Community Health

Health Equity Data Analysis (HEDA) Report

Community Health ♥ Board

LE SUEUR-WASECA

Public Health
Prevent. Promote. Protect.
Le Sueur County

Le Sueur
COUNTY

Public Health
Prevent. Promote. Protect.
Waseca County

Service
Safety
Community
Waseca County

Background:

Health equity data analysis examines information about the health outcomes of and access to healthcare to understand and address disparities among different groups of people. By looking at factors like race, ethnicity, income, and geographic location, researchers can identify areas where certain people's populations may face barriers to receiving adequate healthcare services or achieving optimal healthcare outcomes. Through careful analysis of this data, policymakers and healthcare professionals can develop targeted interventions and policies aimed at reducing these disparities and promoting health equity for all individuals and communities.

Team Members:

- Trisha Chimal, Public Health Administration Assistant
- Mariana Izaguirre, Public Health Community Health Worker
- Colin Ayers, Public Health Educator/Planner
- Le Sueur County Women, Infants, and Children (WIC) Team
- Waseca County Women, Infants, and Children (WIC) Team

Connection Step:

After completing the Community Health Assessment and Community Health Improvement Plan for 2024-2028, the HEDA team looked at the priority areas of the community health improvement plan. These priority areas included mental health and substance abuse. The quantitative data from the Community Health Assessment and qualitative data from the community conversations during our Community Health Improvement Plan emphasized the social determinants of the health model and helped pinpoint what our communities need to thrive and live the healthiest life possible. Further analysis of both priority areas in our Community Health Improvement Plan revealed that mental health and substance abuse in our community face health inequities and include multiple vulnerable populations. The HEDA team also considered the available data sources and the accuracy of the quantitative measures. Another source our HEDA team considered was the existing relationship public health has with its community and its partners. Lastly, the HEDA team evaluated both priority area's measurability and impact. Based on this information the HEDA team decided to pursue mental health.

Populations Step:

      The Connection Step narrowed our focus on mental health. To determine the best population for the HEDA, the team screened and verified the relevance of the quantitative data from the Community Health Assessment. This resulted in mental health occurring the most in people who live in poverty. The Adult Community Health survey data took it a step deeper and revealed that women with low income who are younger and lived in a three or more person households reported the highest amount of mental health concerns. To accurately assess this population the HEDA team decided to survey and interview the (WIC) clients in Le Sueur and Waseca County. Additionally, it will give our public health clients a chance to have their thoughts and opinions heard. Lastly, our public health WIC teams have great connections with our WIC clients, which allows us to collect feedback promptly. Overall, the population identified for the HEDA process is low-income, female, and living in three or more-person household.

Data Source:

Adult Community Health Survey, County health indicators, Data USA, MN Public Data Access Portal, MN All-Payer Claims,

MN Health Access Survey, MN Injury Data Access System, and PLACES

(https://experience.arcgis.com/experience/22c7182a162d45788dd52a2three62f8ed65)

Difference Step:

      To identify the gap between younger, low-income women who live in a three or more-person household and older women of higher incomes who live in a three or more-person household, the Adult Community Health Survey was utilized. The Adult Community Health Survey identified our population for the HEDA and kept it consistent to compare both populations. The analysis revealed that higher-income older women who live in a three or person household reported lower amounts of mental health. Below are a few tables from the Adult Community Health Survey that highlight responses to mental health questions that were asked during the survey.

Question: Have you ever been told by a doctor or other health professional that you have depression?

Yellow= Younger, women low-income, lower education, and three or more-person household

Green= Older, women, higher income, higher education, and three or more-person household

Weighted Results	Yes %	No %	# of respondents (unweighted)
Waseca County overall	23%	77%	310
Results by age group:			
18-44	25%	75%	37
45-54	21%	79%	34
55-64	28%	72%	61
65-74	25%	75%	95
75 or older	11%	89%	83
Results by gender identity:			
Male	17%	83%	130
Female	27%	73%	176
Results by education level:			

High school diploma / GED	32%	68%	72
Some college, vocational school/certificate, or Associate degree	23%	77%	105
Bachelor's degree	23%	77%	78
Graduate or professional degree	17%	83%	38
Results by employment status:			
Employed full-time	19%	81%	85
Employed part-time, including seasonal work	30%	70%	37
Retired	22%	78%	164
Results by household income:			
Less than $25,000	41%	59%	63
$25,000 - $34,999	36%	64%	26
$35,000 - $49,999	32%	68%	49
$50,000 - $74,999	17%	83%	50
$75,000 - $99,999	21%	79%	45
$100,000 or more	21%	79%	60
Results by household type:			
Single adult, no children	22%	78%	98
2+ adults, no children	20%	80%	164
2+ adults with 1 or more children	30%	70%	42

Question: Have you ever been told by a doctor or other health professional that you have anxiety or panic attacks

Yellow= Younger, women, low-income, lower education, and three or more-person household

Green= Older, women, higher income, higher education, and three or more-person household

Weighted Results	Yes	No	# of respondents (unweighted)
	%	%	
Le Sueur County overall	**20%**	**80%**	**292**
Results by age group:			
18-44	28%	72%	33
45-54	21%	79%	33
55-64	15%	85%	60
65-74	15%	85%	93
75 or older	1%	99%	73
Results by gender identity:			
Male	4%	96%	110

	Yes	No	# of respondents (unweighted)
Female	<mark>35%</mark>	65%	179
Results by education level:			
High school diploma / GED	<mark>12%</mark>	88%	61
Some college, vocational school/certificate, or Associate degree	<mark>27%</mark>	73%	108
Bachelor's degree	<mark style="background:lime">16%</mark>	84%	69
Graduate or professional degree	<mark style="background:lime">14%</mark>	86%	42
Results by employment status:			
Employed full-time	24%	76%	93
Employed part-time, including seasonal work	39%	61%	23
Retired	8%	92%	153
Results by household income:			
Less than $25,000	<mark>11%</mark>	89%	38
$25,000 - $34,999	<mark>34%</mark>	66%	29
$35,000 - $49,999	22%	78%	27
$50,000 - $74,999	29%	71%	55
$75,000 - $99,999	<mark style="background:lime">30%</mark>	70%	47
$100,000 or more	<mark style="background:lime">12%</mark>	88%	79
Results by household type:			
Single adult, no children	9%	91%	85
2+ adults, no children	13%	87%	155
2+ adults with 1 or more children	<mark>32%</mark>	68%	39

Question: During the past 12 months, was there a time when you needed mental health care but did not get it or delayed getting it?

<mark>Yellow=</mark> Younger, women, low-income, lower education, and three or more-person household

<mark style="background:lime">Green=</mark> Older, women, higher income, higher education, and three or more-person household

Weighted Results	Yes %	No %	# of respondents (unweighted)
Le Sueur County overall	**8%**	**92%**	**290**
Results by age group:			
18-44	<mark>11%</mark>	89%	34
45-54	8%	92%	33
55-64	6%	94%	59
65-74	<mark style="background:lime">3%</mark>	97%	92
75 or older	<mark style="background:lime">5%</mark>	95%	72

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Results by gender identity:			
Male	3%	97%	109
Female	12%	88%	178
Results by education level:			
High school diploma / GED	3%	97%	60
Some college, vocational school/certificate, or Associate degree	11%	89%	107
Bachelor's degree	7%	93%	70
Graduate or professional degree	6%	94%	42
Results by employment status:			
Employed full-time	7%	93%	93
Employed part-time, including seasonal work	16%	84%	23
Retired	3%	97%	151
Results by household income:			
Less than $25,000	8%	92%	37
$25,000 - $34,999	24%	76%	29
$35,000 - $49,999	4%	96%	27
$50,000 - $74,999	6%	94%	56
$75,000 - $99,999	16%	84%	45
$100,000 or more	5%	95%	79
Results by household type:			
Single adult, no children	8%	92%	85
2+ adults, no children	5%	95%	153
2+ adults with 1 or more children	10%	90%	39

The younger low-income women who live in a household of three or more people reported higher amounts of anxiety and depression. The charts also show the gap when it comes to accessing mental health care. Another point of emphasis on these charts is that education also seemed to be a factor as high-income adults reported higher amounts of education and lower percentages on all these charts. These charts provide data that there is a gap associated with mental health between the younger low-income women who live in a household of three or more people and the older higher-income women who live in a household of three or more people.

(Re)Connection Step:

Existing studies show that living in communities with lower socioeconomic status are at increased risk of numerous health risks compared to those living in higher economic status communities. The relationship between income and health is much greater than a paycheck received every two weeks. According to (Marbin et al.) "Each level of poverty has a significant impact on mental health and these poverty levels should be addressed separately from different perspectives." Similarly, (Smith and Mazure) argue that females are more prone to depression due to multiple factors such as low income, and lack of access to treatment. Other scientific literature shows that mental health reduces

employment and therefore income. According to "The Minnesota Department of Health" the connection between health and income is not an individual behavior. The connection is a systematic behavior that influences many communities. The higher the income obtained increases the number of opportunities for each resident in the counties. The rural community system is even more prone to fewer opportunities such as limited food access, unstable housing, less jobs, and lower wages. According to (McGranhan) "Population sparsity and small community size make rural areas more suited to production jobs than to management or research jobs. The greater vulnerability of production jobs to business cycles, foreign competition, and technological displacement places rural workers at a long-term disadvantage. The rural disadvantage is due more to the types of jobs available in rural areas than to the low education levels of rural workers. Current low earnings for rural workers with more than a high school education appear to be inducing many of them to move to the city." Overall, not only are rural communities more vulnerable to fewer job opportunities but rural community members will accept lower-paying jobs to live in a rural area. Lower-paying jobs limit access to healthy behaviors and make it difficult to build healthy habits compared to higher-paying jobs. These studies highlight gaps in mental health between the lower and higher socioeconomic populations. Providing information to show that access to a healthy lifestyle is not about individual behavior, but more about how the community's health and opportunities influence the whole population.

Conditions Step:

The goal of the Le Sueur and Waseca counties HEDA was to address *what about low-income causes higher forms of mental health in younger females who live in a three or more-person household.* A few main themes were identified from the collection of 51 surveys and 6 personal interviews. Economic stability, built environment, and family learned/socialization were the themes identified throughout our HEDA project. The first theme identified was economic stability. Over 75% of participants agreed that money was the major problem and was the biggest indicator of mental health. These financial concerns came from not being able to afford basic living necessities such as food prices and childcare. Not being able to afford the basic living necessities and childcare causes high amounts of stress and anxiety and leads to multiple types of mental health concerns. HEDA respondents also reported that their lack of education to financial education was a big indicator of stress as one respondent said, "We were just thrown into adulthood. No one told me how to budget properly." Another major indicator of mental health in this theme included their built environment. Low employment opportunities make it hard to find childcare and higher-paying jobs. With lower access to jobs, a living wage becomes hard to find which can lead to higher amounts of stress and anxiety. Unemployment also causes high amounts of isolation and a feeling of less worthiness when it comes to supporting a family. Another factor that influences the built environment includes limited access to walking paths and bike trails. General wellness was reported to help combat mental health concerns and without access to this resource, higher amounts of stress were reported. The highest amount of stress was reported during the Winter months. The final theme identified was family learning/socialization. HEDA respondents reported that a lack of education was reported. This lack of education had HEDA respondents feeling trapped and worthless. The respondents felt as if they did not have anyone to turn to as other family members were not accepting. One respondent reported, "People cannot understand what they cannot see." Feeling a lack of support causes higher amounts of mental health issues. Lastly, HEDA participants reported that misinformation about mental health was a concern. This was influenced by the idea that mental health is a myth and that you can solve this problem by yourself. Being misinformed about recognizing and understanding the signs of mental health has been a big problem in our communities.

Qualitative Data Collection:

The Le Sueur and Waseca HEDA team decided to conduct a two-step process to obtain qualitative data. The first step included a 5-minute survey where participants were asked demographic questions and then a few open-ended mental health questions. The WIC population was chosen to be surveyed due to screening requirements, the relationship and communication success public health staff have with WIC clients, the low no-show rate for scheduled WIC appointments and the ability to survey a large variety of clients in one setting. These surveys were handed out to WIC clients before

their appointments with public health. The goal was to complete 25 surveys in each county with a total of 50. A total of 51 surveys were completed between both counties, which exceeded our goal. To incentivize WIC clients to take this survey, a gallon of milk from a local vendor was given to every participant who completed the survey. Our local stores were utilized as vendors to receive this gallon of milk. Out of the 52 administered surveys, only 1 person declined to take the survey, which gave the conversion rate of the survey over 98%. The conversion ratio was calculated by dividing the number of surveys completed by the total surveys conducted (51/52 = 98%). The second step of the qualitative data collection process included survey participants having the option to be included in either a focus group or a personal interview to be asked more additional questions. The purpose of this second step was to expand upon the questions from the initial 5-minute survey. These questions were all open-ended and took participants anywhere from 10 to 50 minutes to complete. Another purpose of focus groups and interviews was to allow our community members to have their thoughts heard and for public health to build a deeper connection within our communities. A total of 17 people said yes to be part of either a focus group or a personal interview, which was a conversion ratio of 33% (17/51 = 33%). Of the 17 participants who agreed only 6 participants were able to complete the additional interview, which was a conversion ratio of 35% (6/17 = 35%). A total of 5 participants agreed to be a part of a focus group, but no person showed up to the focus group meeting. Lastly, a few focus group attendees did complete an interview rather than attending a focus group. This was due to those participants changing their minds about participating in a focus group but still wanted to complete an interview. Below is a table that summarizes the findings of the qualitative analysis.

County	Surveys complete	Personal interviews completed	Focus Groups conducted
Le Sueur	25	1	*0
Waseca	26	5	*0
Total	51	6	*0
Conversion Ratio	51/52 = 98%	6/17 = 35%	NA

*Note: Focus groups were set up in each county, but no pre-registered community members showed up. Also, some focus group members switched to participating in an interview rather than a focus group.

Causes:

The living and working conditions have caused differences in mental health between the younger low-income women, who live in a household of three or more people, and the older higher-income population who live in a household of three or more people. The last step of the HEDA process is to determine the root causes for the difference in mental health. Below are the findings of the qualitative analysis from the community surveys, interviews, and policy reviews.

Economic status

Certain populations in the community have more difficulty accessing childcare and healthy foods. Licensing laws require that group family childcare have at least 35 square feet of indoor space per child, 50 square feet of outdoor space per child within 1500 feet of your home, and the maximum number of children allowed is 14. Group family childcare is more common in rural areas compared to childcare centers. Another struggle in rural areas is that the average household has a square footage of only 2,026 (ft^2), which limits the areas needed to fit the requirements of indoor (35 square feet) and outdoor space (50 square feet) required per child. While the maximum number of children is 14, this includes school-aged children. For most of the year, many childcare providers are caring for 6 children during the school day. This is because childcare licensure limits the number of infants and toddlers a childcare providers can watch per person. Based on the licensure it is 6 kids under school age. This limits the area's childcare capacity. Even with the small capacity of childcare available, Le Sueur and Waseca County Community Health Board reported the 5th highest natural rate of increase of their population with a score of + 0.4 in the last year. A total of 23 Community Health Boards reported these statistics, but it shows that Le Sueur and Waseca County birth rates are higher compared to urban and surrounding

counties. This not only impacts childcare availability but can cause the expense of childcare to increase dramatically due to demand. On top of all these requirements, daycare licensure needs to be updated every two years. Updated licensure requires you to comply with all the rules or make additional changes as inspection is required. Meeting the above criteria about indoor and outdoor space can be challenging as regulations can change. Also continuing education is needed for licensure updates. These can be challenging licensure updates to meet due to the short time frame every two years. Lastly, the state of Minnesota assists low-income people with the Safety Net policy to address housing and food assistance but does not cover childcare costs. There are childcare assistant programs to help pay for the cost of childcare, but the struggle to meet the criteria is challenging. A three-person household cannot exceed $49,605 to qualify for the program. The state of Minnesota recommends that childcare costs should be no more than 7% of their monthly income, but recent reports show that childcare costs are over 20% for a median-income family above the poverty threshold, as Minnesota is the 3rd highest state when it comes to paying for childcare. This means that a family making $49,605 a year should only spend $290 a month on childcare, but the average of an infant is $1,341 per month and $1,021 for preschool care. The gap is tremendously huge for households making over $49,605 per year.

Another factor affecting mental health in younger, low-income, multiple-household community members is the cost of healthy foods. Healthy foods are limited with access to a few main grocery store franchises, which limits competition on food prices. Other considerations on food prices include the process of developing a food retail store. A comprehensive application process is required to ensure the proper safety of food. Beyond the application process food retail stores must comply with other entities, which include zoning, well, septic, plumbing/waste disposal, building permits, electrical inspections, and mechanical requirements. Passing all of these specifications makes it difficult to start a food retail store in rural areas with limited people and resources. To provide support for these cost challenges there are four food shelves/ food banks in Waseca County and five in Le Sueur County. Compared to more urban areas, access to these food shelves/ food banks is limited. This is because a person is only allowed to go to each food shelf/ food bank only once a month with an appointment. The lack of food shelves/ food banks limits food access compared to more urban areas. Another limiting factor of food prices is access to farmers' markets during a short amount of time of the year. Farmers markets are only open during the Summer and Fall months. This limits access to healthy foods for a short amount of time and the cost of these healthy foods is almost the same price as food from local grocery stores. This makes it a challenge to incentivize farmers' markets.

Accessing a job to meet the wage requirements of childcare and healthy foods also plays a role in mental health. Our county statistics show that Le Sueur and Waseca County residents receive less amount of education past high school compared to other Minnesota County Statistics. Less education limits the number of jobs available for higher wages. One community member reported, "I am limited in the jobs I can apply for because of my education level." Another problem with job access is that most jobs available are in manufacturing or retail trade. These industries require less education, which makes these jobs more appealing to our rural community members. These jobs make up over 30% of the workforce in Le Sueur and Waseca County. Healthcare and educational jobs were projected to grow more than production or manufacturing but would require additional education and training to obtain. This limits access to rural community members with less education. Another community member reported the challenges of finding a job due to a language barrier. Finding jobs in proximity to home is also a challenge as over 50% of residents travel over 30 minutes or more to work. Due to the limited type of jobs available, working hours have become irregular. These irregular working hours make it difficult to find childcare and even more challenging to build healthy habits. The lack of healthy habits causes higher levels of stress, which leads to mental health concerns.

Built Environmental

We asked participants to list any options or solutions that would improve their mental health today or in the future. The most common answer reported was access to wellness activities. Other responses included the cost of childcare and other necessary living expenses. Time, money, and limited resources are the reasons why participants could not access the wellness activities. Surprisingly, therapy or counseling services were not the answer to help cope with mental health. A limiting factor when it comes to wellness is the weather. As one participant reported, "Winter is the

hardest time to practice self-care. There are no walking paths." This is especially difficult because the walking paths are in higher socioeconomic areas. Areas with higher amounts of poverty lack this resource. Geographical information systems such as PLACES from the CDC and the Robert Wood Johnson Foundation clearly label the socioeconomical areas in Le Sueur and Waseca County and provide insight as to where higher vulnerable populations live. Another limiting factor is gym accessibility. Gym memberships are limited due to the increasing cost of memberships. One statistic shows that gym membership has had a 14% increase over the past three years (Verrilli, 2023.) Although participants' mental health was high due to the lack of engaging in wellness activities, the incentive to participate was not appealing enough. Due to the environment lacking information and awareness, general wellness is a last priority making it difficult to combat mental health. Also, the addition of limited job opportunities causes the built environment to limit the number of healthy behaviors. As this was stated above in the economic stability.

Family Learning/Socialization

Other reports from participants stated that their lack of education and learned behavior were underlying causes of mental health. One learned behavior was not being taught how to budget. Struggling to afford basic living costs was a challenge because no money was budgeted for every living expense. These living expenses included food, housing, childcare, and transportation. Without the learned practice of budgeting, community members reported higher amounts of stress and anxiety. The other learned behavior was the lack of awareness of mental health and the social acceptance of the mental health stigma. Not learning about the importance of mental health places a great burden on one's health. Participants who were not exposed to these practices early on were more likely to pass on this behavior and knowledge due to misinformation and improper education. Participants noted that most of their information on money and mental health came from their family and friends. A participant noted, "Mental health is not an important topic in adults. We have learned to live with it." Without proper knowledge learning to break these behaviors has become challenging and gets passed on from generation to generation. Another interesting component of the socialization of mental health is that some respondents did not culturally understand the concept of mental health. A few respondents reported that they were confused about why mental health is a problem and why their peers reported this issue. This observation identifies how different cultures accept mental health and knowledge associated with the problem. With so many mixed messages and information about mental health, it was difficult for community members to truly understand the context and complexity of mental health. This makes it easier to accept your family and friends' beliefs about mental health.

Sharing findings

To share the findings with the community. A variety of methods will be used:

- The report will be posted to both Le Sueur and Waseca County websites for community members to read and reference.
- Social media will act as a driver to direct community members to the website.
- The findings will be shared with the county commissioners at a quarterly meeting.
- The report will be shared internally with all public health staff.
- The report will be shared with community partners.
- The report will be made available to help other entities outside of Le Sueur and Waseca County understand and learn more about mental health and how to conduct a HEDA analysis.

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Initial 5- minute survey

HEDA Survey (Encuesta HEDA)

HEDA stands for Health Equity Data Analysis. The goal of a HEDA is to understand differences between communities and how policies impact health barriers. This HEDA survey intends to collect information about what specifically is causing mental health in our community.

HEDA representa en inglés el Análisis de Datos de Equidad de Salud. El objetivo de una HEDA es comprender las diferencias entre las comunidades y cómo las normas afectan las barreras de salud. Esta encuesta de HEDA tiene la intención de recaudar información sobre lo que específicamente está causando la salud mental en nuestra comunidad.

This survey is intended to collect information on mental health. Obtaining your feedback is helpful to better understand mental health in our area. This survey should take five minutes of your time. Your responses are voluntary, and the information collected will be confidential. All the answers will be analyzed as a group. No individual responses will be identified. You have the right to refuse to answer any of the questions below. You also have the right to leave any of the following questions blank. If you have questions or concerns, you can contact Colin Ayers, Public Health Educator/Planner at 507-308-8746 or colin.ayers@wasecacounty.gov.

Esta encuesta tiene como objetivo recaudar información sobre salud mental. Obtener sus respuestas son útil para comprender mejor la salud mental en nuestra área. Esta encuesta debería tomar cinco minutos de su tiempo. Sus respuestas son voluntarias y la información obtenida será confidencial. Todas las respuestas serán analizadas en grupo. No se identificarán respuestas individuales. Tiene derecho a negarse a responder a cualquiera de las siguientes preguntas. También tiene derecho a dejar en blanco cualquiera de las siguientes preguntas. Si tiene preguntas o preocupaciones, puede comunicarse con Colin Ayers, Educador/Planificador de Salud Pública al 507-308-8746 o colin.ayers@wasecacounty.gov.

1. What is your gender? / ¿Cuál es su género?Required to answer.

Man / Hombre

Woman / Mujer

Non-binary / No binario

Prefer not to say / Prefiero no decir

2. What is your age? / ¿Cuál es tu edad?Required to answer.

18 to 25 / De 18 a 25 años

26 to 30 / De 26 a 30 años

31 to 35 / De 31 a 35 años

36 to 40 / De 36 a 40 años

50 or older / 50 años o más

3. What Race do you identify with? / ¿Con qué raza se identifica?Required to answer.

Hispanic or Latino / Hispano o Latino

African American or Black

Asian or Pacific Islander / Asiático o Isleño del Pacífico

White / Blanco

4. How would you rate your mental health? / ¿Como califica su salud mental? Required to answer.

Excellent / Excelente

Good / Bien

Neutral / Neutro

Poor / Mal

Very Poor / Muy mal

5. What worsens your mental health? Please select and list as many as examples that apply to you / ¿Qué empeora tu salud mental? Seleccione los ejemplos que le correspondan a usted.Required to answer.

Money / Dinero

Food access / Acceso a los alimentos

Transportation / Transporte

Unstable housing / Vivienda inestable

Unemployment / Desempleo

Other / Otro

6. If selected Other, please comment below / Si seleccionó Otro, comente a continuación.Required to answer. Multi Line Text.

7.What mental health challenge is the hardest to overcome based on your answers from the previous question? Why? / ¿Qué reto de su salud mental es el más difícil de superar según sus respuestas a la pregunta anterior? ¿Por qué?

8. What do you need to improve your mental health and the communities? / ¿Qué necesita para mejorar su salud mental y a su comunidad?

9. Would you be interested in attending a small group conversation in March? / ¿/ ¿Le interesaría asistir a un pequeño grupo de conversación en Marzo?Single choice.

Yes / Si

No / No

10. If selected Yes, please enter your email or phone number to be contacted / Si selecciona Sí, ingrese su correo electrónico o número de teléfono para ser contactado Single line text.

11. If not interested in attending a <u>small group conversation,</u> would you be interested in a 10 to 15 minute phone call or interview? / Si no está interesado en asistir a un grupo de conversación pequeño, ¿Estaría interesado en una llamada telefónica o entrevista de 10 a 15 minutos?Single choice.

Yes / Si

No / No

12. If selected Yes, please enter your email or phone number to be contacted / Si selecciono Sí, ingrese su correo electrónico o número de teléfono para ser contactado Single line text.

Interview survey questions:

HEDA Survey 2
This survey is for phone calls or interviews.

1. Community members reported that financial reasons are the hardest mental challenges to overcome. Why do you think this was reported? / *Los miembros de la comunidad informaron que las razones financieras son los desafíos mentales más difíciles de superar. ¿Por qué cree usted que eso fue reportado?* Single line text.
Enter your answer

2. How do you think (The behaviors listed above) developed? For example do you think these developed behaviors were taught, was lack of access, lack of awareness, or limited resourcesMulti Line Text.
Enter your answer

3. Why do you think the struggle with mental health (the behaviors listed above) is so hard to overcome / *¿Por qué crees que otras personas luchan con la salud mental?*Single line text.
Enter your answer

4. What other mental health barriers are hard to overcome in the community and Why? *¿Qué otras barreras de salud mental son difíciles de superar en la comunidad y por qué?*Single line text.
Enter your answer

5. What is one thing that would help your mental health today and one thing in the future? Why? / *Qué es lo que ayudaría a tu salud mental hoy y lo que te ayudará en el futuro? ¿Por qué?*Single line text.
Enter your answer