

# Health Status & Health Care Access in Washington County

## Health status

Washington County residents comparable overall health to Minnesotans overall.

Over half of residents rated their overall health as “very good” or “excellent.”

### 1. SELF-REPORTED OVERALL HEALTH

	Washington County 2022 (N=556)	Minnesota overall 2021 (N=15,931) <sup>a</sup>
Excellent	17%	20%
Very good	48%	38%
Good	30%	30%
Fair	5%	10%
Poor	<0.5%	3%

<sup>a</sup> Behavioral Risk Factor Surveillance System (BRFSS) 2021

A higher proportion of residents living below 200% of the federal poverty level (FPL) rated their overall health as “fair” or “poor” compared with residents living at or above 200% of the FPL (21% and 4%, respectively).

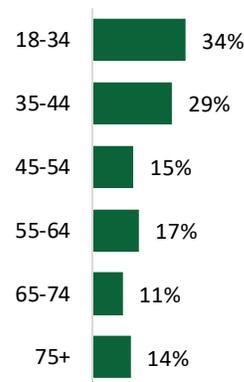
Despite reports of good overall health, physical health has gotten worse since the COVID-19 pandemic began for more than one in five residents.

### 2. SELF-REPORTED PHYSICAL HEALTH SINCE ONSET OF COVID-19 PANDEMIC



Physical health has gotten worse since the start of the pandemic for a higher proportion of young residents compared to older residents.

### 3. PERCENTAGE WITH WORSENEDED PHYSICAL HEALTH SINCE ONSET OF COVID-19 PANDEMIC BY AGE



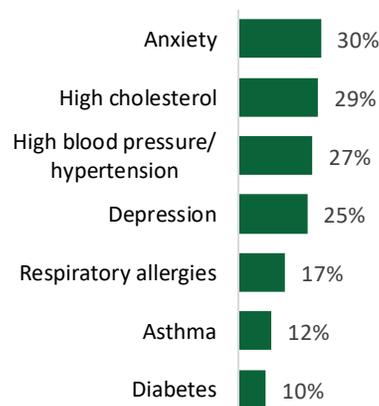
Perhaps surprisingly, there are no meaningful differences in changes in physical health since the pandemic between those who are essential/frontline workers and those who are not.

## Chronic health conditions

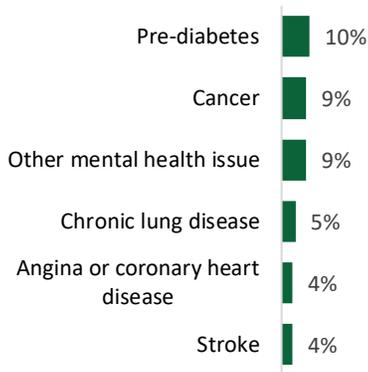
High cholesterol and high blood pressure are the most common physical health conditions and anxiety and depression are the most common mental health conditions among residents.

At least one in four residents has been told by a health care professional that they have at least one common chronic health condition. Please note overweight and obesity are discussed in the following section.

### 4. MOST COMMON CHRONIC HEALTH CONDITIONS



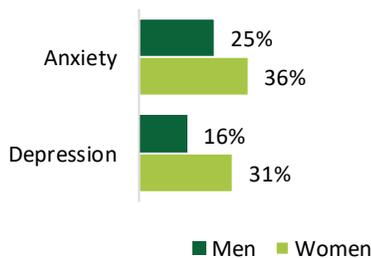
#### 4. MOST COMMON CHRONIC HEALTH CONDITIONS CONT.



For the majority of chronic health conditions, the percentage of those having the condition increased with age: diabetes, pre-diabetes, high blood pressure, angina or coronary heart disease, high cholesterol, chronic lung disease, and cancer. Some are more common among younger residents: anxiety and depression. And others are similarly common across age groups: respiratory allergies and asthma.

A higher proportion of women have been told by a health professional they have depression or anxiety compared to men.

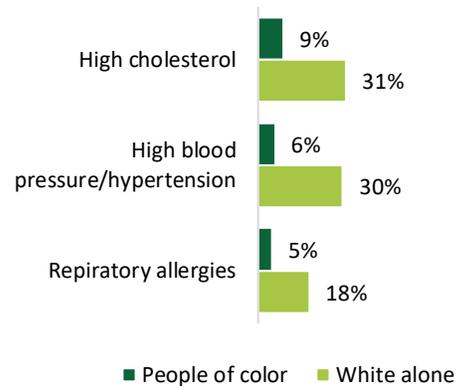
#### 5. ANXIETY AND DEPRESSION BY GENDER



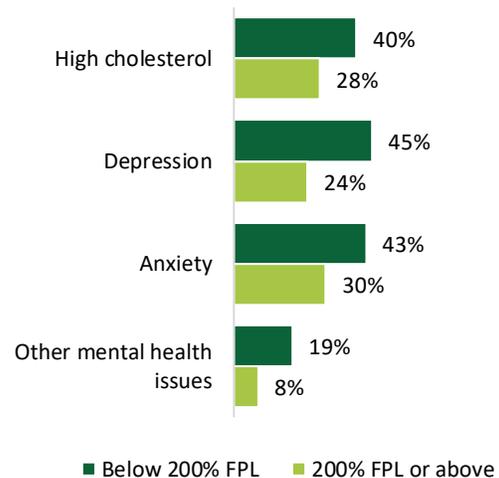
Some variation in chronic health conditions exists by race and poverty status. Specifically, high cholesterol, high blood pressure/hypertension, and are more common among White residents compared to residents of color. Among residents living below 200% of the FPL, high cholesterol, depression, anxiety, and other mental health issues are more common than among residents living at or above 200% of the FPL.

#### 6. KEY DIFFERENCES IN CHRONIC HEALTH CONDITIONS BY RACE & POVERTY STATUS

##### RACE



##### POVERTY STATUS



# Weight status

**Two-thirds of Washington County residents are considered overweight or obese according to BMI, similar to Minnesotans overall.**

## 7. BODY MASS INDEX (BMI)

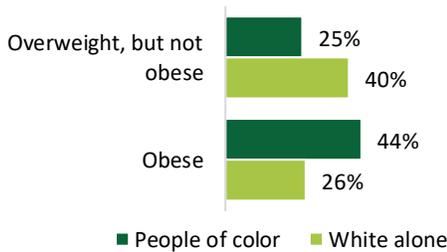
	Washington County 2022 (N=561)	Minnesota overall 2021 (N=14,380) <sup>a</sup>
Not overweight	33%	33%
Overweight, but not obese	39%	35%
Obese	28%	32%

<sup>a</sup> Behavioral Risk Factor Surveillance System (BRFSS) 2021

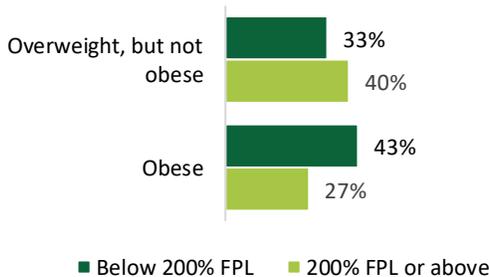
A higher proportion of residents in poverty and residents of color are obese compared with residents living above 200% of the FPL and White residents. However, similar proportions across these groups are not overweight. Poverty and race may be confounding variables here.

## 8. OVERWEIGHT OR OBESE BY RACE AND POVERTY STATUS

### RACE



### POVERTY STATUS



Additionally, a higher proportion of older residents are obese compared to younger residents, which may be attributed to changing metabolism and a higher prevalence of other health conditions.

# Reasons for not receiving or delaying needed care

**A large proportion of residents delayed or did not get health care they needed in the past year.**

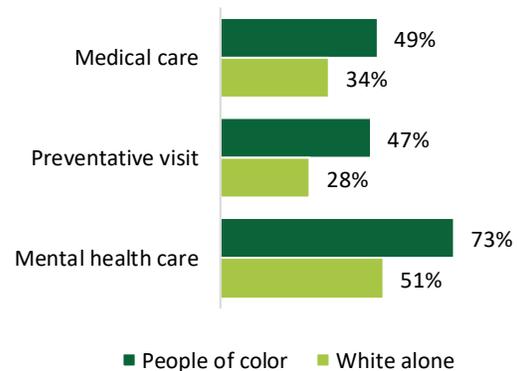
**During the past year, over one-half of residents (53%) did not receive or delayed getting care from a professional for mental health challenges. Also, about one-third of residents did not get or delayed getting medical care they thought they needed (35%) or a preventative visit with a health care provider (31%).**

**A higher proportion of residents of color did not get or delayed needed medical care, preventative visits, and mental health care compared to White residents.**

Additionally, a substantially higher proportion of essential/frontline workers did not get or delayed mental health care they needed compared to non-essential workers (71% and 33%, respectively).

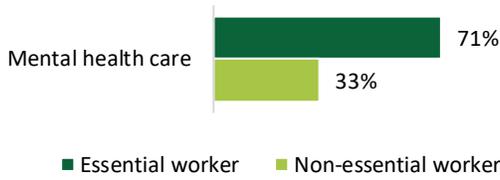
## 9. DID NOT RECEIVE OR DELAYED CARE BY RACE & ESSENTIAL WORKER STATUS

### RACE



**9. DID NOT RECEIVE OR DELAYED CARE BY RACE & ESSENTIAL WORKER STATUS CONT.**

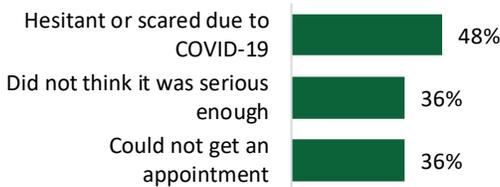
**ESSENTIAL WORKER STATUS**



**Hesitancy or fear due to COVID-19 was the most common reason for not getting or delaying medical care or a preventative visit. For residents with a need for mental health care, the highest proportion did not get or delayed care due to cost.**

**10. TOP REASONS FOR NOT GETTING OR DELAYING CARE**

**MEDICAL CARE**



**PREVENTATIVE CARE**

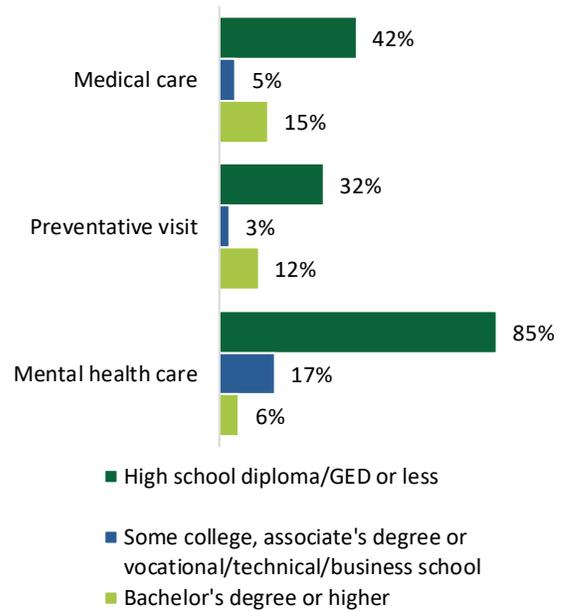


**MENTAL HEALTH CARE**



Respondents with less education were more likely to report that they did not get care because they were nervous or afraid, generally (not necessarily due to COVID-19).

**11. DID NOT GET OR DELAYED CARE DUE TO NERVOUSNESS OR FEAR BY EDUCATION LEVEL**



Of note, 65% of men who did not get or delayed mental health care did so because they could not get an appointment, compared to 29% of women who did not get or delayed this type of care.

Access to health insurance may not be a barrier as less than 2% of residents reported a lack of any type of health insurance. However, 14% of residents reported that it has been “somewhat” or “very difficult” to pay for health insurance premiums, co-pays, or deductibles in the past 12 months.

**For more information**

This fact sheet presents findings related to overall health from the Washington County COVID-19 Impact Survey. For more information about this report, contact 651-430-6655 or [PHE@co.washington.mn.us](mailto:PHE@co.washington.mn.us)

Author: Anna Grantias  
NOVEMBER 2022

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