

COMMUNITY HEALTH ASSESSMENT DATA WALK SUMMARY

Methods

- On February 27, 2025, Ramsey County hosted a data walk in collaboration with Wilder Research. A diverse group of about 35 people participated and represented:
- Agencies/services such as hospitals, clinics, social services, behavioral health, mental health, wellness, housing;
- Partnerships/collaboratives/advisory committees focused on public health, mental health, children;
- Culturally specific populations such as Hmong, African American; and
- Community residents.

The data walk featured more than 150 posters on the twelve health topics covered in the community health assessment report, depicting charts, graphs, tables, and maps. Participants were invited to walk around the room and engage with the data, and with each other. Large sticky sheets at each topic-specific station included four discussion questions with room below each for participants to post small sticky notes with their responses. The four discussion questions were:

- What jumps out at you about these data?
- How does this data relate to your lived experience?
- What are some factors (positive or negative) that you see impacting this issue?
- What emerging issues or data gaps are missing from the posters?

Before participants started the data walk, Wilder Research staff shared some background information and caveats about the data. They were informed that while the report includes narratives summarizing findings from the charts, graphs, tables, and maps, the goal of the data walk was to hear their interpretations based on their perspectives and lived experience. Wilder also noted that current and historical systems and policies impact social determinants of health

leading to some of the disparities seen in the data. Caveats and limitations shared include:

- Wilder obtained the most recent available data for each indicator, but the exact year varied from dataset to dataset.
- Not all indicators were available by demographic group, and how demographic groups were defined and labeled varied from dataset to dataset. Most data sources that do provide data by race/ethnicity lack details including immigrant or refugee status.
- The axes used in the charts and graphs varied from poster to poster as scales were optimized to make it easier to see differences.
- Some posters could have fit in more than one topic area (e.g., drug overdose deaths could fit in both mortality and substance use).

Participants spent the first hour and 15 minutes posting responses to the questions and other comments either individually or in small groups. People could endorse existing comments by adding a star, check, heart, or other icon. Following a shared meal, participants were invited to share their input as part of a large group discussion.

Several participants commented about strategies and solutions for addressing identified needs. Ramsey County staff informed them that the community health improvement planning process would follow the assessment, and invited participants to be a part of that process.

This summary captures feedback from both the sticky notes and the group discussion for themes mentioned by at least two people. For each topic, themes are listed in order from most to least frequently mentioned, with the non-bulleted paragraphs describing themes pertaining to the topic as a whole. This summary excludes comments about lack of demographic breakdowns or newer data for some indicators, and lack of consistency across data sources, given the caveats shared.

Cross-cutting themes

Across all topics, participants expressed surprise by differences between Ramsey County's rates compared to other metro-area counties despite the geographic proximity. They commented that Ramsey County data were often more concerning than data for other metro counties. People appreciated the opportunity to see differences by neighborhood and census tract in the maps.

Participants also posed questions about the impact of the COVID-19 pandemic on the data, including limited access to care and/or decreased help-seeking. People commented that as average life expectancy increases, so do conditions that are more frequently seen among older adults. Participants also expressed curiosity about the potential correlation between economic conditions (e.g., poverty, unemployment) and all health topics.

Access to medical care

- Health care provider-to-population ratios were most frequently mentioned. People were surprised that Ramsey County had more providers and therefore lower ratios compared to metro area counties with the exception of Hennepin County (which has even more health care providers in relation to the population. Note: Ramsey and Hennepin Counties are central hubs for medical care in the metro area, with many hospitals and clinics, which results in a good low ratio.)
- People were also surprised that ratios for mental health providers to population were not higher. One person noted that these ratios impact access to care.
- Rates of uninsured individuals was the second most common theme, with participants noting how uninsured status reduces health care access and this leads to poor health outcomes seen in other topic areas covered in the assessment. One person mentioned lived experience of having to pay out of pocket.
- Declines in teen visits to clinics was a concern noted by a few people. Participants were curious about barriers to accessing medical check-up

services (e.g., scheduling visits during the school day), and whether these declines led to lower vaccination rates in that age group.

- One person said that access to health care should be a right for all people in America, regardless of where they were born, and a second person endorsed this comment.

Babies, children, and families

- One participant who identified as a childcare provider commented on this topic in general, saying they see lots of struggling families.
- Concern about teen pregnancy rates in Ramsey County was the most common theme. Some participants wondered if declines in teen check-ups were related. A data gap noted was the inability to compare intended to unintended pregnancy rates. Some participants were surprised by how high the rates were, while others said the data aligned with what they see. One person shared: *"The teen pregnancy rates are shockingly high in Ramsey County. I see this frequently in my pediatric clinic."*
- The next most common theme was surprise and concern related to disparities in maternal morbidity for Asian and Pacific Islander residents.
- Participants expressed surprise and concern related to differences in high school graduation rates by geography, and high rates of absenteeism. A couple of people observed that graduation rates are improving, based on their own knowledge or experience.
- People expressed concern about the high infant mortality rate.

Chronic disease

Across multiple chronic disease indicators, participants noted higher rates among older adults as well as racial disparities – especially for Native Americans. People also noted higher rates for several indicators in Little Canada, Maplewood, and North Saint Paul.

- Asthma rates were mentioned by the largest number of participants, with several commenting on associations between asthma and the environment. Participants with asthma spoke to lived experience accessing services such as specialty clinics. A health care provider shared challenges to helping patients with their asthma when they are facing lots of barriers to medical care, and the need to help children with asthma outside of hospital and clinic settings. One person shared: *“Environmental factors are impacting asthma and barriers to medical care make it worse.”*
- A few people pointed out differences between Ramsey County communities where asthma rates are high and where chronic obstructive pulmonary disease rates are high, and questioned how much is due to age, environment, or behaviors like smoking.

Economic conditions

Two participants commented in general on improving trends across economic indicators (e.g., increases in income and reductions in poverty, homelessness, and unemployment). Of these, one expressed continued concern about children living in poverty. One participant pointed to data on household size as a gap in this topic area. Two people said they could relate to this topic area as members of communities experiencing disparities.

- People expressed surprise by median household income differences by county and by race/ethnicity. Participants were especially curious about higher rates of household income for Asian and Hispanic households within Ramsey County.
- Participants commented on African American disparities in homelessness, noting possible drivers such as lack of housing and restrictions on accessing housing. One person noted having lived experience with homelessness.

Environment

- The most common theme was concern about blood lead levels. Participants were concerned about low rates of lead testing among children,

which kids are getting tested or not, and why. People commented on seeing disparities in more urban areas, especially where there are older buildings and more renters (versus owners). One person spoke to their experience having lead service lines that need to be replaced. Blood lead levels in adults was a noted data gap.

- Concerns about asthma rates and their association with environmental conditions were echoed in this topic area.
- Social vulnerability was the next most commonly mentioned indicator. Some were surprised by the low rates in surrounding metro counties (in this context, a low rate means a community may be less adversely affected by disasters, hazards, and other community stressors). Two people commented on the impact of redlining on social vulnerability disparities. One person wished for more detail about how social vulnerability is defined and measured.
- Two people wondered about data on greenery (e.g., plants, trees, shrubs).

Infectious disease

- Concern about declining vaccination rates was a top theme. Participants posed questions about barriers at the individual and societal levels, noting distrust and misinformation. People stressed the importance of protecting the availability of vaccines, and discussed the recent measles outbreak in Texas.
- The other top theme was sexually transmitted infection (STI) rates, with participants expressing curiosity about differences in rates by gender and concern about high rates among young people. People wondered what contributes to the slight downward trends, and how Minnesota compares to national rates.

Injury

- Comments primarily focused on poisonings, with participants expressing curiosity about types of substances/poisons, intentional versus

unintentional, differences by age group, and high rates in Hennepin County. One person noted lived experience of knowing people who have overdosed on pain pills.

- A few people expressed concern about firearm injuries among males.
- A few people also commented on vehicle crashes, and expressed curiosity about types of collisions, vehicle types, and time of day.

Mental health

Across multiple mental health indicators there were numerous comments about wanting to see the data broken into smaller age ranges. People wondered about difference by race/ethnicity across indicators, with questions about the role stigma places and which groups are more heavily marketed to when it comes to services and prescription drugs. Participants also made comments about ways in which the current political climate may impact mental health, and ways in which stress and mental health concerns impact other health conditions. People mentioned contributing factors that cut across indicators such as access to services, availability of providers and programs, and wait times.

- The most common theme was concern about suicidal ideation and attempt, and curiosity about differences by age and gender.
- Several people commented about the extent to which isolation and lack of social connection contribute to mental distress.
- Two people expressed concern about intentional self-harm injuries.

Mortality

- People commented on differences and disparities by race/ethnicity, including high life expectancy among Hispanics and high rates of poisoning deaths among Native Americans.
- A few participants expressed curiosity about the rise in unintentional injury and poisoning deaths.

- Two people expressed disappointment about limited change over time in traffic deaths, and changes in driving behaviors since the COVID-19 pandemic paired with lack of enforcement.
- Two participants expressed concern about high rates of firearm deaths, of which one shared their lived experience of losing a son and some of their son's friends.
- Two people commented about chronic disease as a top driver of mortality.
- Two people expressed concern about harmful chemicals in food contributing to morbidity and mortality.
- Two participants expressed curiosity about falls, and when and where they are occurring.

Nutrition and physical activity

- The top theme was concern about increasing food insecurity among children, and curiosity about why adult rates are not similar (e.g., are they under-reporting). One person was surprised about high rates of Asians receiving WIC services as that does not reflect what they are seeing in their work.
- The next most common theme was physical activity among adults. Participants wondered about barriers such as lack of time or lack of safe spaces to exercise. One person asked about further age breakdowns, and one person pointed to a need to find innovative ways to engage adults.
- A few people expressed concern about low dental visits among Medicaid enrollees, pointing to the lack of dental clinics accepting Medicaid.

Substance use

- The top theme was concern about increasing rates of drug-related deaths. People were curious about the extent to which age at first use plays a role, and whether more people are using drugs versus the lethality of drugs being used (e.g., drugs laced with fentanyl). One person shared their lived experience

of losing a son to fentanyl. While one participant expressed appreciation for increased availability of naloxone and interest in data on its use, another expressed frustration that current efforts aren't decreasing the number deaths.

- Several people were surprised that Ramsey County tobacco use rates are higher than surrounding metro counties, and one expressed interest in data on the number of new smokers from year to year.

Violence and crime

- Participants were curious about the potential reasons of declining crime rates in Ramsey County. One person wondered: *"How has technology helped to stop/prevent/decrease (or increase) the number of violent crimes in the county over time? i.e. cameras, facial recognition, security."*
- Two people were surprised by high domestic violence rates, with one observing that high rates of hospitalizations due to interpersonal violence are similar to workplace violence events they see in health care settings.