined.



During the last 7 days, how many were active for 60 min at least



**Last dentist visit:
over 2 years ago.**

5th grade: 4%
8th grade: 12%
9th grade: 16.5%
11th grade: 8.5%



Youth Obesity/Soda and Sports Drinks Consumption

Average Percentages of Students Considered Overweight or Obese

Grade	Overweight (%)	Obese (%)	Total (%)
8th	14.50%	13.50%	28.00%
9th	16.50%	19.50%	36.00%
11th	13.50%	12.50%	26.00%



9th grade had the highest overall rate, with over a third of students falling into the overweight or obese category.

Regular Soda Consumption - Average by Grade



Grade	0 Intake (%)	Low (1-3x/week) (%)	High (4+ times/week) (%)
8th	25.50%	42%	6.60%
9th	25.50%	42%	4.60%
11th	27.50%	42%	5.60%

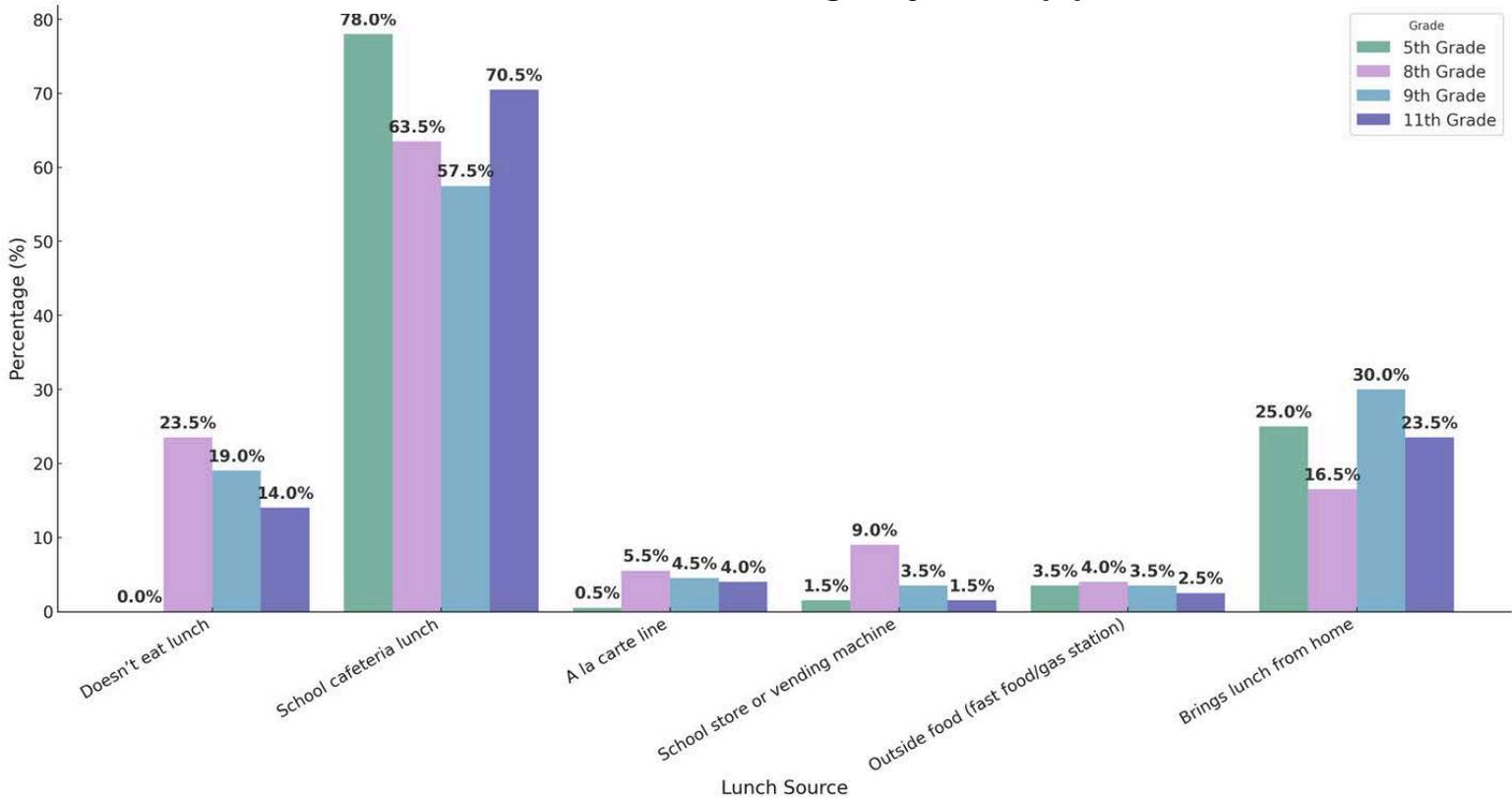
Sports Drink Consumption

Grade	0 Intake (%)	Low Intake (1-3x/week) (%)	High Intake (4-6x/week) (%)
8th	34.50%	39%	9%
9th	40.50%	36%	12%
11th	42%	37%	9.50%



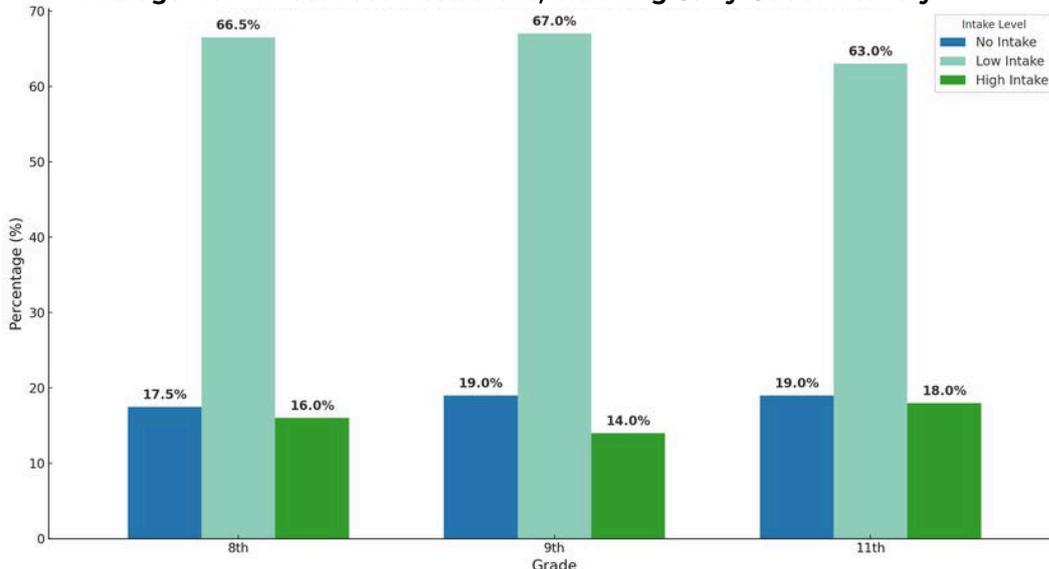
Youth Diet

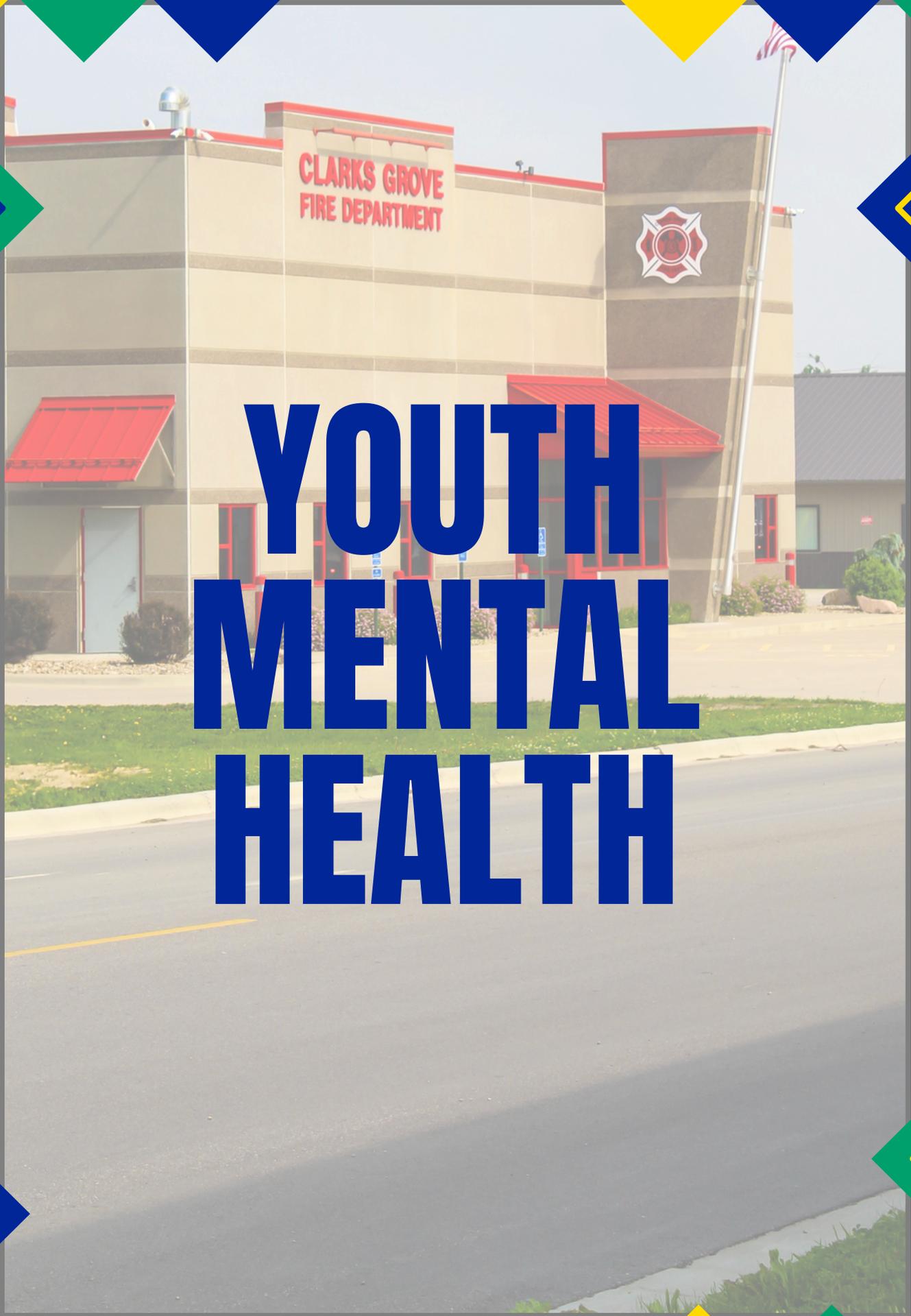
Lunch Source Averages by Grade (%)



Most students in Freeborn County rely on school-provided lunches, though a smaller portion bring meals from home or skip lunch altogether. This suggests that school meal programs play a central role in shaping students' daily nutrition and overall health. However, the continued use of fast food as a regular meal source raises concerns about long-term eating habits and access to healthy options outside of school. These patterns highlight the importance of ensuring that school meals are both nutritious and appealing, while also supporting families in developing healthier food routines at home.

Average from a Fast Food Restaurant, Including Carry-Out or Delivery

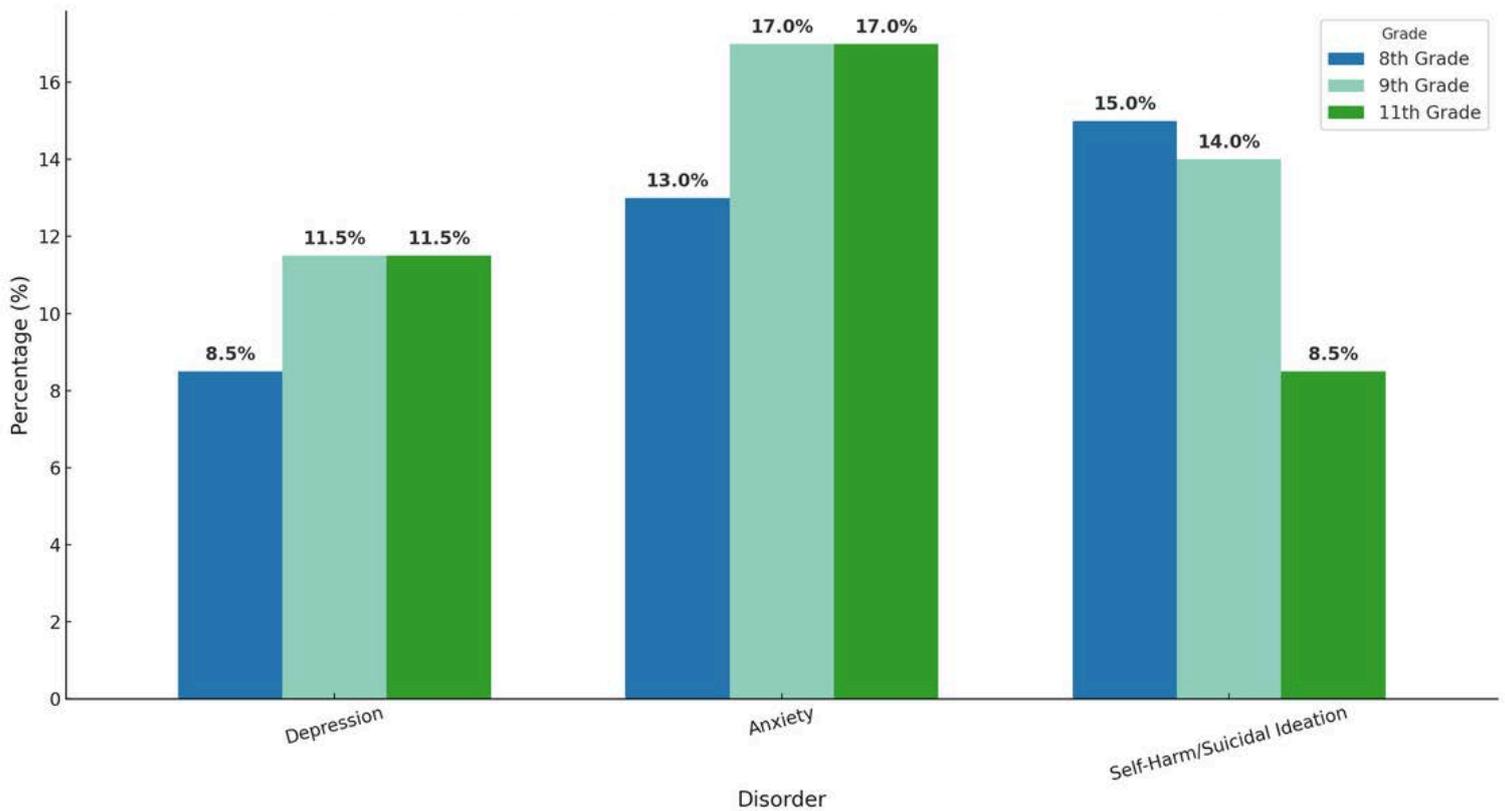




YOUTH MENTAL HEALTH

Youth Anxiety/Depression/ Self-Harm and Suicide

Average Percentage of Students in Each Grade Reporting Mental Health Concerns



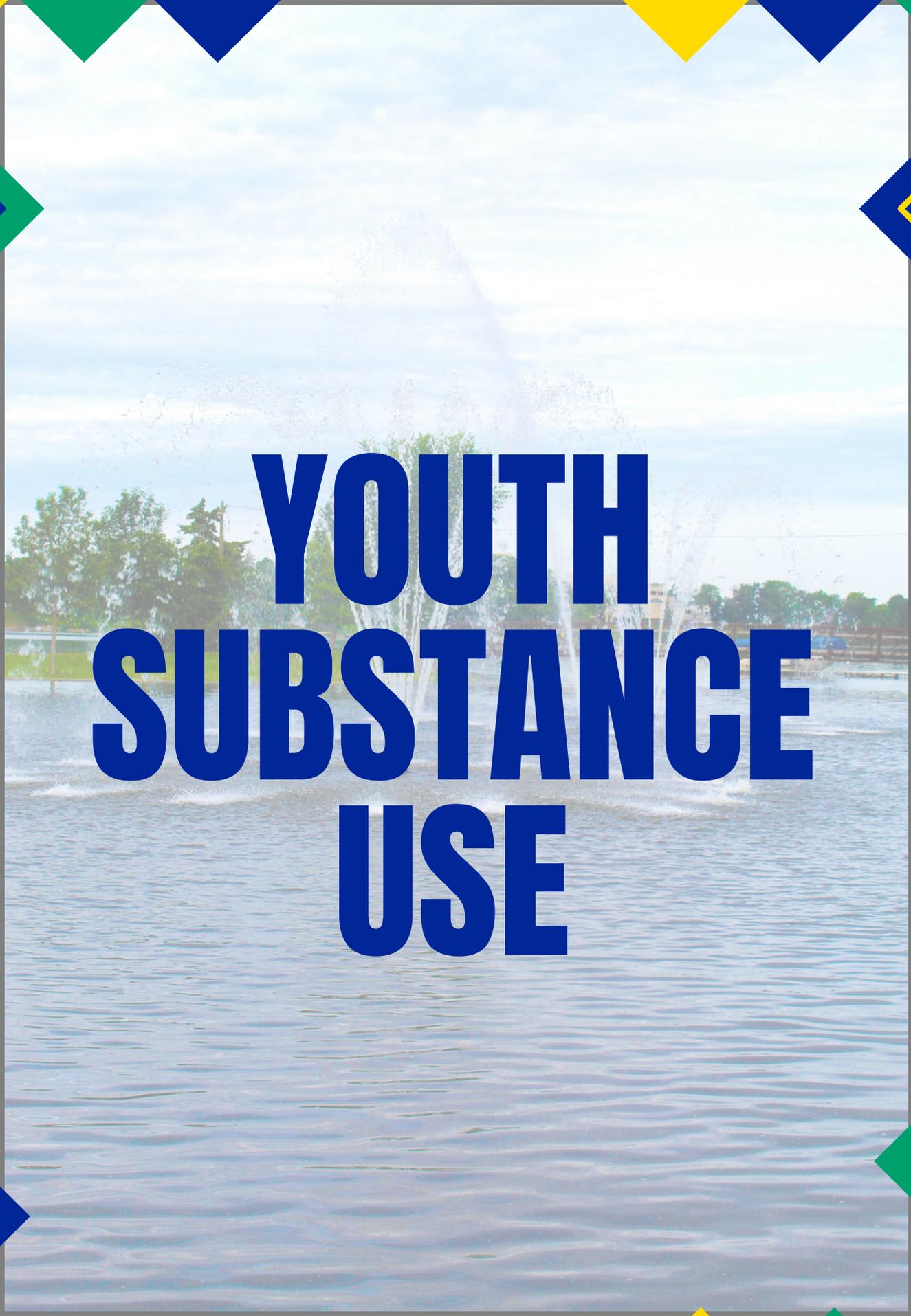
Depression rises from 8.5% in 8th grade to 11.5% in 9th and 11th grades, indicating a stable but concerning trend among adolescents.

Anxiety shows the highest average levels overall, increasing sharply from 13.0% in 8th grade to 17.0% by 9th grade, and remaining high through 11th grade.

Self-harm and suicidal ideation peaks in 8th grade (15.0%), then decreases in older students, dropping to 8.5% by 11th grade. This may reflect either resilience-building over time or under-reporting by older teens.



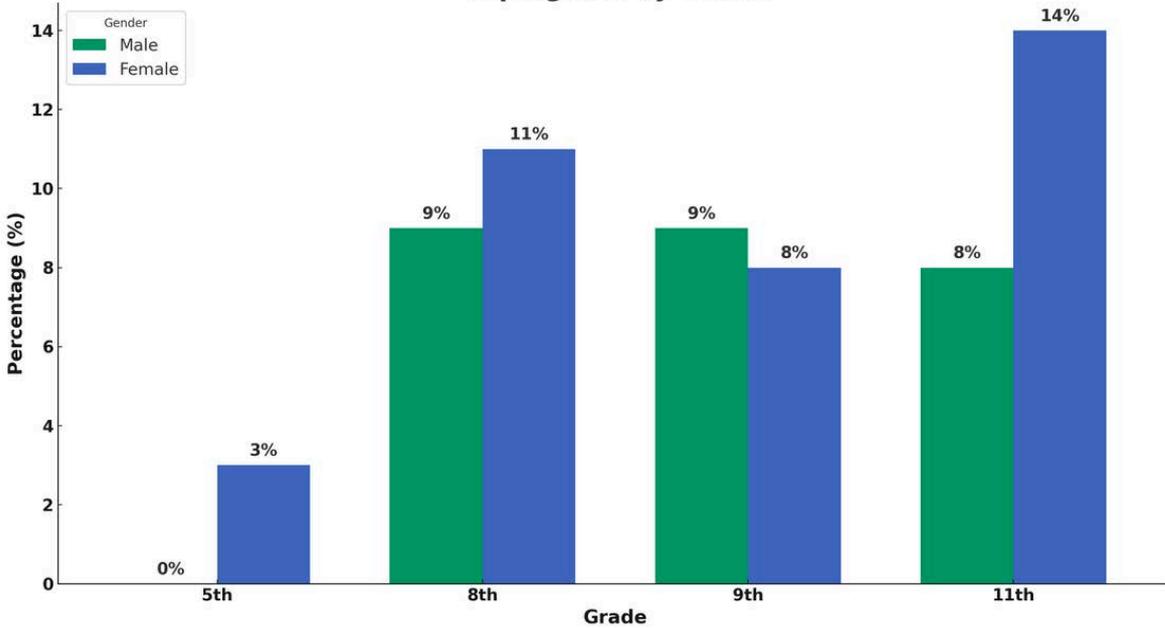
Across all three grades (8th, 9th, and 11th), mental health concerns increase in middle school and peak in early high school, with some improvement noted by 11th grade—especially in self-harm and suicide ideation.



YOUTH SUBSTANCE USE

Youth Vapes /Tobacco/ Flavored Tobacco

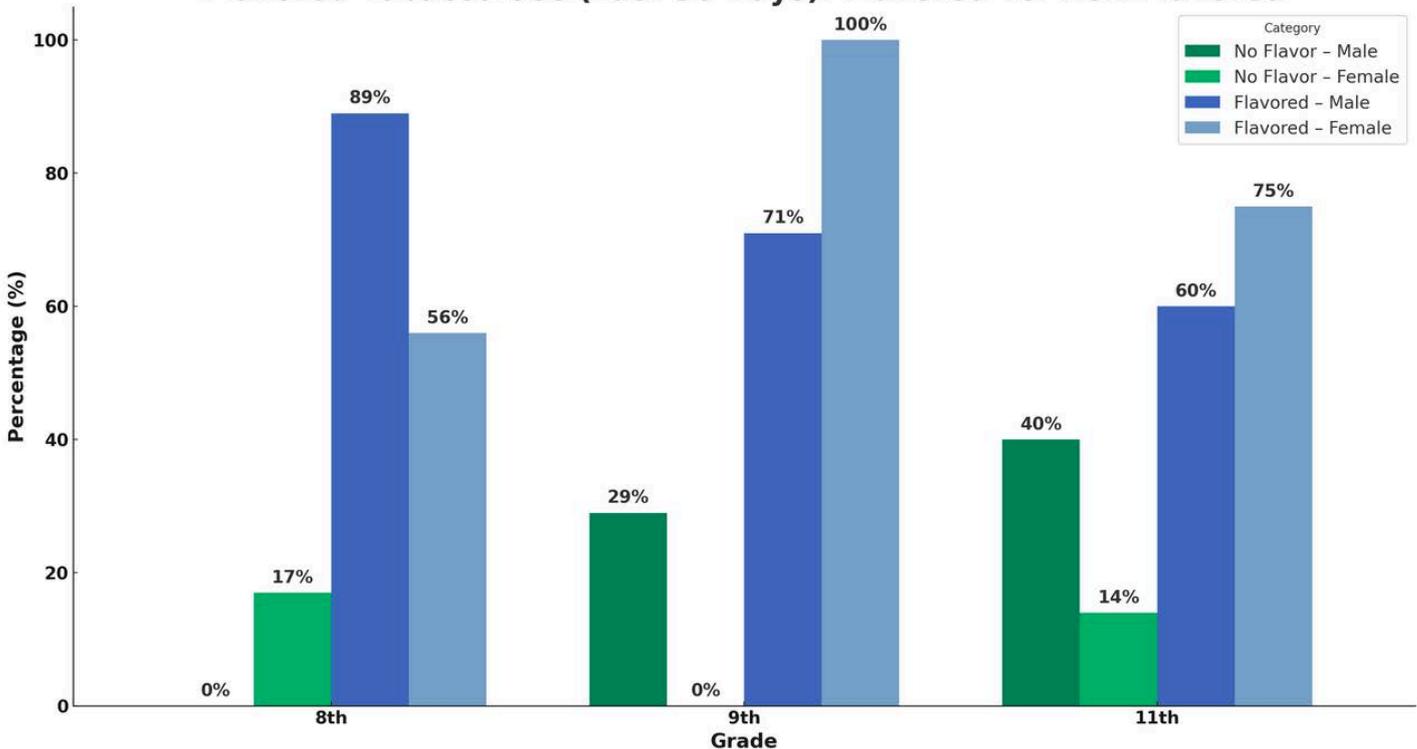
Vaping Use by Grade



While some increases appear in older grades; especially vaping among 11th grade girls; these remain minority behaviors. This shows that healthy choices are the norm, not the exception.

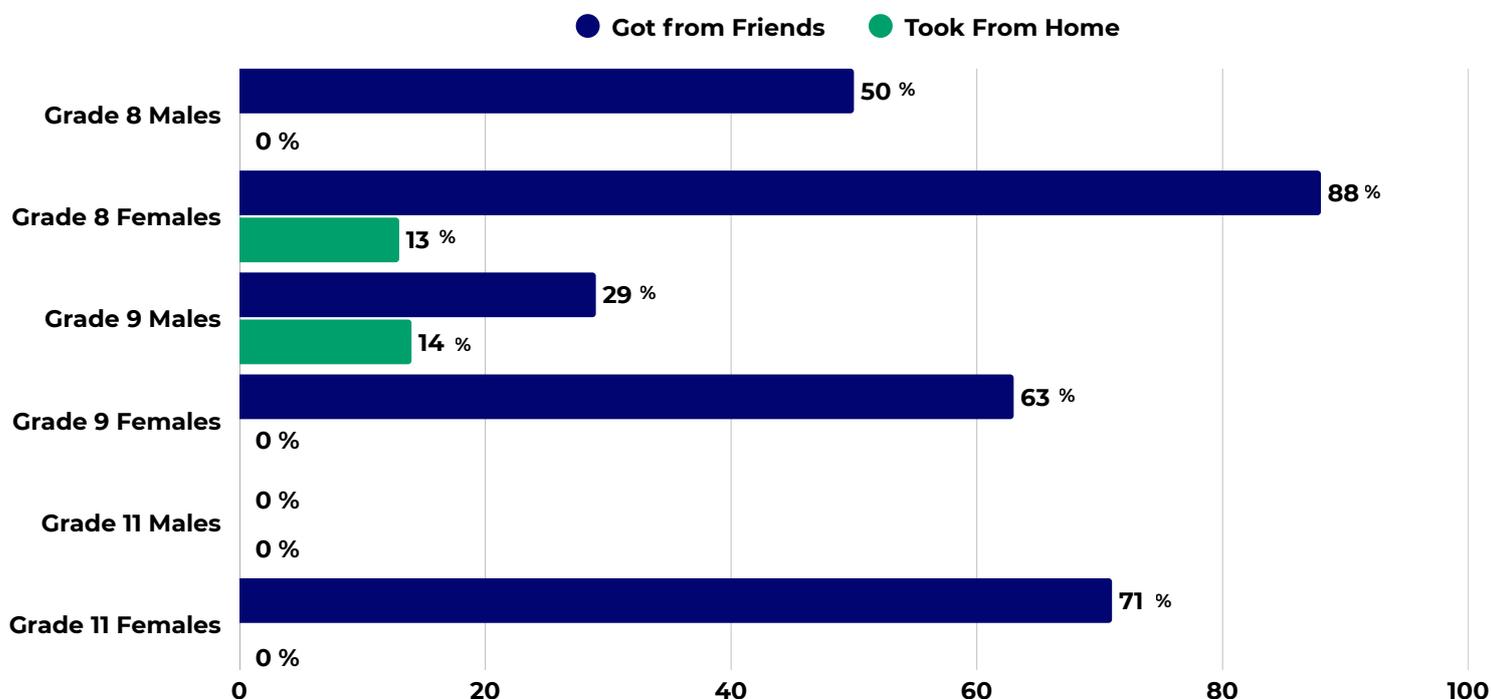
The vast majority of students across all grades are choosing not to vape or smoke. In 5th grade, nearly 100% report no use. By 8th and 9th grade, over 85% do not vape and over 95% do not smoke. Even in 11th grade, most students remain substance-free, with 86% not vaping and 90% not smoking.

Flavored Tobacco Use (Last 30 Days): Flavored vs. Non-Flavored



Youth Vape Acquisition*

Sources of Substances by Grade and Gender



Most students who use tobacco in middle and high school prefer flavored products, especially in 9th and 11th grades. However, the majority of students overall do not report any tobacco use, and flavored tobacco use remains a minority behavior in most grade-gender groups.



Among those who vape, most access vapes through peers, particularly girls in middle and high school. Importantly, very few students report taking vapes from home, showing strong family boundaries and access control.

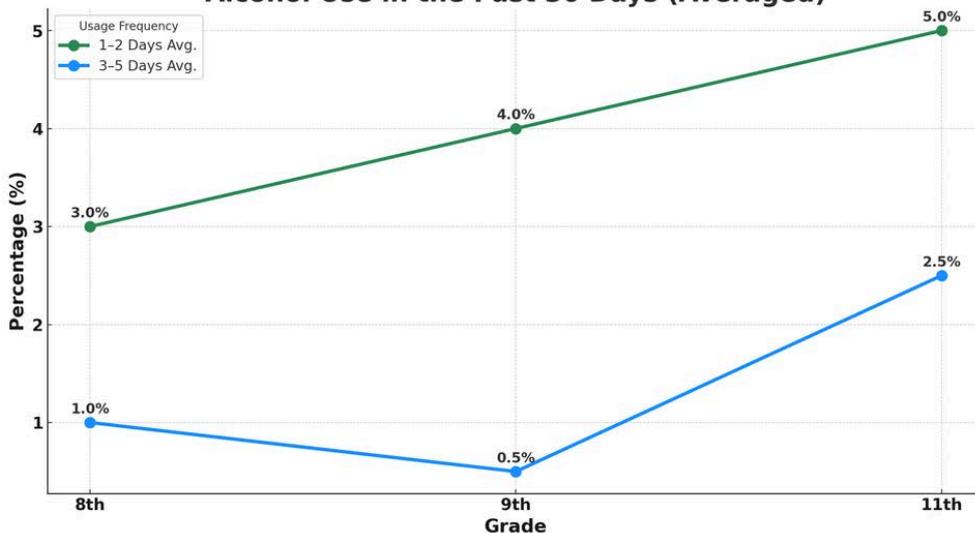
This data highlights an opportunity: since most students don't use tobacco or take it from home, peer education and social norm messaging could help reinforce positive choices and limit access through friend networks.



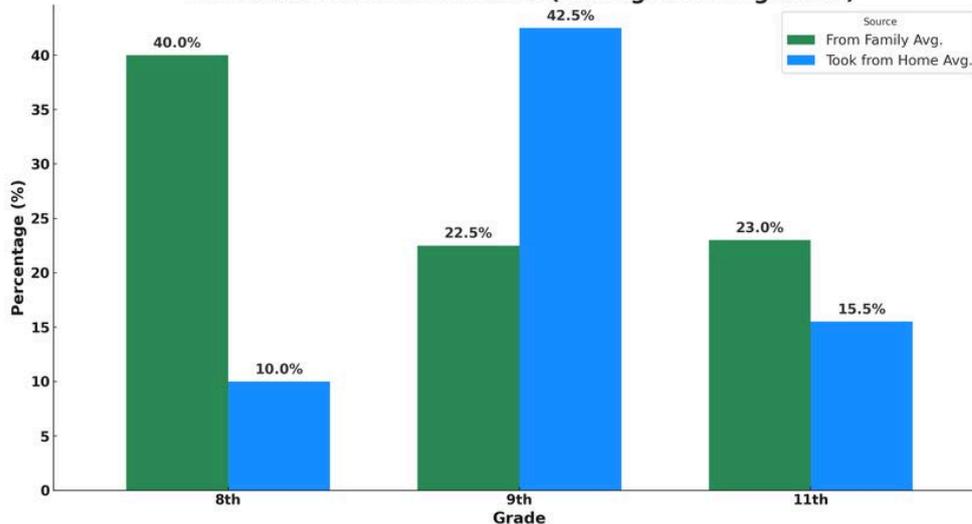
Youth Alcohol Use

Access to alcohol primarily comes from family sources, either given by relatives or taken from home. Notably, more girls in 8th grade reported getting alcohol from family (60%) compared to boys (20%), while 9th grade boys were most likely to take it from home (60%).

Alcohol Use in the Past 30 Days (Averaged)



How Students Access Alcohol (Averaged Among Users)

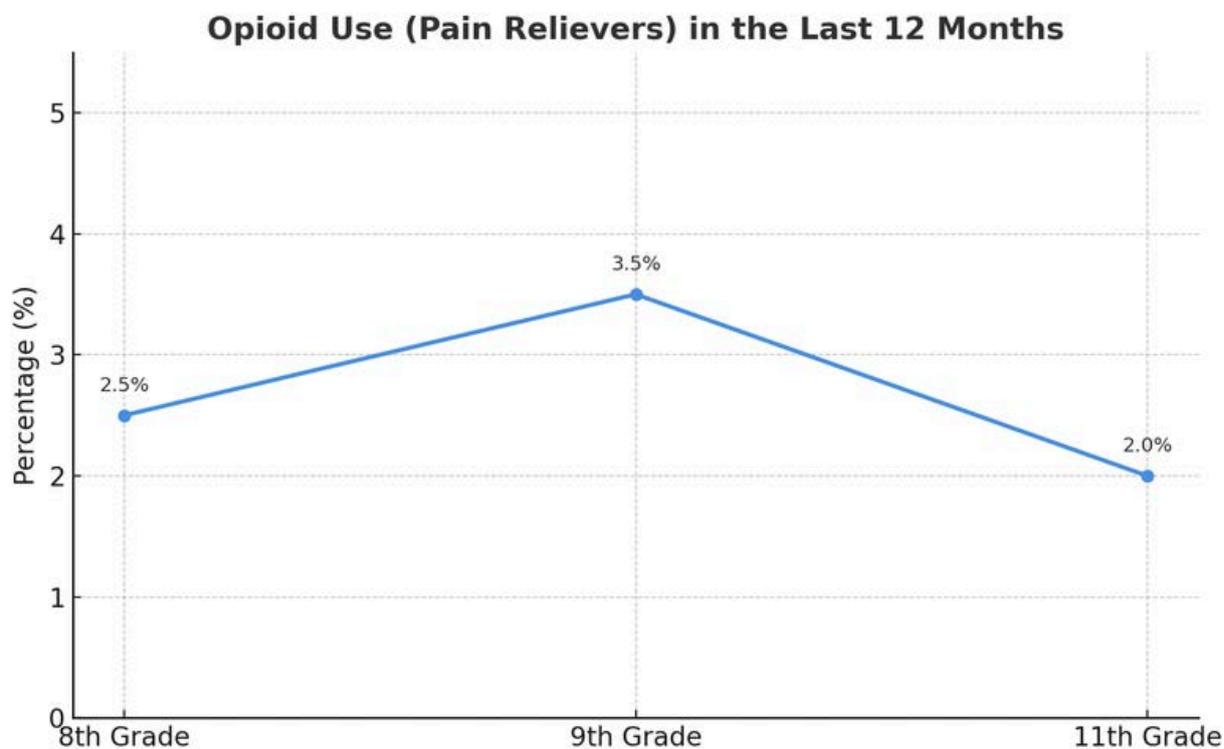


The vast majority of students do not report drinking alcohol in the past 30 days. Among those who did, most drank only 1-2 days, showing infrequent use. Only a small portion—typically under 5%—reported drinking 3-5 days in the month.

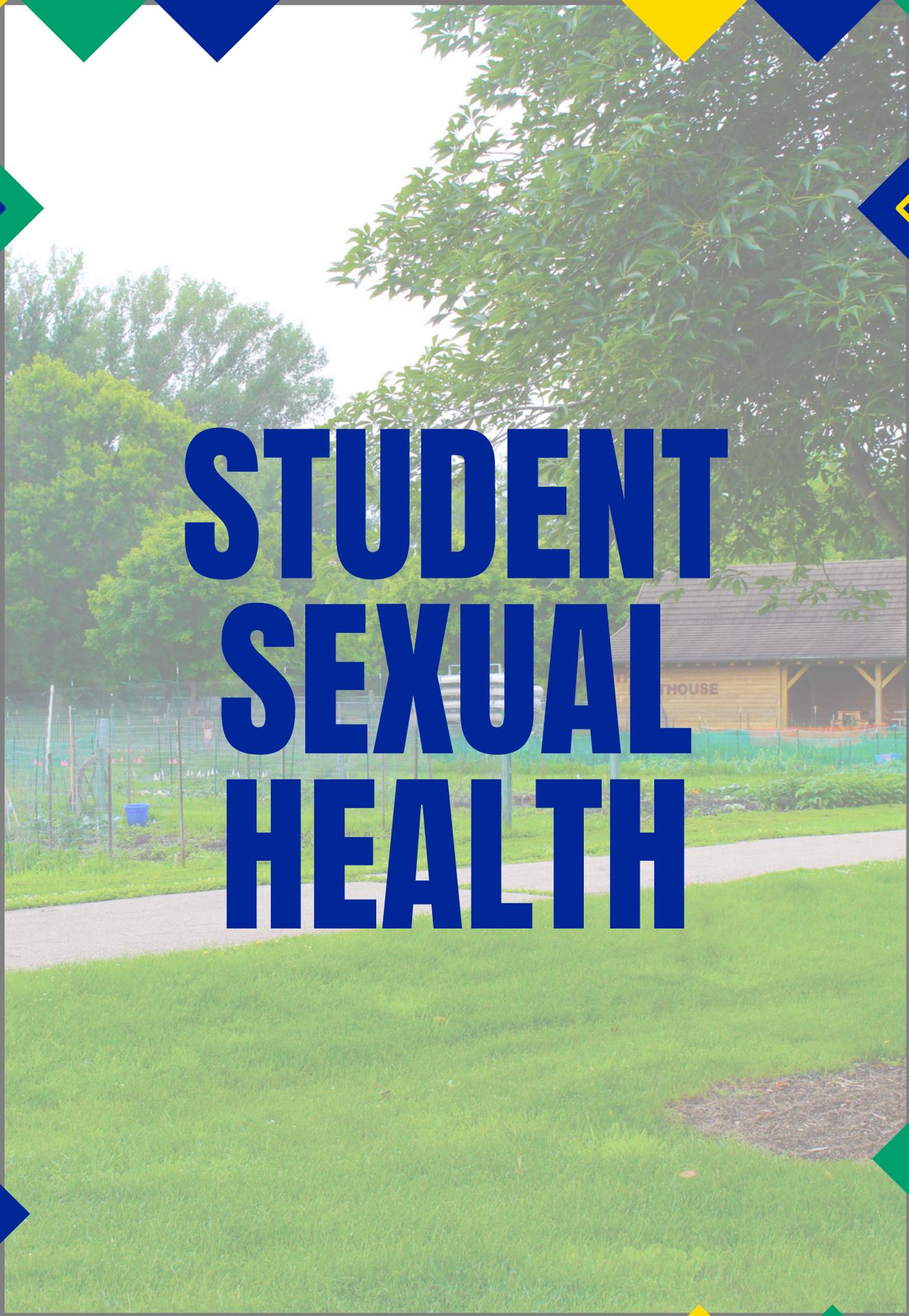
This data shows that alcohol use is not common among students, and offers an opportunity to support healthy decisions, and set family-based boundaries around access. Most students are already making safe choices; the norm is not drinking.



Youth Opioid Use



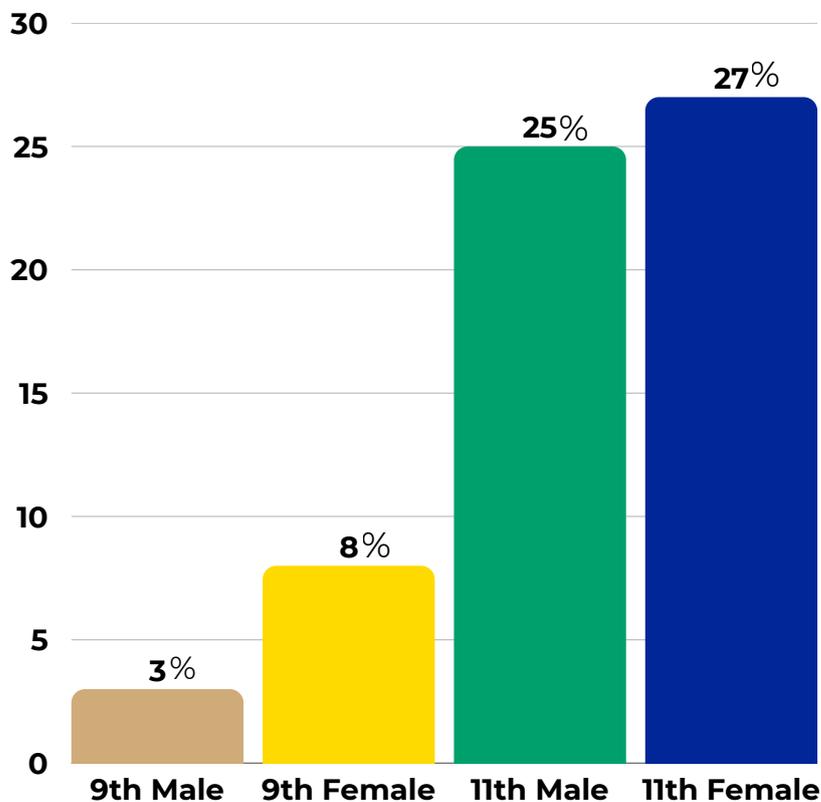
The presence of reported opioid use across multiple grade levels shows that access and experimentation continue to occur during adolescence. These findings point to the importance of early prevention, consistent education about the dangers of misuse, and family and community involvement in monitoring prescription medications. Continued awareness efforts and supportive interventions can help protect young people from developing patterns of dependency or harm. Overall, in Freeborn County, MN, there have been 41 overdoses in the past 10 years, 22 of which have resulted in death, most of which being youth.



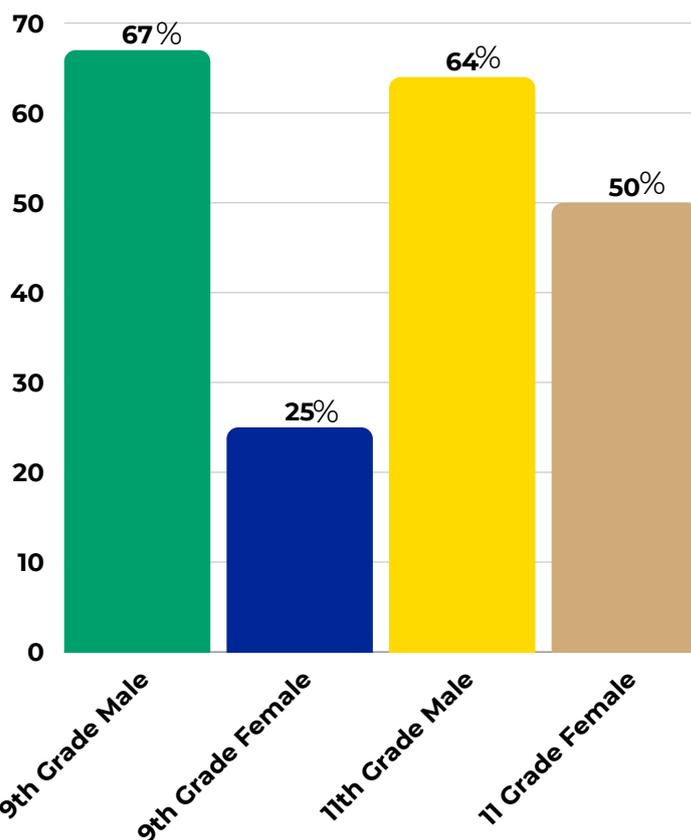
STUDENT SEXUAL HEALTH

Youth Sexual Behavior

Have You Ever Had Sex



The Last time you had sex did you or your partner use a condom?





COMMUNITY ENGAGEMENT

CHA/CHIP Process

Freeborn County Public Health is a single-county Community Health Board governed under Minnesota Statute Chapter 145A. The purpose of this Community Health Assessment (CHA) is to understand the health of the population, identify factors contributing to health risks or poorer outcomes among specific populations, and highlight community assets and resources that can be leveraged to improve overall health.

Our Community Health Assessment (CHA) process was highly collaborative and data-driven, reflecting the best practices outlined by the Minnesota Department of Health and other recognized public health frameworks. We partnered with Mayo Clinic Health Systems in the area, as well as Goodhue and Mower counties, to conduct an adult health survey, integrated local health system data within Freeborn County, MN, and incorporated the Minnesota Student Survey to capture youth health behaviors and outcomes.

In addition to quantitative data, we collected qualitative insights through key informant interviews with community champions and held a dedicated listening session with the Karen community to ensure their voices were represented. This comprehensive engagement allowed us to capture diverse perspectives across our community.

Building on this foundation, we hosted a large Call to Action event that brought together more than 55 participants from various sectors and backgrounds. Through this collaborative forum, we refined an initial list of ten health priorities down to three key focus areas: Mental Health, Access to Care, and Substance Use. Recognizing the significant impact of these issues on youth, we embedded adolescent health considerations within each priority to ensure targeted efforts for our younger populations.



The CHA process was partially guided by multiple frameworks, including Collective Impact, Core Public Health Functions and Essential Services, County Health Rankings and Roadmaps, the Health Impact Pyramid, the Minnesota Local Public Health Assessment and Planning Process, Mobilizing for Action through Planning and Partnerships (MAPP), the PRECEDE-PROCEED model, Results-Based Accountability, and the Social Determinants of Health Framework. By applying these models in combination, we ensured a well-rounded and strategic approach that supports meaningful community health improvement.

Qualitative data collection and community engagement efforts were informed by Results-Based Accountability, which emphasizes data-driven decision-making and action planning focused on measurable outcomes. Focus groups and community forums were conducted to process data and prioritize actions that address the needs of adults, families, youth, and children.

This approach builds on past collaboration efforts, such as the Freeborn County Health Care Collaborative, which formed in response to changes at Mayo Clinic Health Systems. The collaborative's workgroups focused on barriers to healthcare access, mental health, family and child health, and senior services, which informed the development of targeted strategies within the previous CHA.

Under the leadership of the Community Health Improvement Partnership Committee, the comprehensive CHA was completed using multiple data sources and community input. We created detailed data profiles for each priority area that include both quantitative and qualitative data, local contributing factors, and community resources. These profiles support the selection of effective strategies and action plans tailored to Freeborn County's unique needs.



TREND DATA AND PRIORITY ISSUES

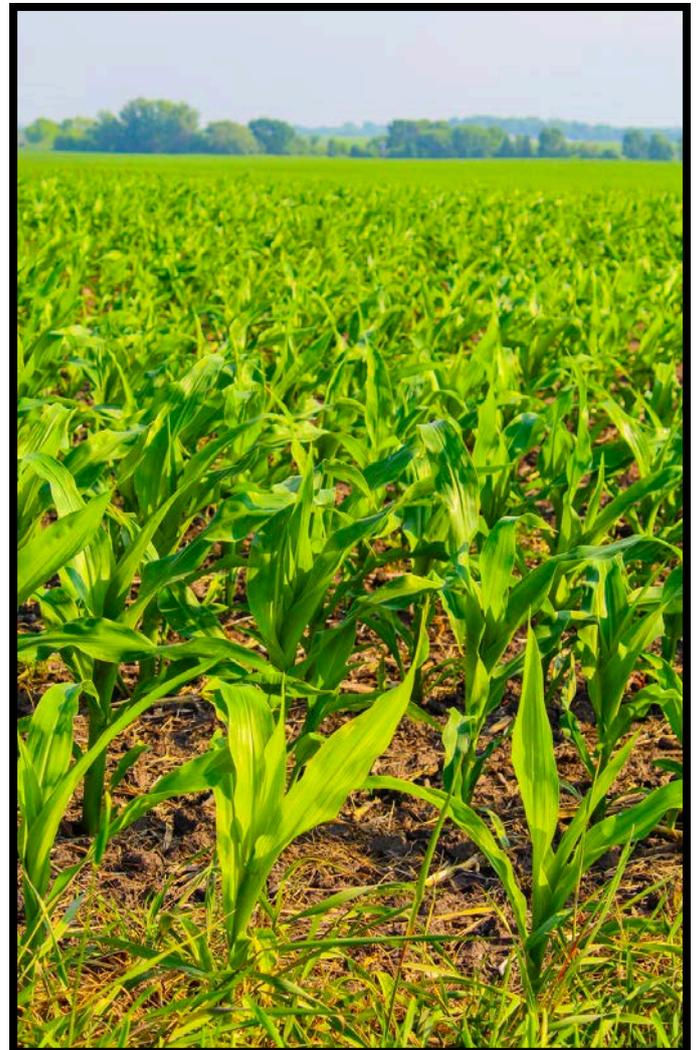
Top Priority Areas

Freeborn County, MN used several engagement methods to understand what matters most to residents. Key informant interviews, a Karen Listening Session, public voting at the county fair and Wind Down Wednesdays, and a community Call to Action event all contributed to the final priorities. Even though these activities reached very different groups, people described remarkably similar experiences.

Across interviews, residents talked about feeling overwhelmed by daily pressures such as long work hours, financial strain, childcare challenges, and the emotional weight of keeping up. Many described rising stress, anxiety, and depression among both adults and youth. People shared that it is difficult to get timely help because of long waits, limited providers, and confusing pathways into services. These concerns were echoed during the Karen Listening Session, where participants added that language barriers, unfamiliar systems, and cultural differences make it even harder to reach care or feel understood within our healthcare systems.

Throughout the summer, residents also voted on the issues most important to them using beans at the county fair and Wind Down Wednesdays. The simplicity of the activity helped people of all ages participate, and the results closely matched the patterns emerging in interviews and listening sessions. Many community members said they saw mental health challenges affecting their families, schools, and workplaces. Others talked about loved ones struggling to access medical or behavioral health care, or about how stress and hardship often spill over into substance use and safety concerns.

All of these voices came together at the Call to Action event, where community champions reviewed the findings and shared what they see in their own roles. The alignment across data sources was strong. The group recognized that mental and emotional health touches nearly every part of community life, that access barriers make it hard for people to get help when they need it, and that substance use continues to affect families, youth, and neighborhood stability. By the end of the discussion, these three areas stood out as the issues that residents encounter most often and feel most urgently.



Mental and emotional health, access to care, and substance use became the community's top three priorities because they consistently surfaced through every engagement method. From detailed interviews and cultural listening sessions to quick conversations at public events, people described these concerns as the challenges shaping daily life in Freeborn County, MN. Together, the community chose these areas as the focus for meaningful action and long-term improvement.

Karen Listening Session

Overview

In August 2025, Freeborn County Public Health conducted a listening session with 31 members of the local Karen community (17 adults and 14 children). This session was guided by the Community Health Improvement framework and designed to amplify community voices, particularly those of residents who are often underrepresented in health planning processes. Participants shared personal stories, cultural insights, and deeply felt concerns. Their responses highlighted a complex health landscape shaped by cultural transition, financial and language barriers, and a strong foundation of faith, family, and community care.

Key Themes and Findings

Health as Survival and Dignity: Health was described as essential to every part of life. Participants expressed that without good health, they could not care for their families, participate in faith communities, or contribute meaningfully to daily life. Health was viewed as foundational rather than optional.

Chronic Illness and Delay in Care: Diabetes, high blood pressure, stroke, and cancer were frequently mentioned. Many expressed fear of these conditions not just for their physical toll, but because they often go undiagnosed or untreated due to barriers in accessing care. Delays were attributed to confusion about where to go, lack of trust, and fear of large medical bills.

Barriers Within the Health System: Participants consistently described the health system as difficult to navigate. Even those with health insurance reported struggling to understand how to use it. Language gaps, appointment scheduling systems, and previous experiences with overwhelming medical costs discouraged timely care seeking. Some participants only sought help in emergencies, often too late.

Mental Health Stigma and Silence: Mental health concerns were acknowledged, but often framed in spiritual or moral terms. Depression, trauma, and postpartum distress were mentioned, but many felt they had no resources beyond prayer or church support. There was a clear desire for more culturally appropriate mental health spaces, especially for elders and single mothers.

Substance Use and Youth Risk: Substance use, particularly among young people, emerged as a growing concern. Vaping, alcohol use, and cannabis access were seen as widespread and difficult to address. Participants described feelings of grief, frustration, and a sense of helplessness in the face of addiction in their families and communities. There was a clear call for local treatment options and prevention programs tailored to youth.

Cultural Navigation Challenges: Participants spoke about struggling to adjust to the structure of U.S. health systems, from appointment times to hospital food. They expressed a need for services and communication styles that align more closely with Karen cultural norms and expectations. Mistranslations, disconnected care referrals, and a lack of trusted support added to their feelings of isolation.

Hope Grounded in Faith and Community: Despite these challenges, participants expressed a strong sense of hope. Their faith, commitment to their children's future, and the simple act of being invited to speak were identified as sources of healing. Many said that having a place to share their experiences, even briefly, helped restore a sense of dignity and agency.

Community Recommendations

From the voices of participants, several actionable ideas emerged:

1. Establish Karen health navigators to help with scheduling, insurance, and care coordination.
2. Develop youth-led prevention and leadership programs focused on mental health and substance use.
3. Create a local Karen health and wellness committee to advocate for services, access, and community connection.
4. Expand supports for elders supports through transportation, social connection, and culturally appropriate fitness and nutrition programs.
5. Increase access to flexible and community-based mental health services, including spiritual or faith-informed options.

Implications for Public Health Practice

This engagement affirmed the importance of culturally specific listening and community-led design. Health is not just about access to systems; it is about dignity, trust, and belonging. The Karen community's willingness to share their experiences, despite past harms, reflects a deep well of resilience and an invitation for partnership. Investing in this trust can lay the foundation for stronger, more equitable health outcomes.



Key Informant Insights

Overview

In 2025, Freeborn County Public Health conducted nine key informant interviews with community members and local partners as part of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. These conversations were designed to elevate lived experience, identify system gaps, and better understand how residents experience health, stress, and services in their daily lives. Participants spoke candidly about family pressures, emotional strain, access barriers, and substance use, while also highlighting strengths, local efforts, and opportunities for earlier support. Their words describe a community that cares deeply, but feels the weight of stress, limited resources, and systems that are hard to navigate.

Key Themes and Findings

Families Under Pressure: Informants consistently described families as stretched thin by work schedules, financial strain, and the pace of life. One person said, “Kids just need our time and interaction, guidance. Families don’t sit down and have dinner together. Buying more and more for kids... they just need time.” Chronic stress was viewed as a normal part of life, quietly affecting parenting, relationships, and health. As one interviewee put it, “Policies and politics, post-covid, stigma, stress, especially chronic stress.”

Emotional and Mental Health Strain: Mental and emotional health concerns appeared in nearly every interview. Anxiety, depression, burnout, trauma, and emotional overwhelm were described among both adults and youth. One informant noted, “Better interactions with kids, need adults around the kids to build better relationships... cyber-bullying.” Others pointed to systems that are not keeping up. “Staffing levels haven’t changed and more is continually added. It affects the work and it has disjointed the system of medical responses.” There was a shared sense that emotional strain is felt at home, in schools, and across the organizations expected to help.

Difficulty Reaching Care: Participants acknowledged that services exist but often feel out of reach. Barriers included transportation, cost, long waits, limited providers, and technology requirements. One person shared, “We have a few providers, but lack thereof. Mental health is thrown around too much... we need more trained people.” Another added, “Some hate to learn technology. It isn’t easy for everyone.” The experience of having to navigate complex systems alone was summed up by one comment: “You would have to go to them. They aren’t going to come to you.”

Substance Use as a Community Struggle: Substance use, including methamphetamine, opioids, alcohol misuse, and vaping, was described as a long-standing challenge that affects entire families, not just individuals. Informants saw substance use as tied to stress, avoidance, and lack of early support. One person said, “People procrastinate instead of taking care of it and preventing it.” Another noted that “organizations are generous and willing to help, but we need to continue to identify groups to utilize resources,” highlighting both existing efforts and gaps in reaching people most at risk.

Need for Prevention and Early Support: Across interviews, there was a strong desire for prevention instead of crisis-only responses. Participants called for more family activities, youth programs, mentorship, and practical skills. “Figure out more things for families to do. Something that would get them interacting more,” one person suggested. Another said, “Schools should do a better job of educating students on financial skills, how to pay bills... this leads into insurance.” Prevention was framed as connection, consistency, and life skills, not just information.

Gaps in Awareness and Outreach: Even when services exist, informants reported that many residents do not know about them or do not feel they are meant for “people like us.” One person recommended, “Utilize different social media avenues... Instagram, TikTok.” Another said, “Get people excited about the offerings in Albert Lea.” Several commented that “there is always that middle group that gets left out,” referring to people who do not qualify for intensive services but still struggle to meet their needs.

Provider Fatigue and System Strain: Staff in health care, emergency services, and social services described feeling overextended. “Staffing levels haven’t changed and more is continually added,” one informant shared. Others highlighted ongoing needs in public safety and emergency response, noting that “Ambulance service and immediate care are top priorities.” Providers expressed dedication to their work but also fatigue and concern about how much more can be added without additional support.

Community Recommendations

From these interviews, several practical directions emerged:

- Strengthen prevention for youth and families, including mentoring, skills-building, and accessible activities that build connection.
- Expand mental health supports, particularly group spaces and early intervention options “addressed by someone trained,” before things “spin off.”
- Improve navigation and outreach so people know what exists and how to use it, including help with technology, scheduling, and insurance.
- Support and stabilize the workforce through staffing, coordination, and realistic expectations, so systems can respond effectively to rising needs.

Implications for Public Health Practice

The key informant interviews reinforce that health in Freeborn County, MN is shaped by more than medical care. It is shaped by chronic stress, connection, access, and whether systems feel reachable and responsive. The voices in this report call for earlier support, clearer pathways into care, stronger prevention, and shared responsibility for community well-being.

These findings directly inform the next phase of work. Mental health, access to care, and substance use will serve as the priority areas for CHIP planning, with community and partner groups forming goals, objectives, and concrete action steps. Listening to these lived experiences - and acting on them - is essential to building a healthier, more connected, and more equitable Freeborn County.



The image features a central photograph of a serene lake scene. In the foreground, a wooden deck with a railing extends from the bottom left towards the center. The lake is calm, with a line of green trees on the far shore under a bright, slightly hazy sky. The entire photograph is framed by a decorative border composed of various geometric shapes in blue, yellow, and green, some with double outlines.

CONCLUSION AND NEXT STEPS

Conclusion and Next Steps

Conclusion and Next Steps

The Community Health Assessment (CHA) process revealed a comprehensive and realistic picture of health in Freeborn County, MN. By combining publicly available data, survey results, school-based assessments, community engagement activities, focus groups, and key informant interviews, we gained a clearer understanding of not only what the data shows but also what people in our community feel, experience, and hope for.

Across all sources, three interconnected priority areas consistently emerged: Mental Health, Access to Care, and Substance Use. These issues affect multiple age groups, income levels, and neighborhoods, and they shape family stability, youth wellbeing, economic opportunity, school readiness, and quality of life. They also appeared repeatedly in youth data, CHA survey results, and stakeholder interviews, revealing deep concerns about stress, isolation, difficulty reaching services, limited awareness, and the ripple effects of mental health and substance use on families, workplaces, and schools.

The assessment also highlighted that while Freeborn County, MN has many caring providers, active coalitions, and strong community values, our systems often feel disconnected, difficult to navigate, or too fragmented to respond quickly to rising emotional and behavioral health concerns. Community members are not asking for entirely new structures, but for smoother coordination, earlier support, stronger prevention, and more human-centered outreach. They want services that are easier to reach, easier to understand, and more visible to those who need them.

The next step is to move from learning, to planning and action. To do this, we will form three working groups aligned with our priorities:

• **Mental Health Work Group** – A group made up of local mental health providers, youth-focused organizations, school staff, social workers, and community members with lived experience.

• **Access to Care Work Group** – A group that includes healthcare providers, transportation and housing partners, navigators, insurance and referral staff, outreach specialists, and individuals familiar with local access barriers.

• **Substance Use Prevention and Recovery Work Group** – We will build on our existing ATOD (Alcohol, Tobacco, and Other Drugs) coalition, expanding representation to include youth, recovery experts, employers, and families impacted by substance use.

Using the Results-Based Accountability (RBA) framework, each group will identify:

- Priority goals
- Measurable objectives
- Strategies and action steps
- Partners and responsible roles
- Performance indicators

Each group will develop a work plan to track progress, ensuring strategies are achievable, time-bound, and rooted in the community's real experiences. Over time, these work plans will form Freeborn County's Community Health Improvement Plan (CHIP), guiding our work for the next three to five years.

The CHIP will not be a static document. It will evolve, with quarterly updates, tracking dashboards, and shared ownership across sectors. It will help our community move from problem identification to sustained partnership, shared responsibility, and measurable change. Through this process, we move toward a healthier, more connected Freeborn County where residents not only know where to go for help, but also feel seen, supported, and able to live well.

