



Greater Mankato Inclusivity Study

Findings and Recommendations Report

With Appendix

Report Updated 3.19.2024

I. Acknowledgments

This report was developed thanks to the financial support and partnership of:



You can learn more about each partner organization in the [Appendix](#).

Disclaimer

The information in this report does not reflect any of the partners' thoughts, beliefs, or values. The study contains people's perspectives, thoughts, and beliefs with no direct ties or relationship with any partner.

This report does not imply that any one partner/organization is responsible for implementing recommendations or addressing an issue identified by the community in this survey. Potential actions are high-level and should be reviewed by relevant community organizations to determine scope, timing, resources, feasibility, etc. Ideally, future programs and initiatives will be informed by the information in the findings of this report to ensure greater outcomes for the community.

Intercultural Competence Edge, Inc. (IC Edge) conducted all phases of the Greater Mankato Inclusivity Study (GMIS). They are an independent research firm specializing in Diversity, Equity, Inclusion, and Belonging work. Utilizing a third party such as IC Edge ensures the confidentiality of responses and increases confidence in the resulting work product.

IC Edge is available to discuss Diversity, Equity, and Inclusion matters in more detail and answer questions about any aspect of this extensive Inclusivity Study.

II. How to Use This Study

The Greater Mankato Inclusivity Study (GMIS) is a comprehensive study that contains a large amount of data collected from over 1,200 respondents. We have organized it to begin with broad, high-level information and findings followed by intricate details to ensure accessibility and ease of reading. We recommend you start at the high-level executive summary and then dig into the detailed area of your interest.

The executive summary contains some of the most significant findings. We define "significant findings" as aspects of the Greater Mankato Area (GMA) that stand out from other communities or national data. Depending on your point of view or the industry you serve, we may not have highlighted areas of interest to you. In that case, the "Findings and Recommendations" section is where to look for more information on your area of interest. The "Appendix" provides further segmentation and analysis than the "Findings and Recommendations" section and should be used to analyze a particular topic in greater detail.

We purposely designed this study to be broad, covering many types of people on many topics. It attempts to paint a picture of the entire Greater Mankato Area. In some categories, a more focused study must be conducted to assign causation to particular phenomena.

To find a table on a particular topic quickly and easily, go to the [Tables and Figures Links](#) at the beginning of the Appendix.

III. Table of Contents

I. Acknowledgments	1
II. How to Use This Study	2
III. Table of Contents	3
IV. Key Terminology and Definitions.....	4
V. Executive Summary	5
VI. Background.....	13
VII. Findings & Recommendations	24
A. Overview.....	25
Community-Level Responses Top 10	26
Community-Level Responses Lowest 10	29
B. Findings.....	33
Research Category 1: Inclusivity.....	34
Research Category 2: Healthcare.....	46
Research Category 3: Economic Well-Being.....	59
Research Category 4: Housing.....	71
Research Category 5: Transportation.....	82
Research Category 6: Education.....	94
Research Category 7: Safety/Safe and Inclusive Spaces.....	108
C. Recommendations.....	119
Research Category 1: Inclusivity.....	121
Research Category 2: Healthcare.....	123
Research Category 3: Economic Well-being.....	124
Research Category 4: Housing.....	125
Research Category 5: Transportation.....	126
Research Category 6: Education.....	127
Research Category 7: Safety/Safe and Inclusive Spaces.....	129
VIII. Appendix.....	130

IV. Key Terminology and Definitions

DEI is an acronym for diversity, equity, and inclusion.

Greater Mankato refers to the cities of Mankato, North Mankato, and Blue Earth and Nicollet counties in Minnesota.

Greater Mankato Inclusivity Study (GMIS) is a compilation of community member feedback and insights undertaken in 2022/2023, covering themes of inclusivity, healthcare, economic well-being, housing, transportation, education, and safety. Different demographic characteristics filter data collected through interviews, surveys, and focus groups to uncover potential differences in how different demographic groups respond to the same questions.

Inclusivity is the intentional practice of providing access to opportunities and resources for everyone, including those who might otherwise be excluded or marginalized.

Category In this study, the term category is used to describe the broad areas of investigation. A synonym for this term is a rubric. The various Mankato communities identified the Seven Main Research Categories explored in this study.

Theme In this study, a theme is a recurring idea, subject, or topic that emerges from the data (i.e., community interviewees). These items emerged as themes using data analysis methods to "code" what interviewees and partners repeatedly communicated as similar ideas and issues.

Recommendations are a potential course of action identified by IC Edge to address a community concern. This report does not imply that any one partner/organization is responsible for implementing recommendations or addressing an issue identified by the community in this survey.

V. Executive Summary



A. Introduction

The Greater Mankato Area (GMA) Inclusivity Study is the most extensive study of this nature in the Mankato area. This research is not purely a quantitative study. It is a mixed-method study, an advanced way to get to the heart of issues that mere statistics cannot. It uses a mixture of qualitative and quantitative methods to capture all community members' perspectives, worldviews, and voices. The GMIS Partners envision this study serving the Greater Mankato area—its citizens, institutions, and organizations—for many years to come.

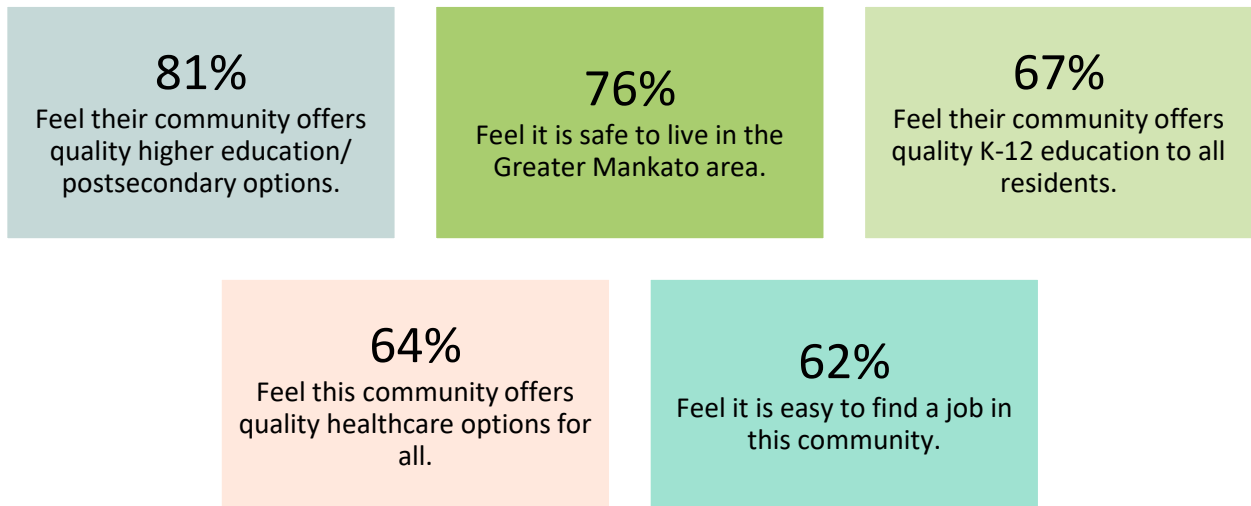
The main objective of this study is to allow community organizations to make better decisions on programs, practices, and initiatives with reliable data. All in an effort to make the Greater Mankato Area more inclusive. We want all GMA organizations to have access to this data instead of depending on politically charged, emotionally based anecdotal information, which has made decision-making difficult.

To make this extensive and detailed study more digestible, we wanted the executive summary to paint a picture of the Greater Mankato Inclusivity. We did this by bringing to the surface:

1. GMA Inclusivity Strengths
2. GMA Inclusivity Opportunities for Improvement
3. Unique Community Insights

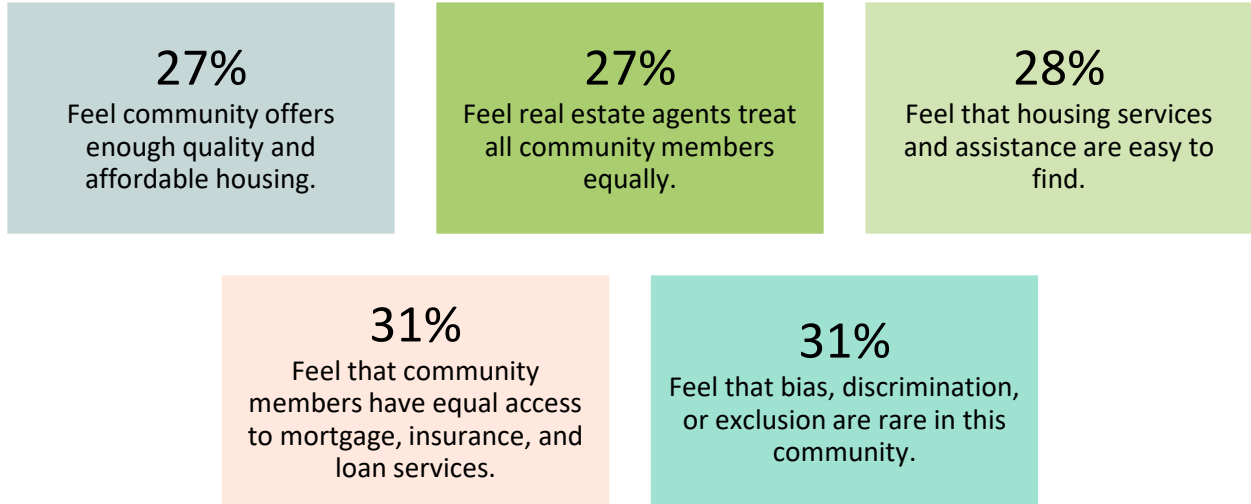
B. GMA Inclusivity Strengths

Survey Respondents indicated that the Greater Mankato Area is **excelling** in multiple ways, including:



C. GMA Inclusivity Opportunities for Improvement

However, there is still an opportunity for improvement, shown by the low percentage of respondents who agree with these statements:



D. Unique Community Insights

The survey allowed researchers to identify community-level (all Greater Mankato Area residents) and demographic community sentiments and concerns. It is important to note that this data can be used in multiple ways, including benchmarking data for future studies, as well as gaining an understanding of perceptions and experiences in comparison to state or national data.



Housing sentiments scored lowest for most Greater Mankato Area residents (average score of 28.5% have positive sentiments across four housing statements). However, Greater Mankato Area residents are slightly less concerned about housing than the national average.

Across most diversity dimensions, housing questions scored the lowest sentiment, including access to mortgages, housing assistance, and real estate agent treatment of community members. When asked about their top concerns for the community, most respondents again identified housing as a significant concern.

This aligns with national surveys, which indicate about half of Americans (49%) say the availability of affordable housing in their local community is a major problem, up 10 percentage points from early 2018, according to a Pew Research Center survey conducted in October 2021.¹



For American Indian/Alaska Native identifying respondents, the condition of property is their greatest concern (30%). However, Greater Mankato Area American Indian/Alaska Native identifying respondents are slightly less concerned about the condition of property than the national average, but they have still identified it as a top concern.

This aligns with national data, which shows that about 22% of our country's 5.2 million Native Americans live on tribal lands according to the 2010 U.S. Census. Living conditions on the reservations have been cited as "comparable to Third World."²

Forty percent of on-reservation housing is considered substandard (compared to 6 percent outside of Indian Country) and nearly one-third of homes on reservations are overcrowded. Less than half of the homes on reservations are connected to public sewer systems, and 16 percent lack indoor plumbing. In some areas, up to 50 percent of Native homes are without phone service. Additionally, 23 percent of Native households pay 30 percent or more of household income for housing.³



Asian-identifying respondents scored public transportation routes and hours of operations routes as their top concern (24%).

Transportation plays a huge role in revitalizing, reshaping, and defining communities – especially when it comes to public transportation. Transportation is all about improving mobility, connecting people and places to each other, and making communities accessible. The way in which transportation systems are created, supported, and operated frequently helps businesses succeed, and neighborhoods thrive. And that's why transportation is critically important to the Asian American & Pacific Islander (AAPI) community.⁴

Transit is important to Asian American (AA) and Native Hawaiian & Pacific Islander (NHPI) communities because it provides access to jobs, education, community, and services. Members of

¹ [Pew Research Center survey.](#)

² http://www.nativepartnership.org/site/PageServer?pagename=naa_livingconditions

³ <https://www.ncai.org/policy-issues/economic-development-commerce/housing-infrastructure>

⁴ <https://obamawhitehouse.archives.gov/blog/2011/05/23/transportation-heart-aapi-communities>

this community have also experienced anti-Asian hate in transit.⁵⁶ A 2013 Federal Transit Administration report estimated that “more than 40% of buses and 25% of rail transit around the U.S. are in marginal or poor condition.”⁷



Mankato Area residents feel very optimistic about the safety of their community (76% agreed or strongly agreed that it is safe to live in the Greater Mankato area). Greater Mankato area residents feel safer than the state average.

Safety study data shows that:⁸

- Just over half of Black, Indigenous and People of Color (BIPOC) Minnesotans (54%) responded that they feel safe walking alone in their neighborhood at night just about always or most of the time compared to 84% of White Minnesotans.
- Eighty-seven percent of all men in Minnesota reported feeling safe just about always or most of the time compared to 74% of all women.
- Significantly fewer immigrants (50%) who live in Minnesota reported regularly feeling safe walking alone in their neighborhood at night than respondents who were born in Minnesota (82%) or who were born in another state and relocated to Minnesota (81%).



Mankato Area residents feel very optimistic about access to quality education (81% agreed or strongly agreed that their community offers quality higher education/post-secondary options, and 67% agreed or strongly agreed that the community offers quality K-12 education to all residents).

Greater Mankato residents are much more satisfied than the national average with education offerings. Gallup data shows that nationwide, only 45% of people are satisfied with K-12 education (2022).⁹ Additionally, Greater Mankato Area residents also score higher education offerings more favorably than the national average. One-half to three-quarters of college students reported that

⁵<https://www.masstransitmag.com/safety-security/article/21285357/usdot-fta-mta-participate-in-roundtable-to-discuss-needs-concerns-of-transit-users-of-asian-descent>

⁶<https://www.nbcbayarea.com/news/local/recent-hate-crime-attacks-raises-concern-for-asian-americans-using-public-transit/2502932/>

⁷ <https://www.fta.dot.gov/regulations-and-guidance/asset-management/state-good-repair/national-state-good-repair-assessment>

⁸ <https://www.apmresearchlab.org/mdc-survey/police-and-courts>

⁹ <https://news.gallup.com/poll/1612/education.aspx>

they were satisfied with their experience overall at the institution they were attending in the academic year 2020–2021.¹⁰



Veteran-identifying respondents generally evaluated topics more positively when compared to the general population.

This may be due to additional support provided to Veterans, or a different outlook (perception) by the population. For example, Veterans are more likely to persist and ultimately graduate at higher rates than their nonveteran counterparts.¹¹ Additionally, a study published in the August 2020 issue of *Health Affairs*, found that overall Veterans had a generally favorable view of their care at both VA facilities and in the community.¹²



White, Women and Non-binary-identifying respondents felt worst among demographic communities about the cost of living (25%, 24% and 23%, respectively). Greater Mankato residents are slightly less concerned than national survey data indicates but still rank this as a top concern for their communities.

The ongoing economic uncertainty appears to be affecting women more than men. Significantly more women than men – 31% vs 19% – say they're finding their financial situation difficult. Women's overall financial positivity has also declined significantly – from 44% in 2021 to 33% in 2022.¹³ A new survey reveals women's financial health is at a five-year low, and women are now spending significant time worrying about their finances.¹⁴ Meanwhile, 28% of lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity (LGBTQ+) youth reported experiencing homelessness or housing instability at some point in their lives.¹⁵ Compared to non-

¹⁰ <https://files.eric.ed.gov/fulltext/ED618012.pdf>

¹¹ Cate, C.A., Lyon, J.S., Schmeling, J., & Bogue, B.Y. (2017). National Veteran Education Success Tracker: A Report on the Academic Success of Student Veterans Using the Post-9/11 GI Bill. Student Veterans of America, Washington, D.C.; Shapiro, D., Dunder, A., Wakhungu, P.K., Yuan, X., Nathan, A., & Hwang, Y. (2015, November). Completing College: A National View of Student Attainment Rates – Fall 2009 Cohort (Signature Report No. 10). Herndon, VA: National Student Clearinghouse Research Center.

¹² <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.01375>

¹³ <https://reba.global/resource/how-the-cost-of-living-crisis-has-affected-financial-inequality-standard-life-report.html#:~:text=The%20ongoing%20economic%20uncertainty%20appears,2021%20to%2033%25%20in%202022.>

¹⁴ <https://www.forbes.com/sites/kimelsesser/2022/10/04/heres-why-women-are-worrying-about-money-more-than-men-according-to-new-survey/?sh=7c20dc714b5b>

¹⁵ <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>

LGBTQ+ people, LGBTQ+ people appear to be more likely to face housing unaffordability, are less likely to own their homes and are more likely to be renters and are more likely to be homeless.¹⁶



Hispanic/Latino/Latinx/Latine respondents were more concerned with ease of access to employment assistance and information than other demographic groups.

In 2022, the unemployment rate of Hispanic or Latin Americans decreased to 4.3% from 12.5% in 2010. The overall national unemployment rate was 3.6% in 2022.¹⁷ Despite the significant change between 2010 and 2022 at a national level, disparities remain a concern for members of this



Among individuals with disabilities, those with mental disabilities or multiple disabilities generally had greater concerns or lower sentiment scores in response to statements than their peers.

community in the Greater Mankato Area.

According to the Centers for Disease Control and Prevention, living in poverty, having less than a high school education, or being in the labor force, but looking for work, are each more common among adults who have a disability, even those with only one disability, compared with those with no disability. As the number of disability types increases from 1 to 4 or more, people in those groups are increasingly more likely to live in poverty, have less than a high school education, or if in the labor force, to be looking for work.¹⁸



All respondents, regardless of age group, shared concerns about the cost of housing and affordable housing accessibility. Respondents 22-50 years old were also concerned about the safety of students. Cost of college tuition was the most frequently noted concern by respondents 18-21 years old.

¹⁶ <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Housing-Apr-2020.pdf>

¹⁷ Bureau of Labor Statistics.

¹⁸ <https://www.cdc.gov/ncbddd/disabilityandhealth/features/keyfinding-adults-with-multiple-functional-disabilities.html>

In Minnesota, 536,000 households are cost burdened, meaning they pay more than 30% of their gross income on housing.¹⁹ This burden is a recognized issue and concern regardless of age group.

Respondents in the 22-50 age group are likely the parents of students, and safety of children is therefore likely a top concern for this demographic group. Surveys of students in schools indicate that views on school safety have declined year over year (2013-2022). There are many factors that can feed into this perception — a deteriorating school environment, for instance, but also concern over external threats like mass shootings.²⁰

College-age respondents (18-21) are concerned about tuition costs. Trends show the average annual resident undergraduate tuition and fees have risen faster than the consumer price index for most types of institutions in Minnesota.²¹ Increasing tuition costs may prevent students from pursuing a college degree. And for those that do pursue a degree, it often means shouldering a debt burden that lasts decades.

E. A Path Forward

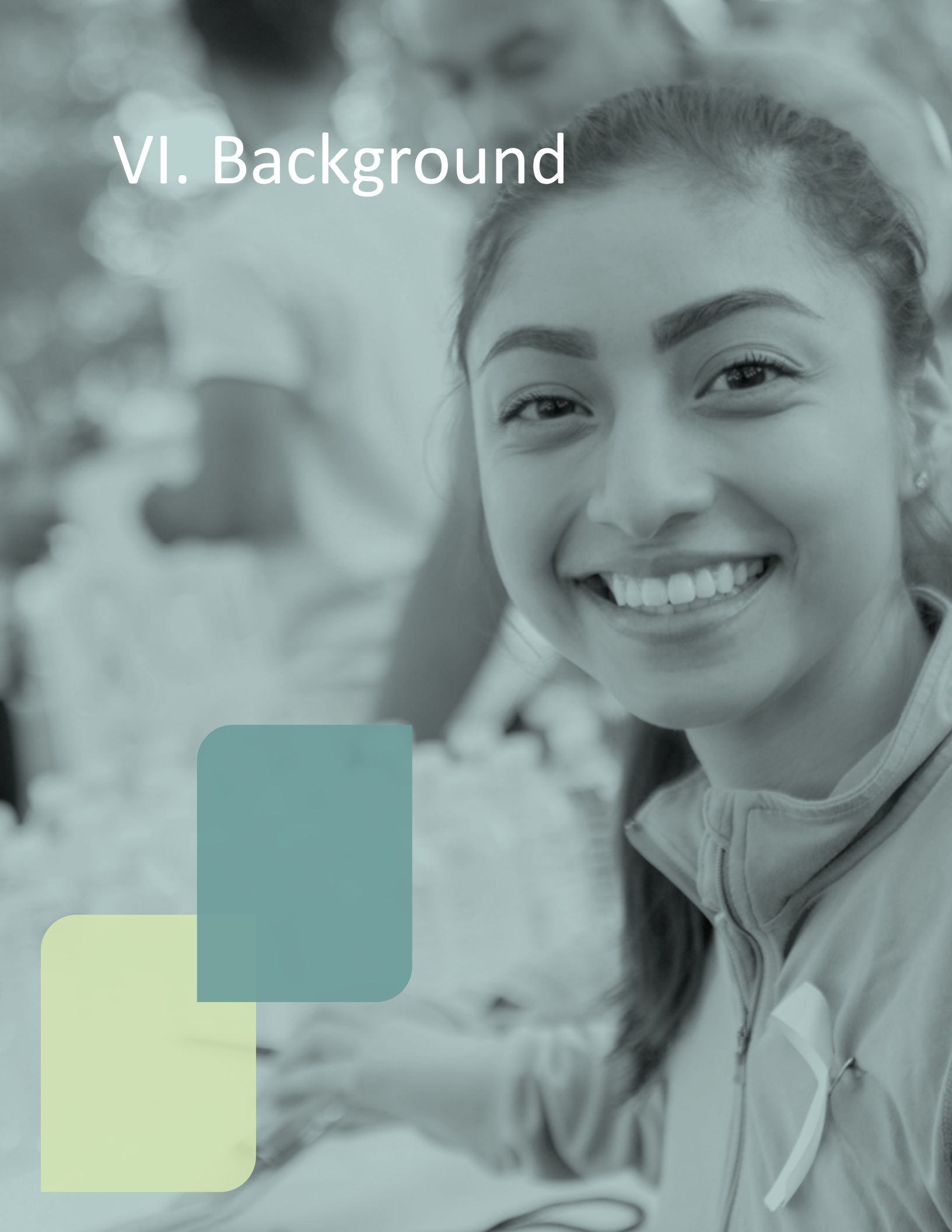
This study serves as an important resource as the Greater Mankato Community seeks to recognize and celebrate its strengths and identify ways to become more inclusive in direct response to community needs. The Greater Mankato Area excels in several categories, including Education and Safety, and often outperforms national or state data regarding positive perceptions of the community. However, survey respondents overwhelmingly indicated that Housing is a significant concern across multiple areas. This is a leaping off point for further research and actions to support Greater Mankato Area residents.

¹⁹ Minnesota Housing 2022-2023 Affordable Housing Plan.

²⁰ Minnesota Student Survey. <https://www.health.state.mn.us/data/mchs/surveys/mss/statewidetable.html>

²¹ Tuition & Fees Data. <https://www.ohe.state.mn.us/mPg.cfm?pageID=650>

VI. Background



A. Study Rationale

Given Greater Mankato's increasing population diversification, in 2021, twelve area organizations decided there was a need to design and execute a study on inclusivity. These twelve organizations ('the GMIS partners') knew for the area to live up to its potential, the concept of inclusivity must become a core community value. With that said, it was apparent to the GMIS partners that a valid and reliable research study was needed to establish the current state of inclusivity in the Greater Mankato Area. The GMIS partners' vision is that area organizations apply the study results in various ways to design and provide services and quality of life with an improved inclusive and equity lens.

The goal of providing inclusive and equitable services is nearly impossible if organizations only have anecdotal data from unreliable sources. Like many communities nationwide, this has historically been the case in Greater Mankato. Inclusive services require fully understanding diverse populations' needs, perspectives, and issues. Therefore, the GMIS study is paramount to setting the stage for understanding, outreach, and well-designed services that consider multiple perspectives. This study is the start of the partners and many other organizations making data-based decisions to design services that support a fulfilling, prosperous, shared future for all.

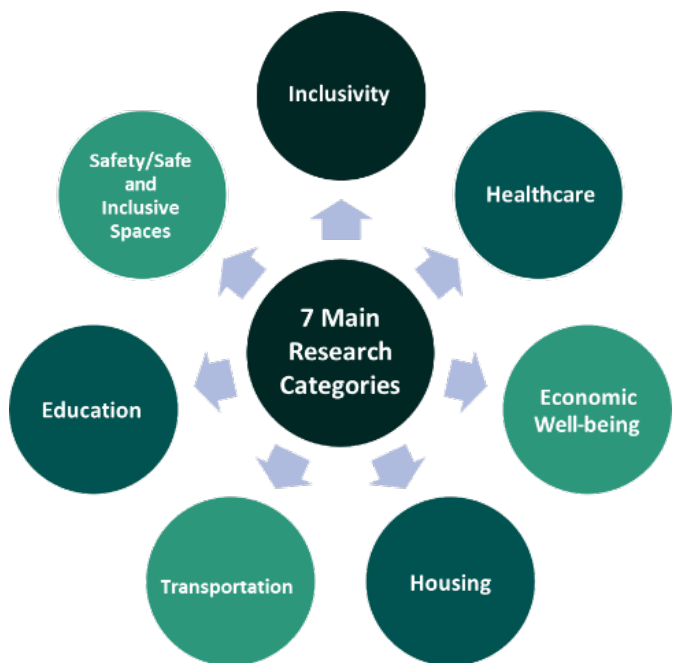
B. Study Objectives

Provide unbiased, valid, reliable, comprehensive feedback and research on the perspectives of a wide cross-section of Greater Mankato community members.

- Build a base of knowledge on inclusivity that can lead to deeper exploration.
- Ensure diverse groups of people's voices are included in the study.
- Provide a baseline with which to measure future inclusivity efforts.
- Create an understanding of the 7 Main Research Categories designated by the Greater Mankato community.

Organizations within Greater Mankato should use this report in various ways, including (though not limited to):

1. improving internal organizational diversity and inclusivity efforts;
2. addressing barriers to services discussed by communities in the study;
3. future planning and decision-making; and
4. as a baseline for measuring future inclusivity programs.



C. The Research Firm

IC Edge, a national diversity, equity, and inclusion consulting firm, conducted the study. The lead partner, Mankato Area Foundation, hired IC Edge to ensure every research step was done with an inclusive and equitable lens. IC Edge supplemented its knowledge of diversity, equity, and inclusion with experts in the field of community inclusivity research. Additional information on the Mankato Area Foundation and IC Edge is included in the Appendix.

D. Study Methodology and Scope

IC Edge designed the survey in close collaboration with the GMIS partners and based on the insights from the GMIS Investigative Phase. The survey was field-tested by 11 participants representing the partner organizations and finalized based on the feedback and additional conversations with the partners and other community leaders.

The survey included the Seven Main Research Categories identified by the community:

1. Inclusivity
2. Healthcare
3. Economic Well-being
4. Housing
5. Transportation
6. Education
7. Safety/Safe and Inclusive Spaces

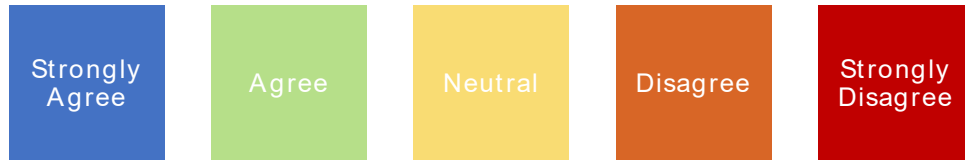
Each survey section included multiple-choice questions asking respondents to reflect on a specific theme in their community and a list of main concerns for their own household. In addition, each survey section included an open-ended question for additional comments on that section's theme. A complete list of the survey questions is available in the [Appendix](#).

IC Edge offered the survey in seven languages: Anuak, Arabic, English, Hmong, Nuer, Spanish, and Somali. The online version included all languages except Anuak and Hmong, provided as paper copies. The survey was open from September 22, 2022, to January 25, 2023. The survey was advertised in a variety of in-person community events as well as through various contact lists, newsletters, and social media accounts of partner organizations. The survey was also available through the Greater Mankato Inclusivity Study website.

The Greater Mankato Inclusivity Survey concluded with 1206 total responses, 1182 of which were complete, yielding a completion rate of 98% percent. Participants' responses were submitted in English, Arabic, Somali, and Spanish. The typical time to take the survey was slightly over 10 minutes.

When responding to a Likert scale, respondents specify their level of agreement or disagreement on a scale to a series of statements. This way, the range captures the intensity of the respondent's feelings for a given item. This scale is the most widely used approach to scaling responses in survey research.

FIGURE 1: LIKERT SCALE



Respondents were provided the option to skip or select a “prefer not to answer” response, to ensure the collection of as much data as possible, even if some respondents only provided partial submissions.

All open-ended comments were sorted into major themes and categorized under the Seven Main Research Categories.

E. Research Phases and Timing

Investigative Phase (February – May 2022)

IC Edge designed this crucial first phase to capture the voices of both **providers** of services to the community and **receivers** of services within the community. The IC Edge team started by interviewing the 12 partners (each of whom would fall into the 'provider' category) involved in the study. Through this work, the study design team identified potential gaps and blind spots that required further research. Simultaneously, the IC Edge team interviewed organizations and community leaders (20 people) involved in receiving and administering services. These local leaders provided rich information on recurring experiences, central concerns, bright spots, and opportunities within community services. IC Edge also reviewed previous reports and studies related to inclusivity.

Refined Methodology & Data Collection Phase (May – September 2022)

The information collected in the Investigative Phase from **providers** and those who **receive** community services supplied the data needed to identify the Seven Main Research Categories to build a questionnaire (survey). During this Phase, the need to translate the study into six additional languages beyond English was highlighted by all the partners and ICEdge. All partners tested the survey, adjusted it, and then deemed the study ready for administration. During this period, the team also decided to combine quantitative (surveying the entire Mankato area) and qualitative (focus groups that included thought leaders, community leaders, and other service providers) facets to produce the most complete and valuable research outcomes.

Survey Launch (September 2022 – January 2023)

The Mankato Area Foundation introduced the survey and made it available using various methods to ensure the GMIS invited and captured perspectives across the entire community, including marginalized communities that are often missed. The 12 partners also played a major role in this, using their connections to get the survey out, including physically attending key community events. The results were that the Mankato Area's many racial/ethnic groups are represented in the results.

Data Analysis and Final Report (February 2023 – May 2023)

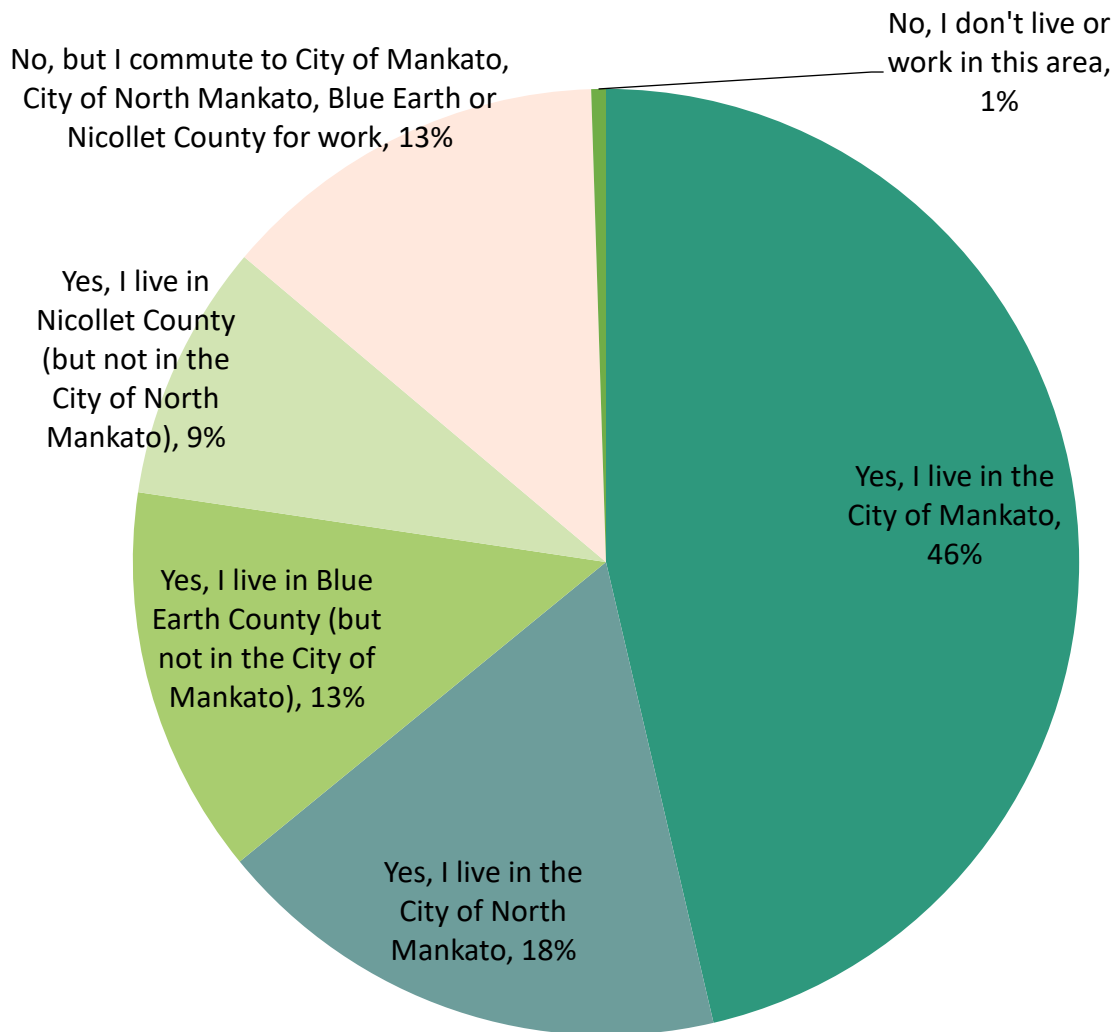
The IC Edge team closed the survey in January and began to analyze the responses. The Greater Mankato Inclusivity Survey concluded with 1206 total responses, 1182 of which were complete, yielding a completion rate of 98% percent. 1190 responses were submitted in English, Arabic, Somali, and Spanish. The typical time to take the survey was slightly over 10 minutes. This report contains the analysis, findings, and recommendations resulting from the review of survey data.

F. Key Demographics

Researchers monitored respondent data throughout the time the survey was open to ensure that a representative dataset was being collected and could be used to provide insight into the community and specific demographic groups.

Community organizations participating in this partnership effort specifically reached out to residents in the City of Mankato, City of North Mankato, Blue Earth County, Nicollet County, and other key areas to ensure the geographic diversity of respondents (Figure 2).

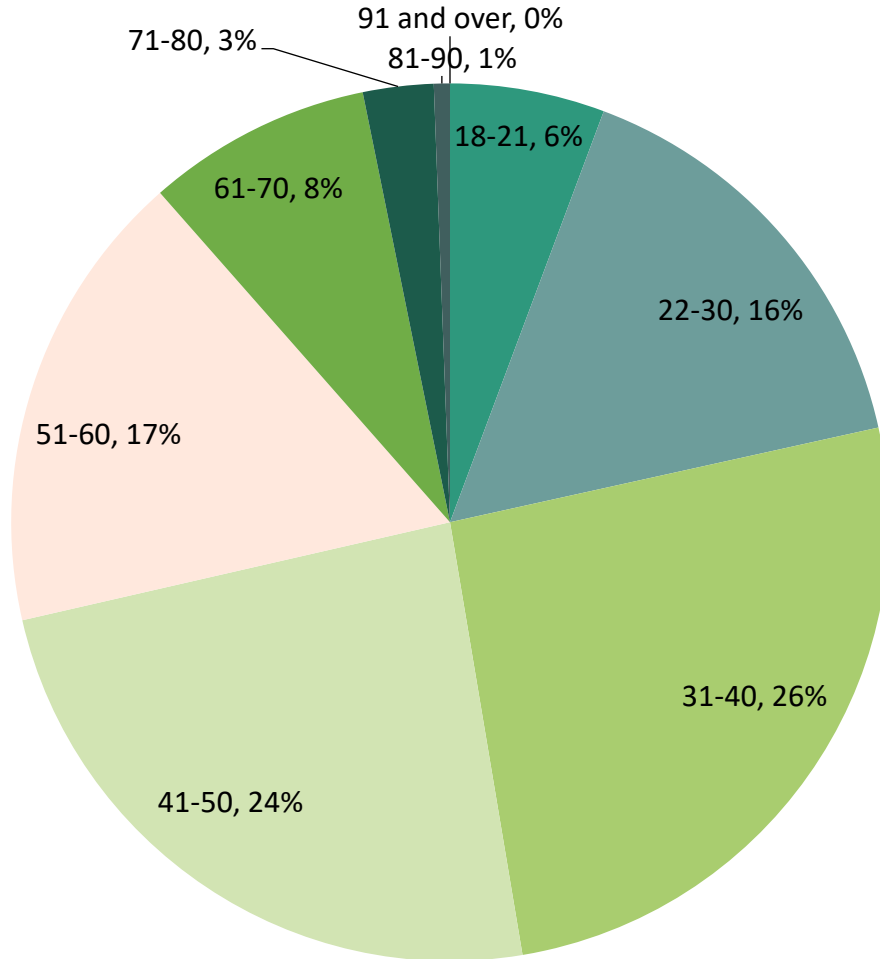
FIGURE 2: DEMOGRAPHICS OF RESPONDENTS - RESIDENCY



The survey also aimed to collect perception and experience information from a wide range of age groups (Figure 3). The only age group not represented in the survey is age 91 and over. This was

expected due to respondents utilizing the online collection format, as data shows that internet use declines significantly once individuals enter the 65+ age group.²² The survey was shared with individuals from all age groups, including a paper copy, to increase accessibility.

FIGURE 3: DEMOGRAPHICS OF RESPONDENTS: AGE



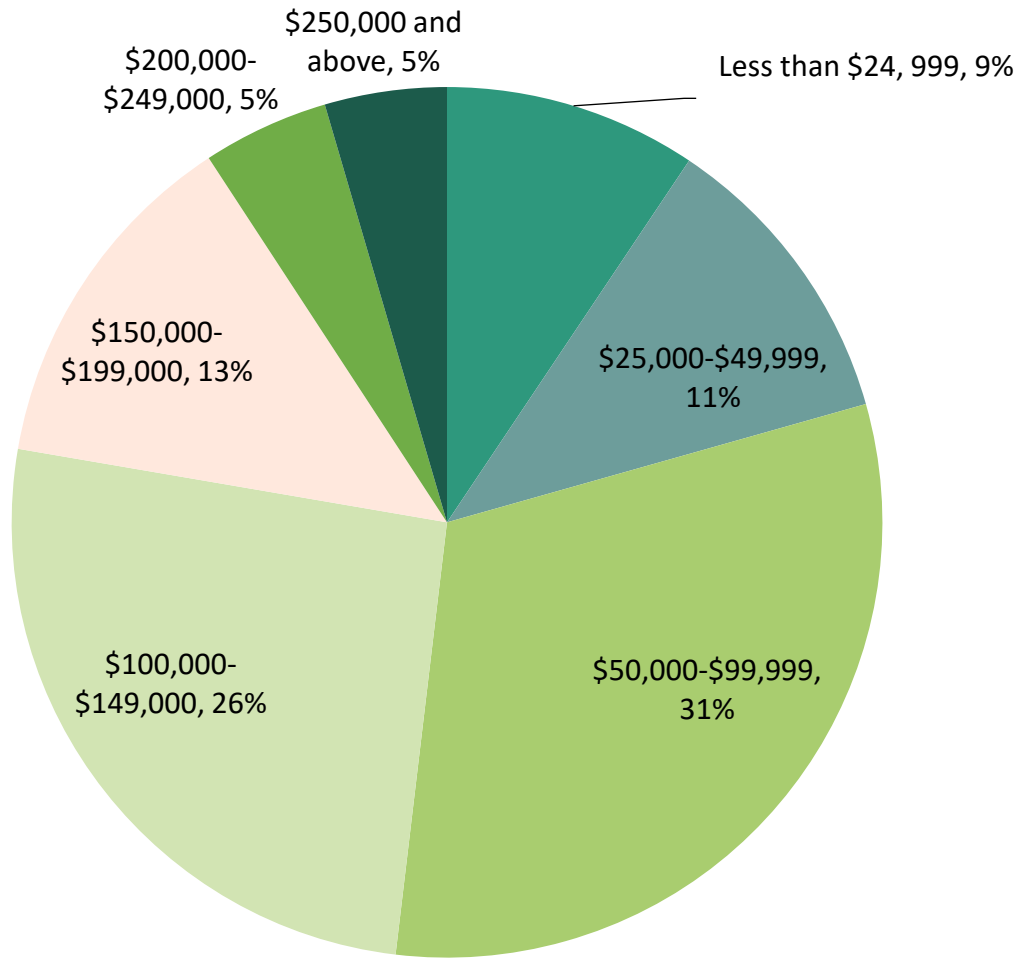
Income is fundamentally the money we receive for the work we do, or, in its purest form, what we get paid. It can determine the neighborhood we live in, the types of schools²³ we have access to, and

²² Surveys of U.S. adults conducted 2000-2021. Data for each year based on a pooled analysis of all surveys conducted during that year. <https://www.pewresearch.org/internet/chart/internet-use-by-age/>

²³ The Forgotten Dimension of Diversity <https://hbr.org/2021/01/the-forgotten-dimension-of-diversity>

what healthcare options we have.²⁴ Our income shapes our interactions with the criminal justice system, for instance, an accused's opportunity to hire and assemble the best defense team possible,²⁵ and determines what individuals' lives may look like in retirement or if they are able to retire at all. It is clearly more than just the money we receive for the work we do. For these reasons, the partners aimed to achieve diversity by income level to ensure responses could be viewed from a lens of potential economic concerns (Figure 4).

FIGURE 4: DEMOGRAPHICS OF RESPONDENTS: INCOME RANGE

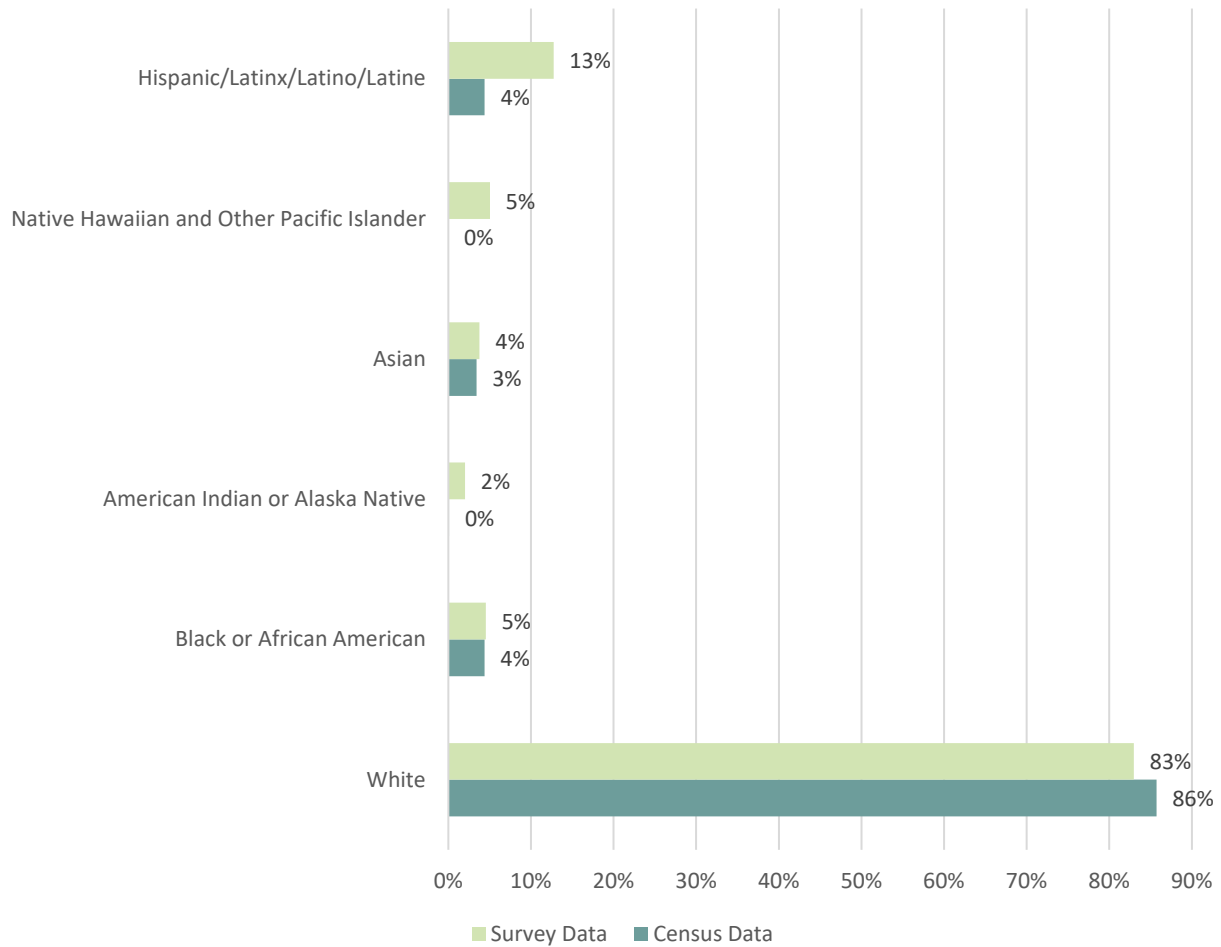


²⁴ DEI Toolkit: Income & Socioeconomic Status <https://www.aauw.org/resources/member/governance-tools/dei-toolkit/dimensions-of-diversity/income-ses/>

²⁵ <https://equaljusticeunderlaw.org/overview>

Race/ethnicity also impacts lived experience^{26 27} and perceptions,²⁸ making it imperative that the dataset include a racially diverse group of respondents. Figure 5 demonstrates that the survey successfully engaged all major demographic groups.

FIGURE 5: DEMOGRAPHICS OF RESPONDENTS: RACE/ETHNICITY



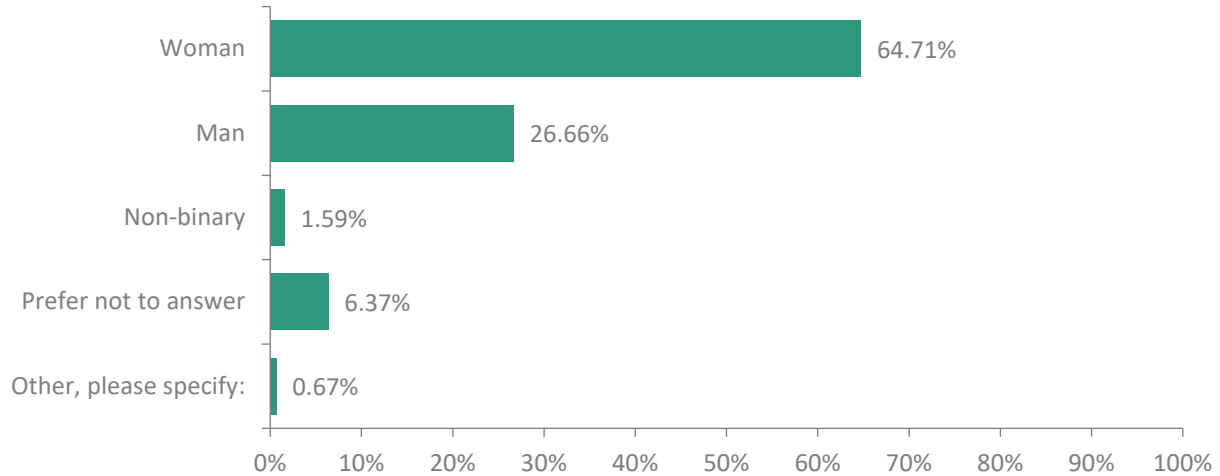
²⁶ Race as Lived Experience. <https://www.cambridge.org/core/journals/du-bois-review-social-science-research-on-race/article/abs/race-as-lived-experience/9D8678F3A8B573117BB3830097190952>

²⁷ Brian D. Smedley, 2012: The Lived Experience of Race and Its Health Consequences, American Journal of Public Health 102, 933-935, <https://doi.org/10.2105/AJPH.2011.300643>

²⁸ Martha L. Henderson, Francis T. Cullen, Liqun Cao, Sandra Lee Browning, Renee Kopache, The impact of race on perceptions of criminal injustice, Journal of Criminal Justice, Volume 25, Issue 6, 1997, Pages 447-462, ISSN 0047-2352, [https://doi.org/10.1016/S0047-2352\(97\)00032-9](https://doi.org/10.1016/S0047-2352(97)00032-9)

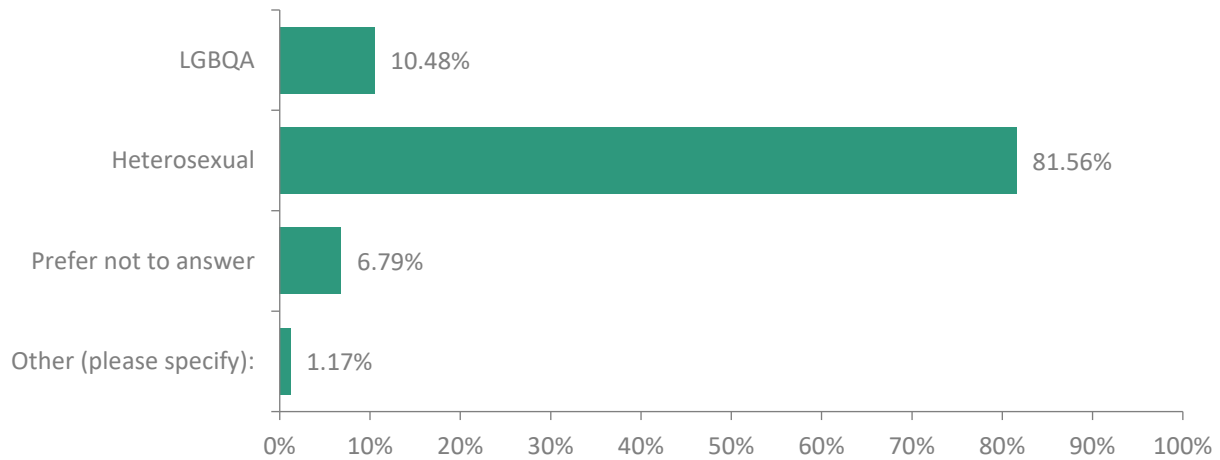
Survey respondents had the opportunity to identify as “woman,” “man,” “non-binary,” or “other.” A majority of respondents to the survey self-identified as “woman” (Figure 6). Female/woman-identifying individuals are more likely to respond to surveys than male/man-identifying individuals.²⁹ Throughout the report, respondents who selected “woman” are referred to as “female-identifying” and respondents who selected “man” are referred to as “male-identifying.”

FIGURE 6: DEMOGRAPHICS OF RESPONDENTS: GENDER IDENTITY



Approximately 4.1% of the population of Minnesota self-identifies as LGBTQ+.³⁰ Respondents to the survey represent more than double the population-wide statistics (Figure 7).

FIGURE 7: DEMOGRAPHICS OF RESPONDENTS: SEXUAL ORIENTATION

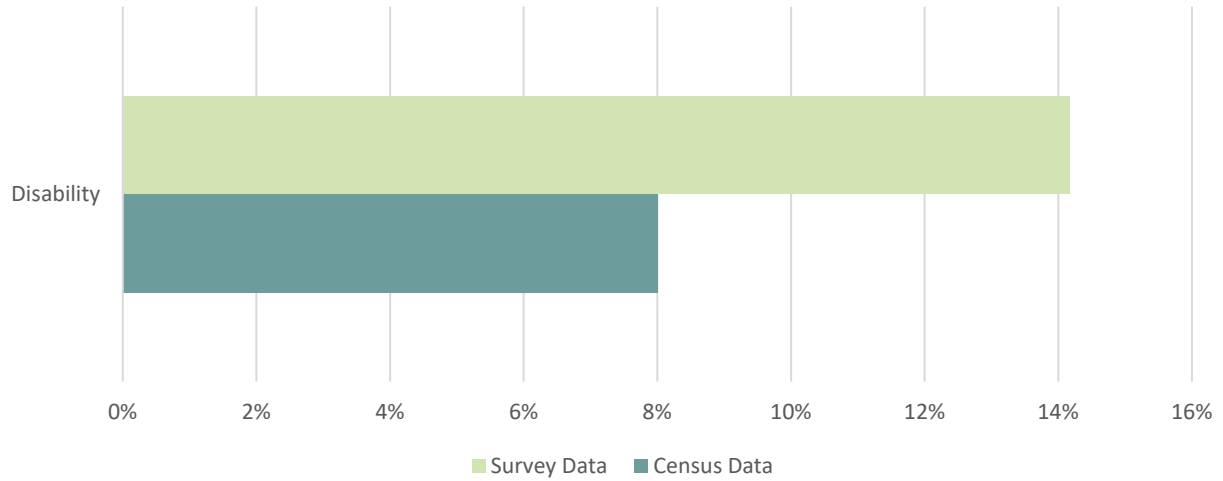


²⁹ Curtin et al 2000; Moore & Tarnai, 2002; Singer et al 2000

³⁰ UCLA Williams Institute. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=27#density>

The number of respondents who self-identified as having a disability was significantly higher than census data indicates for the area (Figure 8). This may be due to the multiple options presented in the survey (not limited to physical disability), comfort responding to an anonymous survey (compared to the government census), outreach performed by partner organizations, or other factors.

FIGURE 8: DEMOGRAPHICS OF RESPONDENTS: DISABILITY STATUS



VII. Findings & Recommendations



A. Overview

The Findings section describes what the researcher(s) found when they analyzed their data. Its primary purpose is to use the data collected to answer the research question(s) posed. Throughout the Findings, Agree and Strongly Agree responses have been combined to generate summary-level statistics. This allows us to understand community- and demographic-level responses to survey questions. Community-level responses indicate sentiment and perceptions of the general population, whereas splitting responses by demographic groups enables analysis of gaps or differences that may occur due to inequities.

In the subsequent pages you will be presented with information on the Top 10 and Lowest 10 scoring statements based on sentiment and community concerns. Following the Top 10 and Lowest 10, Findings are presented in greater detail by research category. Finally, recommendations to address identified gaps are provided.

This report does not imply that any one partner/organization is responsible for implementing recommendations or addressing an issue identified by the community in this survey. Potential actions are high-level and should be reviewed by relevant community organizations to determine scope, timing, resources, feasibility, etc. Ideally, future programs and initiatives will be informed by the information in the findings of this report to ensure greater outcomes for the community.



Community-Level Responses Top 10

Community-level responses indicate that the Greater Mankato area is excelling in several perception areas (Table 1). In particular, respondents indicated that their communities offer quality higher education/post-secondary options, and they feel safe living in the Greater Mankato area. However, within the Top 10 scoring statements, there are opportunities for improvement. Most notably, there is a significant decrease in the percentage of respondents who agreed or strongly agreed with statements after the top two (“My community offers quality higher education/post-secondary options” and “It is safe to live in the Greater Mankato area,” 81% and 76%, respectively).

TABLE 1: COMMUNITY-LEVEL TOP 10: HOW YOU FEEL ABOUT YOUR COMMUNITY³¹

Statement	Agree/Strongly Agree	Category
My community offers quality higher education/post-secondary options.	81%	Education
It is safe to live in the Greater Mankato area.	76%	Safety
My community offers quality K-12 education to all residents.	67%	Education
This community offers quality healthcare options for all.	64%	Health
It is easy to find a job in this community.	62%	Economic
There are enough quality jobs in this area.	57%	Economic
My community values diversity.	57%	Inclusivity
All community members have access to safe places for recreation and exercise.	57%	Safety
My community offers quality preschool options.	56%	Education
All safety concerns are taken seriously by relevant authorities.	50%	Safety

³¹ Complete table is available in Appendix.

When reviewing the Top 10 responses by demographic group, there is an alignment between marginalized communities and overall survey respondent data. Most statements from the demographic group breakdown are reflected in the Top 10 community-level data.

TABLE 2: STRENGTHS: HOW YOU FEEL ABOUT YOUR COMMUNITY BY DEMOGRAPHIC GROUP

Demographic	Statement	In Top 10 Community-Level	Agree/ Strongly Agree	Category
American Indian/Alaska Native	All community members have access to safe places for recreation and exercise.	Yes	80%	Safety
Black or African American	My community offers quality higher education/post-secondary options.	Yes	68%	Education
Native Hawaiian or Pacific Islander	All community members have access to safe places for recreation and exercise.	Yes	100%	Safety
Asian	This community offers quality healthcare options for all.	Yes	81%	Healthcare
Multi-Race	It is safe to live in the Greater Mankato area.	Yes	79%	Safety
White	My community offers quality higher education/post-secondary options.	Yes	82%	Education
Hispanic/Latino Latinx/Latine	My community offers quality higher education/post-secondary options.	Yes	82%	Education
Women	My community offers quality higher education/post-secondary options.	Yes	80%	Education
Non-Binary	My community offers quality higher education/post-secondary options.	Yes	68%	Education
Individuals with a Disability	My community offers quality higher education/post-secondary options.	Yes	72%	Education
LGBTQ+	My community offers quality higher education/post-secondary options.	Yes	79%	Education

Demographic	Statement	In Top 10 Community-Level	Agree/Strongly Agree	Category
Veterans	My community offers quality higher education/post-secondary options.	Yes	82%	Education
18-21 (College-Age)	My community offers quality higher education/post-secondary options.	Yes	77%	Education
22-50 (Primary Working Years)	My community offers quality higher education/post-secondary options.	Yes	79%	Education
51+ (End of Career/Retirement)	My community offers quality higher education/post-secondary options.	Yes	85%	Education

Community-Level Responses Lowest 10

Reviewing the lowest-scoring Likert scale responses identifies the following as the “Lowest 10” at the community-level (Table 3). Several Housing-related statements scored lowest, indicating that access and associated services should be a concern for community organizations serving the Greater Mankato area.

TABLE 3: COMMUNITY-LEVEL LOWEST 10: GREATEST OPPORTUNITIES FOR IMPROVEMENT REGARDING COMMUNITY SENTIMENT³²

Statement	Agree/Strongly Agree Percentage	Category
Information and resources on mental health are easy to find.	37%	Health
Information and resources on substance use assistance are easy to find.	36%	Health
People from diverse communities and identities feel included in this community and their social needs are met.	35%	Inclusivity
Wages and salaries in this area meet the cost of living.	34%	Economic
Transportation assistance is easy to find.	33%	Transportation
Bias, discrimination, or exclusion are rare in this community.	31%	Inclusivity
Community members have equal access to mortgage, insurance, and loan services.	31%	Housing
Housing services and assistance are easy to find.	28%	Housing
Real estate agents treat all community members equally in showing neighborhoods and options.	27%	Housing
This community offers enough quality and affordable housing.	27%	Housing

³² Complete table is available in the Appendix.

When reviewing the “Lowest 10” by demographic group, there is general alignment between marginalized communities and overall survey respondent data. However, two demographic groups (American Indian/Alaska Native and Age 18-21) have identified items not in the community-level concerns Lowest 10.

TABLE 4: GREATEST OPPORTUNITIES FOR IMPROVEMENT: HOW YOU FEEL ABOUT YOUR COMMUNITY BY DEMOGRAPHIC GROUP

Demographic	Statement	In Lowest 10 Community-Level	Agree/ Strongly Agree	Category
American Indian/Alaska Native	There are enough quality jobs in this area.	No	30%	Economic
Black or African American	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	20%	Housing
Native Hawaiian or Pacific Islander	Transportation assistance is easy to find.	Yes	95%	Transportation
Asian	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	33%	Housing
Multi-Race	People from diverse communities and identities feel included in this community and their social needs are met.	Yes	8%	Inclusivity
White	This community offers enough quality and affordable housing.	Yes	23%	Housing
Hispanic/Latino Latinx/Latine	Employment assistance and information are easy to find.	No	58%	Economic
Women	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	18%	Housing
Non-Binary	Bias, discrimination, or exclusion are rare in this community.	Yes	5%	Inclusivity
Individuals with a Disability	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	22%	Housing
LGBTQ+	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	16%	Housing

Demographic	Statement	In Lowest 10 Community-Level	Agree/ Strongly Agree	Category
Veterans	Housing services and assistance are easy to find.	Yes	39%	Housing
18-21 (College-Age)	Real estate agents treat all community members equally in showing neighborhoods and options.	Yes	27%	Housing
22-50 (Primary Working Years)	Housing services and assistance are easy to find.	Yes	29%	Housing
51+ (End of Career/ Retirement)	This community offers enough quality and affordable housing.	Yes	20%	Housing

Respondents were provided with a multi-select option to identify primary concerns for themselves and those in their household across each research category. The Top 10 respondent concerns included economic, safety, housing, healthcare, education, and inclusivity. Transportation is the only research category not referenced in the Top 10 concerns at a community level.

TABLE 5: COMMUNITY-LEVEL TOP 10: RESPONDENT CONCERNS³³

Response	Percentage of Primary Concern	Category
Cost of living	24%	Economic
Safety of students at school and university settings	22%	Safety
Lack of affordable housing options	22%	Housing
Affordability	16%	Healthcare
Cost of college tuition	16%	Education
Lack of diversity in leadership roles	15%	Inclusivity
Mental health (anxiety, stress, depression)	15%	Healthcare
Equitable pay	15%	Economic
Inclusivity - Bias and discrimination	14%	Inclusivity
Concerns about safety - Bias and discrimination in my community	14%	Safety

³³ Complete table is available in the Appendix.

When reviewing the “Top 10” CONCERNS: demographic group, there is general alignment between marginalized communities and overall survey respondent data. However, some demographic groups identified items not in the community Top 10.

TABLE 6: GREATEST CONCERN BY DEMOGRAPHIC GROUP: HOW YOU FEEL ABOUT YOUR COMMUNITY³⁴

Demographic	Statement	In Top 10 Community-Level	Percent Selected	Category
American Indian/Alaska Native	Condition of property	No	30%	Housing
Black or African American	Concerns about Safety - Bias and discrimination in my community	Yes	21%	Safety
Native Hawaiian or Pacific Islander	Safety of students at school and university settings	Yes	23%	Safety
Asian	Public transportation routes and hours of operations	No	24%	Transportation
Multi-Race	Lack of affordable housing options	Yes	27%	Housing
White	Cost of living	Yes	25%	Housing
Hispanic/Latino Latinx/Latine	Lack of affordable housing options	Yes	20%	Housing
Women	Cost of living	Yes	24%	Housing
Non-Binary	Cost of living	Yes	23%	Housing
Individuals with a Disability	Lack of affordable housing options	Yes	21%	Housing
LGBTQ+	Lack of affordable housing options	Yes	23%	Housing
Veterans	Lack of affordable housing options	Yes	21%	Housing
18-21 (College-Age)	Cost of college tuition	Yes	24%	Education
22-50 (Primary Working Years) ³⁵	Cost of living	Yes	23%	Housing
	Safety of students at school and university settings	Yes	23%	Safety
51+ (End of Career/Retirement)	Lack of affordable housing options	Yes	25%	Housing

³⁴ Full table in Appendix.

³⁵ Multiple items received the same response rate; they are both included in this table.

B. Findings

This section of the report is divided into seven sub-sections aligned with the Seven Main Research Categories. In each section, the following information is presented:

FIGURE 9: FINDINGS STRUCTURE



By segmenting the collected data in this manner, organizations will be able to utilize data aligned with the services they provide to better serve the community. The Appendix contains additional information on community-level sentiments and concerns and demographic-level sentiments and concerns.



Research Category 1: Inclusivity

Welcoming and inclusive communities offer services in ways that are appropriate to meet the needs of all residents. They create opportunities for members to share their voices. They cultivate mutual respect as they strive to engage people. They acknowledge the injustice of the past and present so that they can move forward with the benefits of everyone’s strengths.

Community-Level Inclusivity Sentiments and Concerns

Inclusivity represents a significant opportunity for improvement in Greater Mankato. Less than 60% of respondents agreed or strongly agreed with 5 of 6 statements about inclusivity in the survey. Additionally, only 31% of respondents agreed that bias, discrimination, or exclusion are rare in the Greater Mankato community.

TABLE 7: COMMUNITY-LEVEL SENTIMENT ABOUT INCLUSIVITY

Statement	Agree and Strongly Agree Percentage
My community values diversity.	57%
My community is inclusive for all.	46%
All community members have access to a place of worship that meets their needs.	46%
People in this community receive fair and respectful treatment by the law enforcement/justice system.	44%
People from diverse communities and identities feel included in this community, and their social needs are met.	35%
Bias, discrimination, or exclusion are rare in this community.	31%

When asked to identify their top concerns about inclusivity, responses were quite divergent among community members. This indicates that negative sentiments about inclusivity in the Greater Mankato community stem from varying sources/factors. The most frequent concern selected about inclusivity among community members was a lack of diversity in leadership roles.

TABLE 8: COMMUNITY-LEVEL CONCERNS ABOUT INCLUSIVITY

Response	Percentage
Lack of diversity in leadership roles	15%
Inclusivity - Bias and discrimination	14%
I do not have any inclusivity concerns	12%
Accessibility to people of all abilities of products, services, and facilities	12%
Lack of education and training on DEI for the public	12%
Lack of knowledge about DEI among employers and organizational leadership	11%
Access to internet and technology	8%
Access to services and amenities that represent my identity, culture, and religion	6%
Access to gender-neutral bathrooms	5%
Access to translation services/information and signage in languages other than English	5%

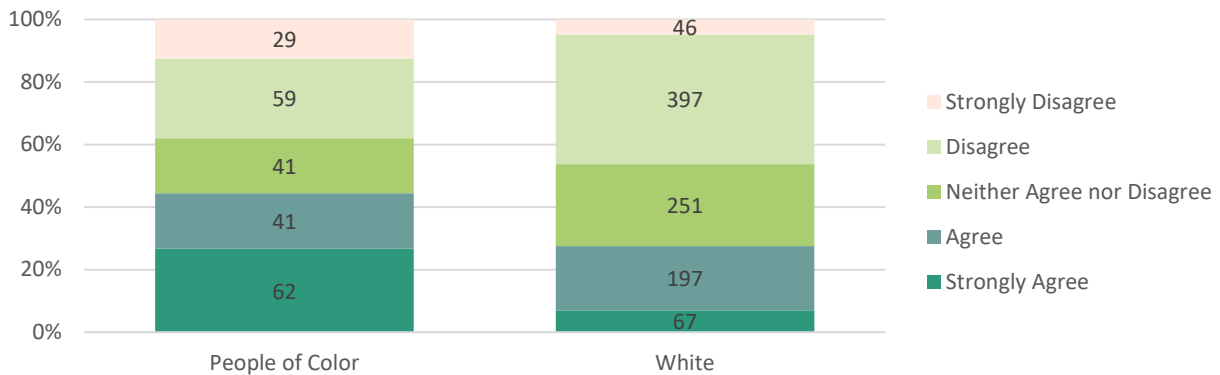
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- The status of inclusivity: some positive changes and more needs to be done
- A wider understanding of inclusivity to include age, gender, sexual orientation, political views, class and income, weight/health, and more
- We say we value inclusivity and diversity, but we don't act this way
- Racism, bias, and discrimination in the community
- Greater accessibility, representation, employment, housing, and transportation options for people with disabilities
- DEI efforts in the community and within organizational leadership circles often fall short
- DEI and inclusivity are not supported by everyone in the community, some feel it discriminates against majority culture, Christian values, conservative views
- Livability and inclusivity: better and more diverse cultural, religious amenities and events
- Better, less expensive internet options for rural, low-income residents

Demographic Analysis of Lowest-Scoring Inclusivity Sentiment

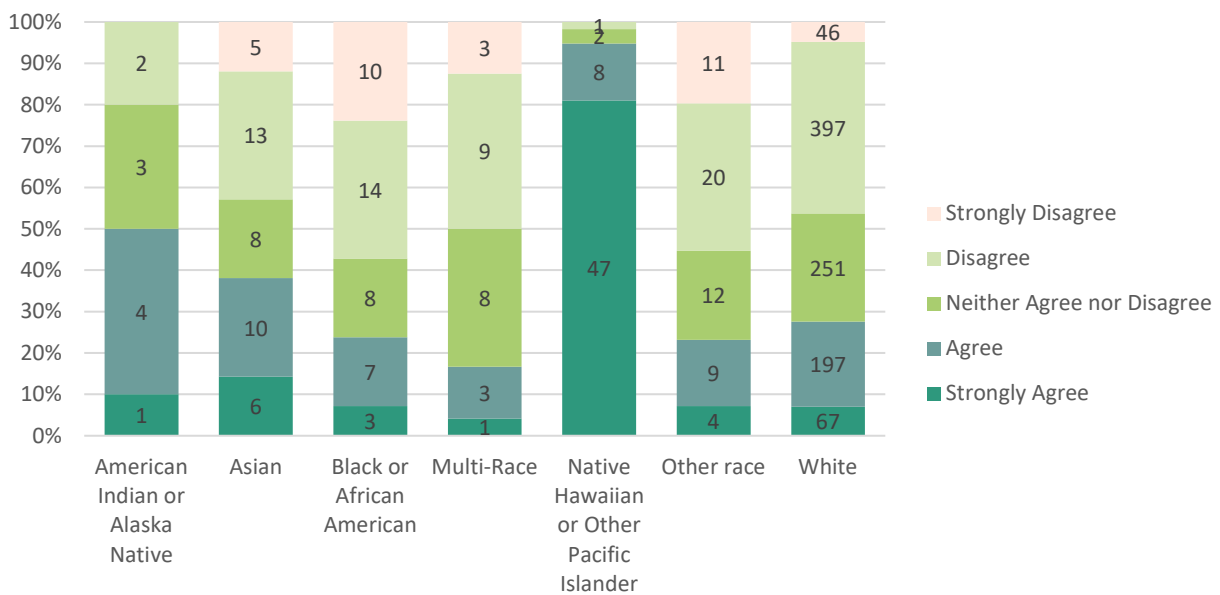
The lowest-scoring inclusivity statement was “bias, discrimination, or exclusion are rare in this community.” (31% agreed or strongly agreed). When this data is segmented by race/ethnicity, we find that a greater percentage of People of Color-identifying respondents agreed when compared to White-identifying respondents.

FIGURE 10: LOWEST-SCORING INCLUSIVITY SENTIMENT: RACE/ETHNICITY (CONDENSED)



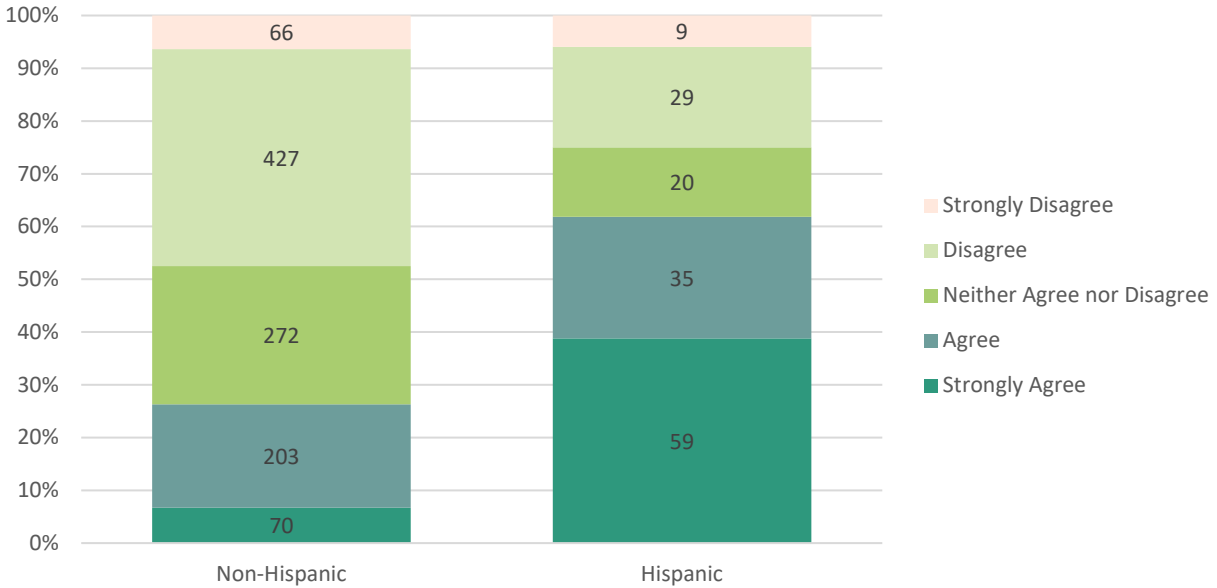
Further segmentation shows that Multi-Race, Other Race, and Black-identifying respondents had the fewest positive responses to the statement that bias, discrimination, or exclusion are rare in this community.

FIGURE 11: LOWEST-SCORING INCLUSIVITY SENTIMENT: RACE/ETHNICITY



Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) more frequently stated that bias, discrimination, or exclusion are rare in this community.

FIGURE 12: LOWEST-SCORING INCLUSIVITY SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



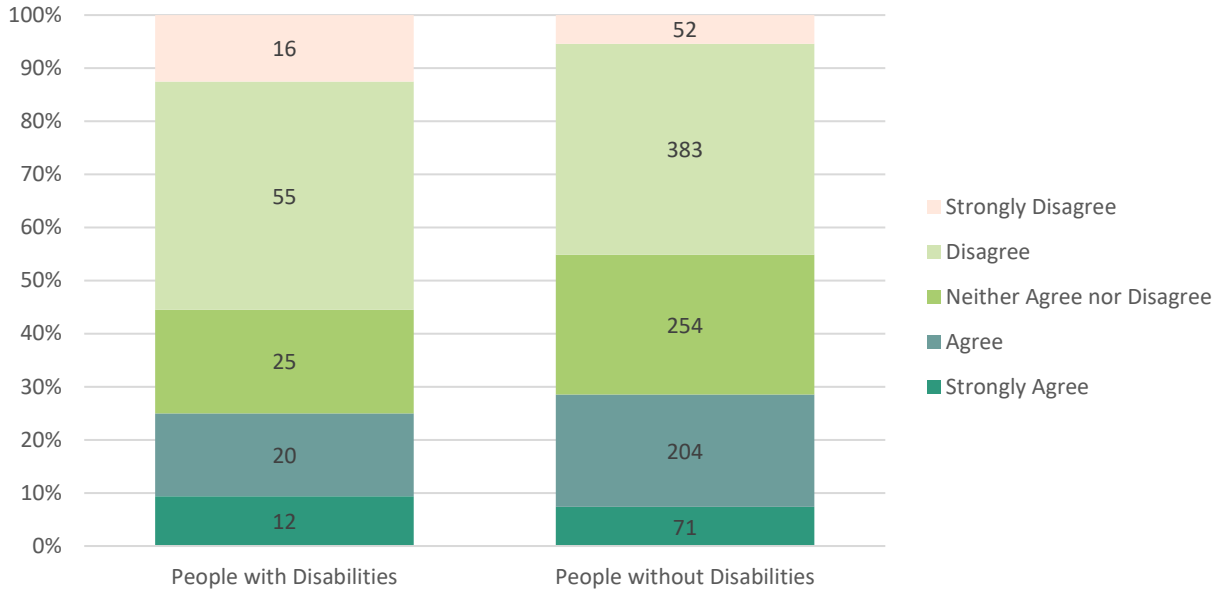
Non-binary and female-identifying respondents were less likely to agree that bias, discrimination, or exclusion are rare in this community.

FIGURE 13: LOWEST-SCORING INCLUSIVITY SENTIMENT: GENDER IDENTITY



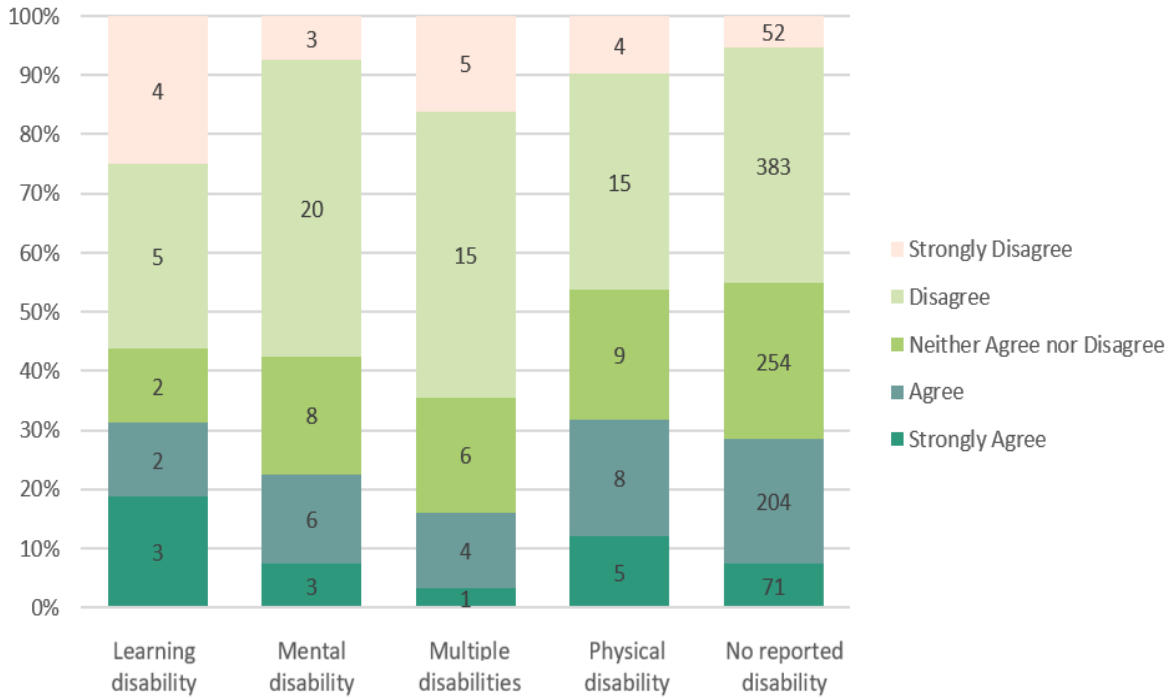
Individuals with disabilities were less likely to agree that bias, discrimination, or exclusion are rare in this community.

FIGURE 14: LOWEST-SCORING INCLUSIVITY SENTIMENT: DISABILITY STATUS (CONDENSED)



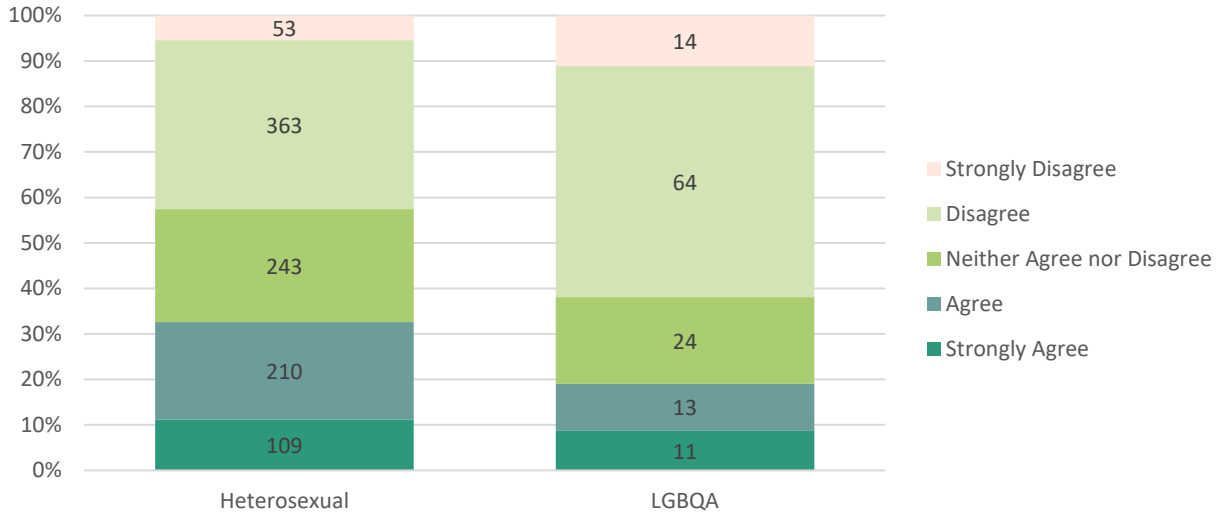
Further segmentation of the data shows that individuals with multiple disabilities were the least likely to agree with the statement that bias, discrimination, or exclusion are rare in this community.

FIGURE 15: LOWEST-SCORING INCLUSIVITY SENTIMENT: DISABILITY STATUS



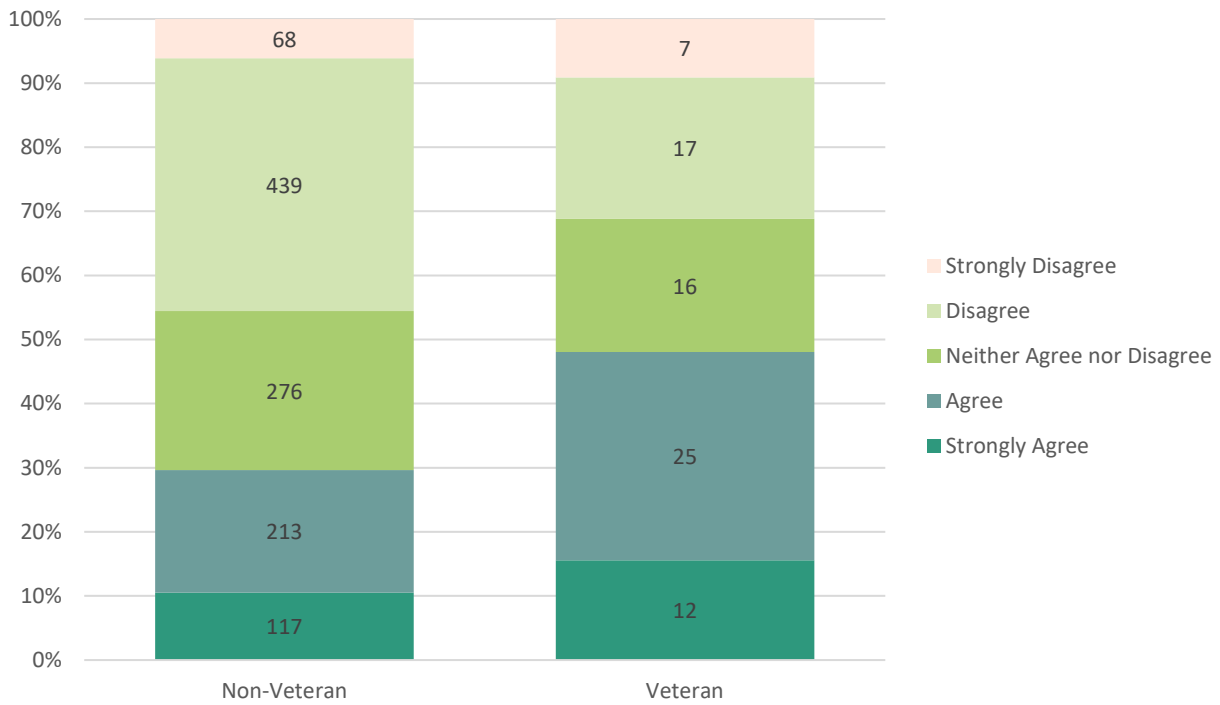
Heterosexual-identifying respondents were more likely to agree that bias, discrimination, or exclusion are rare in this community.

FIGURE 16: LOWEST-SCORING INCLUSIVITY SENTIMENT: SEXUAL ORIENTATION



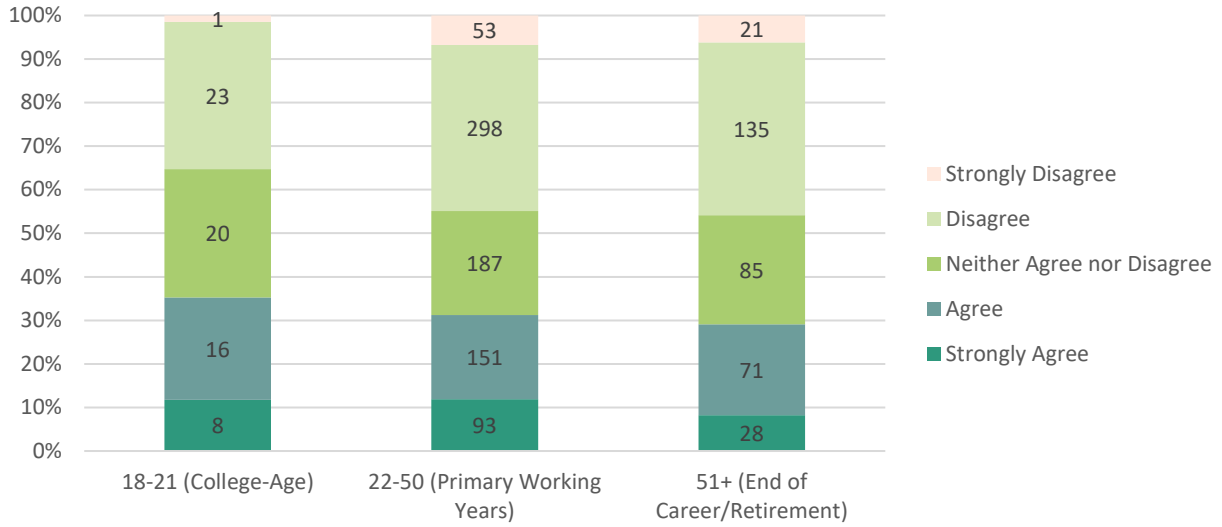
Veteran-identifying respondents were more likely to agree that bias, discrimination, or exclusion are rare in this community.

FIGURE 17: LOWEST-SCORING INCLUSIVITY SENTIMENT: VETERAN STATUS



Respondents age 22-51+ more frequently disagreed that bias, discrimination, or exclusion are rare in this community.

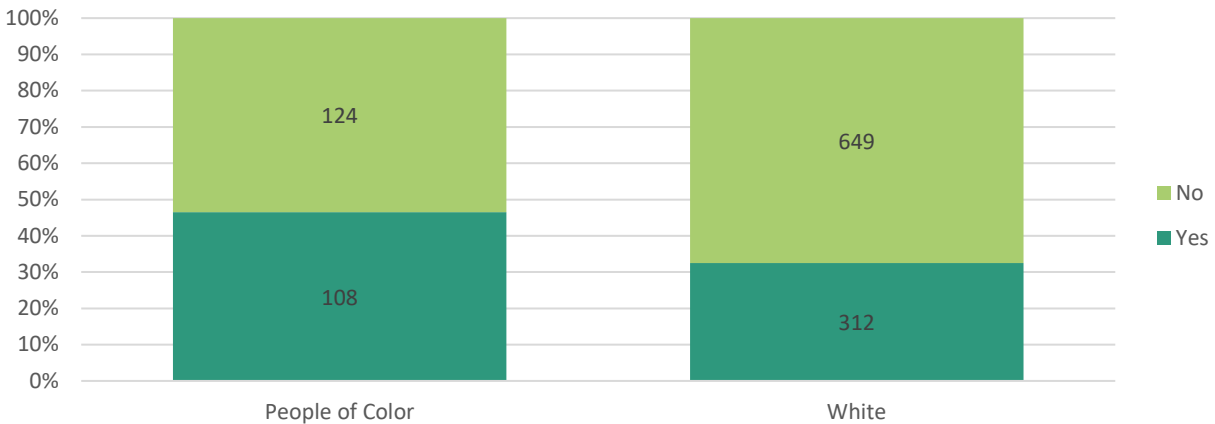
FIGURE 18: LOWEST-SCORING INCLUSIVITY SENTIMENT: AGE GROUP



Demographic Analysis of Top Inclusivity Concern³⁶

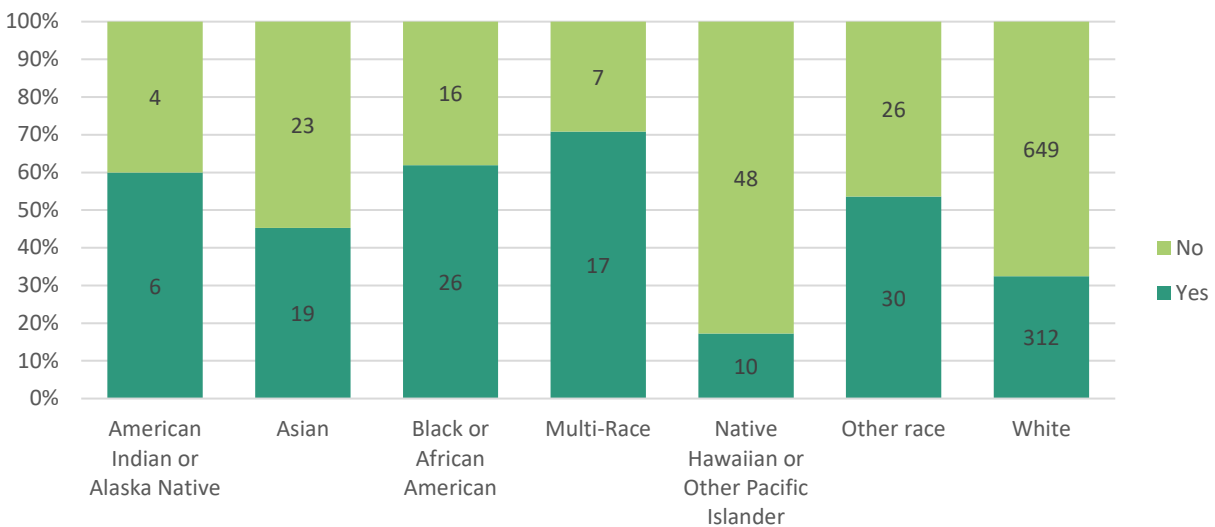
The most frequently selected inclusivity concern in the survey was the lack of diversity in leadership roles (15%). When this data is segmented by race/ethnicity, data shows that People of Color more frequently identified this item as an inclusivity concern.

FIGURE 19: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmentation of the data reveals that Multi-Race, Black, American Indian, and Other Race-identifying respondents most frequently cited lack of diversity in leadership roles as a concern.

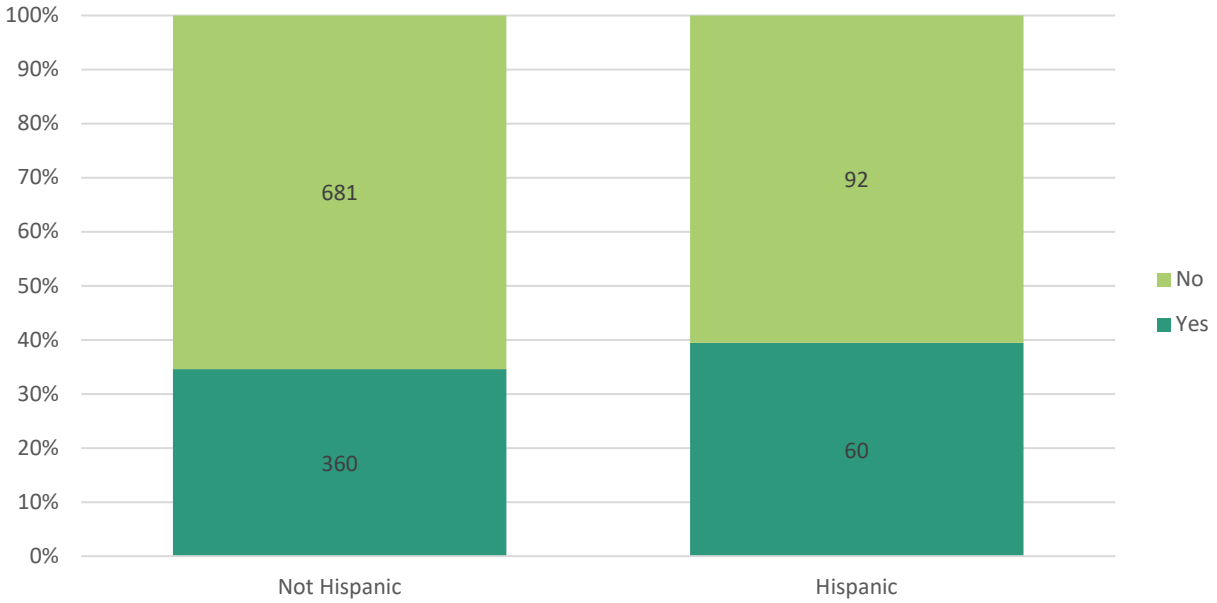
FIGURE 20: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: RACE/ETHNICITY



³⁶ Additional demographic analysis is available in the Appendix.

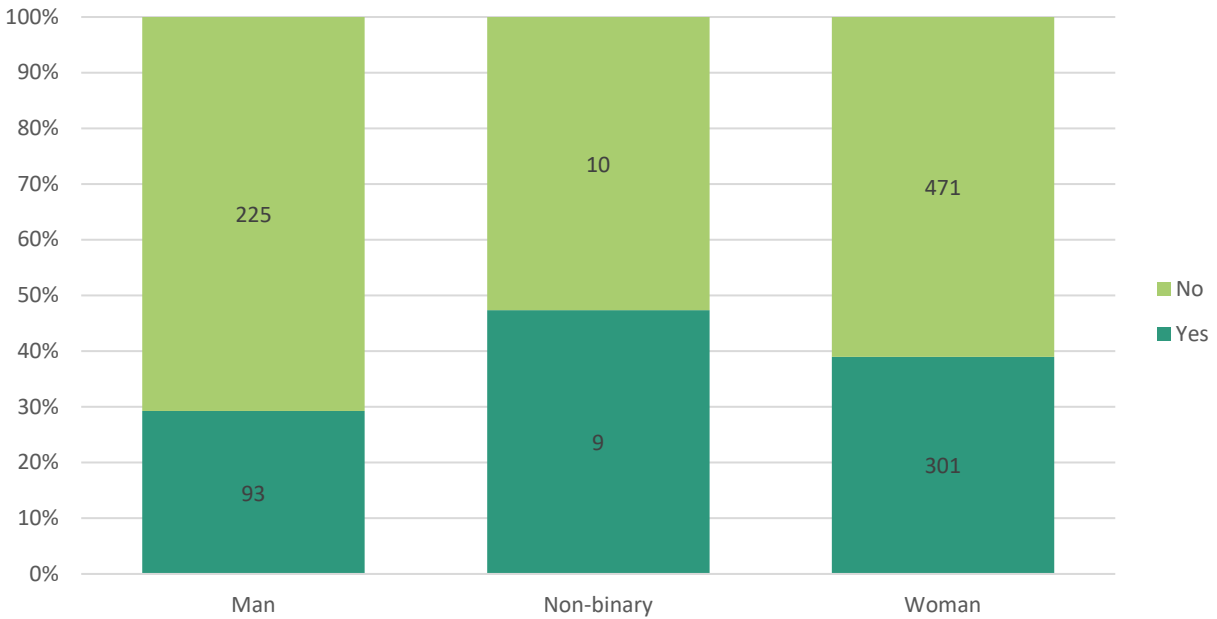
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were slightly more likely to identify a lack of diversity in leadership roles as a concern.

FIGURE 21: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: HISPANIC/LATINO/LATINX/LATINE



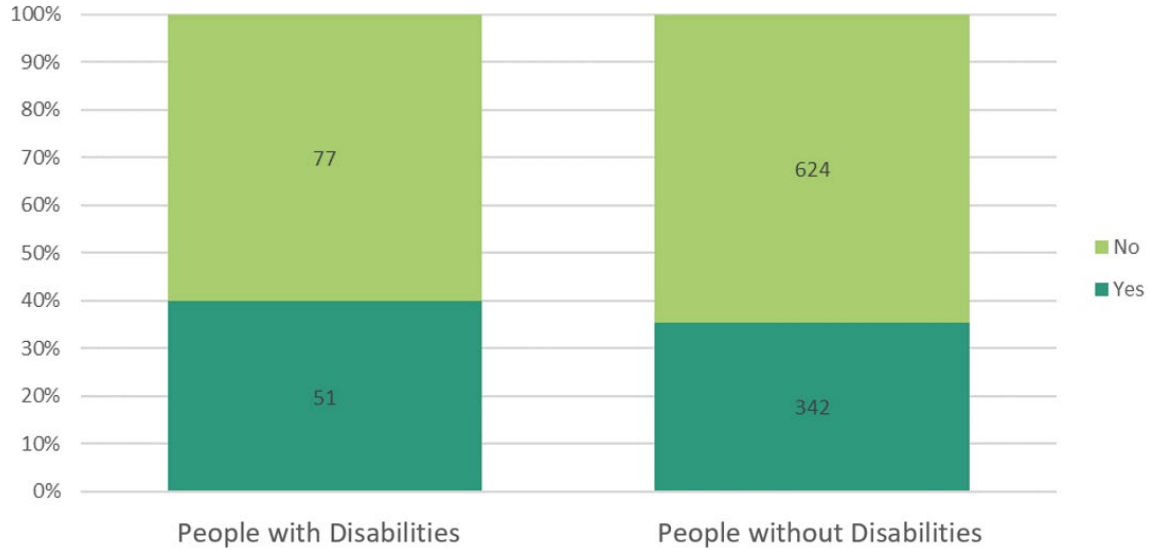
Non-binary and female-identifying respondents were more likely to identify a lack of diversity in leadership roles as a concern.

FIGURE 22: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: GENDER IDENTITY



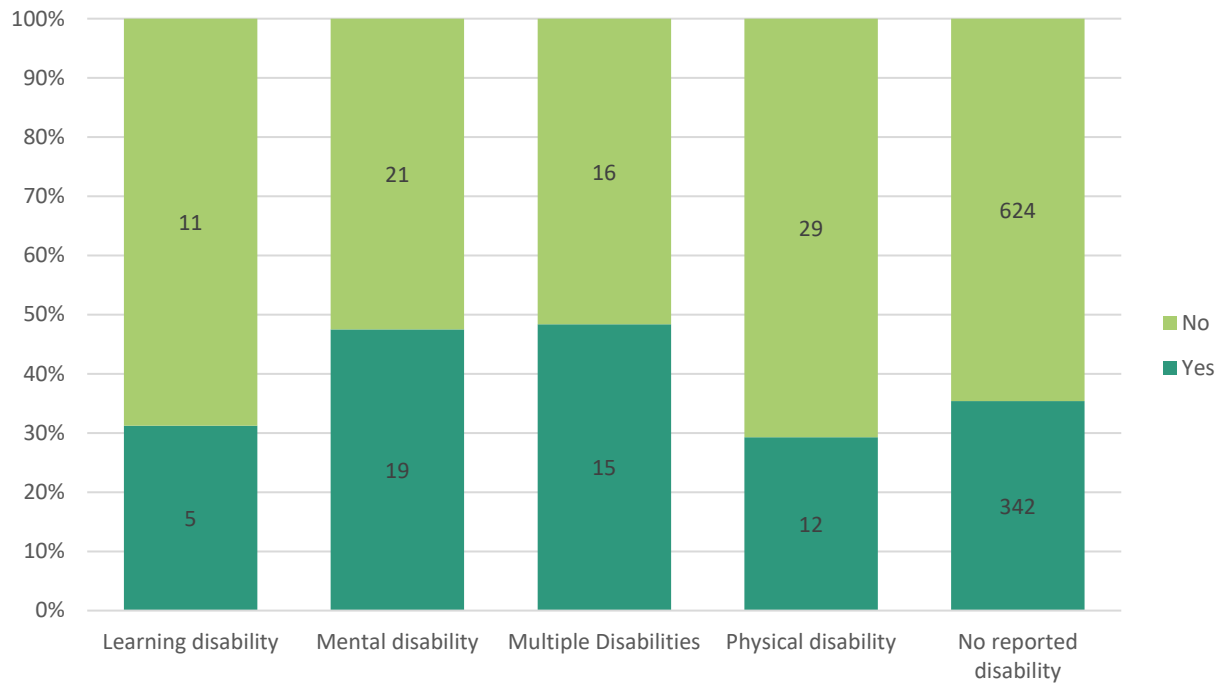
Individuals with a disability were more likely to identify a lack of diversity in leadership roles as a concern.

FIGURE 23: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: DISABILITY STATUS (CONDENSED)



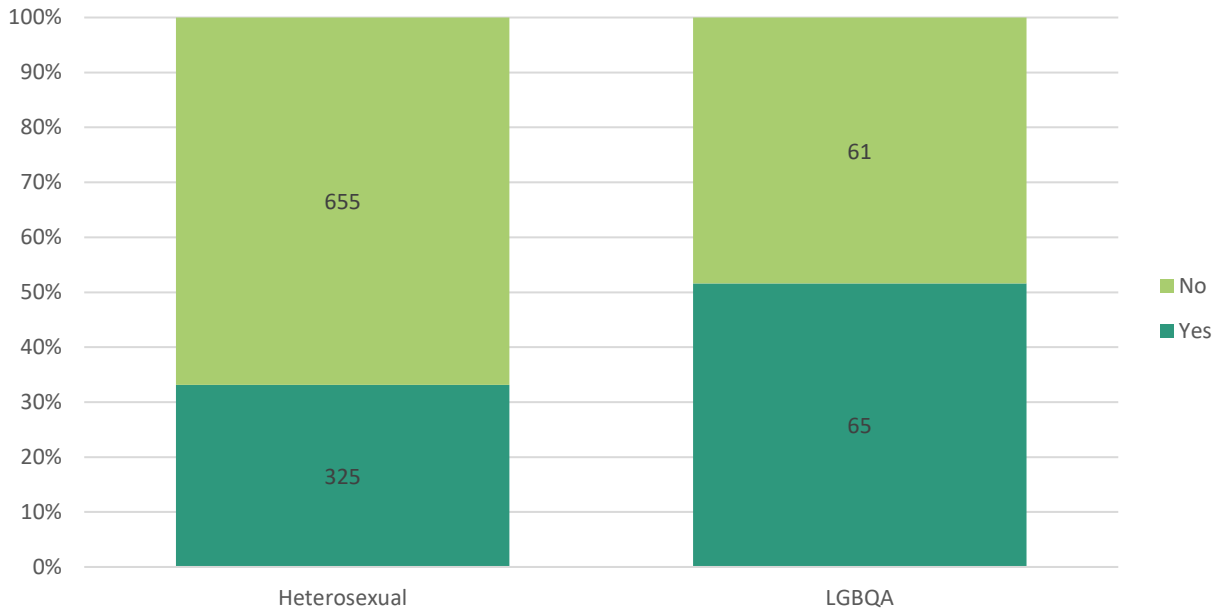
Further segmentation of this data shows that individuals with multiple disabilities and mental disabilities most frequently identified lack of diversity in leadership roles as a concern.

FIGURE 24: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: DISABILITY STATUS



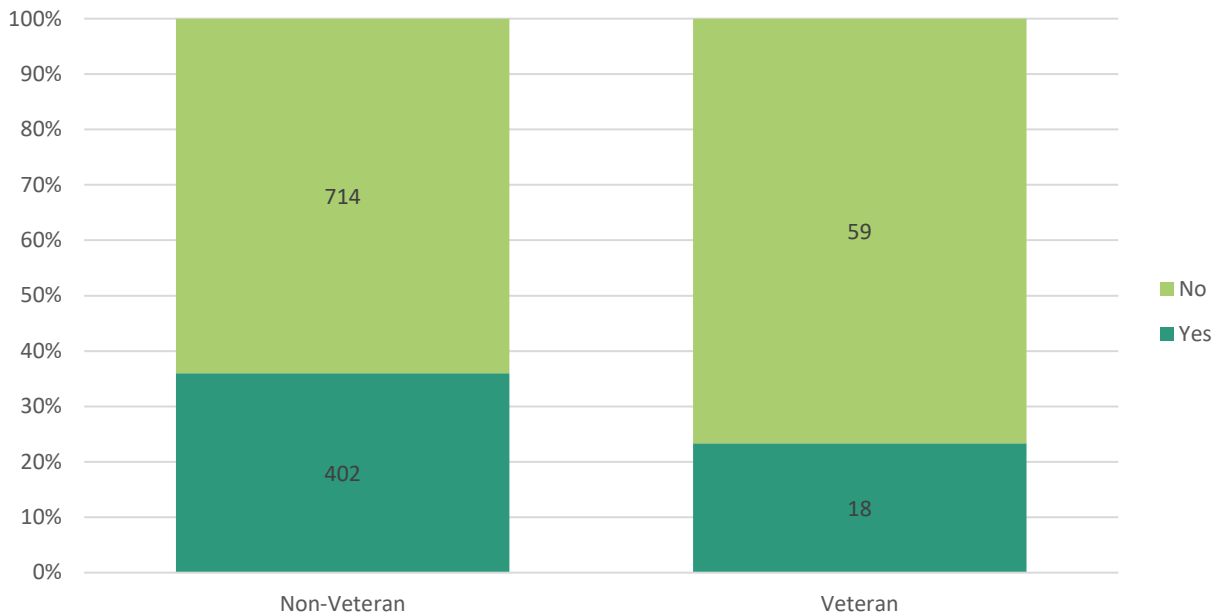
LGBTQ+-identifying respondents more frequently identified a lack of diversity in leadership roles as a concern than heterosexual-identifying respondents.

FIGURE 25: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: SEXUAL ORIENTATION



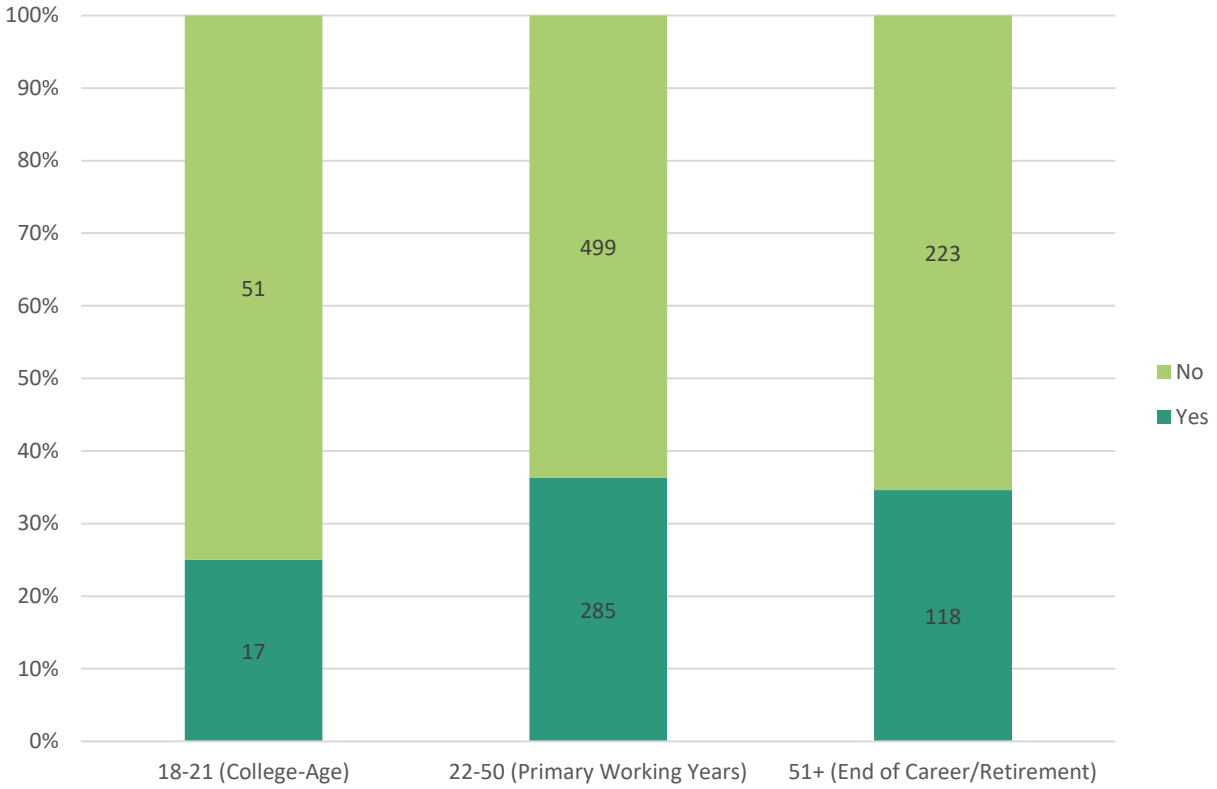
Non-veteran respondents more frequently identified a lack of diversity in leadership roles as a concern.

FIGURE 26: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: VETERAN STATUS



Respondents age 22-50 and 51+ more frequently identified a lack of diversity in leadership roles as a concern than respondents age 18-21.

FIGURE 27: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: AGE GROUP



Research Category 2: Healthcare

Inclusive health care centers on the idea that by removing barriers, making accommodations, and deliberately providing informed and sensitive care—care that often involves people who often face the largest health disparities—we can improve patient outcomes. There is no one formula that makes care inclusive for everyone. Inclusive care includes:

- **Culture of inclusion:** Inclusive care should be built into the culture of an organization. All staff, even staff who do not regularly interact with patients, should have a good understanding of barriers patients may encounter. Staff should receive regular training to ensure that they do not become yet another challenge for patients to overcome. Inclusive care should begin with the very first interaction with a patient. A sustainable culture of inclusion is not a box to check, but a way of providing the best care for everyone who enters the space.
- **Welcoming spaces:** Inclusive care has physical spaces that are accessible to people of all abilities. They include materials (clinical and logistical) in the languages spoken by patients. The staff working in inclusive spaces should reflect the same types of diverse groups of people seeking care.
- **Accessible materials:** Inclusive care extends beyond the physical space occupied to the materials available for patients. Inclusive materials may have large print, be available in multiple languages, use appropriate language (inclusive of all genders and sexual orientations), and be culturally sensitive.
- **Valuing all patients:** Inclusive care includes patients in the decision-making process and takes patients' concerns into account. Whenever possible those providing care should work alongside patients at their educational or intellectual level and with their means and access in mind.

Inclusive health care isn't meant to highlight the differences between people, but to recognize that we are all individuals with individual needs. The right care for one person will not necessarily be the right care for another even if they share the same sexual orientation or skin color. Working towards equality and inclusion throughout the health continuum will ensure that all people receive the best care possible that will allow them to make informed decisions that align with their present intentions and future desires.



Community-Level Healthcare Sentiments and Concerns

Healthcare represents a significant opportunity for improvement in Greater Mankato. Less than 50% of respondents agreed or strongly agreed with 5 of 6 statements about healthcare in the survey.

TABLE 9: COMMUNITY-LEVEL SENTIMENT ABOUT HEALTHCARE

Statement	Agree and Strongly Agree Percentage
This community offers quality healthcare options for all.	64%
Healthcare providers in my community offer culturally appropriate care.	48%
Community members have consistent access to enough food.	46%
Information about local programs and services addressing various health concerns is easy to find.	39%
Information and resources on mental health are easy to find.	37%
Information and resources on substance use assistance are easy to find.	36%

When asked to identify their top concerns about healthcare, responses were quite divergent among community members. This indicates that negative sentiments about healthcare in the Greater Mankato community stem from varying sources/factors. The most frequent concerns selected about healthcare among community members were affordability, mental health, and access to mental health services.

TABLE 10: COMMUNITY-LEVEL CONCERNS ABOUT HEALTHCARE

Response	Percentage
Affordability	16%
Mental health (anxiety, stress, depression)	15%
Access to mental health services	12%
I do not have any healthcare concerns	8%
Access to health insurance	7%
Nutritious food	7%
Physical activity	7%
Access to dental care	7%
Healthcare Concerns - Bias and discrimination in my community	6%

Response	Percentage
Housing conditions	6%
Transportation	4%
Substance abuse	3%
Language barriers	3%

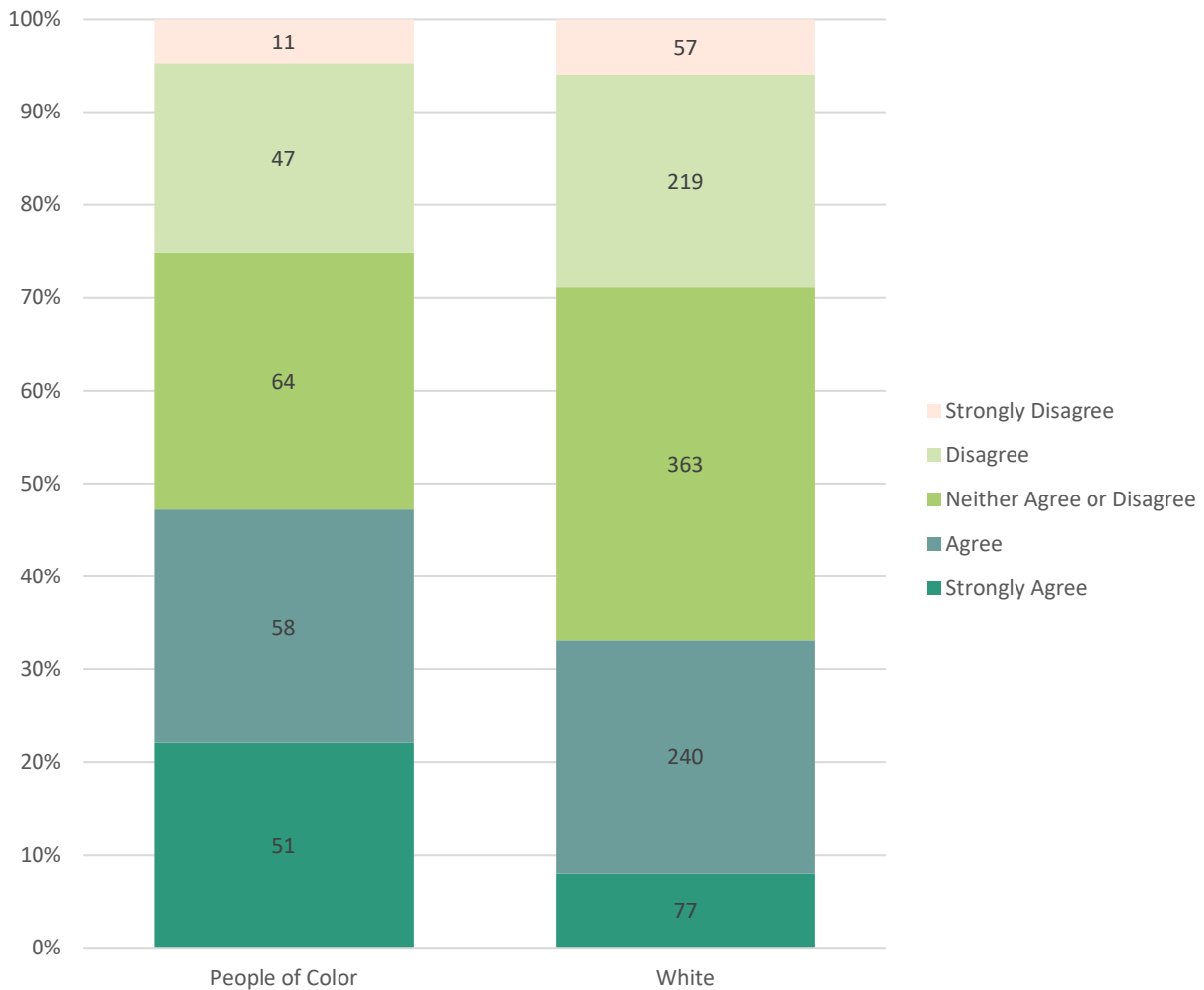
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- Timely access to specialist care is a major concern
- Lack of access to mental healthcare and resources, stigma around mental health
- Healthcare is too expensive
- Too few diverse, multilingual, culturally trained care providers
- More resources and services are needed, especially for low-income and uninsured
- Lack of access to dental care
- Better communication and coordination to meet unique patients' needs

Demographic Analysis of Lowest-Scoring Healthcare Sentiment³⁷

The lowest-scoring healthcare statement was “information and resources on substance use assistance are easy to find” (36% agreed or strongly agreed). When this data is segmented by race/ethnicity, we find that a greater percentage of People of Color-identifying respondents agreed that information was easy to find when compared to White-identifying respondents.

FIGURE 28: LOWEST-SCORING HEALTHCARE SENTIMENT: RACE/ETHNICITY



Further segmentation of the data shows that there are significantly varied perceptions among People of Color-identifying respondents. In particular, those identifying as multi-race or other race

³⁷ Additional demographic analysis is available in the Appendix.

were significantly less likely to agree that information and resources on substance use assistance are easy to find.

FIGURE 29: LOWEST-SCORING HEALTHCARE SENTIMENT: RACE/ETHNICITY

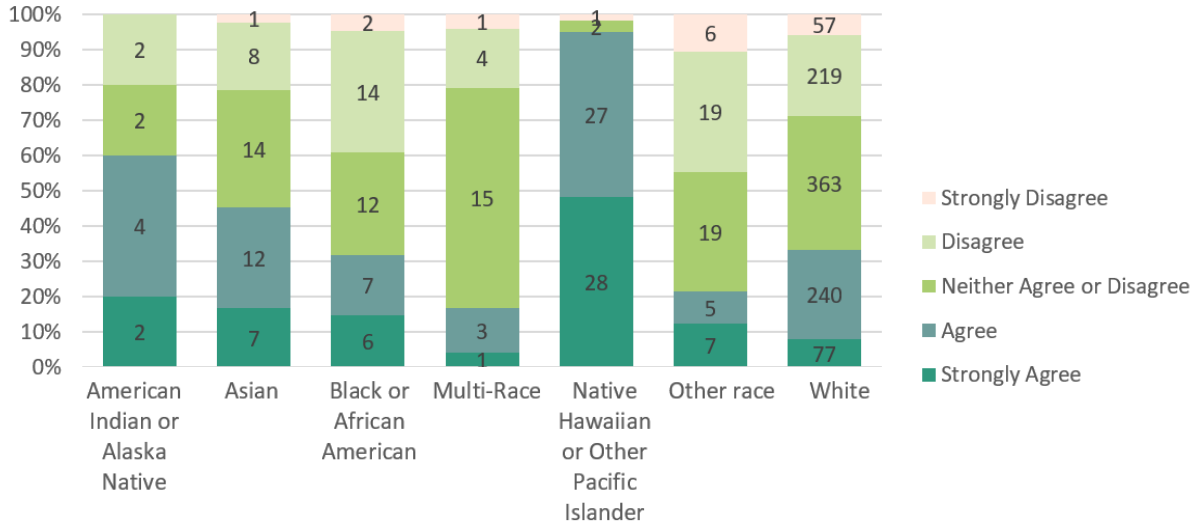
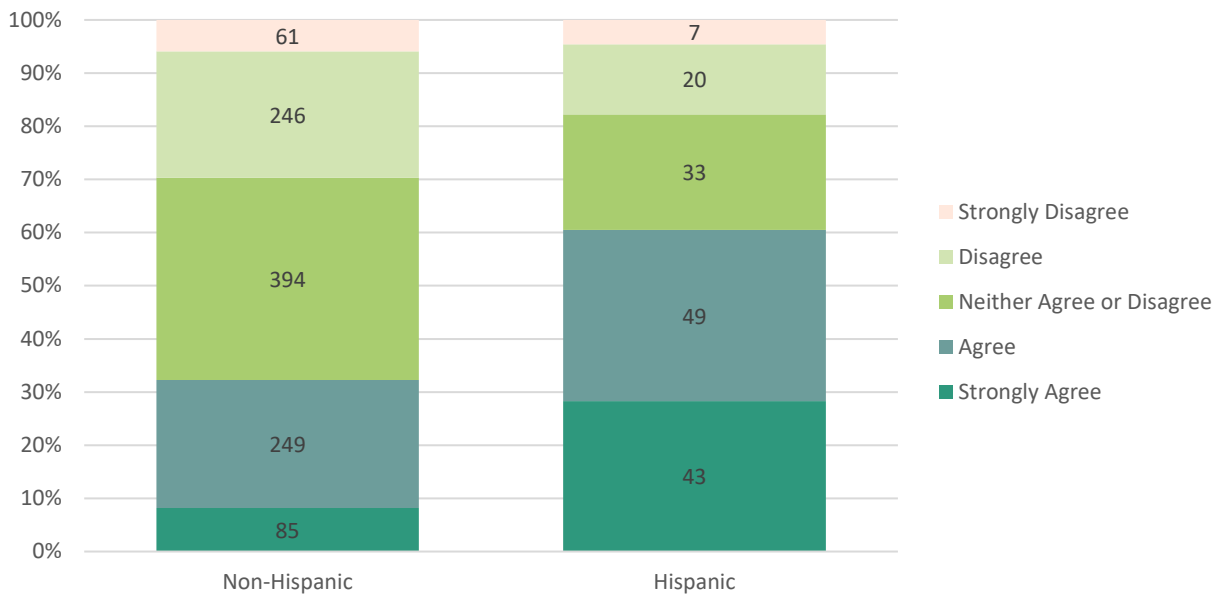


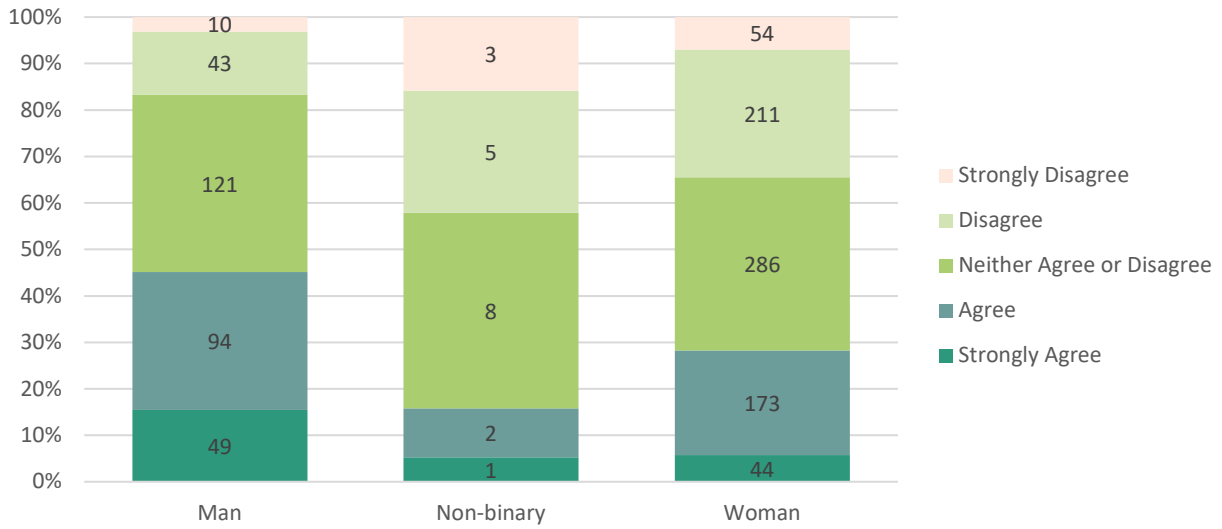
FIGURE 30: LOWEST-SCORING HEALTHCARE SENTIMENT: HISPANIC/LATINO/LATINX/LATINE

Respondents identifying as Hispanic/Latino/Latinx/Latine were more likely to agree that information and resources on substance use assistance are easy to find.



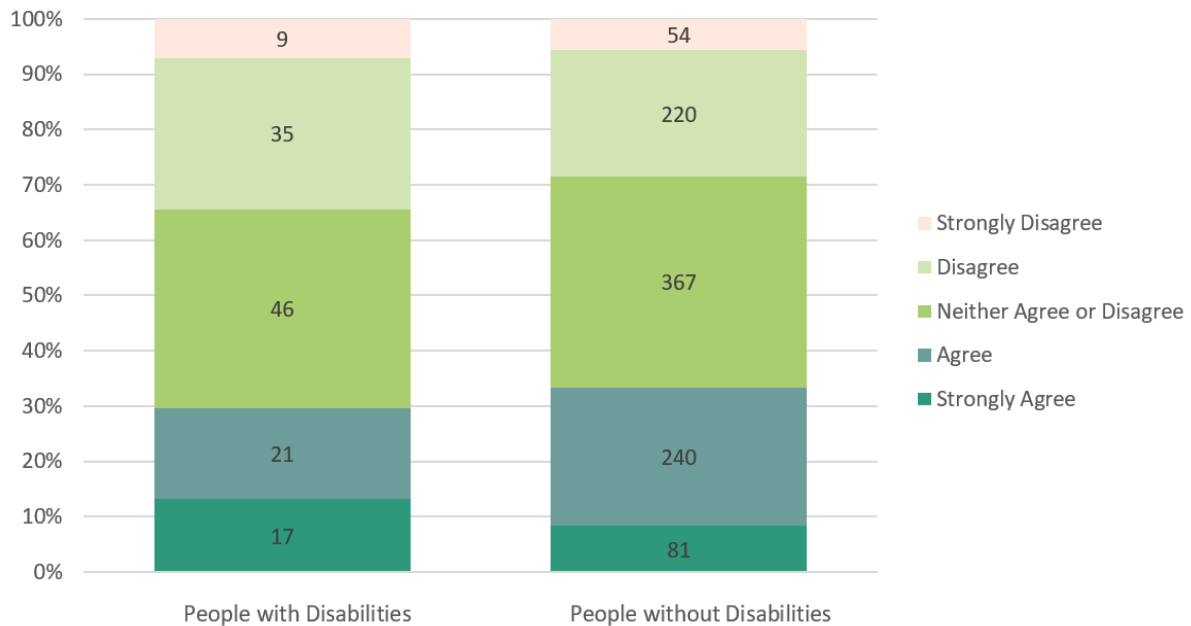
When the lowest-scoring healthcare statement (“information and resources on substance use assistance are easy to find”) is segmented by gender identity, data shows that women and non-binary respondents less frequently agreed.

FIGURE 31: LOWEST-SCORING HEALTHCARE SENTIMENT: GENDER-IDENTITY



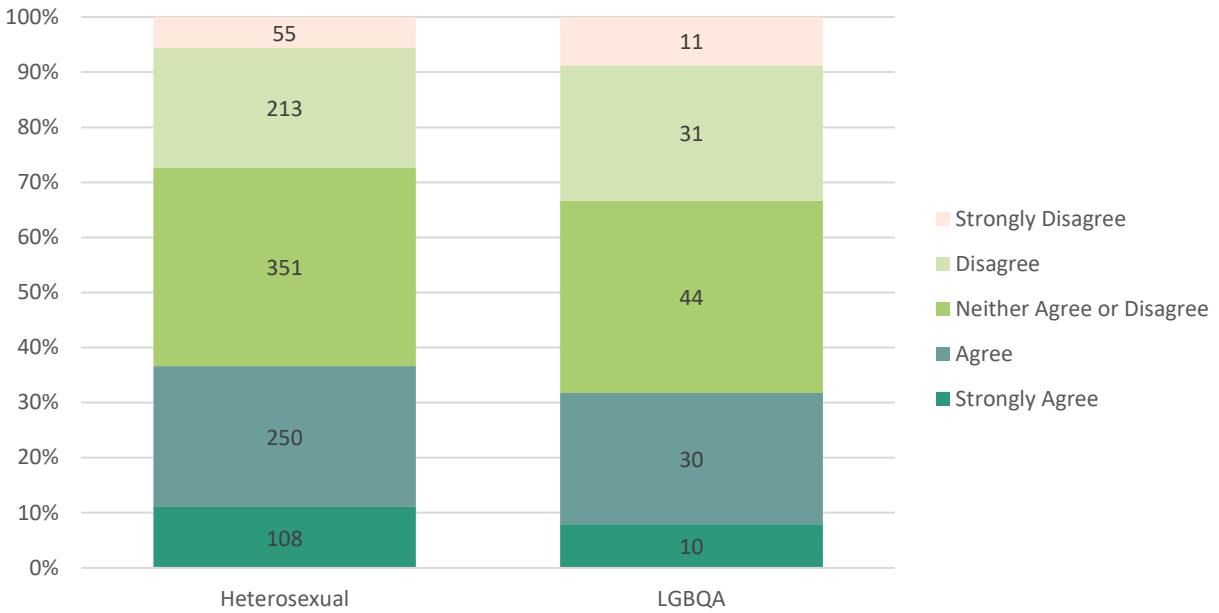
When the lowest-scoring healthcare statement (“information and resources on substance use assistance are easy to find”) is segmented by disability status, data shows that perceptions are fairly similar between those who reported having a disability and those who reported they do not have a disability.

FIGURE 32: LOWEST-SCORING HEALTHCARE SENTIMENT: DISABILITY STATUS (CONDENSED)



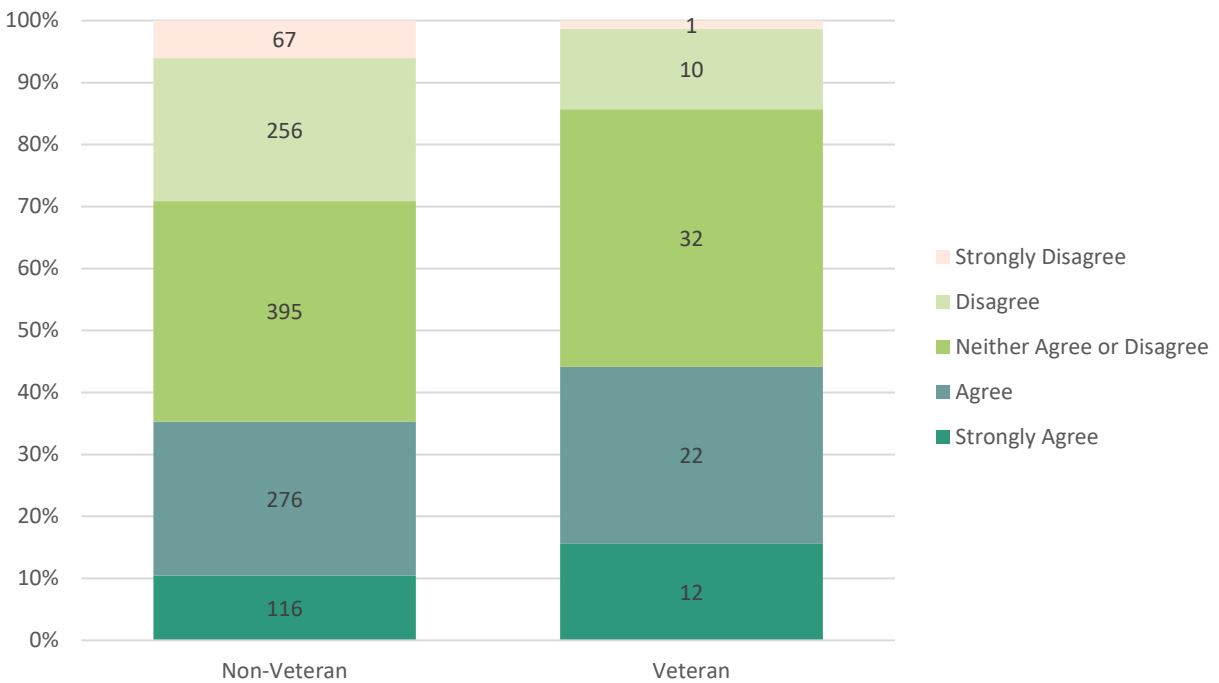
When the lowest-scoring healthcare statement (“information and resources on substance use assistance are easy to find”) is segmented by sexual orientation, data shows that LGBTQ+-identifying respondents were slightly less likely to agree with the statement.

FIGURE 33: LOWEST-SCORING HEALTHCARE SENTIMENT: SEXUAL ORIENTATION



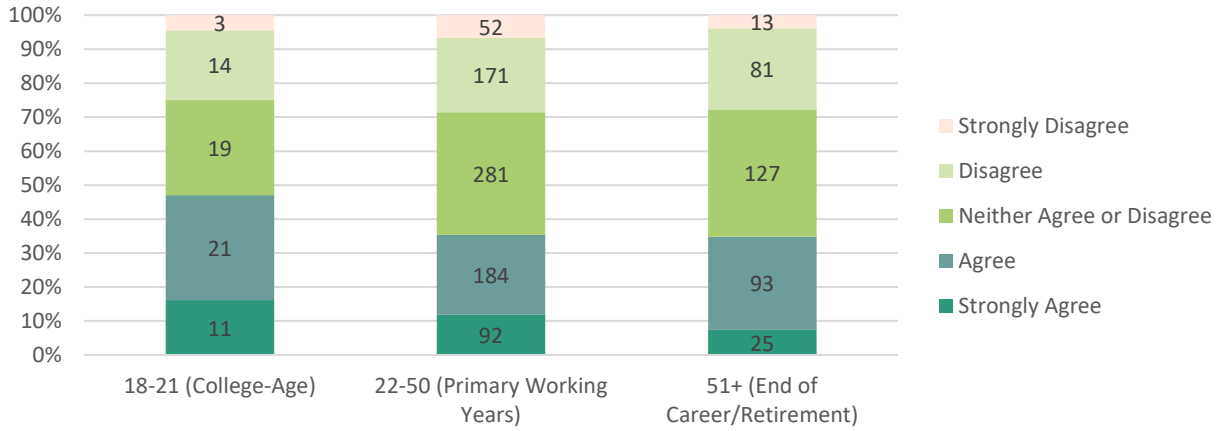
When the lowest-scoring healthcare statement (“information and resources on substance use assistance are easy to find”) is segmented by veteran status, data shows that non-veterans were slightly less likely to agree with the statement.

FIGURE 34: LOWEST-SCORING HEALTHCARE SENTIMENT: VETERAN STATUS



When the lowest-scoring healthcare statement (“information and resources on substance use assistance are easy to find”) is segmented by age groups, data shows that respondents age 22-51+ were less likely to agree with the statement.

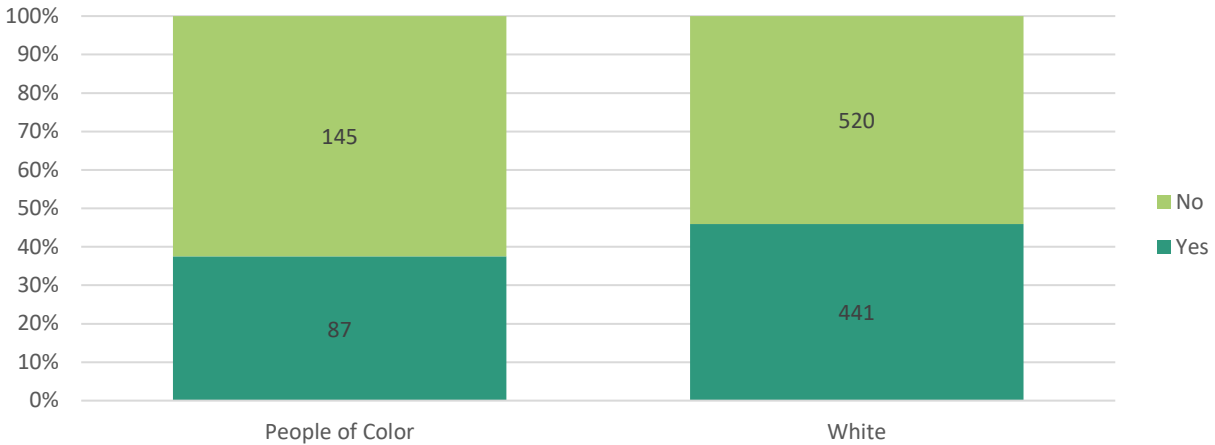
FIGURE 35: LOWEST-SCORING HEALTHCARE SENTIMENT: AGE GROUP



Demographic Analysis of Top Healthcare Concern³⁸

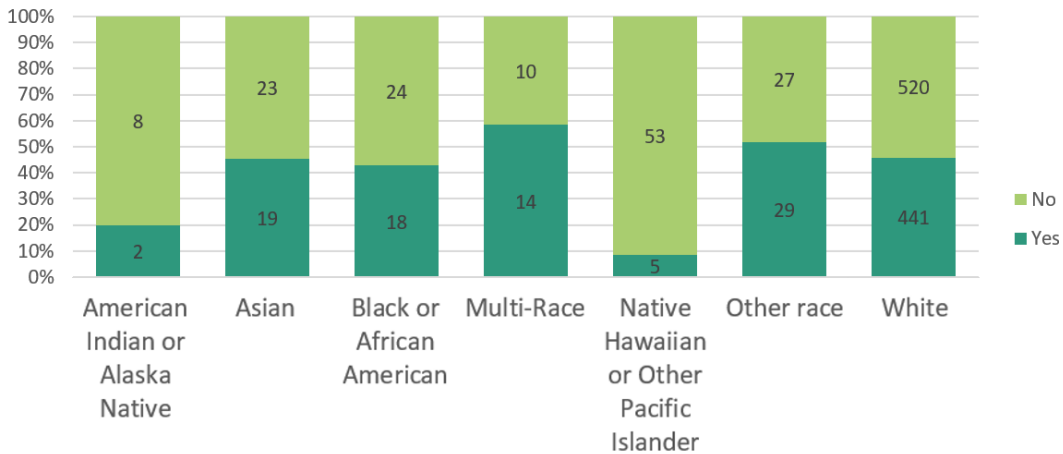
The most frequently selected healthcare concern was affordability (16%). When data is segmented by race and ethnicity, People of Color slightly less often identified this option as a primary concern.

FIGURE 36: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmenting data shows that American Indian and Native Hawaiian-identifying respondents were the least concerned with affordability compared to all other demographic groups. Multi-race-identifying individuals were slightly more likely to identify affordability as a concern than other demographic groups.

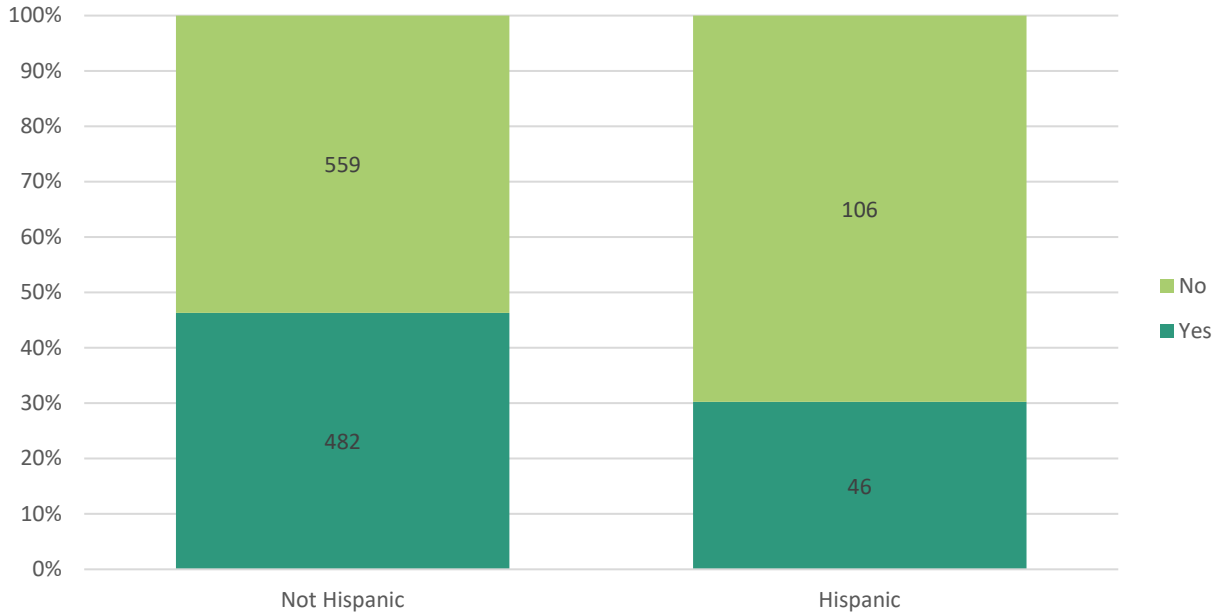
FIGURE 37: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: RACE/ETHNICITY



³⁸ Additional demographic analysis is available in the Appendix.

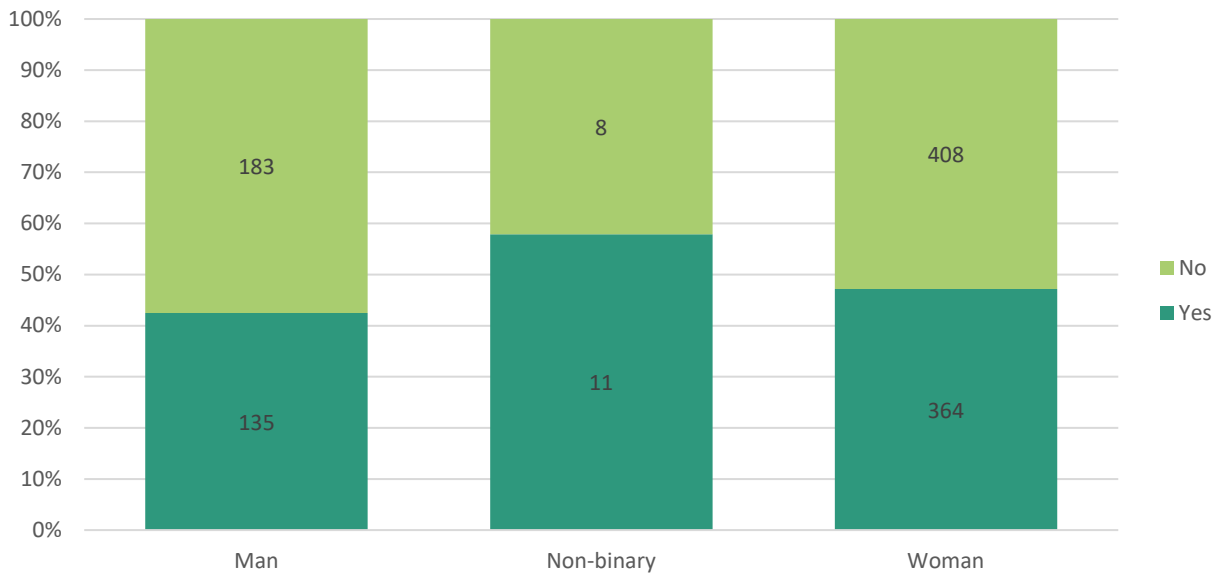
Hispanic/Latino/Latinx/Latine-identifying individuals (condensed to Hispanic and Non-Hispanic in the chart) (shortened to Hispanic in the chart below) less frequently selected affordability as a concern than respondents identifying Not Hispanic/Latino/Latinx/Latine (shortened to Not Hispanic in the chart below).

FIGURE 38: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: HISPANIC/LATINO/LATINX/LATINE



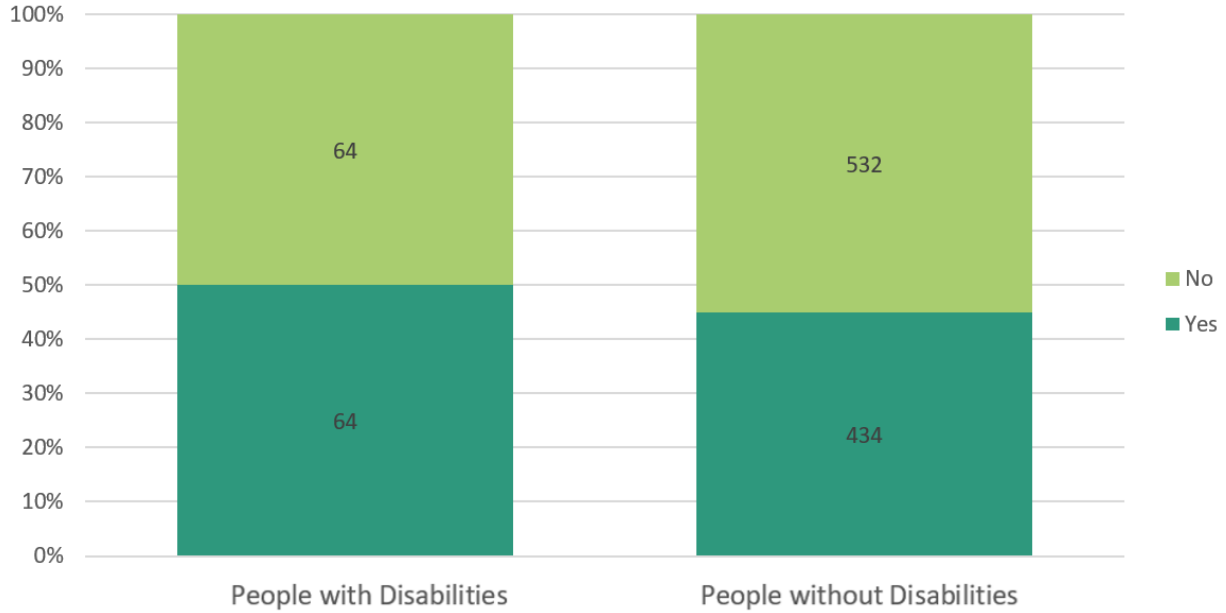
When data is segmented by gender-identity, non-binary individuals more frequently selected affordability as a concern than respondents identifying as men or women.

FIGURE 39: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: GENDER-IDENTITY



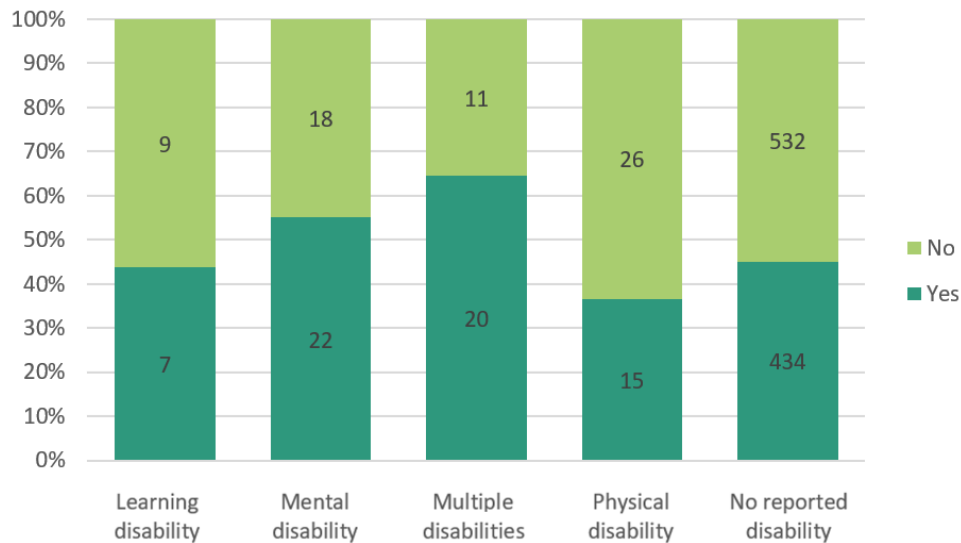
When data is segmented by disability status, individuals with a disability more frequently selected affordability as a concern than respondents with no self-identified disabilities.

FIGURE 40: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: DISABILITY STATUS (CONDENSED)



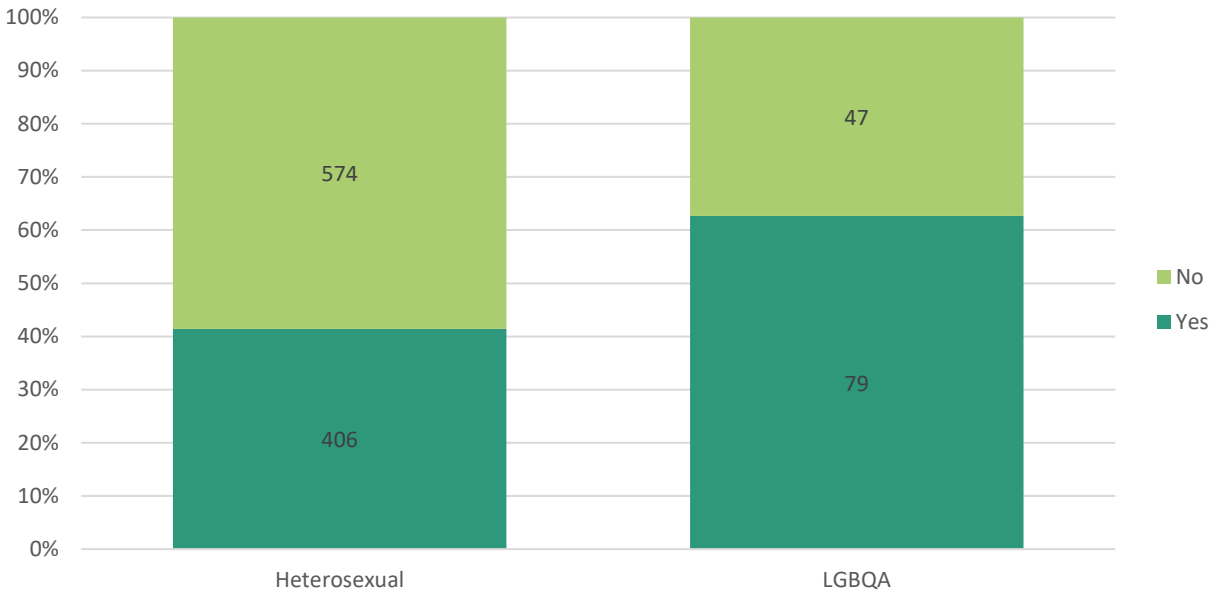
Further segmentation of the data shows that individuals with multiple disabilities or mental disabilities were more likely to identify affordability as a healthcare concern.

FIGURE 41: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: DISABILITY STATUS



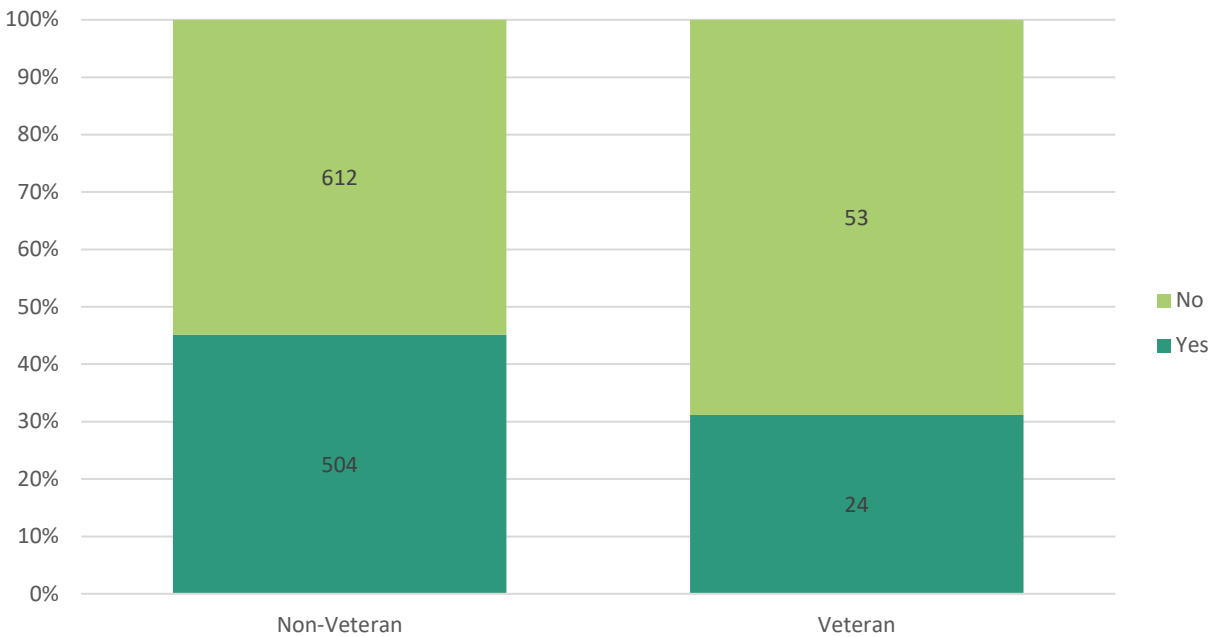
LGBTQ+-identifying respondents were significantly more likely to identify affordability as a healthcare concern than heterosexual respondents.

FIGURE 42: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: SEXUAL ORIENTATION



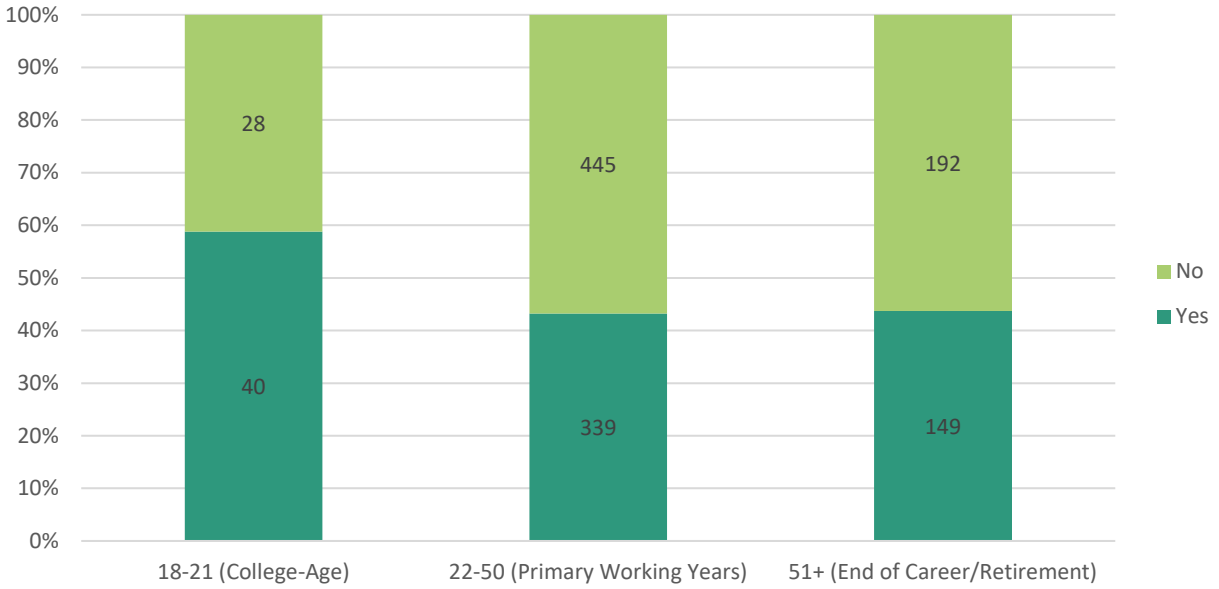
Veteran-identifying respondents were less likely to identify affordability as a healthcare concern than non-veteran respondents.

FIGURE 43: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: VETERAN STATUS



Respondents identifying as 18-21 were more likely to identify affordability as a healthcare concern than respondents age 22-51+.

FIGURE 44: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: AGE GROUP



Research Category 3: Economic Well-Being

At a basic level, economic equity and inclusion means ensuring that all individuals have equal access to financial services and professional opportunities that can help them generate greater wealth. Wealth gaps currently exist among people of different races, genders, and abilities, which create financial inequity.

Companies, especially those with large workforces, have discovered that some of their employees lack access to the financial products and services that most Americans take for granted, including bank accounts, which makes it difficult for them to show credit history, obtain loans and insurance, and save money for emergencies.

Today, 50% to 78% of working Americans are earning just enough money to pay their bills, and missing a paycheck means some bills simply don't get paid, resulting in late fees or overdrafts that just put them further in debt. In addition, 22% of American adults are either unbanked or underbanked, according to a 2019 Federal Reserve report, meaning they have no bank account and/or they rely on alternative financial services, such as check-cashing services or money orders to pay bills.³⁹

Community-Level Economic Sentiments and Concerns

Economic sentiments represent a significant opportunity for improvement in Greater Mankato. Less than 63% of respondents agreed with any of the economic statements in the survey. The two areas community members have the worst sentiment about are employment assistance (37%) and wages and salaries (34%).

TABLE 11: COMMUNITY-LEVEL SENTIMENT ABOUT ECONOMIC WELL-BEING, EMPLOYMENT, AND INCOME

Statement	Agree and Strongly Agree
It is easy to find a job in this community.	62%
There are enough quality jobs in this area.	57%
Employers in my community use inclusive workplace practices.	40%
Employment assistance and information are easy to find.	37%
Wages and salaries in this area meet the cost of living.	34%

³⁹ <https://hbr.org/sponsored/2021/11/financial-equity-and-inclusion-should-be-part-of-your-dei-programs>

When asked to select the primary concerns for themselves and their household, 24% of respondents indicated the cost of living. Equitable pay, lack of savings, lack of career advancement, and the cost of childcare were also concerns for the community (ranging from 15-11% of respondents).

TABLE 12: COMMUNITY-LEVEL CONCERNS ABOUT ECONOMIC WELL-BEING, EMPLOYMENT, AND INCOME

Response	Percentage
Cost of living	24%
Equitable pay	15%
Lack of savings and assets	12%
Lack of career advancement	11%
Cost of childcare	11%
Lack of benefits	9%
I do not have any economic well-being concerns	9%
Economic Situation Concerns - Bias and discrimination in my community	7%
Unemployment	3%

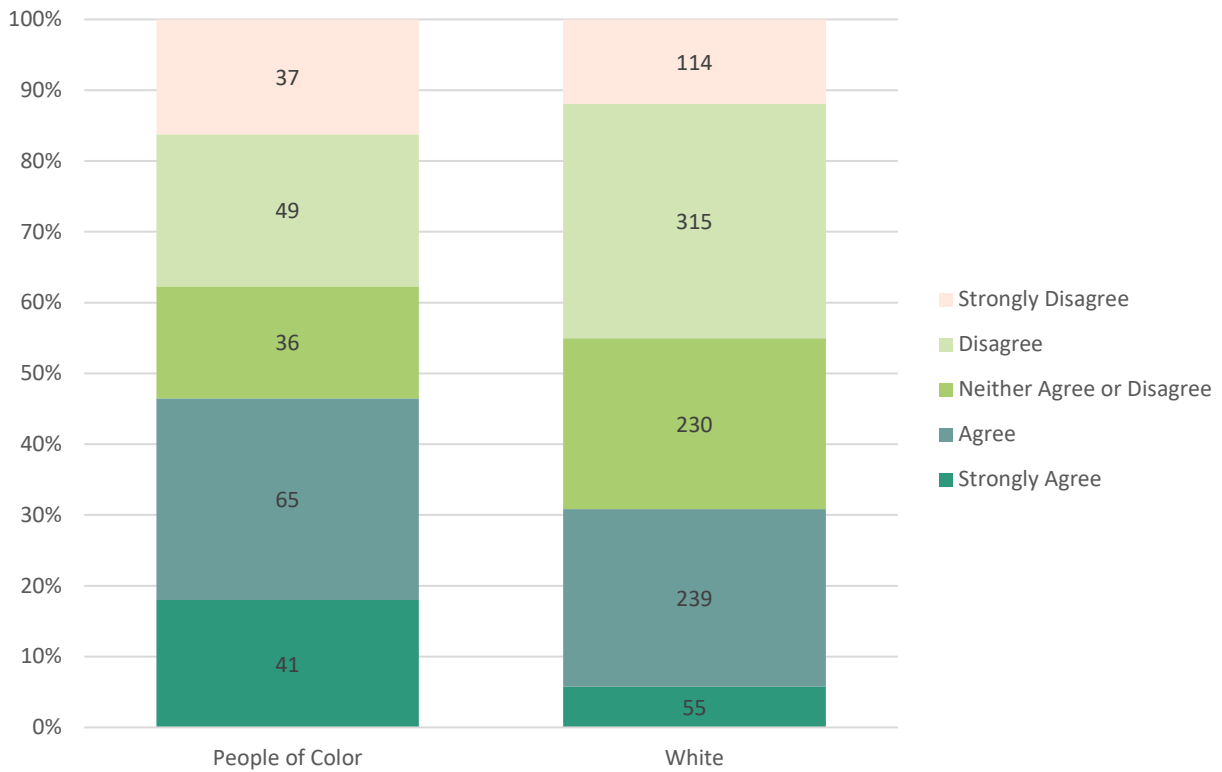
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- Cost of living is not affordable: wages are too low, and inflation is a problem
- Childcare and daycare are too expensive and hard to find
- Plenty of jobs, but hard to advance based on qualifications
- Don't provide handouts; hire on merit

Demographic Analysis of Lowest-Scoring Economic Sentiment

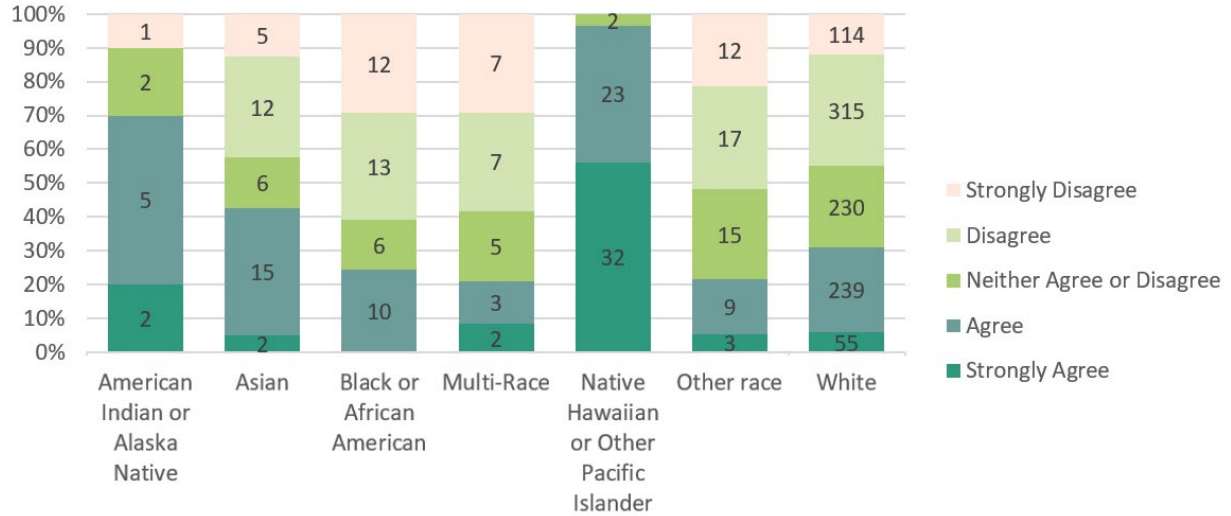
The lowest-scoring economic statement was “wages and salaries in this area meet the cost of living” (34% agreed or strongly agreed). When this data is segmented by race/ethnicity, we find that a greater percentage of People of Color-identifying respondents believe that wages and salaries in this area meet the cost of living.

FIGURE 45: LOWEST-SCORING ECONOMIC SENTIMENT: RACE/ETHNICITY (CONDENSED)



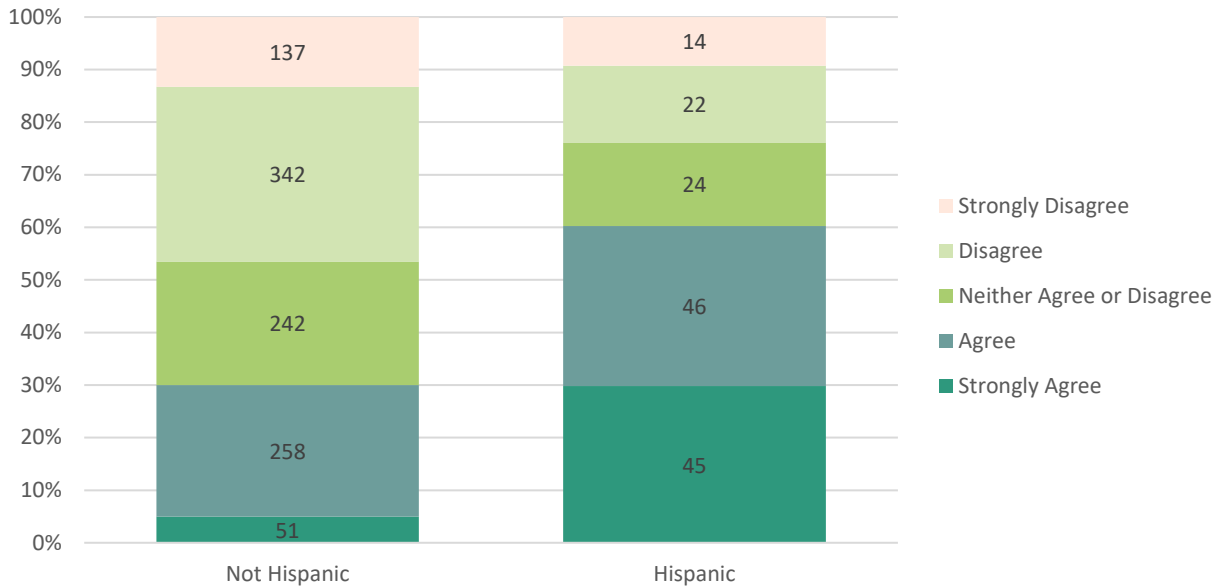
Further segmentation of the data shows that perceptions among people of color vary greatly. Black, Multi-Race, and Other-Race identifying respondents less frequently agreed with the statement than White, American Indian, Asian, and Native-Hawaiian identifying respondents.

FIGURE 46: LOWEST-SCORING ECONOMIC SENTIMENT: RACE/ETHNICITY



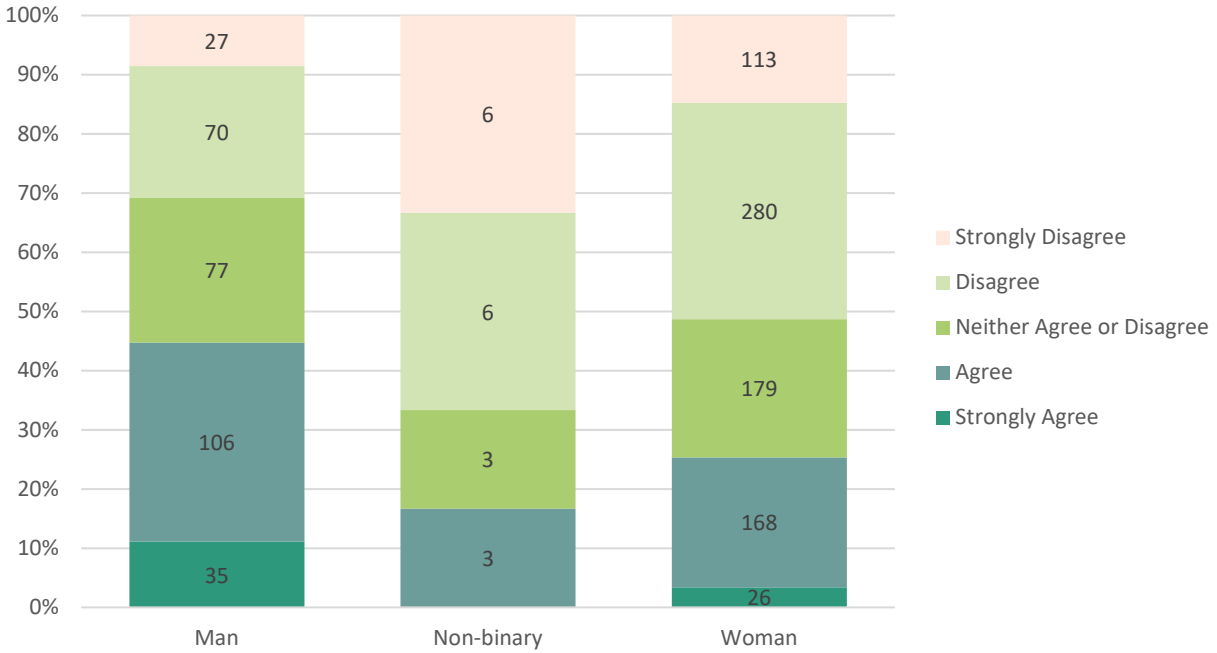
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) more strongly believe that wages and salaries in this area meet the cost of living.

FIGURE 47: LOWEST-SCORING ECONOMIC SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



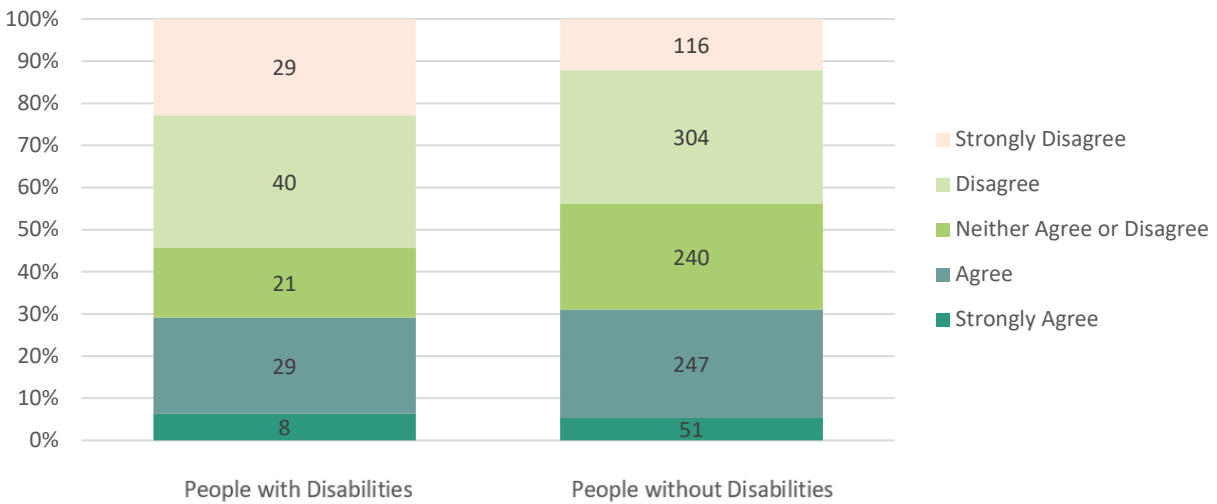
Male-identifying respondents more strongly believe that wages and salaries in this area meet the cost of living as compared to female-identifying and non-binary individuals.

FIGURE 48: LOWEST-SCORING ECONOMIC SENTIMENT: GENDER-IDENTITY



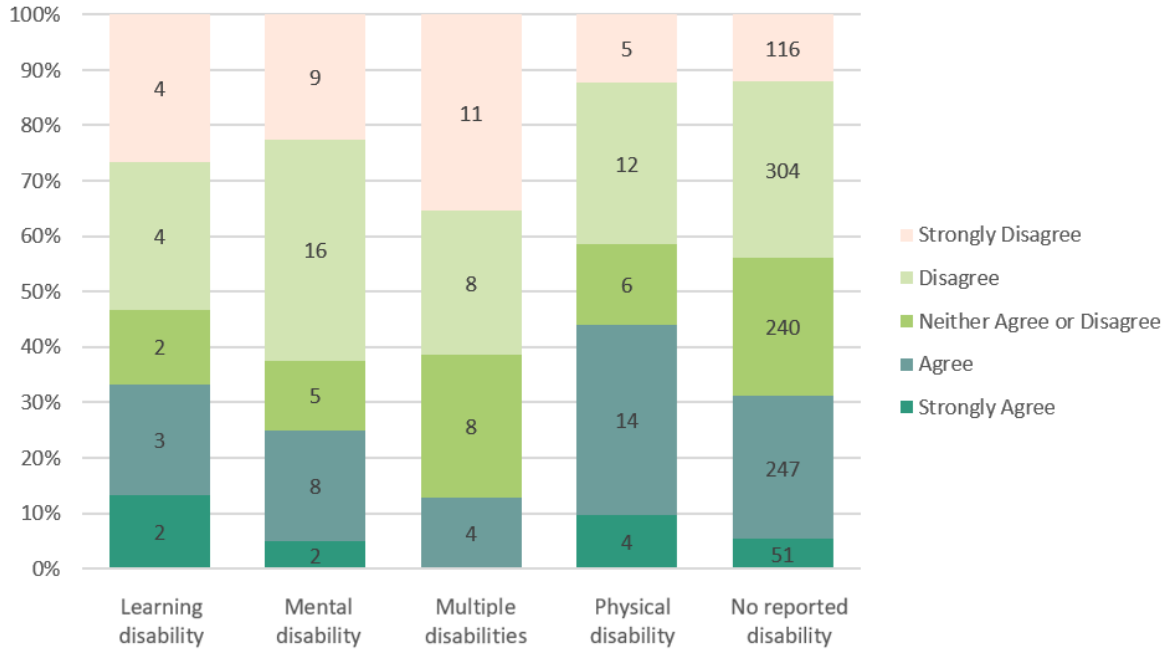
Disability status did not significantly impact the belief that wages and salaries in this area meet the cost of living.

FIGURE 49: LOWEST-SCORING ECONOMIC SENTIMENT: DISABILITY STATUS (CONDENSED)



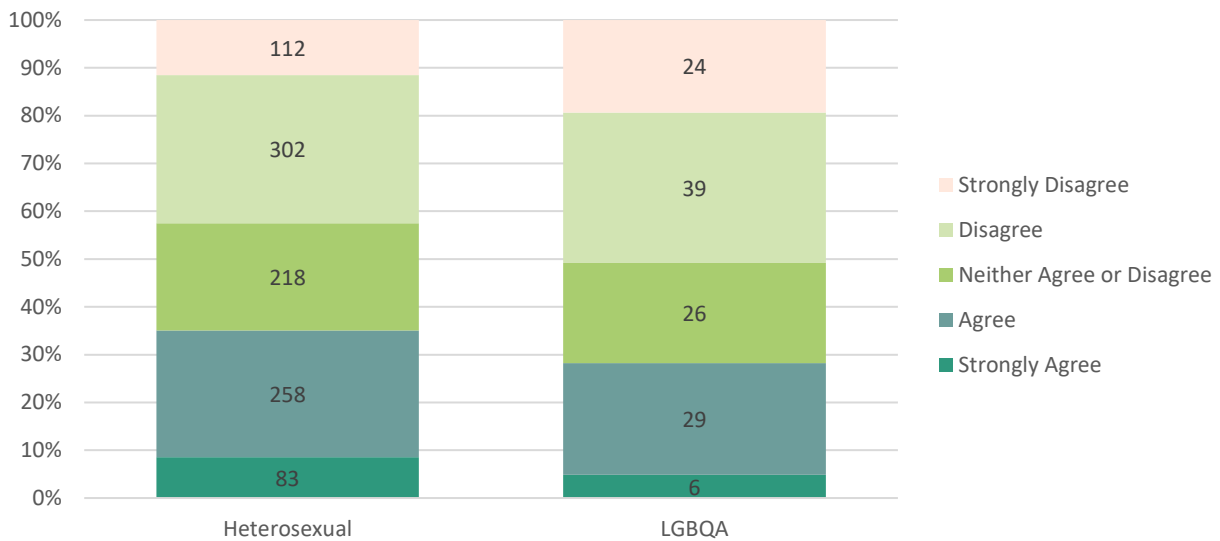
Further segmentation of the data shows that perceptions vary by type of disability. Most notably, those with multiple disabilities were less likely than other respondents to agree that wages and salaries in this area meet the cost of living.

FIGURE 50: LOWEST-SCORING ECONOMIC SENTIMENT: DISABILITY STATUS



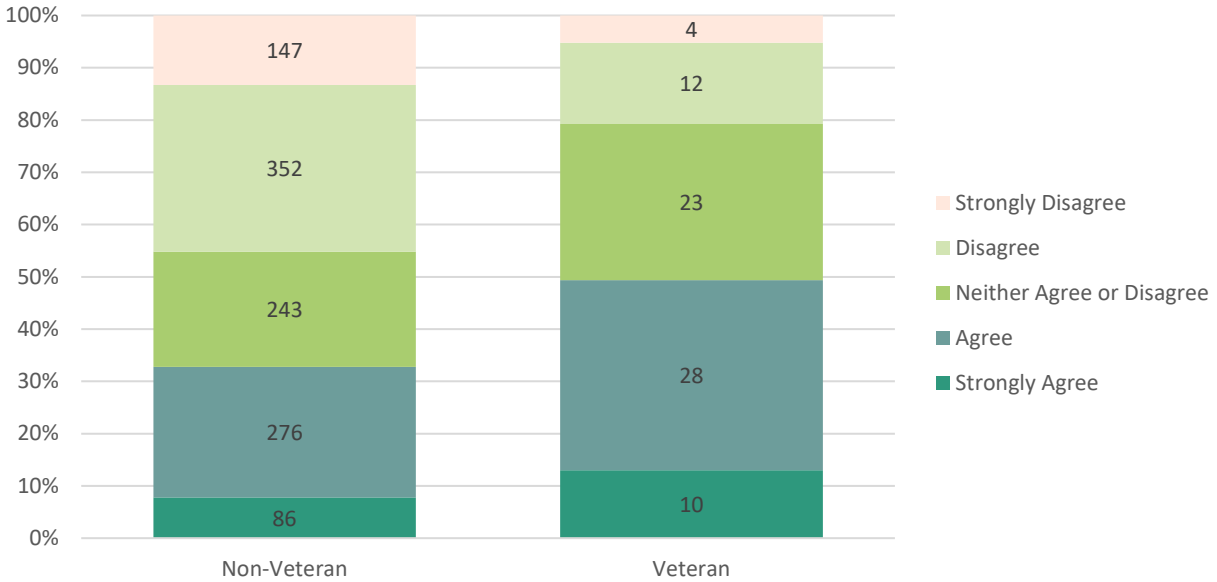
LGBTQ+-identifying respondents were slightly less likely than heterosexual respondents to agree that wages and salaries in this area meet the cost of living.

FIGURE 51: LOWEST-SCORING ECONOMIC SENTIMENT: SEXUAL ORIENTATION



Non-Veteran respondents were less likely to agree that wages and salaries in this area meet the cost of living.

FIGURE 52: LOWEST-SCORING ECONOMIC SENTIMENT: VETERAN STATUS



Respondents age 22-50 and 18-21 more frequently agreed that wages and salaries in this area meet the cost of living.

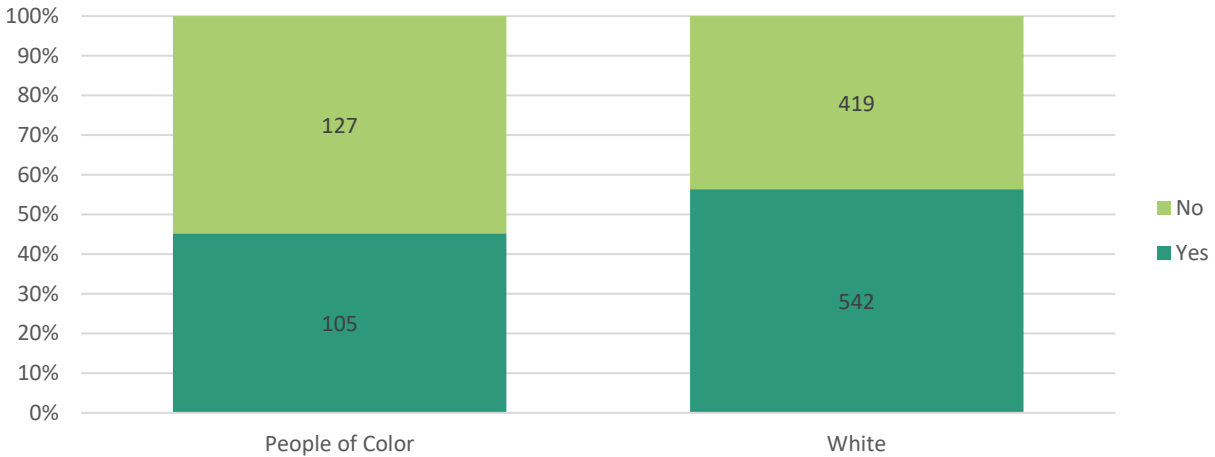
FIGURE 53: LOWEST-SCORING ECONOMIC SENTIMENT: AGE GROUP



Demographic Analysis of Top Economic Concern⁴⁰

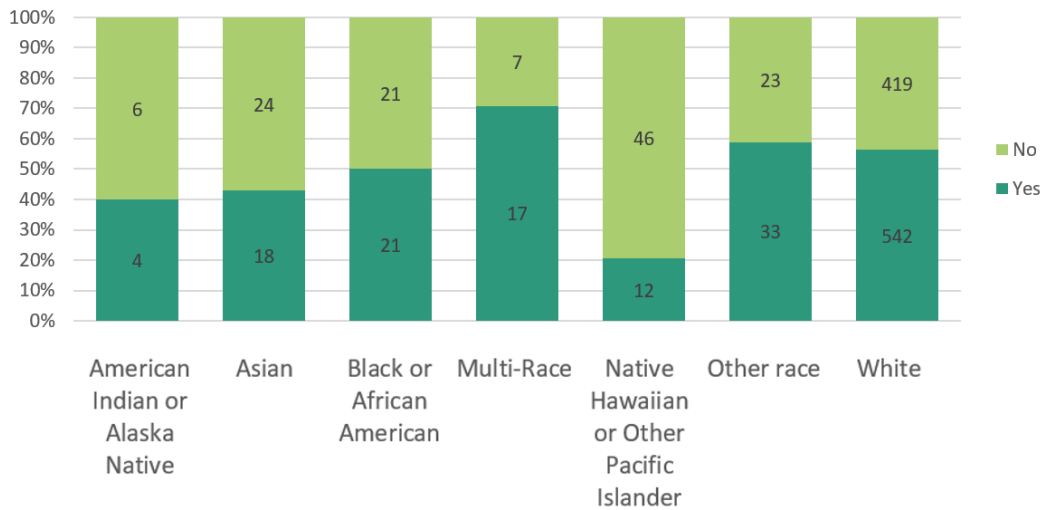
The most frequently selected economic concern was cost of living (24%). When data is segmented by race and ethnicity, People of Color were less likely to identify this option as a primary concern.

FIGURE 54: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmentation of the data indicates that Native Hawaiian-respondents were least likely to identify cost of living as a primary concern.

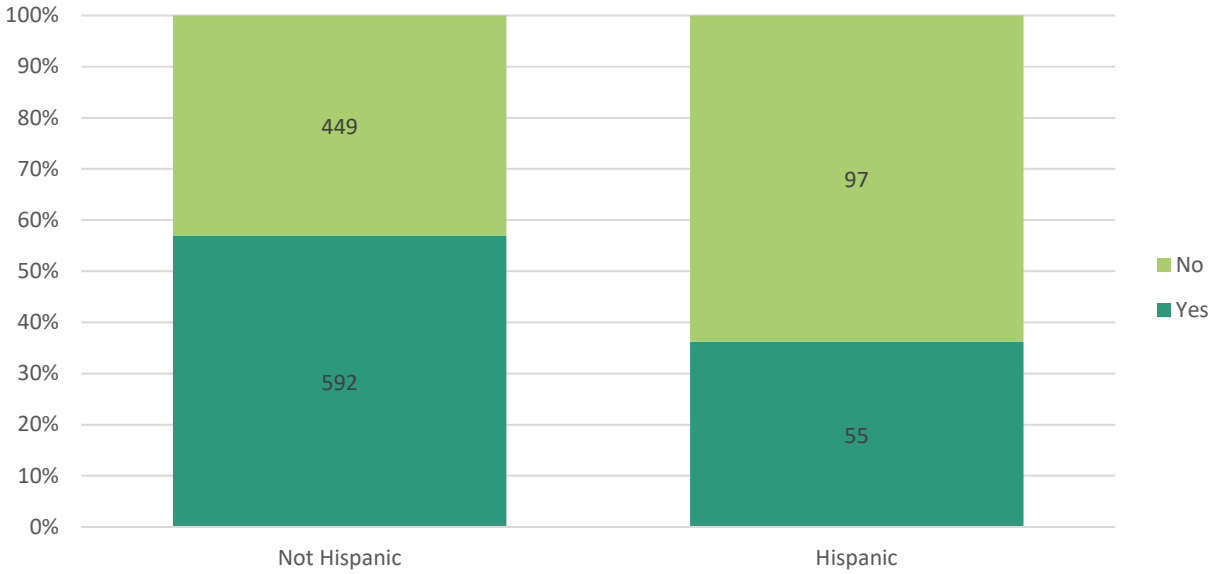
FIGURE 55: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: RACE/ETHNICITY



⁴⁰ Additional demographic analysis is available in the Appendix.

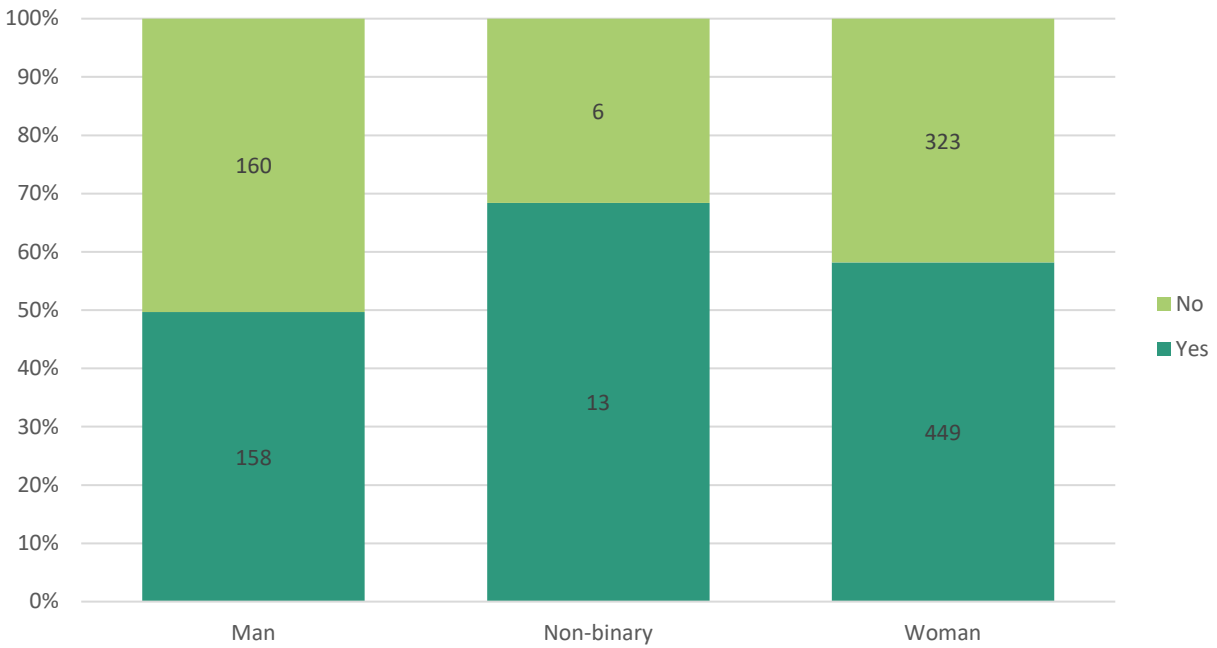
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were less likely to have concerns about the cost of living.

FIGURE 56: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: HISPANIC/LATINO/LATINX/LATINE



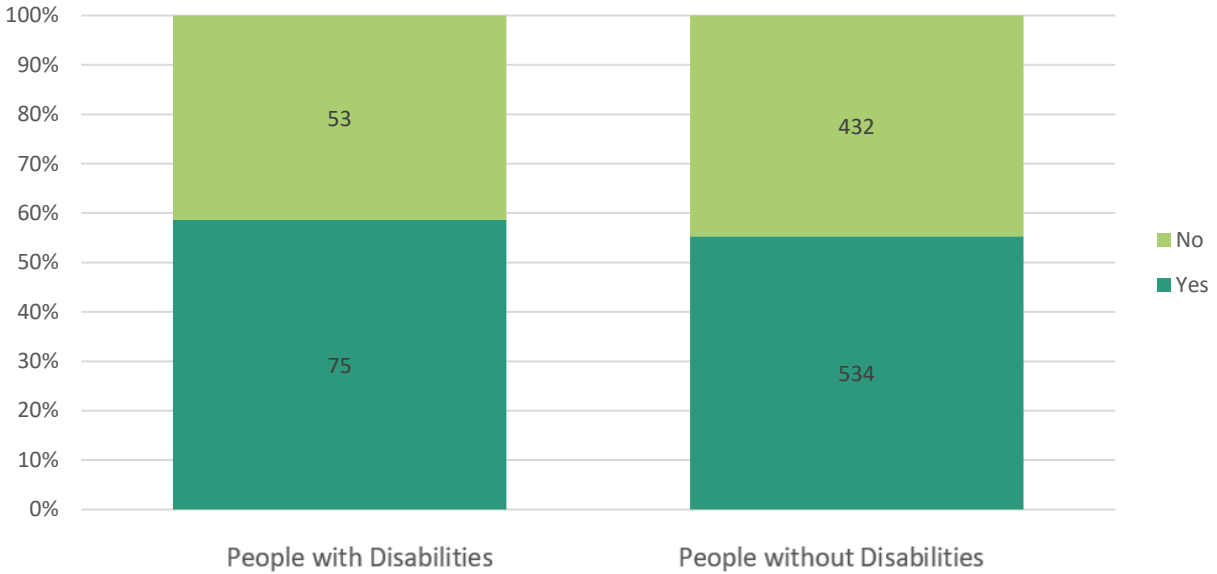
Segmenting the data by gender identity, non-binary-identifying respondents were most likely to have concerns about the cost of living.

FIGURE 57: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: GENDER IDENTITY



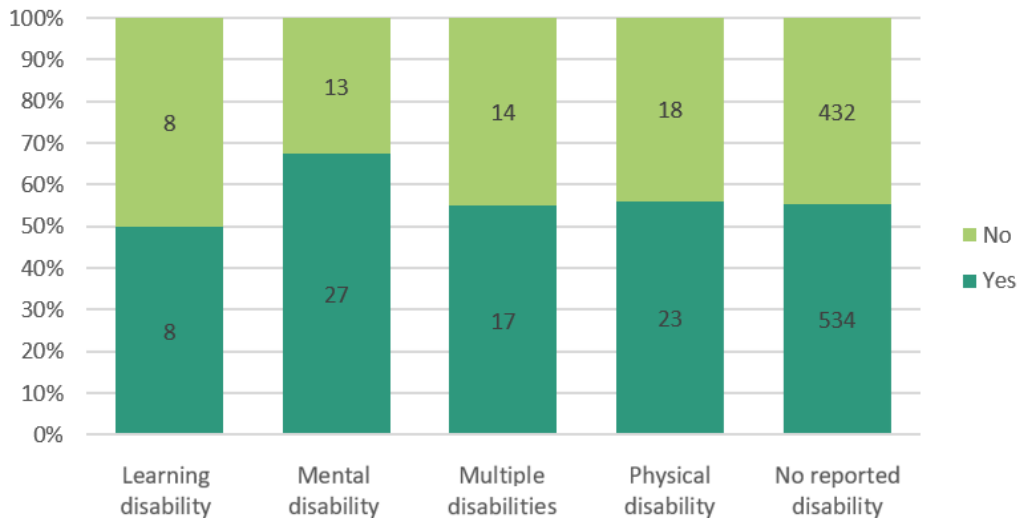
Respondents identifying as having a disability were slightly more likely to identify cost of living as a primary concern.

FIGURE 58: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: DISABILITY STATUS (CONDENSED)



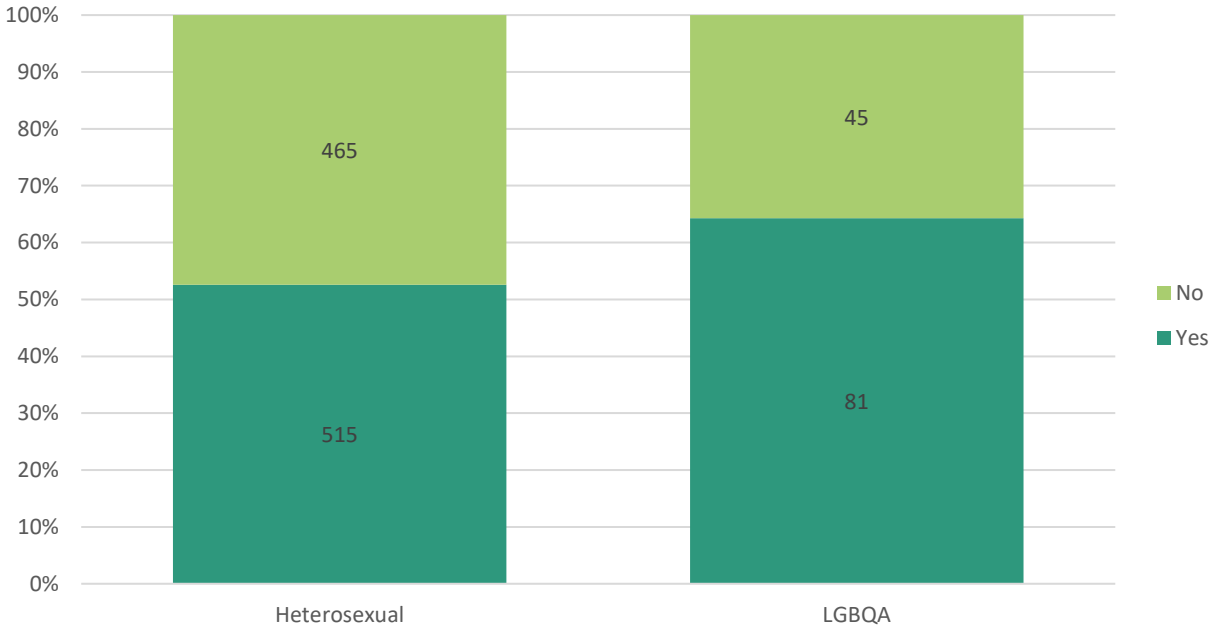
Further segmentation of this data shows that respondents with mental disabilities were most concerned about cost of living.

FIGURE 59: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: DISABILITY STATUS



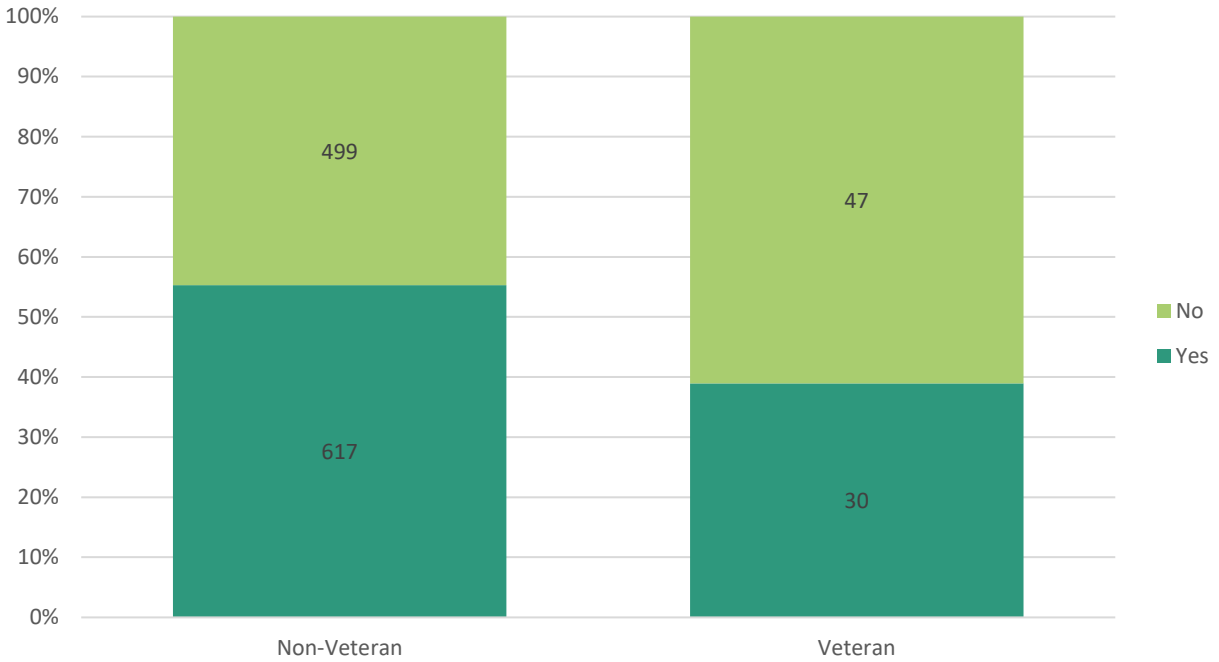
LGBTQ+-identifying respondents were more likely to identify cost of living as a concern than heterosexual-identifying respondents.

FIGURE 60: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: SEXUAL ORIENTATION



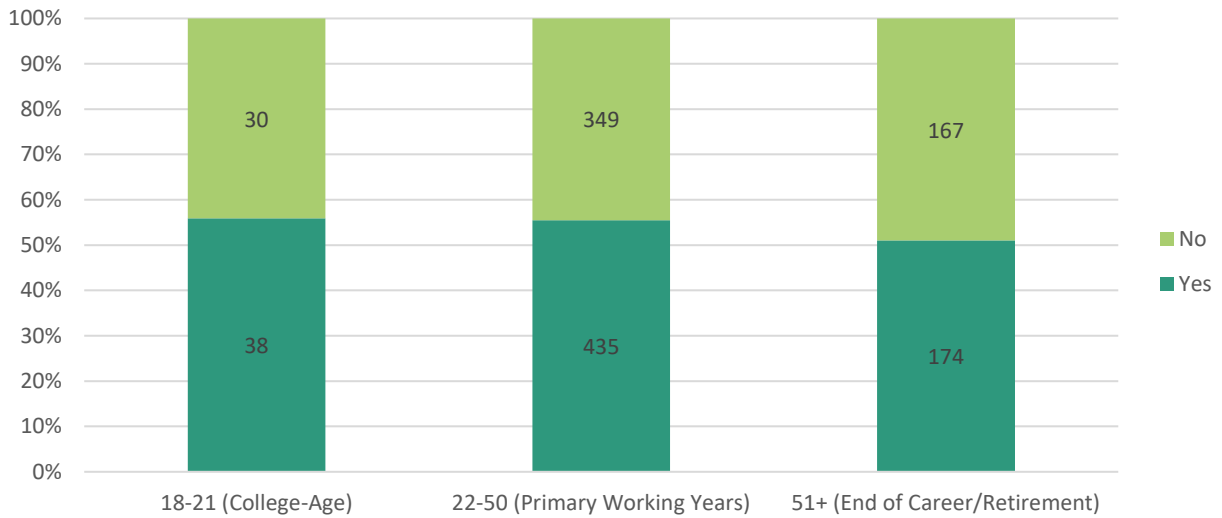
Non-Veterans respondents were more likely to identify cost of living as a concern than Veteran respondents.

FIGURE 61: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: VETERAN STATUS



All age ranges had similar responses when responding to cost-of-living concerns.

FIGURE 62: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: AGE GROUP



Research Category 4: Housing

A housing strategy is a process that aligns public investments in transit with housing infrastructure in order to build efficient, transit-oriented neighborhoods that reduce traffic, spur economic development, and reduce greenhouse gas emissions. An equitable housing strategy, however, takes it one step further: it incorporates our values of inclusion, equal access to opportunity, and diversity in our communities. This strategic approach will help leverage affordable housing investment dollars, services and protections, ensuring that all people – regardless of race, ethnicity, family status or disability – have a range of choices for where to live now and in the future.

Many, but not all, programs partially offset the cost of providing affordable units by offering developers one or more incentives such as tax abatements, parking reductions, or the right to build at higher densities. Most programs recognize that it’s not always feasible to include affordable on-site units within market-rate projects. In some cases, developers can choose among alternatives, such as payment of an in-lieu fee or provision of affordable off-site units in another project.

Inclusionary housing policies were first developed to specifically counteract a history of ‘exclusionary zoning’ policies that reinforced economic and racial segregation. Although not intended to completely right racial injustices embedded in our nation’s housing practices, done right inclusionary housing can meaningfully advance racial equity.

Community-Level Housing Sentiments and Concerns

Housing represents a significant opportunity for improvement in Greater Mankato. Less than 31% of respondents agreed or strongly agreed with statements about housing in the survey.

TABLE 13: COMMUNITY-LEVEL SENTIMENT ABOUT HOUSING

Statement	Agree and Strongly Agree Percentage
Community members have equal access to mortgage, insurance, and loan services.	31%
Housing services and assistance are easy to find.	28%
Real estate agents treat all community members equally in showing neighborhoods and options	27%
This community offers enough quality and affordable housing.	27%

When asked to identify primary concerns for themselves and their households, housing-related options scored among the top responses for the community.

TABLE 14: COMMUNITY-LEVEL CONCERNS ABOUT HOUSING

Response	Percentage
Lack of affordable housing options	22%
I do not have any housing concerns	20%
Condition of property	13%
Landlord-tenant relations	12%
Financial services (mortgage and loans)	11%
Housing Concerns - Bias and discrimination in my community	10%
My neighborhood/location	7%
Overcrowding	6%

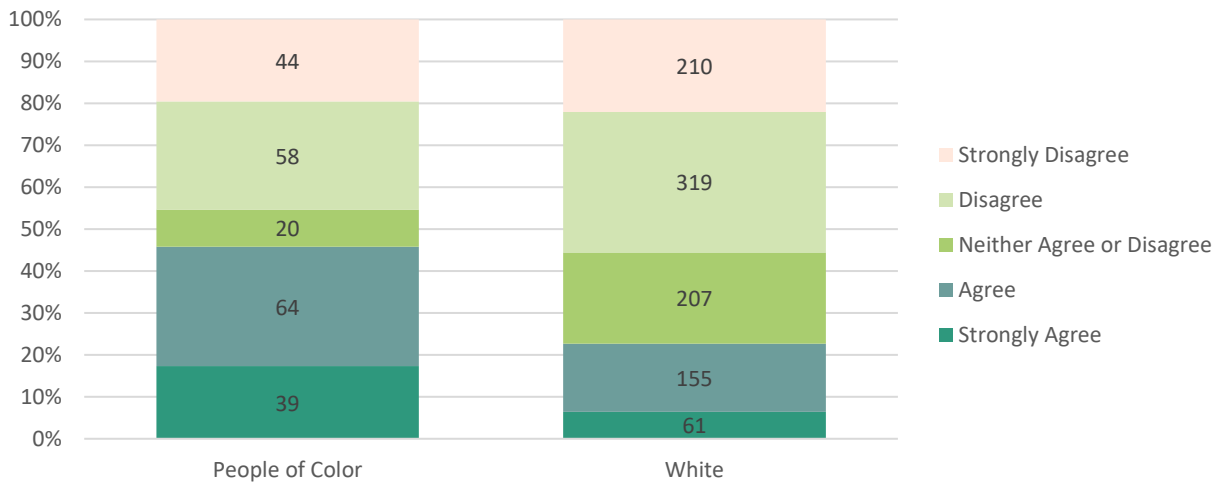
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- Lack of affordable and well-maintained housing options
- Greater accountability, oversight, and regulations are needed for landlords and rental companies
- More homeownership options are needed for middle-class professionals
- Better solutions for new development: more welcoming mixed and multigenerational housing
- Housing challenges for New Americans and non-citizens
- Bias in real estate
- Concerns about rising property taxes
- Concerns about subsidized and affordable housing units

Demographic Analysis of Lowest-Scoring Housing Sentiment

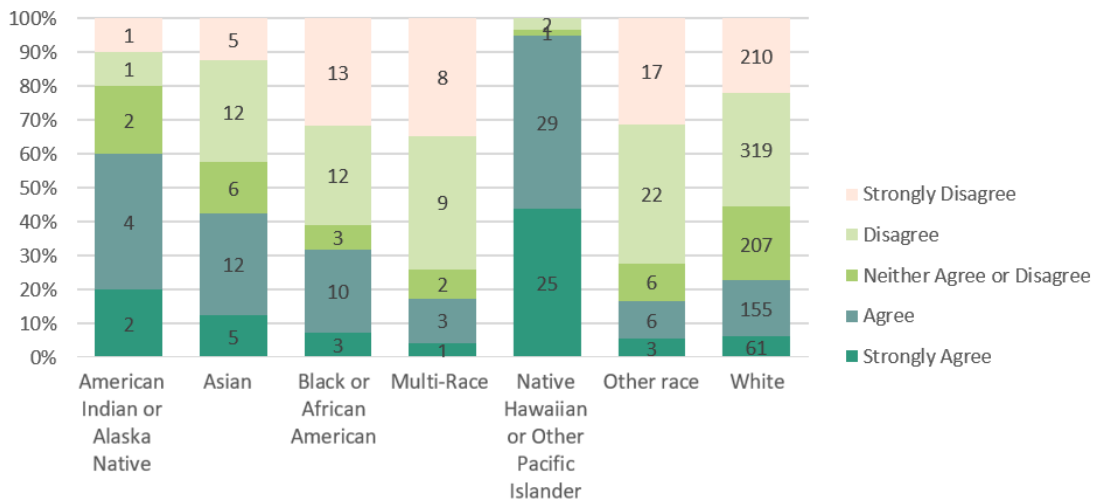
The lowest-scoring housing statement was “this community offers enough quality and affordable housing” (27% agreed or strongly agreed). When this data is segmented by race/ethnicity, we find that a greater percentage of People of Color-identifying respondents believe that there are enough quality and affordable housing options.

FIGURE 63: LOWEST-SCORING HOUSING SENTIMENT: RACE/ETHNICITY (CONDENSED)



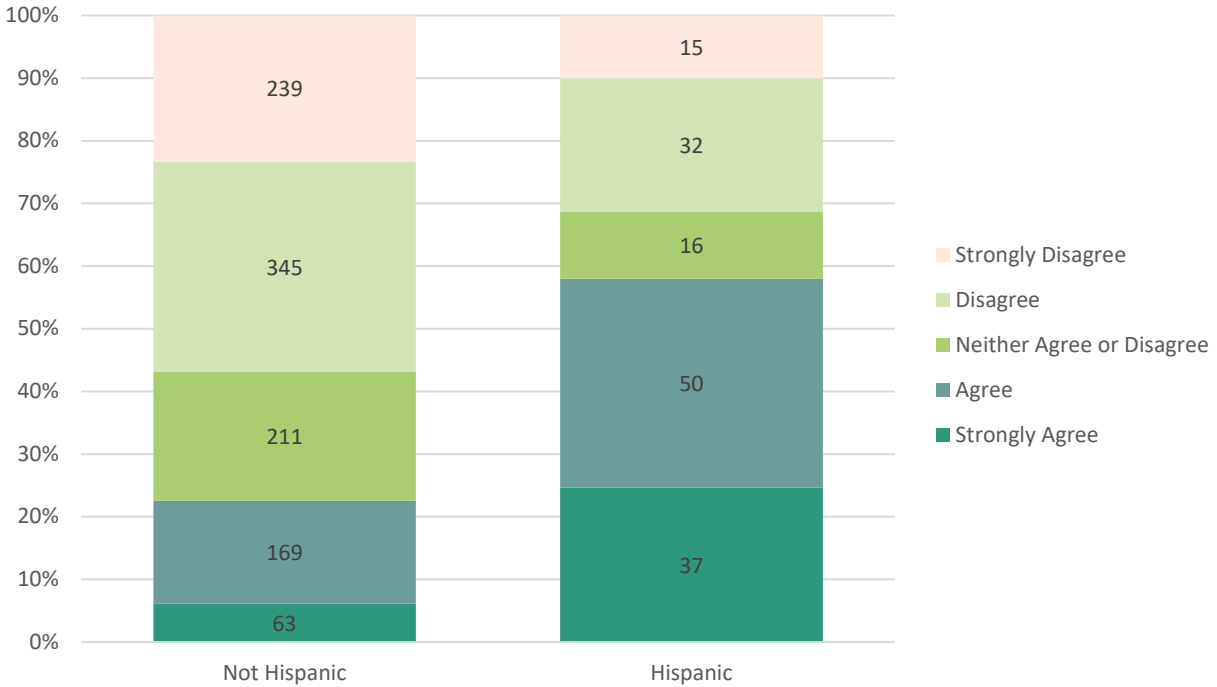
Further segmentation of this data shows that Native Hawaiian, American Indian, and Asian-identifying respondents have the most positive perception of this statement. Meanwhile, Multi-Race, Other Race, White, and Black-identifying respondents less frequently agreed that the community offers enough quality and affordable housing options.

FIGURE 64: LOWEST-SCORING HOUSING SENTIMENT: RACE/ETHNICITY



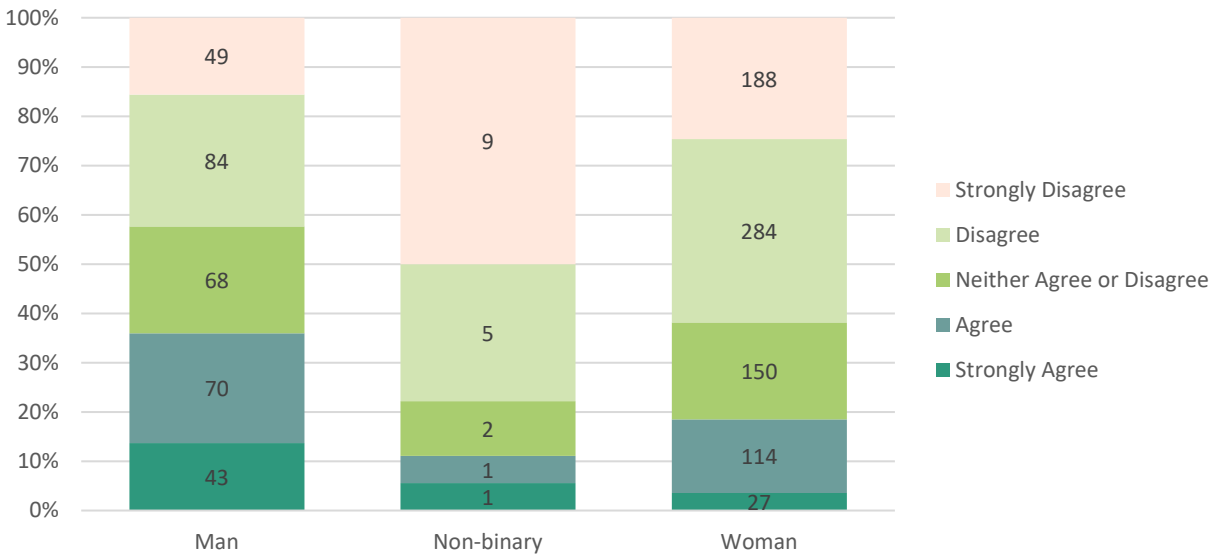
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were more likely to feel that the community offers enough quality and affordable housing.

FIGURE 65: LOWEST-SCORING HOUSING SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



Female and non-binary-identifying respondents were less likely to feel that the community offers enough quality and affordable housing.

FIGURE 66: LOWEST-SCORING HOUSING SENTIMENT: GENDER-IDENTITY



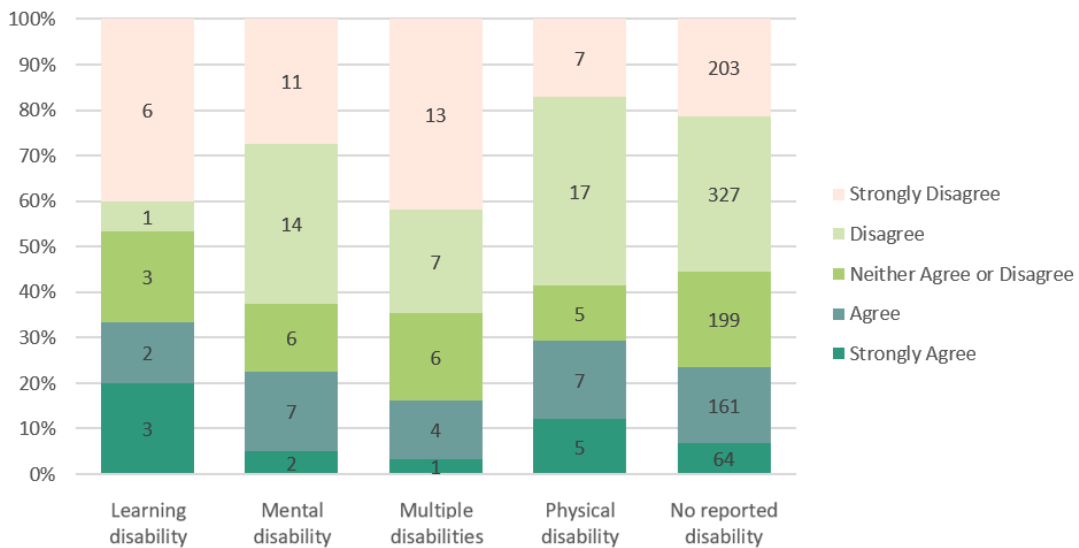
Sentiments regarding quality and affordable housing do not differ significantly by disability status.

FIGURE 67: LOWEST-SCORING HOUSING SENTIMENT: DISABILITY STATUS (CONDENSED)



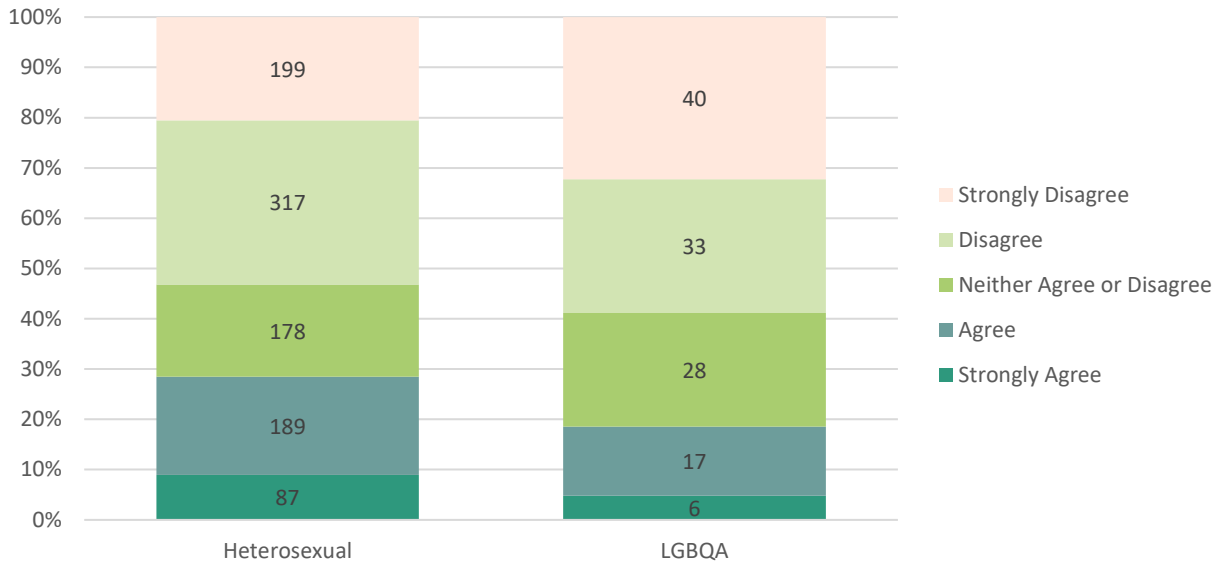
However, further segmentation of the data shows that individuals with multiple disabilities are less likely to feel that the community offers enough quality and affordable housing.

FIGURE 68: LOWEST-SCORING HOUSING SENTIMENT: DISABILITY STATUS



LGBTQ+-identifying respondents are less likely to feel that the community offers enough quality and affordable housing.

FIGURE 69: LOWEST-SCORING HOUSING SENTIMENT: SEXUAL ORIENTATION



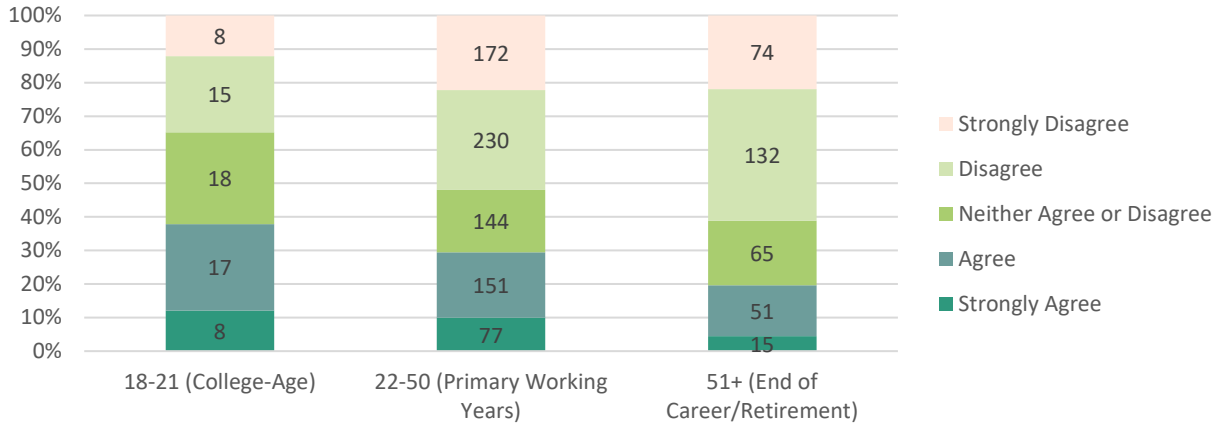
Non-veteran respondents are less likely to feel that the community offers enough quality and affordable housing.

FIGURE 70: LOWEST-SCORING HOUSING SENTIMENT: VETERAN STATUS



Respondents age 51+ most frequently disagreed that the community offers enough quality and affordable housing.

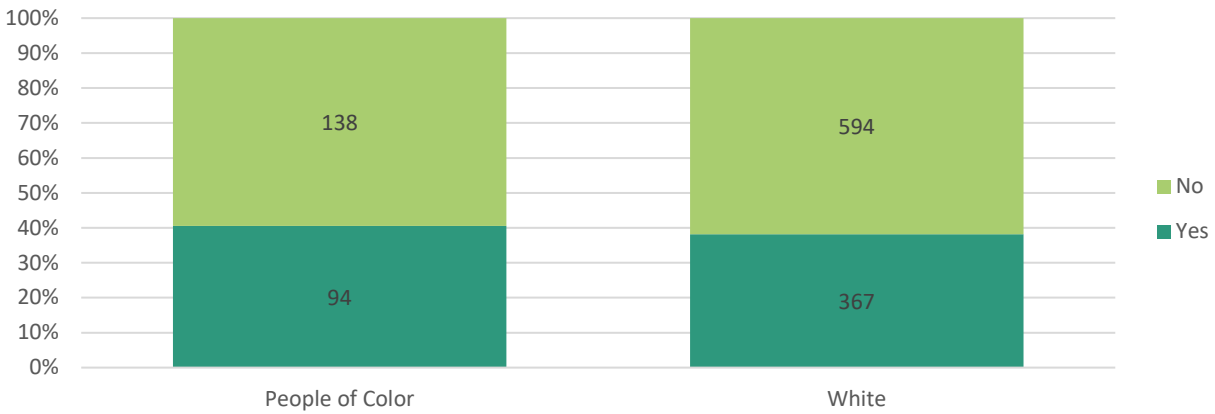
FIGURE 71: LOWEST-SCORING HOUSING SENTIMENT: AGE GROUP



Demographic Analysis of Top Housing Concern⁴¹

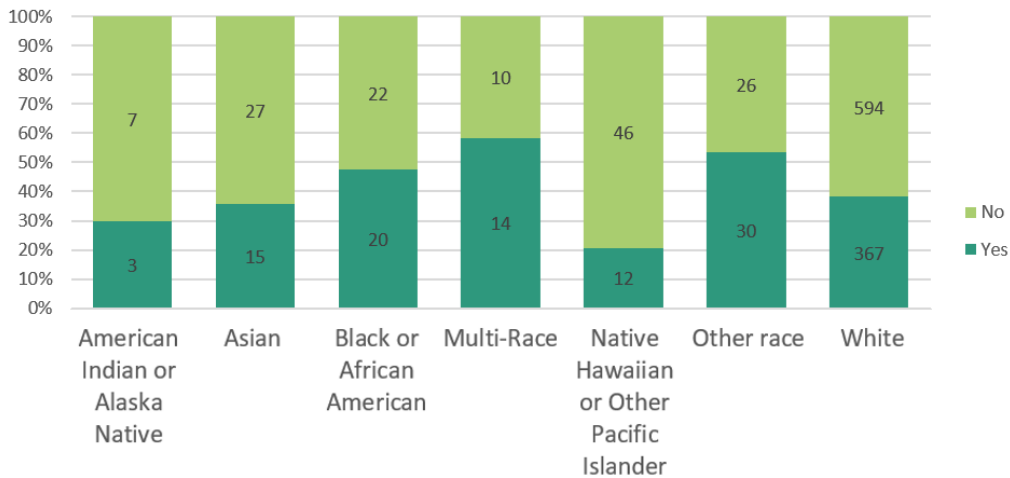
The most frequently selected housing concern was lack of affordable housing options (22%). When data is segmented by race and ethnicity, People of Color were slightly more likely to identify this option as a primary concern.

FIGURE 72: TOP COMMUNITY-LEVEL HOUSING CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmentation of the data shows that Multi-Race, Other Race, and Black-identifying respondents are most concerned with the lack of affordable housing options.

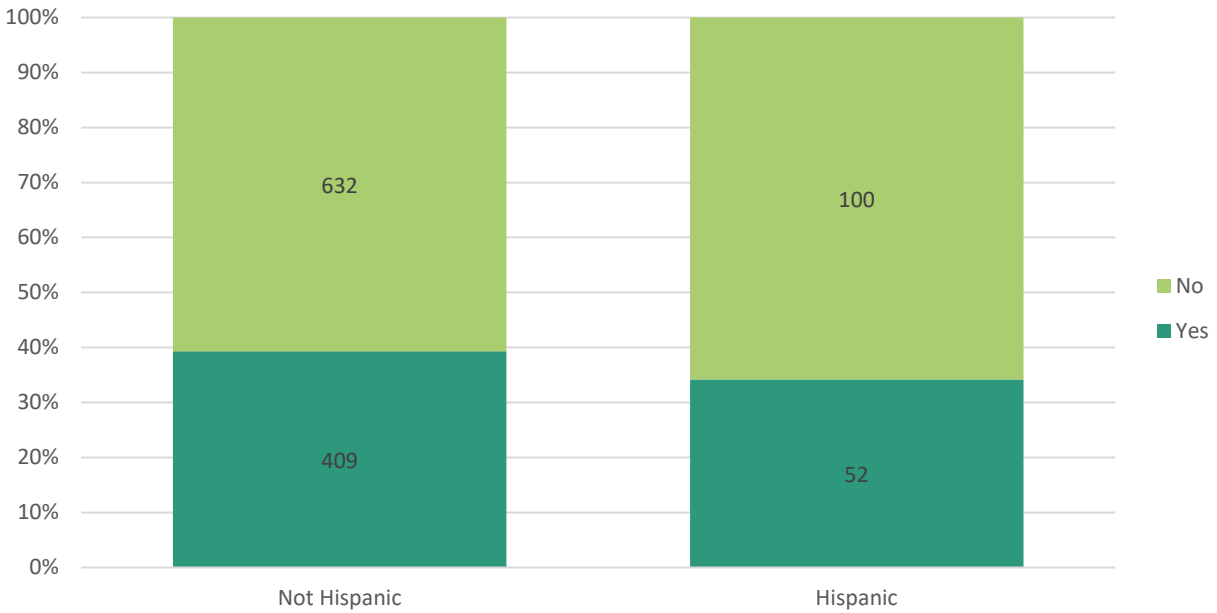
FIGURE 73: TOP COMMUNITY-LEVEL HOUSING CONCERN: RACE/ETHNICITY



⁴¹ Additional demographic analysis is available in the Appendix.

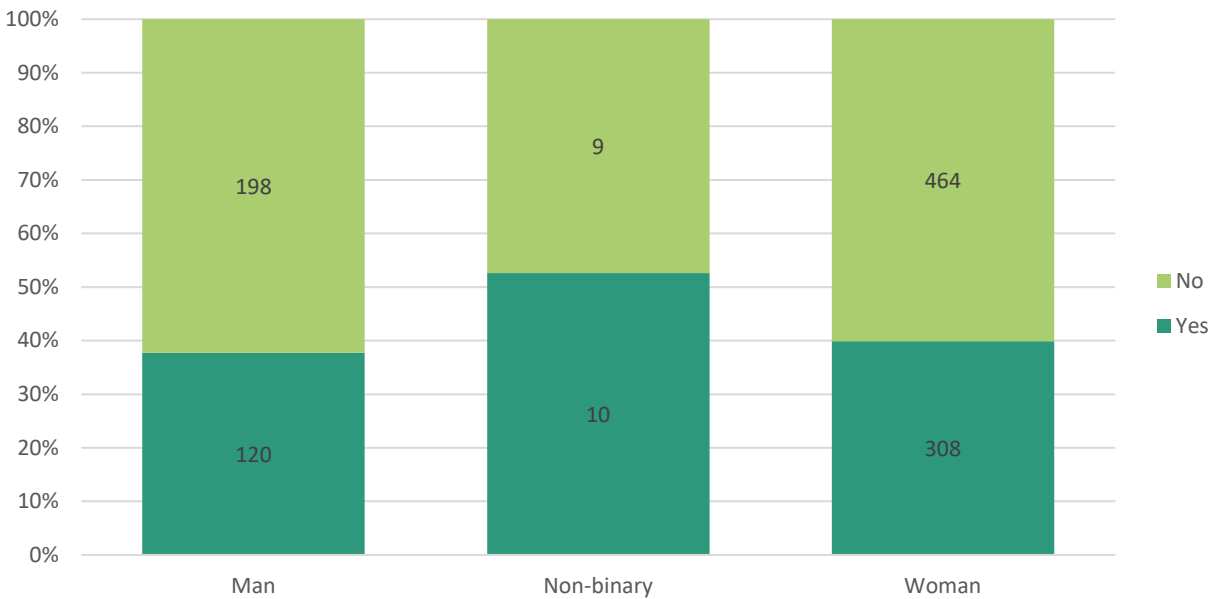
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) are slightly less concerned with the lack of affordable housing options.

FIGURE 74: TOP COMMUNITY-LEVEL HOUSING CONCERN: HISPANIC/LATINO/LATINX/LATINE



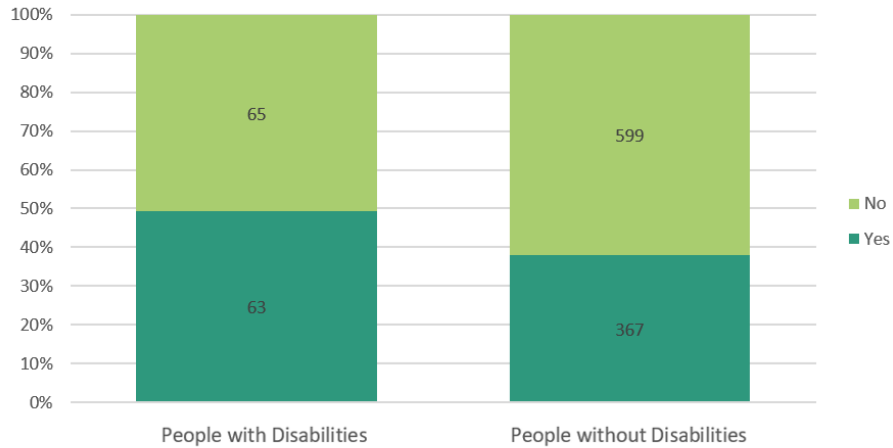
Non-binary-identifying respondents are more concerned with the lack of affordable housing options than woman- or man-identifying respondents.

FIGURE 75: TOP COMMUNITY-LEVEL HOUSING CONCERN: GENDER-IDENTITY



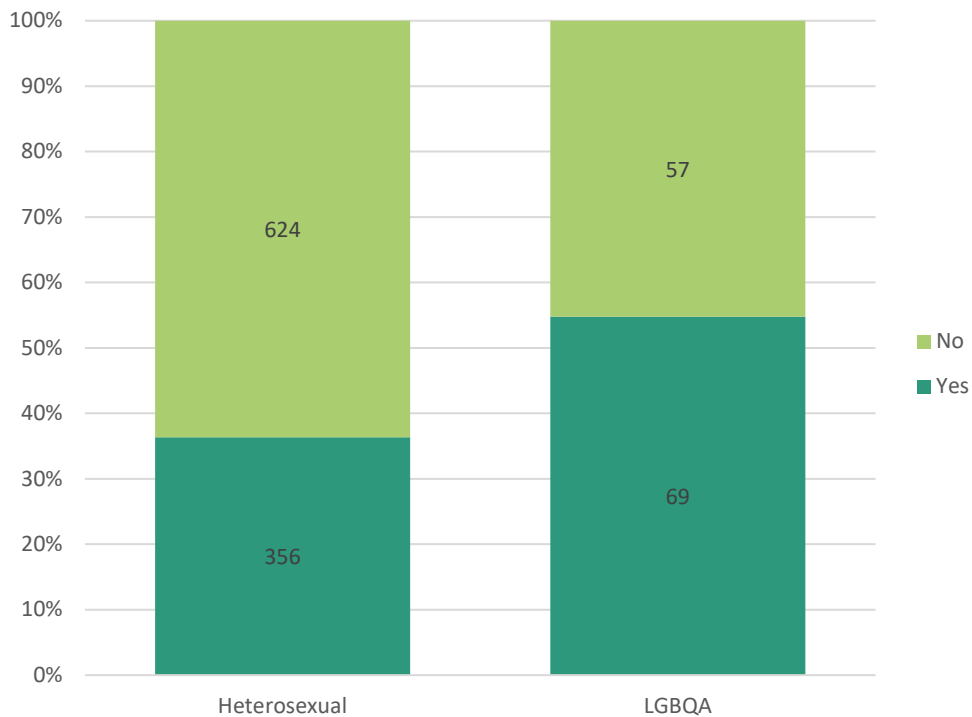
Disability status shows that individuals with disabilities are slightly more concerned with the lack of affordable housing options. Significant variations by disability type did not occur in the dataset.

FIGURE 76: TOP COMMUNITY-LEVEL HOUSING CONCERN: DISABILITY STATUS (CONDENSED)



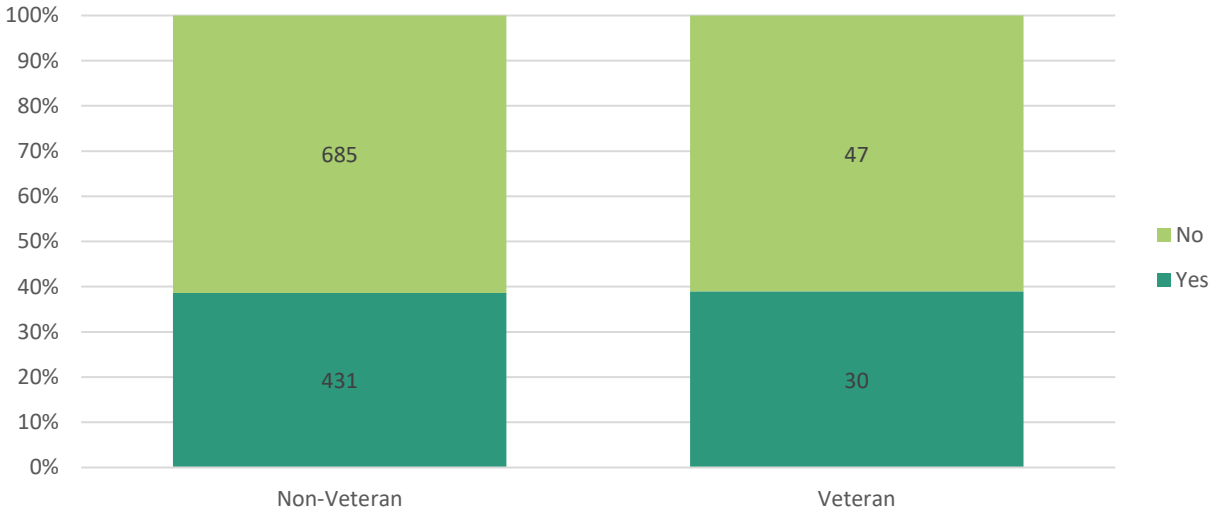
LGBTQ+-identifying respondents are more concerned with the lack of affordable housing options than heterosexual-identifying respondents.

FIGURE 77: TOP COMMUNITY-LEVEL HOUSING CONCERN: SEXUAL ORIENTATION



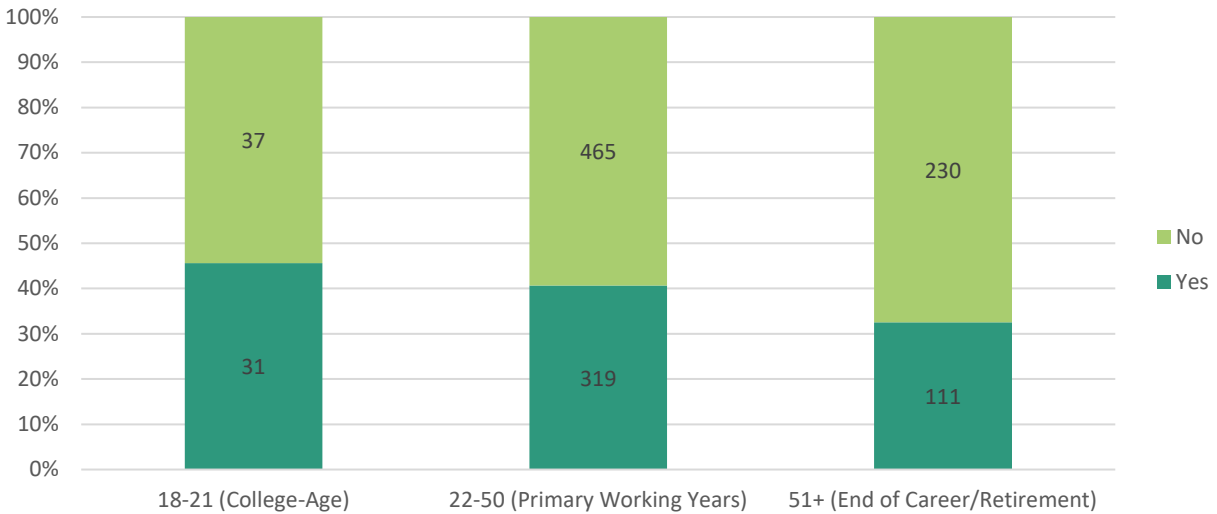
Veterans and non-veterans had similar response rates to this option (lack of affordable housing options).

FIGURE 78: TOP COMMUNITY-LEVEL HOUSING CONCERN: VETERAN STATUS



Respondents identifying as 51+ less frequently identified lack of affordable housing options as a concern.

FIGURE 79: TOP COMMUNITY-LEVEL HOUSING CONCERN: AGE GROUP



Research Category 5: Transportation

Diversity in transportation refers to considering the distinguishable and indistinguishable differences between individuals based on their ethnicity, social-economic status, sex/gender, age, disabilities, religion, etc., and the ways in which they experience systemic disadvantages or advantages and obstacles to opportunities and resources in transportation including the transportation workforce. A better understanding of these issues will aid in providing better transportation services and better work environments for these groups.

It has been over 60 years since the Montgomery bus boycott acted as a catalyst for the Civil Rights Movement and the changes it fought for, including equity in transportation. However, far too many cities and rural communities in our nation still suffer from inequities in transportation due to lack of resources, historical redlining, and more. Most of the disparities in transportation are still experienced by people of color and low-income individuals. Equity in transportation refers to evaluating the inequitable conditions that exist in public and private transportation services. This evaluation needs to result in actionable best practices that eliminate the unfair treatment of historically underrepresented groups who have not had access to equitable transportation. In addition, it is imperative that limited resources are reallocated to ensure that everyone receives fair treatment and has equal access to essential transportation services.

Inclusion in transportation refers to valuing the perspectives, amplifying the voices, and creating a safe and thriving environment for historically underrepresented groups who experience transportation roadblocks based on their ethnicity, social-economic status, sex/gender, age, disabilities, religion, or other characteristics. Determining the obstacles that are impeding individuals from adding their input in the transportation planning decisions that directly affect them, such as the development of new transit routes, is important in bridging the gap to provide inclusion for all.

Community-Level Transportation Sentiments and Concerns

Transportation represents an opportunity for improvement in Greater Mankato. Less than 50% of respondents agreed or strongly agreed with statements about transportation in the survey.

TABLE 15: COMMUNITY-LEVEL SENTIMENT ABOUT TRANSPORTATION

Statement	Agree and Strongly Agree Percentage
It is easy to get to any place one would like to visit in the community.	47%
My community offers quality public transportation options.	40%
Transportation assistance is easy to find.	33%

The most frequent response to this question was that respondents did not have any transportation concerns (14%). However, there are still many areas that respondents expressed concerns about, including routes and hours, conditions, options, not having enough sidewalks, and personal safety.

TABLE 16: COMMUNITY-LEVEL CONCERNS ABOUT TRANSPORTATION

Response	Percentage
I do not have any transportation concerns	14%
Public transportation routes and hours of operations	13%
Road conditions	13%
Public transportations options	12%
Not enough/no sidewalks	11%
Personal safety	10%
Bicycle safety	9%
Sidewalk conditions	8%
Cost of public transportation	5%
Transportation Concerns - Bias and discrimination in my community	4%

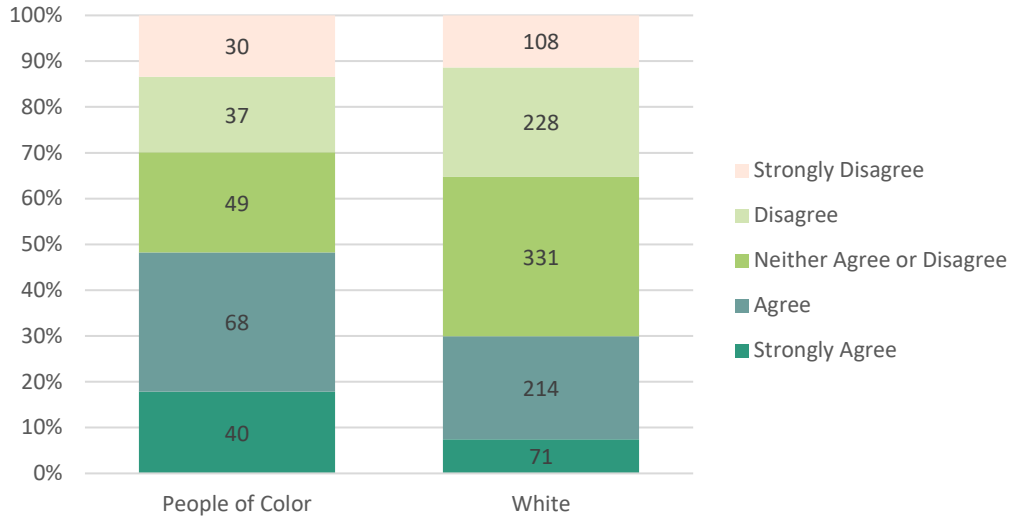
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- Public transportation is very limited: need more options, increased hours of operations
- The community is too car-centric, residents want more and safer options: biking, walking, electric vehicles
- Traffic is not safe for pedestrians, bikers, walkers
- Walkers, wheelchair users need more and safer sidewalks, more lighting
- IDS 77 busing for school-aged children, transportation for homeless students need to improve

Demographic Analysis of Lowest-Scoring Transportation Sentiment

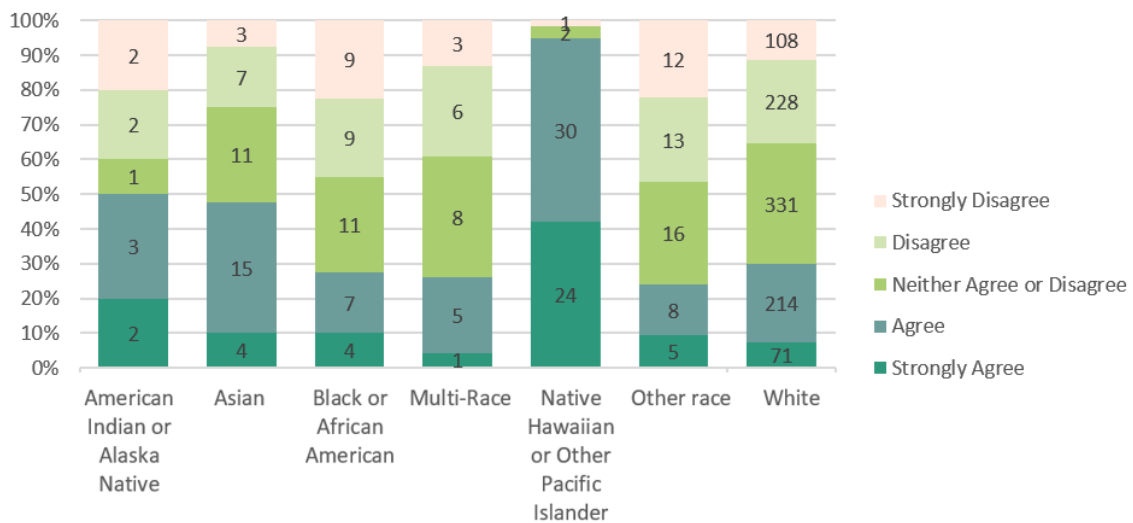
The lowest-scoring transportation statement was “transportation assistance is easy to find” (33% agreed or strongly agreed). When this data is segmented by race/ethnicity, a greater percentage of People of Color-identifying respondents believe that transportation assistance is easy to find.

FIGURE 80: LOWEST-SCORING TRANSPORTATION SENTIMENT: RACE/ETHNICITY (CONDENSED)



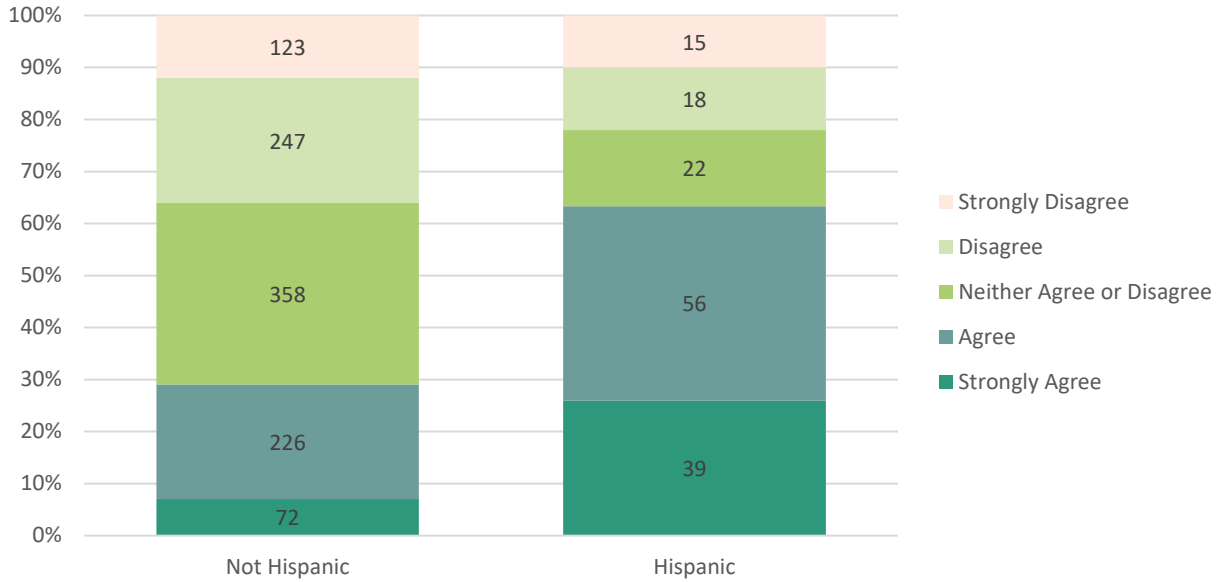
Other Race, Multi-Race, and Black-identifying respondents were less likely than other respondents to indicate transportation assistance is easy to find.

FIGURE 81: LOWEST-SCORING TRANSPORTATION SENTIMENT: PEOPLE OF COLOR



Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were significantly more likely to indicate that transportation assistance is easy to find.

FIGURE 82: LOWEST-SCORING TRANSPORTATION SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



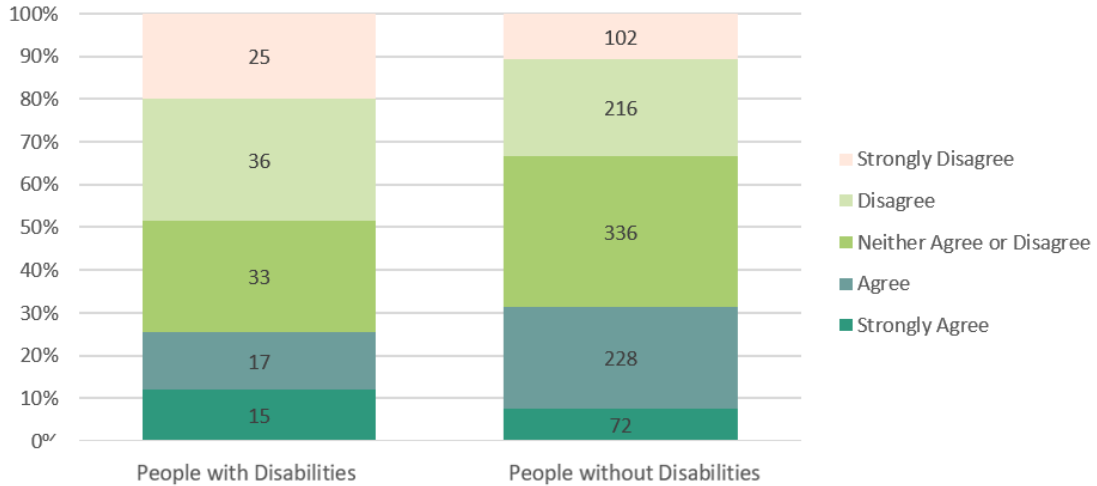
Non-binary and female-identifying respondents were significantly less likely to feel that transportation assistance is easy to find.

FIGURE 83: LOWEST-SCORING TRANSPORTATION SENTIMENT: GENDER-IDENTITY



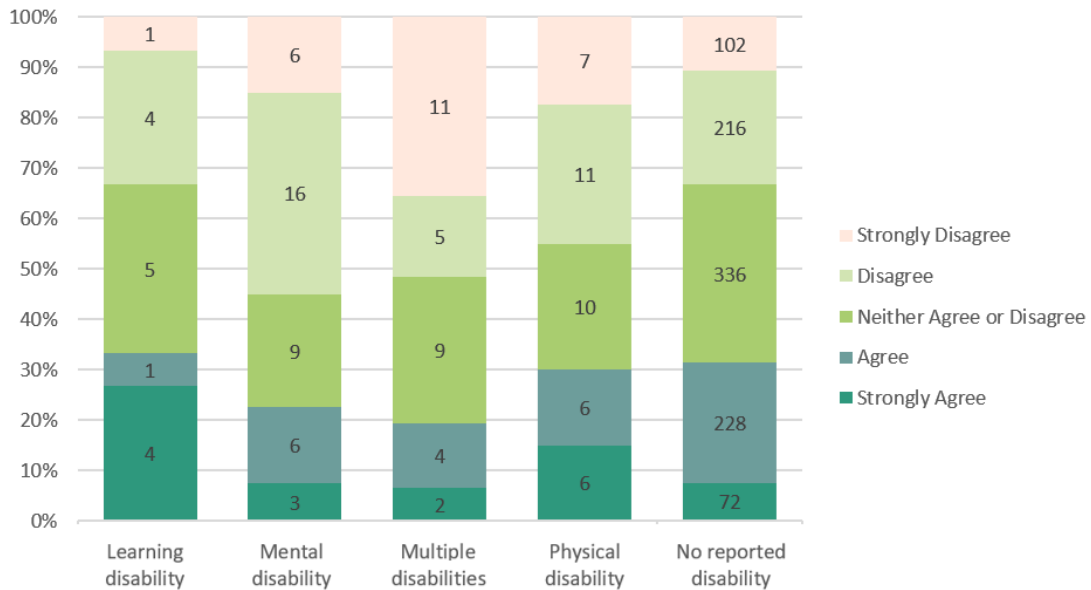
Individuals with disabilities were more likely to disagree with the statement that transportation assistance is easy to find.

FIGURE 84: LOWEST-SCORING TRANSPORTATION SENTIMENT: DISABILITY STATUS (CONDENSED)



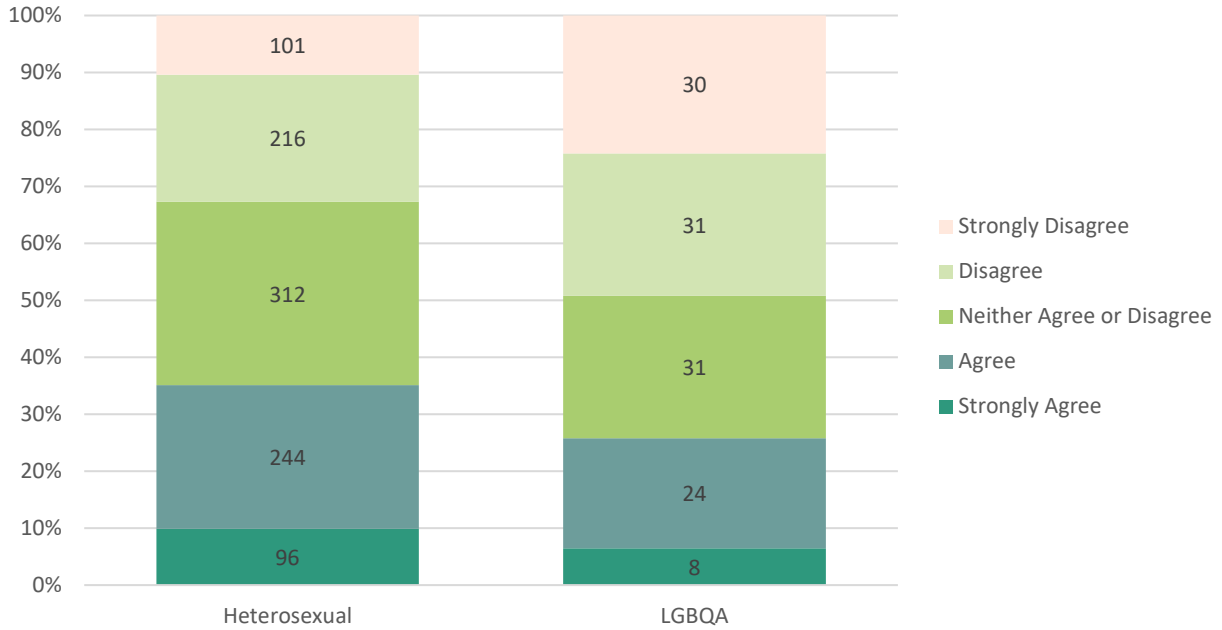
Further segmentation of the data shows that individuals with multiple disabilities and mental disabilities were least likely to agree with the statement that transportation assistance is easy to find.

FIGURE 85: LOWEST-SCORING TRANSPORTATION SENTIMENT: DISABILITY STATUS



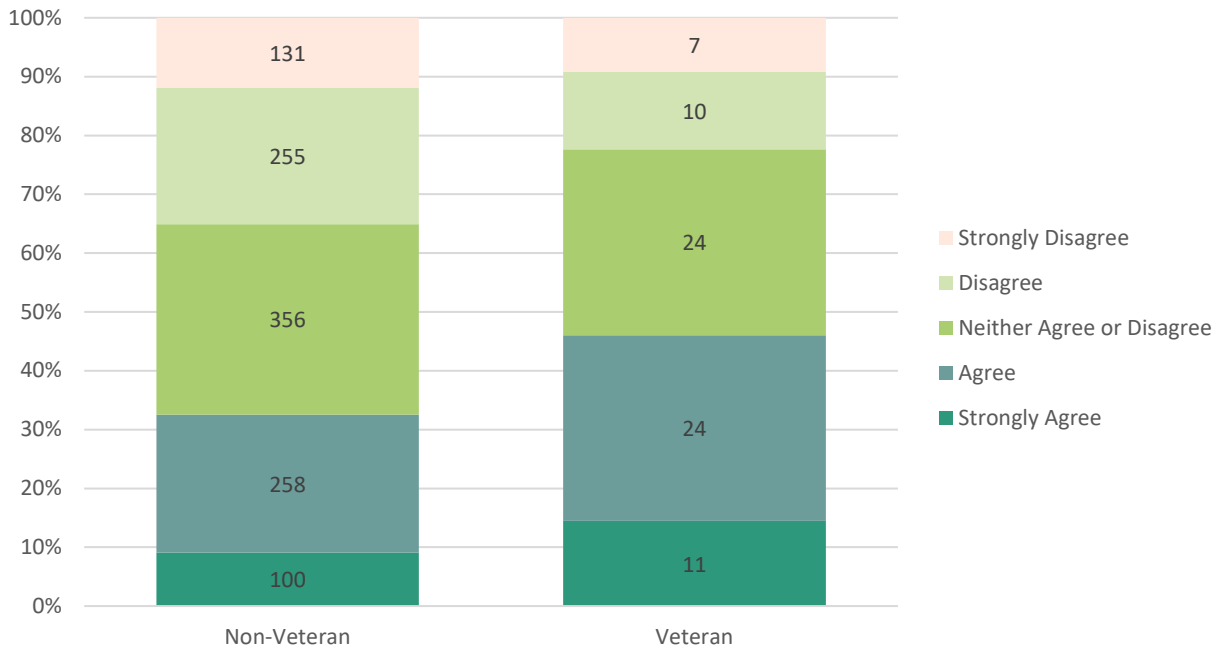
LGBTQ+-respondents were more likely to disagree with the statement that transportation assistance is easy to find.

FIGURE 86: LOWEST-SCORING TRANSPORTATION SENTIMENT: SEXUAL ORIENTATION



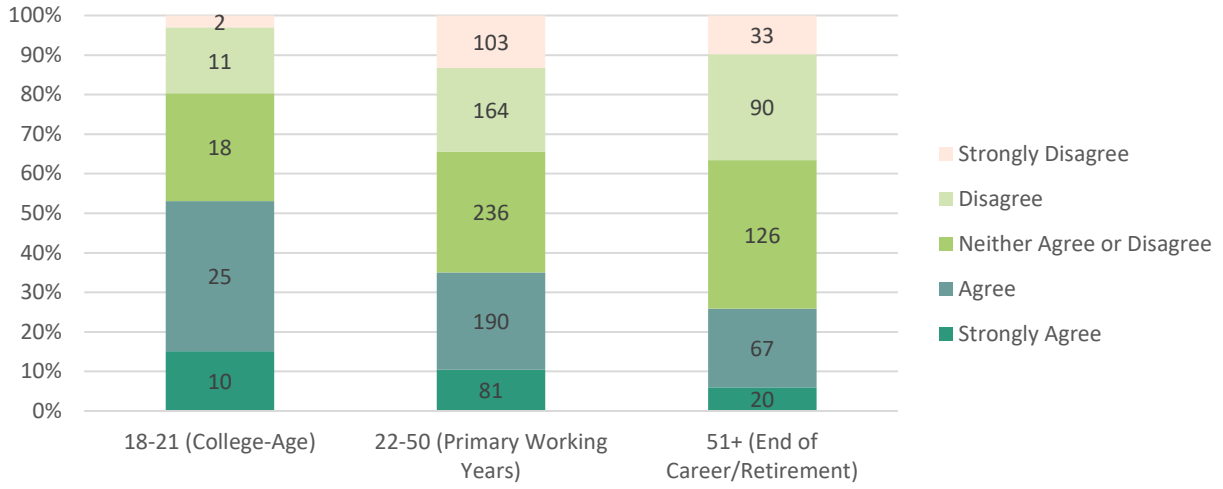
Non-veteran respondents were more likely to disagree with the statement that transportation assistance is easy to find.

FIGURE 87: LOWEST-SCORING TRANSPORTATION SENTIMENT: VETERAN STATUS



Respondents age 22-51+ were more likely to disagree with the statement that transportation assistance is easy to find.

FIGURE 88: LOWEST-SCORING TRANSPORTATION SENTIMENT: AGE GROUP

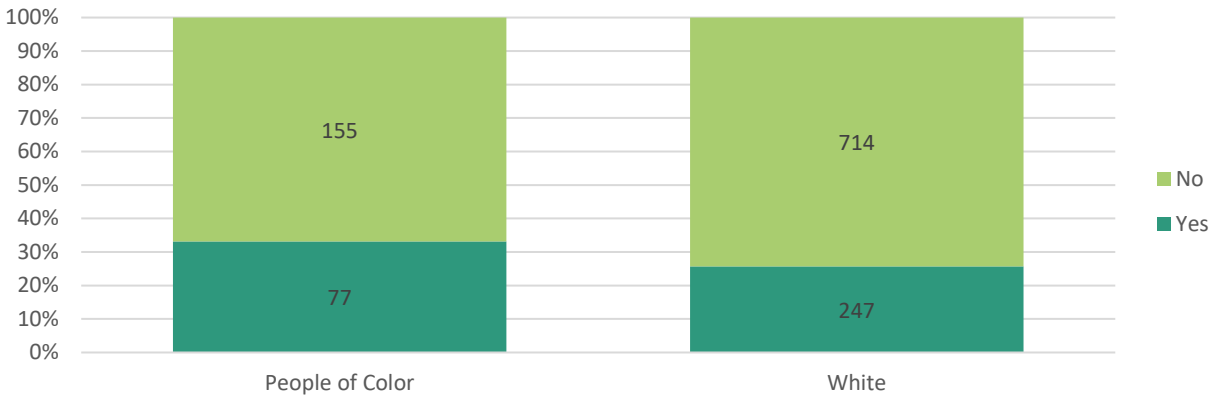


Demographic Analysis of Top Transportation Concern⁴²

It is important to note that 14% of respondents stated they did not have any transportation concerns, the highest of all research categories. The most frequently selected transportation concern was public transportation routes and hours of operations (13%).

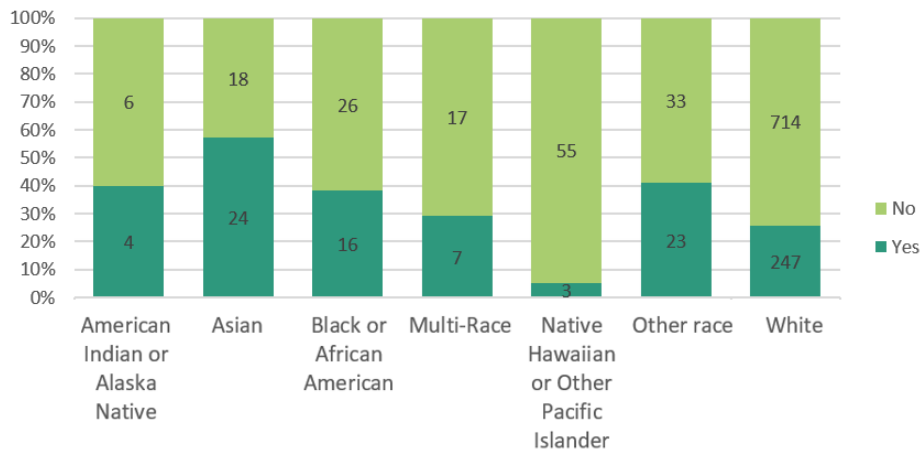
When data is segmented by race and ethnicity, People of Color were more likely to identify public transportation routes and hours of operations as a primary concern.

FIGURE 89: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmentation of the data shows that Asian and Other-Race identifying respondents were most likely to identify public transportation routes and hours of operations as a primary concern.

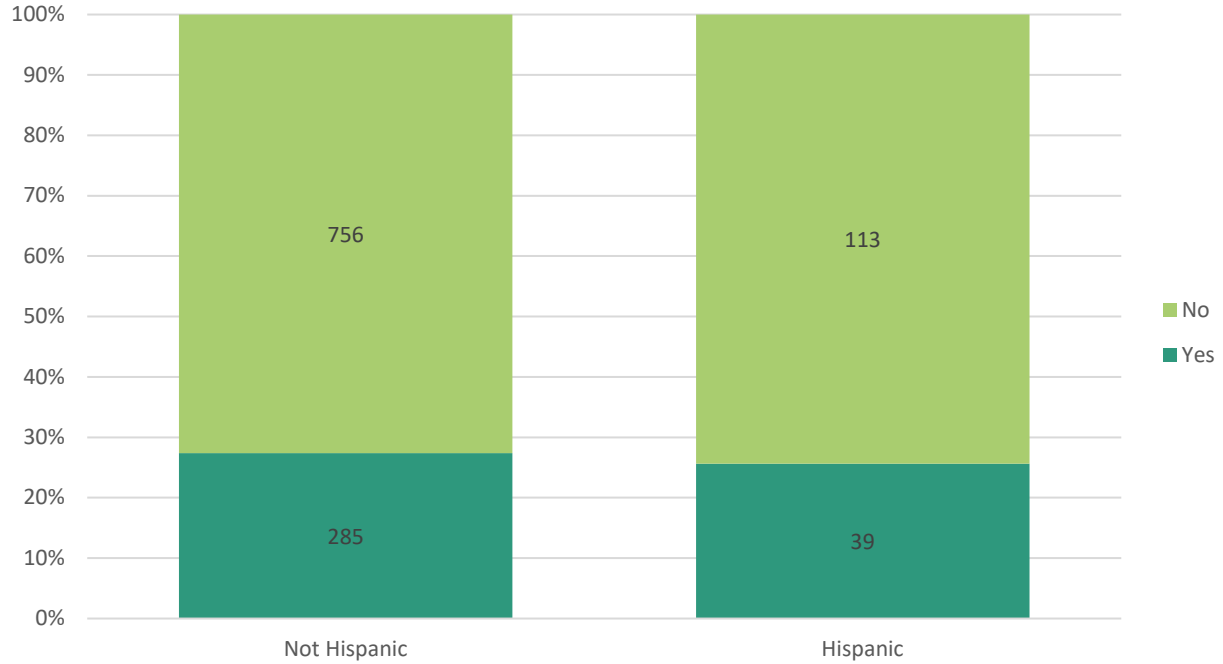
FIGURE 90: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: RACE/ETHNICITY



⁴² Additional demographic analysis is available in the Appendix.

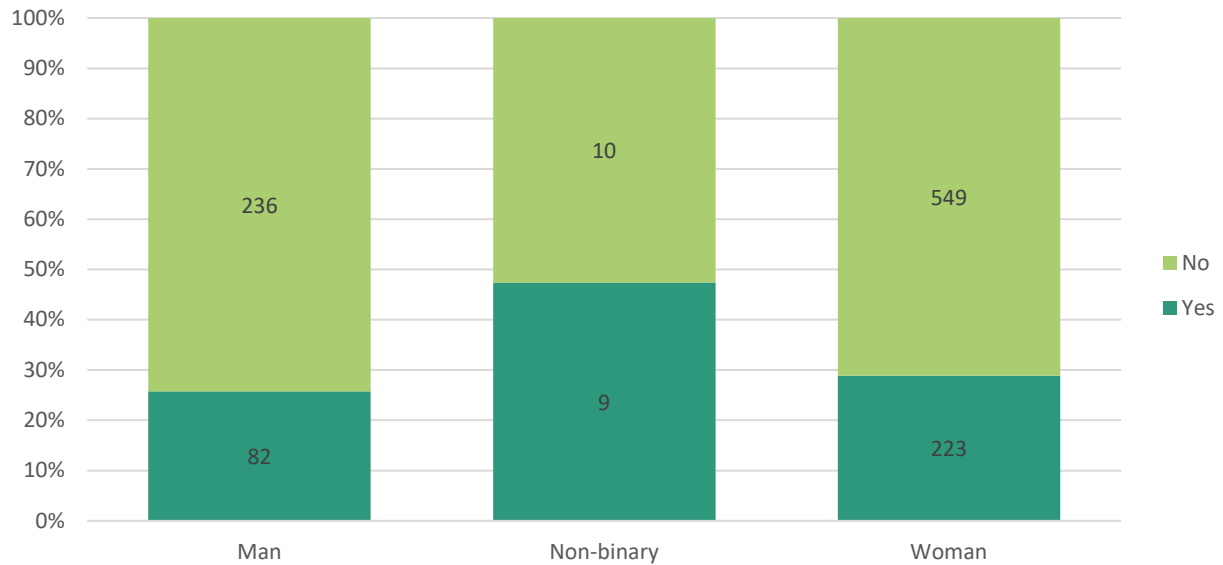
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were slightly less likely to identify public transportation routes and hours of operations as a primary concern.

FIGURE 91: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: HISPANIC/LATINO/LATINX/LATINE



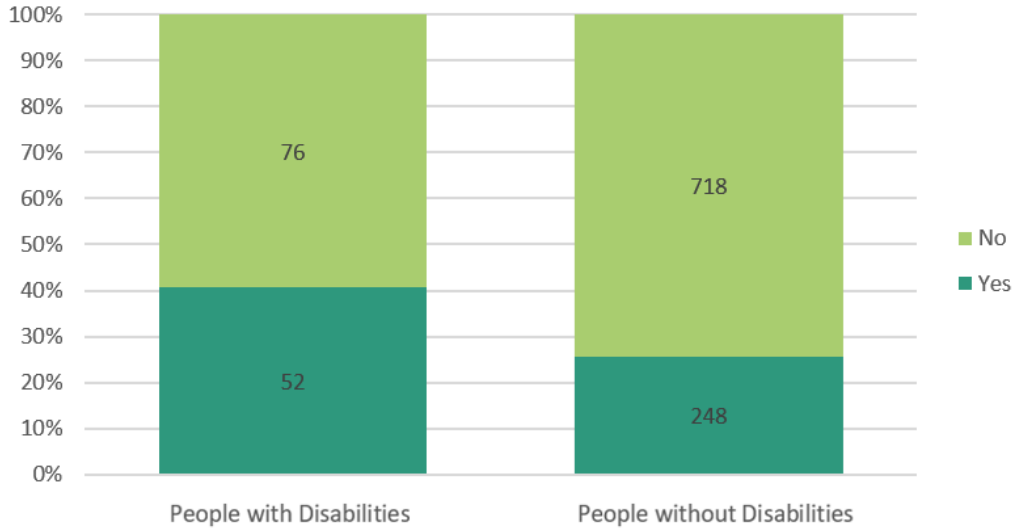
Non-binary respondents were more likely to identify public transportation routes and hours of operations as a primary concern.

FIGURE 92: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: GENDER IDENTITY



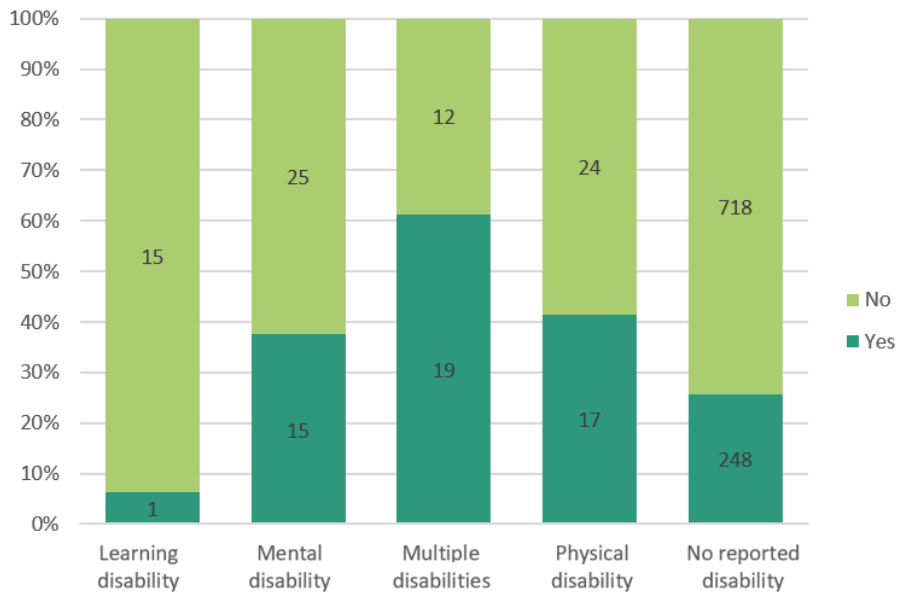
Individuals with disabilities were more likely to identify public transportation routes and hours of operations as a primary concern.

FIGURE 93: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: DISABILITY STATUS (CONDENSED)



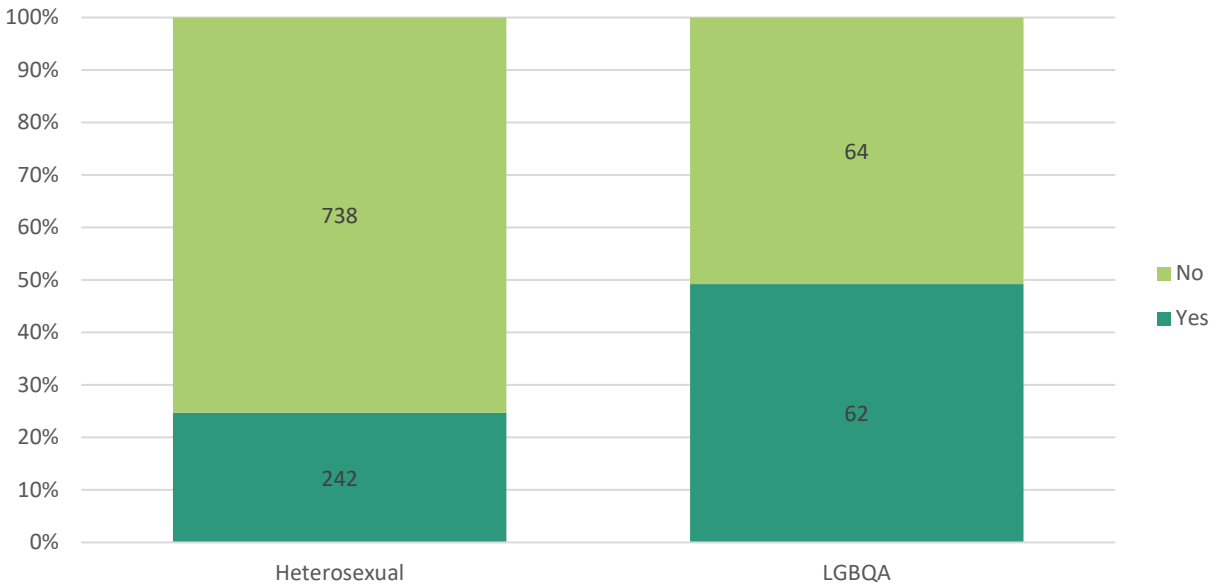
Further segmentation of this data shows that respondents with multiple disabilities, physical disabilities, and mental disabilities most frequently identified public transportation routes and hours of operations as a primary concern.

FIGURE 94: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: DISABILITY STATUS



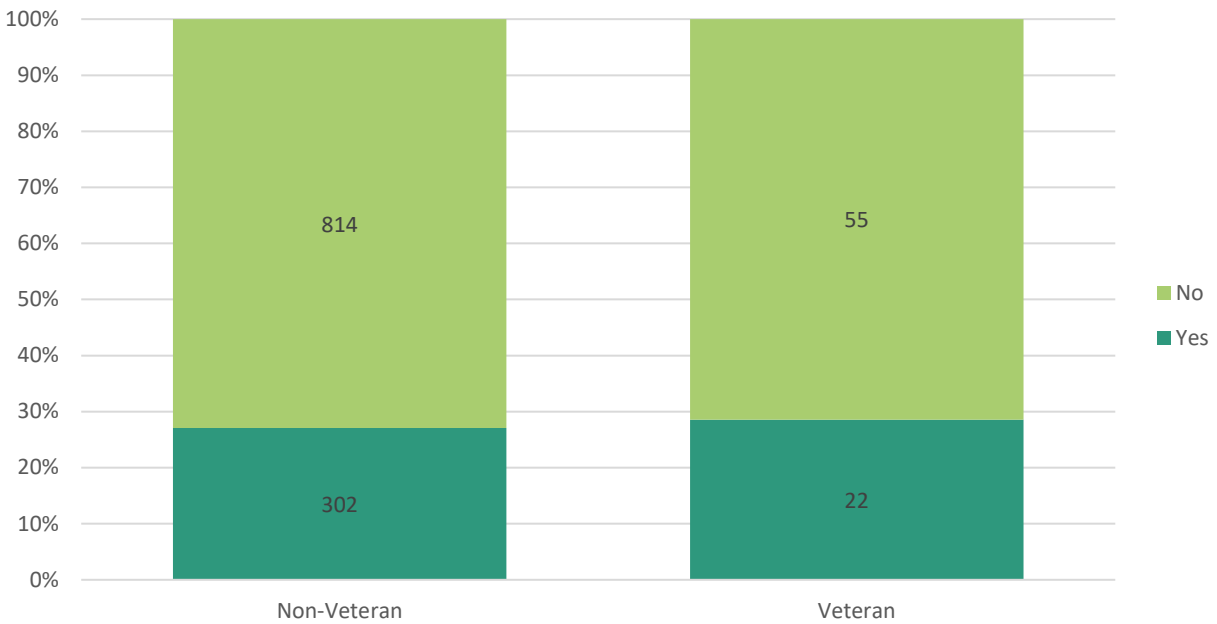
LGBTQ+-identifying most frequently identified public transportation routes and hours of operations as a primary concern.

FIGURE 95: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: SEXUAL ORIENTATION



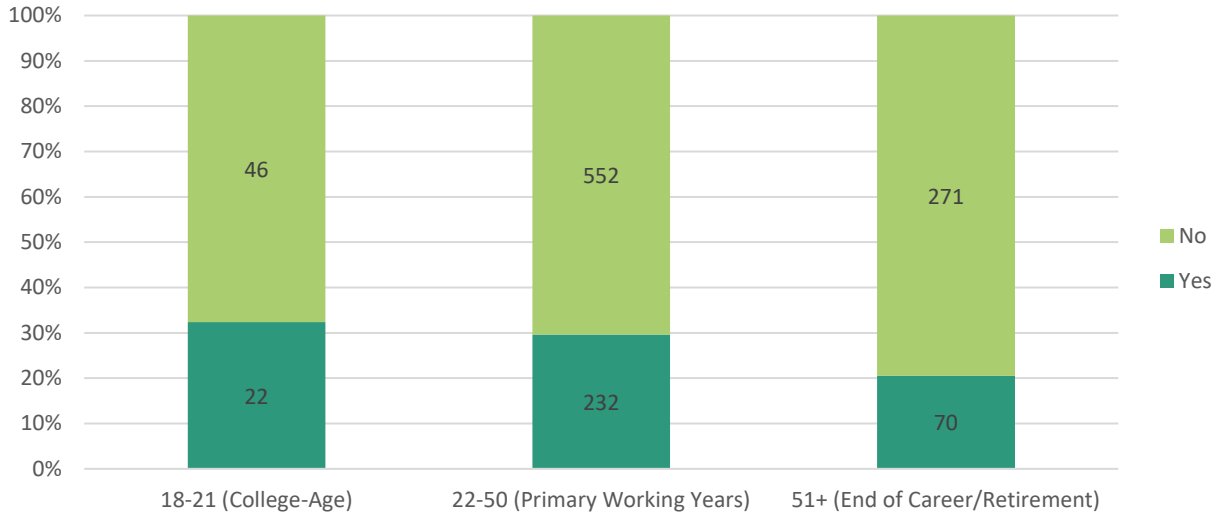
Veteran-identifying respondents were slightly more likely to identify public transportation routes and hours of operations as a primary concern.

FIGURE 96: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: VETERAN STATUS



Respondents age 18-50 more frequently identified public transportation routes and hours of operations as a primary concern.

FIGURE 97: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: AGE GROUP



Research Category 6: Education

Racial and cultural diversity are hallmarks of our society. To celebrate this diversity, and cultivate harmony and respect for all peoples, educators must nurture equity and inclusion within the classroom. Students enter the classroom carrying an assortment of beliefs. This may include racial and cultural prejudices picked up from their neighborhoods, pop culture, and their families. Educators can help combat prejudice and racial discord by supporting positive behaviors among students, fostering a sense of belonging for all students and their families, and instilling respect for all people.

Providing equitable access to education and supporting tolerance of those who look different or have different needs creates a positive effect on learning. Classroom management falters when students experience friction with other students. By actively engaging in learning activities that instill respect for diversity, the classroom can become a place where respect is a cornerstone.

In the world of education, DEI is an especially relevant topic—and a unique one, because it doesn't just involve employees. DEI is important in a student body, and it's important for students to see DEI as a priority at their college or university.

For instance, it's been shown that a focus on DEI in faculty recruitment can impact student outcomes at an institution.⁴³ Diversity on campus improves cultural awareness and critical thinking.⁴⁴ A diverse faculty body can offer a unique kind of support to students from historically underrepresented backgrounds.

According to Nancy Aebersold, founder and executive director of the Higher Education Recruitment Consortium (HERC), “Students benefit from seeing themselves mirrored in the front of the classroom. Diverse representation and inclusive learning environments provide inspiration and aspiration and help students believe, ‘I can be there, or I can achieve thought leadership in the profession I choose.’”

⁴³ [Focus on DEI.](#)

⁴⁴ [Diversity on campus.](#)

Community-Level Education Sentiments and Concerns

Education sentiments in Greater Mankato are more positive than other research categories. Most notably, 81% of respondents feel their community offers quality higher education/post-secondary options, and 67% feel that the community offers quality K-12 education to all residents. Nevertheless, there remain education-related opportunities for improvement.

TABLE 17: COMMUNITY-LEVEL SENTIMENT ABOUT EDUCATION

Statement	Agree and Strongly Agree Percentage
My community offers quality higher education/post-secondary options.	81%
My community offers quality K-12 education to all residents.	67%
My community offers quality preschool options.	56%
Education services and assistance are easy to find.	47%
Our schools meet the needs of all students regardless of their backgrounds.	44%

Among survey respondents, the cost of college tuition and concerns about bullying were most frequently selected.

TABLE 18: COMMUNITY-LEVEL CONCERNS ABOUT EDUCATION

Response	Percentage
Cost of college tuition	16%
Bullying	11%
Lack of diversity in teaching staff/faculty	9%
Lack of diversity across the curriculum	8%
I do not have any concerns	8%
Academic success	8%
Access to supplemental services (after-school programming, tutoring, etc.)	7%
Access to childcare/pre-school education	6%
Education Concerns - Bias and discrimination in my community	6%
Cost of pre-school education	6%
Parent-student-teacher relations	5%

Response	Percentage
Access to technology	5%
Lack of vocational post-secondary education options	3%

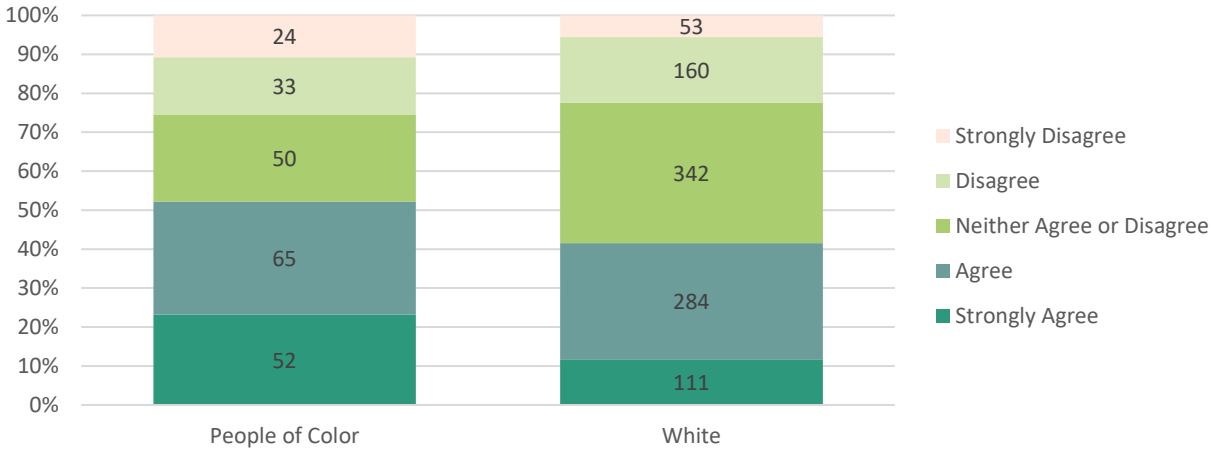
Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

- School safety concerns: gun violence threats, violence, bullying, lack of discipline
- Concerns about the decline of public education/ K-12 school system: more training, staff, and funding is needed
- Lack of diversity in teaching staff, inclusive curricula, foreign language options
- Education begins at home: parents are encouraged to step up
- Concerns about left-wing politics, CRT, at schools
- Support for DEI in schools and concern about right-wing attacks
- MSU needs to address discrimination against POC, lack of diversity in faculty and leadership
- One community, different learning opportunities: West v. East, inequitable education for students of color
- Greater support and improvements are needed for special education, mental health, and learning disabilities
- Language barrier and the lack of access to resources for new Americans

Demographic Analysis of Lowest-Scoring Education Sentiment

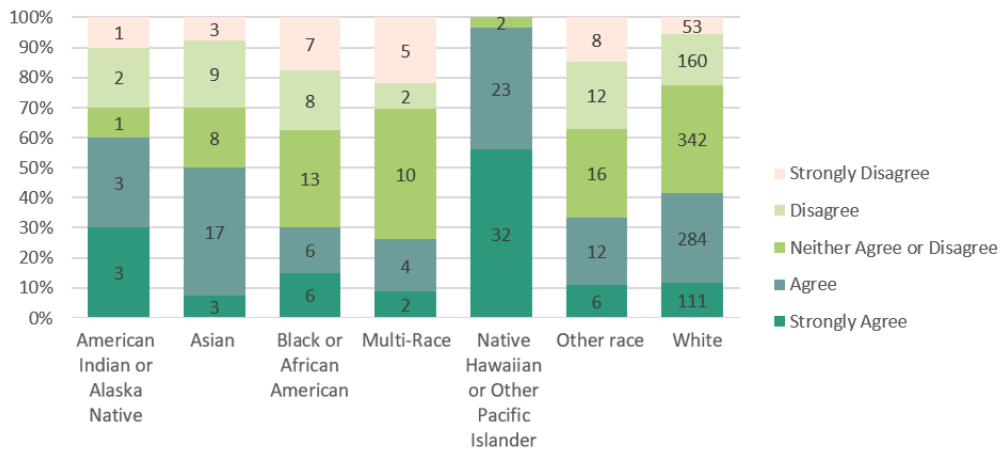
The lowest-scoring education statement was “our schools meet the needs of all students regardless of their backgrounds (44%). Segmenting this data by race shows that People of Color more frequently agreed with this statement than White-identifying respondents.

FIGURE 98: LOWEST-SCORING EDUCATION SENTIMENT: RACE/ETHNICITY (CONDENSED)



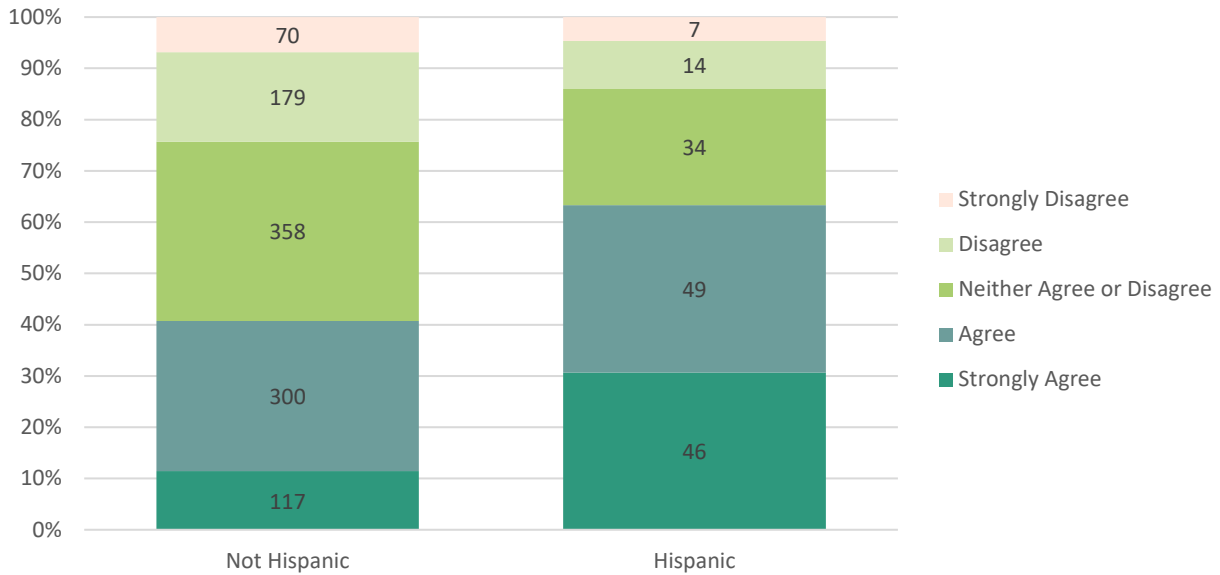
Further segmentation of the data shows Multi-Race and Black-identifying respondents were least likely to agree with the statement.

FIGURE 99: LOWEST-SCORING EDUCATION SENTIMENT: RACE/ETHNICITY



Hispanic/Latino/Latinx/Latine-identifying individuals (condensed to Hispanic and Non-Hispanic in the chart) are more likely to believe that schools meet the needs of all students regardless of their backgrounds.

FIGURE 100: LOWEST-SCORING EDUCATION SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



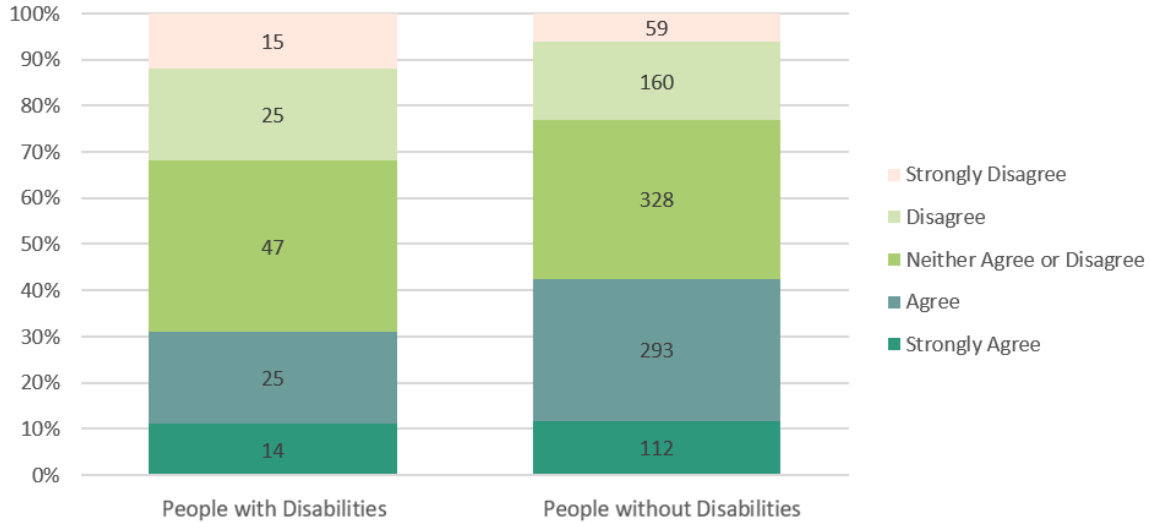
Non-binary individuals are significantly less likely to believe that schools meet the needs of all students regardless of their backgrounds.

FIGURE 101: LOWEST-SCORING EDUCATION SENTIMENT: GENDER IDENTITY



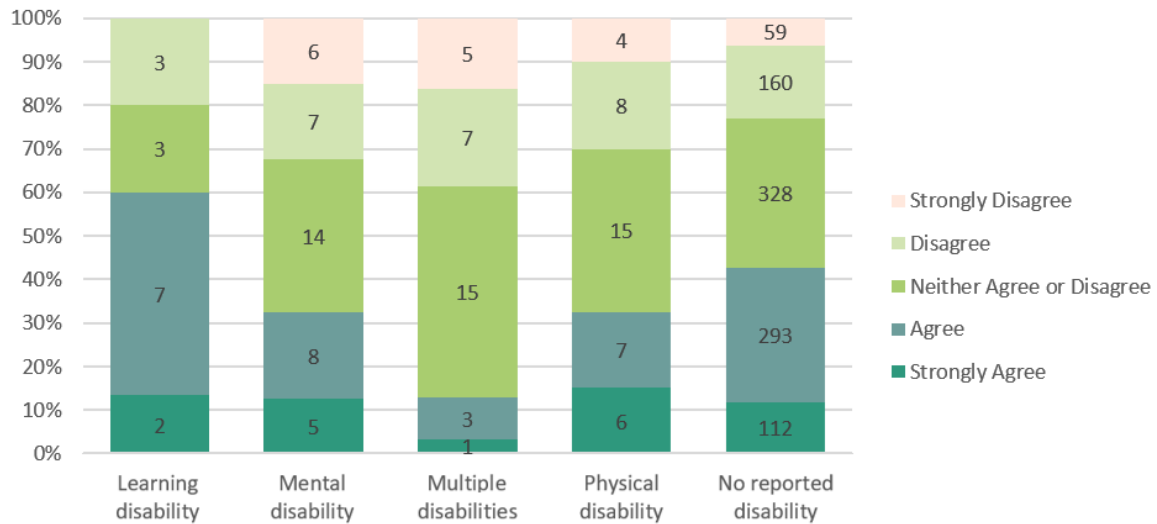
Individuals with disabilities are less likely to believe that schools meet the needs of all students regardless of their backgrounds.

FIGURE 102: LOWEST-SCORING EDUCATION SENTIMENT: DISABILITY STATUS (CONDENSED)



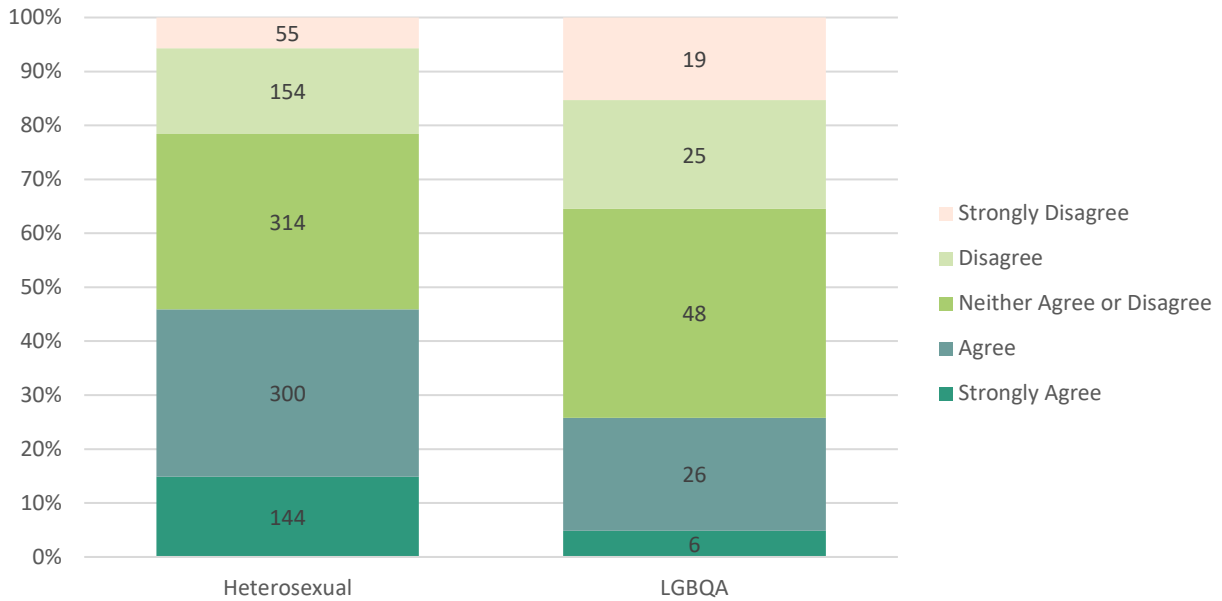
Further segmentation of the data shows that individuals with learning disabilities are significantly more likely to believe that schools meet the needs of all students regardless of their backgrounds.

FIGURE 103: LOWEST-SCORING EDUCATION SENTIMENT: DISABILITY STATUS



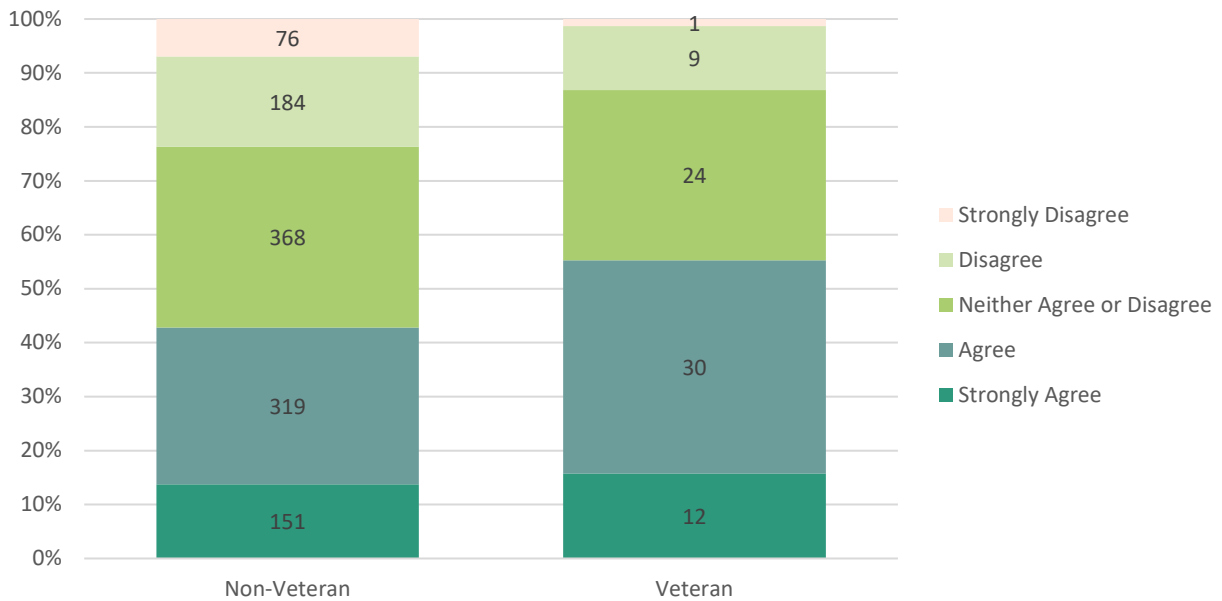
LGBTQ+-identifying respondents were less likely to agree that schools meet the needs of all students regardless of their backgrounds.

FIGURE 104: LOWEST-SCORING EDUCATION SENTIMENT: SEXUAL ORIENTATION



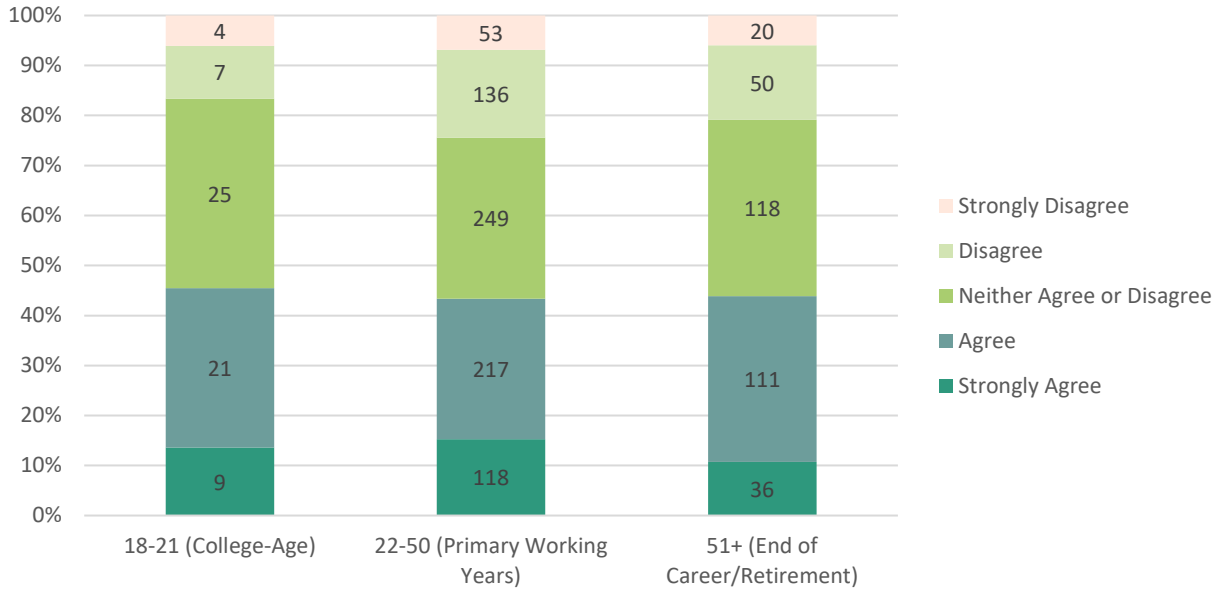
Veteran-identifying respondents were slightly more likely to agree that schools meet the needs of all students regardless of their backgrounds.

FIGURE 105: LOWEST-SCORING EDUCATION SENTIMENT: VETERAN STATUS



Respondents had similar Agree/Strongly Agree response rates regardless of age group regarding schools meeting the needs of all students regardless of their backgrounds.

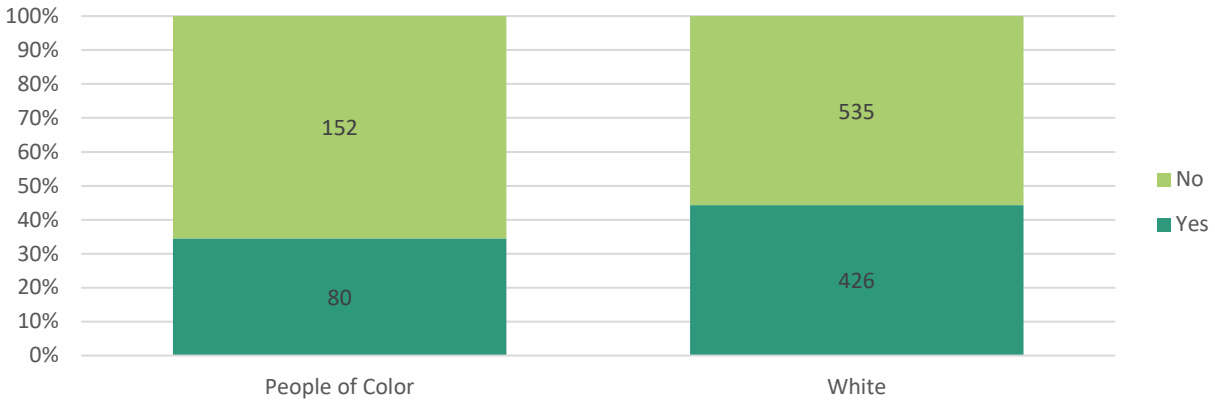
FIGURE 106: LOWEST-SCORING EDUCATION SENTIMENT: AGE GROUP



Demographic Analysis of Top Education Concern⁴⁵

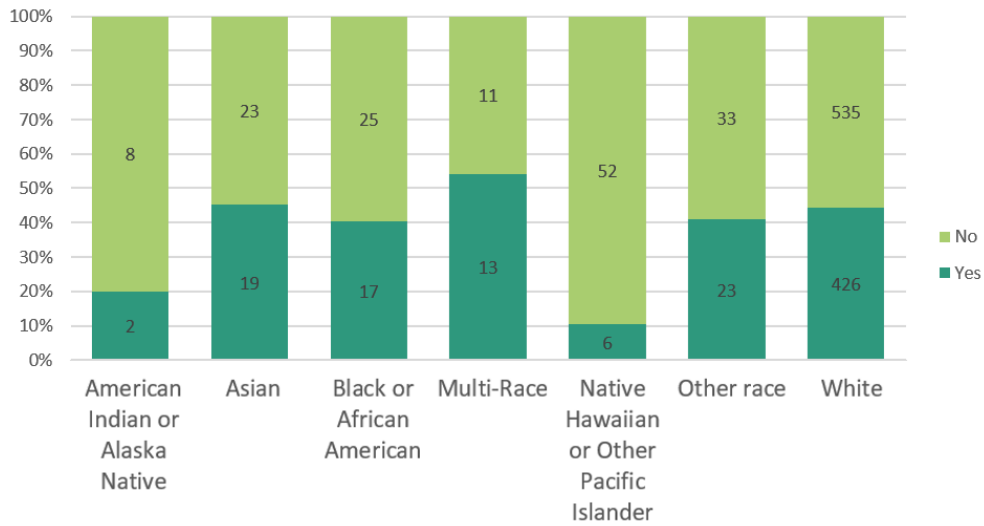
The most frequently selected education concern was cost of college tuition (16%). White-identifying individuals were more likely to select this option as a concern than People of Color.

FIGURE 107: TOP COMMUNITY-LEVEL EDUCATION CONCERN: RACE/ETHNICITY (CONDENSED)



Further segmentation of the data shows that Multi-Race identifying respondents most frequently expressed concerns about the cost of college tuition.

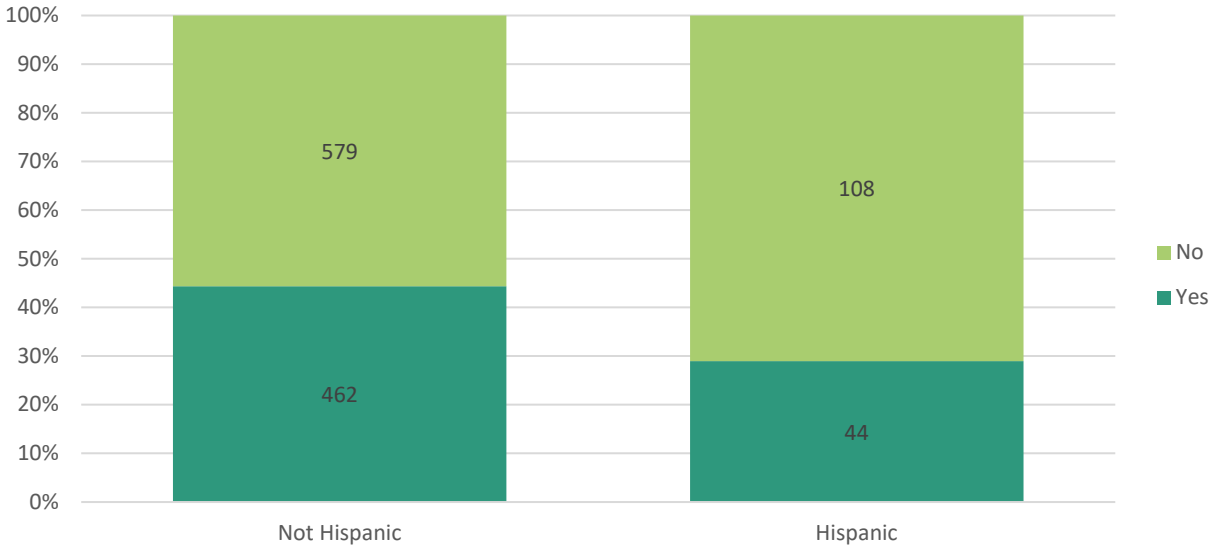
FIGURE 108: TOP COMMUNITY-LEVEL EDUCATION CONCERN: RACE/ETHNICITY



⁴⁵ Additional demographic analysis is available in the Appendix.

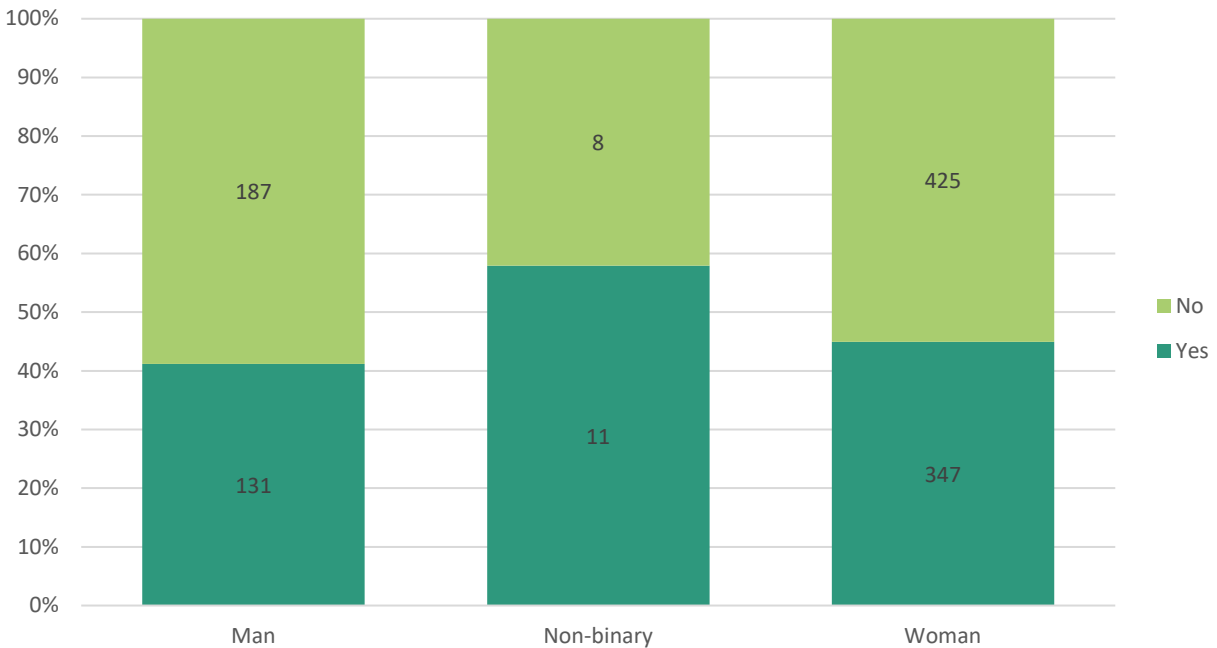
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) less frequently expressed concerns about the cost of college tuition.

FIGURE 109: TOP COMMUNITY-LEVEL EDUCATION CONCERN: HISPANIC/LATINO/LATINX/LATINE



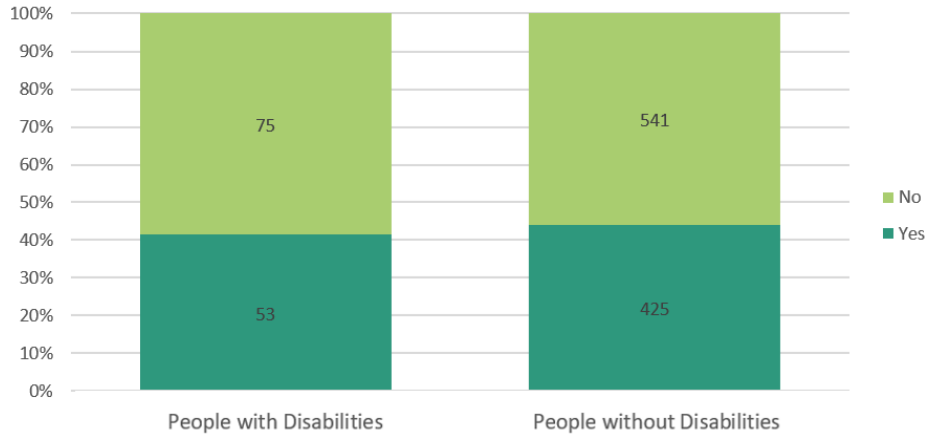
Non-binary identifying respondents more frequently expressed concerns about the cost of college tuition.

FIGURE 110: TOP COMMUNITY-LEVEL EDUCATION CONCERN: GENDER IDENTITY



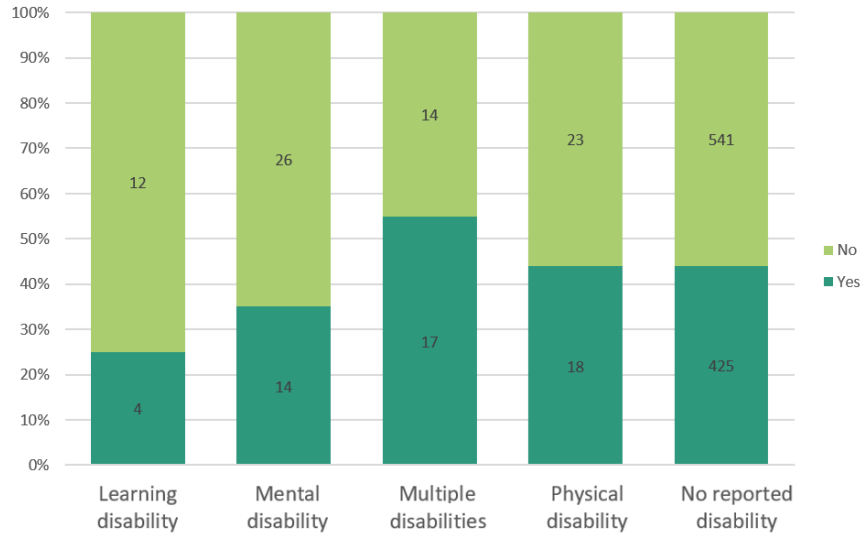
Individuals with disabilities were not more likely to express concerns about the cost of college tuition.

FIGURE 111: TOP COMMUNITY-LEVEL EDUCATION CONCERN: DISABILITY STATUS (CONDENSED)



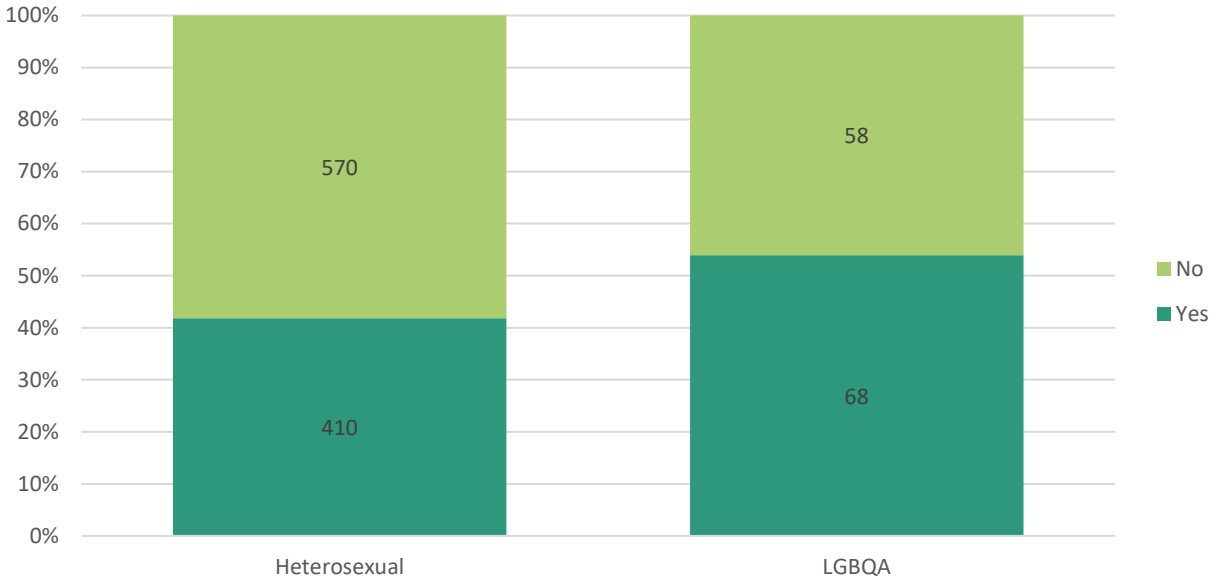
Further segmentation of the data reveals that individuals with multiple disabilities were more likely than respondents with other disabilities or individuals without disabilities to express concerns about the cost of college tuition.

FIGURE 112: TOP COMMUNITY-LEVEL EDUCATION CONCERN: DISABILITY STATUS



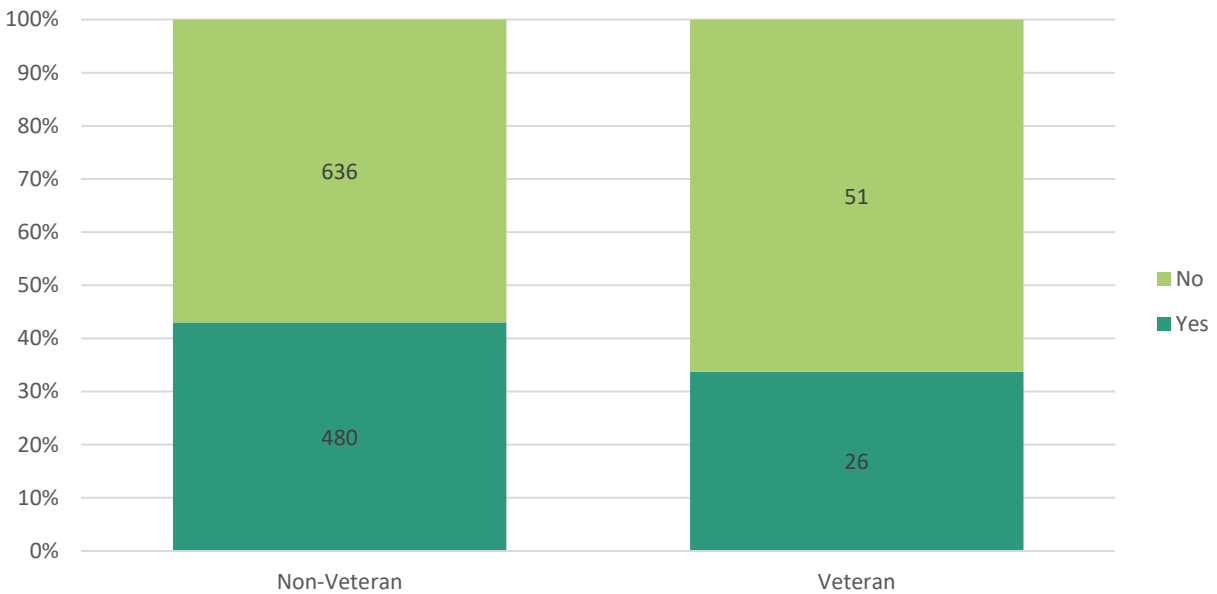
LGBTQ+-identifying respondents were more likely than heterosexual-identifying to express concerns about the cost of college tuition.

FIGURE 113: TOP COMMUNITY-LEVEL EDUCATION CONCERN: SEXUAL ORIENTATION



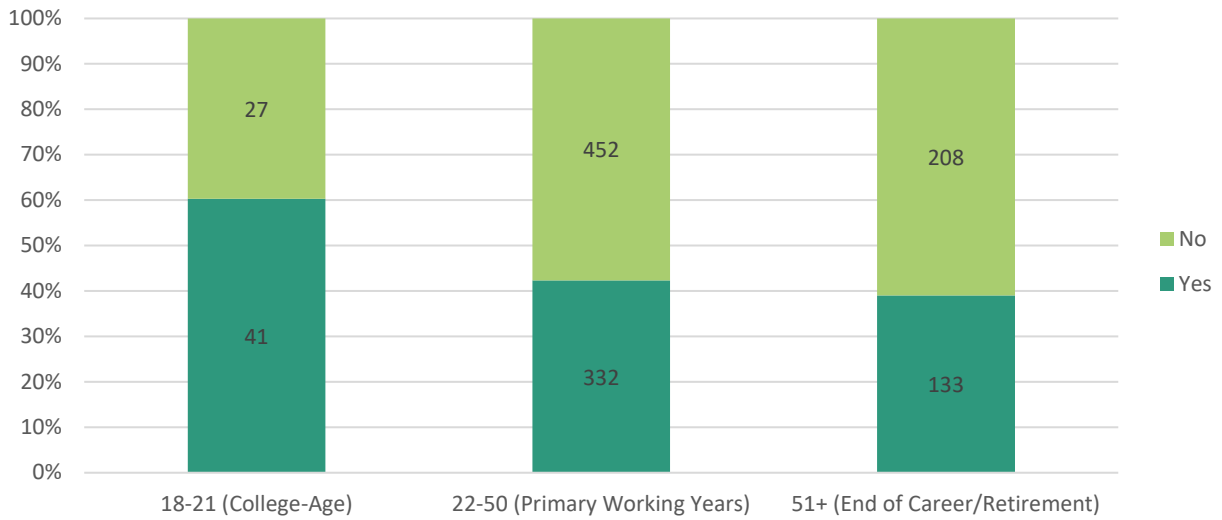
Non-veteran respondents more frequently expressed concerns about the cost of college tuition.

FIGURE 114: TOP COMMUNITY-LEVEL EDUCATION CONCERN: VETERAN STATUS



Respondents age 18-21 more frequently expressed concerns about the cost of college tuition.

FIGURE 115: TOP COMMUNITY-LEVEL EDUCATION CONCERN: AGE GROUP



Research Category 7: Safety/Safe and Inclusive Spaces

Community safety means a situation in which people, individually and collectively, are sufficiently free from a range of real and perceived risks centering on crime and related misbehavior, are sufficiently able to cope with those risks which they nevertheless experience, or where they cannot cope unaided, are sufficiently well-protected from the consequences of these risks that they can still lead a normal cultural, social and economic life, apply their skills and enjoy well-being and the receipt of adequate services. It suggests that everyone should feel welcomed, included and not discriminated against by their gender, age, sexuality, race, ethnicity, religion, cultural background, socioeconomic status and/or personal values when being in a space.

Community-Level Safety Sentiments and Concerns

A majority of respondents expressed that they feel safe living in the Greater Mankato area. However, there is a significant opportunity for improvement. Only 57% of respondents believe that all community members have access to safe places for recreation and exercise. Half of the respondents believe that safety concerns are taken seriously by relevant authorities. And only 42% of respondents believe that people from diverse communities and identities feel safe in this community.

TABLE 19: COMMUNITY-LEVEL SENTIMENT ABOUT COMMUNITY SAFETY

Statement	Agree and Strongly Agree Percentage
It is safe to live in the Greater Mankato area.	76%
All community members have access to safe places for recreation and exercise.	57%
All safety concerns are taken seriously by relevant authorities.	50%
People from diverse communities and identities feel safe in this community.	42%

When asked to identify their top concerns about safety, respondents most frequently selected “safety of students at school and university settings.”

TABLE 20: COMMUNITY-LEVEL CONCERNS ABOUT SAFETY

Response	Percentage
Safety of students at school and university settings	22%
Concerns about Safety - Bias and discrimination in my community	14%
Safety in the larger community	14%
Harassment and verbal abuse in my community	12%
Safety in my neighborhood	10%
Interactions with the police	8%
I do not have any safety concerns	8%
Response time of emergency services (police, ambulance, and firefighters)	8%
Safety in my home	4%

Open-ended responses can provide additional insight into key concerns or reasons respondents have selected particular survey options. Open-ended responses were analyzed, and the themes are summarized below:

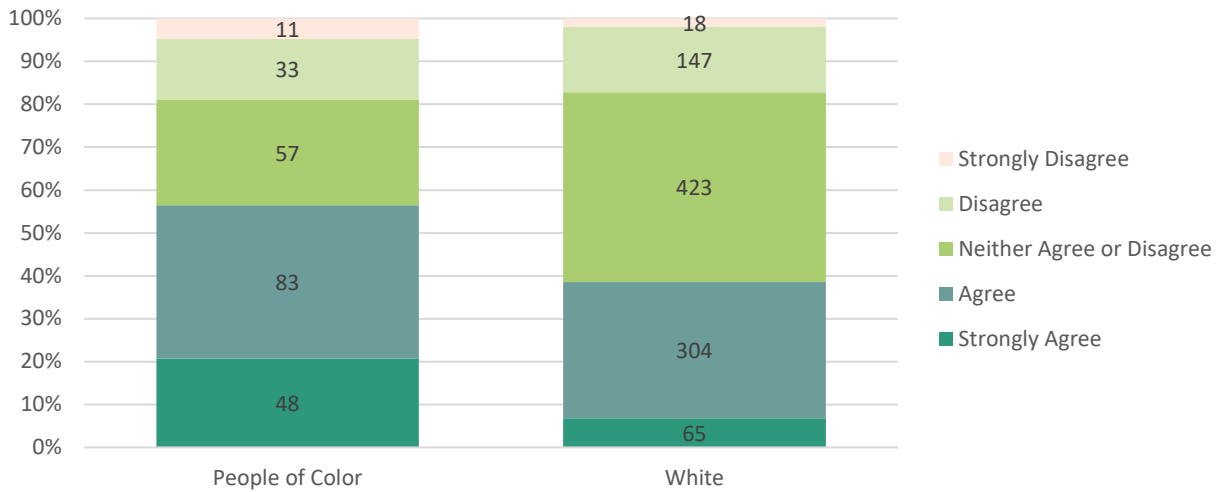
- POC, women, and transgender residents feel less safe in the community
- POC, immigrants do not feel safe in interactions with law enforcement
- Increase of crime and incivility are safety concerns
- Respect for law enforcement: let them do their jobs
- Response time, support for emergency services needs to improve

Demographic Analysis of Lowest-Scoring Safety Sentiment

The lowest-scoring safety-related statement was “people from diverse communities and identities feel safe in this community” (42% agreed or strongly agreed).

People of Color were more likely to agree with this statement than White-identifying respondents.

FIGURE 116: LOWEST-SCORING SAFETY SENTIMENT: RACE/ETHNICITY (CONDENSED)



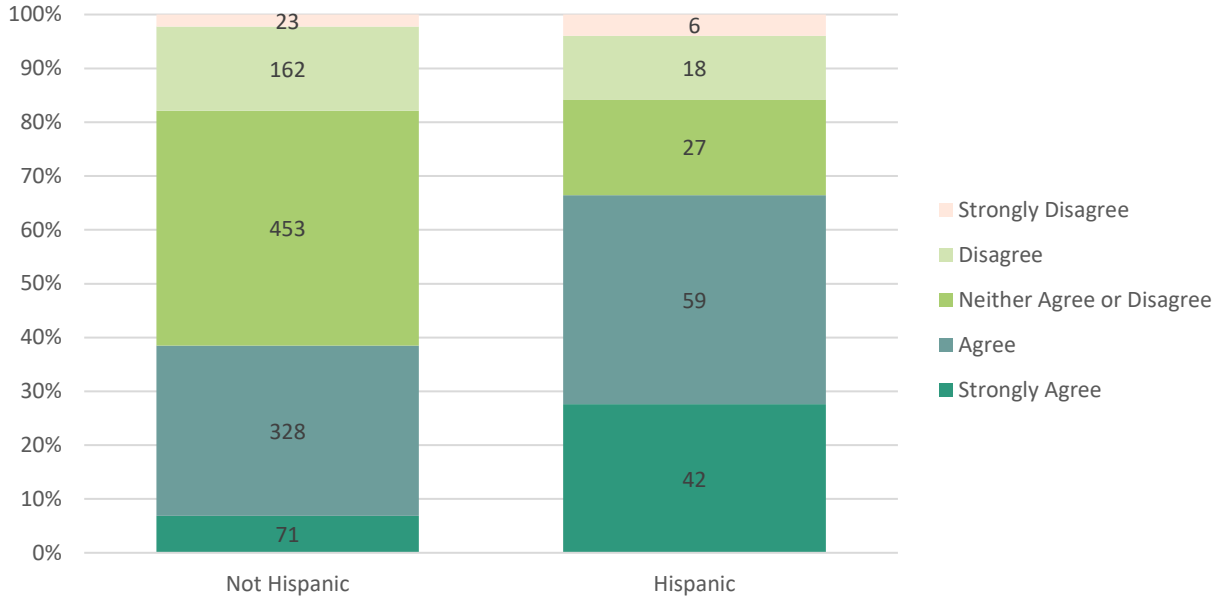
Further segmentation of the data reveals that Multi-Race, Other Race, White, and Black-identifying respondents are least likely to respond that people from diverse communities and identities feel safe in this community.

FIGURE 117: LOWEST-SCORING SAFETY SENTIMENT: RACE/ETHNICITY



Hispanic/Latino/Latinx/Latine-identifying individuals (condensed to Hispanic and Non-Hispanic in the chart) are more likely to agree with the statement that people from diverse communities and identities feel safe in this community.

FIGURE 118: LOWEST-SCORING SAFETY SENTIMENT: HISPANIC/LATINO/LATINX/LATINE



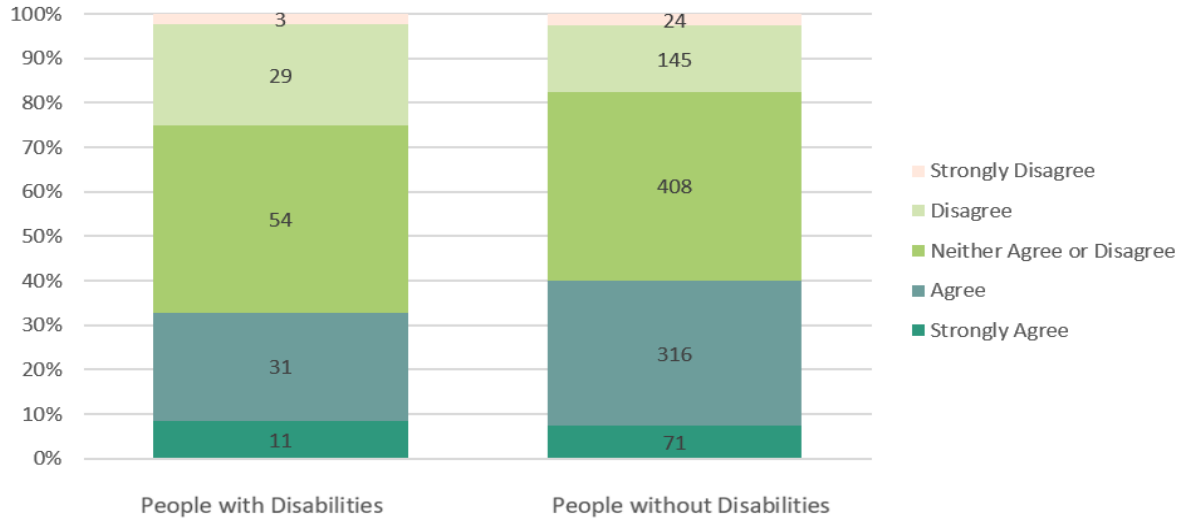
Non-binary and female-identifying individuals are less likely to agree with the statement that people from diverse communities and identities feel safe in this community.

FIGURE 119: LOWEST-SCORING SAFETY SENTIMENT: GENDER IDENTITY



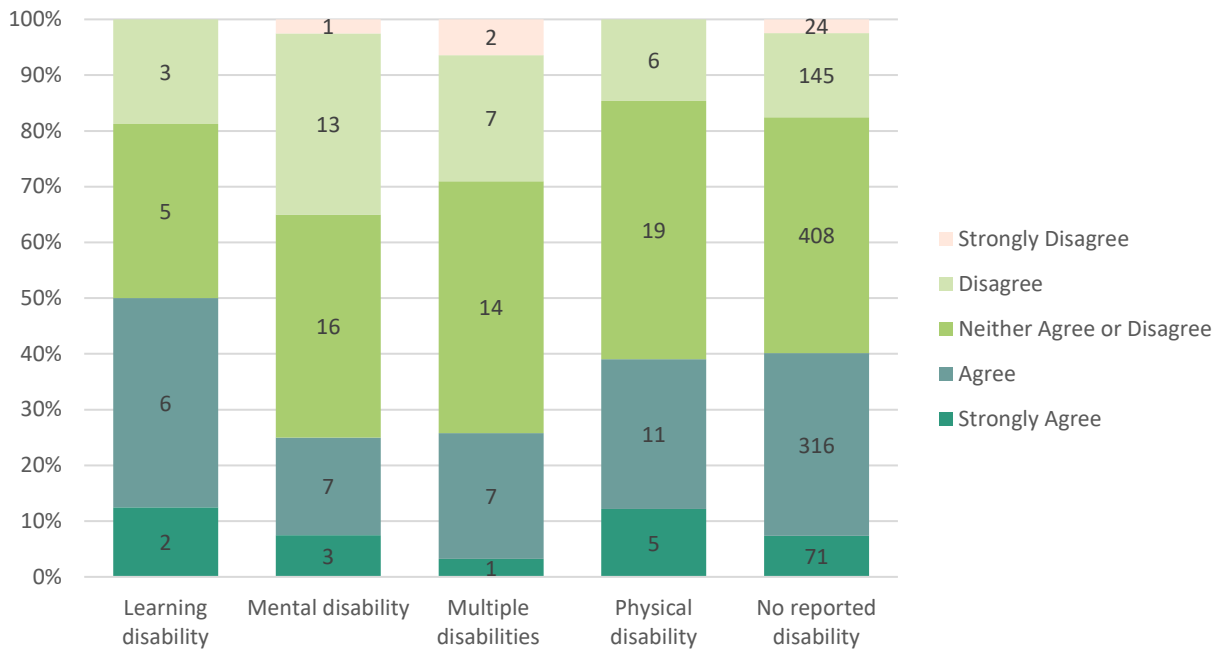
Individuals with disabilities are less likely to agree with the statement that people from diverse communities and identities feel safe in this community.

FIGURE 120: LOWEST-SCORING SAFETY SENTIMENT: DISABILITY STATUS (CONDENSED)



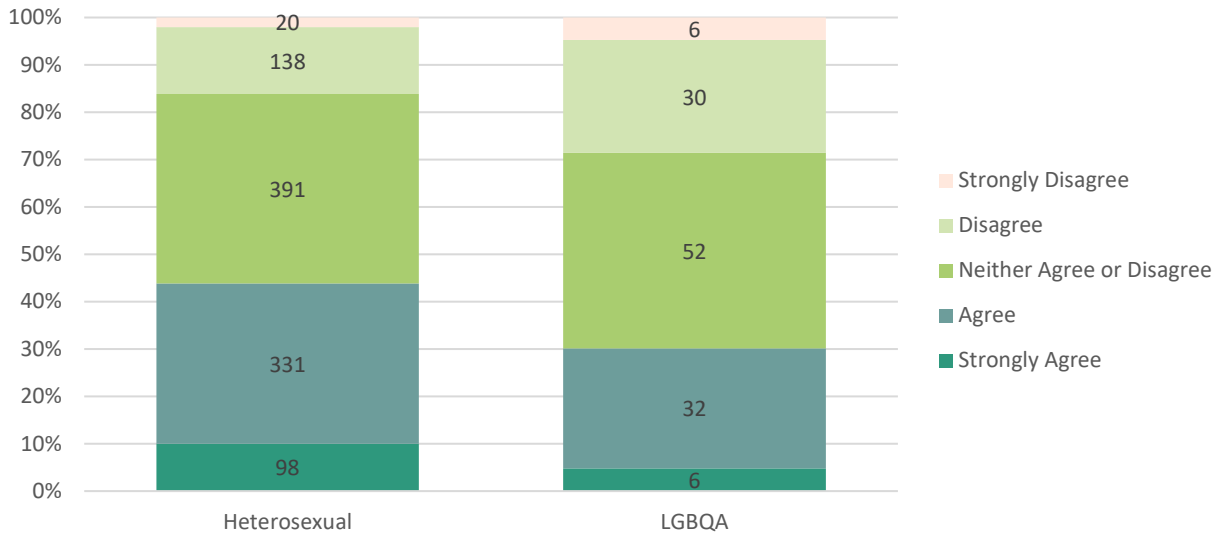
Further segmentation of the data reveals that individuals with multiple disabilities or mental disabilities are less likely to agree with the statement that people from diverse communities and identities feel safe in this community.

FIGURE 121: LOWEST-SCORING SAFETY SENTIMENT: DISABILITY STATUS



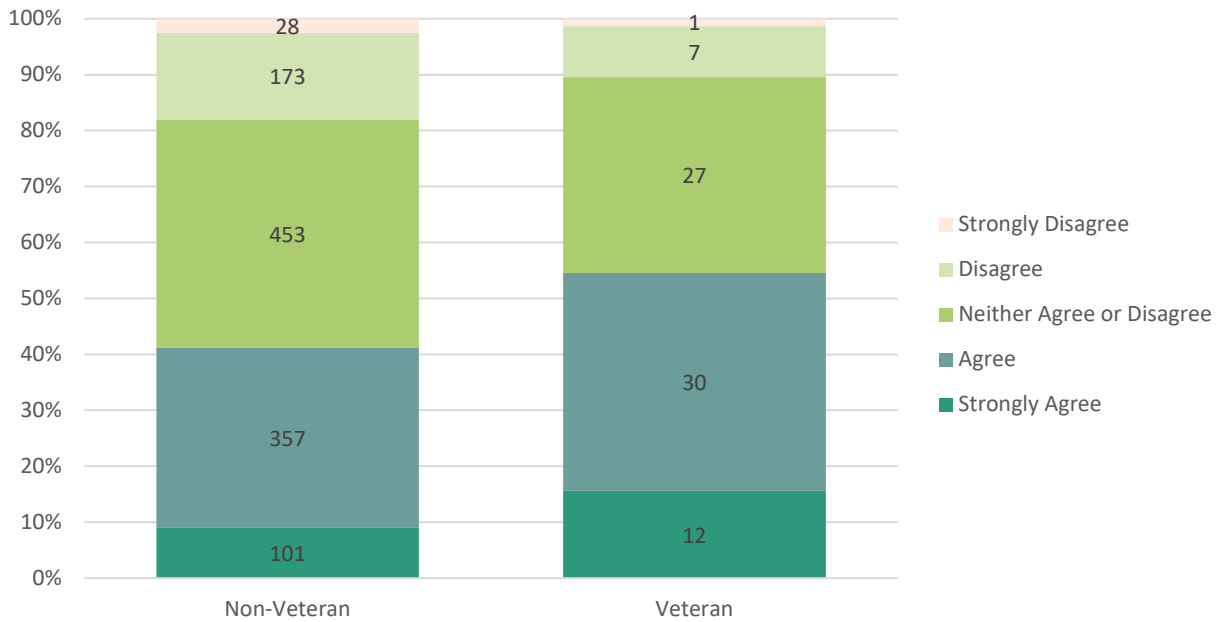
LGBTQ+-identifying respondents were less likely to agree that people from diverse communities and identities feel safe in this community.

FIGURE 122: LOWEST-SCORING SAFETY SENTIMENT: SEXUAL ORIENTATION



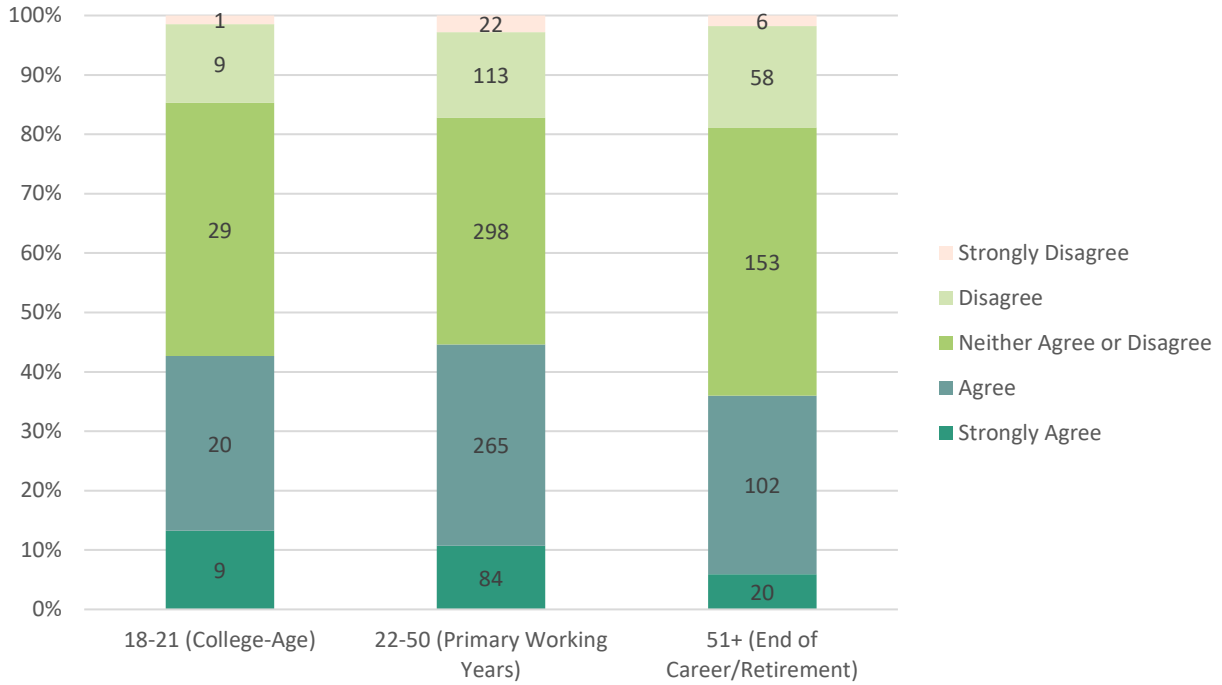
Veteran-identifying respondents were more likely to agree that people from diverse communities and identities feel safe in this community.

FIGURE 123: LOWEST-SCORING SAFETY SENTIMENT: VETERAN STATUS



Respondents age 51+ were less likely to agree that people from diverse communities and identities feel safe in this community.

FIGURE 124: LOWEST-SCORING SAFETY SENTIMENT: AGE GROUP

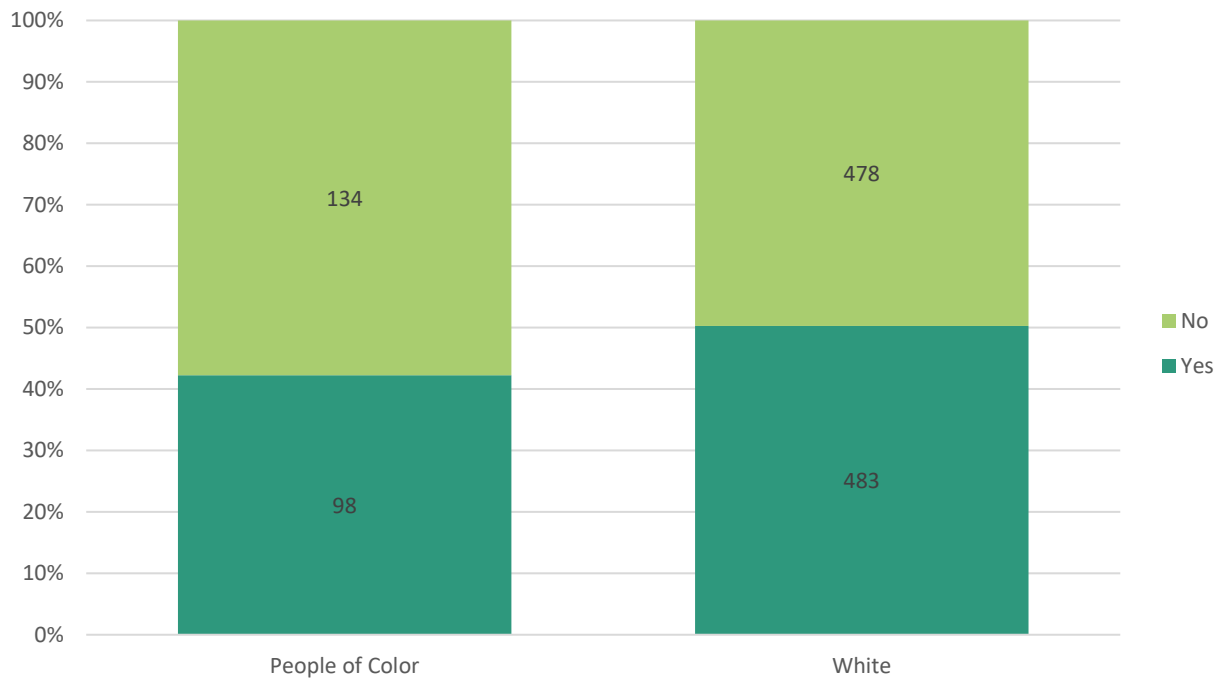


Demographic Analysis of Top Safety Concern⁴⁶

The most frequently selected safety concern was “safety of students at school and university settings” (22%).

People of Color were less likely to identify this concern than White respondents.

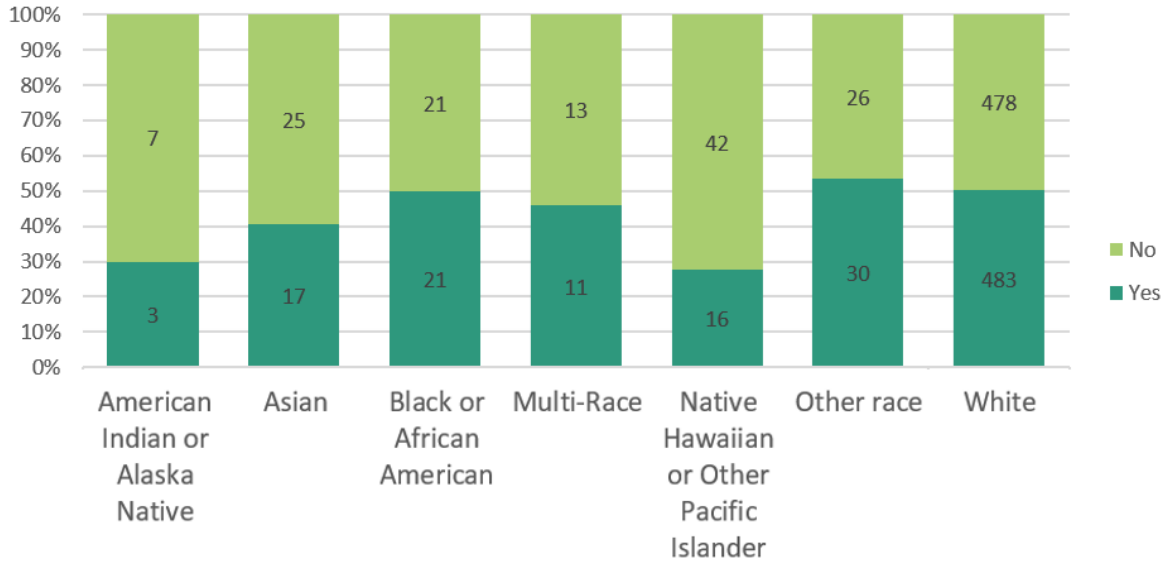
FIGURE 125: TOP COMMUNITY-LEVEL SAFETY CONCERN: RACE/ETHNICITY (CONDENSED)



⁴⁶ Additional demographic analysis is available in the Appendix.

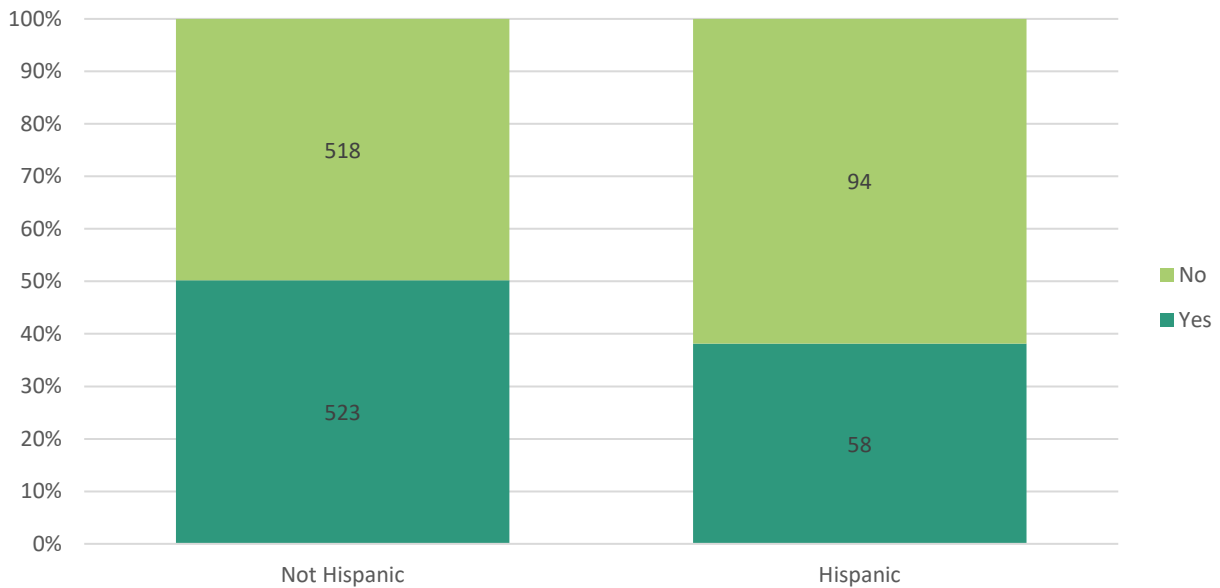
However, further segmentation of racial/ethnicity data reveals that Other Race-identifying respondents most frequently selected this option.

FIGURE 126: TOP COMMUNITY-LEVEL SAFETY CONCERN: RACE/ETHNICITY



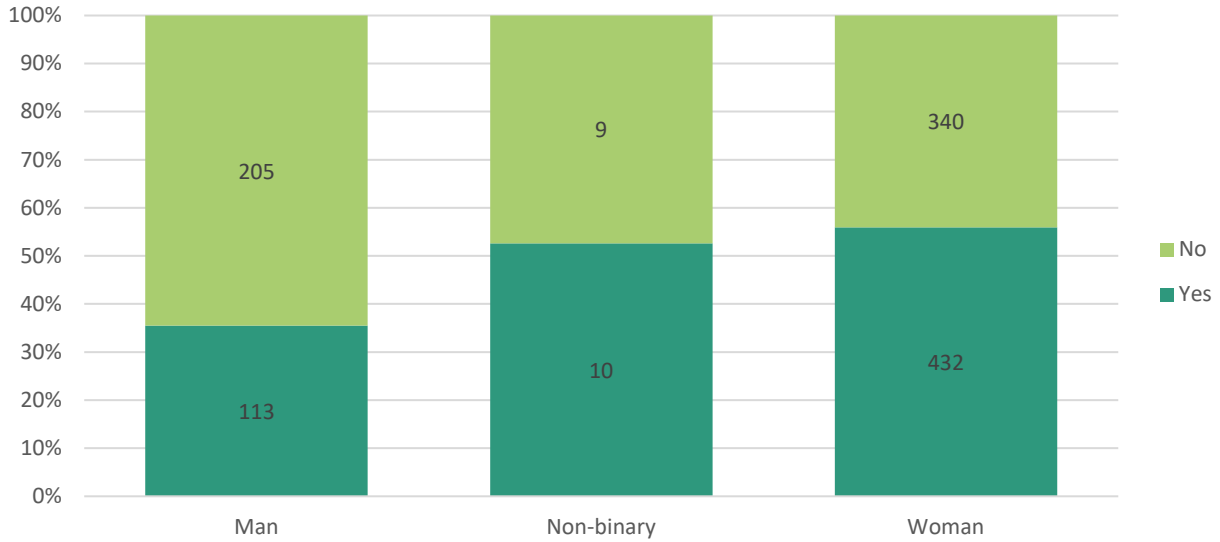
Hispanic/Latino/Latinx/Latine-identifying respondents (condensed to Hispanic and Non-Hispanic in the chart) were less likely to express concern about the safety of students at school and in university settings.

FIGURE 127: TOP COMMUNITY-LEVEL SAFETY CONCERN: HISPANIC/LATINO/LATINX/LATINE



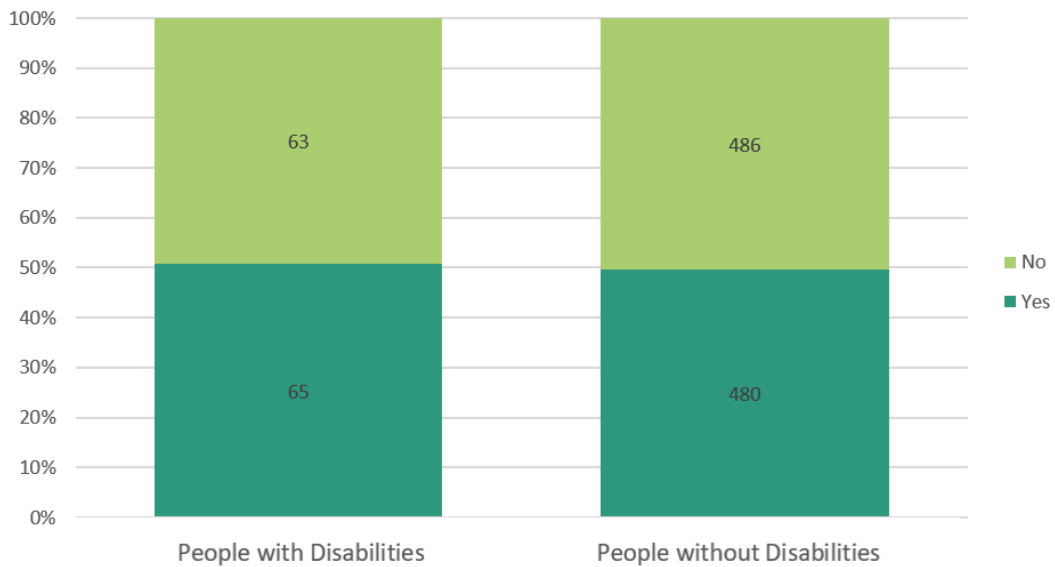
Female and non-binary-identifying respondents were most likely to express concern about the safety of students at school and in university settings.

FIGURE 128: TOP COMMUNITY-LEVEL SAFETY CONCERN: GENDER IDENTITY



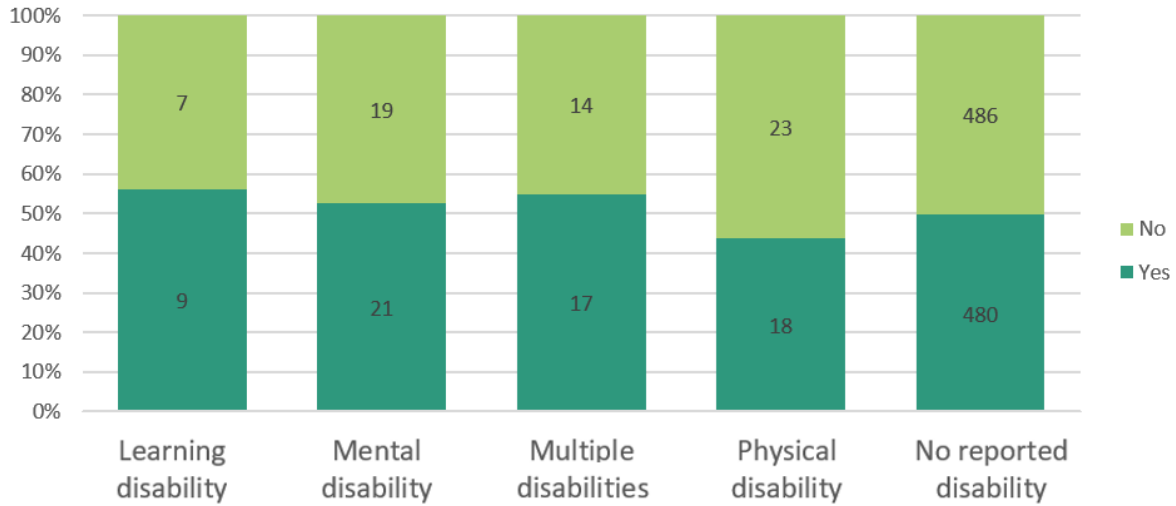
Respondents, regardless of disability status, expressed concern about the safety of students at school and university settings at similar rates.

FIGURE 129: TOP COMMUNITY-LEVEL SAFETY CONCERN: DISABILITY STATUS (CONDENSED)



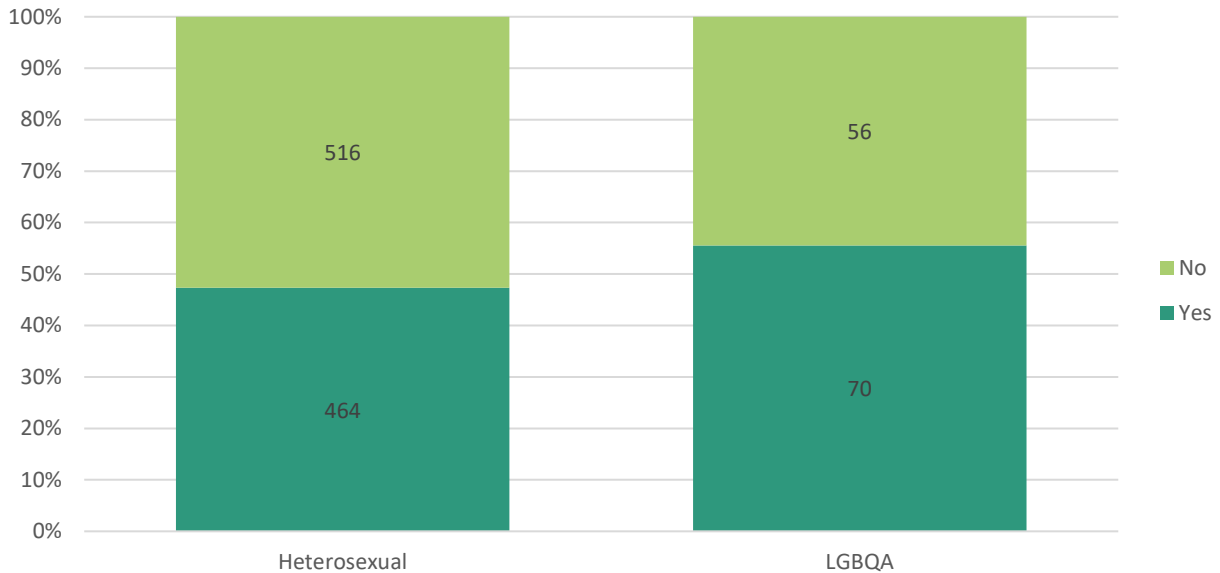
Further segmenting this data reveals small variations in concerns, most notably individuals with learning disabilities and multiple disabilities slightly more frequently identifying safety of students at school and university settings as a concern.

FIGURE 130: TOP COMMUNITY-LEVEL SAFETY CONCERN: DISABILITY STATUS



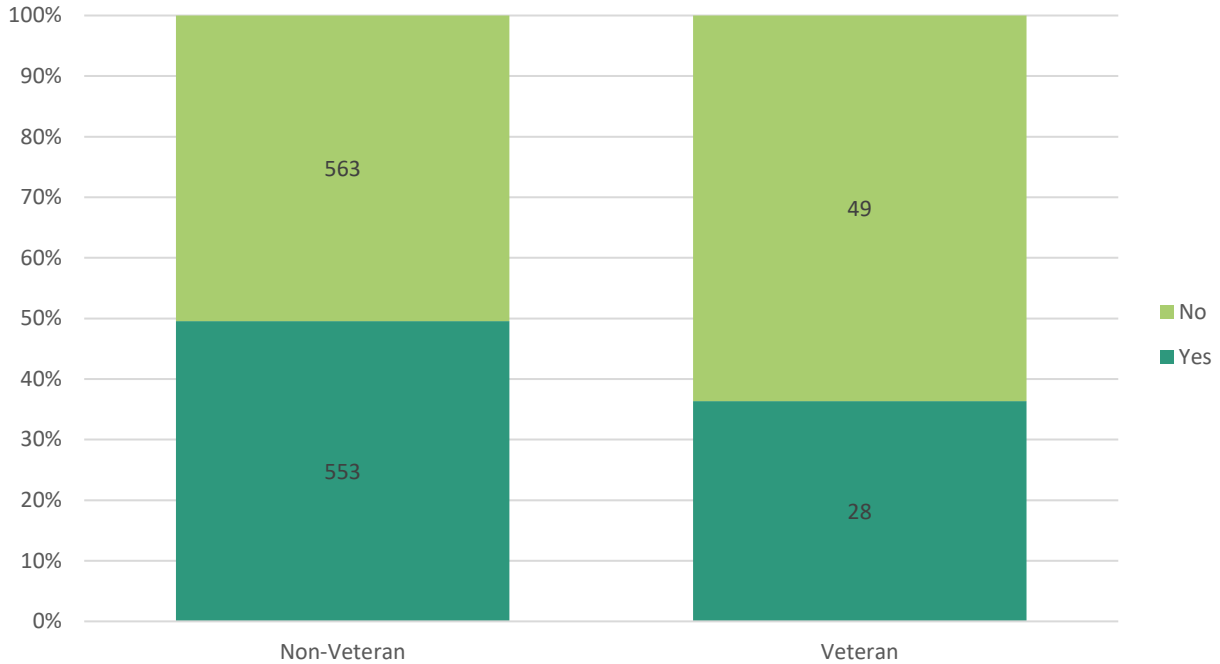
LGBTQ+-identifying respondents were more likely to express concerns about the safety of students in school and university settings.

FIGURE 131: TOP COMMUNITY-LEVEL SAFETY CONCERN: SEXUAL ORIENTATION



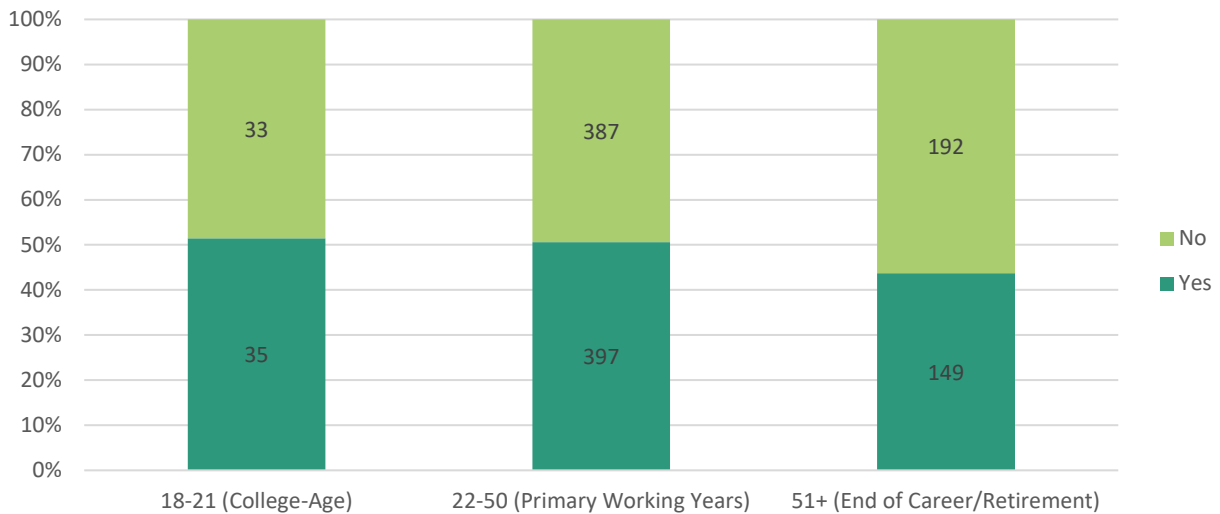
Veteran-identifying respondents were less likely to express concerns about the safety of students at school and in university settings.

FIGURE 132: TOP COMMUNITY-LEVEL SAFETY CONCERN: VETERAN STATUS



Respondents age 51+ were less likely to express concerns about the safety of students at school and in university settings.

FIGURE 133: TOP COMMUNITY-LEVEL SAFETY CONCERN: AGE GROUP



C. Recommendations

In this section, the Seven Main Research Categories of the GMIS have been aligned with potential actions supporting the ideal, or future state, of inclusivity in the Greater Mankato Area. These potential actions are proposed to support community partners in their future efforts to serve residents. Community organizations are encouraged to partner with equity-focused groups to ensure that equity is integrated into the planning and program development process.

The tables summarize potential actions to address expressed needs or gaps from the GMIS, including from the Inclusivity Study's interviews, focus groups, and survey responses. It is important to recall that the most frequently selected concern by survey participants was the cost of living in the GMA (24%). In the subsequent pages, expressed needs or gaps will be highlighted if 10% or greater of respondents identified a particular concern, as it is significant when compared to the most frequently selected concern.



Research Category 1: Inclusivity

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 21: POTENTIAL INCLUSIVITY ACTIONS

Potential Action	Expressed Need/Gap
Partner with community organizations to identify and uplift current and future leaders with unique diversity dimensions.	Greater than 10% of respondents identified a lack of diversity in leadership roles as a concern. A desire for more diverse, open, and flexible leadership circles that are open to new people and ideas, promote a growth mindset, and are ready to learn from their mistakes was expressed. Another expressed need/gap was a much broader representation of diverse community members in leadership structures, with a much broader understanding of diversity beyond race and gender only.
Create safe spaces to discuss the impact of bias and discrimination among community members and encourage self-reflection and growth.	Greater than 10% of respondents identified inclusivity - bias and discrimination as a concern. Only 30% of respondents indicated that instances of bias, discrimination, and exclusion are rare in the community.
Develop resources to enable community organizations, companies, and others to self-assess their accessibility practices and identify areas for improvement. Uplift voices of community leaders in accessibility space to highlight their concerns, aspirations, and recommendations.	Greater than 10% of respondents identified accessibility for people of all abilities to products, services, and facilities as a concern.
Develop free community education resources and disseminate them to the community.	Greater than 10% of respondents identified lack of education and training on DEI for the public as a concern. An expressed need/gap was the acknowledgement of past injustices and fostering reconciliation efforts, including the history of the land, segregation, and other inequities.
Identify employers and organizational leaders, inviting them to join a dialogue on DEI and create a learning community of practice.	Greater than 10% of respondents identified lack of knowledge about DEI among employers and organizational leadership as a concern. An expressed need/gap was the acknowledgement of past injustices and fostering reconciliation efforts, including the history of the land, segregation, and other inequities.
Ensuring public narrative on projects/programs equitably highlights the accomplishments of a	56% of respondents feel that their community values diversity.

Potential Action	Expressed Need/Gap
diverse Greater Mankato area.	
Partner with faith organizations to develop an interfaith plan addressing community needs to access places of worship.	46% of respondents feel that all community members have access to a place of worship that meets their needs.
Develop and disseminate a community engagement guide in partnership with underrepresented groups.	46% of respondents feel that their community is inclusive for all. “Nothing about us without us.” Improve community engagement processes by putting people affected by the decision at the center of decision-making processes.
Partner with government, interfaith, and community organizations to identify a physical space for safe DEI-focused learning.	35% of respondents indicate that people from diverse communities and identities feel included in this community and their social needs are met. Another expressed need/gap was a strong commitment to learning about different cultures and DEI through increased opportunities for people of different backgrounds to come together, in a safe and inclusive physical space or a community center where learning and mingling could take place.
Develop a coordinated community-wide data-driven inclusivity effort, as a stable partnership of many committed organizations and individuals. Develop a regional collaboration and coordination of resources.	There is a lack of coordination among people, resources, and organizations. A better-organized community-wide approach is needed to make change.
Accomplish greater progress on inclusivity and DEI by going beyond benchmarking. Incorporate ongoing intentional, difficult conversations. Develop action to change systems and policies.	There is a lack of understanding of “real issues” of inclusivity. Several interviewees mentioned that well-meaning organizations and employers working to promote inclusivity often lack understanding around issues of race and gender and root causes of disparities.

Research Category 2: Healthcare

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future healthcare programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 22: POTENTIAL HEALTHCARE ACTIONS

Potential Action	Expressed Need/Gap
Conduct community listening sessions to identify how residents define “quality” and address healthcare quality gaps.	63% of respondents feel that the community offers quality healthcare options for all.
Develop/deploy cultural awareness healthcare training to providers. ⁴⁷	48% of respondents feel that healthcare providers in their community offer culturally appropriate care.
Bolster community food programs.	46% of respondents feel that community members have consistent access to enough food.
Identify current communication methods and gaps and modify practices to ensure information about local health programs and services is further accessible to the community.	39% of respondents feel information about local programs and services addressing various health concerns is easy to find.
Identify current communication methods and gaps and modify practices to ensure mental health information is easy to find.	37% of respondents feel that information and resources on mental health are easy to find.
Identify current communication methods and gaps and modify practices to ensure resources and substance use assistance information is further accessible to the community.	36% of respondents feel that information and resources on substance use assistance are easy to find.

⁴⁷ Training should be healthcare specific, not general diversity, equity, and inclusion training. For example, when an individual is reluctant to undergo a test or procedure of some type, it may mean that there is a cross-cultural issue that needs to be explored. Providers should be trained on how to ask open-ended questions to identify the root of the refusal. Religion and spirituality, among other diversity dimensions, can be a prominent aspect of a person’s culture, and may significantly impact how they approach medical management, disease, and illness.

Research Category 3: Economic Well-being

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future economic well-being, employment, and income programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 23: POTENTIAL ECONOMIC WELL-BEING ACTIONS

Potential Action	Expressed Need/Gap
Make pay equity resources available to local businesses and identify ways to partner with companies to conduct pay equity assessments.	Greater than 10% of respondents identified the cost of living as a primary concern and less than 34% believe that wages and salaries in the area meet the cost of living. Greater than 10% of respondents identified equitable pay as a primary concern. Participants in interviews noted that economic justice and livable wages for all community members were among their aspirations for the Greater Mankato community.
Develop resources educating residents on savings programs and asset management (i.e., financial literacy).	Greater than 10% of respondents identified lack of savings and assets as a primary concern.
Make career advancement resources available to local businesses and identify ways to partner with companies to assist in the development of career advancement and retention policies/practices.	Greater than 10% of respondents identified lack of career advancement as a primary concern. Participants also noted that retention of diverse professionals in the community is a concern.
Share resources with employers about childcare benefits, and work with local legislature, nonprofits, etc., to identify if childcare support programs are feasible.	Greater than 10% of respondents identified the cost of childcare as a primary concern. Participants identified affordable and available childcare as a significant economic concern during interviews.
Partner with employment assistance programs/offices to identify additional methods to disseminate information to the community.	62% of respondents indicated that it is easy to find a job, 37% believe employment assistance information is easy to find, and 57% indicated that there are enough quality jobs in the area. According to many interviewees, the lack of access to jobs, and “meaningful employment” was a barrier for many members of diverse communities.
Facilitate a dialogue with employers, connecting them with resources to support implementing inclusive workplace practices.	Less than 40% of respondents believe employers in their community use inclusive workplace practices.

Research Category 4: Housing

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future housing programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 24: POTENTIAL HOUSING ACTIONS

Potential Action	Expressed Need/Gap
Bolster housing services and assistance programs.	Less than 30% of the community believes that housing services and assistance are easy to find.
Develop programs to improve landlord-tenant relations.	Greater than 10% of respondents identified that landlord-tenant relations are a concern.
Facilitate community education sessions to address bias and discrimination in the housing sector (i.e., with realtors, financiers, etc.).	Greater than 10% of respondents identified that bias and discrimination in housing is a concern. Additionally, less than 30% of the community indicated that real estate agents treat all community members equally in showing neighborhoods and options.
Implement programs to improve property conditions.	Greater than 10% of respondents identified property conditions as a concern.
Increase access to affordable housing options.	Greater than 10% of respondents identified the lack of affordable housing options as a concern. Less than 30% of respondents believe that the community offers enough quality and affordable housing (leases/rentals).
Partner with financiers to increase access and equity in mortgage and loan services.	Greater than 10% of respondents identified financial services as a concern. Only ~30% of respondents believe that community members have equal access to mortgage, insurance, and loan services. Participants expressed hopes for increased access to homeownership.

Research Category 5: Transportation

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future transportation programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 25: POTENTIAL TRANSPORTATION ACTIONS

Potential Action	Expressed Need/Gap
Partner with the transportation department to identify gaps in routes, hours, etc. and determine if modifications can be made to better address community needs.	Greater than 10% of respondents expressed concerns about public transportation routes and hours of operations. Less than 40% of respondents feel it is easy to get to any place one would like to visit in the community. Greater than 10% of respondents expressed concerns about road conditions. Greater than 10% of respondents expressed concerns about not enough/no sidewalks.
Share data regarding community concerns with legislative bodies to ensure awareness is brought to this issue. In partnership with community organizations, advocate to expand public transportation programs/services to address community needs.	Greater than 10% of respondents expressed concerns about public transportation options. Only 47% of respondents feel the community offers quality public transportation options. Transportation was overwhelmingly cited as one of the key community issues and barriers to inclusivity that affected all spheres of life from employment, to getting groceries, to receiving medical care, to participating in community events.
Partner with the transportation department to identify current safety practices and determine if modifications can be made to better address community needs.	Greater than 10% of respondents expressed concerns about personal safety.
Identify community organizations willing to leverage their networks to disseminate transportation assistance information.	Less than 34% of respondents feel transportation assistance is easy to find.

Research Category 6: Education

Based on the findings, the following potential actions have been identified. Potential actions are high-level, and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future education programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 26: POTENTIAL EDUCATION ACTIONS

Potential Action	Expressed Need/Gap
Identify community organizations willing to leverage their networks to disseminate college tuition assistance information (e.g., merit-based, need-based, etc.). Ensure that non-college higher education and career options are highlighted in communications.	Greater than 10% of respondents expressed concerns about the cost of college tuition.
Partner with community organizations to develop an anti-bullying and allyship program.	Greater than 10% of respondents expressed concerns about bullying.
Partner with education organizations to identify equity-related programming to support K-12 students.	67% of respondents feel that their community offers quality K-12 education to all residents.
Partner with preschools to identify geographic, financial, and other gaps in preschool options for communities. In partnership with community members, develop an expanded preschool network of options.	Less than 56% of respondents feel that their community offers quality preschool options.
Partner with education and community organizations to leverage their networks and disseminate services and assistance information.	Less than 48% of respondents feel that education services and assistance are easy to find.
Develop and deploy education-sector DEI and intercultural competency training.	In interviews, participants noted that intercultural competency and DEI (education, training, and community conversations) would be beneficial.
Partner with community organizations to develop programs that meet the needs of underrepresented or underserved populations (i.e., financial literacy).	Less than 44% of respondents feel that Greater Mankato area schools meet the needs of all students regardless of their backgrounds. Participants also suggested education on the system and financial literacy for “new Americans”.

Potential Action	Expressed Need/Gap
<p>Assess current student-teacher ratios, class sizes, etc., and present information to legislative bodies to advocate for changes addressing overcrowding.</p>	<p>New school buildings may be needed, as schools are getting overcrowded.</p>
<p>Encourage university representatives to join community partnership groups to enhance collaboration.</p>	<p>Enhanced collaboration and partnerships on community issues with the University-community is needed.</p>

Research Category 7: Safety/Safe and Inclusive Spaces

Based on the findings, the following potential actions have been identified. Potential actions are high-level and should be reviewed by relevant community partners to determine scope, timing, resources, feasibility, etc. Ideally, future safety-related programs and initiatives will be informed by the information in the findings of this report to ensure greater equity, inclusivity, and improved community perception outcomes.

TABLE 27: POTENTIAL SAFETY ACTIONS

Potential Action	Expressed Need/Gap
Partner with schools and universities to close perception and programmatic safety gaps.	Greater than 10% of respondents expressed concerns about the safety of students at school and in university settings.
Partner with safety organizations to identify current resources available to residents, disseminate information on these resources, and identify opportunities to close equity-related gaps in safety programming.	Greater than 10% of respondents expressed concerns about safety (bias, and discrimination in their community). Greater than 10% of respondents expressed concerns about safety in the larger community. A majority of respondents do not believe people from diverse communities and identities feel safe in this community.
Partner with safety organizations to disseminate information about support available to those subject to harassment, threats, etc. Establish a community dialogue about harassment and verbal abuse prevention to generate ideas for additional community-led programming.	Greater than 10% of respondents expressed concerns about harassment and verbal abuse in their community. Most focus group participants commented on the lack of safety for diverse community members, especially immigrants, BIPOC, and LGBTQ. While instances of outright violence were rare, participants shared numerous examples from their own experiences as well as those of their neighbors and friends of verbal threats, harassment, and exclusion.
Partner with community organizations, including universities, schools, interfaith groups, etc., to identify spaces for recreation and exercise.	Greater than 10% of respondents expressed concerns about safety in their neighborhood. Up to 43% of community members expressed a need to have access to safe places for recreation & exercise.
Partner with law enforcement agencies to understand and assess current response policies and practices with an equity lens. Create opportunities for law enforcement to have positive, relationship-development-focused interactions with the community during events or gatherings.	50% of survey respondents feel all safety concerns are taken seriously by relevant authorities. Only 44% of respondents feel that people in this community receive fair and respectful treatment from law enforcement and the justice system. Community interviews also surfaced experiences with police and law enforcement as areas of concern.

VIII. Appendix



Overview

The Appendix contains additional information and analysis that may be of interest to readers. This includes a complete list of Tables and Figures, Survey Questions, Focus Group Questions, additional analysis of survey questions, and information from the Investigative Phase of the study.

Navigating the Appendix

Tables.....	132
Figures.....	134
Survey Questions.....	143
Focus Group Questions.....	147
Community-Level Concerns Full Tables	148
Community-Level Concerns Full Table.....	151
Additional Charts and Graphs: Demographic Data from Survey.....	154
Investigative Phase Results.....	238
Focus Group Results.....	239
Community Interview Results	247
GMIS Partners.....	263

Tables

TABLE 1: COMMUNITY-LEVEL TOP 10: HOW YOU FEEL ABOUT YOUR COMMUNITY	26
TABLE 2: STRENGTHS: HOW YOU FEEL ABOUT YOUR COMMUNITY BY DEMOGRAPHIC GROUP .27	
TABLE 3: COMMUNITY-LEVEL LOWEST 10: GREATEST OPPORTUNITIES FOR IMPROVEMENT REGARDING COMMUNITY SENTIMENT.....	29
TABLE 4: GREATEST OPPORTUNITIES FOR IMPROVEMENT: HOW YOU FEEL ABOUT YOUR COMMUNITY BY DEMOGRAPHIC GROUP	30
TABLE 5: COMMUNITY-LEVEL TOP 10: RESPONDENT CONCERNS	31
TABLE 6: GREATEST CONCERN BY DEMOGRAPHIC GROUP: HOW YOU FEEL ABOUT YOUR COMMUNITY	32
TABLE 7: COMMUNITY-LEVEL SENTIMENT ABOUT INCLUSIVITY	34
TABLE 8: COMMUNITY-LEVEL CONCERNS ABOUT INCLUSIVITY	35
TABLE 9: COMMUNITY-LEVEL SENTIMENT ABOUT HEALTHCARE.....	47
TABLE 10: COMMUNITY-LEVEL CONCERNS ABOUT HEALTHCARE.....	47
TABLE 11: COMMUNITY-LEVEL SENTIMENT ABOUT ECONOMIC WELL-BEING, EMPLOYMENT, AND INCOME.....	59
TABLE 12: COMMUNITY-LEVEL CONCERNS ABOUT ECONOMIC WELL-BEING, EMPLOYMENT, AND INCOME.....	60
TABLE 13: COMMUNITY-LEVEL SENTIMENT ABOUT HOUSING.....	71
TABLE 14: COMMUNITY-LEVEL CONCERNS ABOUT HOUSING	72
TABLE 15: COMMUNITY-LEVEL SENTIMENT ABOUT TRANSPORTATION.....	83
TABLE 16: COMMUNITY-LEVEL CONCERNS ABOUT TRANSPORTATION	83
TABLE 17: COMMUNITY-LEVEL SENTIMENT ABOUT EDUCATION.....	96
TABLE 18: COMMUNITY-LEVEL CONCERNS ABOUT EDUCATION.....	96
TABLE 19: COMMUNITY-LEVEL SENTIMENT ABOUT SAFETY.....	108
TABLE 20: COMMUNITY-LEVEL CONCERNS ABOUT SAFETY	109
TABLE 21: POTENTIAL INCLUSIVITY ACTIONS.....	121
TABLE 22: POTENTIAL HEALTHCARE ACTIONS.....	123
TABLE 23: POTENTIAL ECONOMIC WELL-BEING ACTIONS.....	124

TABLE 24: POTENTIAL HOUSING ACTIONS.....	125
TABLE 25: POTENTIAL TRANSPORTATION ACTIONS.....	126
TABLE 26: POTENTIAL EDUCATION ACTIONS.....	127
TABLE 27: POTENTIAL SAFETY ACTIONS.....	129
TABLE 28: SURVEY QUESTIONS.....	143
TABLE 29: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT SAFETY INCLUDE.....	148
TABLE 30: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT HEALTHCARE INCLUDE.....	148
TABLE 31: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT MY ECONOMIC SITUATION INCLUDE.....	149
TABLE 32: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT HOUSING INCLUDE.....	149
TABLE 33: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT TRANSPORTATION INCLUDE.....	149
TABLE 34: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT EDUCATION INCLUDE.....	150
TABLE 35: COMMUNITY-LEVEL CONCERNS FULL TABLE.....	151

Figures

FIGURE 1: LIKERT SCALE.....	16
FIGURE 2: DEMOGRAPHICS OF RESPONDENTS: RESIDENCY	18
FIGURE 3: DEMOGRAPHICS OF RESPONDENTS: AGE.....	19
FIGURE 4: DEMOGRAPHICS OF RESPONDENTS: INCOME RANGE.....	20
FIGURE 5: DEMOGRAPHICS OF RESPONDENTS: RACE/ETHNICITY	21
FIGURE 6: DEMOGRAPHICS OF RESPONDENTS: GENDER IDENTITY	22
FIGURE 7: DEMOGRAPHICS OF RESPONDENTS: SEXUAL ORIENTATION	22
FIGURE 8: DEMOGRAPHICS OF RESPONDENTS: DISABILITY STATUS.....	23
FIGURE 9: FINDINGS STRUCTURE.....	33
FIGURE 10: LOWEST-SCORING INCLUSIVITY SENTIMENT: RACE/ETHNICITY (CONDENSED).....	36
FIGURE 11: LOWEST-SCORING INCLUSIVITY SENTIMENT: RACE/ETHNICITY.....	36
FIGURE 12: LOWEST-SCORING INCLUSIVITY SENTIMENT: HISPANIC/LATINO/LATINX/LATINE	37
FIGURE 13: LOWEST-SCORING INCLUSIVITY SENTIMENT: GENDER IDENTITY	37
FIGURE 14: LOWEST-SCORING INCLUSIVITY SENTIMENT: DISABILITY STATUS (CONDENSED)....	38
FIGURE 15: LOWEST-SCORING INCLUSIVITY SENTIMENT: DISABILITY STATUS.....	38
FIGURE 16: LOWEST-SCORING INCLUSIVITY SENTIMENT: SEXUAL ORIENTATION.....	39
FIGURE 17: LOWEST-SCORING INCLUSIVITY SENTIMENT: VETERAN STATUS	39
FIGURE 18: LOWEST-SCORING INCLUSIVITY SENTIMENT: AGE GROUP	40
FIGURE 19: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: RACE/ETHNICITY (CONDENSED)	41
FIGURE 20: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: RACE/ETHNICITY.....	41
FIGURE 21: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: HISPANIC/LATINO/LATINX/LATINE	42
FIGURE 22: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: GENDER IDENTITY.....	42
FIGURE 23: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: DISABILITY STATUS (CONDENSED).....	43
FIGURE 24: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: DISABILITY STATUS.....	43
FIGURE 25: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: SEXUAL ORIENTATION	44

FIGURE 26: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: VETERAN STATUS 44

FIGURE 27: TOP COMMUNITY-LEVEL INCLUSIVITY CONCERN: AGE GROUP 45

FIGURE 28: LOWEST-SCORING HEALTHCARE SENTIMENT: RACE/ETHNICITY 49

FIGURE 29: LOWEST-SCORING HEALTHCARE SENTIMENT: RACE/ETHNICITY 50

FIGURE 30: LOWEST-SCORING HEALTHCARE SENTIMENT: HISPANIC/LATINO/LATINX/LATINE 50

FIGURE 31: LOWEST-SCORING HEALTHCARE SENTIMENT: GENDER-IDENTITY 51

FIGURE 32: LOWEST-SCORING HEALTHCARE SENTIMENT: DISABILITY STATUS (CONDENSED) . 51

FIGURE 33: LOWEST-SCORING HEALTHCARE SENTIMENT: SEXUAL ORIENTATION 52

FIGURE 34: LOWEST-SCORING HEALTHCARE SENTIMENT: VETERAN STATUS 52

FIGURE 35: LOWEST-SCORING HEALTHCARE SENTIMENT: AGE GROUP 53

FIGURE 36: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: RACE/ETHNICITY (CONDENSED)
..... 54

FIGURE 37: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: RACE/ETHNICITY 54

FIGURE 38: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN:
HISPANIC/LATINO/LATINX/LATINE..... 55

FIGURE 39: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: GENDER-IDENTITY 55

FIGURE 40: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: DISABILITY STATUS
(CONDENSED)..... 56

FIGURE 41: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: DISABILITY STATUS..... 56

FIGURE 42: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: SEXUAL ORIENTATION 57

FIGURE 43: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: VETERAN STATUS 57

FIGURE 44: TOP COMMUNITY-LEVEL HEALTHCARE CONCERN: AGE GROUP 58

FIGURE 45: LOWEST-SCORING ECONOMIC SENTIMENT: RACE/ETHNICITY (CONDENSED)..... 61

FIGURE 46: LOWEST-SCORING ECONOMIC SENTIMENT: RACE/ETHNICITY..... 62

FIGURE 47: LOWEST-SCORING ECONOMIC SENTIMENT: HISPANIC/LATINO/LATINX/LATINE 62

FIGURE 48: LOWEST-SCORING ECONOMIC SENTIMENT: GENDER-IDENTITY..... 63

FIGURE 49: LOWEST-SCORING ECONOMIC SENTIMENT: DISABILITY STATUS (CONDENSED)..... 63

FIGURE 50: LOWEST-SCORING ECONOMIC SENTIMENT: DISABILITY STATUS..... 64

FIGURE 51: LOWEST-SCORING ECONOMIC SENTIMENT: SEXUAL ORIENTATION 64

FIGURE 52: LOWEST-SCORING ECONOMIC SENTIMENT: VETERAN STATUS..... 65

FIGURE 53: LOWEST-SCORING ECONOMIC SENTIMENT: AGE GROUP 65

FIGURE 54: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: RACE/ETHNICITY (CONDENSED).. 66

FIGURE 55: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: RACE/ETHNICITY 66

FIGURE 56: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: HISPANIC/LATINO/LATINX/LATINE
..... 67

FIGURE 57: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: GENDER IDENTITY 67

FIGURE 58: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: DISABILITY STATUS (CONDENSED)
..... 68

FIGURE 59: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: DISABILITY STATUS..... 68

FIGURE 60: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: SEXUAL ORIENTATION..... 69

FIGURE 61: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: VETERAN STATUS 69

FIGURE 62: TOP COMMUNITY-LEVEL ECONOMIC CONCERN: AGE GROUP 70

FIGURE 63: LOWEST-SCORING HOUSING SENTIMENT: RACE/ETHNICITY (CONDENSED).....73

FIGURE 64: LOWEST-SCORING HOUSING SENTIMENT: RACE/ETHNICITY.....73

FIGURE 65: LOWEST-SCORING HOUSING SENTIMENT: HISPANIC/LATINO/LATINX/LATINE 74

FIGURE 66: LOWEST-SCORING HOUSING SENTIMENT: GENDER-IDENTITY..... 74

FIGURE 67: LOWEST-SCORING HOUSING SENTIMENT: DISABILITY STATUS (CONDENSED)75

FIGURE 68: LOWEST-SCORING HOUSING SENTIMENT: DISABILITY STATUS.....75

FIGURE 69: LOWEST-SCORING HOUSING SENTIMENT: SEXUAL ORIENTATION..... 76

FIGURE 70: LOWEST-SCORING HOUSING SENTIMENT: VETERAN STATUS..... 76

FIGURE 71: LOWEST-SCORING HOUSING SENTIMENT: AGE GROUP.....77

FIGURE 72: TOP COMMUNITY-LEVEL HOUSING CONCERN: RACE/ETHNICITY (CONDENSED).....78

FIGURE 73: TOP COMMUNITY-LEVEL HOUSING CONCERN: RACE/ETHNICITY78

FIGURE 74: TOP COMMUNITY-LEVEL HOUSING CONCERN: HISPANIC/LATINO/LATINX/LATINE79

FIGURE 75: TOP COMMUNITY-LEVEL HOUSING CONCERN: GENDER-IDENTITY 79

FIGURE 76: TOP COMMUNITY-LEVEL HOUSING CONCERN: DISABILITY STATUS (CONDENSED) 80

FIGURE 77: TOP COMMUNITY-LEVEL HOUSING CONCERN: SEXUAL ORIENTATION.....80

FIGURE 78: TOP COMMUNITY-LEVEL HOUSING CONCERN: VETERAN STATUS..... 81

FIGURE 79: TOP COMMUNITY-LEVEL HOUSING CONCERN: AGE GROUP 81

FIGURE 80: LOWEST-SCORING TRANSPORTATION SENTIMENT: RACE/ETHNICITY (CONDENSED)
..... 85

FIGURE 81: LOWEST-SCORING TRANSPORTATION SENTIMENT: RACE/ETHNICITY..... 85

FIGURE 82: LOWEST-SCORING TRANSPORTATION SENTIMENT:
HISPANIC/LATINO/LATINX/LATINE..... 86

FIGURE 83: LOWEST-SCORING TRANSPORTATION SENTIMENT: GENDER-IDENTITY 86

FIGURE 84: LOWEST-SCORING TRANSPORTATION SENTIMENT: DISABILITY STATUS
(CONDENSED)..... 87

FIGURE 85: LOWEST-SCORING TRANSPORTATION SENTIMENT: DISABILITY STATUS..... 87

FIGURE 86: LOWEST-SCORING TRANSPORTATION SENTIMENT: SEXUAL ORIENTATION..... 88

FIGURE 87: LOWEST-SCORING TRANSPORTATION SENTIMENT: VETERAN STATUS..... 88

FIGURE 88: LOWEST-SCORING TRANSPORTATION SENTIMENT: AGE GROUP 89

FIGURE 89: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: RACE/ETHNICITY
(CONDENSED)..... 90

FIGURE 90: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: RACE/ETHNICITY..... 90

FIGURE 91: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN:
HISPANIC/LATINO/LATINX/LATINE..... 91

FIGURE 92: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: GENDER IDENTITY 91

FIGURE 93: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: DISABILITY STATUS
(CONDENSED)..... 92

FIGURE 94: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: DISABILITY STATUS..... 92

FIGURE 95: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: SEXUAL ORIENTATION 93

FIGURE 96: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: VETERAN STATUS..... 93

FIGURE 97: TOP COMMUNITY-LEVEL TRANSPORTATION CONCERN: AGE GROUP 94

FIGURE 98: LOWEST-SCORING EDUCATION SENTIMENT: RACE/ETHNICITY (CONDENSED)..... 98

FIGURE 99: LOWEST-SCORING EDUCATION SENTIMENT: RACE/ETHNICITY 98

FIGURE 100: LOWEST-SCORING EDUCATION SENTIMENT: HISPANIC/LATINO/LATINX/LATINE.. 99

FIGURE 101: LOWEST-SCORING EDUCATION SENTIMENT: GENDER IDENTITY..... 99

FIGURE 102: LOWEST-SCORING EDUCATION SENTIMENT: DISABILITY STATUS (CONDENSED).100

FIGURE 103: LOWEST-SCORING EDUCATION SENTIMENT: DISABILITY STATUS 100

FIGURE 104: LOWEST-SCORING EDUCATION SENTIMENT: SEXUAL ORIENTATION 101

FIGURE 105: LOWEST-SCORING EDUCATION SENTIMENT: VETERAN STATUS..... 101

FIGURE 106: LOWEST-SCORING EDUCATION SENTIMENT: AGE GROUP 102

FIGURE 107: TOP COMMUNITY-LEVEL EDUCATION CONCERN: RACE/ETHNICITY (CONDENSED)
..... 103

FIGURE 108: TOP COMMUNITY-LEVEL EDUCATION CONCERN: RACE/ETHNICITY 103

FIGURE 109: TOP COMMUNITY-LEVEL EDUCATION CONCERN:
HISPANIC/LATINO/LATINX/LATINE..... 104

FIGURE 110: TOP COMMUNITY-LEVEL EDUCATION CONCERN: GENDER IDENTITY..... 104

FIGURE 111: TOP COMMUNITY-LEVEL EDUCATION CONCERN: DISABILITY STATUS (CONDENSED)
..... 105

FIGURE 112: TOP COMMUNITY-LEVEL EDUCATION CONCERN: DISABILITY STATUS..... 105

FIGURE 113: TOP COMMUNITY-LEVEL EDUCATION CONCERN: SEXUAL ORIENTATION..... 106

FIGURE 114: TOP COMMUNITY-LEVEL EDUCATION CONCERN: VETERAN STATUS..... 106

FIGURE 115: TOP COMMUNITY-LEVEL EDUCATION CONCERN: AGE GROUP 107

FIGURE 116: LOWEST-SCORING SAFETY SENTIMENT: RACE/ETHNICITY (CONDENSED)..... 110

FIGURE 117: LOWEST-SCORING SAFETY SENTIMENT: RACE/ETHNICITY 110

FIGURE 118: LOWEST-SCORING SAFETY SENTIMENT: HISPANIC/LATINO/LATINX/LATINE..... 111

FIGURE 119: LOWEST-SCORING SAFETY SENTIMENT: GENDER IDENTITY 111

FIGURE 120: LOWEST-SCORING SAFETY SENTIMENT: DISABILITY STATUS (CONDENSED)..... 112

FIGURE 121: LOWEST-SCORING SAFETY SENTIMENT: DISABILITY STATUS..... 112

FIGURE 122: LOWEST-SCORING SAFETY SENTIMENT: SEXUAL ORIENTATION 113

FIGURE 123: LOWEST-SCORING SAFETY SENTIMENT: VETERAN STATUS 113

FIGURE 124: LOWEST-SCORING SAFETY SENTIMENT: AGE GROUP 114

FIGURE 125: TOP COMMUNITY-LEVEL SAFETY CONCERN: RACE/ETHNICITY (CONDENSED)..... 115

FIGURE 126: TOP COMMUNITY-LEVEL SAFETY CONCERN: RACE/ETHNICITY 116

FIGURE 127: TOP COMMUNITY-LEVEL SAFETY CONCERN: HISPANIC/LATINO/LATINX/LATINE . 116

FIGURE 128: TOP COMMUNITY-LEVEL SAFETY CONCERN: GENDER IDENTITY 117

FIGURE 129: TOP COMMUNITY-LEVEL SAFETY CONCERN: DISABILITY STATUS (CONDENSED)..117

FIGURE 130: TOP COMMUNITY-LEVEL SAFETY CONCERN: DISABILITY STATUS 118

FIGURE 131: TOP COMMUNITY-LEVEL SAFETY CONCERN: SEXUAL ORIENTATION..... 118

FIGURE 132: TOP COMMUNITY-LEVEL SAFETY CONCERN: VETERAN STATUS 119

FIGURE 133: TOP COMMUNITY-LEVEL SAFETY CONCERN: AGE GROUP 119

FIGURE 134: INCLUSIVITY CONCERNS: GENDER IDENTITY..... 154

FIGURE 135: INCLUSIVITY CONCERNS: AGE GROUP155

FIGURE 136: INCLUSIVITY CONCERNS: RACE/ETHNICITY 156

FIGURE 137: INCLUSIVITY CONCERNS: HISPANIC/LATINO/LATINX/LATINE..... 157

FIGURE 138: INCLUSIVITY CONCERNS: SEXUAL ORIENTATION..... 158

FIGURE 139: INCLUSIVITY CONCERNS: VETERAN STATUS..... 159

FIGURE 140: INCLUSIVITY CONCERNS: DISABILITY STATUS..... 160

FIGURE 141: INCLUSIVITY CONCERNS: HIGHEST LEVEL OF EDUCATION..... 161

FIGURE 142: INCLUSIVITY CONCERNS: LIVING SITUATION..... 162

FIGURE 143: INCLUSIVITY CONCERNS: MARITAL STATUS..... 163

FIGURE 144: INCLUSIVITY CONCERNS: EMPLOYMENT STATUS..... 164

FIGURE 145: INCLUSIVITY CONCERNS: SALARY RANGE..... 165

FIGURE 146: HEALTHCARE CONCERNS: GENDER IDENTITY 166

FIGURE 147: HEALTHCARE CONCERNS: AGE GROUP167

FIGURE 148: HEALTHCARE CONCERNS: RACE/ETHNICITY..... 168

FIGURE 149: HEALTHCARE CONCERNS: HISPANIC/LATINO/LATINX/LATINE 169

FIGURE 150: HEALTHCARE CONCERNS: SEXUAL ORIENTATION 170

FIGURE 151: HEALTHCARE CONCERNS: VETERAN STATUS.....171

FIGURE 152: HEALTHCARE CONCERNS: DISABILITY STATUS172

FIGURE 153: HEALTHCARE CONCERNS: HIGHEST LEVEL OF EDUCATION173

FIGURE 154: HEALTHCARE CONCERNS: LIVING SITUATION 174

FIGURE 155: HEALTHCARE CONCERNS: MARITAL STATUS.....175

FIGURE 156: HEALTHCARE CONCERNS: EMPLOYMENT STATUS.....176

FIGURE 157: HEALTHCARE CONCERNS: SALARY RANGE177

FIGURE 158: ECONOMIC CONCERNS: GENDER IDENTITY178

FIGURE 159: ECONOMIC CONCERNS: AGE GROUP179

FIGURE 160: ECONOMIC CONCERNS: RACE/ETHNICITY180

FIGURE 161: ECONOMIC CONCERNS: HISPANIC/LATINO/LATINX/LATINE181

FIGURE 162: ECONOMIC CONCERNS: SEXUAL ORIENTATION.....182

FIGURE 163: ECONOMIC CONCERNS: VETERAN STATUS.....183

FIGURE 164: ECONOMIC CONCERNS: DISABILITY STATUS.....184

FIGURE 165: ECONOMIC CONCERNS: HIGHEST LEVEL OF EDUCATION.....185

FIGURE 166: ECONOMIC CONCERNS: LIVING SITUATION186

FIGURE 167: ECONOMIC CONCERNS: MARITAL STATUS.....187

FIGURE 168: ECONOMIC CONCERNS: SALARY RANGE188

FIGURE 169: ECONOMIC CONCERNS: EMPLOYMENT STATUS.....189

FIGURE 170: HOUSING CONCERNS: GENDER IDENTITY.....190

FIGURE 171: HOUSING CONCERNS: AGE GROUP191

FIGURE 172: HOUSING CONCERNS: RACE/ETHNICITY.....192

FIGURE 173: HOUSING CONCERNS: HISPANIC/LATINO/LATINX/LATINE.....193

FIGURE 174: HOUSING CONCERNS: SEXUAL ORIENTATION.....194

FIGURE 175: HOUSING CONCERNS: VETERAN STATUS.....195

FIGURE 176: HOUSING CONCERNS: DISABILITY STATUS196

FIGURE 177: HOUSING CONCERNS: HIGHEST LEVEL OF EDUCATION197

FIGURE 178: HOUSING CONCERNS: LIVING SITUATION.....198

FIGURE 179: HOUSING CONCERNS: MARITAL STATUS.....199

FIGURE 180: HOUSING CONCERNS: EMPLOYMENT STATUS.....200

FIGURE 181: HOUSING CONCERNS: SALARY RANGE201

FIGURE 182: TRANSPORTATION CONCERNS: GENDER IDENTITY202

FIGURE 183: TRANSPORTATION CONCERNS: AGE GROUP203

FIGURE 184: TRANSPORTATION CONCERNS: RACE/ETHNICITY204

FIGURE 185: TRANSPORTATION CONCERNS: HISPANIC/LATINO/LATINX/LATINE 205

FIGURE 186: TRANSPORTATION CONCERNS: SEXUAL ORIENTATION 206

FIGURE 187: TRANSPORTATION CONCERNS: VETERAN STATUS.....207

FIGURE 188: TRANSPORTATION CONCERNS: DISABILITY STATUS..... 208

FIGURE 189: TRANSPORTATION CONCERNS: HIGHEST LEVEL OF EDUCATION..... 209

FIGURE 190: TRANSPORTATION CONCERNS: LIVING SITUATION 210

FIGURE 191: TRANSPORTATION CONCERNS: MARITAL STATUS 211

FIGURE 192: TRANSPORTATION CONCERNS: EMPLOYMENT STATUS.....212

FIGURE 193: TRANSPORTATION CONCERNS: SALARY RANGE213

FIGURE 194: EDUCATION CONCERNS: GENDER IDENTITY 214

FIGURE 195: EDUCATION CONCERNS: AGE GROUP.....215

FIGURE 196: EDUCATION CONCERNS: RACE/ETHNICITY 216

FIGURE 197: EDUCATION CONCERNS: HISPANIC/LATINO/LATINX/LATINE217

FIGURE 198: EDUCATION CONCERNS: SEXUAL ORIENTATION.....218

FIGURE 199: EDUCATION CONCERNS: VETERAN STATUS..... 219

FIGURE 200: EDUCATION CONCERNS: DISABILITY STATUS 220

FIGURE 201: EDUCATION CONCERNS: HIGHEST LEVEL OF EDUCATION221

FIGURE 202: EDUCATION CONCERNS: LIVING SITUATION 222

FIGURE 203: EDUCATION CONCERNS: MARITAL STATUS 223

FIGURE 204: EDUCATION CONCERNS: EMPLOYMENT STATUS224

FIGURE 205: EDUCATION CONCERNS: SALARY RANGE..... 225

FIGURE 206: SAFETY CONCERNS: GENDER IDENTITY 226

FIGURE 207: SAFETY CONCERNS: AGE GROUP..... 227

FIGURE 208: SAFETY CONCERNS: RACE/ETHNICITY 228

FIGURE 209: SAFETY CONCERNS: HISPANIC/LATINO/LATINX/LATINE..... 229

FIGURE 210: SAFETY CONCERNS: SEXUAL ORIENTATION..... 230

FIGURE 211: SAFETY CONCERNS: VETERAN STATUS231

FIGURE 212: SAFETY CONCERNS: DISABILITY STATUS 232

FIGURE 213: SAFETY CONCERNS: HIGHEST LEVEL OF EDUCATION.....233

FIGURE 214: SAFETY CONCERNS: LIVING SITUATION234

FIGURE 215: SAFETY CONCERNS: MARITAL STATUS.....235

FIGURE 216: SAFETY CONCERNS: EMPLOYMENT STATUS.....236

FIGURE 217: SAFETY CONCERNS: SALARY RANGE237

Survey Questions

Respondents were offered the opportunity to respond to a series of Likert Scale statements:

TABLE 28: SURVEY QUESTIONS

Category	Statement
Economic	It is easy to find a job in this community.
Economic	There are enough quality jobs in this area.
Economic	Employers in my community use inclusive workplace practices.
Economic	Employment assistance and information are easy to find.
Economic	Wages and salaries in this area meet the cost of living.
Education	My community offers quality higher education/post-secondary options.
Education	My community offers quality K-12 education to all residents.
Education	My community offers quality preschool options.
Education	Education services and assistance are easy to find.
Education	Our schools meet the needs of all students regardless of their backgrounds.
Health	This community offers quality healthcare options for all.
Health	Healthcare providers in my community offer culturally appropriate care.
Health	Community members have consistent access to enough food.
Health	Information about local programs and services addressing various health concerns is easy to find.
Health	Information and resources on mental health are easy to find.
Health	Information and resources on substance use assistance are easy to find.
Housing	Community members have equal access to mortgage, insurance, and loan services.
Housing	Housing services and assistance are easy to find.
Housing	Real estate agents treat all community members equally in showing neighborhoods and options
Housing	This community offers enough quality and affordable housing.
Inclusivity	My community values diversity.
Inclusivity	All community members have access to a place of worship that meets their needs.
Inclusivity	My community is inclusive for all.
Inclusivity	People in this community receive fair and respectful treatment by the law enforcement/justice system.
Inclusivity	People from diverse communities and identities feel included in this community and their social needs are met.

Category	Statement
Inclusivity	Bias, discrimination, or exclusion are rare in this community.
Safety	It is safe to live in the Greater Mankato area.
Safety	All community members have access to safe places for recreation and exercise.
Safety	All safety concerns are taken seriously by relevant authorities.
Safety	People from diverse communities and identities feel safe in this community.
Transportation	My community offers quality public transportation options.
Transportation	It is easy to get to any place one would like to visit in the community.
Transportation	Transportation assistance is easy to find.

Respondents were offered a multi-select option for the following statements:

1. My main concerns (for myself and those in my household) about education include
 - a. I do not have any concerns
 - b. Academic success
 - c. Access to childcare/pre-school education
 - d. Access to supplemental services (after-school programming, tutoring, etc.)
 - e. Access to technology
 - f. Bullying
 - g. Cost of college tuition
 - h. Cost of pre-school education
 - i. Education Concerns - Bias and discrimination in my community
 - j. Lack of diversity across the curriculum
 - k. Lack of diversity in teaching staff/faculty
 - l. Lack of vocational post-secondary education options
 - m. Parent-student-teacher relations
2. My main concerns (for myself and those in my household) about healthcare include
 - a. I do not have any healthcare concerns
 - b. Access to dental care
 - c. Access to health insurance
 - d. Access to mental health services
 - e. Affordability
 - f. Healthcare Concerns - Bias and discrimination in my community
 - g. Housing conditions
 - h. Language barriers
 - i. Mental health (anxiety, stress, depression)
 - j. Nutritious food
 - k. Physical activity
 - l. Substance abuse
 - m. Transportation

3. My main concerns (for myself and those in my household) about housing include
 - a. I do not have any housing concerns
 - b. Condition of property
 - c. Financial services (mortgage and loans)
 - d. Housing Concerns - Bias and discrimination in my community
 - e. Lack of affordable housing options
 - f. Landlord-tenant relations
 - g. My neighborhood/location
 - h. Overcrowding
4. My main concerns (for myself and those in my household) about inclusivity are
 - a. I do not have any inclusivity concerns
 - b. Access to gender neutral bathrooms
 - c. Access to internet and technology
 - d. Access to services and amenities that represent my identity, culture, and religion
 - e. Access to translation services/information and signage in languages other than English
 - f. Accessibility to people of all abilities of products, services, and facilities
 - g. Inclusivity - Bias and discrimination
 - h. Lack of diversity in leadership roles
 - i. Lack of education and training on DEI for the public
 - j. Lack of knowledge about DEI among employers and organizational leadership
5. My main concerns (for myself and those in my household) about my economic situation include
 - a. I do not have any economic well-being concerns
 - b. Cost of childcare
 - c. Cost of living
 - d. Economic Situation Concerns - Bias and discrimination in my community
 - e. Equitable pay
 - f. Lack of benefits
 - g. Lack of career advancement
 - h. Lack of savings and assets
 - i. Unemployment
6. My main concerns (for myself and those in my household) about safety include
 - a. I do not have any safety concerns
 - b. Concerns about Safety - Bias and discrimination in my community
 - c. Harassment and verbal abuse in my community
 - d. Interactions with the police
 - e. Response time of emergency services (police, ambulance, and firefighters)
 - f. Safety in my home
 - g. Safety in my neighborhood
 - h. Safety in the larger community
 - i. Safety of students at school and university settings
7. My main concerns (for myself and those in my household) about transportation include
 - a. I do not have any transportation concerns

- b. Bicycle safety
- c. Cost of public transportation
- d. Not enough/no sidewalks
- e. Personal safety
- f. Public transportation routes and hours of operations
- g. Public transportations options
- h. Road conditions
- i. Sidewalk conditions
- j. Transportation Concerns - Bias and discrimination in my community

Focus Group Questions

1. Briefly introduce yourself and your role in the community.
Describe what the word inclusivity means to you.
How would you define it?
2. What about equity? What does it mean to you?
Is it a part of inclusivity?
3. How would you rate inclusivity in Greater Mankato on a scale from 1 (not inclusive) to 5 (very inclusive)? (Write down your number.)
Explain your rating.
4. Thinking of public spaces in the community, are they safe and inclusive for all? (Feel free to interpret the word “safety” in a broad sense, both in terms of safety from physical harm as well as safety from emotional or psychological harm.)
5. An important aspect of inclusivity is the ability to participate in community decision-making processes. Thinking of leadership roles in local organizations and government agencies and the elected officials, do you see all community members represented in these roles? Why? Why not?
6. What do you see as a main barrier to inclusivity in this community?
7. What does this community do well in terms of inclusivity? What services, resources, or amenities would you highlight as good practices?
8. Continuing to think about inclusivity, what would you like the community to look like a decade from now? How would the community be different from what it is today?

Community-Level Concerns Full Tables

TABLE 29: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT SAFETY INCLUDE

Response	Count	Percentage
Safety of students at school and university settings	581	22%
Concerns about Safety - Bias and discrimination in my community	375	14%
Safety in the larger community	365	14%
Harassment and verbal abuse in my community	311	12%
Safety in my neighborhood	276	10%
Interactions with the police	226	8%
I do not have any safety concerns	220	8%
Response time of emergency services (police, ambulance, and firefighters)	200	8%
Safety in my home	106	4%

TABLE 30: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT HEALTHCARE INCLUDE

Response	Count	Percentage
Affordability	528	16%
Mental health (anxiety, stress, depression)	503	15%
Access to mental health services	403	12%
I do not have any healthcare concerns	260	8%
Access to health insurance	254	7%
Nutritious food	228	7%
Physical activity	224	7%
Access to dental care	223	7%
Healthcare Concerns - Bias and discrimination in my community	203	6%
Housing conditions	188	6%
Transportation	150	4%
Substance abuse	115	3%
Language barriers	111	3%

TABLE 31: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT MY ECONOMIC SITUATION INCLUDE

Response	Count	Percentage
Cost of living	647	24%
Equitable pay	411	15%
Lack of savings and assets	321	12%
Lack of career advancement	295	11%
Cost of childcare	288	11%
Lack of benefits	250	9%
I do not have any economic well-being concerns	249	9%
Economic Situation Concerns - Bias and discrimination in my community	197	7%
Unemployment	76	3%

TABLE 32: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT HOUSING INCLUDE

Response	Count	Percentage
Lack of affordable housing options	461	22%
I do not have any housing concerns	432	20%
Condition of property	274	13%
Landlord-tenant relations	259	12%
Financial services (mortgage and loans)	225	11%
Housing Concerns - Bias and discrimination in my community	210	10%
My neighborhood/location	140	7%
Overcrowding	130	6%

TABLE 33: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT TRANSPORTATION INCLUDE

Response	Count	Percentage
I do not have any transportation concerns	335	14%
Public transportation routes and hours of operations	324	13%
Road conditions	315	13%
Public transportations options	288	12%

Response	Count	Percentage
Not enough/no sidewalks	267	11%
Personal safety	233	10%
Bicycle safety	225	9%
Sidewalk conditions	192	8%
Cost of public transportation	123	5%
Transportation Concerns - Bias and discrimination in my community	100	4%

TABLE 34: MY MAIN CONCERNS (FOR MYSELF AND THOSE IN MY HOUSEHOLD) ABOUT EDUCATION INCLUDE

Response	Count	Percentage
Cost of college tuition	506	16%
Bullying	346	11%
Lack of diversity in teaching staff/faculty	303	9%
Lack of diversity across the curriculum	269	8%
I do not have any concerns	263	8%
Academic success	255	8%
Access to supplemental services (after-school programming, tutoring, etc.)	228	7%
Access to childcare/pre-school education	202	6%
Education Concerns - Bias and discrimination in my community	198	6%
Cost of pre-school education	189	6%
Parent-student-teacher relations	168	5%
Access to technology	165	5%
Lack of vocational post-secondary education options	106	3%

Community-Level Sentiments Full Table

The table below shows community-level sentiments (combining the percentage of “Strongly Agree” and “Agree” responses) for all categories. It is ranked from highest percentage to lowest percentage.

TABLE 35: COMMUNITY-LEVEL CONCERNS FULL TABLE

Response	Count	Percentage	Category
Cost of living	647	24%	Economic
Safety of students at school and university settings	581	22%	Safety
Lack of affordable housing options	461	22%	Housing
I do not have any housing concerns	432	20%	Housing
Affordability	528	16%	Healthcare
Cost of college tuition	506	16%	Education
Lack of diversity in leadership roles	420	15%	Inclusivity
Mental health (anxiety, stress, depression)	503	15%	Healthcare
Equitable pay	411	15%	Economic
Inclusivity - Bias and discrimination	389	14%	Inclusivity
Concerns about Safety - Bias and discrimination in my community	375	14%	Safety
Safety in the larger community	365	14%	Safety
I do not have any transportation concerns	335	14%	Transportation
Condition of property	274	13%	Housing
Public transportation routes and hours of operations	324	13%	Transportation
Road conditions	315	13%	Transportation
I do not have any inclusivity concerns	334	12%	Inclusivity
Accessibility to people of all abilities of products, services, and facilities	337	12%	Inclusivity
Lack of education and training on DEI for the public	336	12%	Inclusivity
Harassment and verbal abuse in my community	311	12%	Safety
Access to mental health services	403	12%	Healthcare
Lack of savings and assets	321	12%	Economic

Greater Mankato Inclusivity Study | VIII. Appendix | Community-Level Sentiments Full Table

Response	Count	Percentage	Category
Landlord-tenant relations	259	12%	Housing
Public transportations options	288	12%	Transportation
Lack of knowledge about DEI among employers and organizational leadership	302	11%	Inclusivity
Lack of career advancement	295	11%	Economic
Cost of childcare	288	11%	Economic
Financial services (mortgage and loans)	225	11%	Housing
Not enough/no sidewalks	267	11%	Transportation
Bullying	346	11%	Education
Safety in my neighborhood	276	10%	Safety
Housing Concerns - Bias and discrimination in my community	210	10%	Housing
Personal safety	233	10%	Transportation
Lack of benefits	250	9%	Economic
I do not have any economic well-being concerns	249	9%	Economic
Bicycle safety	225	9%	Transportation
Lack of diversity in teaching staff/faculty	303	9%	Education
Access to internet and technology	218	8%	Inclusivity
Interactions with the police	226	8%	Safety
I do not have any safety concerns	220	8%	Safety
Response time of emergency services (police, ambulance, and firefighters)	200	8%	Safety
I do not have any healthcare concerns	260	8%	Healthcare
Sidewalk conditions	192	8%	Transportation
Lack of diversity across the curriculum	269	8%	Education
I do not have any concerns	263	8%	Education
Academic success	255	8%	Education
Access to health insurance	254	7%	Healthcare
Nutritious food	228	7%	Healthcare

Greater Mankato Inclusivity Study | VIII. Appendix | Community-Level Sentiments Full Table

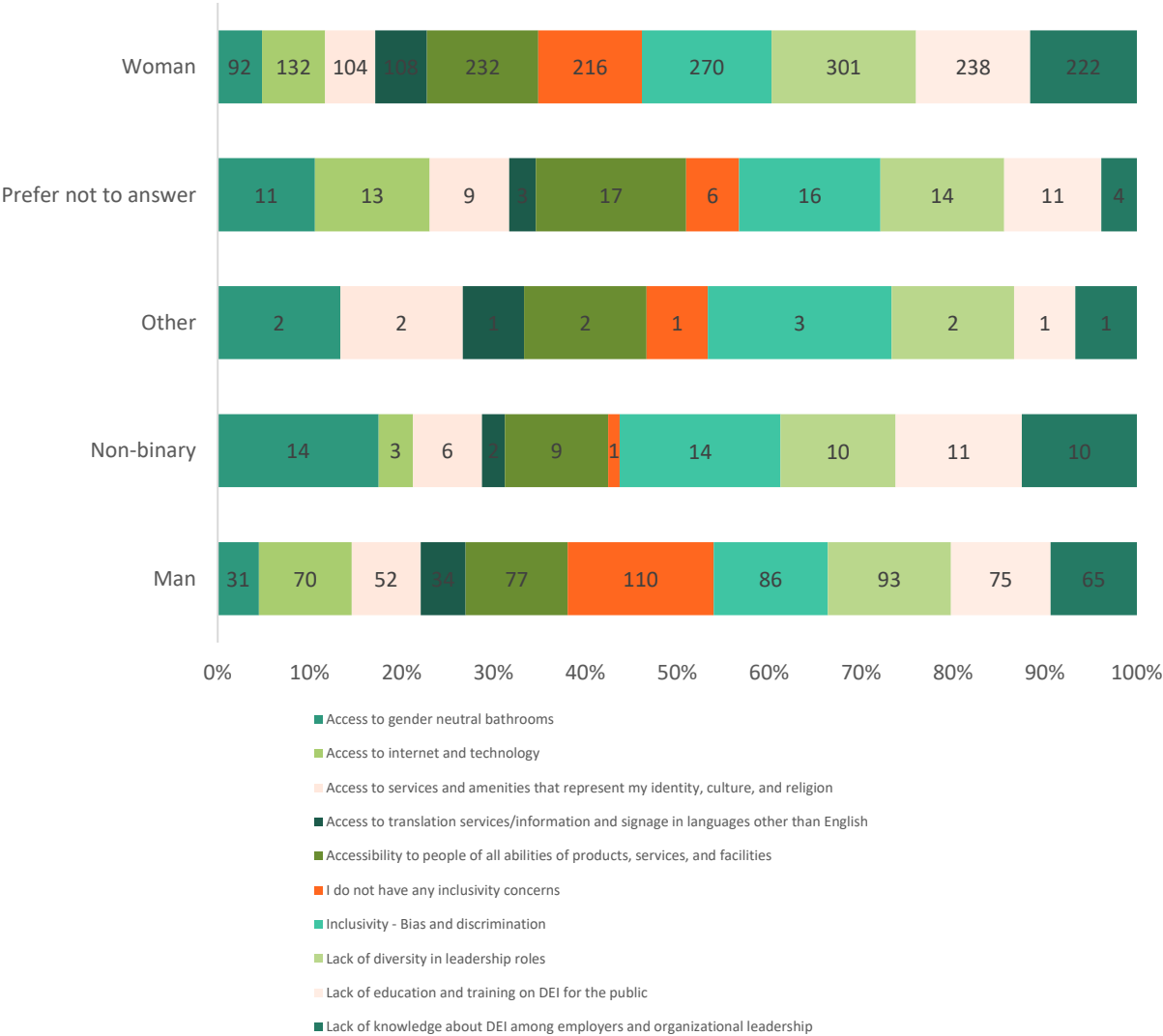
Response	Count	Percentage	Category
Physical activity	224	7%	Healthcare
Access to dental care	223	7%	Healthcare
Economic Situation Concerns - Bias and discrimination in my community	197	7%	Economic
My neighborhood/location	140	7%	Housing
Access to supplemental services (after-school programming, tutoring, etc.)	228	7%	Education
Access to services and amenities that represent my identity, culture, and religion	173	6%	Inclusivity
Healthcare Concerns - Bias and discrimination in my community	203	6%	Healthcare
Housing conditions	188	6%	Healthcare
Overcrowding	130	6%	Housing
Access to childcare/pre-school education	202	6%	Education
Education Concerns - Bias and discrimination in my community	198	6%	Education
Cost of pre-school education	189	6%	Education
Access to gender-neutral bathrooms	150	5%	Inclusivity
Access to translation services/information and signage in languages other than English	148	5%	Inclusivity
Cost of public transportation	123	5%	Transportation
Parent-student-teacher relations	168	5%	Education
Access to technology	165	5%	Education
Safety in my home	106	4%	Safety
Transportation	150	4%	Healthcare
Transportation Concerns - Bias and discrimination in my community	100	4%	Transportation
Substance abuse	115	3%	Healthcare
Language barriers	111	3%	Healthcare
Unemployment	76	3%	Economic
Lack of vocational post-secondary education options	106	3%	Education

Additional Charts and Graphs: Demographic Data from Survey

Research Category 1: Inclusivity

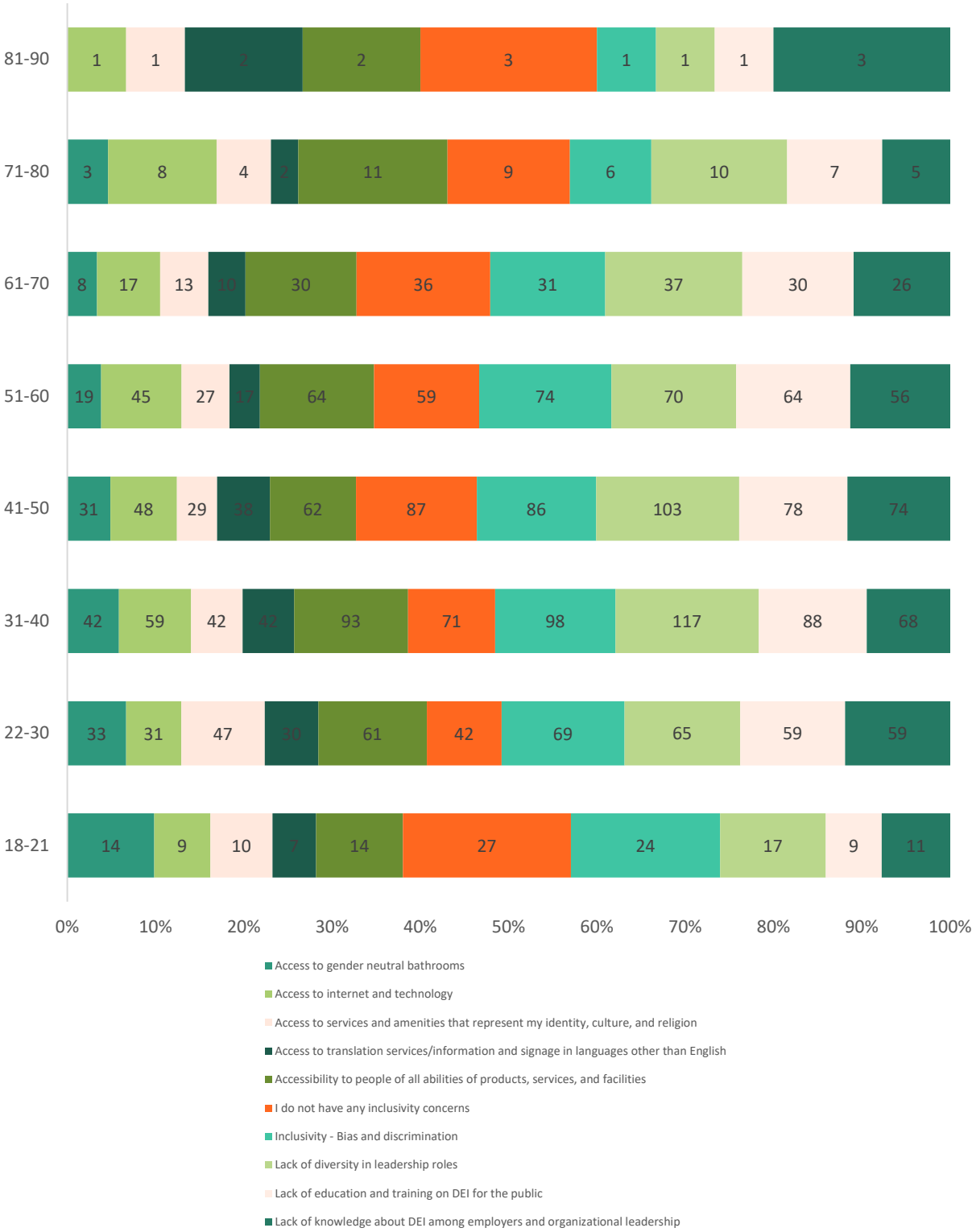
The following charts provide additional detail/insight into demographic responses to inclusivity-related concerns.

FIGURE 134: INCLUSIVITY CONCERNS: GENDER IDENTITY



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 135: INCLUSIVITY CONCERNS: AGE GROUP



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 136: INCLUSIVITY CONCERNS: RACE/ETHNICITY



FIGURE 137: INCLUSIVITY CONCERNS: HISPANIC/LATINO/LATINX/LATINE

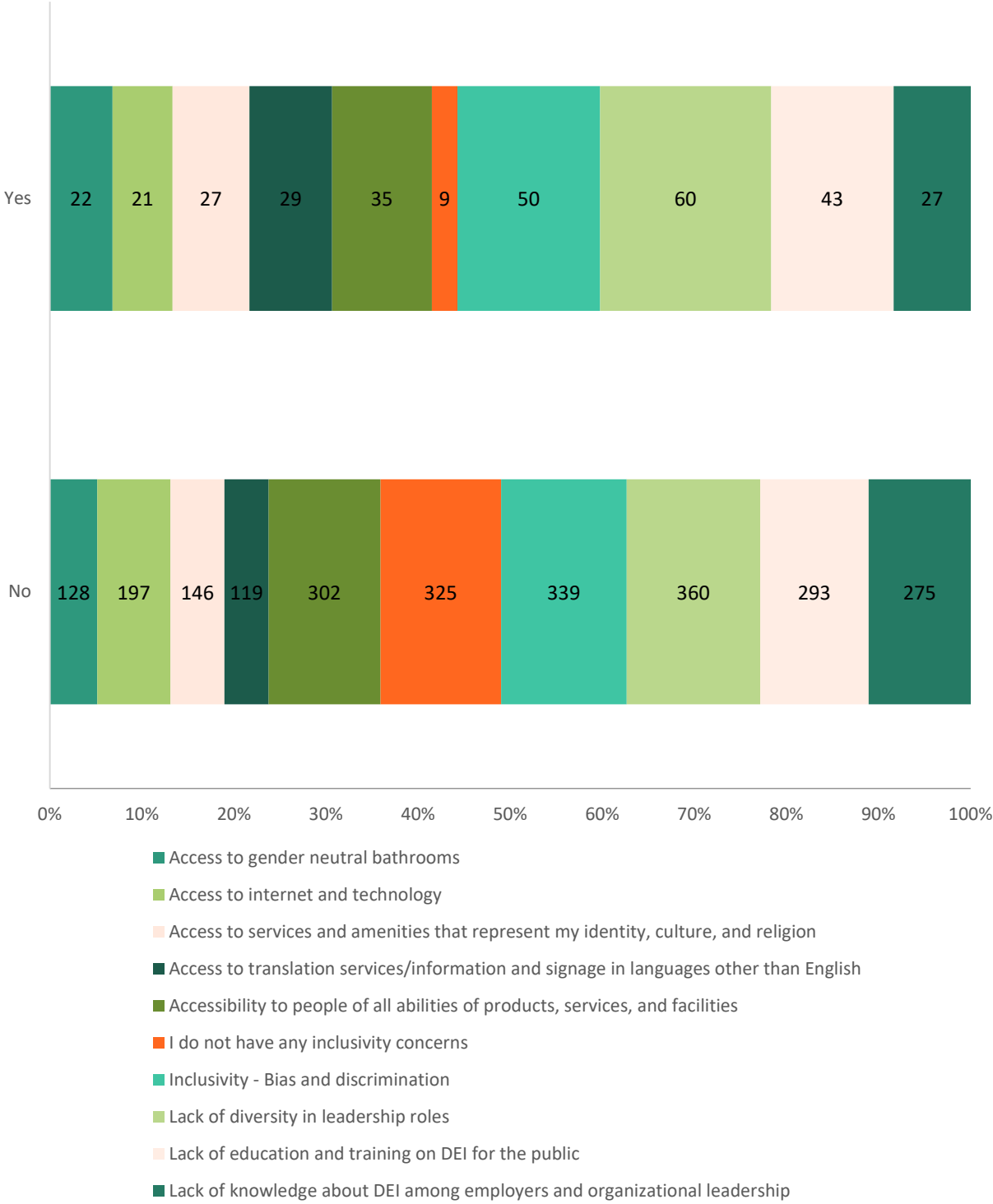


FIGURE 138: INCLUSIVITY CONCERNS: SEXUAL ORIENTATION



FIGURE 139: INCLUSIVITY CONCERNS: VETERAN STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 140: INCLUSIVITY CONCERNS: DISABILITY STATUS

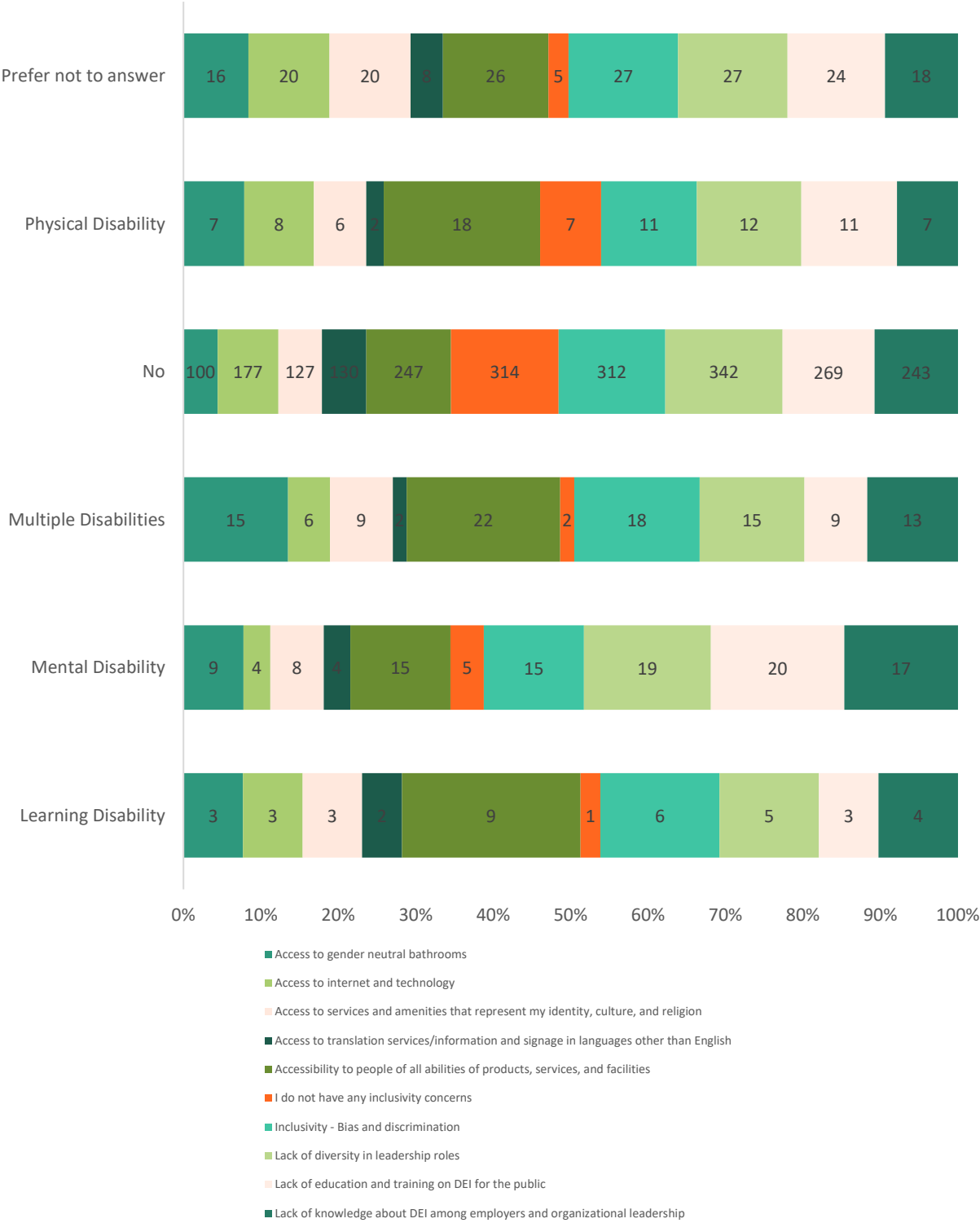


FIGURE 141: INCLUSIVITY CONCERNS: HIGHEST LEVEL OF EDUCATION

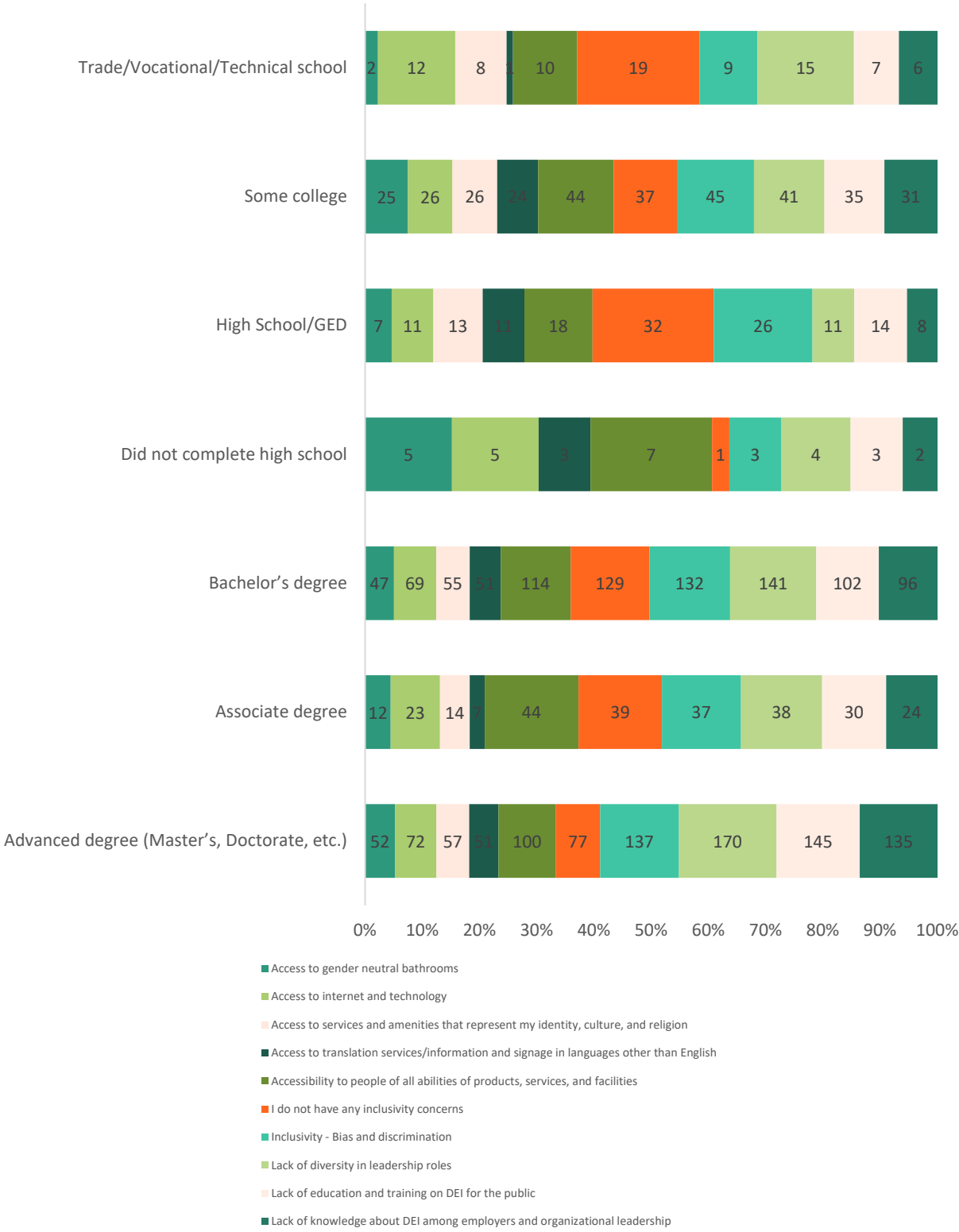


FIGURE 142: INCLUSIVITY CONCERNS: LIVING SITUATION

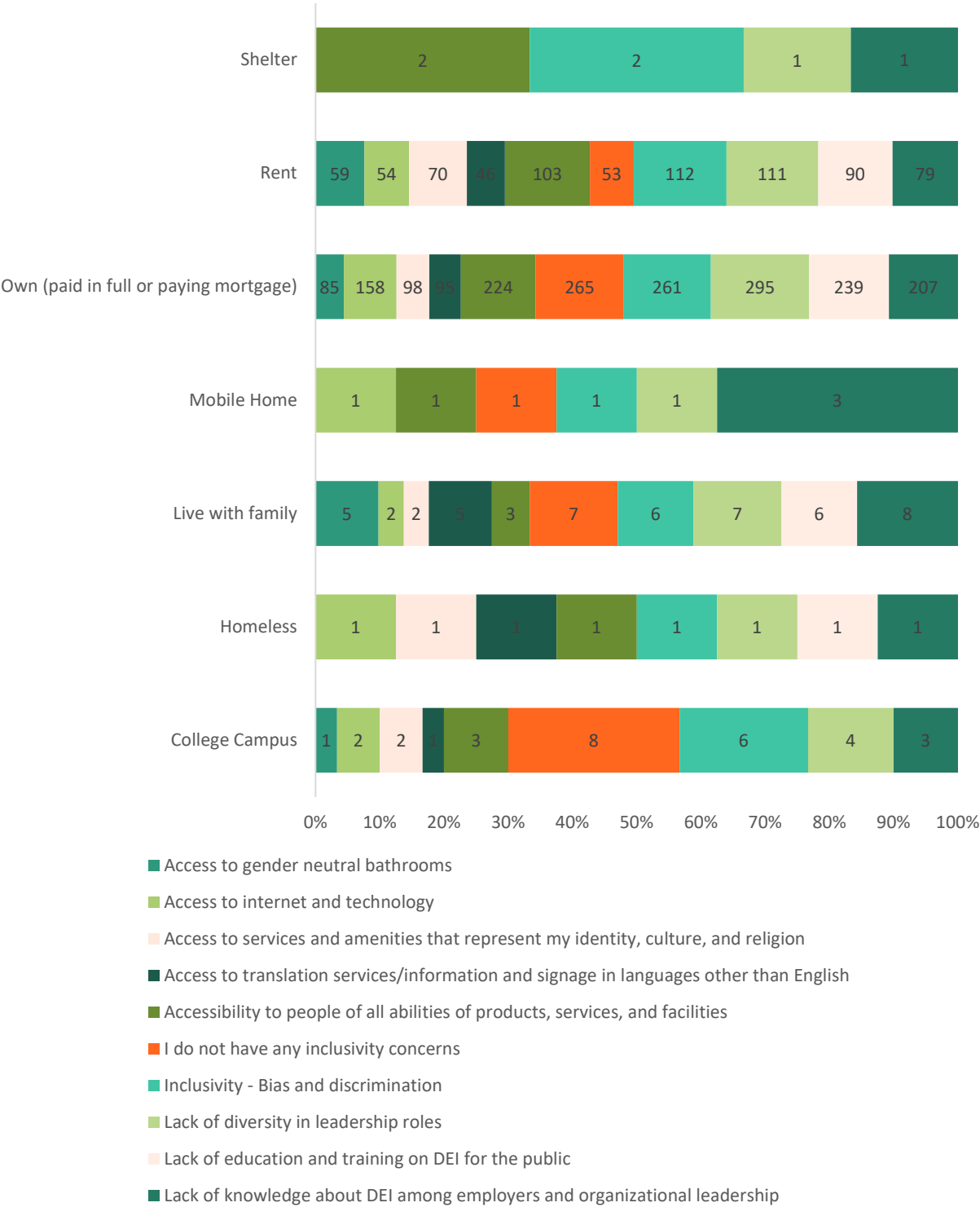
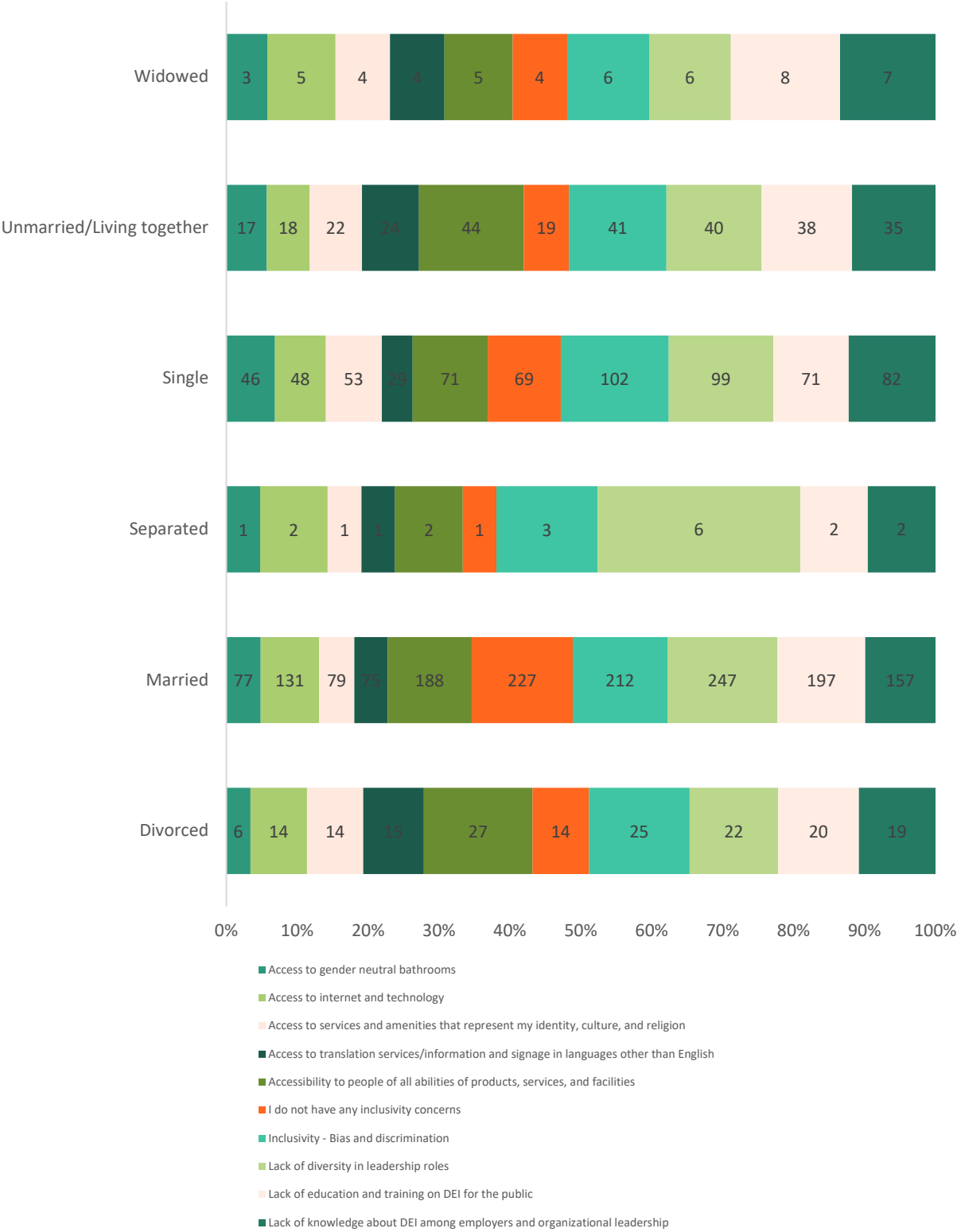
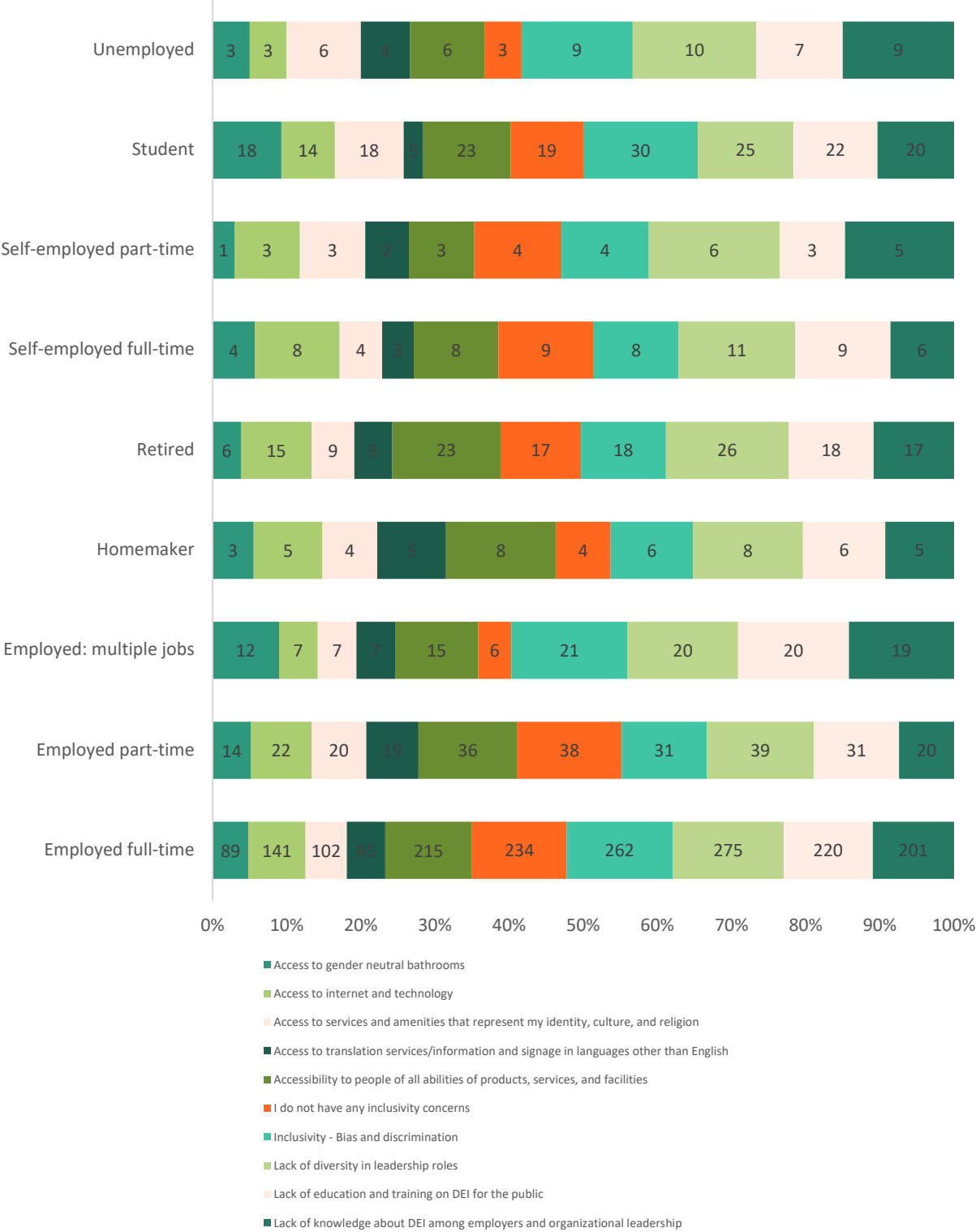


FIGURE 143: INCLUSIVITY CONCERNS: MARITAL STATUS



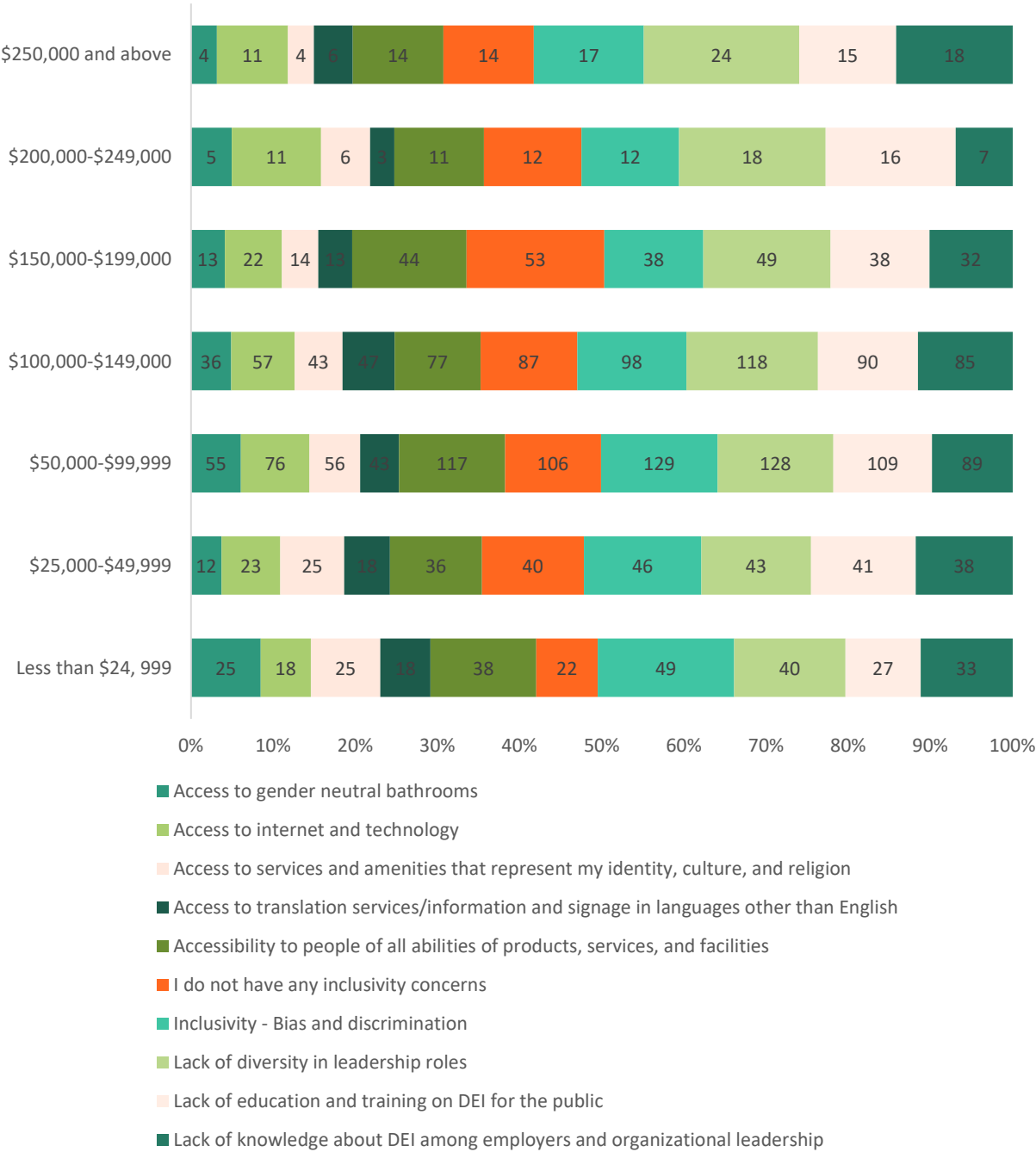
Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 144: INCLUSIVITY CONCERNS: EMPLOYMENT STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 145: INCLUSIVITY CONCERNS: SALARY RANGE

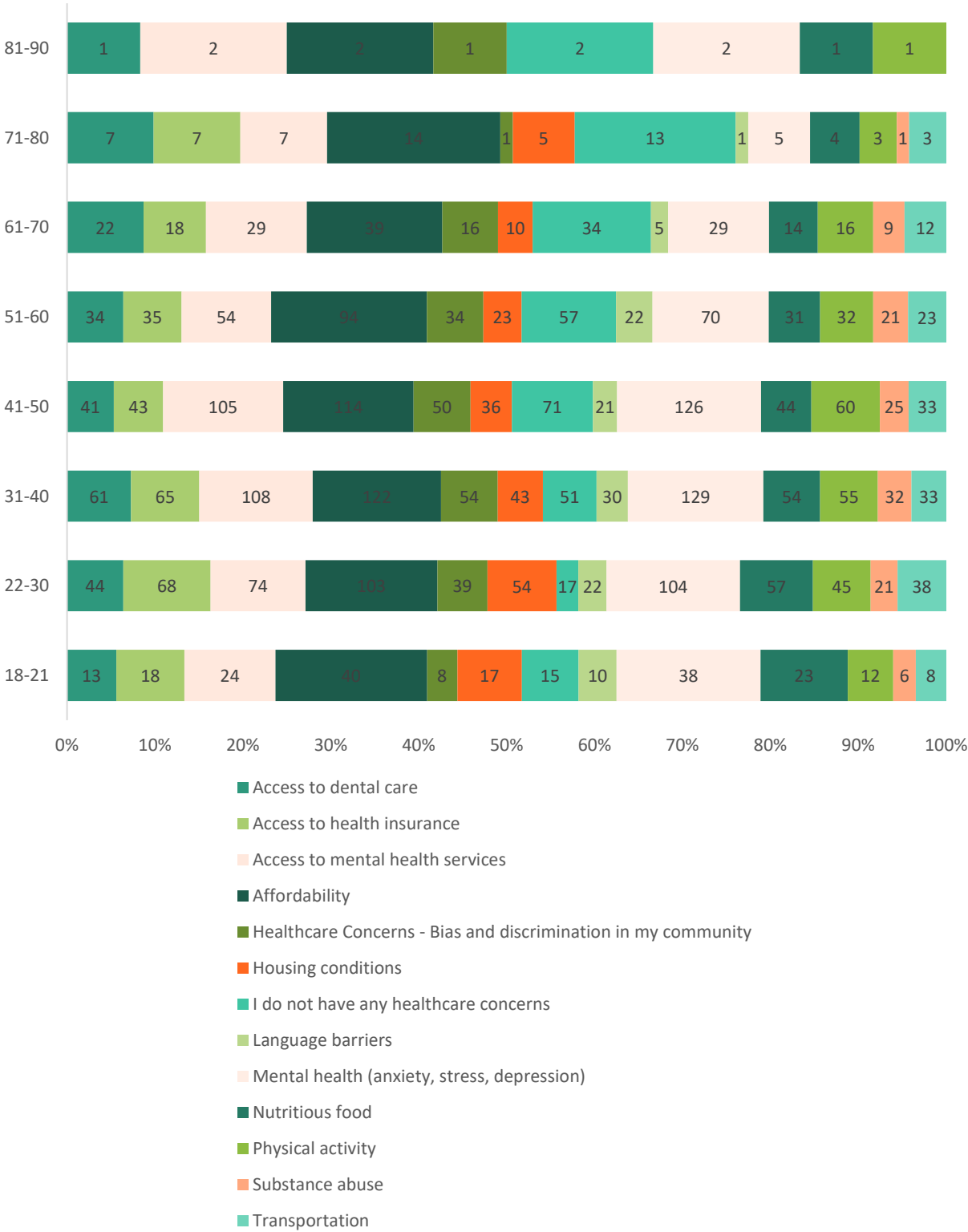


Research Category 2: Healthcare

FIGURE 146: HEALTHCARE CONCERNS: GENDER IDENTITY



FIGURE 147: HEALTHCARE CONCERNS: AGE GROUP



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 148: HEALTHCARE CONCERNS: RACE/ETHNICITY

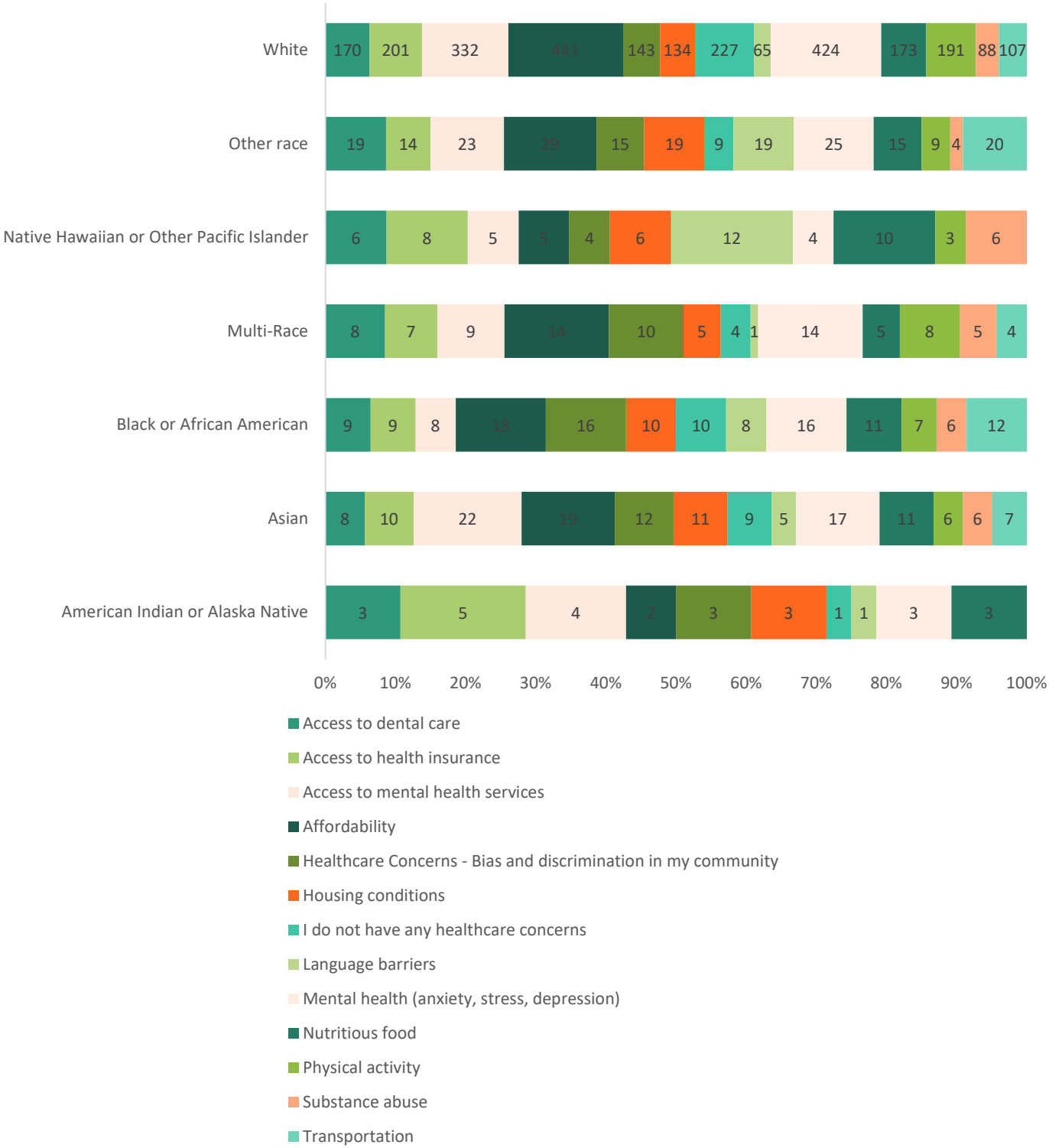


FIGURE 149: HEALTHCARE CONCERNS: HISPANIC/LATINO/LATINX/LATINE

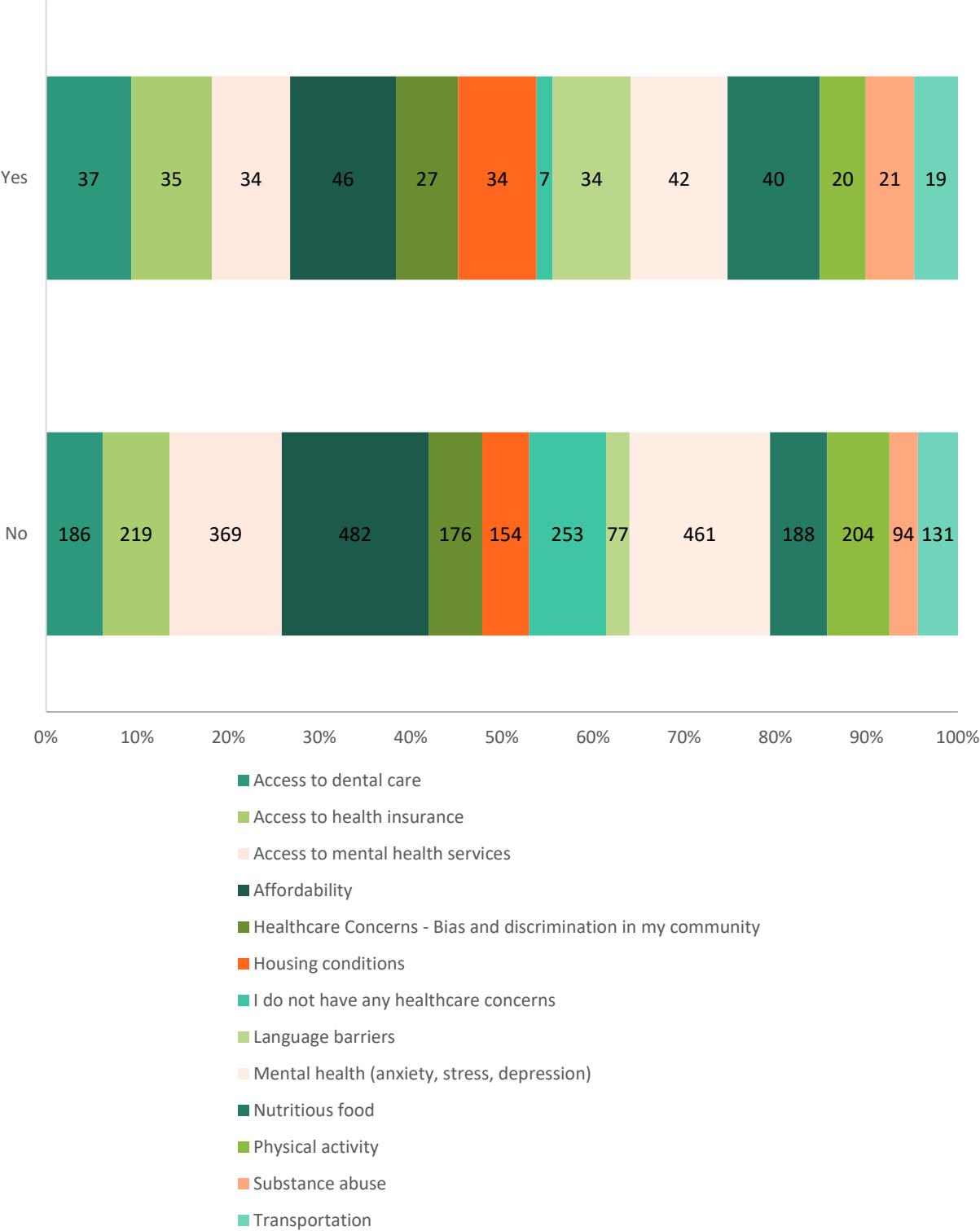
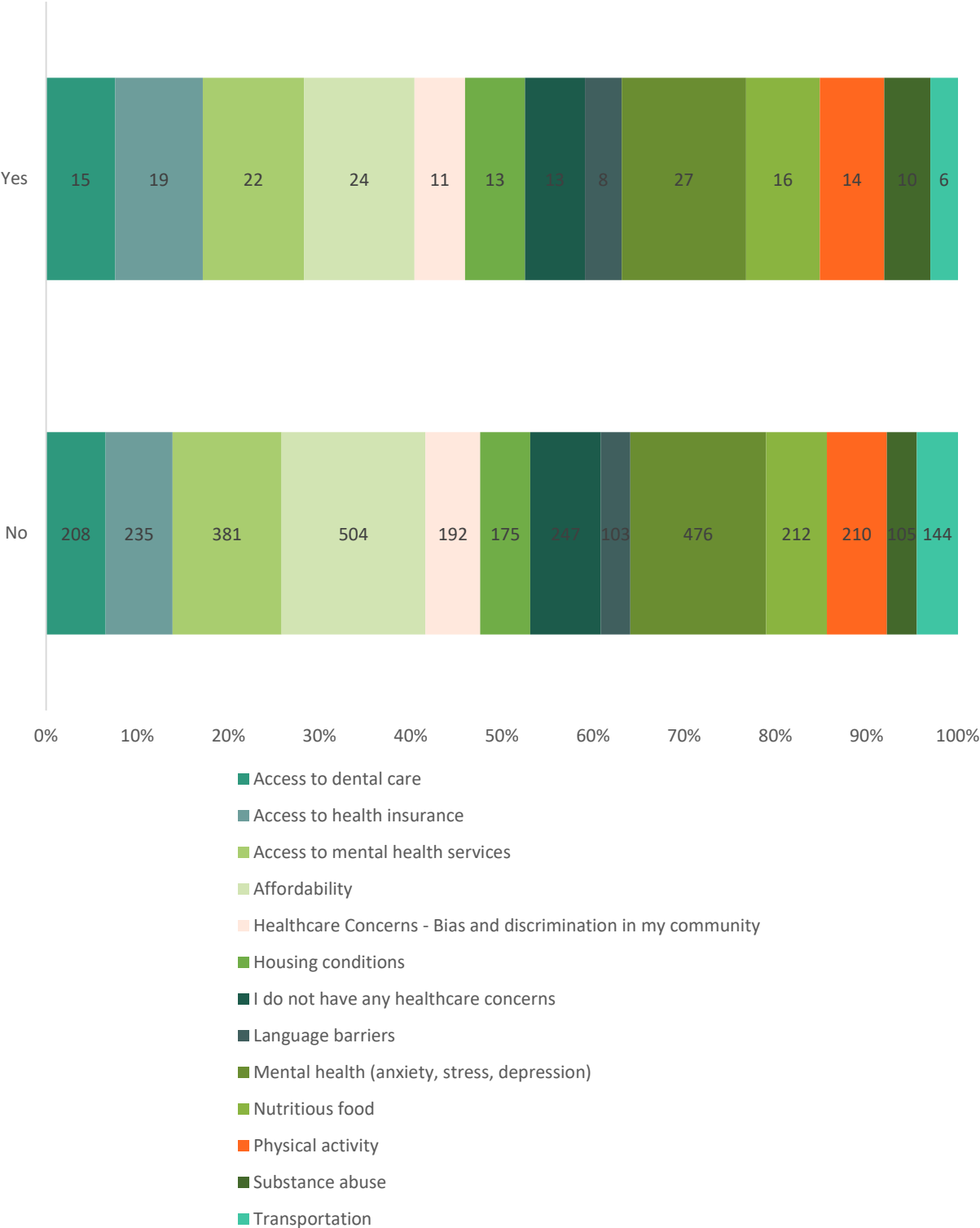


FIGURE 150: HEALTHCARE CONCERNS: SEXUAL ORIENTATION



FIGURE 151: HEALTHCARE CONCERNS: VETERAN STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 152: HEALTHCARE CONCERNS: DISABILITY STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 153: HEALTHCARE CONCERNS: HIGHEST LEVEL OF EDUCATION

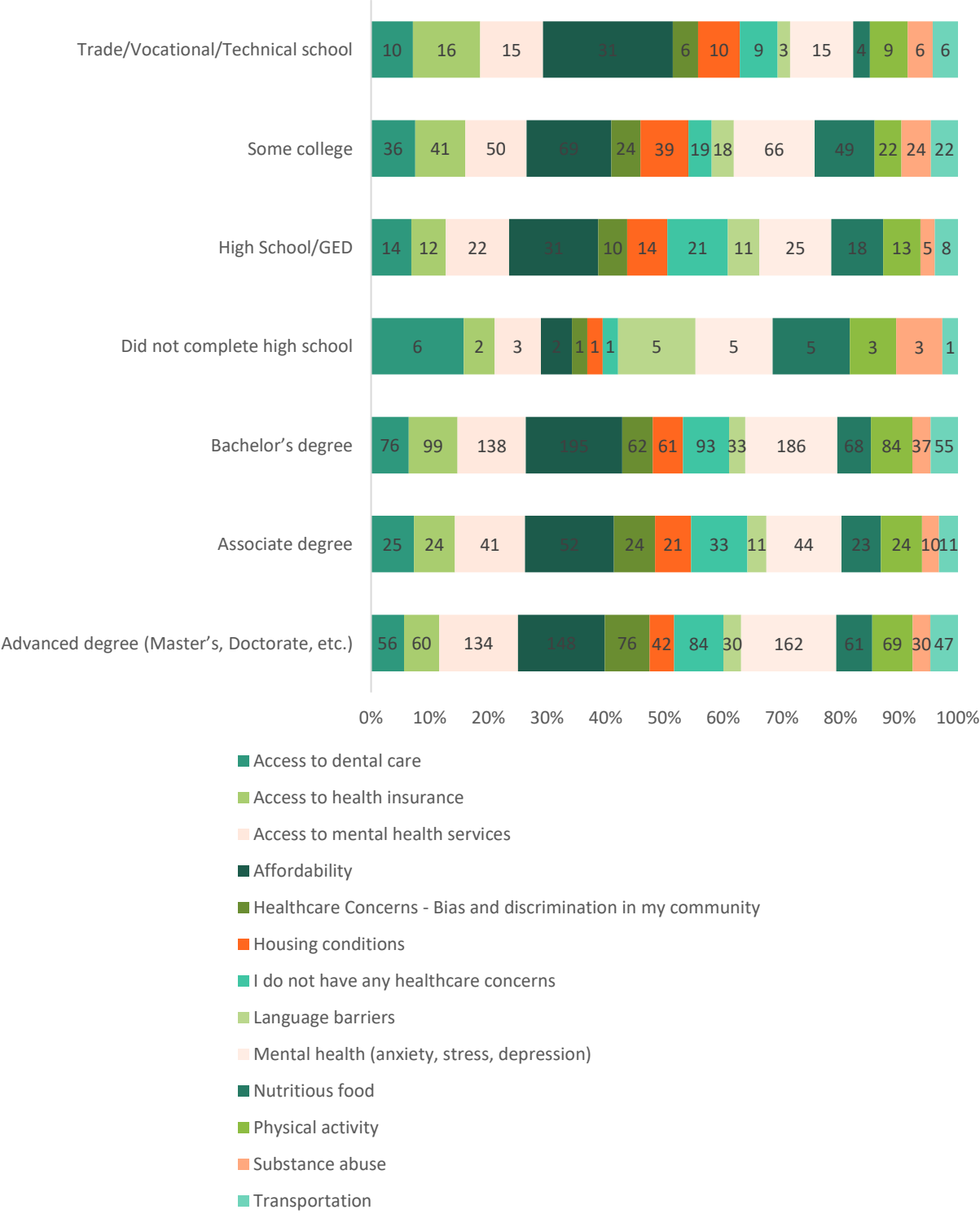


FIGURE 154: HEALTHCARE CONCERNS: LIVING SITUATION

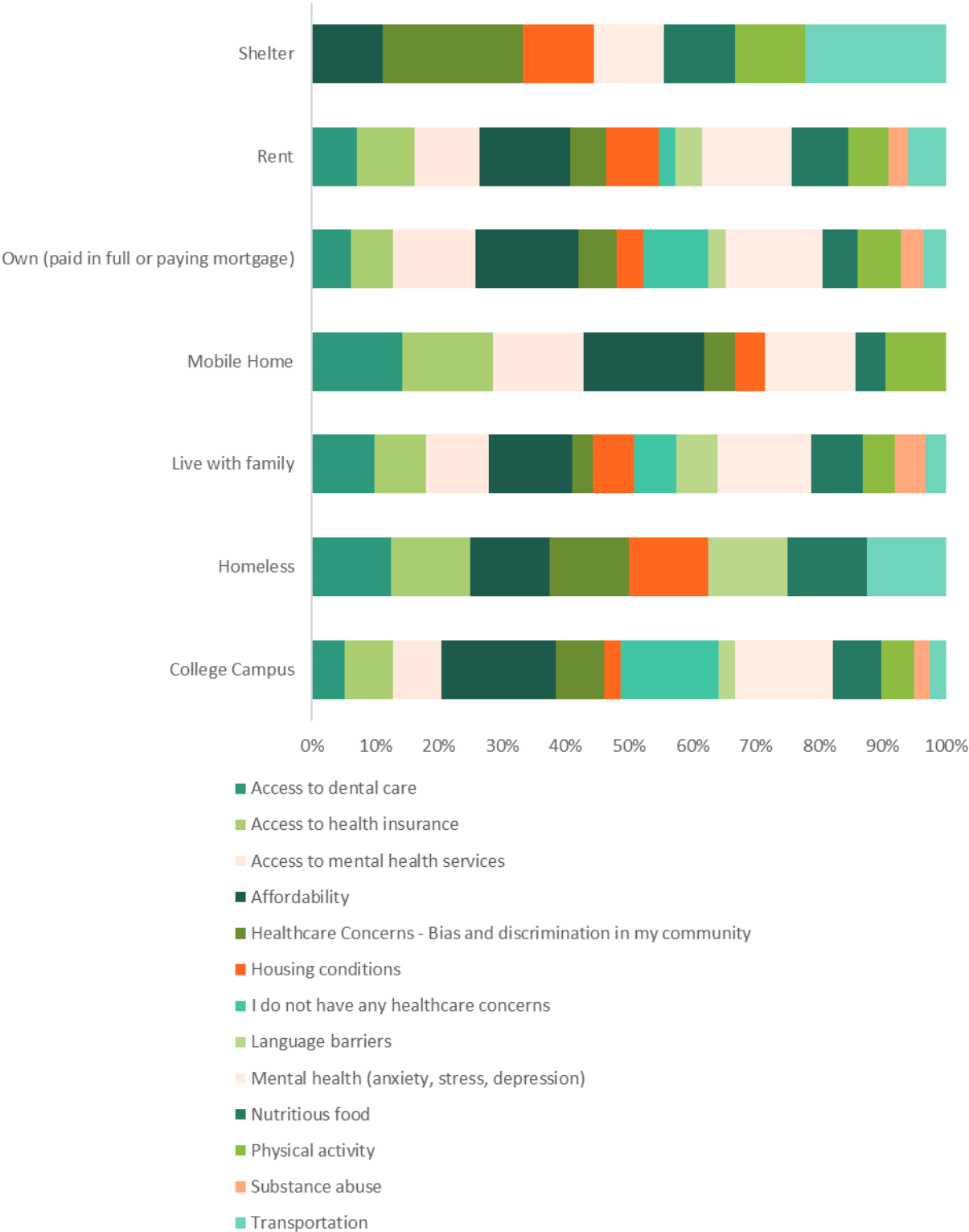


FIGURE 155: HEALTHCARE CONCERNS: MARITAL STATUS

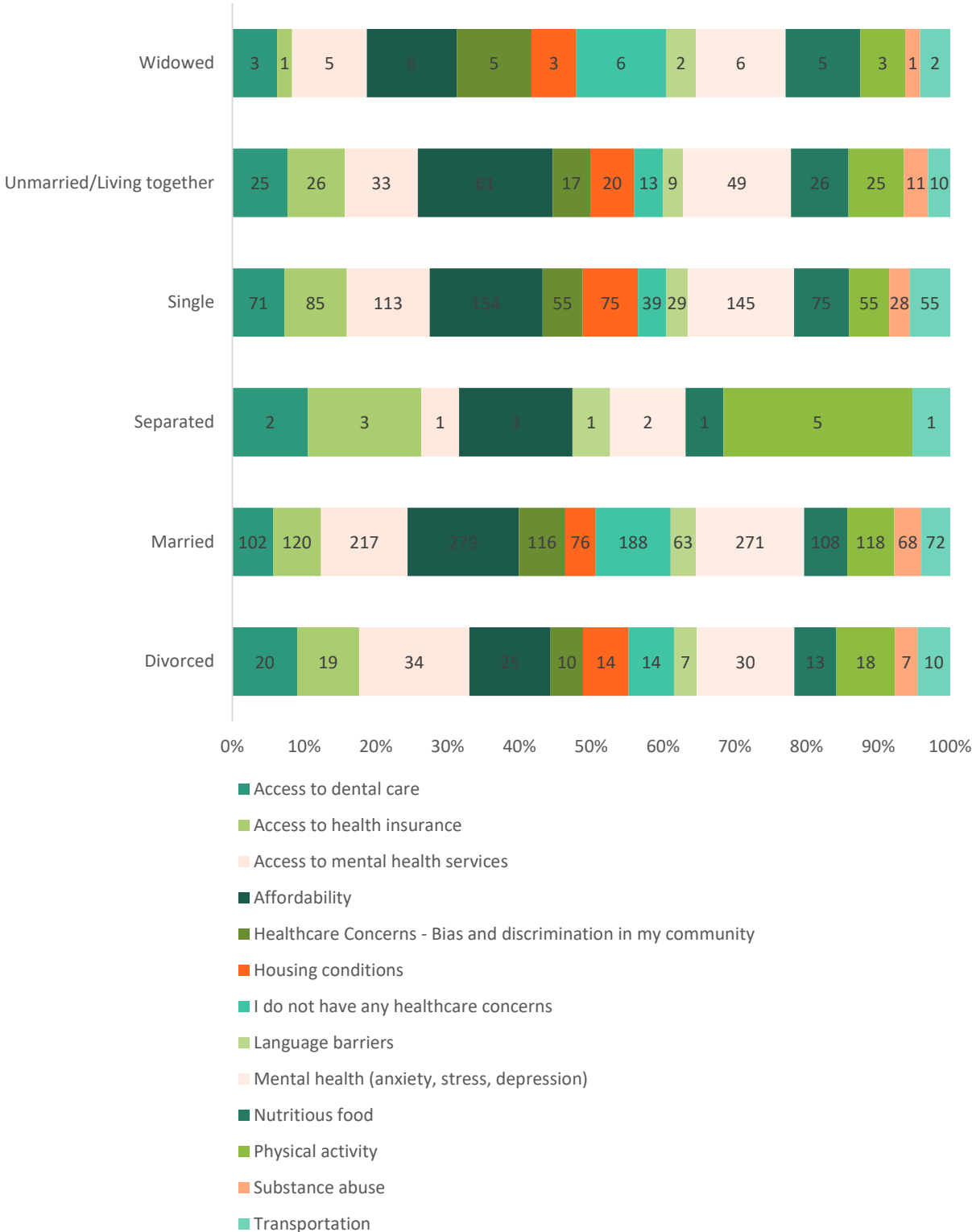
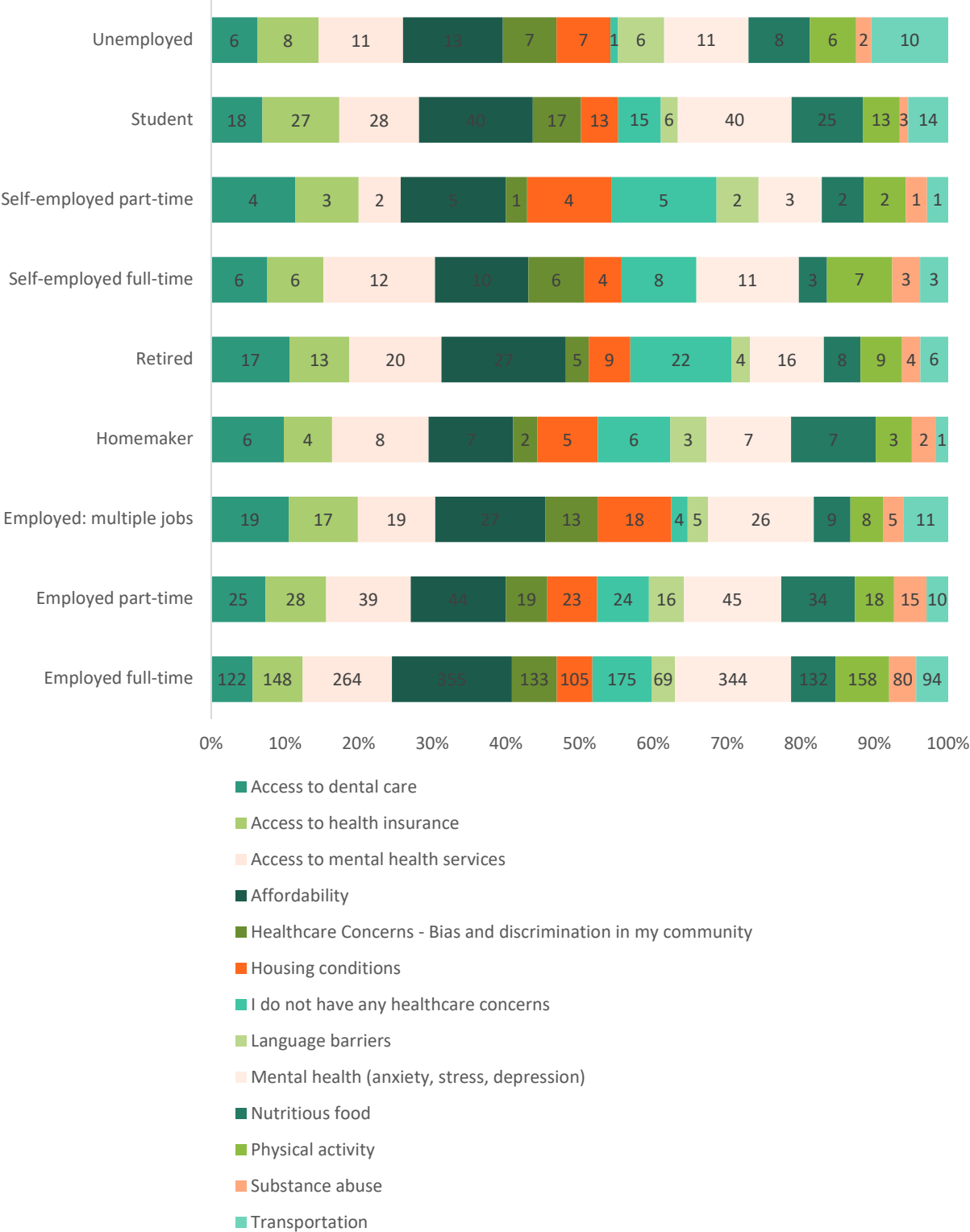
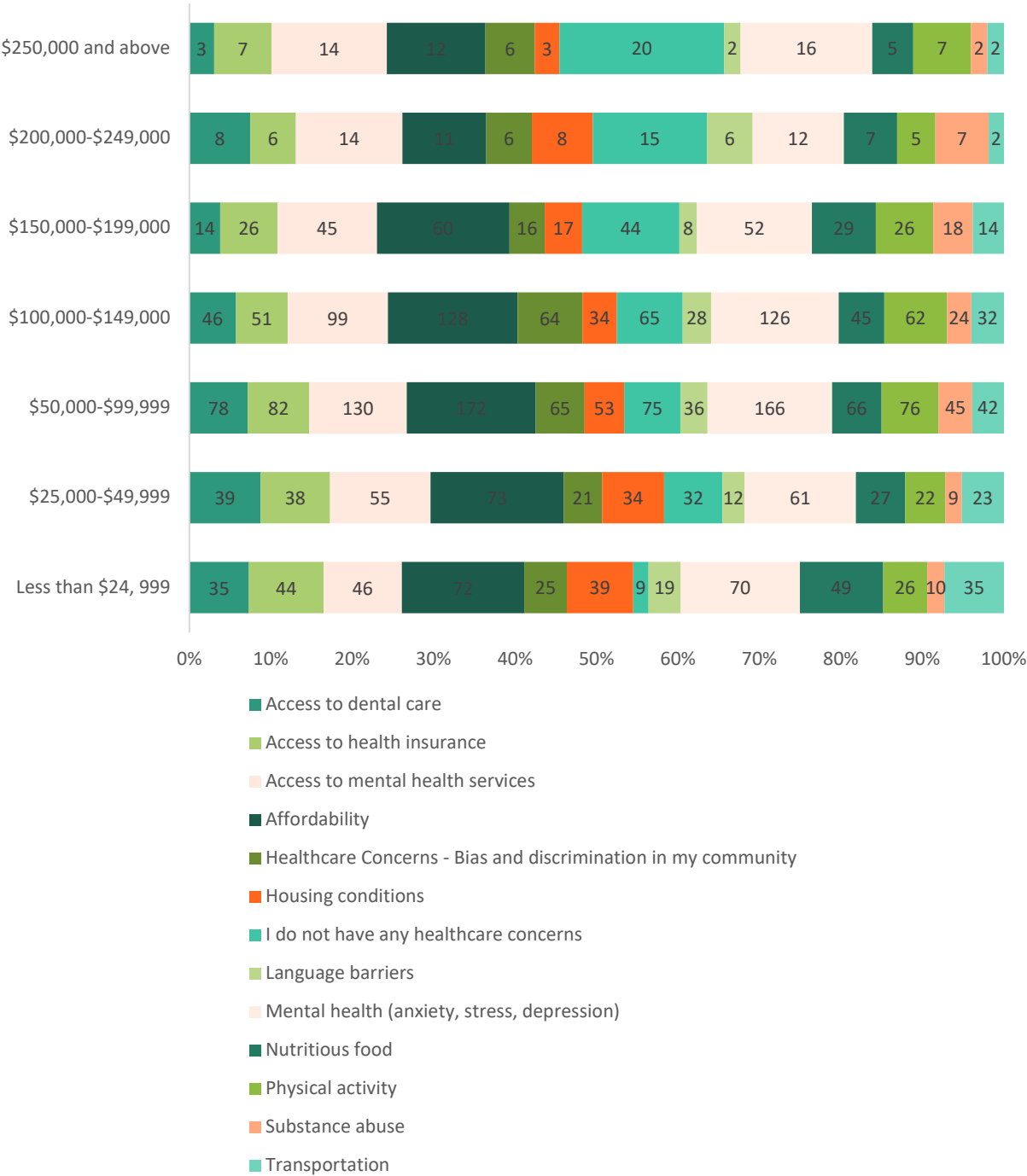


FIGURE 156: HEALTHCARE CONCERNS: EMPLOYMENT STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 157: HEALTHCARE CONCERNS: SALARY RANGE



Research Category 3: Economic Wellbeing

The following charts provide additional detail/insight into demographic responses to economic wellbeing-related concerns.

FIGURE 158: ECONOMIC CONCERNS: GENDER IDENTITY



FIGURE 159: ECONOMIC CONCERNS: AGE GROUP

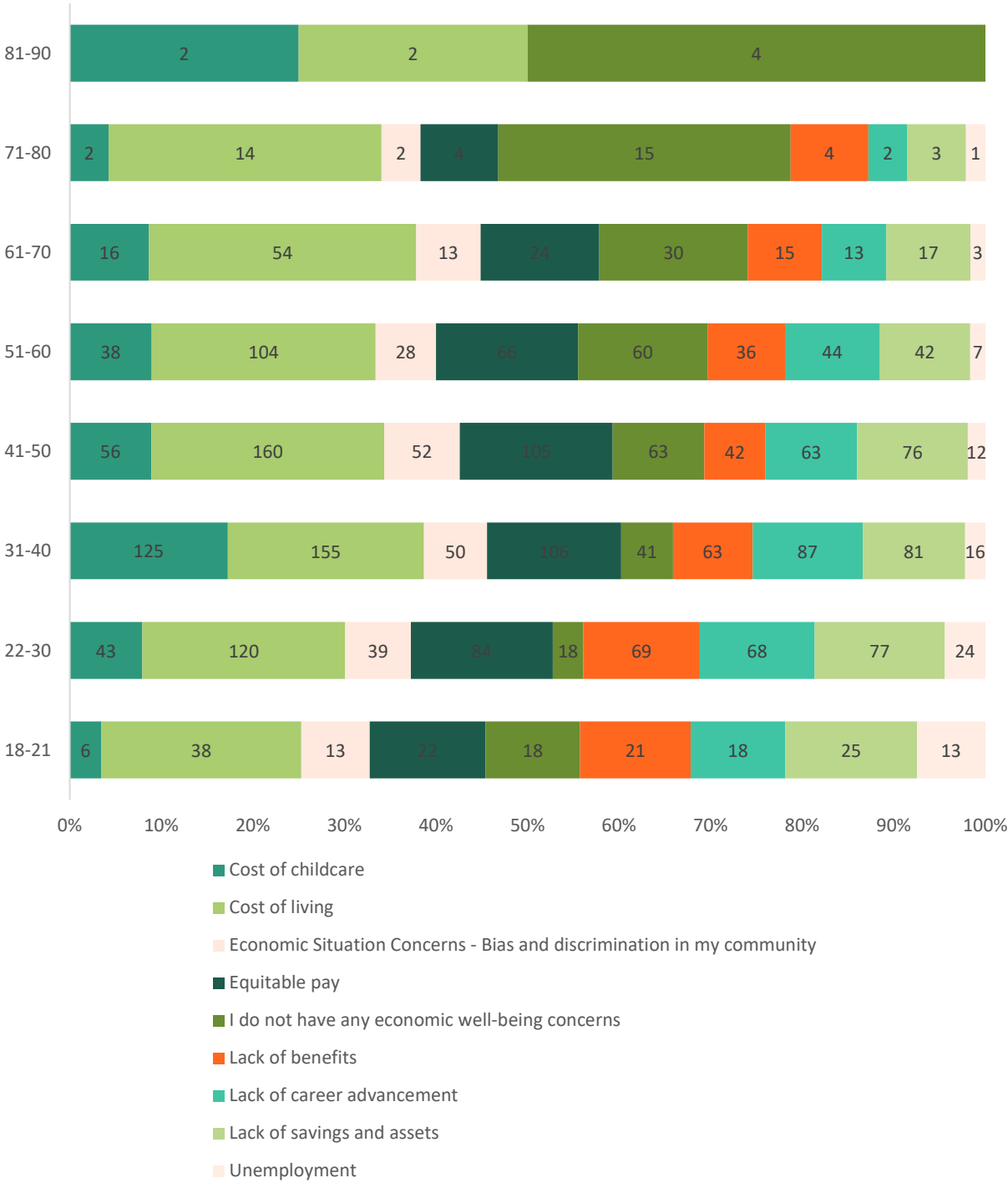


FIGURE 160: ECONOMIC CONCERNS: RACE/ETHNICITY

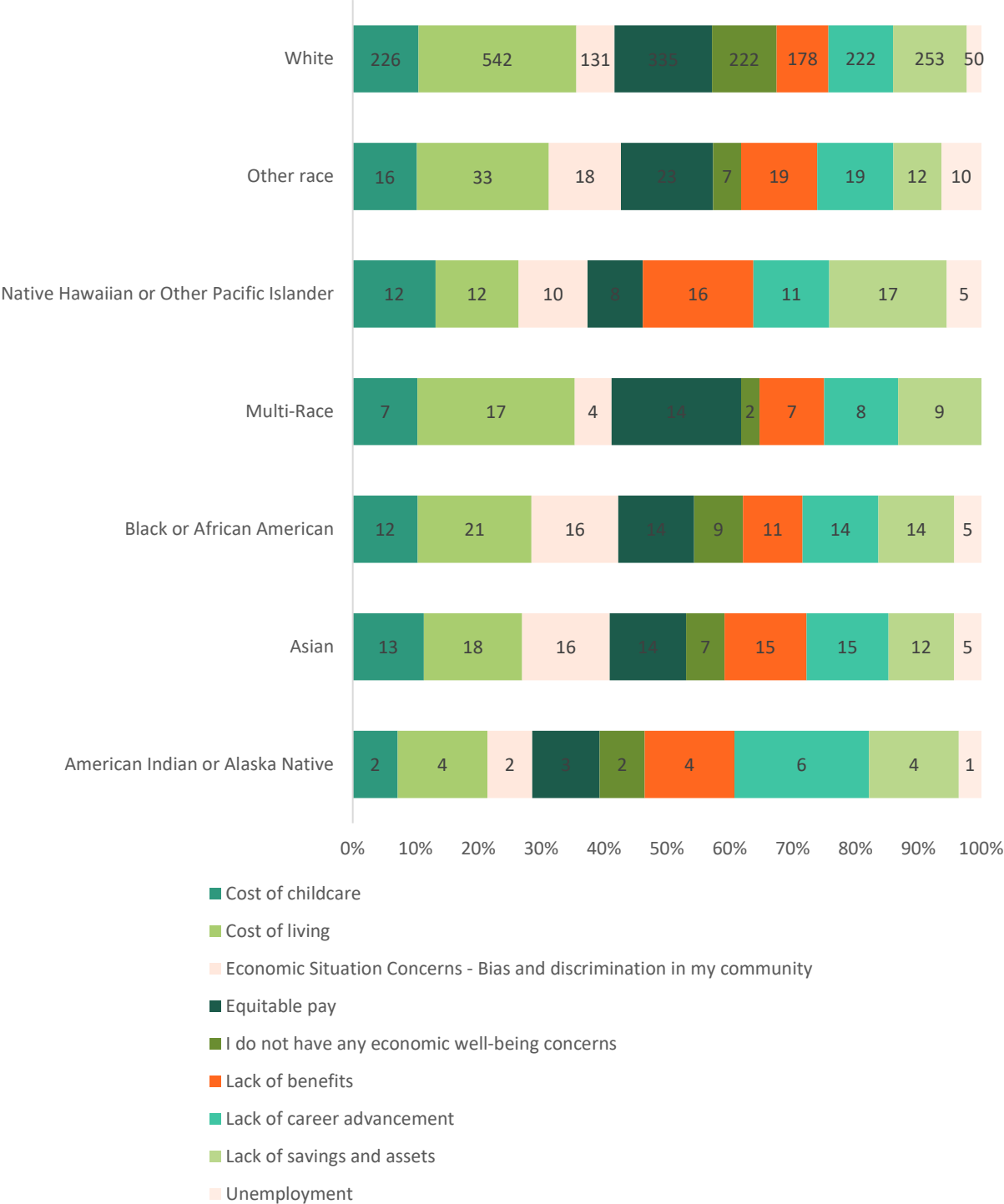


FIGURE 161: ECONOMIC CONCERNS: HISPANIC/LATINO/LATINX/LATINE

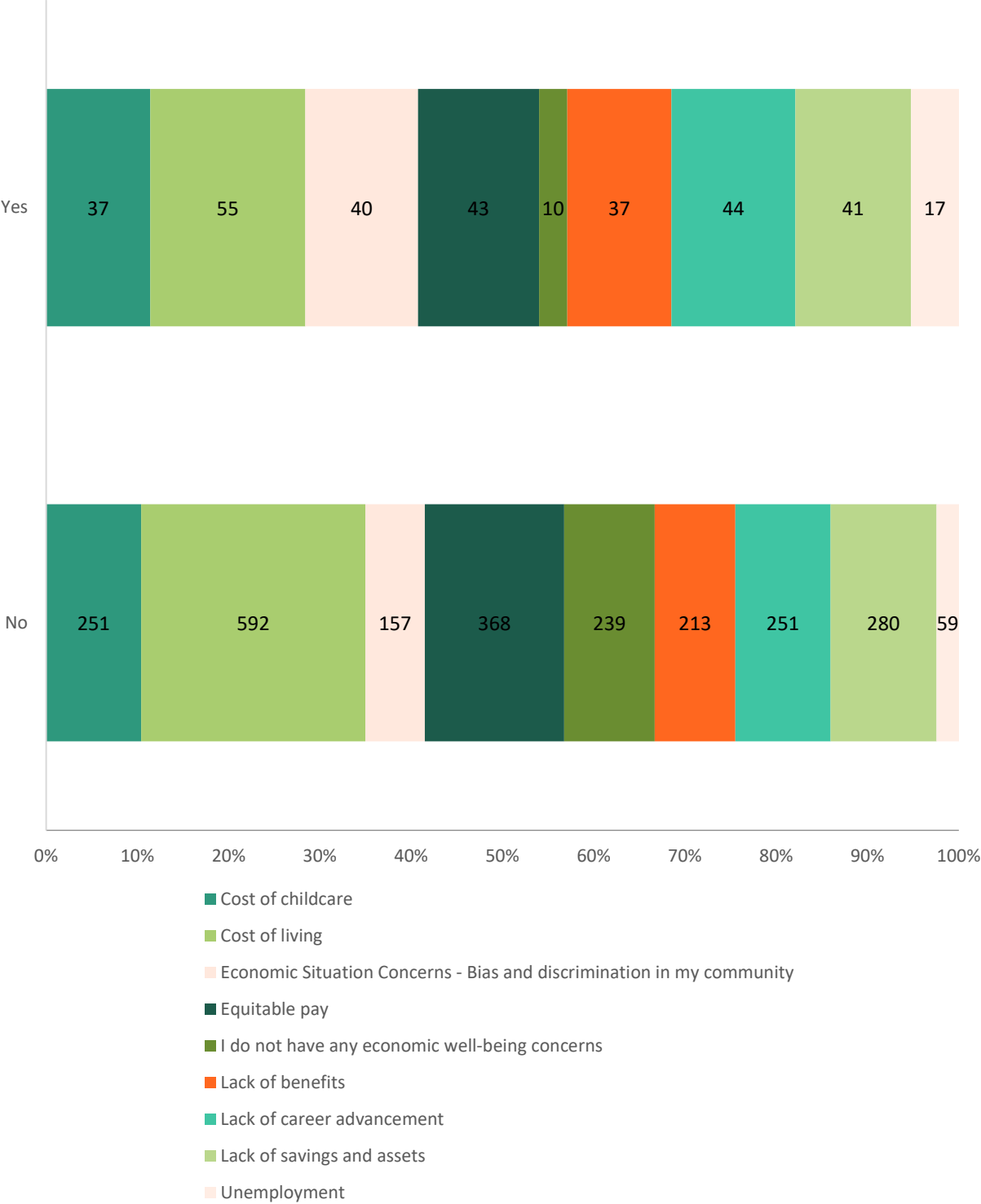


FIGURE 162: ECONOMIC CONCERNS: SEXUAL ORIENTATION



FIGURE 163: ECONOMIC CONCERNS: VETERAN STATUS

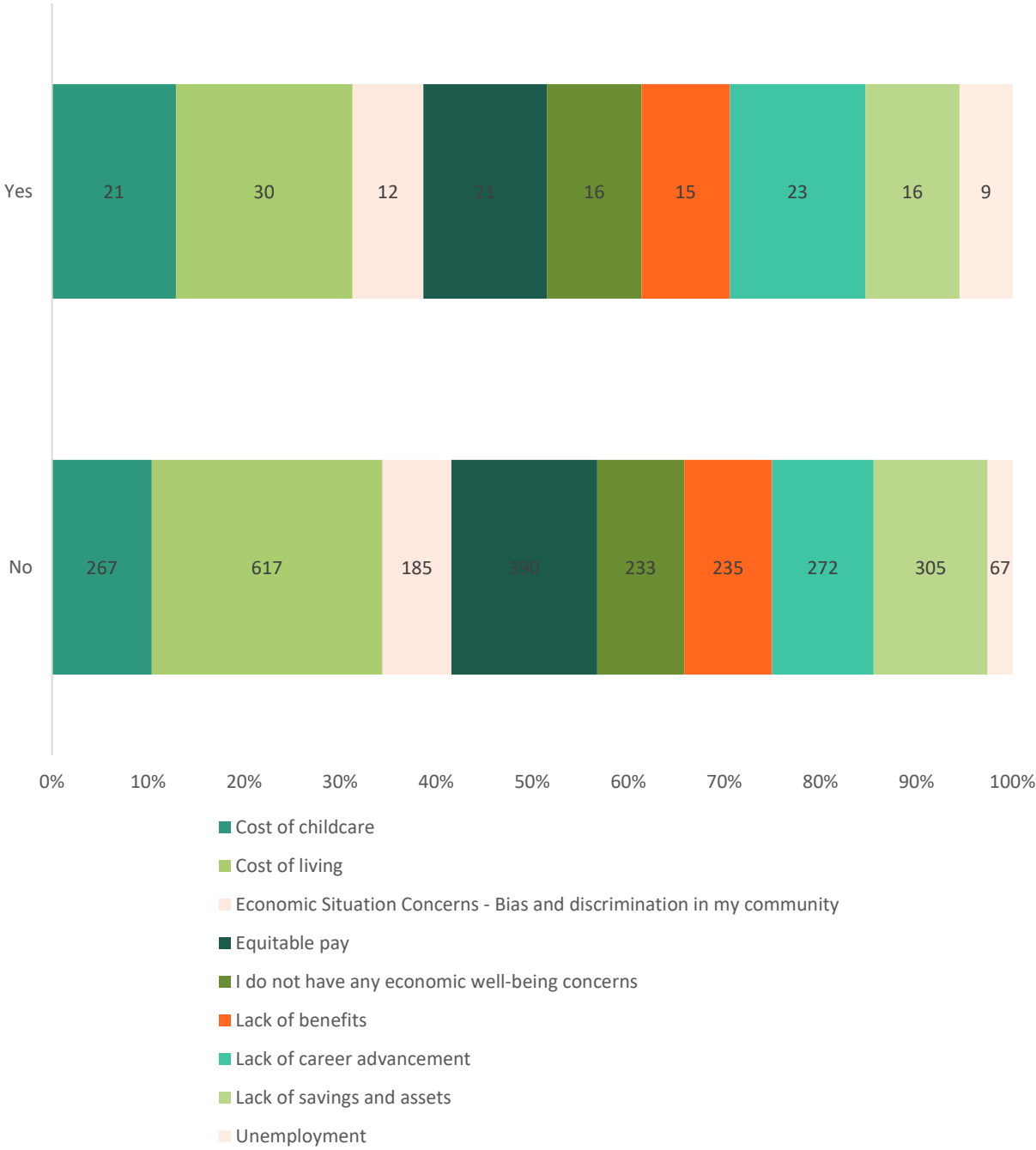


FIGURE 164: ECONOMIC CONCERNS: DISABILITY STATUS

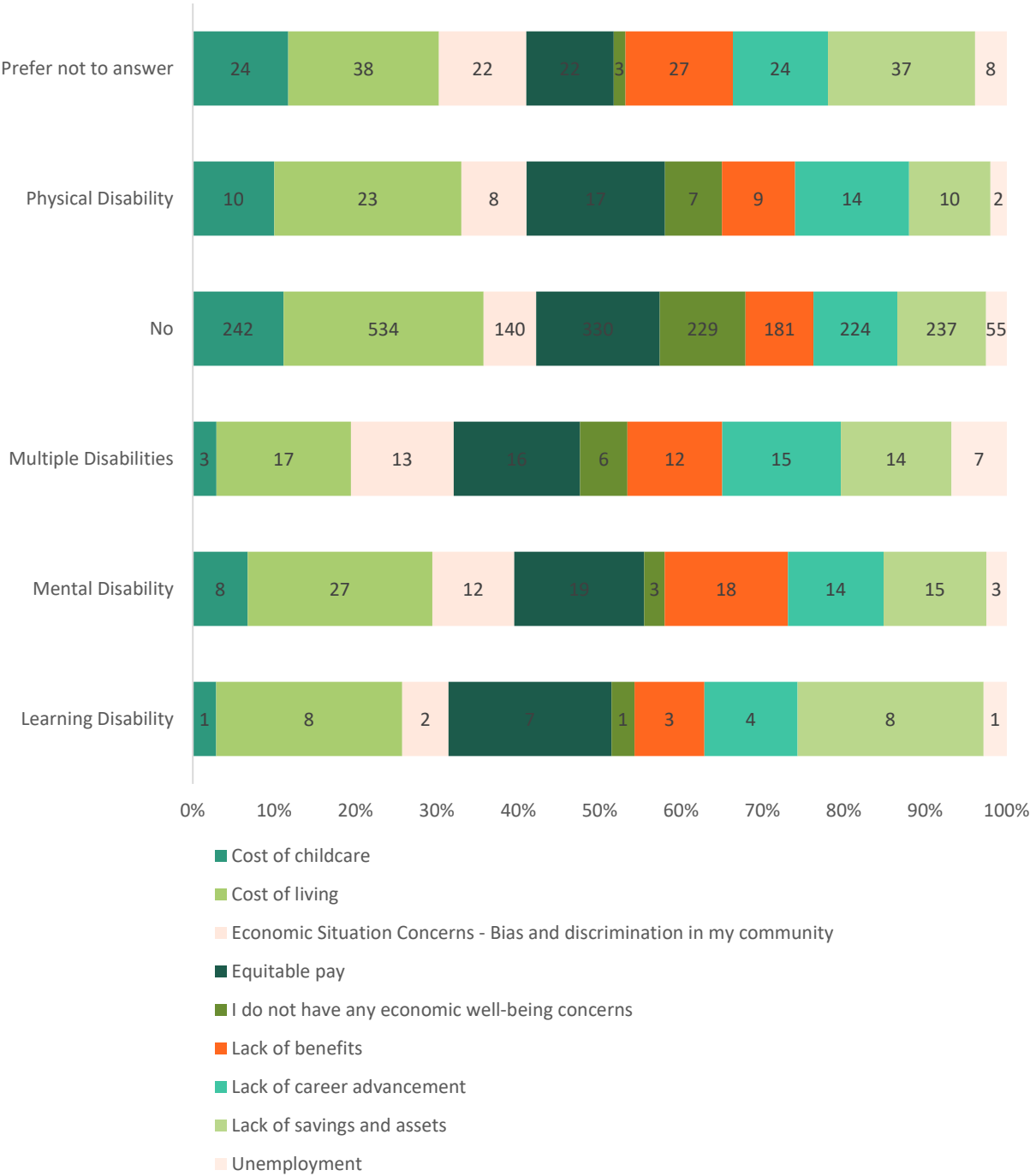


FIGURE 165: ECONOMIC CONCERNS: HIGHEST LEVEL OF EDUCATION

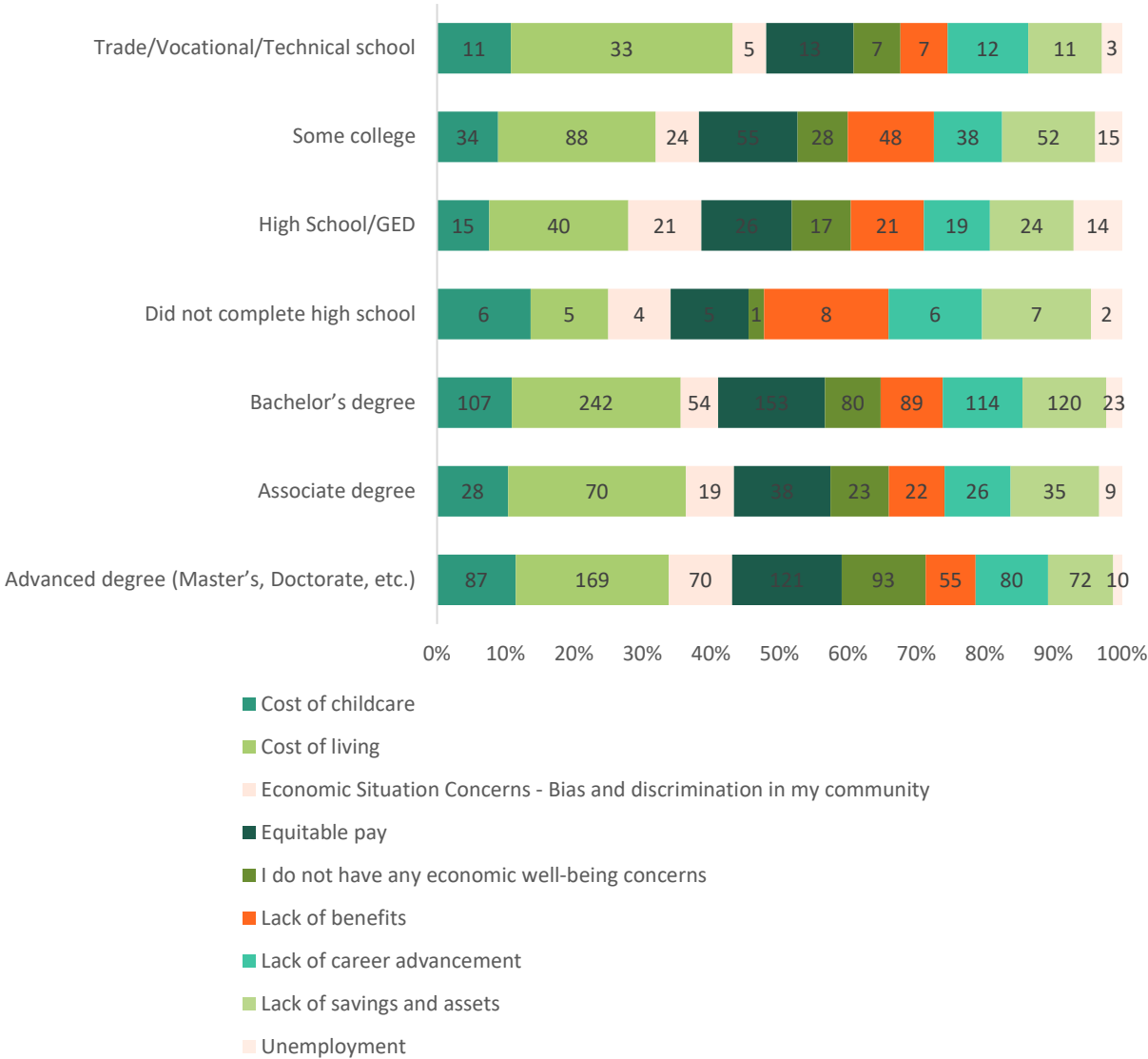


FIGURE 166: ECONOMIC CONCERNS: LIVING SITUATION

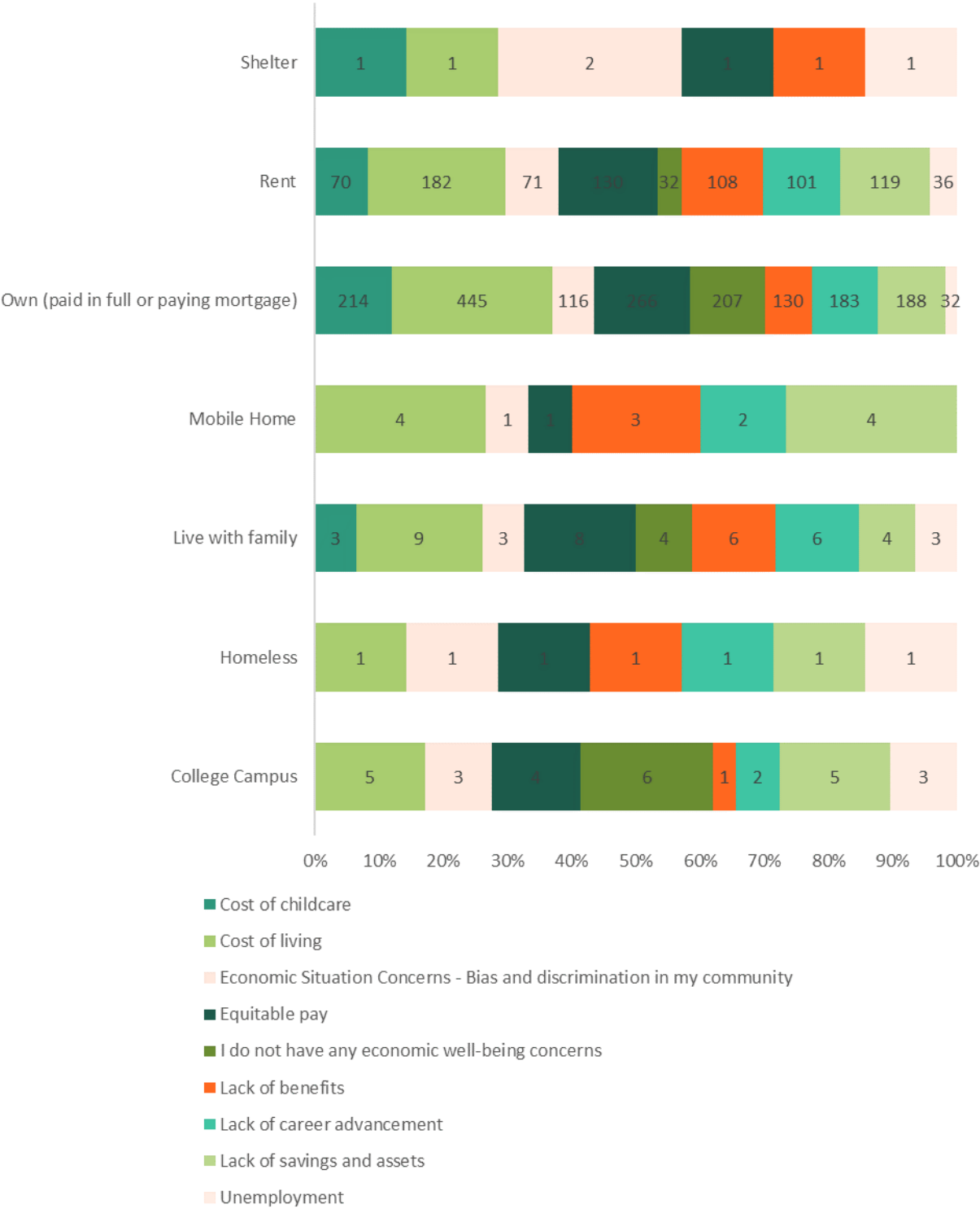


FIGURE 167: ECONOMIC CONCERNS: MARITAL STATUS



FIGURE 168: ECONOMIC CONCERNS: SALARY RANGE

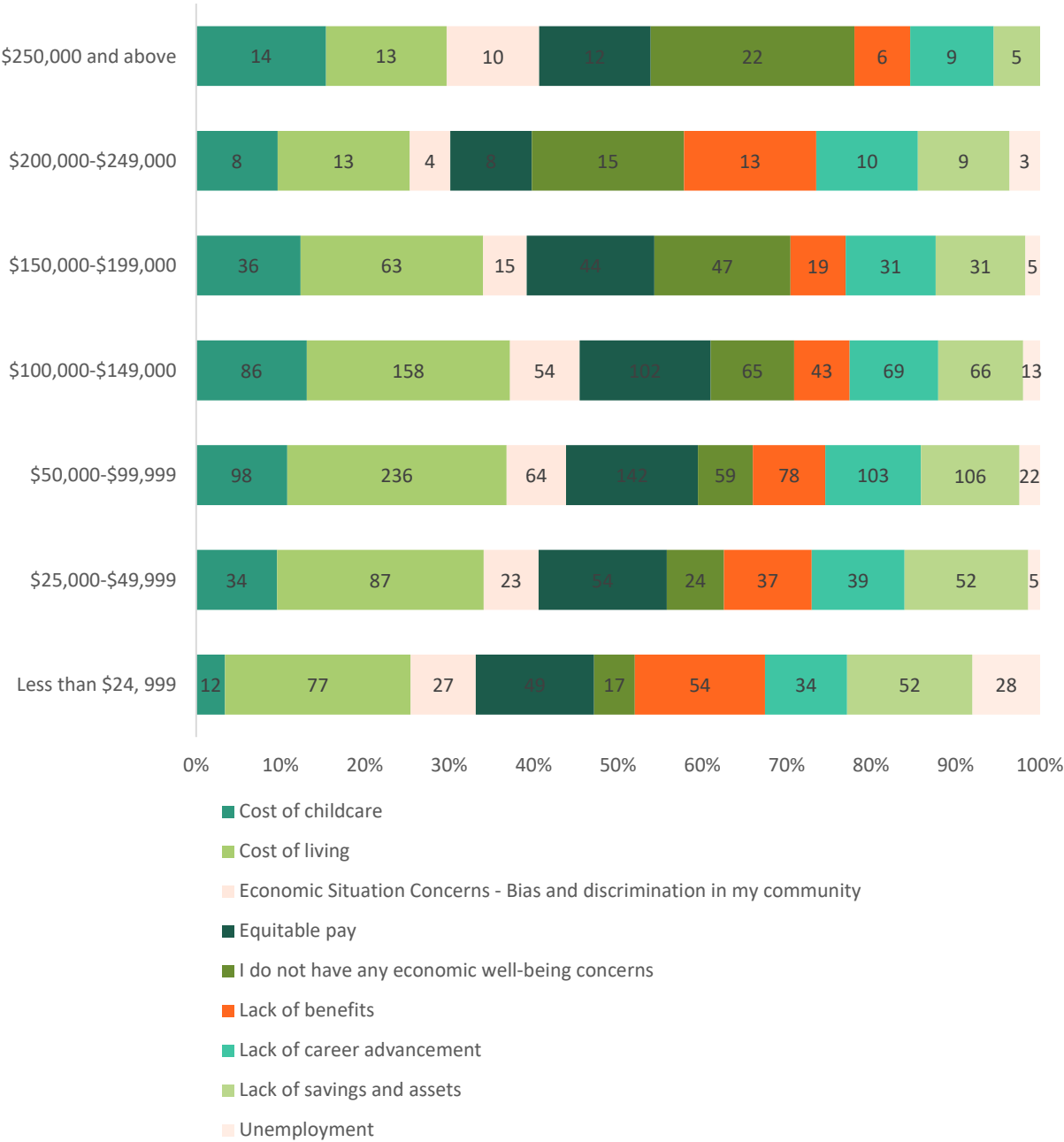
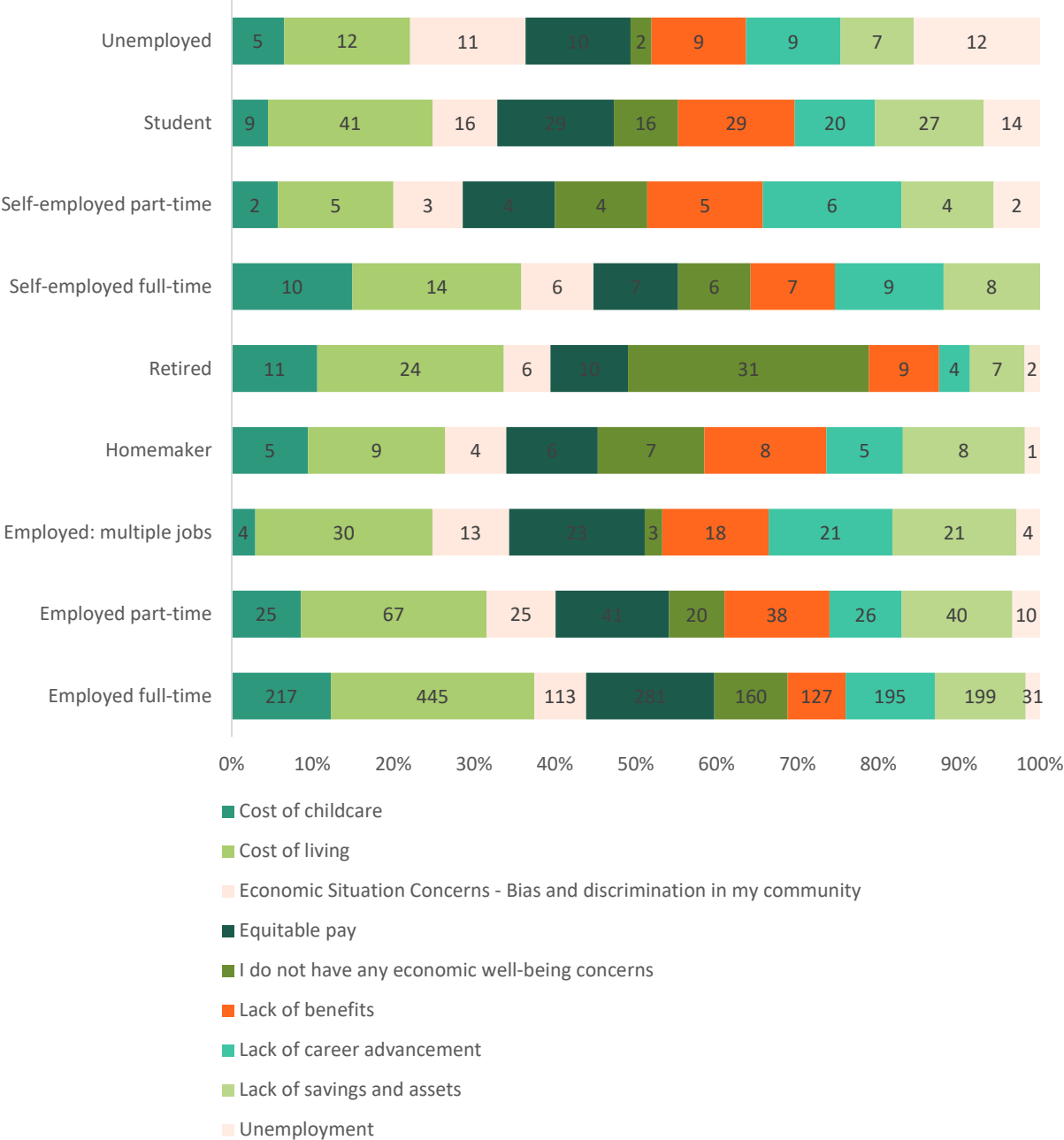


FIGURE 169: ECONOMIC CONCERNS: EMPLOYMENT STATUS



Research Category 4: Housing

The following charts provide additional detail/insight into demographic responses to housing-related concerns.

FIGURE 170: HOUSING CONCERNS: GENDER IDENTITY

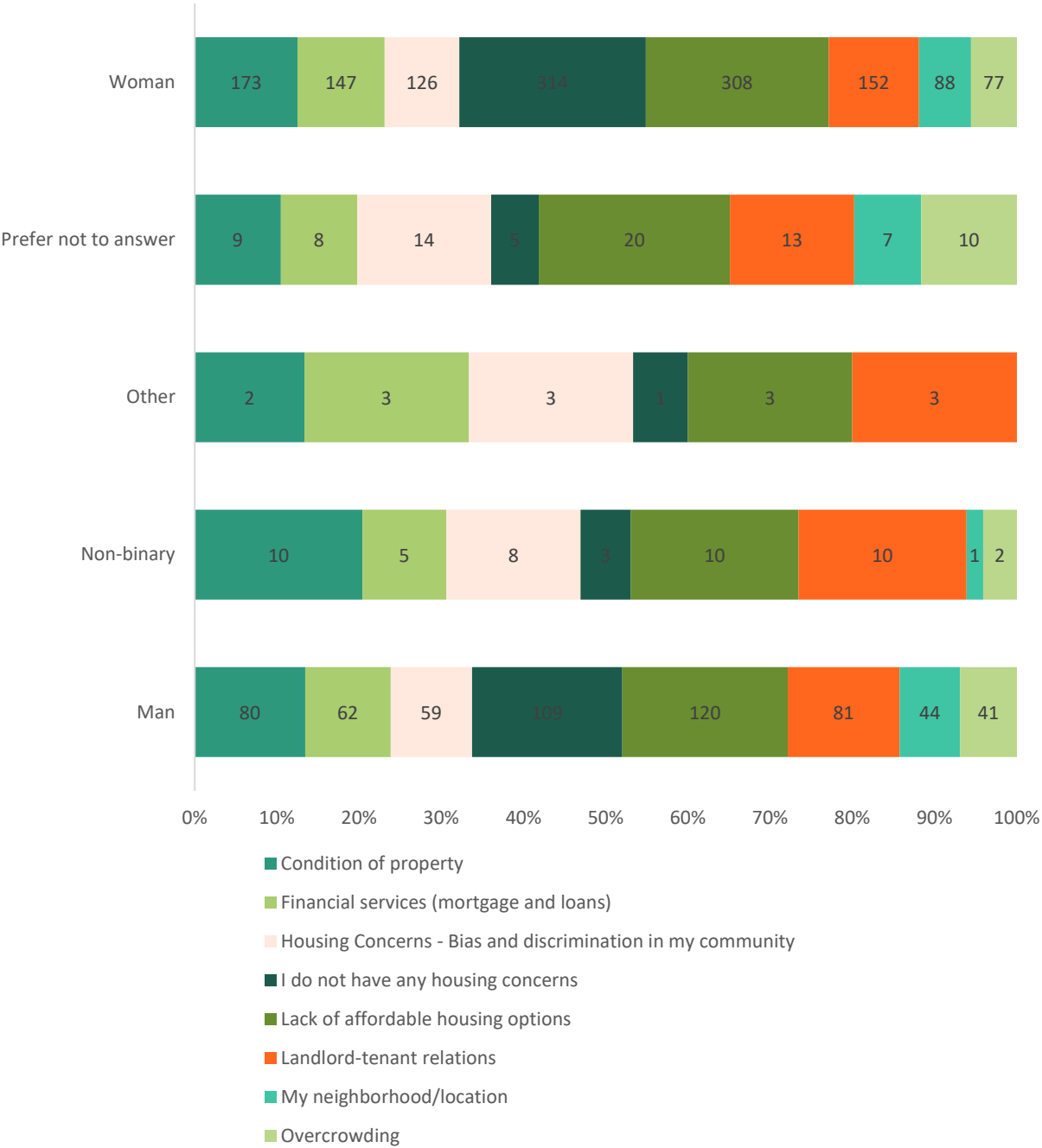


FIGURE 171: HOUSING CONCERNS: AGE GROUP

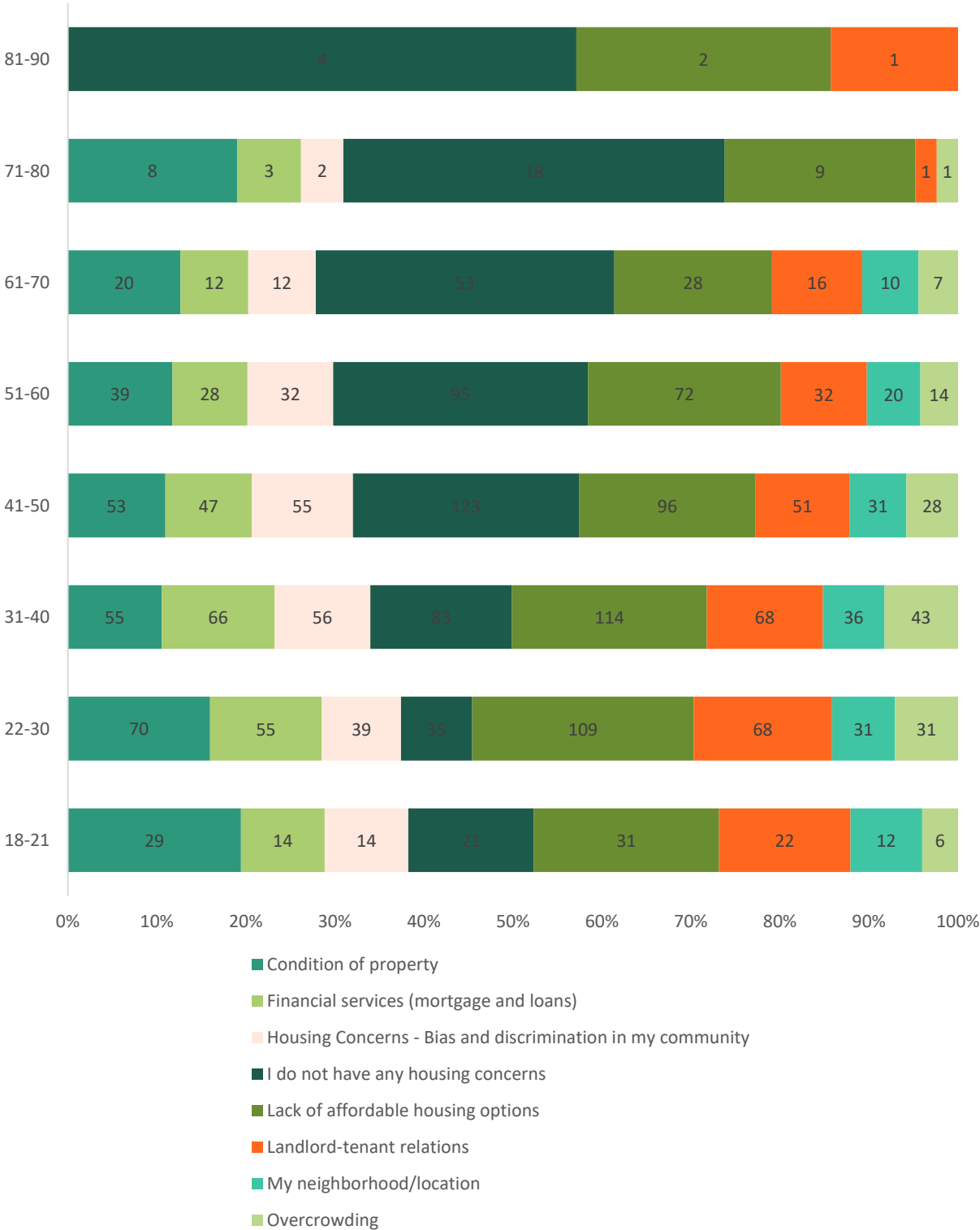


FIGURE 172: HOUSING CONCERNS: RACE/ETHNICITY

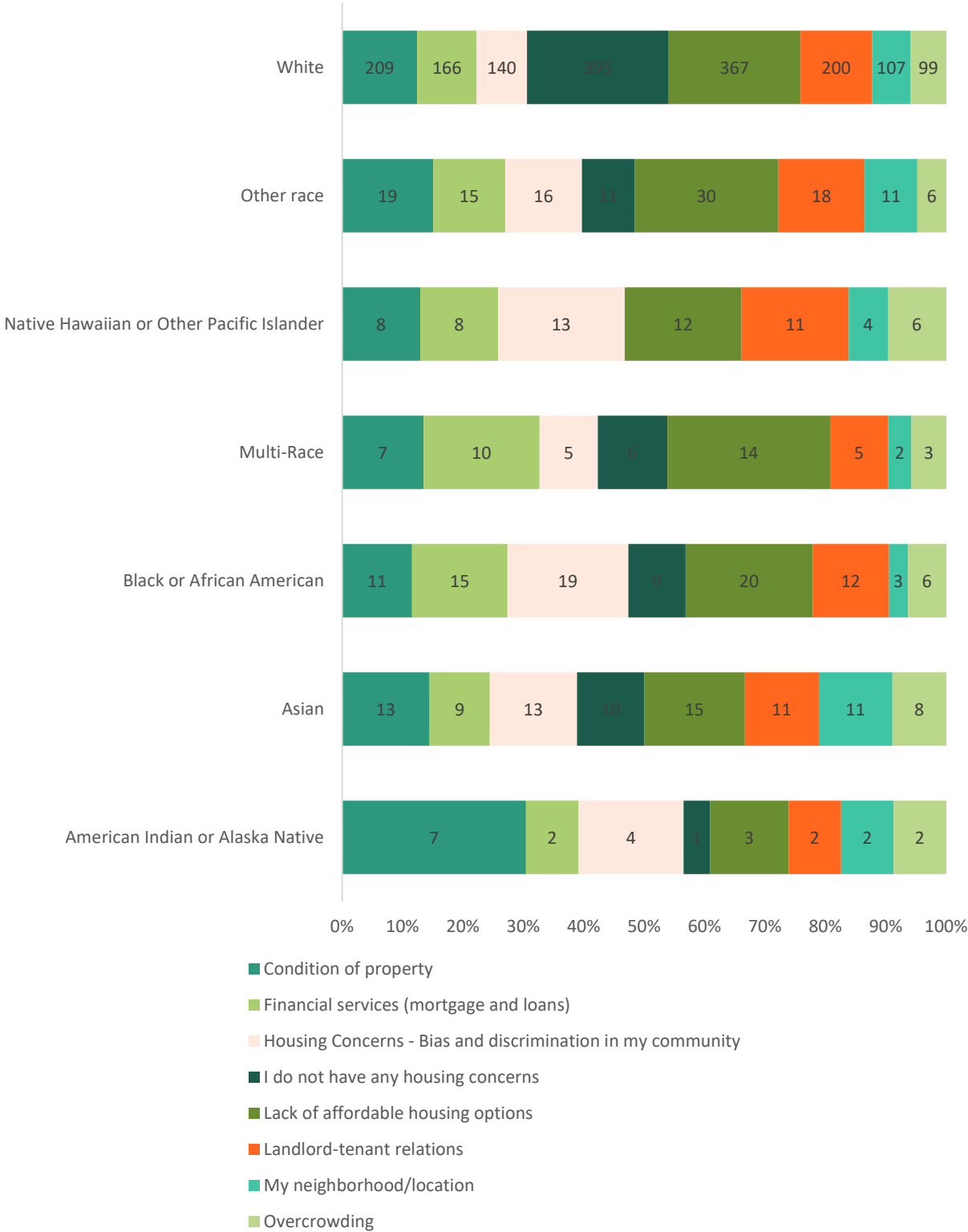


FIGURE 173: HOUSING CONCERNS: HISPANIC/LATINO/LATINX/LATINE

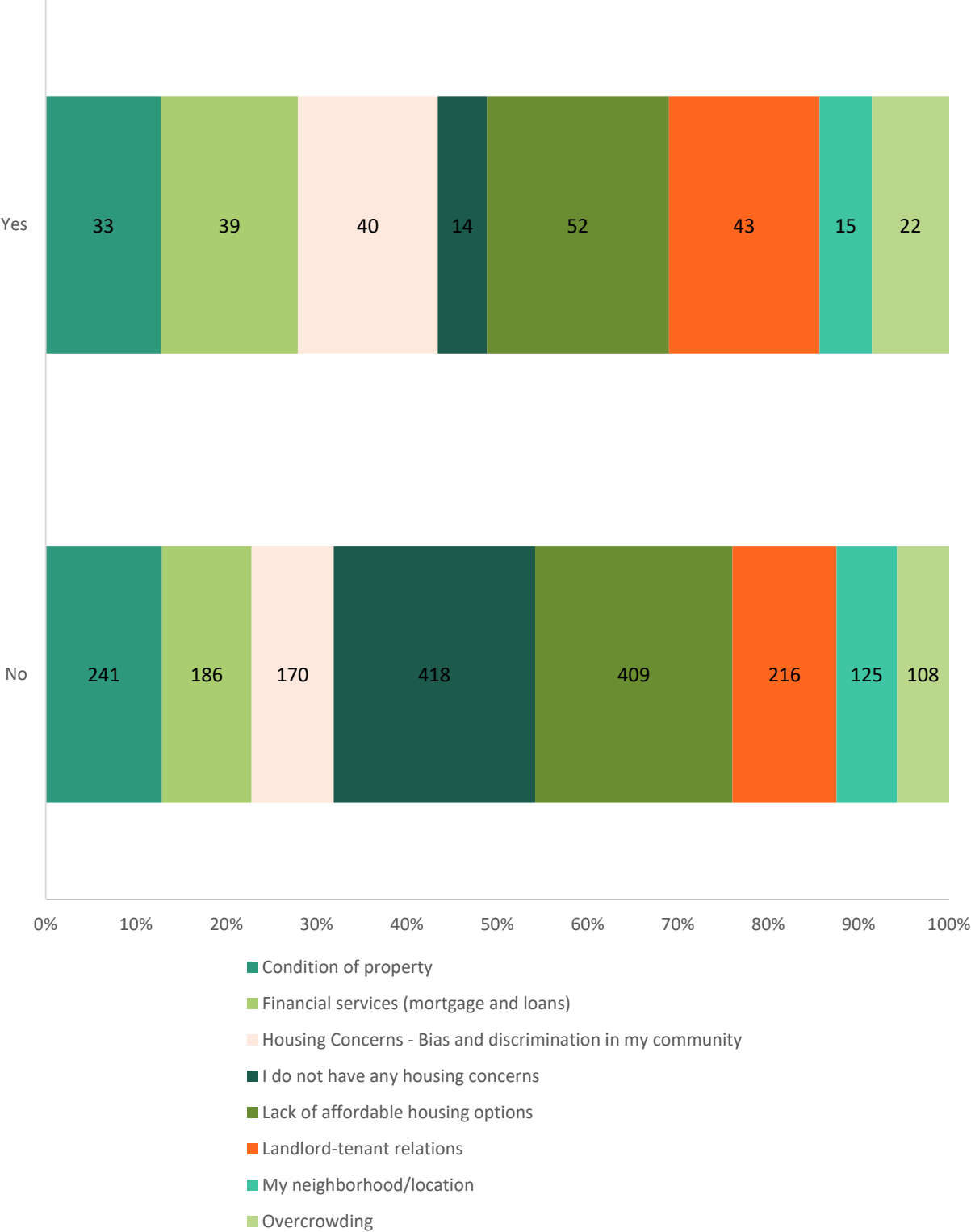


FIGURE 174: HOUSING CONCERNS: SEXUAL ORIENTATION



FIGURE 175: HOUSING CONCERNS: VETERAN STATUS

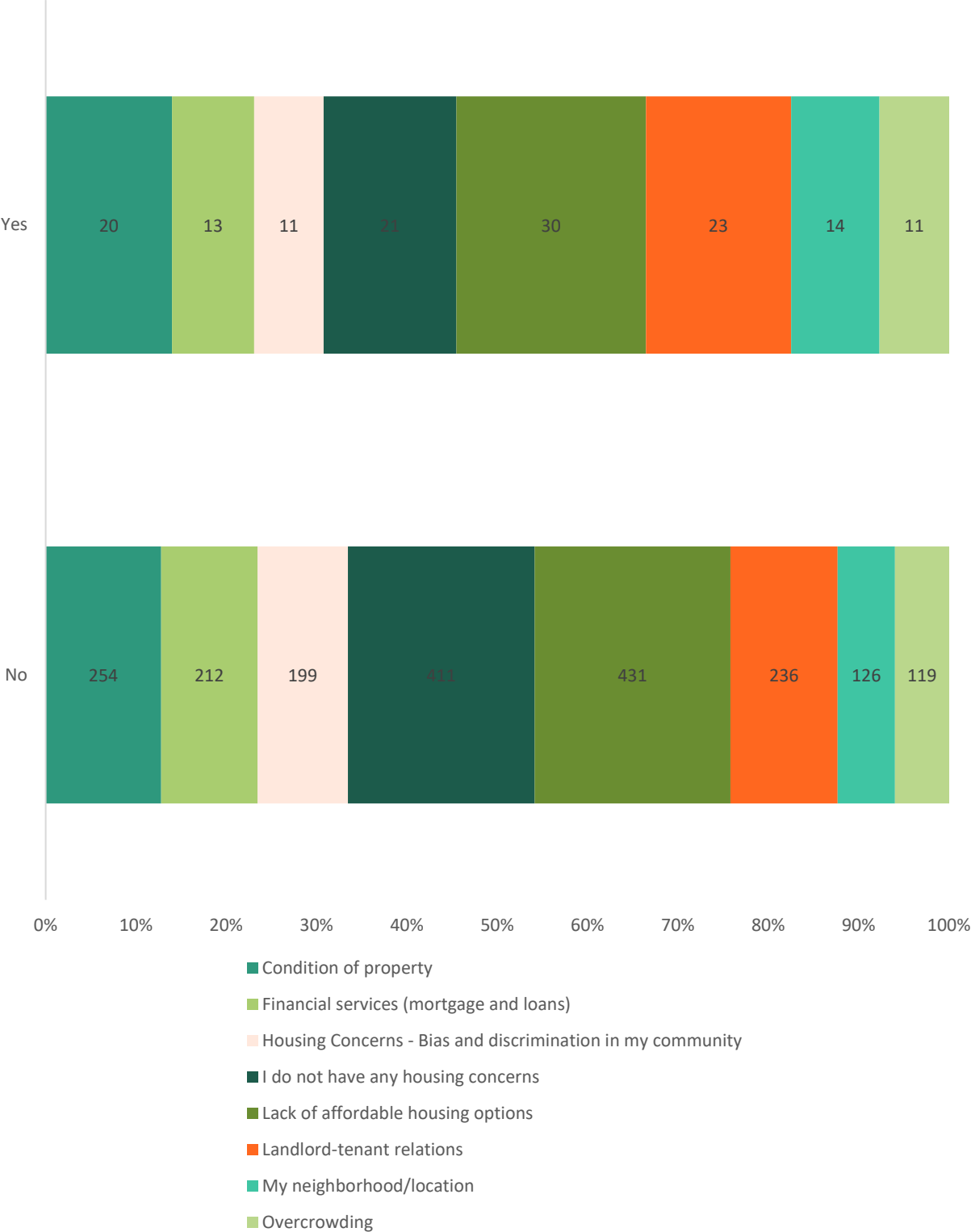


FIGURE 176: HOUSING CONCERNS: DISABILITY STATUS

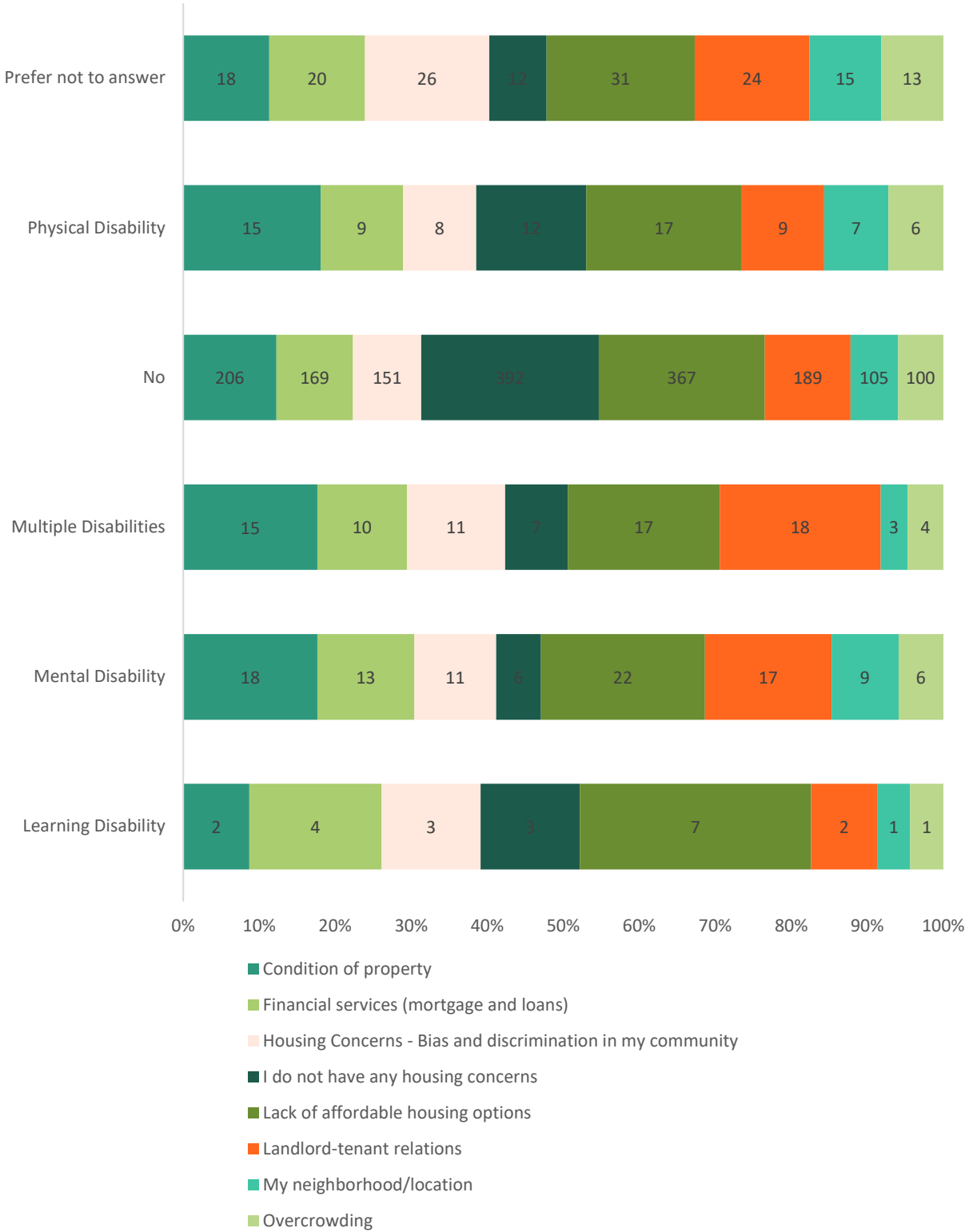


FIGURE 177: HOUSING CONCERNS: HIGHEST LEVEL OF EDUCATION

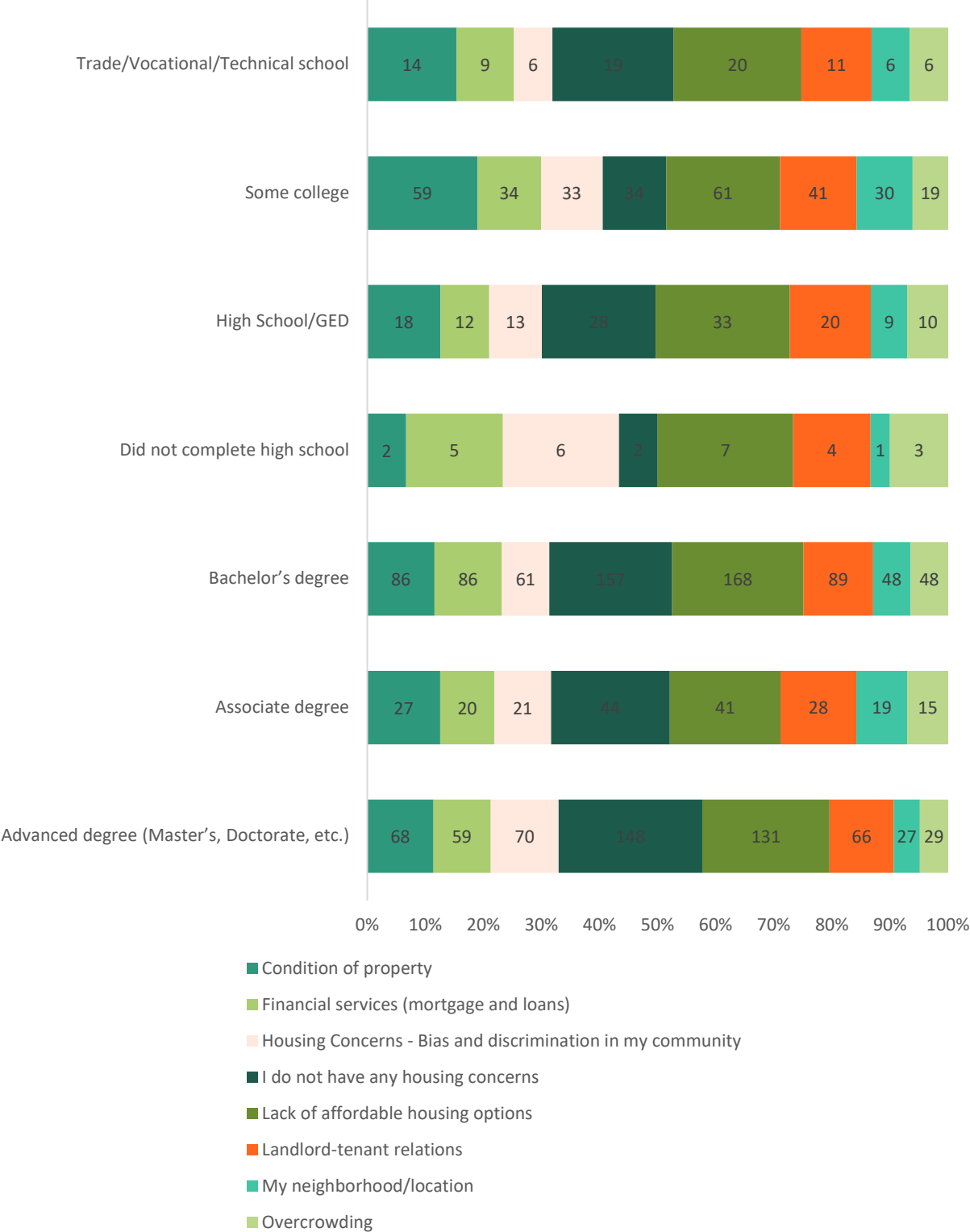


FIGURE 178: HOUSING CONCERNS: LIVING SITUATION

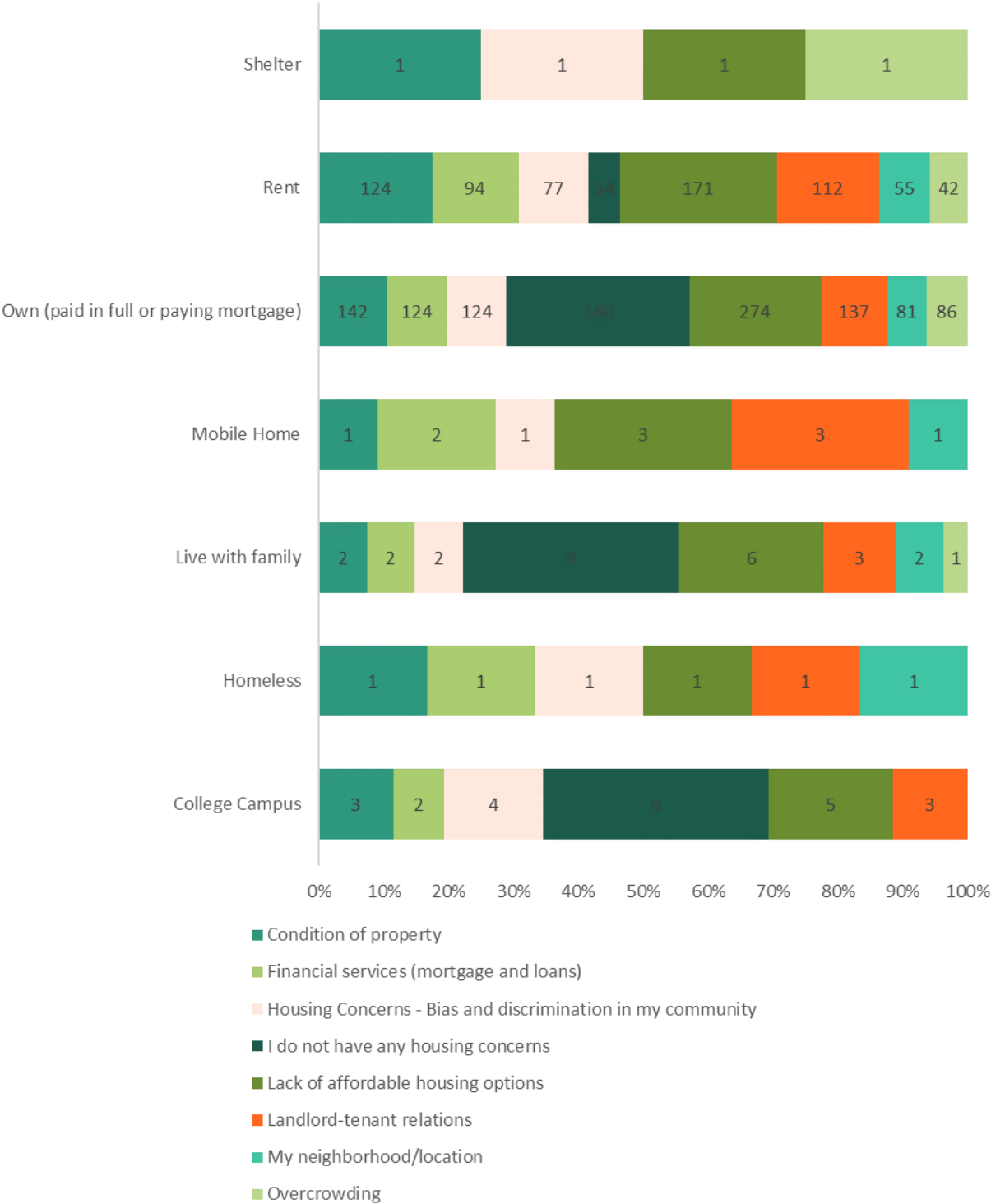


FIGURE 179: HOUSING CONCERNS: MARITAL STATUS

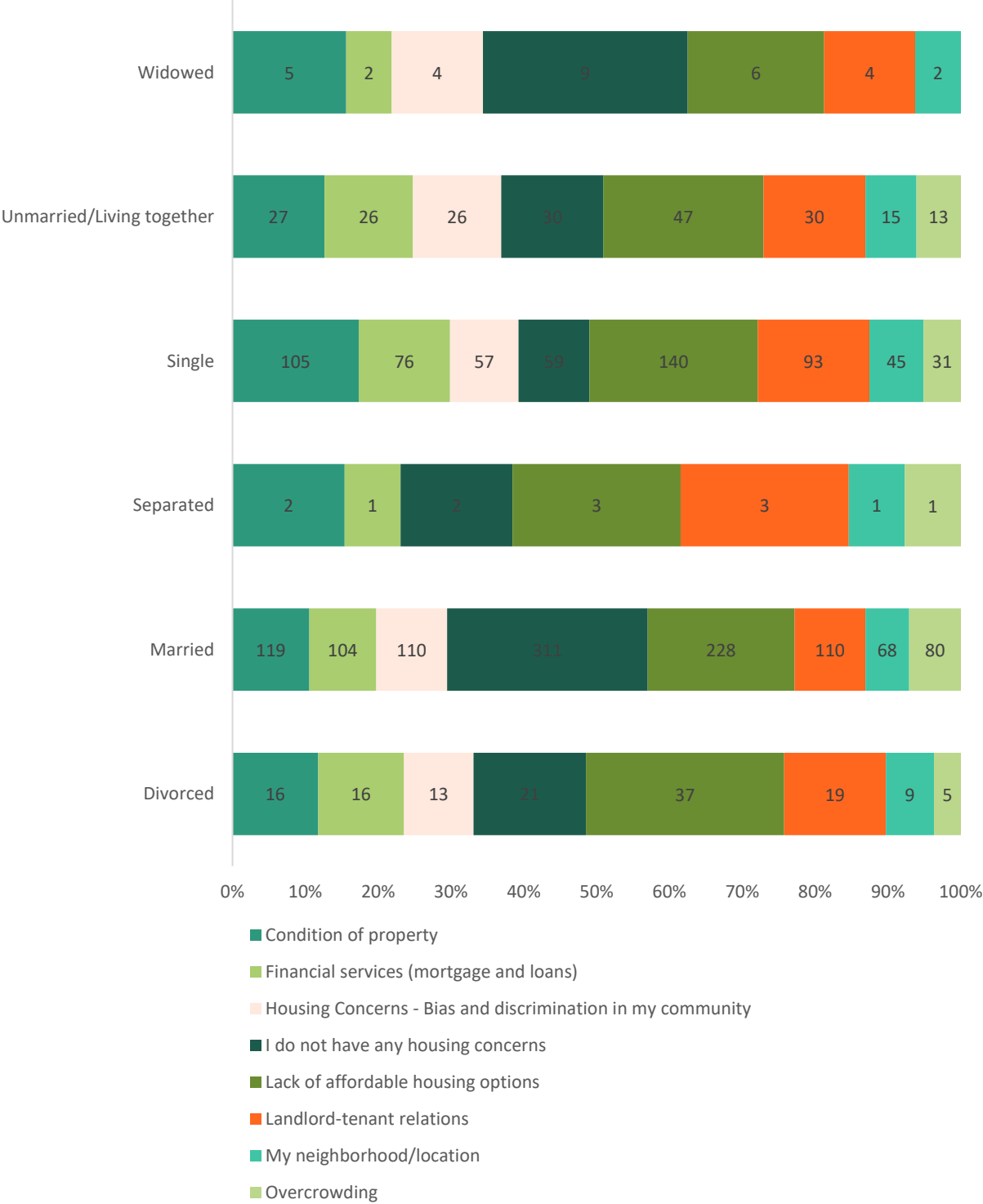


FIGURE 180: HOUSING CONCERNS: EMPLOYMENT STATUS

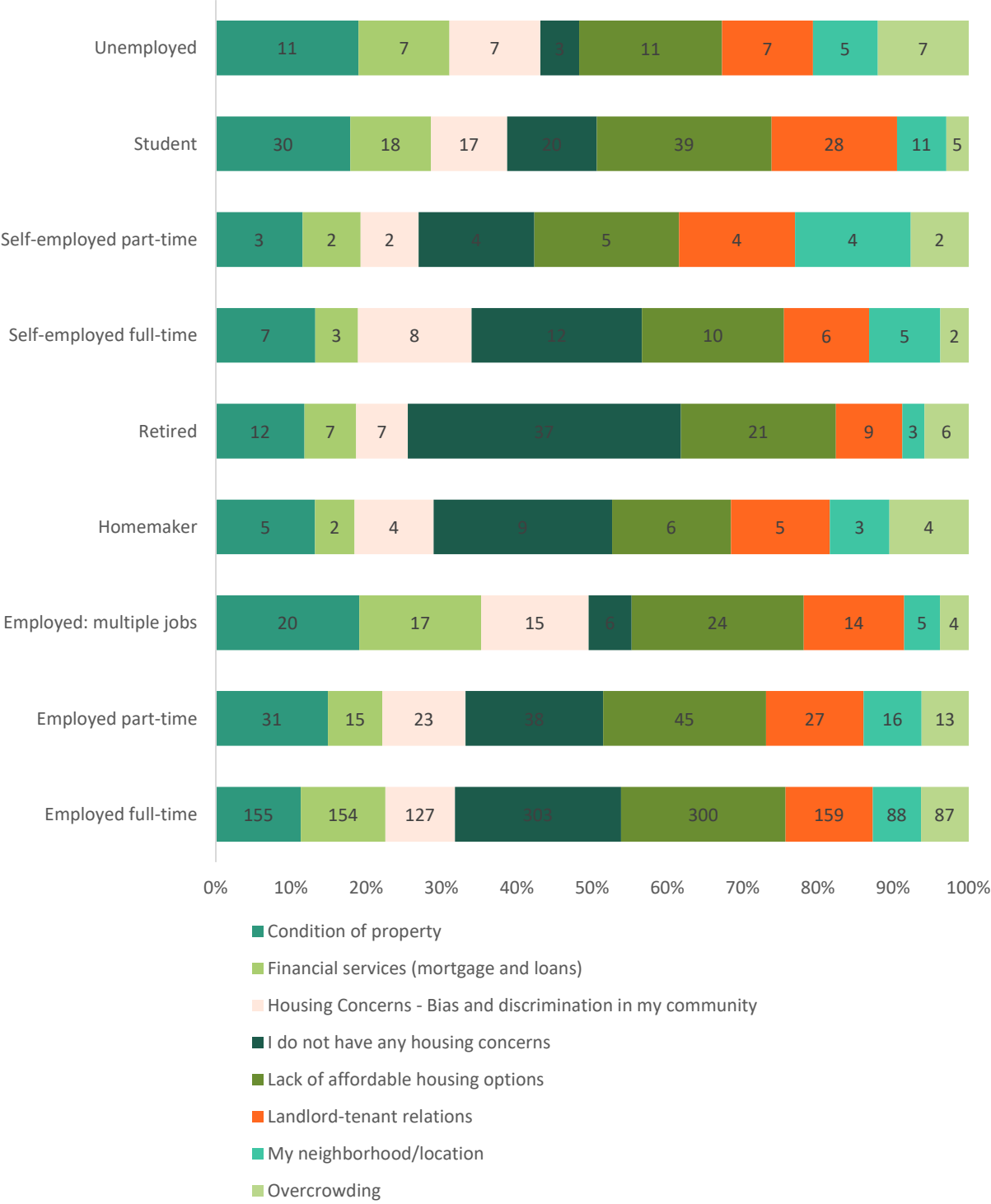
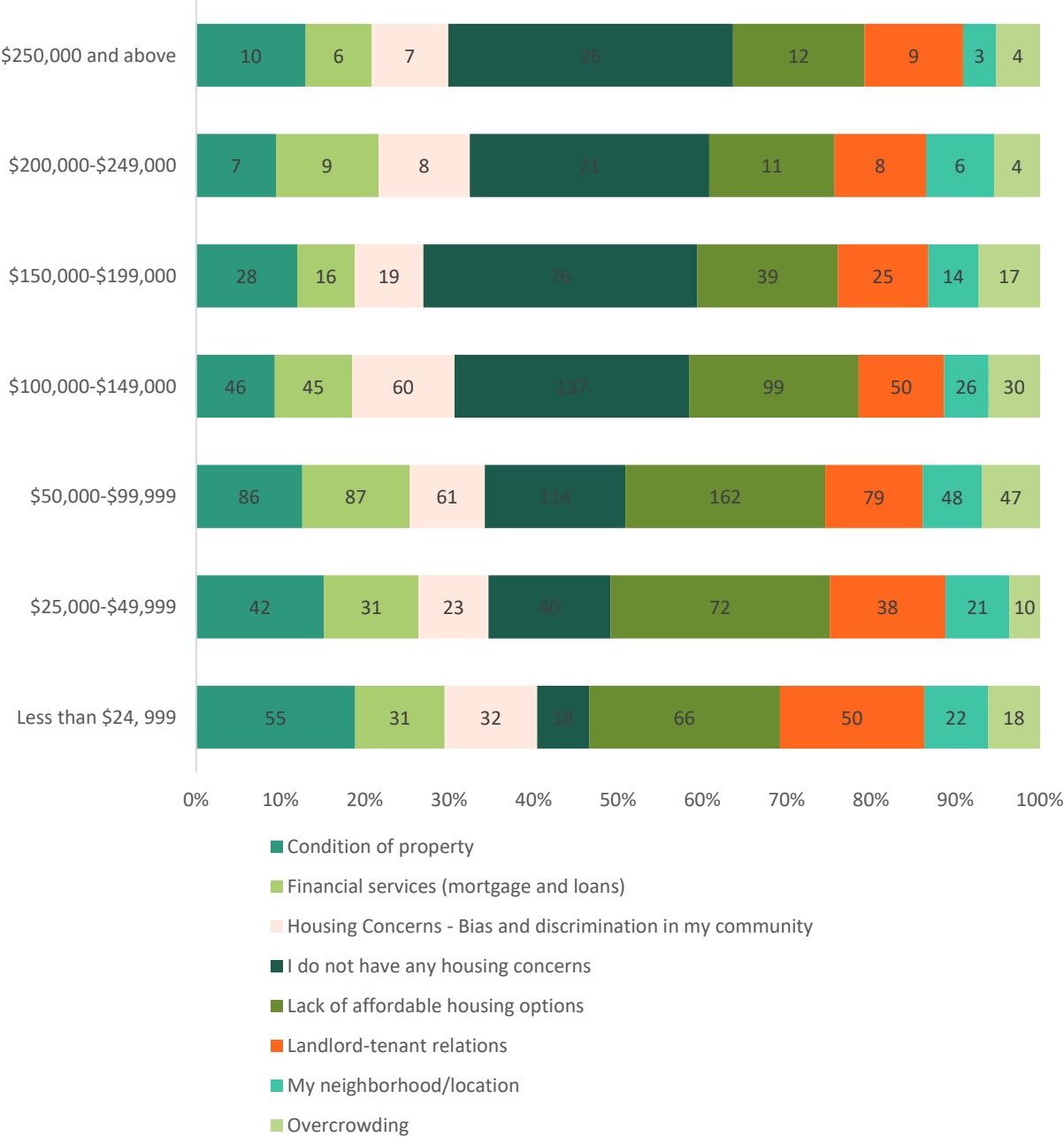


FIGURE 181: HOUSING CONCERNS: SALARY RANGE



Research Category 5: Transportation

The following charts provide additional detail/insight into demographic responses to transportation-related concerns.

FIGURE 182: TRANSPORTATION CONCERNS: GENDER IDENTITY



FIGURE 183: TRANSPORTATION CONCERNS: AGE GROUP

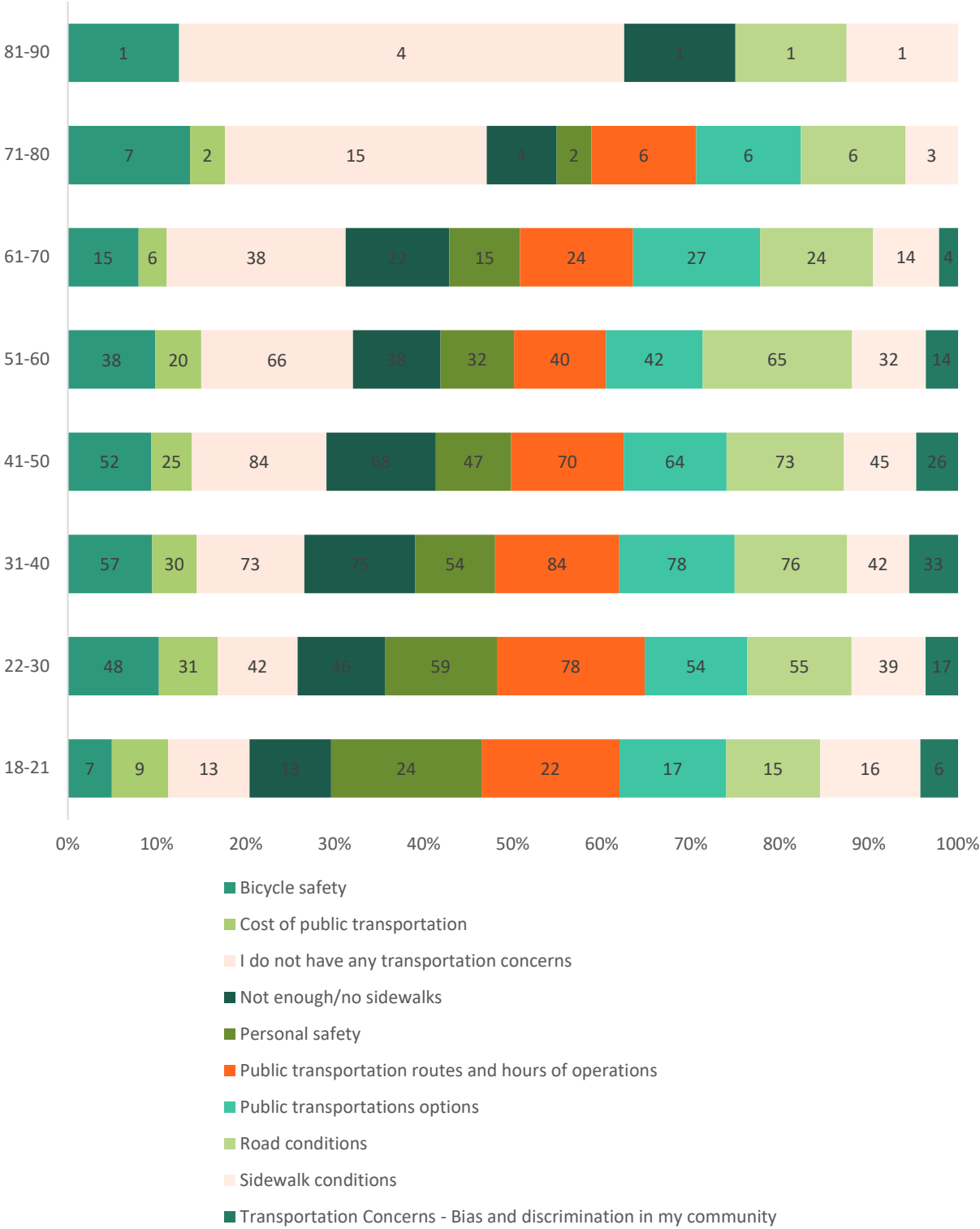


FIGURE 184: TRANSPORTATION CONCERNS: RACE/ETHNICITY



FIGURE 185: TRANSPORTATION CONCERNS: HISPANIC/LATINO/LATINX/LATINE

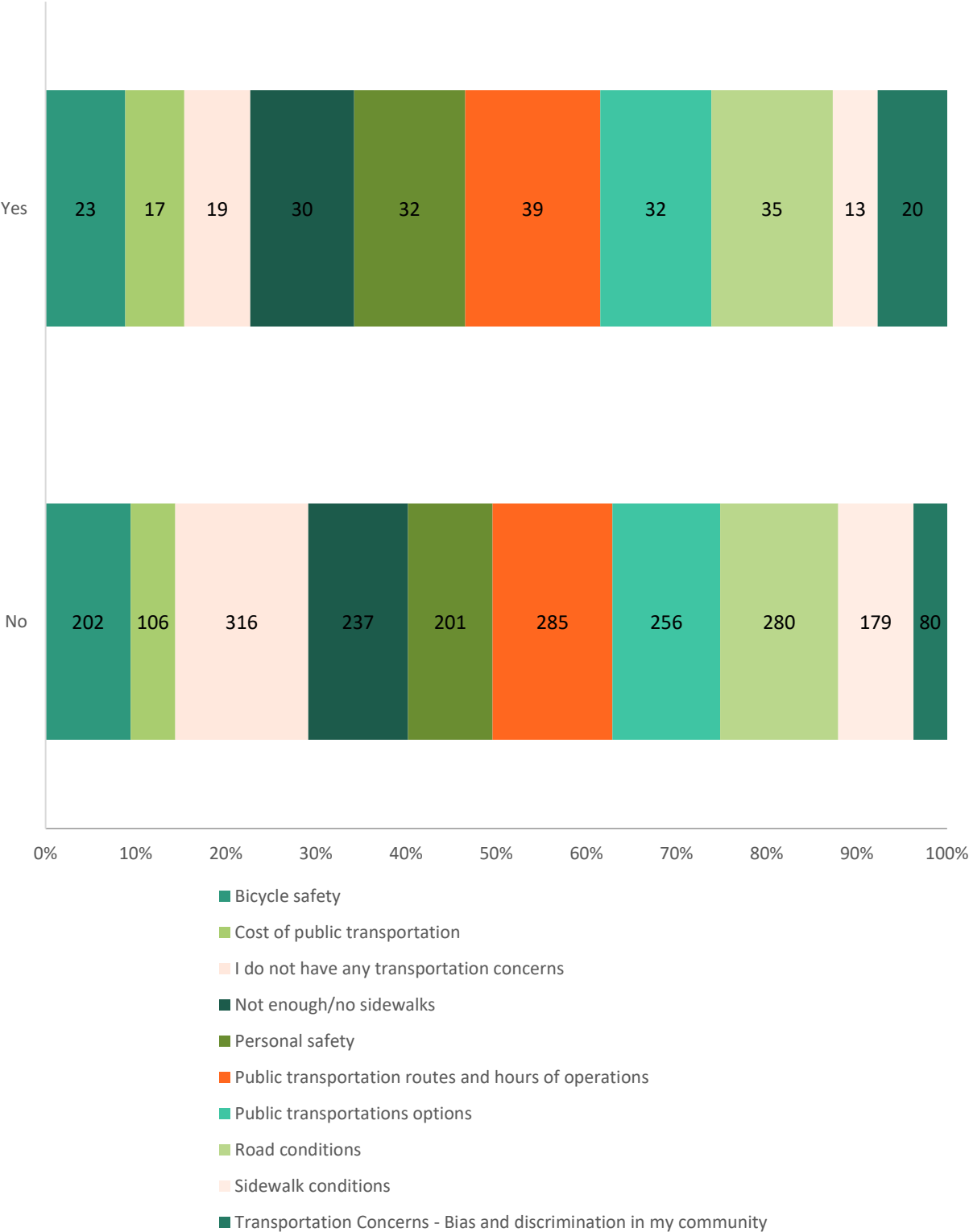
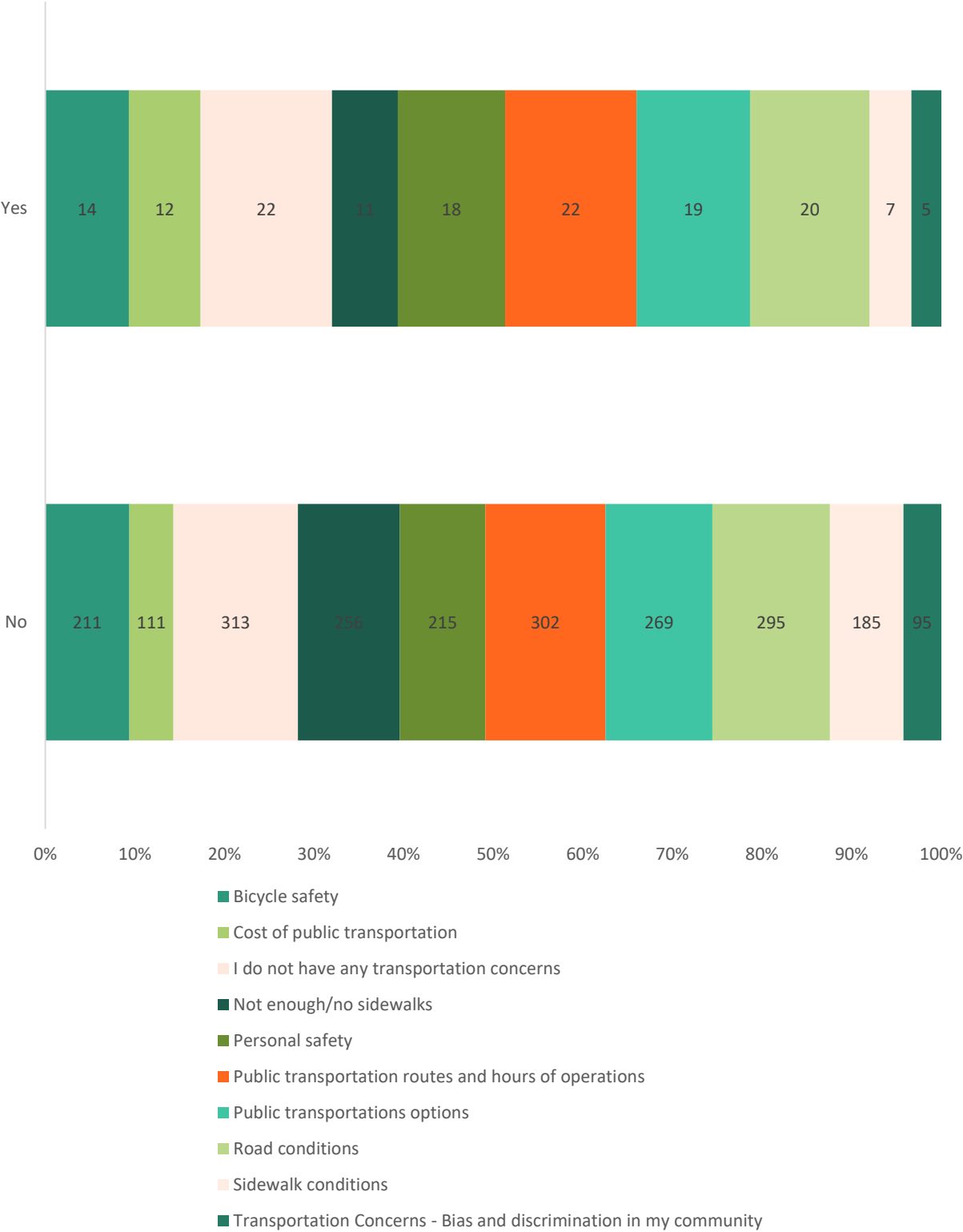


FIGURE 186: TRANSPORTATION CONCERNS: SEXUAL ORIENTATION



FIGURE 187: TRANSPORTATION CONCERNS: VETERAN STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 188: TRANSPORTATION CONCERNS: DISABILITY STATUS

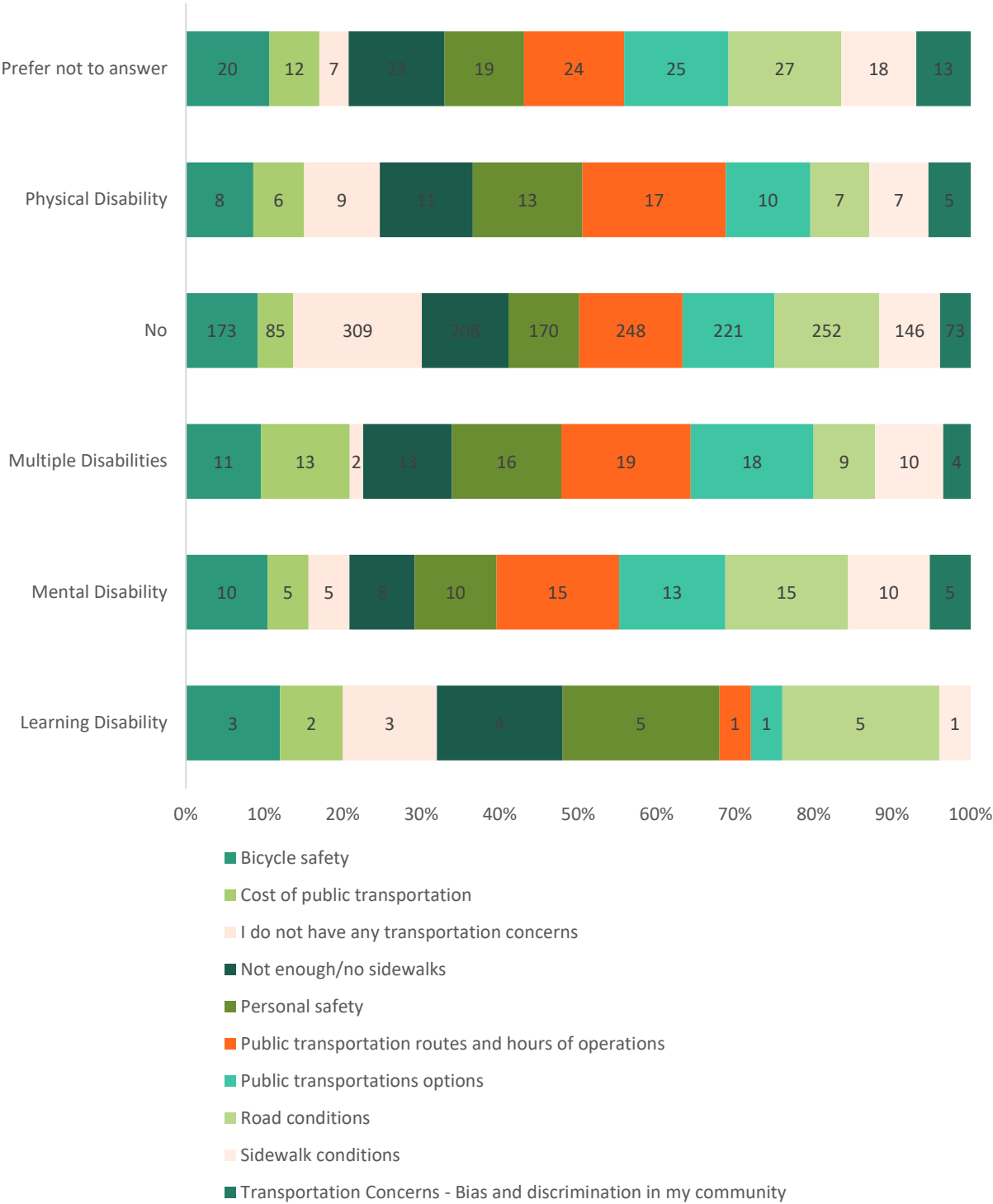
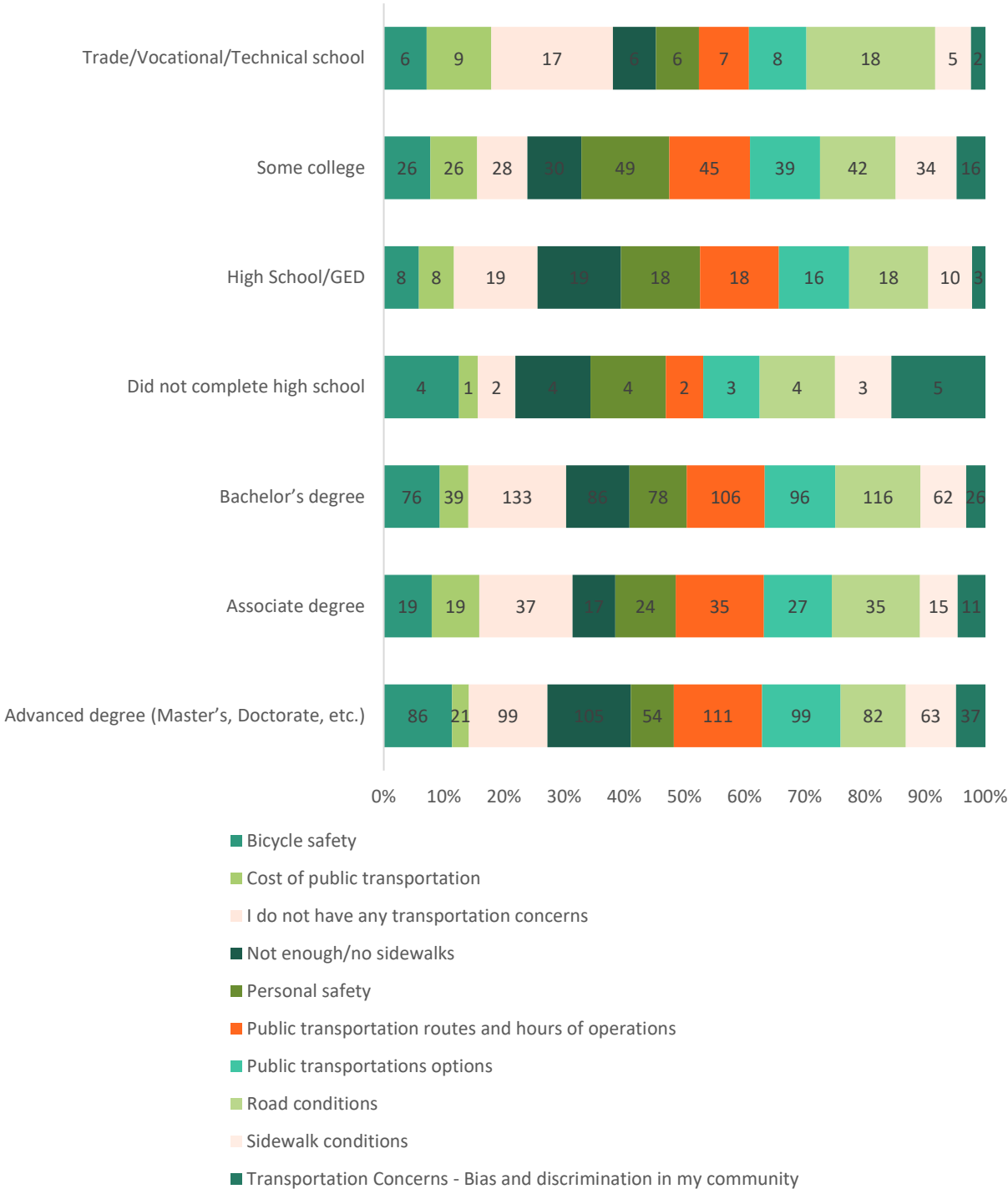


FIGURE 189: TRANSPORTATION CONCERNS: HIGHEST LEVEL OF EDUCATION



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 190: TRANSPORTATION CONCERNS: LIVING SITUATION

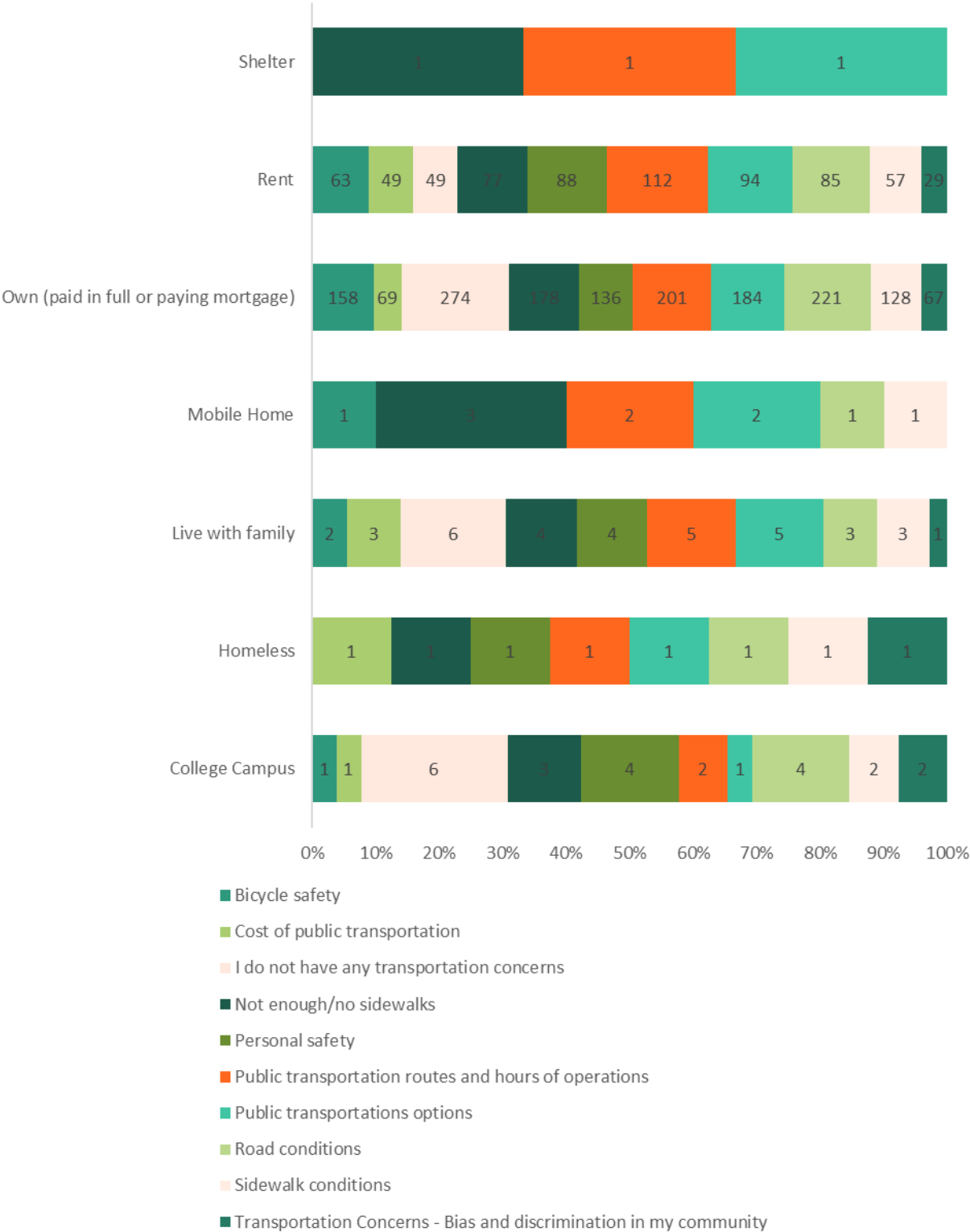


FIGURE 191: TRANSPORTATION CONCERNS: MARITAL STATUS

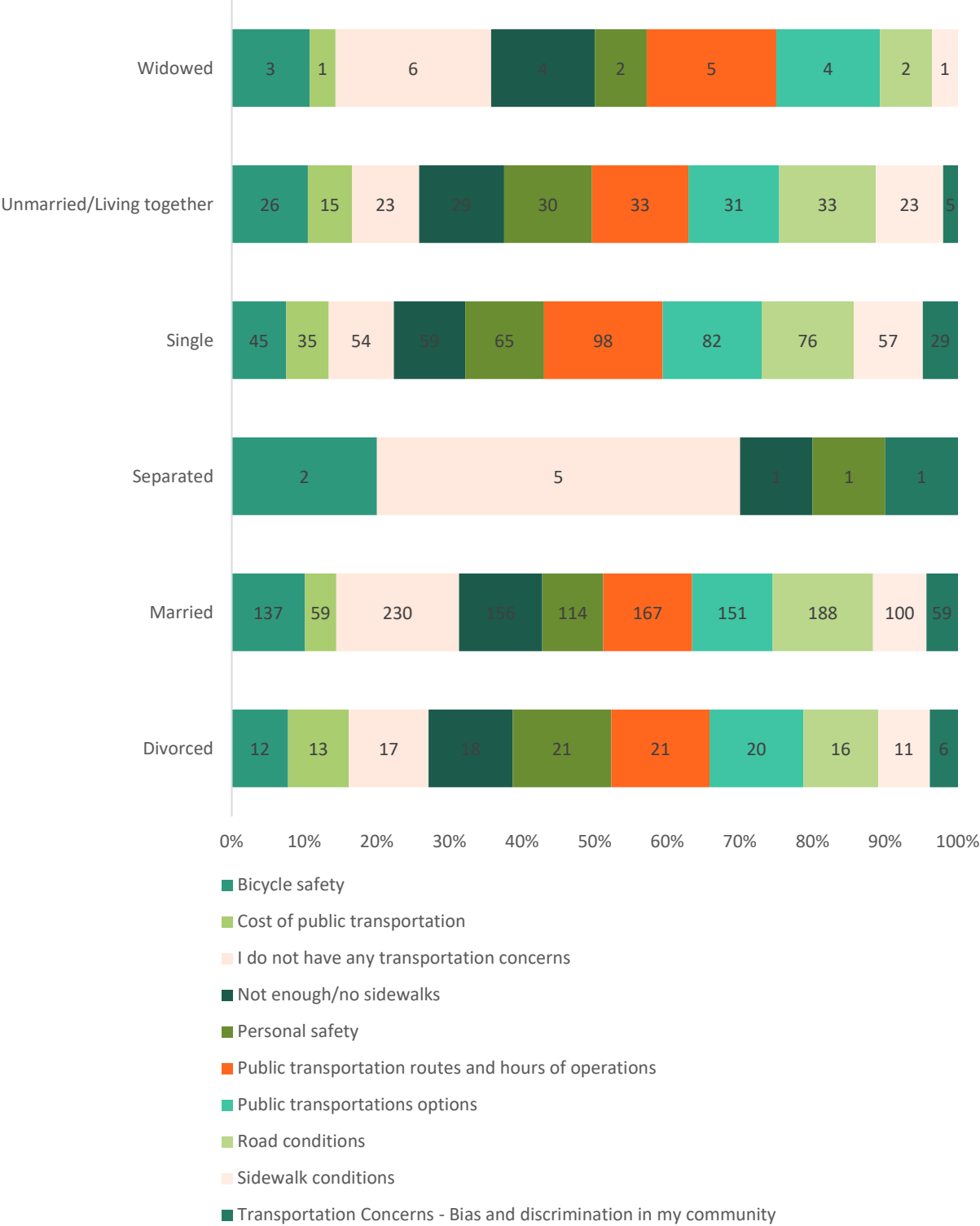
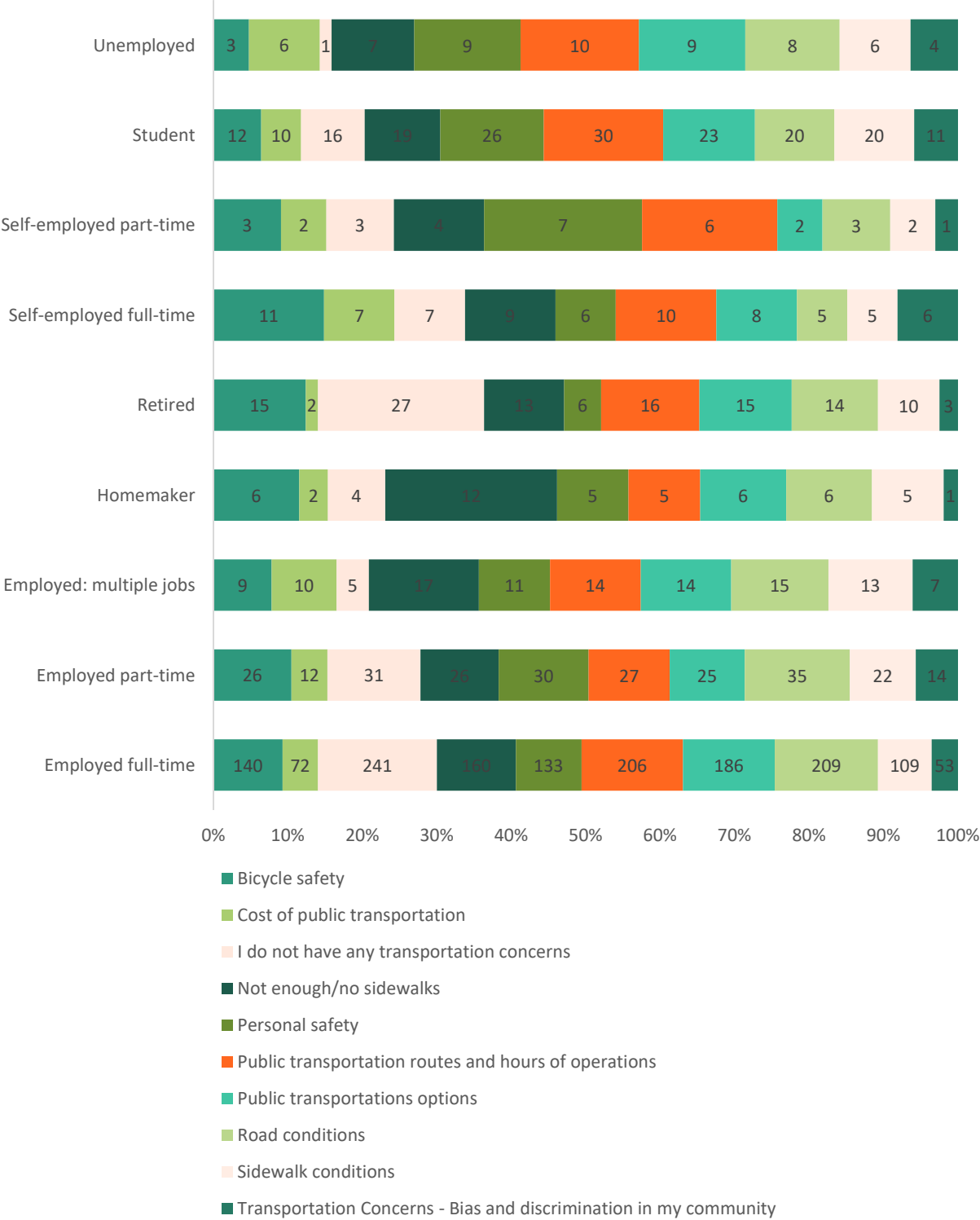
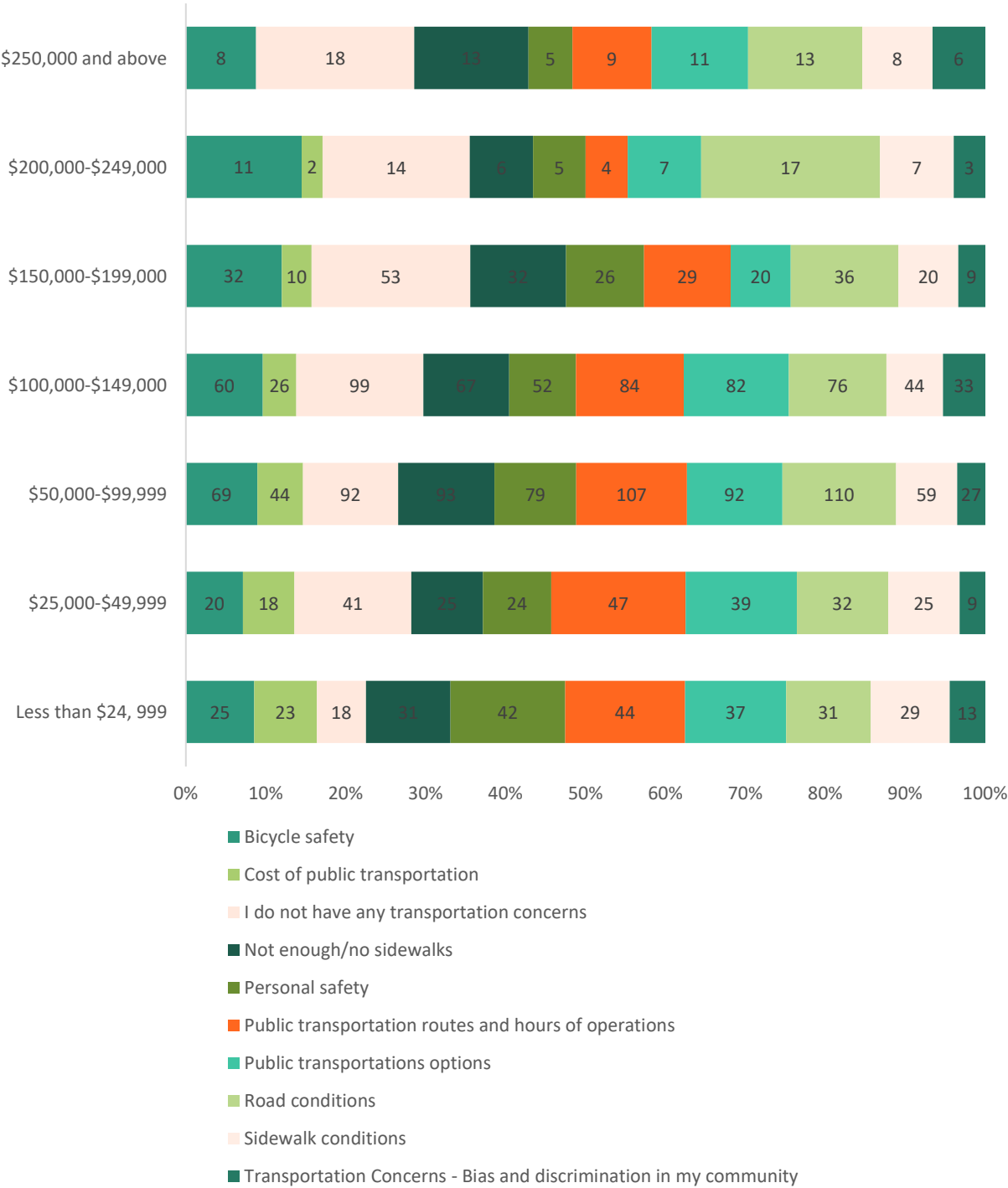


FIGURE 192: TRANSPORTATION CONCERNS: EMPLOYMENT STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 193: TRANSPORTATION CONCERNS: SALARY RANGE



Research Category 6: Education

FIGURE 194: EDUCATION CONCERNS: GENDER IDENTITY



FIGURE 195: EDUCATION CONCERNS: AGE GROUP

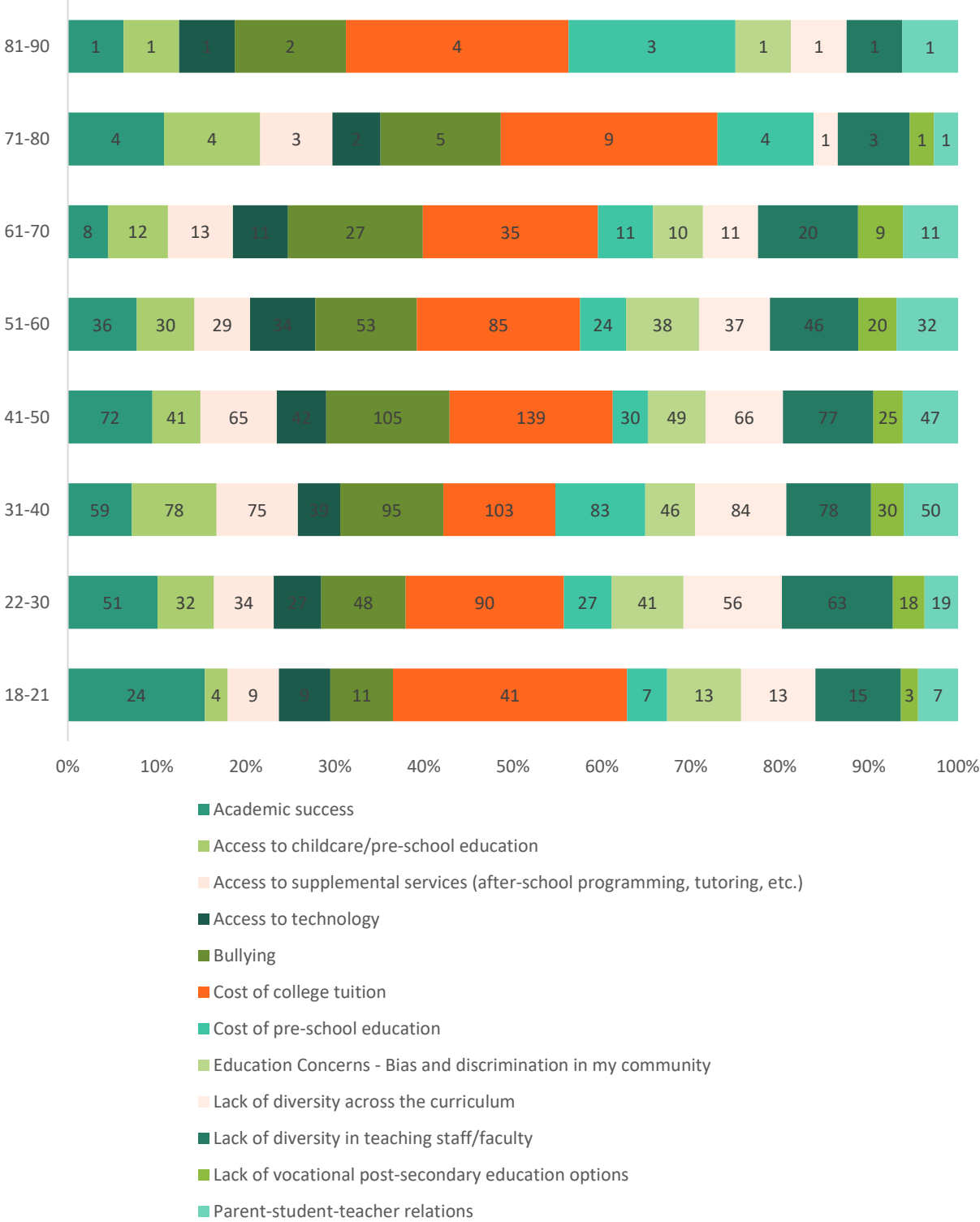


FIGURE 196: EDUCATION CONCERNS: RACE/ETHNICITY



- Academic success
- Access to childcare/pre-school education
- Access to supplemental services (after-school programming, tutoring, etc.)
- Access to technology
- Bullying
- Cost of college tuition
- Cost of pre-school education
- Education Concerns - Bias and discrimination in my community
- Lack of diversity across the curriculum
- Lack of diversity in teaching staff/faculty
- Lack of vocational post-secondary education options
- Parent-student-teacher relations

FIGURE 197: EDUCATION CONCERNS: HISPANIC/LATINO/LATINX/LATINE

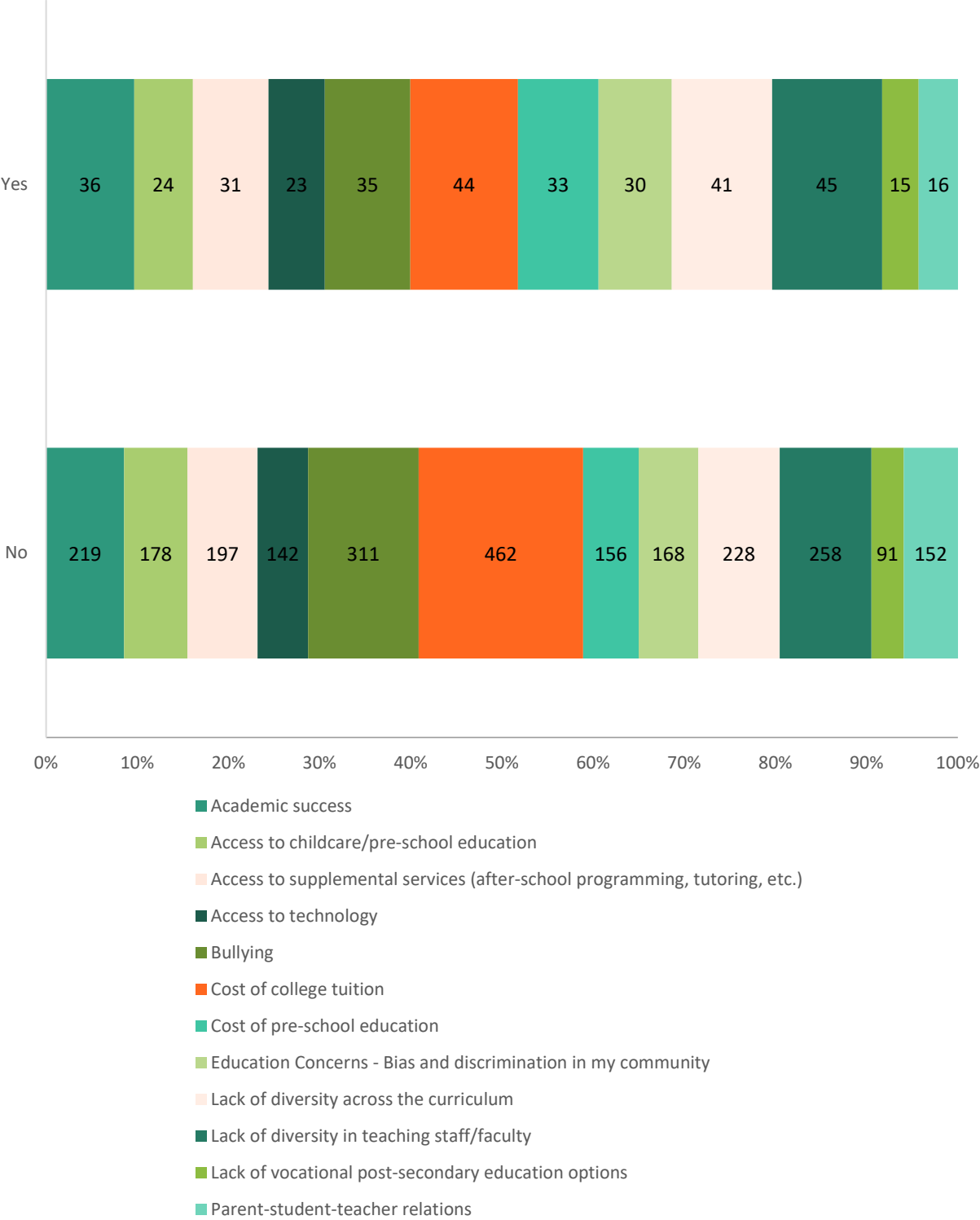


FIGURE 198: EDUCATION CONCERNS: SEXUAL ORIENTATION



FIGURE 199: EDUCATION CONCERNS: VETERAN STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 200: EDUCATION CONCERNS: DISABILITY STATUS



FIGURE 201: EDUCATION CONCERNS: HIGHEST LEVEL OF EDUCATION

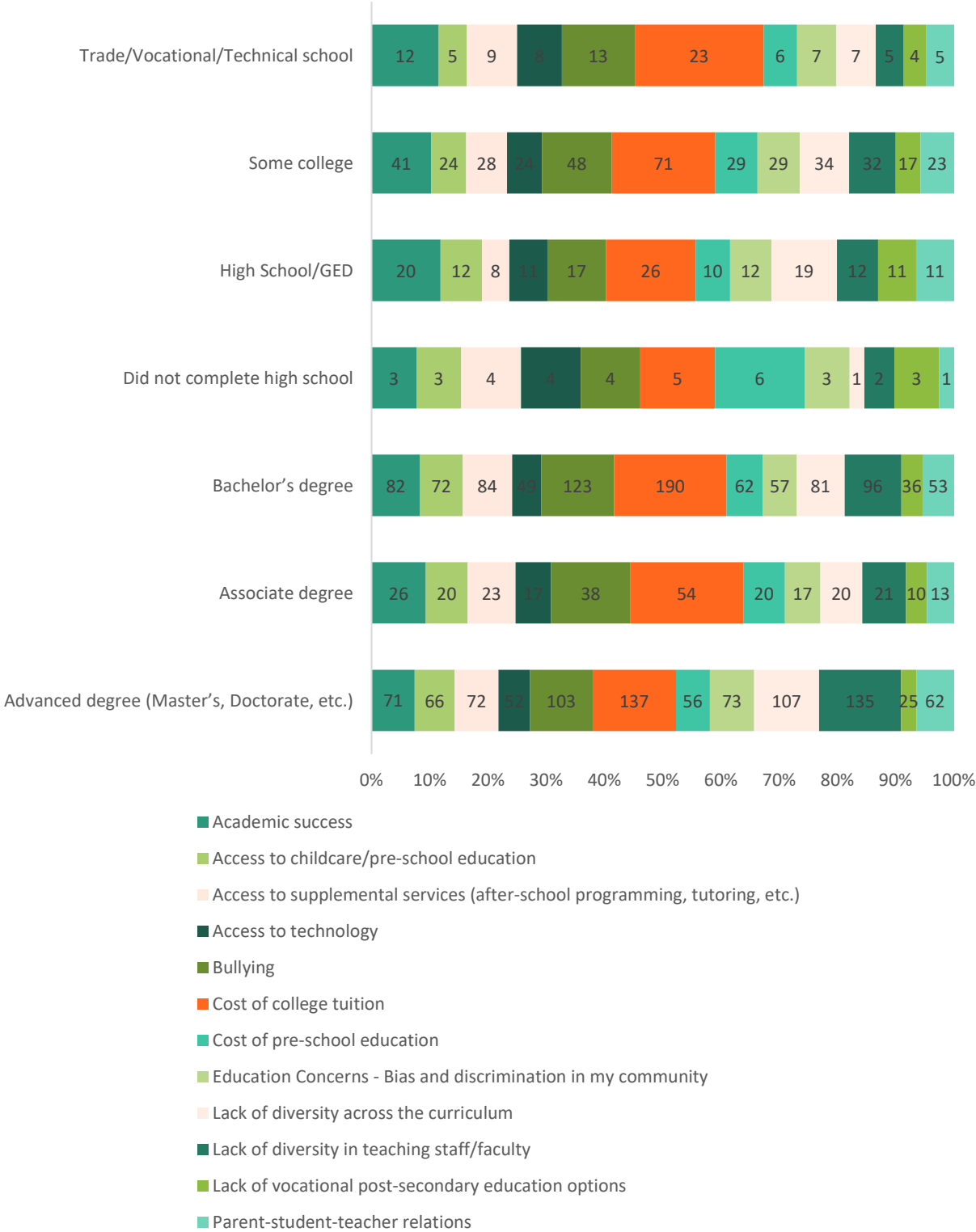


FIGURE 202: EDUCATION CONCERNS: LIVING SITUATION

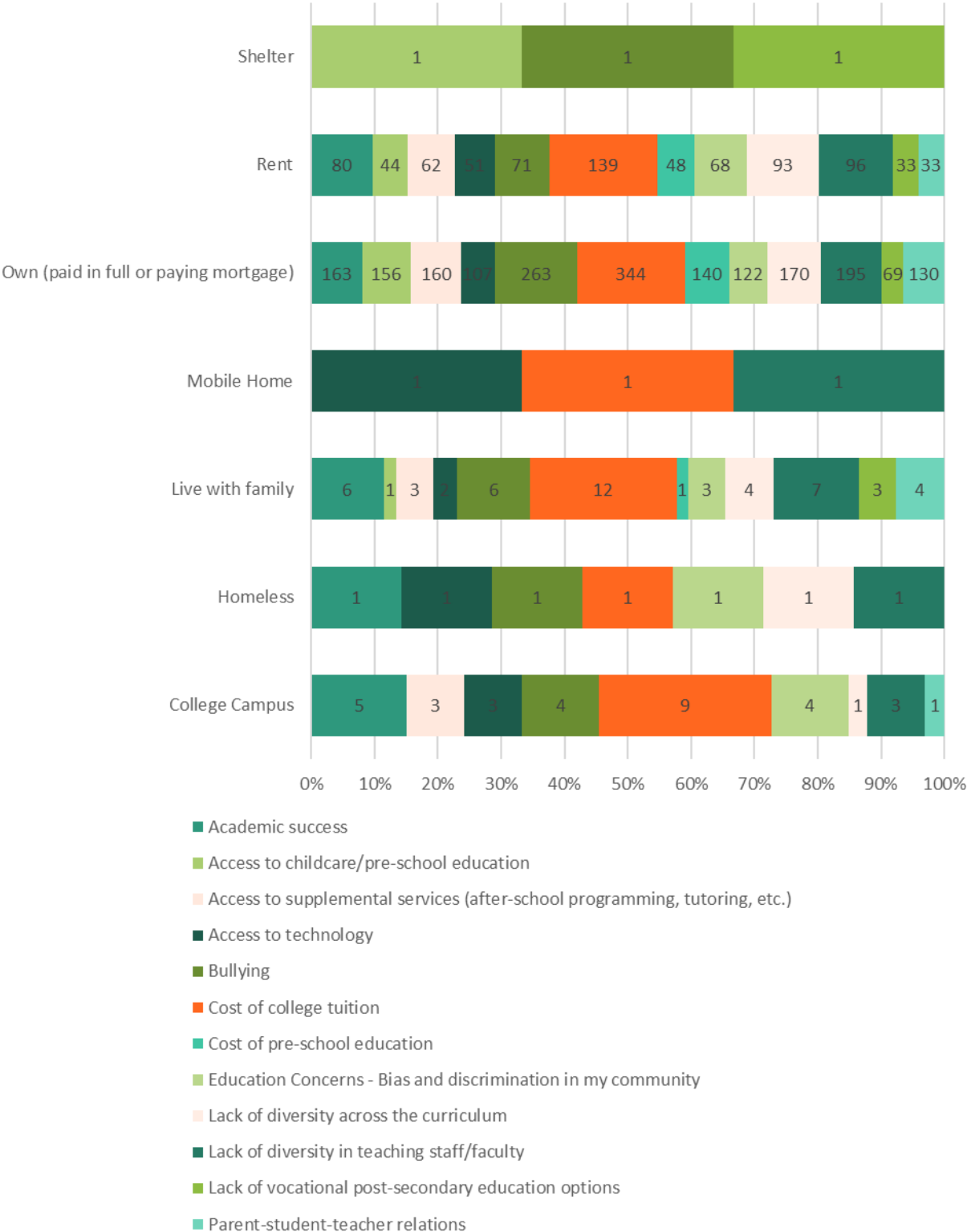


FIGURE 203: EDUCATION CONCERNS: MARITAL STATUS

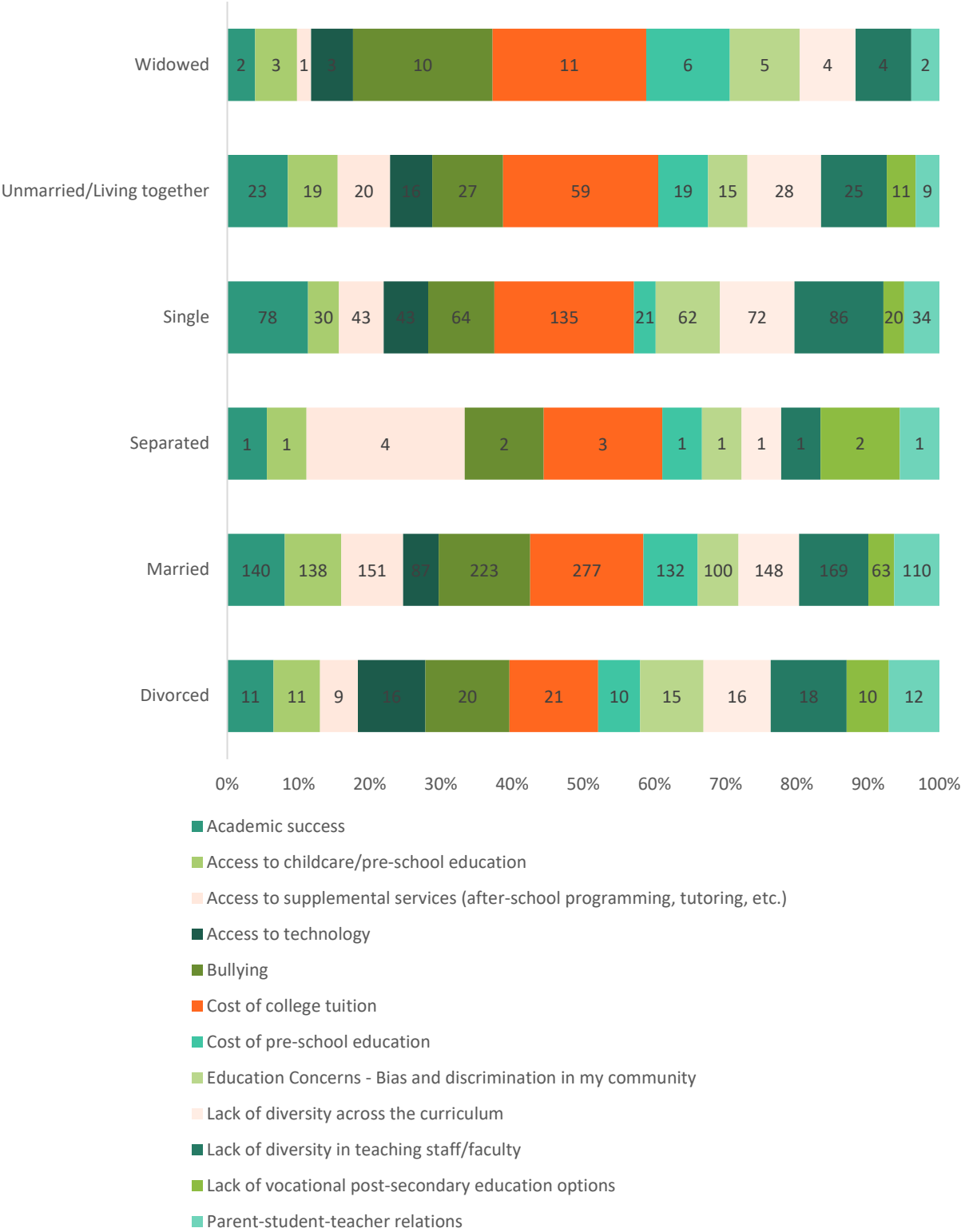
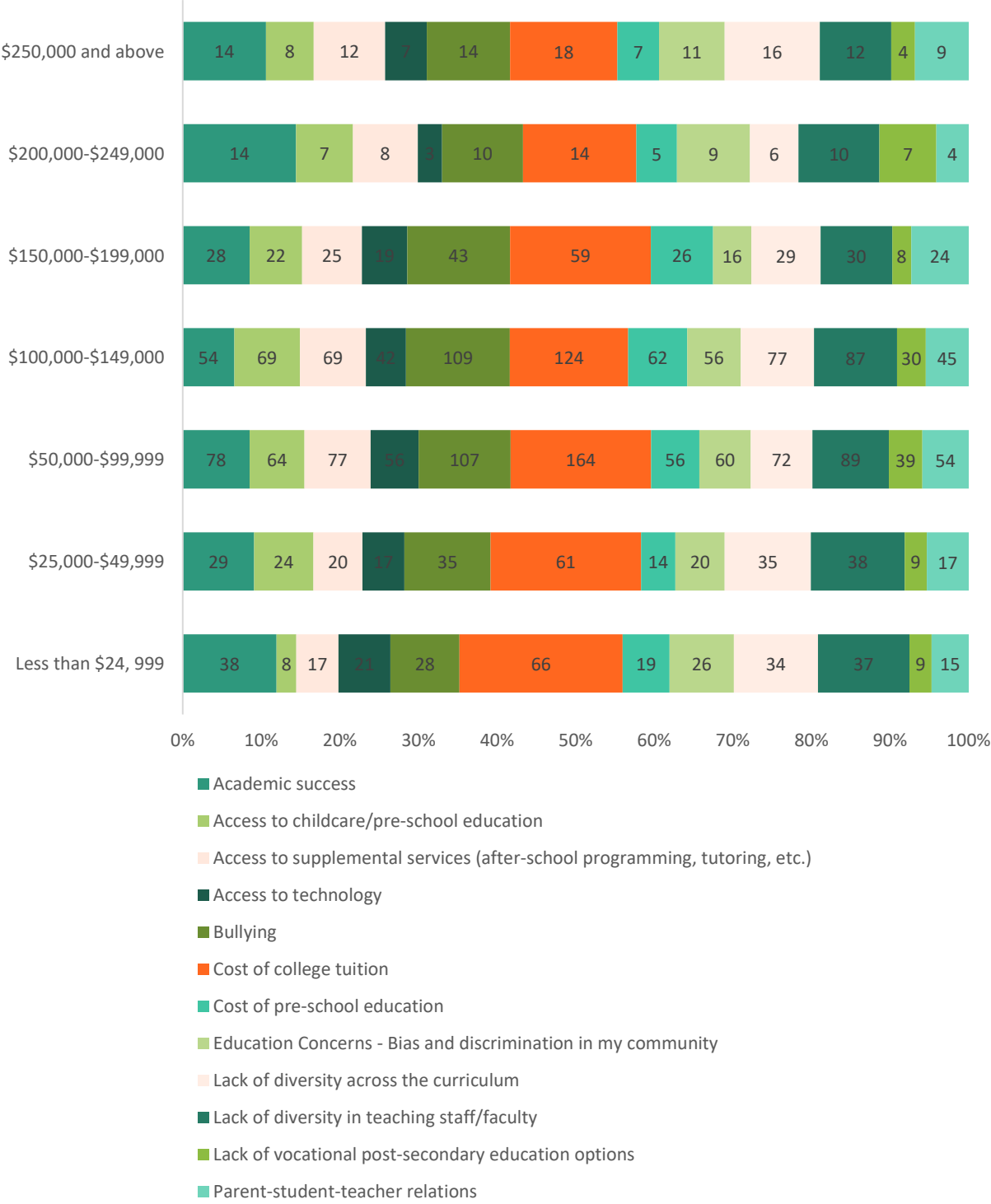


FIGURE 204: EDUCATION CONCERNS: EMPLOYMENT STATUS



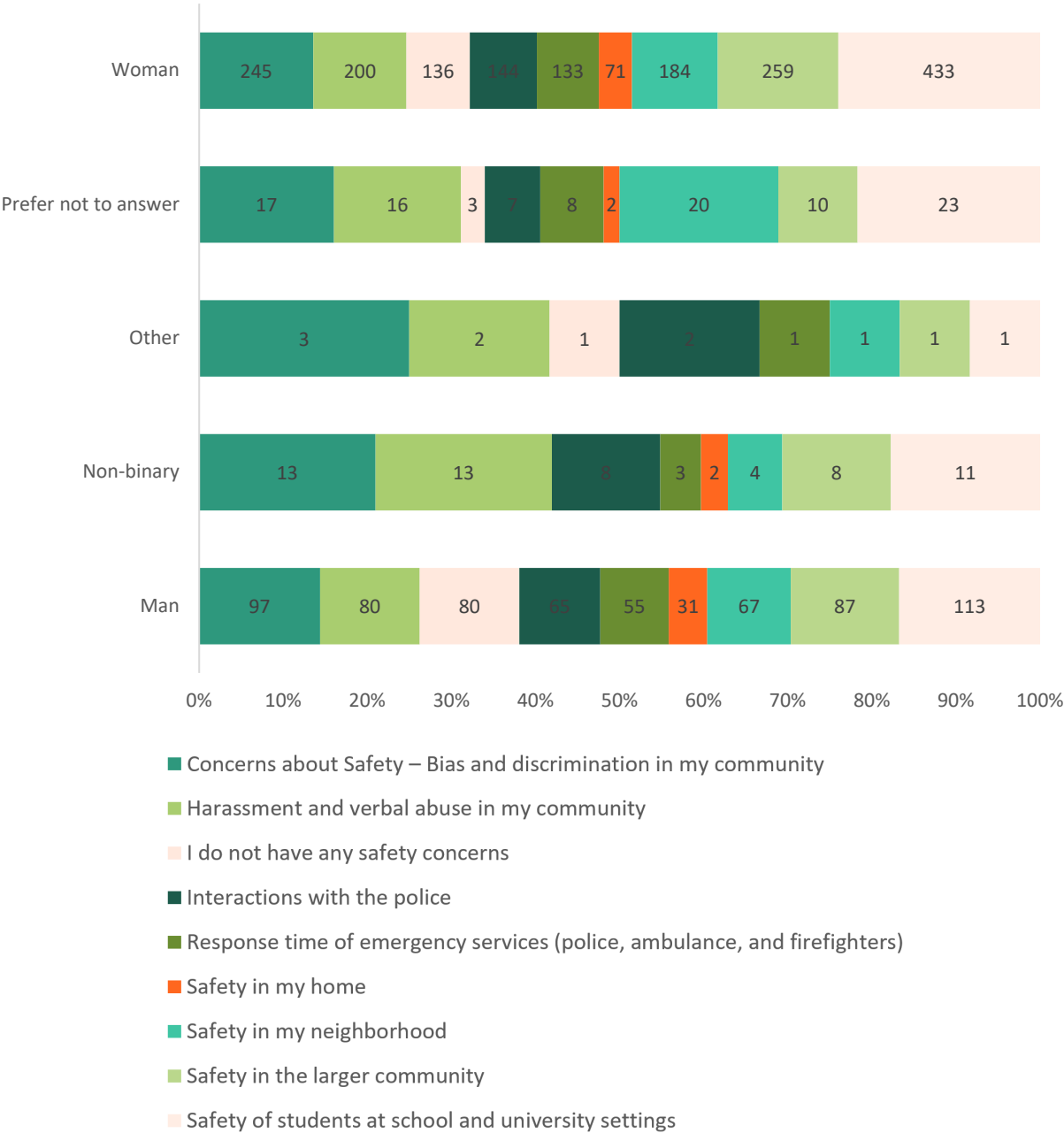
FIGURE 205: EDUCATION CONCERNS: SALARY RANGE



Research Category 7: Safety/Safe and Inclusive Spaces

The following charts provide additional detail/insight into demographic responses to safety-related concerns.

FIGURE 206: SAFETY CONCERNS: GENDER IDENTITY



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 207: SAFETY CONCERNS: AGE GROUP

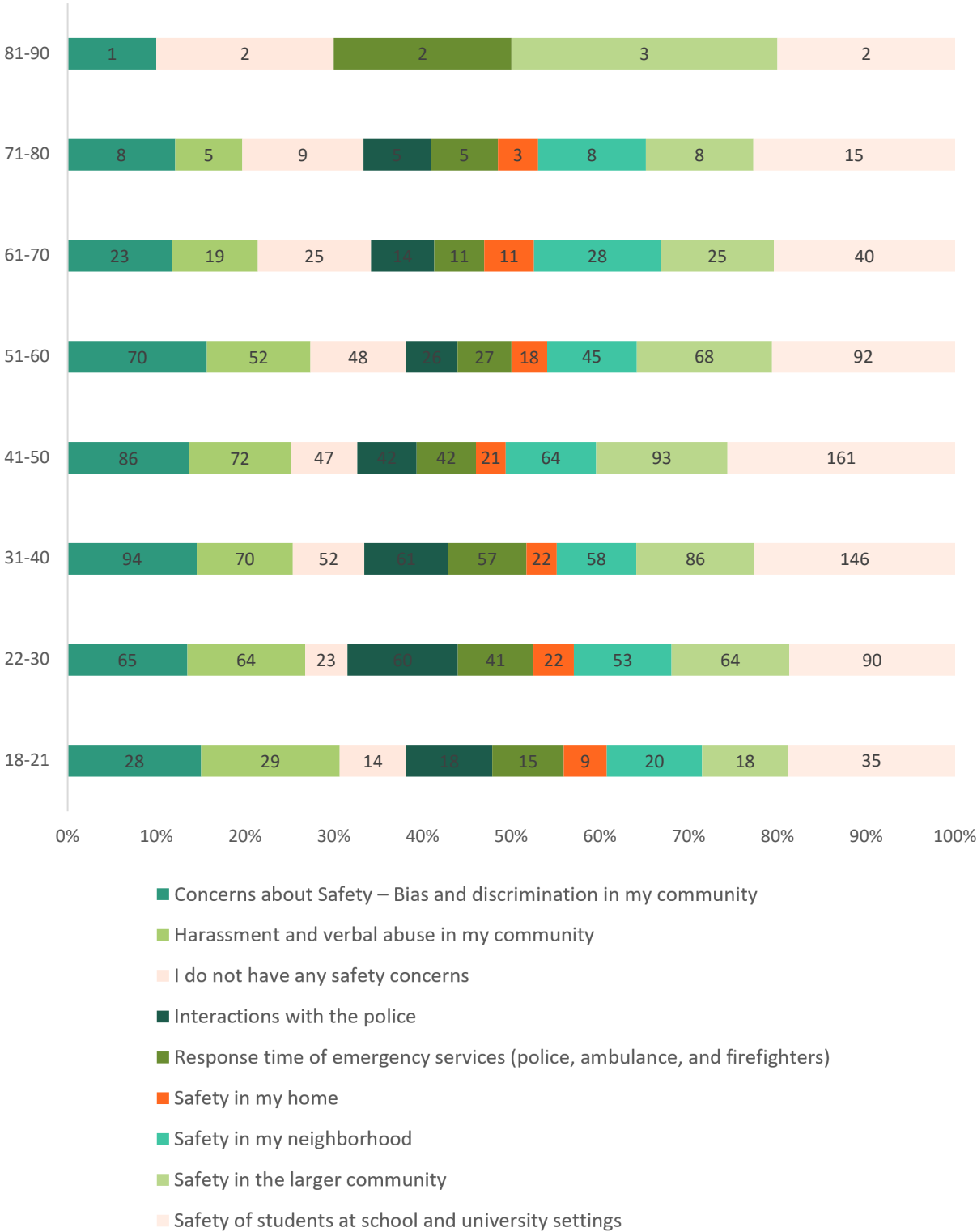
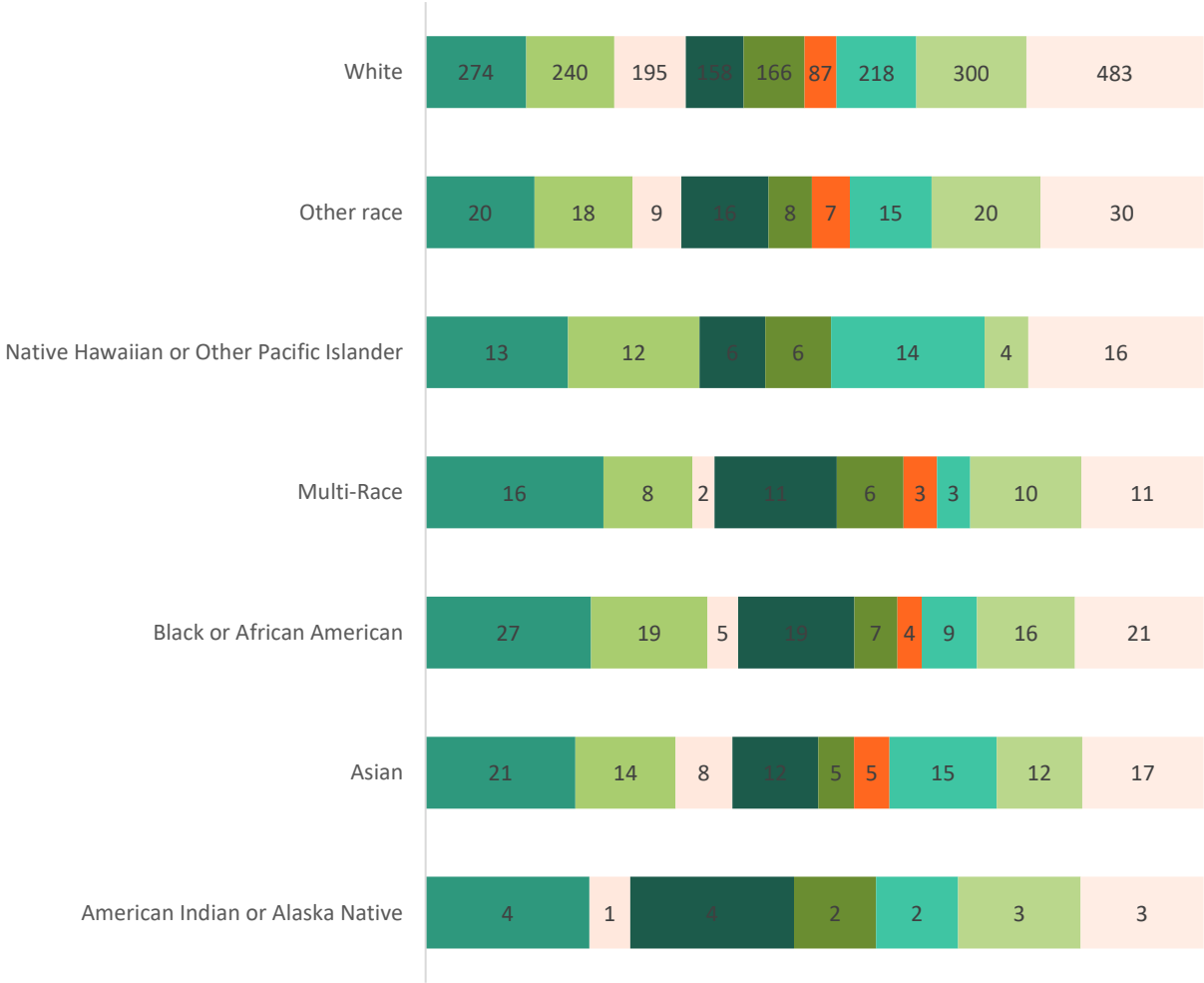


FIGURE 208: SAFETY CONCERNS: RACE/ETHNICITY



- Concerns about Safety – Bias and discrimination in my community
- Harassment and verbal abuse in my community
- I do not have any safety concerns
- Interactions with the police
- Response time of emergency services (police, ambulance, and firefighters)
- Safety in my home
- Safety in my neighborhood
- Safety in the larger community
- Safety of students at school and university settings

FIGURE 209: SAFETY CONCERNS: HISPANIC/LATINO/LATINX/LATINE

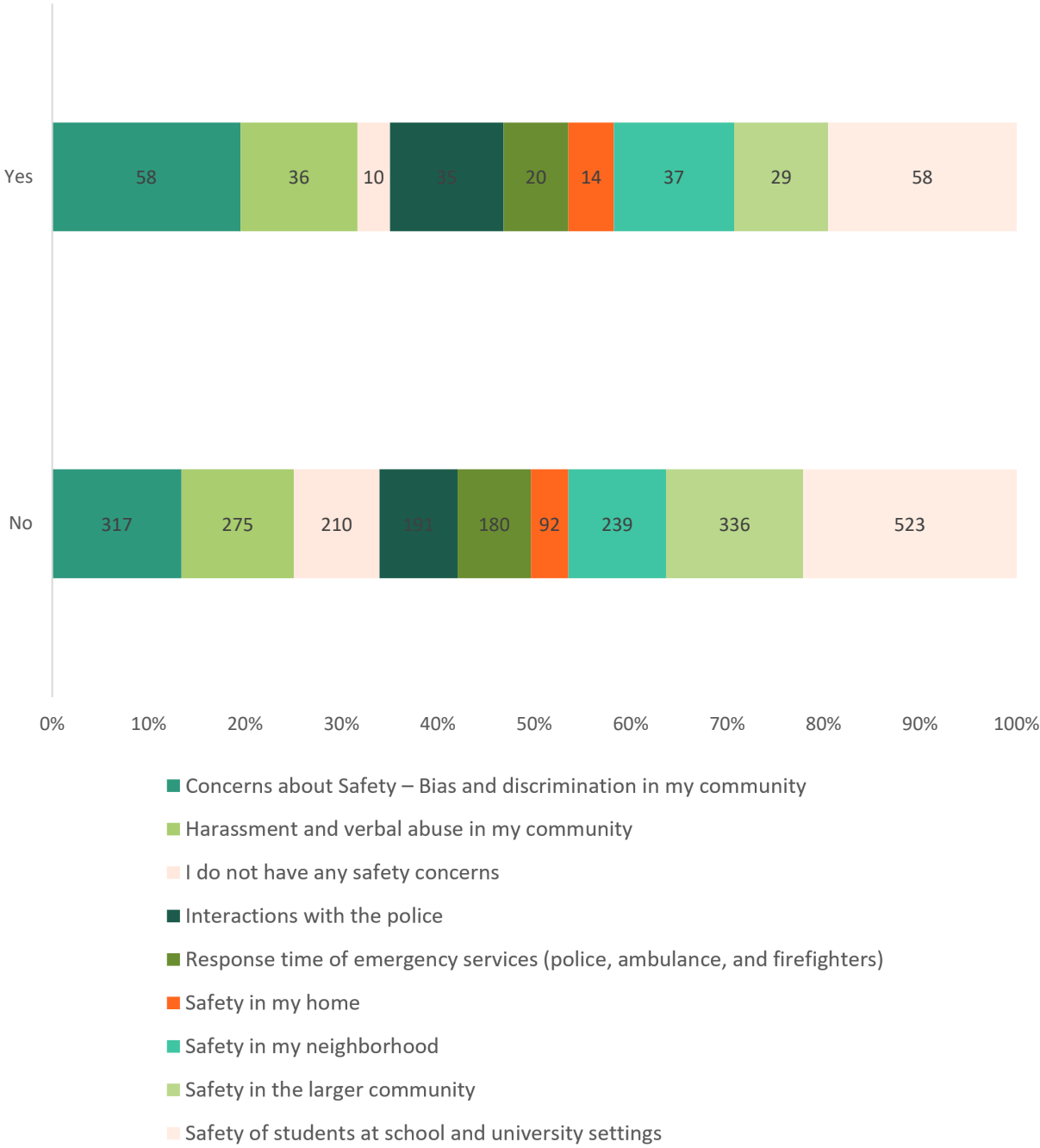


FIGURE 210: SAFETY CONCERNS: SEXUAL ORIENTATION



FIGURE 21: SAFETY CONCERNS: VETERAN STATUS



FIGURE 212: SAFETY CONCERNS: DISABILITY STATUS



FIGURE 213: SAFETY CONCERNS: HIGHEST LEVEL OF EDUCATION

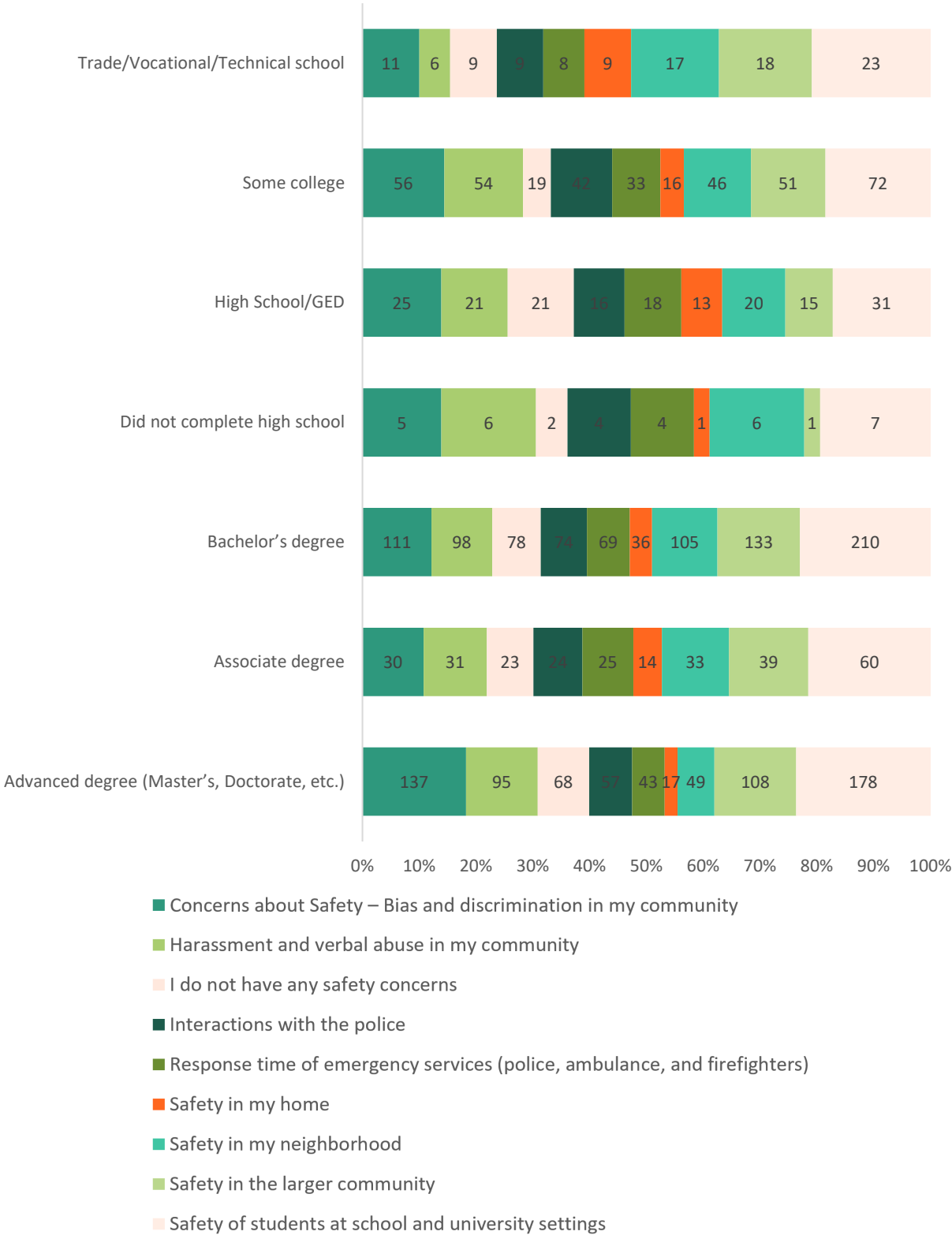
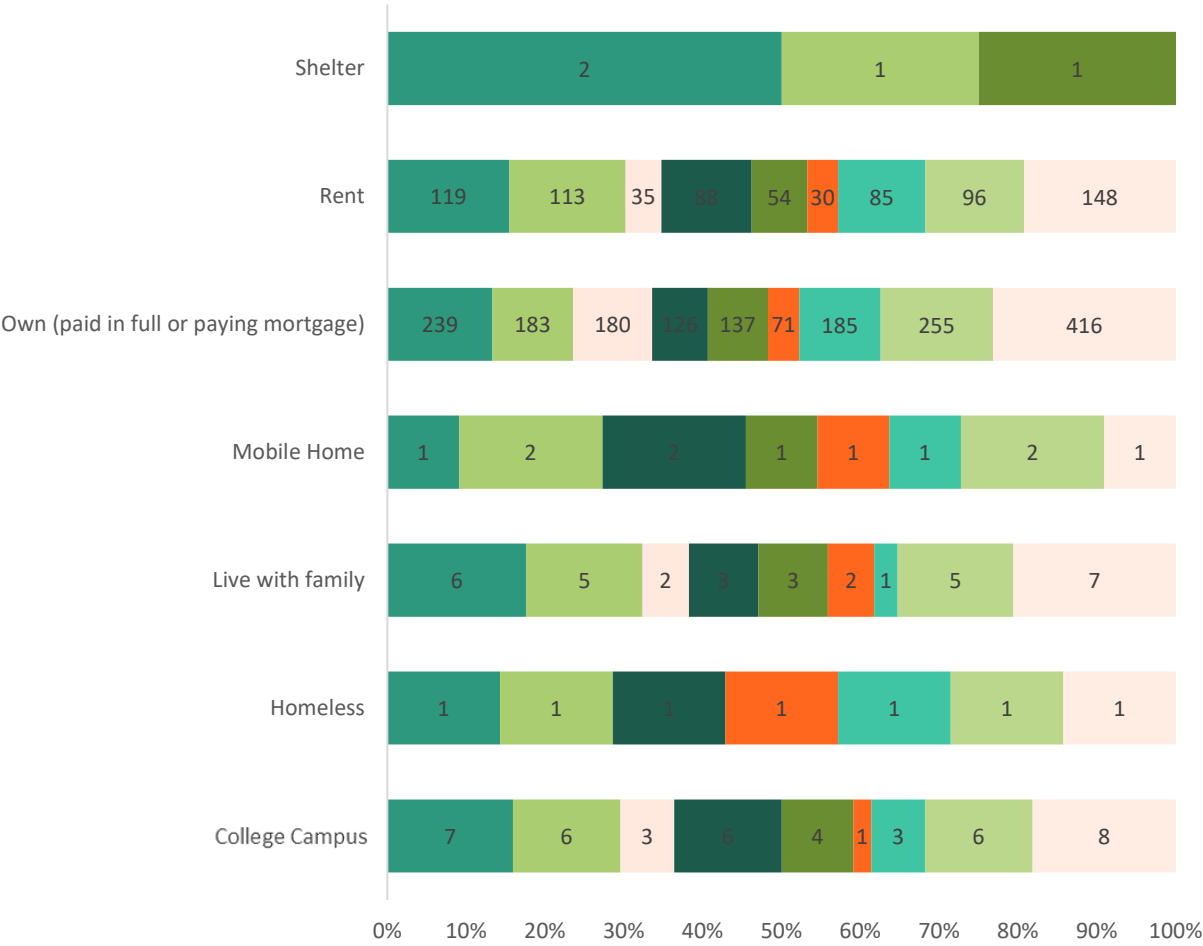


FIGURE 214: SAFETY CONCERNS: LIVING SITUATION



- Concerns about Safety – Bias and discrimination in my community
- Harassment and verbal abuse in my community
- I do not have any safety concerns
- Interactions with the police
- Response time of emergency services (police, ambulance, and firefighters)
- Safety in my home
- Safety in my neighborhood
- Safety in the larger community
- Safety of students at school and university settings

FIGURE 215: SAFETY CONCERNS: MARITAL STATUS

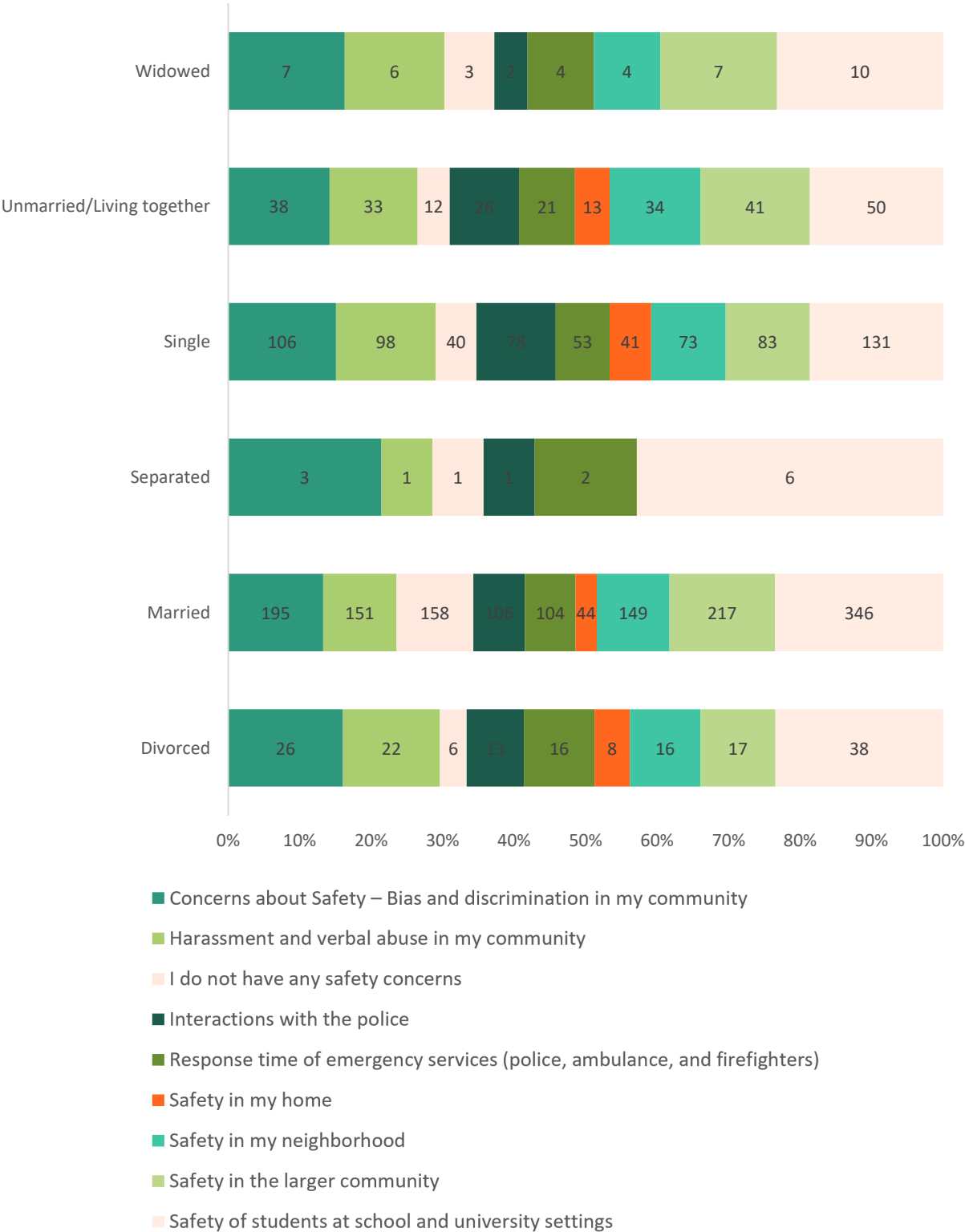
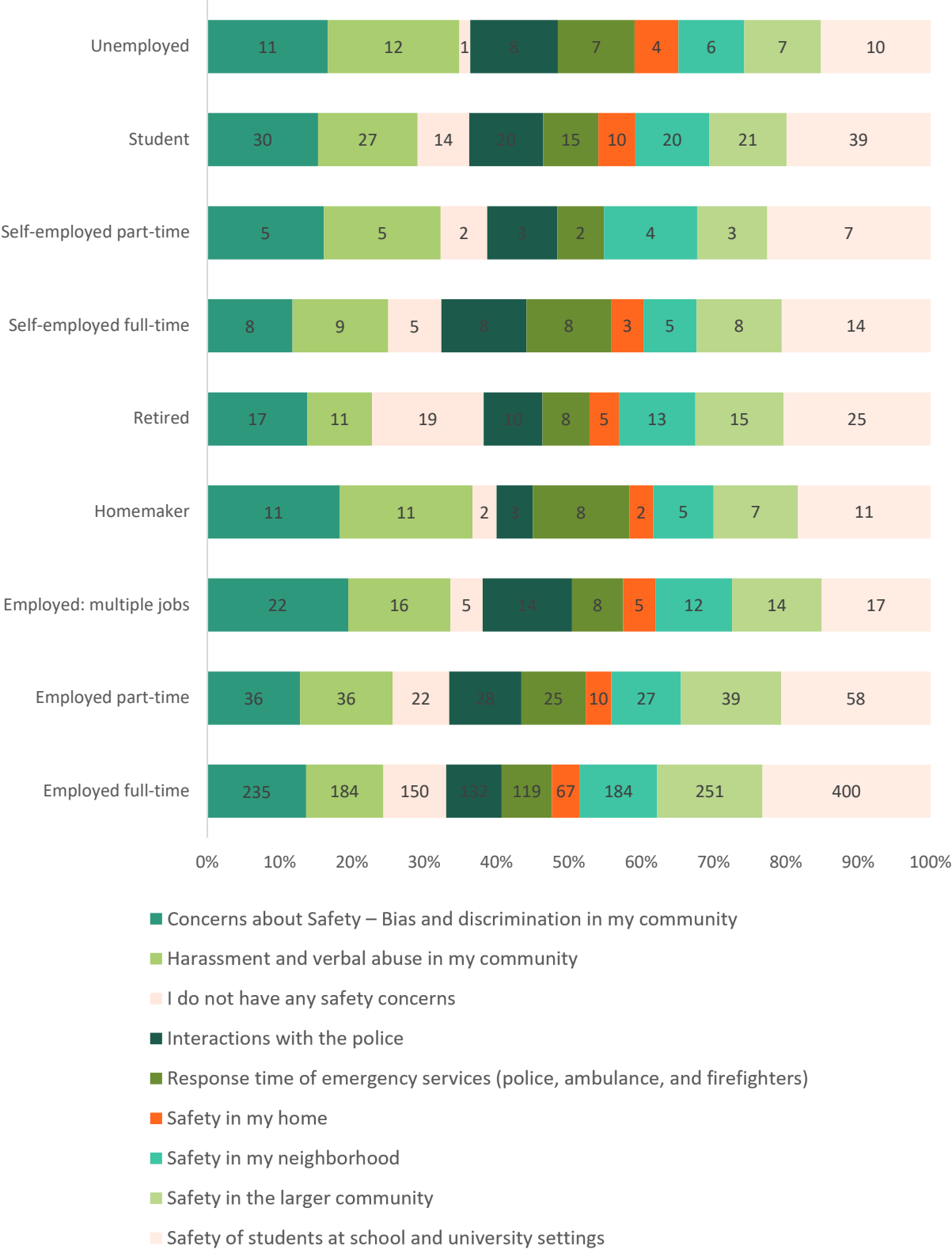


FIGURE 216: SAFETY CONCERNS: EMPLOYMENT STATUS



Greater Mankato Inclusivity Study | VIII. Appendix | Additional Charts and Graphs: Demographic Data from Survey

FIGURE 217: SAFETY CONCERNS: SALARY RANGE



Investigative Phase Results

A key result of Phase I is the Community Interview Narrative Report (Appendix B). (Partners also received this report as a separate document.) From the data analysis of these 20 interviews with Greater Mankato community leaders and the partner survey, three primary recurring categories were identified. These categories are:

1. Personal Experiences and Community Perceptions
2. Obstacles and Barriers to Inclusivity
3. Unmet Needs, Programs and Services

For each of the categories, interviewees also identified additional questions and topics to consider for the study. This result positions the project ready to implement Phase II: Study Methodology and Instrument Design.

Based on the themes that emerged from the organizational partner survey, as well as the community interviews' data and the need for translation of the survey in other languages, IC Edge proposes that:

The GMIS survey focuses on primarily quantitative multiple-choice questions where respondents can agree or disagree with provided statements; and

The GMIS focus groups explore more qualitative, open-ended questions.

For the focus groups, we propose the latter because a focus group format is more suited to collecting qualitative data; it also allows for follow-up questions and clarifications where needed.

Focus Group Results

The focus groups were designed to provide a more in-depth understanding of the themes that emerged from the interviews with community members during the Investigation Phase of the project. As a *qualitative* research method, focus groups are well suited to explore and discuss some key questions with community members that could not be addressed in a community survey, which applies a more *quantitative* approach. A focus group protocol was developed by the research team with 8 questions and additional optional prompts. The protocol was used in both virtual and in-person focus groups. Each focus group lasted two hours. Sessions were facilitated by a moderator, with two note-takers scribing remarks. Focus group sessions included a brief introduction to the Study, outlining its goals, and were recorded with the participants' consent. The recordings were only available to the research team members and were deleted after the recordings had been reviewed. Following the review of all notes and recordings, the data from the interviews was annotated and coded into themes and patterns. The themes and patterns identified were then reviewed, analyzed, synthesized, and merged into the final themes presented below. Four focus groups were conducted in the summer of 2022, two virtually in July and two in-person in August, with a total of 35 participants.

One unintended positive outcome of all focus groups was the opportunity for the residents to connect, introduce or reintroduce themselves and their organizations to one another, and make future plans. In all focus groups, participants exchanged information and resources and invited each other to events and meetings. They shared that they had been re-energized by the focus group meetings and expressed a hope that the outcomes of the study will lead to action and change in the community.

Participants

Greater Mankato Inclusivity Study (GMIS) focus group participants constituted a wide range of roles and viewpoints in the community: from CEOs and program directors of local nonprofits and government agencies; to small business owners, law enforcement and healthcare professionals; to academic advisors, students, cultural liaisons, community organizers, educators, and faith community members. Population segments represented included: students, foster care families, the homeless and food insecure, victims of domestic violence, people with disabilities, immigrants and refugees, job seekers, veterans, and the LGBTQ community.

The participants were recruited through the partner organizations' outreach channels and through the recommendations of the interviewees in the investigative Phase of the project.

Focus Groups Questions

1. Briefly introduce yourself and your role in the community.
2. Describe what the word inclusivity means to you. How would you define it?
3. What about equity? What does it mean to you? Is it a part of inclusivity?
4. How would you rate inclusivity in Greater Mankato on a scale from 1 (not inclusive) to 5 (very inclusive)? (Write down your number.) Explain your rating.

5. Thinking of public spaces in the community, are they safe and inclusive for all? (Feel free to interpret the word “safety” in a broad sense, both in terms of safety from physical harm as well as safety from emotional or psychological harm.)
6. An important aspect of inclusivity is the ability to participate in community decision-making processes. Thinking of leadership roles in local organizations and government agencies and the elected officials, do you see all community members represented in these roles? Why? Why not?
7. What do you see as a main barrier to inclusivity in this community?
8. What does this community do well in terms of inclusivity? What services, resources, or amenities would you highlight as good practices?
9. Continuing to think about inclusivity, what would you like the community to look like a decade from now? How would the community be different from what it is today?

Findings: Major Themes

Inclusivity Rating: 2.6 with “pockets” of inclusivity and exclusivity

When asked to rate the Greater Mankato area on a scale from 1 (not inclusive) to 5 (most inclusive), the most common answer from participants was “2.” The average compiled number of all ratings was **2.6**. Three participants gave a rating of 4, citing a lot of recent progress and efforts to build community, increase diverse representation, and improve inclusivity. At the same time, they emphasized that their rating was influenced by their white privilege and acknowledged that other community members likely saw things differently. Like community interviewees, many focus group participants referred to the “pockets of inclusivity” where the progress and efforts made were more tangible and visible. Many of those who gave a rating of “3” stated they were hopeful these inclusivity pockets would eventually become larger and spread across the entire community. They cited examples of impactful diversity, equity, and inclusion (DEI) work, in particular within the school district, as well as other local nonprofit organizations— though they did caution that a lot of this work is still led by “well-intentioned white people.” There was also an acknowledgement that there is a lack of coordination among people, resources, and organizations, and that a better-organized community-wide approach was needed to make change.

At the same time, several participants were concerned about the lack of “genuineness and authenticity” in many DEI efforts by local organizations—referring to the “performative nature” of DEI classes or events that were unlikely to produce much needed systemic change. Some participants also cited that lack of diverse representation in decision-making and leadership affected their ratings—referring to the “homogenized groups making decisions for those who do not look like them.” Another recurrent criticism was about grants and resources in the community. Participants felt that resources were not “distributed in the most equitable way and were not reaching those who needed them [the resources] the most.”

Those who gave a rating of “2” or “1” cited personal or community-based examples of racism and discrimination. Many talked about “deeply ingrained ignorance and bias” that will take decades to overcome because, intergenerationally, they were a part of the local culture. Instances of such were described as prevalent against immigrants and refugees. For example, many stories were shared of discrimination by real estate agents and landlords against the members of the Somali community

who often had to recruit their white neighbors to place calls or appear for meetings in their stead to receive any services. Many immigrants face similar obstacles in the workplace when applying for jobs or starting a small business. Examples were shared of differential treatment of people of color when it came to law enforcement, especially stories of white neighbors calling the police on a Mexican or Somali neighbor seemingly because that neighbor did not look like them and not because any criminal behavior was observed.

Several participants also referred to the lack of safety, instances of harassment and threats to the BIPOC and LGBTQ community members. Though most of the racial slurs, negative comments, and threats came from individuals—such as a clerk at Walmart, a neighbor, or a co-worker—participants stated that there was no community-wide response to prevent such treatment. Moreover, bystanders often did not feel safe enough to intervene. Some participants mentioned stigma against poverty and homelessness in the community, and lack of inclusion of the poor and the homeless into decisions that affect their lives. Professionals who work with disabled community members shared that their clients, including children, need paid assistance [e.g., a personal care attendant] to be a part of any community event. The advocates expressed: “This is providing services, rather than actual inclusion.” In addition, several participants’ ratings were affected by the community’s history with the Dakota people—namely lack of reconciliation efforts or an acknowledgement of the past injustices against indigenous people in the Mankato/Greater Mankato area.

After hearing stories from their fellow focus group participants, some wanted to lower their ratings, being more aware of these facts and lived experiences. There was a strong consensus that, despite recent efforts and improvements, the work in the region has only just begun and, without intentional and genuine efforts, the community would not become inclusive and equitable. Participants felt a lack of these applied efforts will ultimately affect this region’s financial stability and competitiveness. Most participants stressed the importance of action as an outcome of this study and encouraged study partners to be transparent about sharing the study findings.

Inclusivity and Equity: Action-driven, Authentic, Intentional, Learning-Oriented, Representative

When asked to define inclusivity and what it meant for them, most participants described it in terms of “taking action to ensure access and opportunity for historically marginalized and underserved populations.”

Many agreed that “Inclusivity is an action word”; it is about “reforming structures, policies, and processes, and sharing power and resources.” Many expressed concerns that, though there had been some community discussions about inclusivity, the *action part* was often missing. Some also noted that the action—whether it be DEI training or bringing in diverse board members—often lacked genuine desire to listen and share power on behalf of the local leaders. Some participants expressed a belief that inclusivity should be an ongoing “authentic and intentional invitation to participate,” rather than a one-off event.

The word “intentional” was brought up many times referring to the importance of proactively setting up long-term conversations and/or community engagement processes versus bringing in diverse community members after the fact or as “tokens.” “If you are not at the table, you are on the menu,” was an oft-shared concern. This concern was discussed in the context of *community conversations*

and *problem-solving* occurring in the absence of those who had direct experience with the issues discussed.

Another element that participants considered important for inclusivity was a willingness to learn and change: “Inclusive communities can flex and grow and learn about themselves and continue to get better.” The learning included “the willingness to be corrected” and accepting direction and advice from those who were not typically a part of local power and leadership circles. It would mean “stepping out of the comfort zones” and being able to make—as well as acknowledge—mistakes and take a different approach.

Representation was another recurring theme for inclusivity: “Everyone should be at the table to voice their opinions and needs. We really need to find the leaders in the community to voice the diverse opinions from different groups in the area.” While many noted the opportunities to contribute to community decision-making, they believed these contributions were not valued equally: “... decision makers collect feedback, but at the end of the day, when wealthy white community members express their opinions, that's almost always what they do: [implement the desires of wealthy whites].” Many agreed that representation in many ways depended on “true belonging” in the community and, if diverse community members did not feel safe or valued when they engaged in the “outdated systems built by the dominant culture,” representation would remain an evasive goal.

When discussing equity, most participants agreed that equity was the outcome and inclusivity was the process that led to the outcome, and that without equity as a goal, inclusivity was not achievable. Some also stated that inclusivity was “easier” because it set up “the equal opportunity” processes where everyone was included; whereas equity needed a more individualistic and flexible approach that considered historical injustices and was therefore much harder to achieve.

Many understood equity to be a lot more than the “old corporate equal opportunity gold standard” because equity involved “understanding people’s different starting points and responding to different needs, rather than giving everyone the same.”

Many community examples were shared where the intentions were equity and inclusivity, but the outcomes were not equitable: such as inviting people to participate during working hours and in a space without childcare; or providing housing without making policies and requirements clear to new immigrants. The conclusion was the necessity for leaders and the community to shift the thinking away from treating everybody equally and replacing that with a “broader lens to serve the human” to include looking at individual needs and barriers and directing resources accordingly.

Safety for diverse community members

Most focus group participants commented on the lack of safety for diverse community members, especially immigrants, BIPOC, and LGBTQ. While instances of outright violence were rare, participants shared numerous examples from their own experiences as well as those of their neighbors and friends of verbal threats, harassment, and exclusion. One participant offered: “My neighbors, who are of color or not of mainstream sexual orientation—I am afraid for them, and they often tell me that they are afraid.”

Many examples were shared of the members of the Somali and Mexican community being denied services, mocked, or told to “leave the country.” These instances often included white neighbors calling the police on neighbors of color because of that neighbor’s difference. One Somali parent

shared: “We would love to go to the park, but other people either leave or call the police when we arrive. So, we only go together with other families.” Another participant talked about her voting experience where a person came up to her and yelled, “What do you think you are doing here?”

While most white participants reported feeling generally safe in the community, safety for BIPOC and LGBTQ community members “depends on the context, who is there; if you’re not the right person in the right context, this makes a difference.” Inclusivity becomes problematic “if you constantly have to decide whether to go to a place and then, when you get there, scan the space for who is in the room.”

At the same time, white participants shared not feeling safe as well when their “racist, homophobic, or overly aggressive and sometimes armed neighbors” harassed or threatened others; but they did not know how to intervene: “We do not have community systems and structures in place to stand up to them and assure safety for all community members.”

Participants have encountered reports of fear of law enforcement and lack of response when calls are made to law enforcement by non-white community members: “There is a definite difference when it comes to trust in public safety and law enforcement among community members.” Many shared that the non-white victims often felt it was not safe to call the police because “...victims are not believed if they are a person of color or don’t speak English clearly.” Many discussed local attempts to remove student resource officers from schools because of discriminatory practices: “Students of color are treated differently. They do not feel safe, and their parents have a lot of anxiety about their interactions with resource officers.” Most participants concluded that “even if one person feels unsafe, it’s an indication of the whole community being unsafe. The community members must be responsible to create a path that no person feels that way.”

Many participants discussed the impact of “cultural norms,” “stereotypes,” and “stigma,” when it came to safety. “People who are homeless, underemployed, have mental health issues: you see them on the street, and you cross to the other side of the street—just to be safe. Once you get to know them, the notion of being afraid of them is amusing...having had the opportunity to get to know them and their background of poverty and homelessness.” While some places in the community (the library and the Coffee Hag were mentioned as examples) make deliberate efforts to overcome what participants consider outdated or culturally insensitive norms and stereotypes, they reported that most places still relied on them. Examples include how quiet one must be at the library; how engaged parents must be in children’s play at the playground; and whether it was appropriate for extended family members to congregate in the front yard.

Barriers to inclusivity: mindsets and systems

When discussing barriers to inclusivity, most participants mentioned the existing systems and structures that reinforced intergenerational transfer of wealth, power, and leadership—therefore inequities. According to the participants, these systems also perpetuated the lack of interaction across racial and socio-economic groups and were rooted in “racism,” “white supremacy” and “patriarchy.” Many felt that the well-meaning white leaders within local organizations did not often feel the urgency to change and did not sufficiently incentivize a push for inclusivity. “The motivation to change is much clearer if you are at the bottom of the system and the system is not working for you, than if you are at the top and it is working for you.”

Participants stressed the importance of changing the mindset of local people and organizations about diversity from something that needed to be addressed to something that was valuable and would help this community prosper. They warned against “the quick fix, check-the-box approach to inclusivity and DEI” that they believed was still prevalent in many organizations. Participants urge local leaders to embrace a “long-term, strategic, intentional work that is much harder but also a lot more impactful.”

Many participants brought up the “unconscious bias” and “negative stereotypes” that were a part of the systems and mindsets and a major barrier to inclusivity. It was often discussed—in terms of hiring practices—people are not being given an opportunity because of their names or accents or non-traditional grammar. Participants expressed this ultimately hurts the entire community when resources are underutilized or wasted.

Similar issues applied to people with disabilities who could be better employed if employers changed their mindset. An emerging best practice of “job carving” was cited as an example. Another example given was to offer half-day shifts that will accommodate workers who are seniors, people with disabilities, and those who [in their home life] are caregivers. “Employers often complain of workforce shortage, but they do not understand who is available. If employers were more open, creative, and better understood equity—and could go beyond the knowledge piece with a willingness to make accommodations—they could find a lot of workers in our community!”

On the personal level, participants saw “ignorance about difference” and “social segregation” as key obstacles. They discussed the overwhelming tendency to congregate with “like-minded people from similar socio-economic circles” both at work and at home. As part of the problem, they saw a lack of physical gathering spaces in the community where people of different backgrounds could congregate and learn from and about each other. In every focus group, the idea of a community center as a place to bring people together was suggested.

Established leadership circles: lack of representation from diverse communities

Participants commented on the multi-generational leadership circles in the community which held most power and resources: “There’s no space for something new to come in because of these historical ties.” Participants criticized these circles for their insularity, blind spots, and inability to take criticism. “There are people in power who want it done their way and, if their power is challenged, the fear of retaliation is real. It’s often not worth it to challenge them because it could harm our non-profits. They continue doing things their way, the only way they know how.” Participants felt the “dynamic between nonprofits and funders,” based on who you know and for how long, was “having a negative impact on the underrepresented people because it keeps resources in the hands of those who already had the resources.” In addition, participants felt that many leaders were completely disconnected from the underserved populations in the community. Without genuine input from those affected by these issues, leaders cannot solve the problems of poverty, homelessness, food insecurity, etc. At the same time, participants shared examples of “resistance from the top leadership circles” to participate in DEI training and events, while requiring their employees to take part. To participants, this signaled a lack of commitment on leaders’ part.

While there had been attempts to diversify local organizational boards and leadership structures, most participants agreed these attempts remain unsuccessful: “There’s such a lack of diversity in

local organizations. Just open any organization's website and look at their staff." Many felt the attempts to diversity were often "performative" and focused on a narrow definition of diversity, for instance by focusing primarily on recruiting non-white participants. Examples were shared of and by people of color who felt they were recruited as "tokens of diversity" and "DEI problem solvers." The organizations were not really interested in the POC staff input outside of DEI topics. Many acknowledged that this push for diversity was often driven by grant applications. They stressed the importance of pushing back in favor of more genuine community engagement efforts. Several participants talked about the importance of creating an organizational environment where the new recruits felt safe to bring their full selves and whose input was valued. "There's an element of wasting time when you spend your time and share your input, and no one listens and nothing changes."

Participants also discussed the importance of changing systems and expectations when it comes to board membership or volunteering on committees. Non-white or disabled community members are often unable to volunteer their time or attend meetings during traditional working hours. "People often think your board members should be influential people who can donate. You need them, sure, but you also need people who have direct experience with issues your organization is working to solve."

Inclusivity in the Greater Mankato in a decade

When asked about what they hoped inclusivity would look like in Greater Mankato in a decade, participants shared the following aspirations:

- A **coordinated community-wide data-driven inclusivity effort**, as a stable partnership of many committed organizations and individuals, as well as a regional collaboration and coordination of resources.
- A **greater progress on inclusivity and DEI**, going beyond benchmarking and incorporating ongoing intentional hard conversations and action to change systems and policies.
- **More diverse, open, and flexible leadership circles** that are open to new people and ideas, promote a growth mindset, and are ready to learn from their mistakes.
- A **much broader representation of diverse community members in leadership structures**, with a much **broader understanding of diversity** beyond race and gender only.
- A **strong commitment to learning about different cultures and DEI**: increased opportunities for people of different backgrounds to come together, a safe and inclusive physical space or a community center where learning and mingling could take place.
- **Acknowledgement of past injustices and fostering reconciliation efforts**, including the history of the land, segregation, and other inequities.
- **"Nothing about us without us."** Improved community engagement processes that put people affected by the decision at the center of decision-making processes.
- A cultural commitment to put **the needs of the poor and underserved at the center** of any reform.
- Increased access to **homeownership and quality affordable housing**.
- Improved **hiring practices, processes and business opportunities that promote a diverse intergenerational workforce**, so that anybody who wants to work can have a place in the workforce.

- **Attraction and retention of talent**, in particular university students after graduation.
- **Economic justice and livable wages** for all community members.
- **More equitable access to wealth and resources in the community**, where all people can raise a family and thrive regardless of their relationship with the established leadership circles.

Improved cultural amenities that appeal to diverse populations and identities: including food, cultural events, places of worship, art, music and more.

Community Interview Results

The interviewees are a diverse group of nonprofit leaders, advocates, and business owners who live, work, or study in the Greater Mankato area. The interviewees have lived on average 15 years in the community (from 3 years to over 40 years) and through their work and personal experience represent various populations from business owners to school and university students, to people from immigrant, migrant, and refugee populations to low-income residents, to people with disabilities, members of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community, and the U.S. Indigenous community. In addition to their official positions working for local nonprofits, businesses, religious organizations or government agencies, many interviewees served or continue to serve on local boards, commissions, and councils or are engaged in other volunteer grass-roots efforts in the community.

Methodology

All interviewees were nominated by the partner organizations in the Greater Mankato Inclusivity Study. The list was carefully reviewed, and additional feedback was provided by the partners to ensure representation from a variety of sectors and communities. One interviewee was added at the suggestion of the research team with the approval from the partners.

The team of interviewers developed an interview protocol with 10 questions. Based on interviewee availability and preference, the interviews were conducted via Zoom, by phone, or in person. Each interview lasted about 45 minutes. Most interviews were recorded (with permission of interviewees) with the sole purpose of transcribing the recording and finalizing the notes. Based on the data privacy practices, the recordings were only available to the research team members and were deleted after they had been transcribed. Following the review of all transcripts and recordings, the data from the interviews was annotated and coded into emerging themes and patterns. Then they were reviewed, analyzed, synthesized, and merged into final themes presented below.

Inclusivity Rating (scale 1-5): 3 with "pockets" of inclusivity and exclusivity

When asked to rate the Greater Mankato area on a scale from 1 (not inclusive) to 5 (most inclusive), most interviewees selected a 3. Some responded with two numbers rather than selecting one from the scale, for example, 0 and 5, or 1 and 4, stating their inability to rate the entire community due to “the pockets” or “circles” of inclusivity in the community. While they rated the campus and the events by many local nonprofits as more inclusive (4 or 5 on the scale), they referred to many areas in the larger community and outside Mankato as less inclusive or non-inclusive (1 or 0 on the scale). Many interviewees acknowledged spending most of their time in the more “inclusive circles,” such as the university campus, their workplaces, or events organized by local nonprofits, where like-minded individuals valued diversity and worked toward a more inclusive community. In these circles, interviewees explained, it was almost possible to “convince oneself that one lived in an inclusive community.” However, as several interviewees described, engaging with the community outside of these inclusive circles, felt like a “significant cultural shift” or “falling off the cliff.”

Interviewees shared many experiences (either personal or those of other community members) with racism, microaggressions, and exclusion. Many stated that the community was not a comfortable place for individuals who are BIPOC. The experience of immigrants and refugees, and in particular a population of undocumented migrants who were fearful of any engagement with the system, was cited as another example of exclusion.

Hostility toward LGBTQ population was cited as one of the reasons for the lower inclusivity rating. It included both overt threats from the larger community (for example, bullying and homophobic comments in schools and the New Ulm incident that made the national news) as well as a narrower definition of diversity that excluded LGBTQ by some local leaders.

Some noted that there was a “growing awareness about disability issues, and people in the community increasingly used the ‘people first language’ (which puts a person before the disability and addresses the person directly rather than through a caretaker).” Despite this growing awareness, interviewees also stated that there was no corresponding move to make community spaces more accessible, which continues to exclude people with disabilities from participation in public life.

According to some interviewees, the inclusivity rating went up if one could communicate with ease and acted or looked more like the majority, and, reversely, went down when the differences were more visible, such as when one did not speak English or did not speak it well; or wore a hijab or stood out in other cultural or religious ways. Several interviewees also noted that, because of their white privilege, they rated inclusivity for themselves much higher than what they would for their friends or clients who were BIPOC or LGBTQ because of the different treatment and experience in the same community.

Most interviewees mentioned significant positive changes that took place in the community in recent years that offered evidence of “inclusivity” or an improvement in “quality of life for diverse communities.” These included:

- Mankato School District (ISD 77)’s Equity Framework and school-based cultural liaisons’ work as “community connectors and pipelines to community resources.”
- Election of diverse community members to local offices (e.g., School Board, City Council).
- Increased availability of translation services at banks and clinics.
- A “small community that gets things done,” an “activated network” of community leaders and nonprofit organizations promoting inclusivity and offering a variety of services.
- A strong push to “invite everyone to the table,” “engage diverse community leaders” and “figure out how to be more inclusive.”

A group of key stakeholders in Mankato who are part of “the JEDI work (Justice Equity Diversity Inclusion)” who volunteer their time and efforts to educate the community and get together as a network of people with shared values to give the community hope for a better future.

The school district’s new Equity Framework and the corresponding community engagement process were repeatedly cited as an important step forward and an example of a successful effort to increase inclusivity. Many interviewees also noted the importance of women’s leadership in the community and the fact that many of the organizations and initiatives are run by women.

Most interviewees acknowledged that there was a lot more work to be done to become a truly inclusive community. Many mentioned the legacy of the 1862 Mass Execution of Dakota Indians and

a history of inequity, racism, and violence against minorities that would need to be addressed moving forward. Some felt it would take a “generational change within leaders, mayors, county commissioners and city councils, that are historically non-diverse.” As the area is growing and getting more diverse, there is an increased need for community conversations and a stronger consensus and coordination of DEI efforts.

Community Interview Themes

PERSONAL EXPERIENCES AND COMMUNITY PERCEPTIONS

Divided community: A clash of values

Most interviewees commented on the contentious political climate that complicated any inclusivity initiatives in the community. Some described it as a “clash of values” that the whole country had experienced lately, where “more conservative, rural values clashed with more urban, progressive ones.” “What we see here is a microcosm of what we are seeing across the U.S.,” one interviewee said. Another interviewee described the climate this way: “Before we could disagree but could be together. Today, we disagree and cannot be together. We cannot carry out a conversation.” As a result, one can simultaneously see many inclusive initiatives moving forward and a lot of backlash and outrage aimed at stopping them. It is, an interviewee reasoned, a “very difficult situation politically,” because “we can identify disparities across all social needs,” but there is no political support to make changes. It is not clear that the “community as a whole shares the same sentiments about inclusivity.”

Several interviewees also noted that even the “generally pro-DEI community is not fully united,” which became more evident after the murder of George Floyd and the efforts to defund the police. These disagreements sometimes “scare off people who are still trying to understand DEI and make people in these very Minnesota nice places very uncomfortable.”

Some interviewees also noted the existence of the “two [inclusivity] circles with very little crossover.” It was further described as one circle present at the Chamber of Commerce events and the other circle at the YWCA’s conversations about race. They felt it was important to bring these circles together to maximize opportunities for them to overlap and collaborate.

Established leadership circles: Hard to break through

While the interviewees shared many positive comments about a strong push for inclusivity within the leadership circles, the spirit of collaboration, and an illustrious representation of women in leadership roles, they also shared concerns about the lack of representation and sustained representation from diverse communities in organizations’ leadership roles, on boards, and committees. Many interviewees discussed the “established circle of long-term community leaders who have known each other and worked together for many years,” which had a lot of positive aspects for the community. However, these circles are often hard to join for younger and more diverse leaders. “There is a tendency to rely on and listen to long-term partners with known expertise,” and the voices of younger, newer, more diverse community members are sometimes dismissed or given less weight because of their perceived lack of experience in the community. The fact that the established circles are predominantly white perpetuates the lack of diverse representation, encourages “blind spots,”

and prevents the inclusion of new ways of doing things, because the established leaders “do not know what they do not know.”

Several interviewees also mentioned that many efforts to recruit diverse leaders failed not because there was no interest, but because the predominantly white organizations still needed to “build those trusted bonds” with diverse communities, and “prove themselves” as reliable partners. This lack of intercultural skills and dynamic contributes to the lack of sustainability.

The only Person of Color in the room: A spokesperson and DEI problem-solver

Most interviewees who are people of color noted that they are often the only people of color in the room in their respective circles. While they generally feel well-treated, respected, and included by their colleagues and are known in the community, they feel other people who look or speak like them are not afforded the same treatment. As a result, they often find themselves in the position of spokespeople or advocates for their entire race or community, a role that they do not necessarily choose for themselves. There is also an expectation to be a resource person on “all things DEI” which many find both outside of their expertise and emotionally taxing. Some stated that their white colleagues, driven by the push for inclusivity, do not always “realize how it feels to be the only person of color in the room expected to provide input on issues that are often very personal to people of color and affect their lives directly.” Though they were ready to share their perspectives, they felt they should not be expected to carry this burden alone and their organizations and boards should allocate additional resources and support to promote DEI efforts. At the same time, some felt the same people of color were invited to many community functions, and there was a need to expand the circle beyond the known leaders and increase representation.

While most interviewees felt they could meaningfully contribute, some also reported feeling they had been invited as “diversity tokens” to “fill a person of color slot on the agenda.” Instead, they felt meaningful participation would entail contributing to conceptualizing and planning any effort, rather than filling in small parts of the already developed plan. “It is easy to say that you are working with communities of color for your grant but inviting one person is not the same as working with the community!”

The Mankato way: Take it or leave it!

Despite their love of the community and dedication to making it better, about 50% of interviewees reported personally not fully feeling a part of the community. These interviewees represented a wide range of race, gender, and ethnic origin. They shared personal stories as well as feedback from diverse community members, especially BIPOC or LGBTQ, who ended up leaving the community because of the lack of a sense of belonging and inclusivity. One interviewee stated, “I always saw this place as a melting pot that takes both sides, different cultures and ways of life mixing in, but from what I’ve seen it’s take-it-or-leave-it, so a lot of people leave.” Another said, “When I moved here, I was told it would take seven years to be welcomed into this community and I have been given a leadership role. I can only imagine what this might be for people who do not fit the majority look.” Another shared, “The Mankato community is very insular. I’ve been here for 18 years, and I will never be seen as someone who is from here.” Several interviewees reported feeling “out of place” and “ignored” or “mistrusted” by their neighbors because of their differences. Many shared that despite living in the community for many years they still did not feel like they fit in. Their friends were “implants” like themselves and they did not have a single friend who was originally from Mankato.

One stated that “this is a very unwelcoming place from the people who [have] lived here for a long time.” Several interviewees mentioned the unspoken expectation to conform to a certain way of doing things, “to fall in line” or to be corrected and judged: “Different cultures do things differently, and if you don’t do things in the Mankato way...”

Personal safety and safe spaces for diverse community members

Most interviewees discussed concerns about personal safety of diverse community members, especially BIPOC and LGBTQ. Many were hopeful about seeing more diverse community members as elected officials but shared that “it is almost dangerous to be a BIPOC in these roles because they do receive threats, including threats to their life.” A considerable amount of fear is felt in diverse communities even outside the visible leadership roles. The LGBTQ individuals were reported to be afraid to “meet their basic needs such as getting groceries,” because of harassment and threats of violence.

Several interviewees reported that their family members, colleagues, or friends of color did not leave the house after dark and had reported seeing confederate flags in the community. The Latinx community, regardless of their status, refrained from being in public places so as not to draw attention to themselves. “They have many questions about the school system and other services, but they are afraid to ask.”

In addition to the fear of personal safety, there is a fear of humiliation and harassment. There were several reports of people feeling that many places in the community were for “whites only” and people of color felt “less than” in those places: “going into any public spaces makes it clear because they are mostly owned, crafted, and catered for white people.” Many felt that this fear for personal safety, whether the danger was real or perceived, diminished public participation and hindered inclusivity efforts.

It’s time to act!

While all interviewees expressed hope that the inclusivity study would lead to change, many expressed concerns about the lack of action and a slow pace of change. Many felt that while people in the community were more open to talking about DEI, there was a “considerable gap between talking and acting.” Several interviewees shared: “We had these conversations for decades about people of color and problems with racism and equality, and we are tired of talking about it. It feels like nothing ever gets done.” Some also shared that there was a general sense of “we can’t be that bold,” but “when you speak to people of color in this community, they are waiting for bold. And that’s not bold to them, it’s just life.”

Many attributed this cautiousness to the fear of backlash and further divisions in the community. Some felt that this “sense of appeasement” was a result of the current political climate and the recent incidents in the community (e.g., contentious school board meetings). Others thought that the lack of action was because the organizations wanted inclusivity but did not know how to go about it and were fearful of making mistakes and making people angry or uncomfortable. While acknowledging that this work was hard and there was no blueprint for how to do it, most interviewees felt it was time “to act, make mistakes, and learn along the way.”

Self-reflection: Why DEI?

Several interviewees felt that prior to launching any significant community-wide inclusivity efforts, partner organizations should engage in a serious process of “self-reflection” and “critical examination” of their own contributions to inclusivity. It would include asking the question of “Why DEI?” and the answer might be different for different organizations. For example, some organizations might see it as primarily a “workforce diversity issue,” while many other community members want to see “community-wide transformative change at all levels.” Many interviewees mentioned some weariness and mistrust of organizations “with DEI in their mission when it was not reflected in the organizational leadership, boards, and practices.” Therefore, it is often seen as “performative,” “a shiny new thing that everyone else is doing,” or “something that is now required.”

Another part of self-reflection includes listening to the feedback from diverse community members, despite the discomfort or disagreements it may cause. Several incidents were shared where interviewees or other leaders of color were invited to a board, committee, or meeting to share their perspectives, and later were labeled as troublemakers, dismissed, or given explanations why proposed changes were impossible. “There are well intentioned white people leading and participating in racial justice actions, but they are not aware of their own biases and their own hurtful acts, so it diminishes their activities, and we don’t get very far.” Several interviewees cited deeper, transformative DEI education as a place to start. Several interviewees concluded with the observation that “people mean well, but they just don’t know how to be inclusive.”

OBSTACLES AND BARRIERS TO INCLUSIVITY

Racism

Systemic racism, racism, and “passive” racism were among the barriers mentioned by over 75% of interviewees. Most interviewees agreed that while cases of overt racism were less frequent, though it “recently became more socially acceptable to be publicly racist,” there were many examples of structural, or “passive” racism in the community. Discussing a recent hiring decision where diverse candidates were considered but not hired, one interviewee stated, “if you look at the position like that, it requires a lot of education and experience, and older white males tend to have those two things. How do you go about acquiring education and experience? To me it’s about who holds the power.”

Another interviewee said, “In Mankato, it is more about silent racism and resisting any change that alters things that used to be white, or Lutheran and Catholic only.” This “weaponized nostalgia” or “coded racism” becomes evident when people rise in opposition to renaming parks or building affordable housing units in their community or teaching about diversity at schools. Several interviewees discussed examples of structural racism that “leads to the downstream effects of disparate social needs.” One shared, “I came into this role knowing that racism existed in our community. But I didn’t have specific examples and I have those examples now, whether it is with the school district, in workplaces or our police and criminal justice system. I can say definitively that kids of color are treated differently than my white children would be treated in the same exact circumstances.”

At the same time, some interviewees mentioned “unkind comments” about one’s skin or religion or “glares and stares,” but dismissed them as actions by “the uneducated few who do not know any better.”

Two interviewees thought the North Mankato advertisement, “You are gonna love our DNA,” where DNA stands for “Darn Nice Area” was at best tone-deaf, and at worst reminiscent of eugenics, given that North Mankato is almost 90% white.

Strong anti-LGBTQ sentiment

Strong Anti-LGBTQ sentiment was mentioned by several interviewees as a barrier to inclusivity. In addition to overt homophobia, some shared that due to the pushback in the community, even some allies promoting inclusivity sometimes opted for a narrow definition of diversity that excluded sexual orientation. As a result, this community’s needs are not being addressed and many are leaving for more welcoming places.

Language

Most interviewees noted that even though language was “a key to advancement and employment,” it remained a barrier for many community members. Though some organizations and businesses added bilingual employees and signage in other languages, there was still an overwhelming need for language and translation services. The need for translated written materials was emphasized, for example, for reviewing and understanding a medical diagnosis or specificities of a driver’s test. It would also be helpful when there were differences or variations in a language, for example Spanish in El Salvador, Columbia, Guatemala, or Mexico. While many agencies provided interpretation, very few offered information in writing. In addition, the burden of translating information was often shifted to community members who were not offered any compensation.

The lack of language services also limits the options and access to resources. For example, many immigrants bank with Well Fargo because of the available language services, even though there are less expensive banking options where they would have to pay for fewer services. One interviewee also stressed the importance of intercultural competency training for public services employees and service providers working with people with limited English proficiency, and the need for better coordination of services to newcomers.

Accessibility

Accessibility for people with disabilities on campus and in the larger community received several mentions as a barrier to inclusivity. The Minnesota State University campus was recently investigated for its violation of the Americans with Disabilities Act. In addition, the community lacks infrastructure for people with disabilities in terms of sidewalks, size of bathrooms, height of pay counters and door handles, and more. Also, the lack of support staff and transportation in the community keeps many people with disabilities isolated and unable to participate in public life.

Poverty and income inequality

Several interviewees mentioned poverty and income inequality as key obstacles to inclusivity. They referred to the recently released report showing that Blue Earth and Nicollet County were among the areas with the highest official poverty rates in Minnesota. Many felt that the presence of students was only part of the explanation for the high poverty rate. Another explanation was that wages and income did not meet the cost of living in the area, and there was a growing population of new

Americans from Somali and Sudan. To be inclusive, they felt “the community needs to address this wide economic inequality gap in the region.”

Lack of understanding of “real issues” of inclusivity

Several interviewees mentioned that well-meaning organizations and employers working to promote inclusivity often lacked understanding around issues of race and gender and root causes of disparities. “Ignorance of the real issue is a barrier. They don’t understand that the multigenerational trauma of being excluded plays a significant role in where people are in their situations and the hopelessness it creates. They don’t understand the social and economic impact. It’s not just a characteristic of a certain demographic of people.” In addition, several interviewees mentioned that employers were “ill-equipped to deal with DEI,” and while they “try to be inclusive, and want to fill positions with people of color, they don’t realize that it’s really procedures in their organizations that would prevent them from doing that.” One interviewee stated, “I try to help them realize that the workforce issue is just a symptom of a bigger socio-economic issue we have with diversity in this society.” Many emphasized the importance of learning directly from diverse community members: “They don’t take time to learn things. They need to get out of their own way and learn from diverse community members.”

Lack of diversity in decision making

Many interviewees discussed the importance of representation from diverse communities in elected office, on organizational boards and committees, and in leadership roles. Some mentioned positive developments in electing people of color; however, while there were no hurdles in getting names on the ballot, “getting BIPOC individuals elected is very difficult and a different story.” Several interviewees from the nonprofit sector acknowledged the need for and difficulty in recruiting diverse board members, “We have a lot of white people on boards that try to help communities of color, but we need those people from the communities of color to be on our boards to give us direction.” Some mentioned “the problem of tokenism,” the mistrust of predominantly white organizations, and a lack of time to volunteer as possible barriers to joining boards. Others shared that the lack of knowledge of the system and language barriers sometimes prevented people from participating in community decision-making processes. Most agreed that “there are a lot of people of color in this town doing people of color work, but when you talk about upper management or authority figures, it’s far and few between.”

Transportation

Transportation was overwhelmingly cited as one of the key community issues and barriers to inclusivity that affected all spheres of life from employment, to getting groceries, to receiving medical care to participating in community events. The busing system primarily serves the campus, but larger community public transportation options are limited. “Transportation is a community-wide issue. We have Ubers and taxis, and some people can pay for them, but for people in general, affordable transportation is a big issue.” The lack of transportation negatively affects people who are unable to drive or do not have access to a vehicle, such as people with disabilities, teenagers and young adults, low-income people, and new immigrants. The area is too large to bike or walk and the town is too spread-out to get to places without a car. It also detracts from inclusive community events like soccer practices. For example, Somali youth enjoy the sport, but often are unable to participate even with scholarships because the soccer fields are on the edge of town and the only

way to get there is by car. The way that highways intersect Mankato makes it difficult to get to grocery stores, which creates food deserts. Transportation within Mankato, from Mankato to North Mankato, and throughout the rural communities is challenging. Some residents within thirty miles are not able to get healthcare due to the lack of public transportation options.

Access to Technology and the Internet

The lack of access to technology and the Internet was another barrier to inclusivity that became particularly apparent during the pandemic. For some, access is limited due to financial reasons or lack of computer literacy; for others, there is no access because there is no broadband in some areas. “It was very visible that families who had more resources were better able to provide an education. People who couldn’t afford technology, couldn’t meet the needs of education.” This lack of access, in addition to racial disparities, “magnified geographic disparities.” While tele-options are now widely available in healthcare, people in rural areas often cannot take advantage of these opportunities. There is also an issue of access to “quality information, which leads to self-isolation with people and sources of information one is used to.”

No Comprehensive Plan or Community Consensus

The lack of a comprehensive community-wide plan and consensus on DEI was seen as one of the obstacles to achieving inclusivity. “The community needs to decide where it wants to be long-term, whether it wants to remain a smaller rural community or grow and become more diverse and metropolitan and plan accordingly,” said one interviewee.

Many interviewees expressed hope that this inclusivity study would be “the genesis of a coordinated effort with a strategy, goals, and a coordinating agency.” For example, the Mankato State University launched the Equity 2030 initiative aiming at eliminating the achievement gap. While there are many committed people and departments doing this work, there is no coordinated plan with specific goals to get there. Similarly, there is a need for better coordination between individual communities in consolidating resources: “new initiatives are sometimes created, but there may be a resource in the next town over.” Community-wide, there are “disjointed” DEI efforts, and many stated there needed to be a “push that shows these types of programs are valued and needed.” In the larger government agencies especially, “there needs to be a full-force, strategic effort from above that is across the agency and taken seriously, or the efforts won’t be impactful.” Some felt that while the University and several nonprofits prioritized DEI, there was no similar effort in the larger community. Also, there was a concern that the nonprofits were expected to lead these efforts alone, which would be challenging without “greater engagement from the business sector that had the employment power and resources to make it happen.”

UNMET NEEDS, PROGRAMS AND SERVICES

Programs and services versus deeper conversations

When asked about the unmet needs, and programs and services that were lacking, about 40% of the interviewees warned against the focus on needs and access to services and emphasized the importance of deeper conversations and understanding of the roots of the problem: “When you think of the way the services are delivered in Mankato, it is based on structural racism. Before we look at the programs and services, we need to look at the roots of how these programs and services were

developed and address these structural barriers.” Another important aspect was to look at “who is putting these programs together, whether the people who run them really understand DEI, and have representation and input from the communities they seek to reach and serve.”

One interviewee stated, “There are a lot of programs and services in this area and people give. It’s not so much about the needs for programs or services; it’s a deeper conversation about inclusion and exclusion and how, for separate groups in the community, to come together.” Other interviewees warned about assumptions and stereotypes associated with the use of services: “We need to start having some hard conversations. We could do more programs and services and we need those, and that would change the systems, but that only allows us to be more inclusive to people of color who are experiencing poverty. We must be inclusive for all income levels, all races, genders ...” A few others shared that while important, the focus on programs and services is “a Band-Aid, a quick thing that we can bring to our community, because the problem is much deeper, a whole country’s history.” One interviewee summed it up in an analogy: “Rather than coming up with more effective and efficient ways to pull people out of the river, we need to go upstream and find out why they keep falling in the water.”

Affordable housing

Affordable, adequate, and sufficient housing was discussed as another key unmet need in the community. Most newly built houses are expensive and low-income people have very few options. “There is a captive rental market because of the student population,” which keeps supply low and prices high. In addition, the rental properties are low quality and many landlords do not live in the community and are rarely held accountable for the condition of their properties. Several interviewees also discussed the issue of fair housing practices and their impact on different populations. For some international students it may be the first time signing a lease and many “get trapped in predatory lease situations.” Many families in the Latinx community are not able to lease in town due to the cost or immigration status. Instead, they live in mobile home parks with overcrowded conditions of three or four families with children per home, for example.

The waiting list for subsidized housing is several years long and nothing is currently available for people in shelters. There is a homeless population “who do not choose to be homeless and are just waiting for housing, but it is unavailable and unaffordable.”

At the same time, building affordable housing proves challenging. Several interviewees discussed the proposed development at the Convent site and the vocal opposition of residents who did not want it in their neighborhood, ostensibly due to noise and traffic, but some surmised they opposed having low-income and likely more diverse residents in their midst.

Some also discussed the ongoing “redlining practices” where real estate agents continued to steer people toward or away from certain areas based on race and income. One interviewee also discussed a lack of cultural competency in situations when landlords limited the number of people in a housing unit and the often-larger families of new Americans were over the limit and denied housing.

Intercultural competency and DEI: education, training, community conversations

The interviewees overwhelmingly stated the need for DEI education, training, and community conversations. “It is a very Caucasian town overall. Having more education on a broader level about

different cultures and backgrounds and how we can invite everyone to the table is very much needed.” In addition to educating the public, the interviewees stressed the importance for “organization-wide, strategic and transformative” approach to DEI, that is reinforced across the board and supported by the leadership. Public offices, government agencies, and hospitals were mentioned as places in particular need of intercultural competence training. Though resources are limited, organizations need to prioritize or seek additional funding to provide quality DEI education that goes beyond the quick “check off the box” training.

Many also emphasized the importance of community gatherings, conversations, and celebrations that encourage people to come together (especially after pandemic-induced isolation) and learn about different cultures and communities.

Access to healthcare and mental health resources

According to several interviewees, access to health care and mental health resources for diverse communities continues to be a challenge. One of the issues discussed was a lack of health insurance for undocumented immigrants. Because of their status, they do not get the same assistance as refugees, and even when they are able to pay for insurance, there are no options for them. “We need to look for some creative local solutions for this population,” one interviewee said. Another issue discussed by several interviewees was the importance of intercultural competency training for healthcare professionals and availability of materials in different languages. One interviewee discussed the lack of dental care for homeless youth. While some healthcare options were available, dental care for this population was hard to access. Several interviewees mentioned that lack of access to technology and transportation exacerbated the access to health care.

One interviewee discussed the lack of healthcare options and mental health resources for the LGBTQ population and stressed the need for “a list of LGBTQ-affirming providers” that this population needs to improve access. Also, they stated, “the need for mental health care around LGBTQ far outweighs the resources.” Others also noted the “severe lack of mental health resources” in a variety of community settings, “There are so many people who are dealing with so many different issues and we don’t have enough people. We shouldn’t have to call the police for mental health issues, especially for people of color.”

Employment

According to many interviewees, the lack of access to jobs, and “meaningful employment” was a barrier for many members of diverse communities. Access to employment was particularly problematic for immigrant communities and the undocumented workers. Many immigrant workers go through periods of “severe overwork,” because their access to employment is sporadic and they do not know when their next opportunity will come. Therefore, they are often unable to participate in community and school events and support their children’s education in the same way other community members can. Unemployment for LGBTQ individuals is very high, and it is difficult for them to get employment and stay employed due to the hostility and harassment this population experiences in the community. Though there are community organizations assisting people with disabilities with employment, this is another area where access needs to be broadened.

Several interviewees mentioned the importance of the English language and job training for new Americans, which was seen as the key to improvement and growth. Some also mentioned that while

recently there had been more jobs available in the community, access to “meaningful employment is limited unless you are connected to the right people.”

Retention of diverse professionals in the community

Many interviewees mentioned that though the university brought diverse students and employed diverse professionals, the former left after graduation and the latter chose to commute rather than live in the community. “They are not retaining diverse populations here after graduation. Because of the lack of diversity, students come, get their degrees, and leave. They don’t think of it as a destination spot. They move somewhere where they feel more comfortable. There is this cycle: if people won’t stay here to make it diverse it won’t be diverse.” And, to complicate things, “larger employers, like the university that has a very diverse staff particularly at the faculty level, don’t choose to live in our community.”

Several interviewees noted the lack of “alignment” between the numbers of kids and adults of color in the community, concluding that “as kids grow up, they don’t desire to stay here because of systemic racism, and everything associated with that.” This shortage of professionals of color living in the community also intensifies a “lack of role models for youth and reinforces stereotypes about race, because many families [of color] that remain here are experiencing poverty.”

Many commented on the need for the local employers to do better at hiring, retaining, and promoting diverse professionals. Some mentioned successful examples from other communities, like Duluth, of retaining BIPOC employees, through “grants, training, and resources that offer skills and experiences to grow into higher levels of employment.”

In addition to broader issues of racism and inclusion, the lack of culturally appropriate services and amenities in the community was seen as a detractor from keeping diverse professionals in town. Examples ranged from hair services and hair products to specific grocery items or restaurants appealing to different cultures to cultural and religious events and spaces.

Neutral and welcoming gathering space

In addition to the need for community conversations about DEI, many interviewees felt the community needed a physical neutral gathering space for community members to come together. While there are spaces like places of workshop or sport venues, several interviewees felt there needed to be a neutral space where diverse community members from different religions and communities could feel comfortable learning from and about each other. Some interviewees also mentioned a lack of safe social spaces for LGBTQ people where they know they would be welcomed. One interviewee mentioned a lack of social connections in the community for people with disabilities. They used to have a daycare provider which changed after COVID, and now people in wheelchairs have limited opportunities to visit their friends in the community because of limited chair lifts.

Other needs and issues mentioned:

- New school buildings: schools are getting overcrowded
- Services and supportive employment for people in recovery or post-treatment
- Education on the system and financial literacy for new Americans
- Drug use prevention and education

- Gender neutral bathrooms
- Police and law enforcement interaction with the community
- Resources for undocumented immigrants
- University-community: enhanced collaboration and partnerships on community issues
- Affordable extra-curricular activities
- Supplemental services for students to be successful beyond academics
- Affordable and available childcare
- Income and energy assistance

SUCCESSFUL PRACTICES AND PROGRAMS

- Mankato Area Public Schools: The Equity Vision and Framework Process
- YWCA's Let's Talk about Race
- School Board election of diverse candidates
- The Greater Mankato Diversity Council's work in the K-12 school system
- Celebrations and events: Juneteenth, Day of the Dead, Pride March, International Student Day
- Forums, talks, conferences about DEI
- Access to food work in the community: a network and collaboration of community organizations (ECHO Food Shelf, Campus Cupboard, Backpack Food Program)
- Athletic activities, especially soccer
- Free youth programming: increased access, and equity when there is no requirement to apply for stipends and scholarships. Free or reduced fee for STEM camps for diverse youth.
- Collaboration and events by a local group of diverse business owners and leaders
- Greater Mankato Area United Way: a good model on how to fill the gap by assessing the needs of nonprofits through impact surveys and raise funds for programs in the community
- A network and meetings of stakeholders represented by every agency in the community around mental health issues
- Living Earth Center: opportunities to meet people from different cultures
- Mayo Clinic: investment in DEI and health equity, "Weekly Everybody In" series for employees: open conversations and learning about different races, cultures, genders and orientations.
- Mankato Youth Place: intentional effort to hire leadership who look like the kids the organization serves
- Mankato State University: equity and diversity work
- Informal referral system between organizations and agencies providing services and assistance
- Compensation for providing emotional labor: providing compensation to diverse community members for their input and services (interviews, feedback, presentations)

- “Job carving,” a practice where employers take parts of a particular position and create job opportunities for people with disabilities while freeing some time for other employees (for example, copying, sorting, etc.)
- “Natural opportunities” for people with disabilities to interact with the community, when volunteers bring them to community events and gatherings, and they do not have to rely on limited support staff

QUESTIONS AND THEMES FOR THE STUDY PROPOSED BY INTERVIEWEES

Community sentiments about DEI

- What is diversity to you?
- Do you want this community to be more diverse? Why?
- What is the public sentiment about diversity and inclusivity?

How to be more inclusive?

- How have other communities been more inclusive?
- What are some examples of good, inclusive communities and what are those key components?
- What is the combination of things that makes communities more inclusive?

The future: what do we want to be as a community?

- What do people want this town to look like in 10 years?
- Do we want to stay the size that we are, grow into a metropolitan area, or a small town?
- What do they see as the future of the community and what direction it will be going in, especially what we are teaching kids and how we are funding things?
- How long do people plan to stay and what their futures look like in this community?
- What is your hope for the children?

Safe and inclusive spaces where people thrive

- What do you see as an inclusive space in the community?
- What would help families to thrive at home, at school and in the community?
- Do you feel safe in Mankato? Do your diverse neighbors feel safe?
- How does living in Mankato affect you physically or mentally?
- How do we build comfort and get out of the vibration of high anxiety?

- What would help families thrive in terms of mental health and social and emotional wellbeing during and past pandemic?
- Is your place of employment an inclusive place? How?
- Why do professionals of color not live in the community? How do we get people to stay?
- Are you involved in your community? How do you contribute to your community?

Needs and access to services for specific populations

- What services do LGBTQ individuals need, and how can they access the services? How many LGBTQ individuals are there in the community?
- Are there things that keep people from interacting with people with disabilities? What are some of the things that can help the community learn so they do not feel either fearful or unable to include people?
- Would this service or program be beneficial to someone with an ESL or new immigrant family?

Would this service or program be beneficial to a veteran who has just returned?

Mankato Inclusivity Study Interview Questions

1. Please briefly tell me about your role in the community and how long have you lived/worked/studied in this area?
2. I don't live in Greater Mankato and have limited knowledge about local issues. What should I know about your community, what sets it apart?
3. On the scale of 1 (not inclusive) to 5 (very inclusive) how would you rate Greater Mankato? Tell me more about it.
4. If you are comfortable to share, what are your personal experiences with DEI in the community?
5. What do you see as the main issues affecting the quality of life for diverse communities in Greater Mankato? (We define diversity broadly).
6. What are some of the unmet needs here? What services and programs are lacking that negatively impact diverse communities?
7. What do you see as main obstacles or barriers in Greater Mankato to it being an inclusive community? Why do you think they are barriers?
8. Thinking about education, government agencies, nonprofit and community organizations in Greater Mankato, what are successful inclusivity practices that should be replicated? Why do you think they are successful?
9. During this study, we will be asking community members a lot of questions about their experiences and perceptions, similar to what we are doing in this interview. What other

questions do you think it is important to ask? What data would be helpful to the partners to make improvements in how they serve the public?

10. What other community members could you recommend for participation in this study? Would you be willing to help spread the word about the survey and focus groups?

GMIS Partners

The following organizations have partnered to develop and deliver this report:



Since 1974, the Mankato Area Foundation has been dedicated to building a community of individuals who believe in the strength of giving. We continue today to shape Greater Mankato through connecting acts of giving with our community's needs. As a permanent, trusted resource, donors look to the Mankato Area Foundation to help them make their charitable giving more effective. The Mankato Area Foundation is impacting individuals in our communities now and for generations to come by providing the expertise to help donors nurture their philanthropic dreams and shape their legacy.



IC Edge takes a person-centered approach to building DEIB (Diversity, Equity, Inclusion, and Belonging) at your organization. We meet individuals where they are regarding their development and help each person to move forward without feelings of blame and shame. We use a rigorously tested, research-based approach to assess your organization's level of intercultural competence, educate each stakeholder, and then guide the team through our unique and customized diversity strategy development process.



Nestled in the heart of the Minnesota River Valley in the south-central part of the state, Blue Earth County encompasses 764 square miles of several lakes, rivers, streams, and rich agricultural land. The County has 368-miles of rivers and is beautifully landscaped with wooded bluffs and is known for its many parks, trails, and campgrounds. Blue Earth County strives to progressively accomplish its mission of effectively and efficiently delivering essential services.



Consolidated Communications Holdings, Inc., (Nasdaq: CNSL) is a leading broadband and business communications provider serving consumers, businesses, and wireless and wireline carriers across rural and metro communities and a 20-plus state service area. Leveraging an advanced fiber network spanning more than 57,500 fiber route miles, Consolidated Communications offers a wide range of communications solutions, including: high-speed Internet, data, phone, security, managed services, cloud services and wholesale carrier solutions. From our first connection over 125 years ago, Consolidated has been dedicated to turning technology into solutions, connecting people and enriching how they work and live.



Mankato, Minnesota is a major regional center that has been designated as a Metropolitan Statistical Area and has earned several livability awards. Recently, it was reported that Mankato's economic growth leads Minnesota and is among the top in the nation. Low office and energy costs and productive workforce make Mankato one of the least expensive places to do business in the Upper Midwest; and, in the top 17 percent of the nation.



The Greater Mankato Diversity Council (GMDC) came into existence through the efforts of a 23-member planning team that announced the Council's formation in June 2004. A Board of Directors, established in September 2004, governs the organization and represents governmental units, businesses and organizations. Any individual or organization can be part of the general membership and contribute to its mission.



Greater Mankato Growth, Inc. (GMG) is comprised of four business units; Greater Mankato Growth, the regional chamber of commerce and economic development organization; Visit Mankato, the local destination management organization; City Center Partnership, a downtown development organization; and GreenSeam, which utilizes agriculture to build on the region's extensive agribusiness assets to develop the ag economy.



Mankato Area Public Schools serves 8,508 unique K-12 students, each of whom contributes to our district's dynamic and empowering learning environment. Mankato Area Public Schools are committed to working together equitably, so that each learner has the knowledge and skills to be a successful and contributing citizen in a diverse global society.



Mayo Clinic Health System is a family of clinics, hospitals and other health care facilities with a physical presence in 44 communities in four regions in southern Minnesota, western Wisconsin and northern Iowa. We serve more than 600,000 patients each year in facilities ranging from large regional medical centers with hospitals to rural primary care clinics.



Minnesota State Mankato is a place where big ideas become real-world solutions that have a positive impact across Minnesota.



Nicollet County, named in honor of French explorer Joseph N. Nicollet, lies in south central Minnesota and closely resembles an isosceles triangle with 104.6 miles of Minnesota River front. Within the 280,866.22 total acres in the county, almost 245,000 acres are farmland with 24,000 acres of forest land and 12,000 acres of wetland. The county is composed of 5 cities and 13 townships.



North Mankato is a city in Nicollet and Blue Earth counties in the State of Minnesota. Most of North Mankato is in Nicollet County, but a small part extends into Blue Earth County. It is neighbored to the south across the Minnesota River by Mankato.



South Central College is a comprehensive community and technical college that is part of the Minnesota State system, with campuses in Faribault and North Mankato. South Central College provides an accessible and inclusive learning environment that cultivates student success and advances regional economic development.



The YWCA Mankato is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. We are here to be collaborative leaders and a catalyst for social change focused on gender and race.