COMMUNITY HEALTH ASSESSMENT

2024 - 2029



CITY OF BLOOMINGTON PUBLIC HEALTH DIVISION SERVING BLOOMINGTON, EDINA AND RICHFIELD







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To engage the community in promoting, protecting and improving the health of all.



A healthy community empowered by our locally based support and services.



ACCOUNTABILITY– A commitment and willingness to accept responsibility and to account for one's actions in an honest manner, while being transparent and prioritizing the autonomy of the community members we serve.

COLLABORATION – Intentionally working with individuals and groups that have diverse views, skills, and backgrounds to achieve common goals.

FLEXIBILITY – Recognizing that the public health system and our environment are changing and that we must be nimble to effectively respond to community needs.

EQUITY – Ensuring how we work and what we accomplish enables everyone to achieve their full health potential.

INTEGRITY – We put the community first by centering equity and transparency in how we work.

RESPECT – Intentionally treat everyone how they want to be treated and listen with a focus on inclusivity and connection.

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The City of Bloomington does not discriminate against or deny the benefits of its services, programs, or activities to a qualified person because of a disability. To make a request for a reasonable accommodation, ask for more information, or to file a complaint, contact the Community Outreach and Engagement Division, City of Bloomington, 1800 West Old Shakopee Road, Bloomington, MN 55431-3027; 952-563-8733, MN Relay 711.

PHABER & INTRODUCTION

Public Health Alliance of Bloomington, Edina and Richfield (PHABER)

Bloomington Public Health (BPH) traces its history back to the nursing school we began providing in 1948. In 1960, we became a division of the City of Bloomington. This allowed the City of Bloomington to maintain our community health board status when the state statute changed in 1976. At that time only five cities (Bloomington, Edina, Minneapolis, St. Paul, and Richfield) maintained their community health board status in Minnesota. BPH has been the provider of public health services in Bloomington for almost 70 years. BPH has also been providing public health services to Edina and Richfield under contract since 1977, fully integrating our work across the three cities as part of the Public Health Alliance of Bloomington, Edina and Richfield (PHABER).

Introduction to Community Health Assessment

This Community Health Assessment (CHA) has been developed by the Bloomington Public Health Division on behalf of the Public Health Alliance of Bloomington Edina and Richfield (PHABER). The assessment is an integral process that allows communities to identify, understand, and address the most pressing health needs of the community. While mental health is the focal point of this assessment, it also incorporates other relevant data to provide a holistic understanding of the issues impacting the community's well-being and inform strategies for improving health outcomes.

PROCESS & FRAMEWORK

Mental health as a priority

Mental health was identified as a key priority through data collection in Bloomington, Edina, and Richfield, national and regional guidance, strategic priorities, and community partner input. This assessment is part of a larger effort to improve mental health outcomes by examining community strengths, inequities, and barriers. While there is already important work happening to address mental health in our communities, this assessment aims to provide both quantitative and qualitative data to help guide our efforts, so we can prioritize strategies that meet the needs of our community.

Framework and process

The Bloomington Public Health Division adapted the MAPP 2.0 framework for its community health assessment, with a focus on mental health and a commitment to health equity. The framework guided the assessment by concentrating on its essential elements, ensuring the process was data-driven and relevant to our community's specific needs.



We gathered a variety of data, including quantitative information from sources like Hennepin SHAPE and the Minnesota Student Survey, and complemented it with qualitative insights from a mental health survey, community conversations, and youth-specific focus groups. We also collaborated with community partners like Marnita's Table to gather further input. This mixed-methods approach allowed us to analyze and organize the data into theme profiles, which were then shared with our advisory board for further action.

COMMUNITY PROFILE

Table 1: Demographic Characteristics of Bloomington, Edina and Richfield

	Bloomington		Edina		Richfield	
	Count (n)	Percent (%)	Count (n)	Percent (%)	Count (n)	Percent (%)
Total Population	88,838	-	53,125	-	36,725	-
Male	43,365	48.80%	25,002	47.10%	18,417	50.10%
Female	45,473	51.20%	28,123	52.90%	18,308	49.90%
Age						
Under 5 years	5,119	5.80%	2,854	5.40%	1,922	5.20%
5 to 14 years	9,546	10.70%	7,024	13.20%	3,687	10.00%
15 to 24 years	9,951	11.20%	5,134	9.70%	3,826	10.40%
25 to 34 years	12,441	14%	4,977	9.40%	6,367	17.30%
35 to 44 years	11,725	13.20%	6,815	12.80%	6,345	17.30%
45 to 54 years	10,350	11.70%	6,438	12.10%	3,526	9.60%
55 to 64 years	11,698	13.20%	7,828	14.70%	4,147	11.30%
65 years and over	18,008	20.10%	12,055	22.70%	6,905	18.80%
Source: U.S. Census Bure	au, 2019-2023 American	Community Survey 5-year	Estimates	•		•

Disability

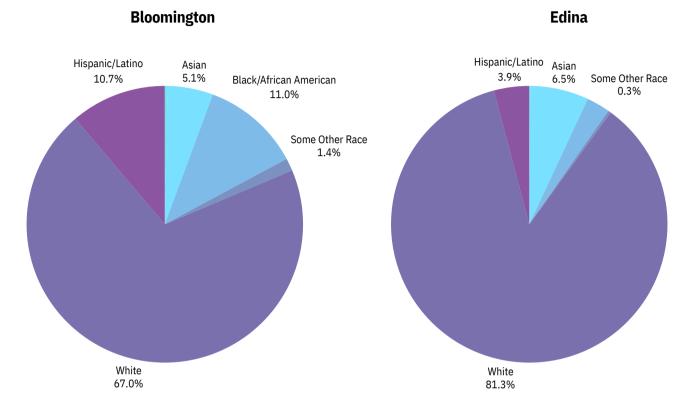
According to 2023 American Community Survey (ACS) data, the percentage of the population with a disability is as follows for the three cities: *Bloomington: 12.1%; Edina: 9.1%; Richfield: 11.9%*. The questions asked in the American Community Surveys cover six disability types: hearing, vision, cognitive, ambulatory, self-care, and independent living. The data shown is based on respondents who reported having any one of the six disability types. It is important to note that there are varying levels and definitions of disability, which may affect who is included or excluded from estimates. As seen in Table 1. Nearly 20% of the populations of Bloomington, Edina, and Richfield are aged 65 and over. As people age, they are more likely to experience disabilities.

Table 2: Languages for Bloomington, Edina and Richfield (U.S. Census/ACS, 2023)

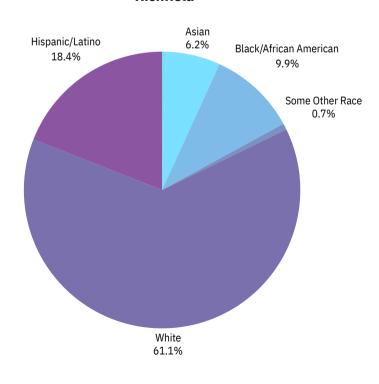
	Speaks only English	Speaks a language other than English
Bloomington	88.5%	11.5%
Edina 92.2% 7.8%		7.8%
Richfield	85.8%	14.2%

COMMUNITY PROFILE

Figure 1: Demographic breakdown of Bloomington, Edina and Richfield by Race and Ethnicity (U.S. Census/ACS, 2019-2023)



Richfield



Education

In the last decade, there has been a steady increase in the percentage of adults 25 and older in Minnesota with a bachelor's degree or higher, however, we are seeing significant differences across the three cities. In Edina, 72.2% of adults 25 years and older have a bachelor's degree or higher, 44.3% in Richfield, and 45.3% in Bloomington. There are also racial and ethnic disparities, with Asian and white adults more likely to have a bachelor's degree or higher compared to Hispanic/Latino, American Indian/Alaska Native, and Black/African American adults.



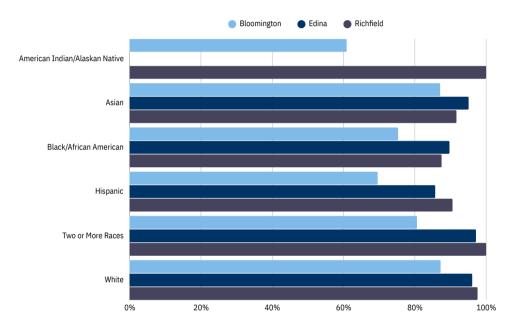
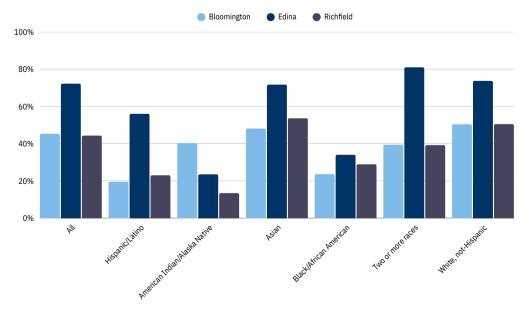


Figure 3: Percent of population 25 years and older with a bachelor's degree or higher by race/ethnicity (U.S. Census/ACS, 2019-2023).



Poverty

In Bloomington, children under 18 make up much of the population living below the poverty level whereas Edina and Richfield show a higher concentration of poverty among those 65 and over (Table 3). This suggests that there are distinct challenges that each of the cities faces when it comes to supporting the most vulnerable in their communities. Poverty decreases opportunities and can impact access to safe and affordable housing, education, food, and quality health care.

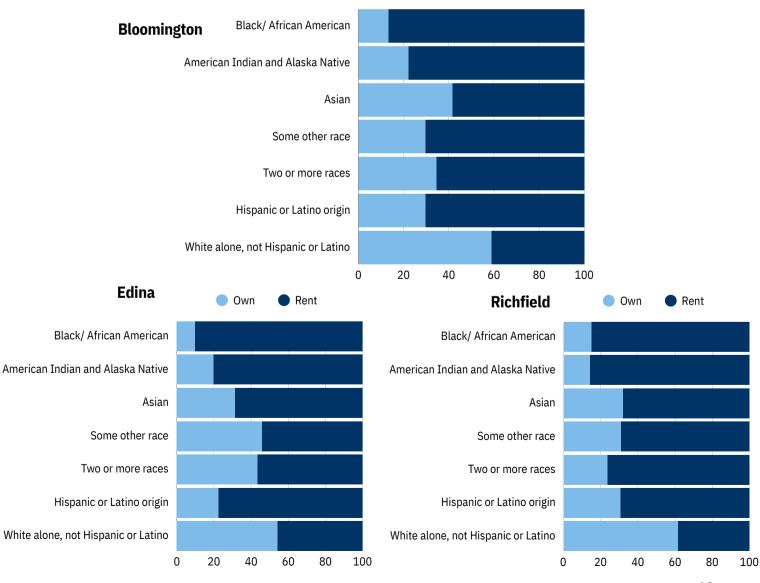
Table 3: Poverty and Household Characteristics for Bloomington, Edina and Richfield.

Bloomington		Edina		Richfield	
Count (n)	Percent (%)	Count (n)	Percent (%)	Count (n)	Percent (%)
7,940	9.10%	2,307	4.40%	2,658	7.30%
2,153	12.40%	467	3.90%	440	6.40%
4,632	8.80%	1,237	4.30%	1,660	7.30%
1,155	6.70%	603	5.10%	558	8.20%
37,724	-	22,805	-	16,221	-
24,974	66.20%	16,513	72.40%	10,129	62.40%
12,750	33.80%	6,292	27.60%	6,092	37.60%
10,911	28.90%	6,458	28.30%	4,750	29.30%
4,919	19.70%	2,123	12.90%	2,182	21.50%
5,992	47.00%	3,082	49.00%	2,568	42.20%
2,226	5.90%	625	2.70%	1,019	6.30%
	Count (n) 7,940 2,153 4,632 1,155 37,724 24,974 12,750 10,911 4,919 5,992	Count (n) Percent (%) 7,940 9.10% 2,153 12.40% 4,632 8.80% 1,155 6.70% 37,724 - 24,974 66.20% 10,911 28.90% 4,919 19.70% 5,992 47.00%	Count (n) Percent (%) Count (n) 7,940 9.10% 2,307 2,153 12.40% 467 4,632 8.80% 1,237 1,155 6.70% 603 37,724 - 22,805 24,974 66.20% 16,513 12,750 33.80% 6,292 10,911 28.90% 6,458 4,919 19.70% 2,123 5,992 47.00% 3,082	Count (n) Percent (%) Count (n) Percent (%) 7,940 9.10% 2,307 4.40% 2,153 12.40% 467 3.90% 4,632 8.80% 1,237 4.30% 1,155 6.70% 603 5.10% 37,724 - 22,805 - 24,974 66.20% 16,513 72.40% 12,750 33.80% 6,292 27.60% 10,911 28.90% 6,458 28.30% 4,919 19.70% 2,123 12.90% 5,992 47.00% 3,082 49.00%	Count (n) Percent (%) Count (n) Percent (%) Count (n) 7,940 9.10% 2,307 4.40% 2,658 2,153 12.40% 467 3.90% 440 4,632 8.80% 1,237 4.30% 1,660 1,155 6.70% 603 5.10% 558 37,724 - 22,805 - 16,221 24,974 66.20% 16,513 72.40% 10,129 12,750 33.80% 6,292 27.60% 6,092 10,911 28.90% 6,458 28.30% 4,750 4,919 19.70% 2,123 12.90% 2,182 5,992 47.00% 3,082 49.00% 2,568

Housing

There are disparities in homeownership, with white and Asian residents having higher homeownership rates across the three cities compared to Black/African American residents. Edina has the highest owner-occupied rate at 72.4%, followed by Bloomington at 66.2% and Richfield at 62.4%. Renter-occupied units are 27.6% in Edina, 33.8% in Bloomington, and 37.6% in Richfield (Table 3). Between 40-50% of renters in all three cities are cost-burdened, which according to the U.S. Department of Housing and Urban Development (HUD) is when a household spends more than 30% of their income on rent, mortgage payments, and other housing costs. This can lead to difficult trade-offs for families such as delaying preventive care and needed medical care to pay for housing costs, which can impact their physical and mental health.

Figure 4: Homeownership by Race/Ethnicity for Bloomington, Edina and Richfield (U.S Census/ACS, 2019-2023).

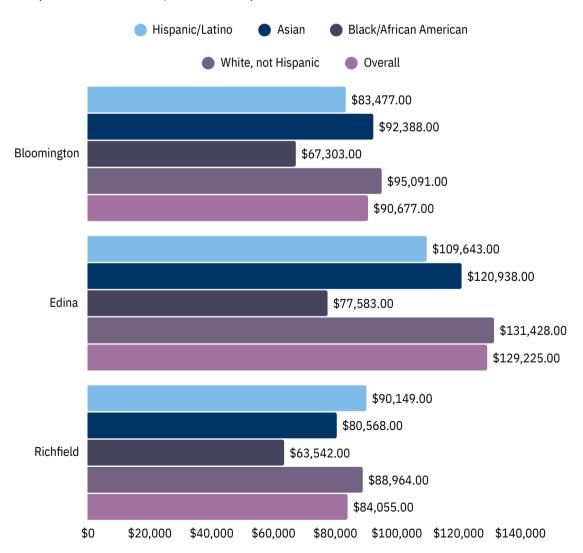


Income

Income has profound effects on mental health and well-being. Income impacts how individuals access basic needs such as housing, food, and health care. Financial insecurity can trigger and lead to anxiety, depression, and chronic stress.

The average median household income in Bloomington is \$90,677, \$129,225 in Edina, and \$84,055 in Richfield (Figure 5). There are significant income disparities, with white households earning more across the three cities while Black/African American households have notably lower median incomes. In Edina, white households (\$131,428) earn nearly double what Black/African American households earn (\$77,583).

Figure 5. Median household income by race/ethnicity for Bloomington, Edina and Richfield (U.S. Census/ACS, 2019-2023).



MENTAL HEALTH

Mental health is a fundamental aspect of overall health, affecting every stage of life. It encompasses emotional, psychological, and social well-being, influencing how individuals think, feel, and interact with others. When mental health needs go unmet, they can lead to significant challenges, including physical health issues, impaired functioning, and diminished quality of life.

Addressing mental health emerged as a priority due to its prevalence and critical impact on community well-being. Through conversations with community partners, residents, and representatives from the three cities, it became clear that mental health challenges, such as barriers to accessing needed mental health care, and increasing youth mental health problems are pressing concerns for our communities.

This focus is aligned with Healthy People 2030, which emphasizes the importance of mental health and well-being through prevention, screening, assessment, and treatment. Much of the data you'll see also aligns with several Healthy People 2030 objectives, such as reducing the proportion of adults with mental health disorders, reducing suicide rates in adolescents, reducing drug and opioid-related deaths, indicators related to social support and community connection, and improving access to mental health providers. It is also important to note that factors such as income, education, employment, and housing impact mental health and well-being.

"We needed mental health services for our daughter and the waitlists for places that accept insurance were very long. We now have her going to OT and seeing a therapist, but even with insurance, access is an issue...it would be most helpful if insurance expanded where they cover."

-Respondent to the 2024 Community

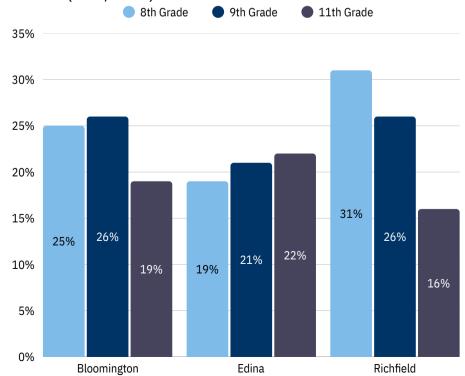
Mental Health Survey

CRISIS AND DISTRESS

An individual experiences a mental health crisis when their emotional and mental state becomes too overwhelming, resulting in distress and impaired functioning. A crisis can show up in a variety of ways, such as fear, panic, and thoughts of self-harm. While people with a mental illness diagnosis are at great risk of experiencing a crisis, a crisis can occur before an individual is officially diagnosed.

- Police are responding to an increased number of mental health crisis calls:
 - Bloomington police responded to more than 1,000 mental health crisis calls in 2023 (Bloomington Police Department, 2024).
 - Richfield police responded to more than 250 mental health crisis calls in 2023, (Richfield Police Department, 2024).
 - Edina police responded to more than 450 mental health crisis calls in 2023, (Edina Police Department, 2024).
- 11.6% of South Suburb adults reported experiencing frequent mental distress, which is defined as adults who reported their mental health was "not good" for 14 days or more of the last 30 days, (SHAPE, 2022).
- More than 20% of Bloomington, Edina and Richfield high schoolers report seriously considering suicide, (MSS, 2022).

Figure 6: Students reporting they purposely hurt or injured themselves in last 12 months (MSS, 2022).



SUBSTANCE USE AND MISUSE

Substance use and misuse occur when individuals use alcohol, drugs, or other substances in a way that they are not meant to be used leading to harm, dependency, or adverse effects on their health. From occasional misuse to substance use disorder, this issue can impact one's physical, emotional, and social functioning. Both youth and young adults may face unique risks that can contribute to their vulnerability such as peer pressure, stress, trauma, or lack of access to support systems.

Alcohol Use

Binge drinking is defined as consuming more than four drinks (for women) or five drinks (for men) on a single occasion on one day or more in the past 30 days. The binge drinking prevalence in adults living in Bloomington, Edina, and Richfield exceeds the national average of 16.5% (Figure 7).

Figure 7: Binge drinking rates for Bloomington, Edina and Richfield adults (CDC Places, 2022)

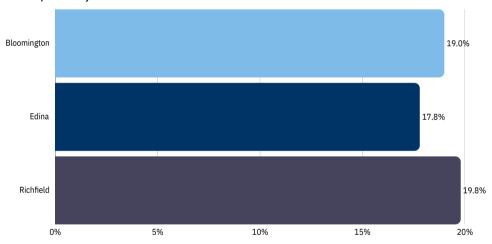
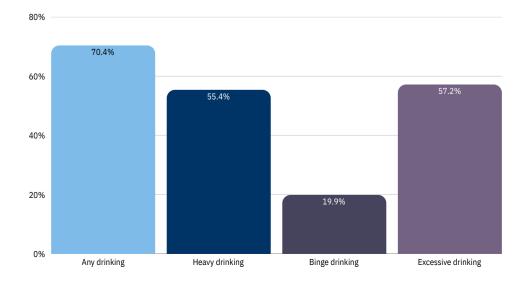


Figure 8: Alcohol use for adults in Hennepin South Suburbs (SHAPE, 2022).



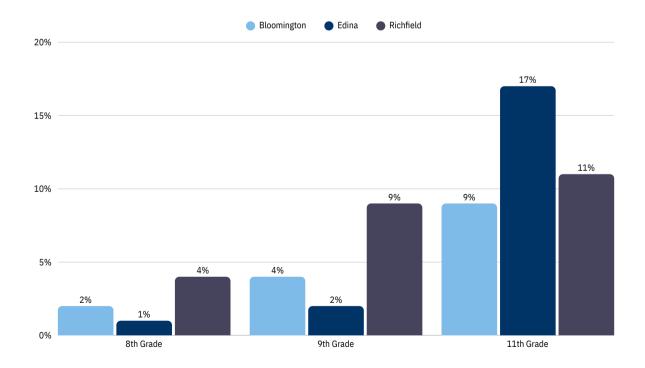
SUBSTANCE USE AND MISUSE

Marijuana Use

Marijuana is the most commonly used drug in the United States. Marijuana is a psychoactive substance derived from Cannabis sativa. The primary psychoactive chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. As policies surrounding marijuana continue to evolve, it is important to understand its properties, effects, and usage patterns as well as the risk it poses for misuse in adolescents and how it influences risk perception.

• In 2022, 11th graders across the three school districts reported marijuana use in the past 30 days at higher rates than the rates of 8th grade students (Figure 9).

Figure 9: Adolescent past 30-day marijuana use (8th, 9th, and 11th graders), (MSS, 2022).



SUBSTANCE USE AND MISUSE

Opioid Use and Opioid-Related Deaths

The opioid crisis is rising in the United States. Opioids, also known as narcotics, are a type of drug that includes heroin and strong prescription pain relievers such as oxycodone, hydrocodone, fentanyl, and tramadol. Misuse of opioids can lead to dependency, addiction, overdose, and death profoundly impacting individuals, families, and communities.

Figure 10: Adolescent prescription pain medication misuse in past 12 months (8th, 9th, & 11th graders), 2022.

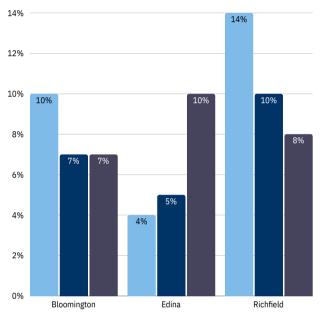
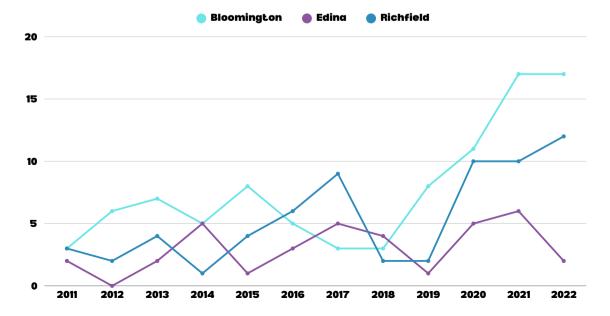


Table 4: Nonfatal and fatal opioid overdoses in Bloomington, Edina and Richfield (2017-2023).

	Bloomington	Edina	Richfield
Nonfatal opioid overdose hospital visits (2017-2023)	406	100	233
Fatal opioid overdoses (2017-2023)	85	40	39

Figure 11: Opioid-related deaths among residents, Hennepin County OPIOID death dashboard.



SOCIAL ISOLATION AND CONNECTION

Social isolation and connectedness are increasingly recognized as an issue in the United States. Social isolation occurs when individuals have limited or no meaningful social interactions, which can negatively impact mental, emotional, and physical well-being. Social connectedness on the other hand is the sense of belonging and having supportive relationships, playing a critical role in promoting resilience, reducing stress, and improving overall health outcomes.



In Bloomington, Edina and Richfield Public School Districts, students report decreases in their ability to build friendships with other people (MSS, 2022).



Of students grades 5-12 in Bloomington Public Schools report "usually or always feel alone or isolated". These numbers are higher on average for female, Black, and Hispanic students (BPS, 2022).



Of adults reported that social isolation, loneliness, and grief are a major or moderate problem (Bloomington National Community Survey, 2023).

Start With Hi! Initiative

In response to the growing need to reduce social isolation and loneliness, Bloomington Public Health launched the Start with Hi! Campaign. This initiative encourages simple interactions — such as a smile or a brief conversation—that can make our communities more connected and resilient.

The campaign kicked off with its first event in November 2024, bringing the community together to foster connection, increase awareness about the impact of social isolation and loneliness on health, provide residents with simple yet effective tools to increase connectedness, and inspire the community to take collective action to support a culture of togetherness.



"Help the elderly get together just to talk, share ideas and maybe share their backgrounds. Many of us are lonely, especially during the winter.

We need to talk..."

Respondent to the 2024 Community

Mental Health Survey



PREVALENCE OF MENTAL HEALTH CONDITIONS

Mental health conditions are increasingly present across all age groups. From adolescence through adulthood, conditions such as depression, anxiety, and other emotional or behavioral disorders have a significant impact on an individual's well-being and quality of life. There is a growing need for mental health care and support for individuals living with these conditions.



Of Bloomington, Edina and Richfield adults who go to the doctor have been diagnosed with depression, (HTAC, 2024).

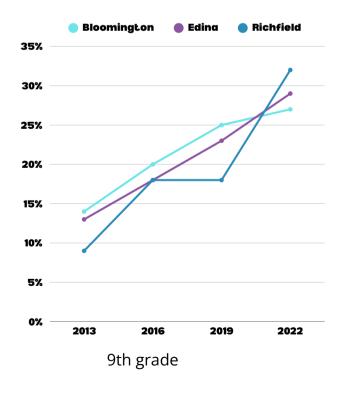


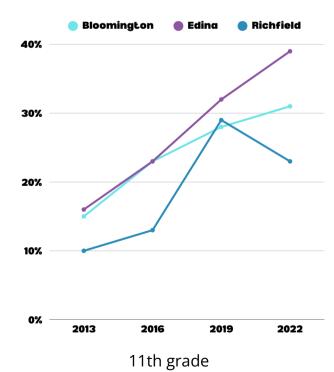
Of Bloomington, Edina and Richfield adults who go to the doctor have been diagnosed with anxiety, (HTAC, 2024).



The percentage of Bloomington, Edina and Richfield high schoolers who have been treated for a mental health problem has more than doubled in the last decade, (Figure 12).

Figure 12: Percentage of Bloomington, Edina and Richfield 9th and 11th graders who have been treated for a mental health problem, (MSS, 2013-2022.)





BARRIERS TO ACCESSING MENTAL HEALTH CARE

Accessing mental health care remains a significant challenge for many people. These obstacles often can leave individuals feeling overwhelmed and unsupported in finding care that aligns with their needs and values, preventing them from receiving timely care, which can result in crisis or distress.

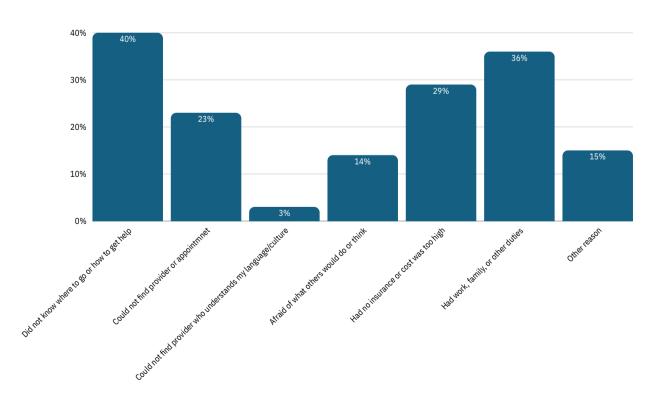
The Bureau of Health Workforce defines Health Professional Shortage Areas (HPSAs) as the shortage of providers for a specific group of people within a defined geographic area.

- There are 141 total mental health HPSAs in Minnesota, (Health Resources and Services Administration, 2025).
- In Hennepin County, there are a total of 17 mental health HPSAs, the majority being federally qualified health centers and facilities that serve low-income populations.

Brain Health Program

In Bloomington, the Brain Health program was launched in 2023 to help alleviate the provider shortage and get care to those in crisis. Clients are referred through the Bloomington Police Department crisis response calls, Hennepin County Social Workers, and the local public school district. Since launching in November of 2023, 74 referrals have come through to the program, 41 clients have utilized services, and a total of 430 mental health treatment sessions were completed by the Brain Health team.

Figure 13: Barriers to mental health care among adults who needed care and delayed or did not get care in South Suburbs (SHAPE, 2022).



2024 COMMUNITY SURVEY AND ENGAGEMENT

Public Health staff partnered with staff from the three cities' community outreach and engagement divisions, as well as the Public Health communications specialist, to develop and promote meaningful engagement strategies.

The 2024 Community Mental Health Survey was an online survey administered through the "Let's Talk" platform, a tool for community conversations. The survey was open from July – December 2024 and had 138 respondents. The survey was developed to identify both barriers and resources communities face regarding mental health and well-being. For the purposes of the survey, the community was defined as anyone who lives, plays, and works in Bloomington, Edina and Richfield.

We hosted two community partner conversations and two focus groups to gather additional insight from the community. The community partner conversations were held virtually and aimed at community partners who work with and serve older adults and youth. We also held two focus groups with youth, one at Jefferson High School in Bloomington and another at Oasis for Youth, a nonprofit committed to elevating youth across Bloomington, Edina and Richfield.



Emerging Themes

Barriers to accessing mental health services reported by community members in the survey include:

- Financial barriers,
- Work and family obligations,
- Difficulty finding providers, and
- A lack of knowledge about what resources are available and how to navigate them.

Community members identified the following ways to enhance their own and their communities' mental health and well-being:

- Greater accessibility,
- Increased cultural competency,
- Lowering stigma,
- More community support, and
- Inclusive care.



Photo by Alvaro Reyes on Unsplash

"Having trusted professionals who understand my culture and share some of my values would help me be more comfortable in seeking help and sharing my experiences."

RESPONDENT TO THE 2024
COMMUNITY MENTAL HEALTH SURVEY

DATA SOURCES, LIMITATIONS & NEXT STEPS

Data Sources

Bloomington, Edina and Richfield Police Departments
Bloomington National Community Survey
US Census/American Community Survey
Centers for Disease Control and Prevention
Office of Disease Prevention and Health Promotion
Minnesota Department of Health
Minnesota Department of Education
Minnesota Electronic Health Record Consortium
Minnesota Student Survey
2022 Hennepin County SHAPE
2024 Community Mental Health Survey
2024 Community Partner Conversations and Youth Focus Groups

Limitations

It is important to recognize the limitations of the data and the fact that it is only one part of the community's story, even as we use it to guide decisions and set priorities. Limitations include sampling bias as those who complete surveys may not be representative of the entire population, recall bias from self-reported data, standardized demographic classifications as well as limited classification options. We also recognize that with a limited sample size in our partner conversations and focus groups everyone may not be represented. Finally, this assessment includes data for three distinct cities, and data availability and collection methods varied across the cities.

Next Steps

Following the assessment, we will be working with community partners and members through a series of engagement opportunities to narrow down our priority areas of focus. Continuing to follow the MAPP 2.0 framework, this allows the community to focus resources, make use of current efforts, and create attainable goals and strategies to meet the needs of the community. A mid-point data review is planned for 2026-2027.

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