



October 2019

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We are pleased to release the 2019 Community Health Needs Assessment (CHNA) for Olmsted County. This report is the third joint CHNA from the collaborative effort led by Olmsted County, Olmsted Medical Center, and Mayo Clinic that began in early 2012. The 2019 CHNA process included a record number of planning participants and respondents, giving us our most well-represented and engaged health needs assessment to date by a wider and more diverse cross section of community members.

The assessment continues to affirm that the health status of Olmsted County is very positive and compares favorably to our state and nation on many health indicators. It also shows more could be done in certain areas and disparities still exist for many residents and deserve our collective focus and resources. Several opportunities for improving Olmsted County residents' overall health and wellness were identified, including three priority issues that have a major impact on health: Mental Health, Financial Stress, and Substance Use. Nearly every Olmsted County resident is touched by one or more of these issues, with our vulnerable populations often bearing a disproportionate burden.

We extend our thanks to the many community organizations and community members that contributed to this effort and who provide valuable services every day to help keep our community healthy. In keeping with our community's tradition of strong inter-organizational collaboration, key leaders and organizations in the community have committed to addressing the priority issues identified in this community health assessment. Working together we can have lasting and meaningful effects on the health of our community.



James Hoffmann, D.O.
President
Olmsted Medical Center



Robert R. Cima, M.D., M.A.
Chair of the Hospital Practice Subcommittee
Mayo Clinic



Paul Fleissner
Director of HHHS
County of Olmsted

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EXECUTIVE SUMMARY

A Collaborative Community Effort

Olmsted County Health, Housing and Human Services; Olmsted Medical Center (OMC); and Mayo Clinic have a strong, symbiotic relationship and have collaborated with each other and other community partners for many years to serve health needs in Olmsted County, Minnesota. In early 2012, these organizations began planning for a joint, triennial health assessment and planning process – to comply with state and federal requirements, but ultimately concluding one joint process was the best strategy and asset for the community going forward. There are multiple community organizations that contribute to the collaborative effort and who provide valuable services every day to keep our community healthy!

Framework and Format

The Community Health Needs Assessment (CHNA) framework is based on the County Health Rankings model where health indicators are categorized into two broad sections - health outcomes and health factors.

The consistent format is intended to serve as a snapshot of the issue, highlighting disparities and summarizing the relevance of the indicator.

Health Indicators

A systematic process of reviewing and identifying local indicators was conducted to populate the framework. This process included seeking input for potential indicators that were either missing from the 2016 CHNA or were emerging indicators in Olmsted County from:

1. 2016 CHNA prioritization process participants
2. Community Health Assessment and Planning (CHAP) Process Data Subgroup (Data Subgroup)
3. CHAP Core Group
4. Public Health Services Advisory Board
5. Health Assessment and Planning Partnership (HAPP)
6. Health fairs
7. Community events
8. Presentations

The Data Subgroup then reviewed and researched current and additional indicators to determine the best set of indicators to describe the current health and needs of Olmsted County residents.

After an 18-month process of reviewing indicator titles, definition metrics and data sources, the Data Subgroup finalized the list to include the 35 current 2019 CHNA indicators. *Two indicators currently require further data development – Living Wage and Water Quality.*

Data Sources

Numerous data sources were used in the CHNA. These sources included both quantitative and qualitative data approaches to ensure the broadest voice of Olmsted County residents was heard.

Prioritization Process

After data was collected on each health indicator, a process to prioritize the indicators was refined. Each health indicator was scored on objective (population affected, trend, and disparities) and subjective (community perception and urgency) factors. Objective scores were predetermined and approved through the Data Subgroup, while subjective scores were gathered through ten separate community-based prioritization sessions.

The results from each of the prioritization sessions were then compiled with the objective scores to determine an overall numerical ranking of each health indicator. In order to identify a manageable number of issues that could be addressed in the Community Health Improvement Plan (CHIP), the top three community health priorities were identified. They include: mental health; financial stress and substance use.

Community Health Improvement Plan

The currently identified priorities will be further assessed in the form of data profiles. These profiles will include deeper data dives to determine if further local associations, correlations or disparities exist, along with community dialogues that will strengthen the community's perception regarding the community health priorities. Additionally, efforts will continue to enhance community capacity and engagement to support CHIP strategies, activities and initiatives.

Olmsted County, Minnesota Community Health Needs Assessment 2019

MENTAL HEALTH



29% of adults have mental health issues (self-reported)

17% of adults have clinically diagnosed depression

8% of adolescents have clinically diagnosed depression

FINANCIAL STRESS



33% of adults are financially stressed

23% of adults are paying more than 30% for housing

SUBSTANCE USE



8% of adults use tobacco

7% of adolescents* use tobacco

14% of adults use drugs

7% adolescents* use marijuana

28% of adults binge drink

4% of adolescents* binge drink

TOP 3 COMMUNITY HEALTH PRIORITIES

* 9th & 11th graders

CONTINUOUS IMPROVEMENT

Improved Community Engagement

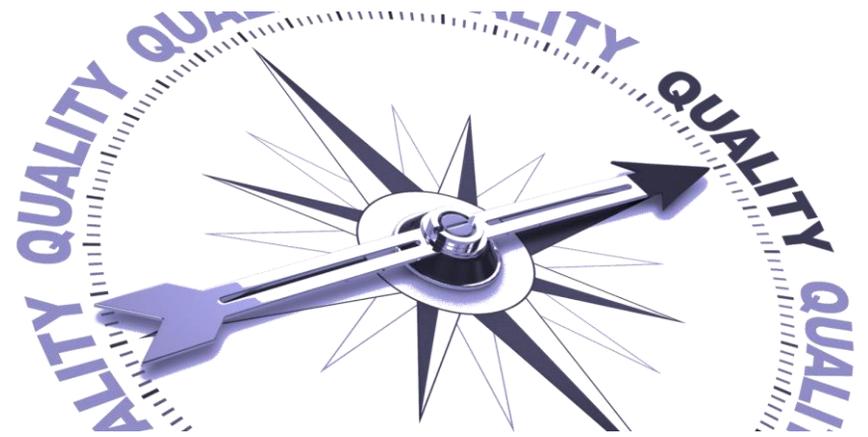
Over the past three years, a focus was placed on improving the overall Community Health Assessment And Planning (CHAP) Process, especially community engagement. In early 2018, the Community Engagement Workgroup was formed to help plan, design, and improve community engagement efforts for the CHAP process. This group is comprised of key organizations doing extensive community engagement in Olmsted County and provides the opportunity to partner and collaborate across organizations and projects.

The Community Engagement Workgroup played an integral role in the community-based listening session redesign. With their leadership, the listening sessions developed new partnerships across Olmsted County, heard voices that have never been a part of the process before, and gathered important qualitative data that provided context to the CHNA.

After administration of the CHNA community survey, the Data Subgroup discussed ways to increase the understanding of our community, as certain demographic groups were underrepresented in the survey. With approval from the Core Group, it was determined convenience surveys would be administered in addition to the mailed community survey to better represent identified groups. Convenience surveys were administered at eighteen different sites in the community and an online version was made available. *See the Supplemental Document for more information.*

Enhancements to the Assessment Document

Over the past three years, efforts were made to update the CHNA format. Other communities' CHNAs were reviewed and ideas were generated on how to improve Olmsted County's CHNA. Health Assessment and Planning Partnership members were tasked with deciding on a new format. Over the course of three meetings, members provided feedback on what they liked, didn't like, and would like to see changed. Based on this feedback, the CHNA format changed drastically, increasing readability by including bullets instead of paragraphs and more visuals. For an explanation of the new format, see pages 16 and 17.



CHIP WORKGROUP UPDATES

After dissemination of the 2016 CHNA and community priorities, work began to identify strategies for the CHIP. In 2017, a data profile was created for each of the priorities that provided a deeper dive into each priority. The data profiles included disparities, local conditions, and qualitative data collected through community dialogues. The workgroups then reviewed the data collected and began planning efforts to address each priority that included metrics, work plans, and evaluation plans.

In addition to strategies for each priority, strategies were also developed for the CHAP process values. Strategies were identified by the Core Group and Data Subgroup as activities that need to occur in the next three years to ensure both the CHAP process continues and improves.

The CHIP was broken into two documents:

1. CHIP - high level information for each priority
2. CHIP Implementation Plan - work and evaluation plans

The information below provides an overview of the progress each workgroup has made and the value strategies developed from January 2018 to June 2019. *For further information, refer to the 2018 - 2020 Community Health Improvement Plan and CHIP Annual Reports on Olmsted County's website.*

CHIP PRIORITIES



Overweight/Obesity

The Healthy Communities Collaborative worked to incorporate missing sector representation. The workgroup added key sectors, including media, to assist with implementation. The main focus of the workgroup was to develop a marketing campaign plan to promote “what a healthy community looks like”. The workgroup spent time researching other community initiatives, meeting with key stakeholders, and meeting with media consultants to plan and develop the campaign.

Financial Stress

The Financial Stress Workgroup partnered with the Olmsted County Housing Redevelopment Authority to conduct the Olmsted County Housing Environmental Scan. More than 50 organizations and 120 people participated in the scan that allowed the group to gain a comprehensive understanding of all community efforts in place that address housing and identify what gaps exist. From the scan, community-based goals were formed, and data collected informed current efforts and funding.

CHIP WORKGROUP UPDATES

Mental Health

In early 2018, the Mental Health Workgroup hosted an advocacy training for the entire CHAP process. The focus of the training was how to interact with local and state politicians. In the summer of 2018, the workgroup leads decided to sunset the workgroup and instead direct members' energy and time to multiple existing community efforts. Former members are participating in four different workgroups aimed at addressing mental health and resiliency in the community. One result of these collective efforts is the establishment of a new behavioral health crisis center in Olmsted County to serve local and regional residents.

Motor Vehicle Injury Prevention

Since motor vehicle injury prevention was a new priority this past cycle, the first step was to develop new partnerships across the community and identify a Motor Vehicle Workgroup lead. Once established, the workgroup was able to educate more than 1,300 community members on the dangers of distracted driving and partner on six social media campaigns.

Vaccine Preventable Diseases

The Vaccine Preventable Diseases Workgroup had the opportunity to work with a graduate student to conduct key informant interviews with healthcare providers around the barriers to making strong immunization recommendations to their patients. This work provided a foundation for strategy development. In late 2018, the workgroup hosted a brainstorming session with the Somali Healthcare Advisory Council and developed actionable next steps and identified opportunities for partnerships to support increasing measles, mumps and rubella vaccination rates in the Somali population.

CHAP VALUES

While the main focus for 2018 was on the CHIP priorities, significant work was done on the CHAP value strategies, including:

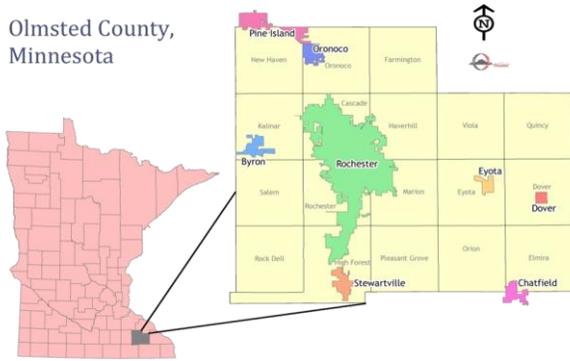
- The creation of the Community Engagement Workgroup to lead listening sessions, prioritization sessions, and community dialogues
- Implementation of the CHNA community convenience surveys
- Hosting a Health Equity Summit (71 attendees) and poverty simulation (95 participants)



OLMSTED COUNTY, MINNESOTA

BY THE NUMBERS

Olmsted County, Minnesota

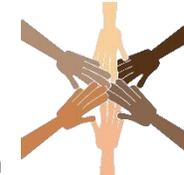


Demographics

2018 Population
156,277



18%
Minority population



13%
of population (>5 years) speak a language other than English in home

Geography

8th
largest county in Minnesota

8 Cities

18 townships



Growth since 2000



26%

Overall population



132%

Minority population



81%

Adults 65 and older



51% Female
49% Male



75% of population lives in Rochester



86% of students graduate high school on time

Income



\$72,337

Median Household Income

2017 – 2018 School Year

33%
of students received free and reduced lunch



25%
under age 18

37.1
median age

16%
65 and older

Data Sources: U.S. Census Bureau, American Fact Finder; MN Department of Education

THE HEALTH OF OLMSTED COUNTY AT A GLANCE

The CHNA continues to affirm that the health status of Olmsted County is very positive and compares favorably to our state and nation on many health indicators. However, it also demonstrates that more can be done in certain areas. Several opportunities for improving Olmsted County residents' overall health and well-being were identified, including three community priority issues that have a major impact on health. The 2019 community health priorities are: Mental Health, Financial Stress, and Substance Use. Nearly every Olmsted County resident is touched by one or more of these health priorities.

What are we doing well?

The 2019 CHNA data also revealed a number of positive changes or successes maintained over the last three years. Our hope is that these encouraging trends remain and we begin to 'turn the curve' on many health issues that have impacted our community for several decades. Progress and growth has been made across an extensive range of health indicators spanning both health outcomes and health factors. These include positive changes in:

- Diabetes rates
- Childhood asthma rates
- Tobacco smoking rates
- Insurance coverage
- High school graduation rates

These health outcomes and factors collectively influence overall health and add to a greater life expectancy.



From the community listening sessions, it was apparent that the community believes that Olmsted County has an abundance of resources; promotion of these resources just needs to be strengthened.

The data tables on the following pages summarize high level facts and figures seen throughout the full CHNA document.

Certain indicators are under further development. These indicators include:

- Living Wage
- Water Quality
- Homelessness

Mortality	Leading Causes of Death	
	Heart Disease	23%
	Cancer	22%
	Years of Potential Life Lost	
	Life Expectancy	83.1 years

Morbidity	Senior Independence	
	Adults who believe our community promotes senior independence	46%
	Seniors who seek medical attention for falls	6%
	Seniors who take prescriptions in >5 drug groups	62%
	Overweight/Obesity	
	Clinically classified as overweight or obese adults	43%
	Overweight or obese adolescents (self-reported)	22%
	Diabetes	
	Adults with clinically diagnosed diabetes	17%
	Multiple Chronic Conditions	
	Adults living with 2 or more chronic conditions (self-reported)	28%
	Mental Health	
	Adults with any mental health issues (self-reported)	29%
	Adolescents with clinically diagnosed depression	8%
	Childhood Asthma	
	0-19 year-olds with clinically diagnosed asthma	1.5%
	Hypertension	
	Adults with clinically diagnosed hypertension	22%
	Preterm Birth	
Infants born prematurely	7%	

*Data Development Measure

Health Behaviors	Tobacco Use	
	Adult tobacco use	8%
	9 th & 11 th grade tobacco use	7%
	Drug Use	
	Adult drug use	14%
	9 th & 11 th grade marijuana use	7%
	Binge Drinking	
	Adult binge drinking	28%
	9 th & 11 th grade binge drinking	4%
	Fruit and Vegetable Consumption	
	Adults who consume 4 or more fruits and vegetable servings/day	47%
	Adolescents who consume 4 or more fruit and vegetable servings/day	9%
	Physical Activity	
	Adults meeting national guidelines	46%
Adolescents meeting national guidelines	20%	
Motor Vehicle Injury Prevention		
Adults who always wear seat belt	98%	
Adults with distracted driving behaviors	82%	
9 th & 11 th graders who always wear seat belt	85%	
9 th & 11 th graders who text or e-mail while driving	37%	

Physical Environment	Healthy Homes	
	Homes meeting healthy homes principles	14%
	Air Quality	
	Days/year good air (Rochester)	86%
	*Water Quality	
	Wells tested for bacteria that have bacteria	29%
Wells tested for nitrates that have high nitrates	15%	

Education Level	
4-year graduation rate	86%
Financial Stress	
Adults who are financially stressed	33%
Adults paying more than 30% for housing	23%
Homelessness	
Families experiencing homelessness	355
*Living Wage	
Under development	
Food Security	
Adults who are food secure	92%
Safe from Fear and Violence	
Adults who feel safe	80%
Adolescents who feel safe	87%
Community Mobility	
Adults with inadequate transportation options	8%
Early Childhood Screening	
Early childhood screenings done by age 3	43%
Social Connectedness	
Adults who are socially connected	68%
Adolescents who build friendships with other people	76%
Community Resiliency	
Adults who believe their community is resilient	89%
Adults who believe they are resilient	83%
Human Trafficking	
SE Minnesota Human Trafficking Reports from May 2014 - December 2018	350
Community Inclusiveness	
Adults who have been in situations where they felt unaccepted	33%

Clinical Care	Immunizations	
	Influenza vaccination rate	40%
	Childhood vaccination series on time	72%
	Insurance Coverage	
	Adults with dental and prescription insurance coverage	76%
	Access to Care	
	Adults with no primary health care provider	22%
	Adults who have any delayed care	29%
	Youth Dental Care	
	Youth with dental care in last year	83%

*Data Development measure



INDICATOR FORMAT

INDICATOR TITLE		Definition	
Prevalence – Olmsted County	Olmsted County/Minnesota/ United States Comparisons	Self-Perception	Trend Data
	  		
	Data Sources		

Key Health Disparities	Community Health Importance	Contributing Factors
	Community Thoughts	
	Summary	

Olmsted County’s CHNA document encompasses indicators spanning both health outcomes and health factors. Indicators include anything from obesity to education level. To keep the CHNA document user-friendly and maintain stability, every indicator follows a consistent format and layout. Every CHNA indicator has two full pages devoted to describing the importance of the indicator and showcasing local and current data to reflect the current health of Olmsted County’s population.

The following are explanations detailing the CHNA format and layout:

Definition

A description of how the indicator is defined for the CHNA

Prevalence

The proportion of the population in Olmsted County experiencing the health indicator

Olmsted County/Minnesota/United States Comparisons

When available, comparisons between Olmsted County, Minnesota, and United States populations

Trend Data

The most current, local trend data is presented in graphs and/or charts

Specific to Olmsted County, percentage change calculations are noted with red (negative) or green (positive) arrows. Percentage changes are difficult to understand, especially when comparing percentages. A simple example is: A pair of socks went from \$5 to \$6. The cost increased by \$1 or a 20% increase. When available, Olmsted County comparisons may be made to Minnesota and the United States

INDICATOR FORMAT

Data Sources

Includes most recent primary and secondary data sources that were used to assist with narrative sections and/or data depiction
Refer to Appendix K of the Supplemental Document for a complete list of all CHNA data sources

Key Health Disparities

Health disparities are a particular type of health difference that is closely linked with social or economic disadvantages. When available, data is presented to portray local health disparities; specifically in the current CHNA, differences are displayed graphically among racial and ethnic, age, gender and socioeconomic groups. An infographic is presented with the key disparities; disparities are noted in darker shades. Every indicator has a corresponding legend.

Community Health Importance

A description of the indicator's importance to overall community health

Contributing Factors

An explanation of factors that contribute to the health outcomes (morbidity only)

Community Thoughts

When available, thoughts from community listening sessions

Olmsted County Summary

An overall summary of local data: the current prevalence, trends, and disparities related to Olmsted County

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TODAY

HEALTH OUTCOMES

Health outcome indicators in this assessment represent the overall health of Olmsted County's population **today**. Health outcomes allow us to assess what residents in the community are dying of and what health conditions residents are currently living with.

Indicators in the health outcomes section are broken down into two subsections: (1) mortality and (2) morbidity.

Mortality indicators were reviewed to determine what the leading causes of death in the community were, as well as those causes that led to premature deaths. Additionally, life expectancy was assessed to give an approximate measure of how long an individual is estimated to live or their length of life.

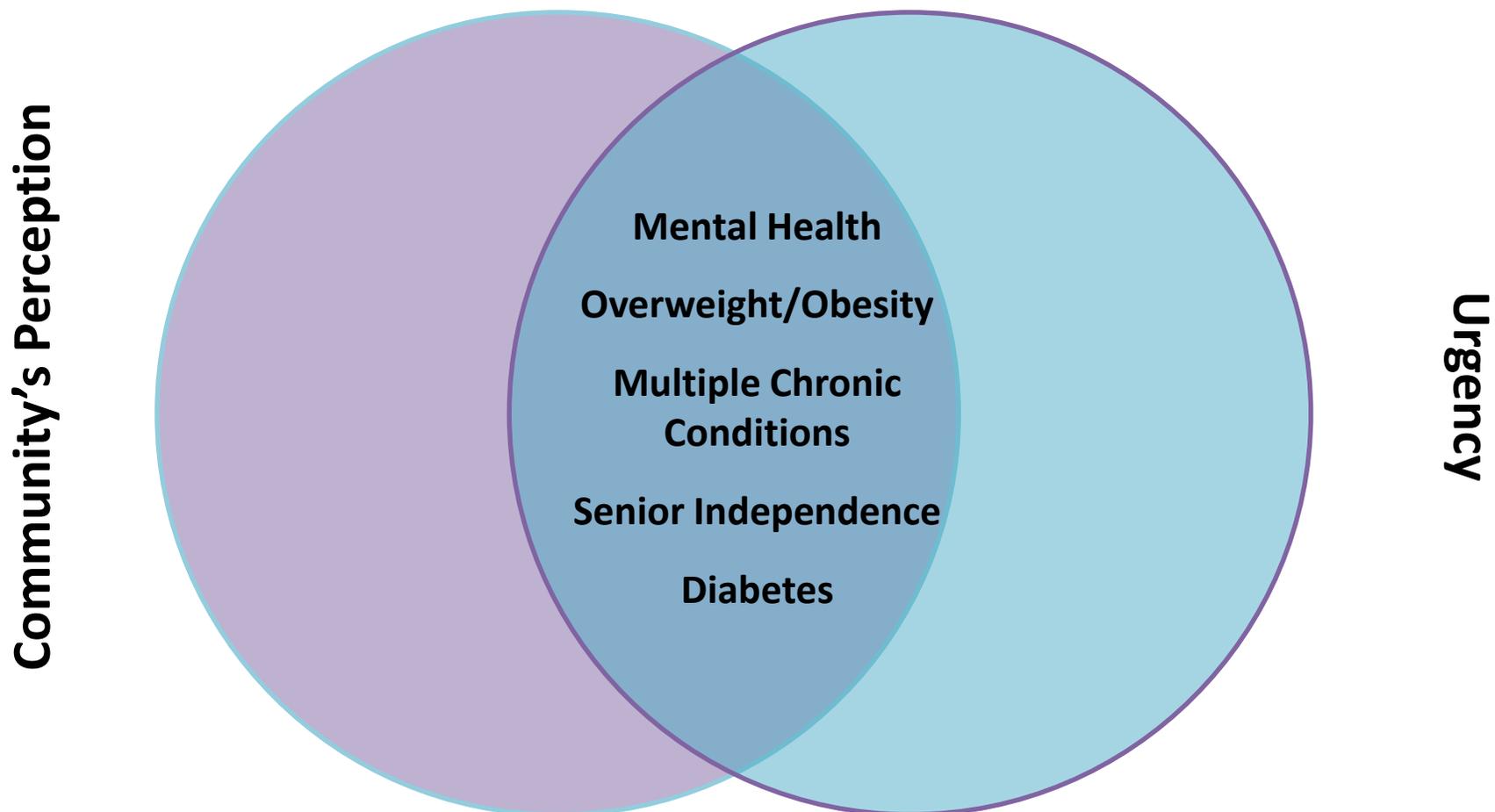
Morbidity is often termed as the proportion of a specific disease in a geographic location. Morbidity indicators were assessed to determine the prevalence of certain health conditions in the community, with specific attention to chronic conditions.

COMMUNITY PERCEPTION

Perception of Health Outcomes via Community Prioritization Sessions

The community's perception of health outcomes was assessed through community prioritization sessions. Community prioritization participants were able to provide input regarding (1) the level the public perceives health outcome indicators to be a threat or issue (community perception); and (2) the urgency of needing to address the indicator in the next 1-3 years.

The chart below depicts the health outcome indicators that came out as the top five health issues based on the two subjective questions asked during the prioritization process. Indicators that were identified as top issues for both questions are listed in the middle.



Refer to Appendix E of the Supplemental Document for more information on the prioritization process

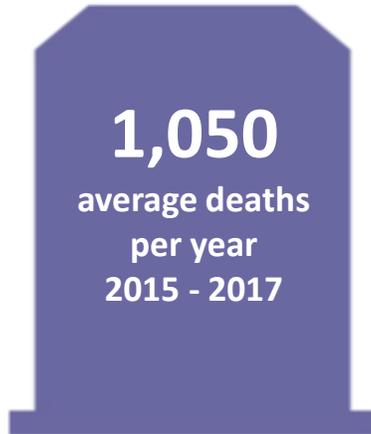
HEALTH OUTCOMES Mortality

- **Leading Causes of Death**
- **Years of Potential Life Lost**

LEADING CAUSES OF DEATH

Mortality, or death, is often used as a metric of overall health and well-being of a community

Prevalence – Olmsted County



Top 10 Leading Causes of Death 2015 - 2017

Cause of Death	Olmsted County	Minnesota	United States
1. Heart Disease	22.9%	18.3%	26.9%
2. Cancer	21.5%	22.8%	25.2%
3. Alzheimer's Disease	6.6%	5.0%	4.9%
4. Unintended Injury	6.0%	6.2%	6.7%
5. Chronic Lower Respiratory Disease	5.4%	5.5%	6.6%
6. Stroke	5.1%	5.1%	6.0%
7. Suicide	1.5%	1.7%	1.9%
8. Diabetes	1.5%	2.9%	3.4%
9. Pneumonia and Influenza	1.0%	1.5%	2.3%
10. Chronic Liver Disease	1.0%	5.5%	6.6%

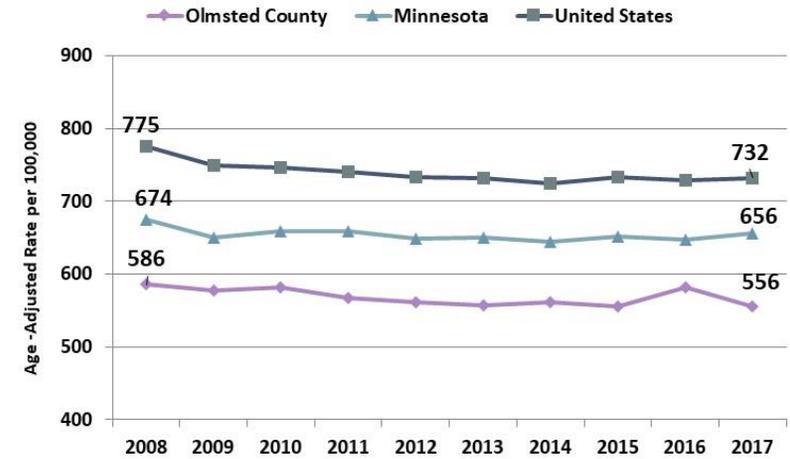
Age-Adjusted Mortality Rate⁺

Olmsted County
556



Trend Data

Overall Mortality



Olmsted County
↓ **5%** change from
2008 to 2017

⁺Age-adjusting a rate is a way to make fairer comparisons between groups with different age distributions, expressed as 100,000 per population.

Data Sources:

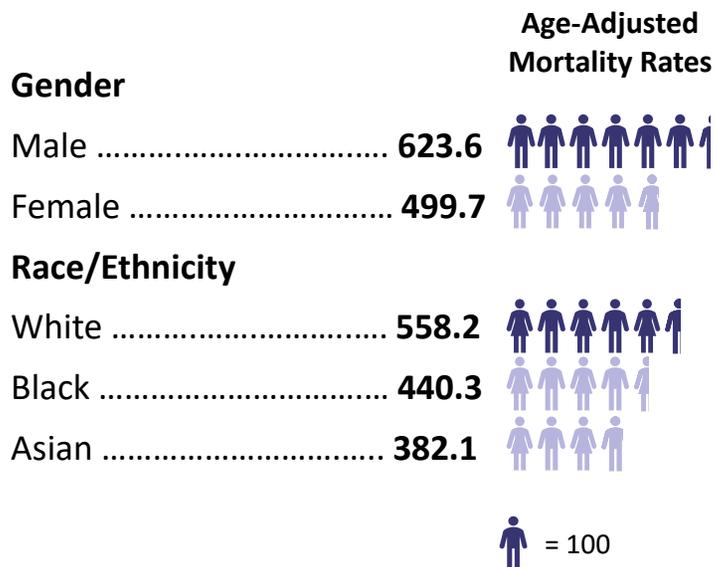
Olmsted County and Minnesota: Minnesota Department of Health Center for Health Statistics
United States: Centers for Disease Control and Prevention National Vital Statistics System

Leading Causes of Death by Age Group
2015 - 2017

Age						
<1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65+
52% Perinatal Conditions 24% Congenital Anomalies 			35% Unintended Injury 21% Cancer 	31% Unintended Injury 18% Suicide 	34% Cancer 16% Heart Disease 9% Unintended Injury 	26% Heart Disease 19% Cancer 8% Alzheimer's 
Number of Deaths						
						
29	< 20	< 20	29	103	493	2,491
**Crude Death Rate, Age-Specific						
397.7	*	*	54.7	81.8	419.8	3,685.0

*Rates based on 20 or less deaths are unstable

Key Health Disparities



LEADING CAUSES OF DEATH

Community Health Importance

- A valuable way to determine if disparities exist among certain subpopulations

Contributing Factors

- Presence of chronic conditions, such as high blood pressure, diabetes, and elevated cholesterol
- Lifestyle choices such as cigarette smoking and other tobacco use, poor diet, and lack of physical activity
- Occupational and environmental exposures to pollutants
- Lack of access to and utilization of healthcare

Olmsted County Summary

- From 2015 to 2017, an average of 1,050 deaths occurred annually
- During the same time frame, the mortality rate was 556 deaths per 100,000 population
- Since 2008, mortality rates have decreased
- Olmsted County has a lower mortality rate than Minnesota and the United States
- Overall, the leading cause of death in Olmsted County and the United States is due to heart disease; however, cancer is the leading cause of death in Minnesota
- Leading causes of death among adolescents and young adults are unintended injuries; as age progresses, chronic conditions, such as heart disease and cancer, are the greatest contributing factors

YEARS OF POTENTIAL LIFE LOST

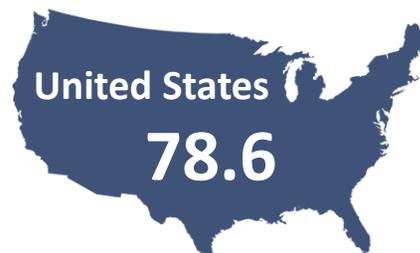
Years of potential life lost due to premature deaths

Prevalence – Olmsted County

Premature Death		
Cause of Death 2015 – 2017	# Deaths	Average YPLL
Perinatal Conditions	<20	72.5
Homicide	<20	38.3
Congenital Anomalies	22	34.4
Suicide	46	31.8
AIDS/HIV	<20	25.0
Atherosclerosis	<20	25.0
Unintended Injury	189	15.7
Cirrhosis	31	12.9
Diabetes	48	9.5
Cancer	677	7.1
Pneumonia and Influenza	30	2.3

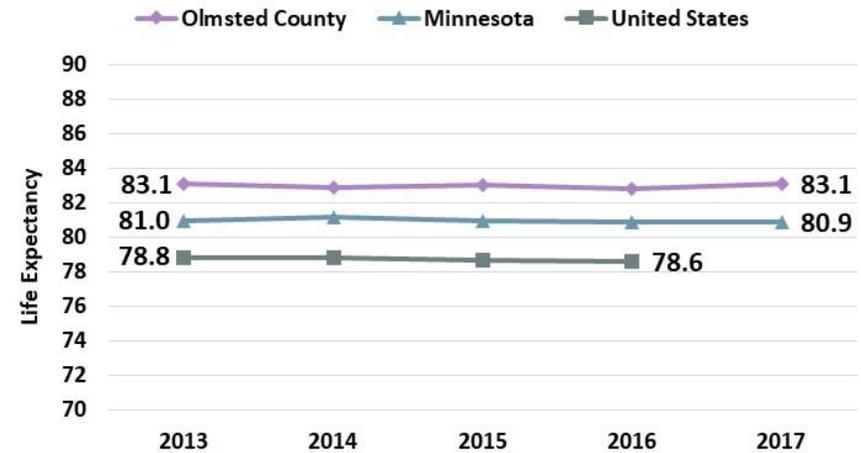
*Number of deaths are not reported if under 20

Life Expectancy



Trend Data

Life Expectancy at Birth



Olmsted County

Stable from
2013 to 2017

*For this assessment, years of potential life lost (YPLL) is assessed for anyone dying before the age of 75

Data Sources:

Olmsted County and Minnesota: Minnesota Department of Health Center for Health Statistics

United States: Centers for Disease Control and Prevention Mortality Data Report

Key Health Disparities

Life Expectancy Olmsted County

Gender

Male **81.6**

Female **84.5**



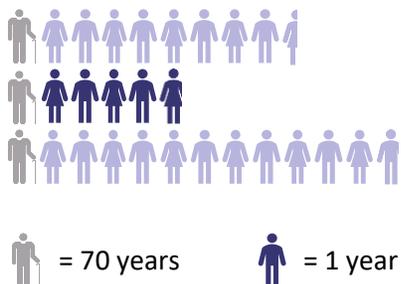
Life Expectancy United States

Race/Ethnicity

White **78.5**

Black **74.8**

Hispanic **81.8**



YEARS OF POTENTIAL LIFE LOST

Community Health Importance

- Shows the burden of premature deaths due to certain causes of death
- Is a proxy for the community's health status
- YPLL can be equated with years of lost productivity

Contributing Factors

- Individual characteristics and health behaviors, such as:
 - Tobacco use
 - Low physical activity
 - Unhealthy eating habits
 - Risky sexual behaviors
- Unintended injuries, such as:
 - Motor-vehicle crashes
 - Falls among older adults
 - Drug poisonings
- Access to and use of healthcare services, such as:
 - Early detection
 - Preventive services
- Environmental factors, such as air quality and healthy homes
- Social-economic factors, such as education and income

Olmsted County Summary

- Excluding perinatal conditions and congenital anomalies, homicide, suicide, AIDS/HIV, atherosclerosis and cirrhosis are the leading causes of death that impact premature death and contribute to significant years of life lost
 - For example, a person dying of suicide would lose 32 years of potential life - or would die when they are about 43 years old
- An infant born in 2017 is expected to live 83 years, which has been stable since 2013
- On average, Olmsted County residents are expected to live longer than other Minnesota and United States residents
- Disparities are connected to gender, race, and ethnicity

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HEALTH OUTCOMES Morbidity

- **Senior Independence**
- **Overweight/Obesity**
- **Diabetes**
- **Multiple Chronic Conditions**
- **Mental Health**
- **Childhood Asthma**
- **Hypertension**
- **Preterm Births**

SENIOR INDEPENDENCE

Factors impacting the quality of independent living for seniors (65+)

Prevalence – Olmsted County



46%

of adults believe our community promotes senior independence

Olmsted County adults believe:

There are housing opportunities for people with limited/fixed incomes	52%
There are housing opportunities for people with limited physical abilities	62%
There is access to services to help people live independently	80%



6%

of seniors seek medical attention for falls

62%

of seniors take prescriptions in >5 drug groups (polypharmacy)



Age-Specific Falls Mortality⁺

Olmsted County
62.0

Minnesota

71.6

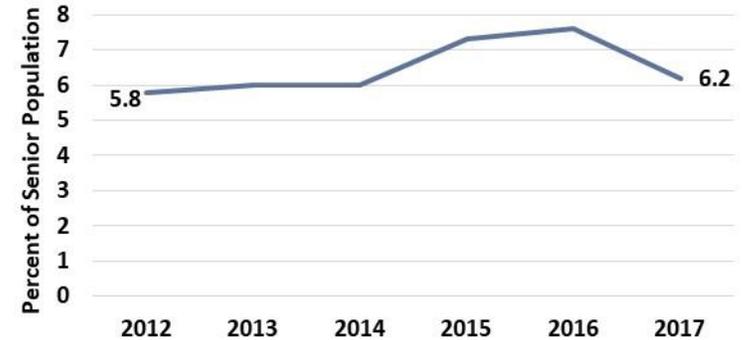
United States

37.0

⁺ Age-specific rate is deaths in seniors (65+) due to falls per 100,000 population.

Trend Data

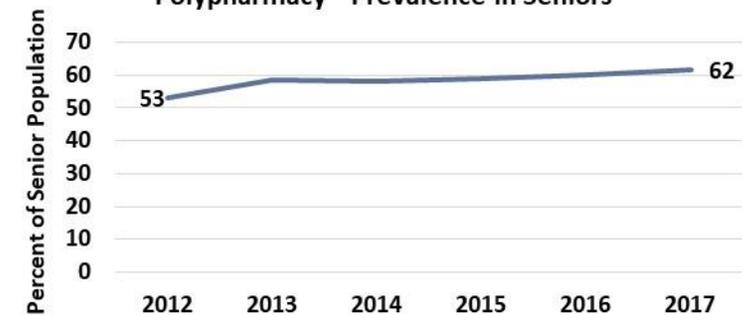
Olmsted County Falls Prevalence in Seniors



↑ 7%

change from 2012 to 2017

Olmsted County Polypharmacy* Prevalence in Seniors



↑ 17%

change from 2012 to 2017

Data Sources:

Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project
Minnesota and the United States: Centers for Disease Prevention and Control WONDER

Key Health Disparities

Retirement



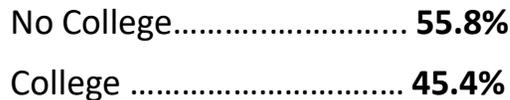
Our Community Promotes Senior Independence



Children in Household



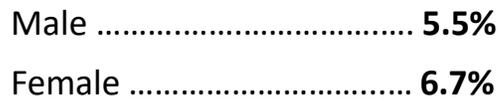
Education



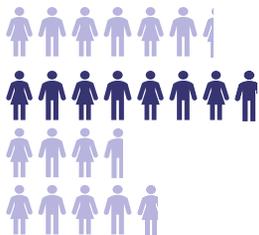
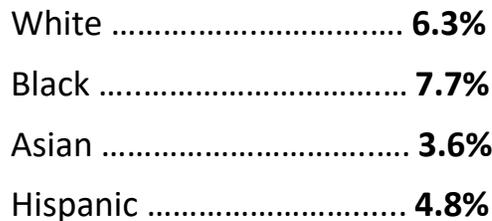
= 10%

Seniors who Seek Medical Attention for Falls

Gender



Race/Ethnicity



= 1%

SENIOR INDEPENDENCE

Community Health Importance

- Meeting future senior healthcare challenges will require:
 - More resources
 - New approaches to care delivery
 - Greater focus on wellness and prevention
- The number of people living in nursing homes is growing
- Medicaid spending on long-term care has significantly increased

Contributing Factors

- Olmsted County's senior population is increasing
- People are living longer
- People are living with multiple chronic conditions

Community Thoughts

Seniors can't retire, get sick, paying too much for housing.

Seniors ... don't get the services they actually need.

Elderly people could benefit from carpooling/transportation.

Olmsted County Summary

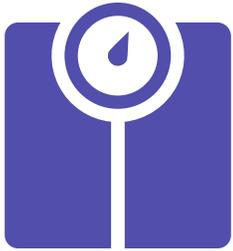
- 46% of residents believe our community promotes senior independence through:
 - Housing opportunities for people with limited or fixed incomes
 - Housing opportunities for people with limited physical abilities
 - Access to services to live independently
- 62% of seniors currently take prescriptions in 5 or more drug groups
- 6% of seniors experience a fall for which they seek medical attention
- Since 2012, polypharmacy and falls have both increased
- Deaths due to falls in Olmsted County and Minnesota are twice as high as those in the United States
- Disparities are connected to retirement status, children in household, education level, gender and race

OVERWEIGHT/ OBESITY

Weight that is higher than what is considered a healthy weight for a given height

Prevalence – Olmsted County

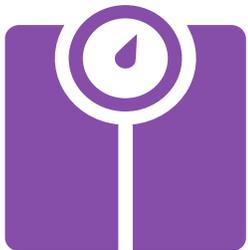
Adults
Clinically Classified



21%
are overweight

22%
are obese

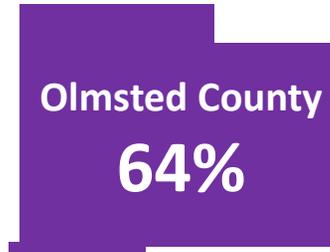
Adolescents
Self-Reported



14%
are overweight

8%
are obese

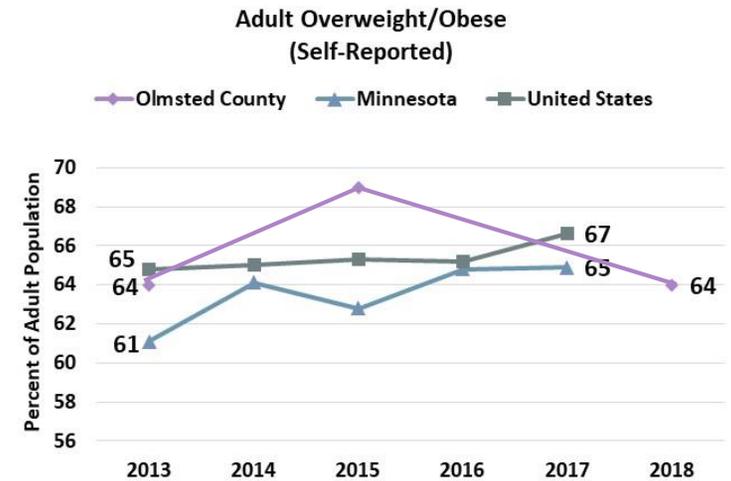
Adult Overweight/Obese Self-Reported



Self-Perception

47% of Olmsted County adults
believe they are overweight

Trend Data



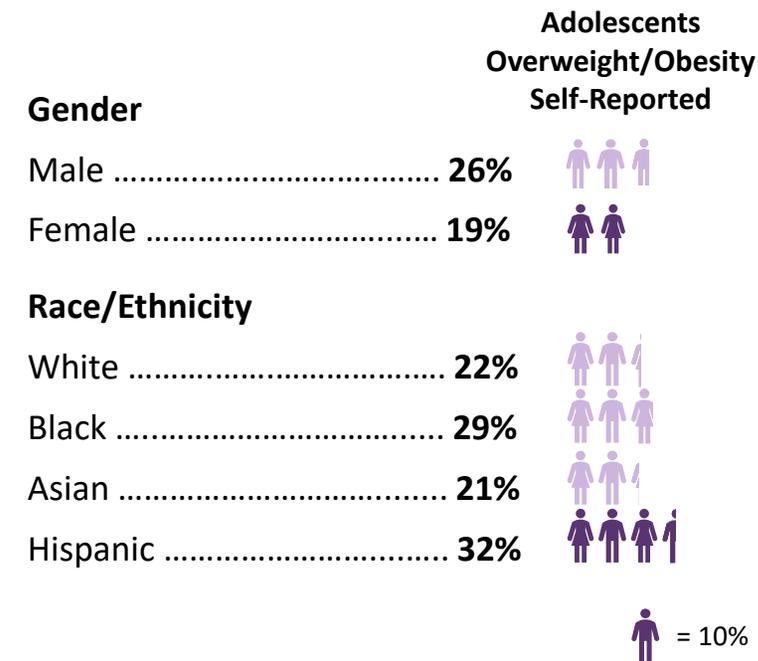
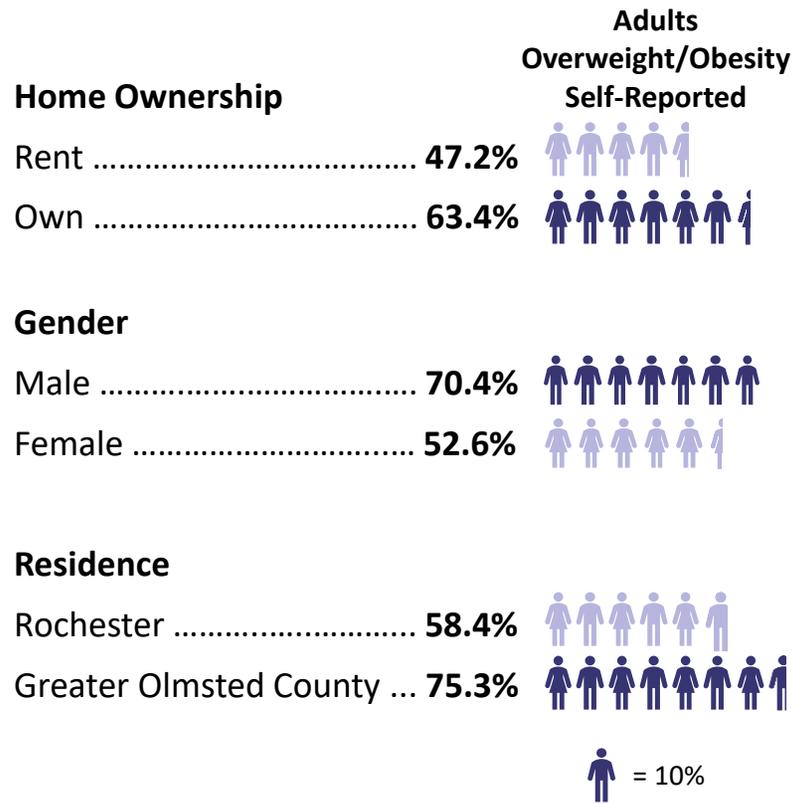
Olmsted County
Stable from 2013 to 2018

BMI (body mass index) is a person's weight in kilograms divided by his or her height in meters squared.

Data Sources:

Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project; Minnesota Student Survey
Minnesota: Minnesota Public Health Data Access
United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

Key Health Disparities



OVERWEIGHT/OBESITY

Community Health Importance

- Results in poorer health and quality of life
- Associated with a higher risk of developing:
 - Diabetes
 - Heart disease
 - High blood pressure
 - Reproductive problems
 - Cancer
- Can contribute to:
 - Lower self-esteem
 - Increased risk of depression
 - Prejudice or discrimination
- Obesity costs the state of Minnesota an estimated \$2.8 billion per year

Contributing Factors

- Physical inactivity
- Not eating a well-balanced diet
- Lack of access to healthy food
- Prenatal/early childhood exposures
- Lower educational levels and health literacy

Olmsted County Summary

- 43% of adults are clinically classified as overweight or obese
- 22% of adolescents are overweight or obese (self-reported height and weight)
- Olmsted County has slightly lower self-reported overweight/obesity rates than Minnesota and the United States
- Since 2013, self-reported overweight/obesity rates have remained stable
- Disparities are connected to homeownership, gender, place of residence, race, ethnicity, and gender

DIABETES

A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of sugar in the blood (glucose)

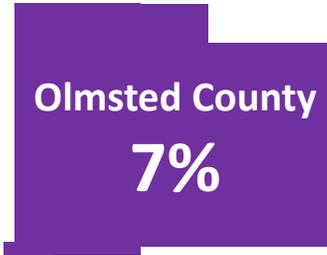
Prevalence – Olmsted County



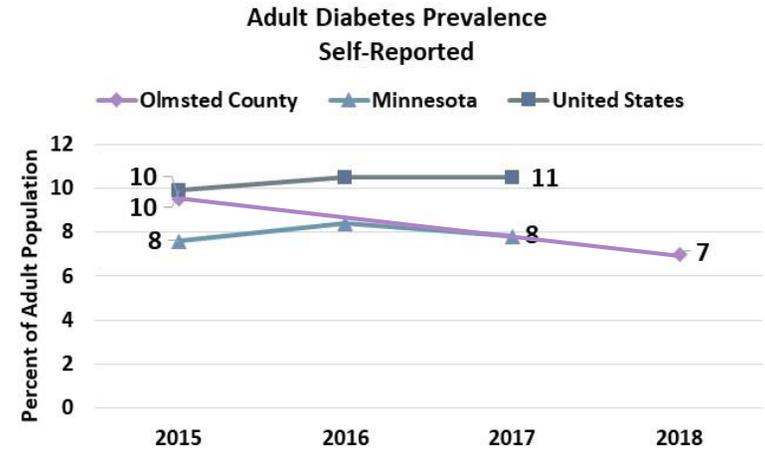
17%
of adults have
clinically
diagnosed
diabetes

Diabetes Prevalence by Age, 2017	
0-19	0.4%
20-34	2.6%
35-49	8.2%
40-64	23.3%
65+	51.9%

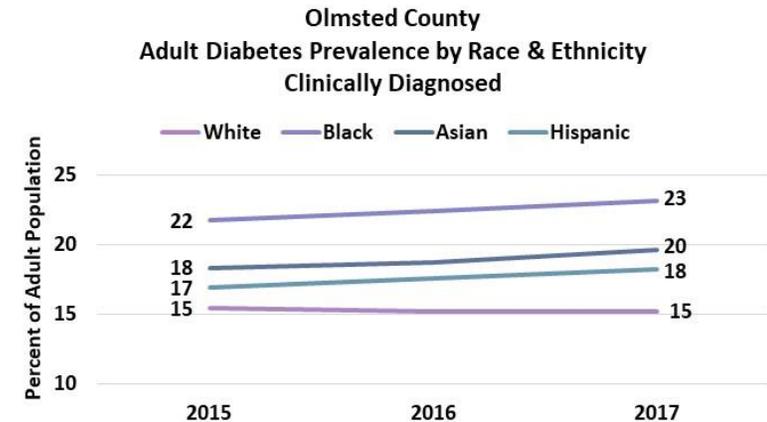
Adult Diabetes Self-Reported



Trend Data



↓ 30% Olmsted County change from 2015 to 2018



Data Sources:

Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project

Minnesota/United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

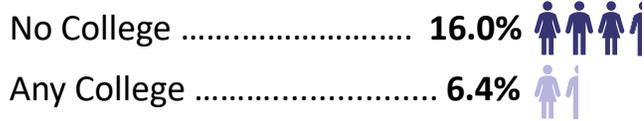
Key Health Disparities

Adult Diabetes Self-Reported

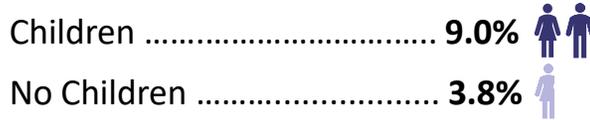
Race/Ethnicity



Education



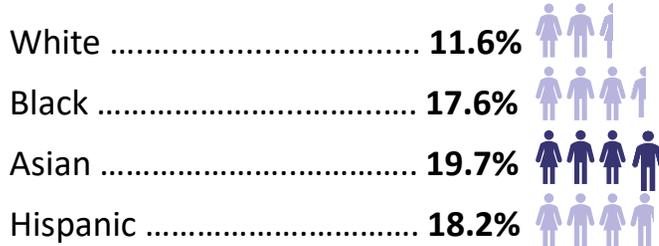
Children in Household



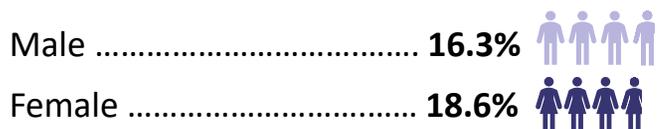
 = 5%

Adult Diabetes Clinically Diagnosed

Race/Ethnicity



Gender



 = 5%

DIABETES

Community Health Importance

- One of the leading causes of death
- High cost of healthcare, disability, and premature death

Contributing Factors

- Family history
- Low income
- Tobacco use
- Poor diet
- Lower levels of physical activity

Olmsted County Summary

- 17% of adults have clinically diagnosed diabetes
- Olmsted County has lower rates of self-reported diabetes than Minnesota and the United States
- Since 2015, self-reported diabetes rates have decreased
- Disparities are connected to race, ethnicity, education level, children living in the household, and gender

MULTIPLE CHRONIC CONDITIONS

Two or more chronic diseases that require treatment or are treatable

Prevalence – Olmsted County

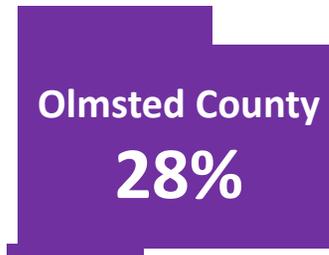


28%
of total
population have clinically
diagnosed multiple
chronic conditions

Most Common Chronic Conditions Contributing to Multimorbidity

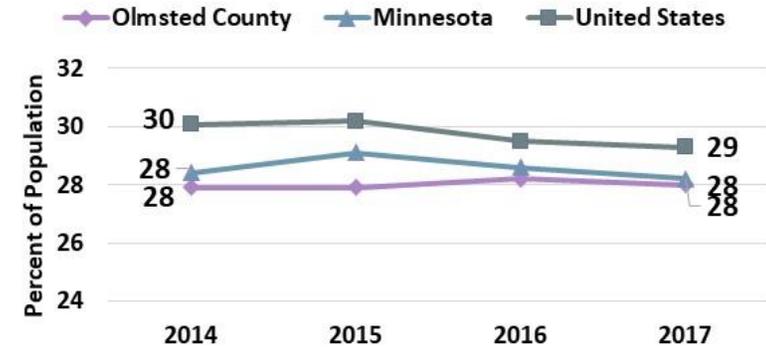
Comorbidity	2014	2017
Hyperlipidemia	18.3%	19.4%
Hypertension	15.6%	17.0%
Depression	12.0%	13.4%
Diabetes	11.1%	13.0%
Arthritis	9.8%	12.5%
Cancer	7.0%	6.2%
Arrhythmia	6.9%	8.1%
Asthma	5.6%	6.3%
Coronary Artery Disease	4.1%	4.3%
Substance abuse	3.0%	3.5%
COPD	2.7%	2.7%

Multiple Chronic Conditions Clinically Diagnosed



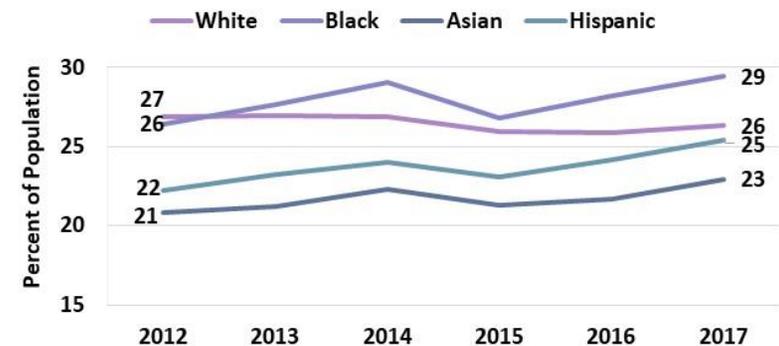
Trend Data

Multiple Chronic Conditions Prevalence Clinically Diagnosed



**Olmsted County
Stable since 2014**

Olmsted County Multiple Chronic Conditions Prevalence by Race Clinically Diagnosed



Data Sources:

Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project
Minnesota and United States: Centers for Medicare and Medicaid Services

Key Health Disparities

Multiple Chronic Conditions Self-Reported

Retirement

Not Retired 34.7%



Retired 66.3%



Education

No College 52.0%



Any College 39.3%



Birthplace

US-Born 40.1%



Foreign-Born 31.4%



= 10%

Multiple Chronic Conditions Clinically Diagnosed

Gender

Male 28.6%



Female 29.4%



Race/Ethnicity

White 26.3%



Black 29.4%



Asian 23.0%



Hispanic 25.4%



= 10%

MULTIPLE CHRONIC CONDITIONS

Community Health Importance

- Multiple chronic conditions are costly
- Contributes to lost wages and employment or reduced productivity on the job
- Can cause disability or premature death
- This is one of the most important problems in the care of seniors

Contributing Factors

- Tobacco use
- Poor nutrition
- Lack of physical activity
- Excessive alcohol use
- Low income
- Lack of linkage between community services and clinical providers

Community Thoughts

People are born with conditions that are part of their health and learning how to live with that.

Olmsted County Summary

- 28% of residents are living with multiple chronic conditions
- Hyperlipidemia, hypertension, depression, diabetes, and arthritis are the most common conditions contributing to multimorbidity
- Since 2014, multiple chronic conditions prevalence has remained stable
- Olmsted County, Minnesota, and the United States have similar rates of multiple chronic conditions
- Disparities are connected to retirement status, education level, birthplace, and race, ethnicity

MENTAL HEALTH

Includes emotional, psychological, and social well-being

Prevalence – Olmsted County

Adults

17%

have clinically diagnosed depression



Adolescents

8%

have clinically diagnosed depression

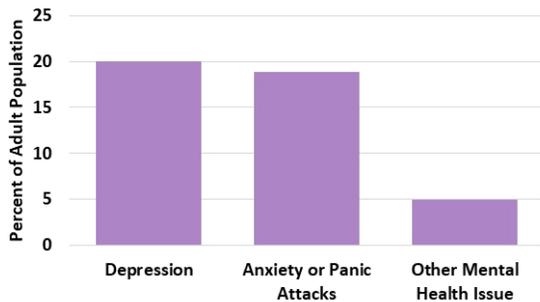


Adults

29%

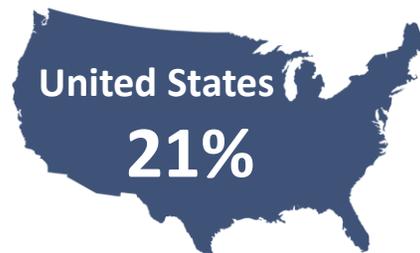
have any mental health issues (self-reported)

Mental Health Issues by Type Self-Reported



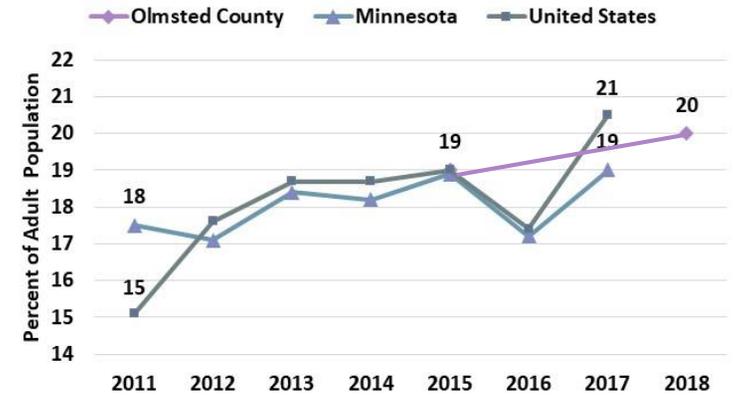
Adult Depression Self-Reported

Olmsted County
20%



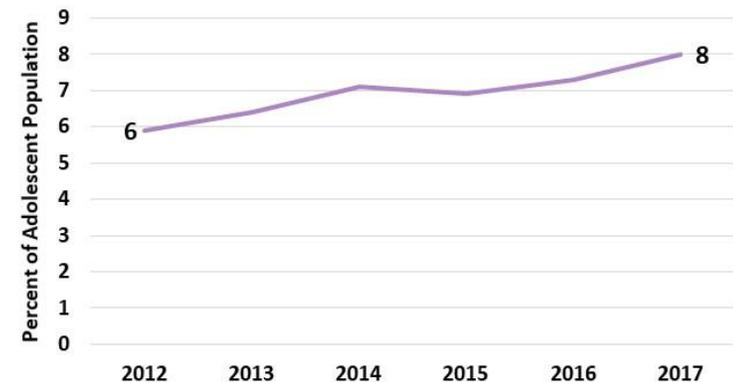
Trend Data

Adult Depression Prevalence Self-Reported



↑ 5% change from 2015 to 2018

Olmsted County Adolescent Depression Prevalence Clinically Diagnosed

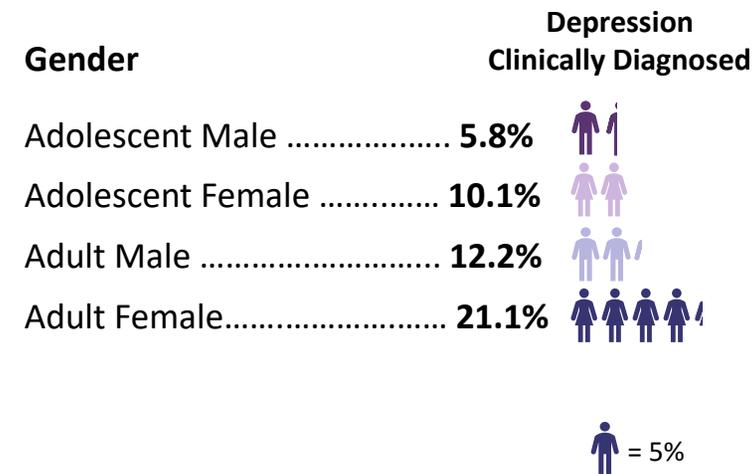
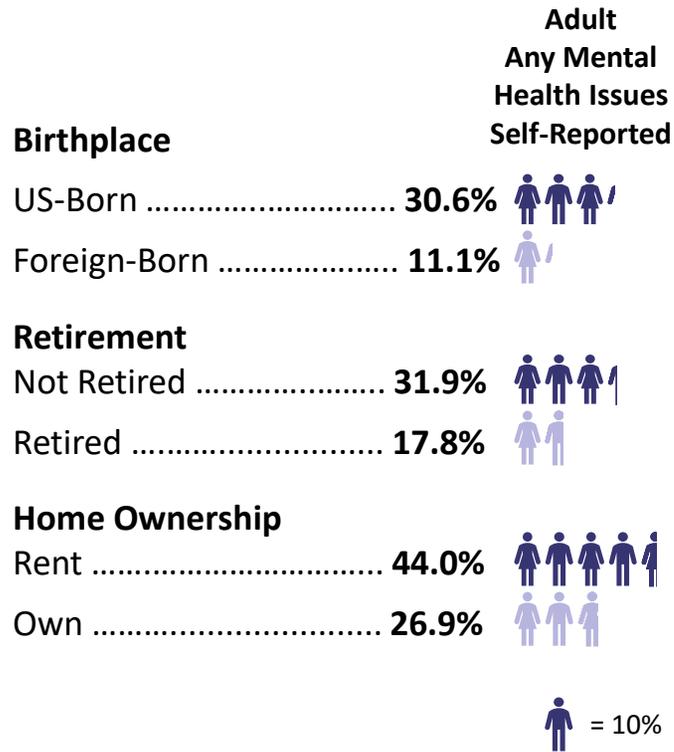


Data Sources:

Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project

Minnesota and United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

Key Health Disparities



MENTAL HEALTH

Community Health Importance

- Essential to:
 - Personal well-being
 - Family and interpersonal relationships
 - The ability to contribute to the community
- A common cause of disability
- Can influence the onset, progression, and outcome of other illnesses
- Often correlates with health risk behaviors
- Contribute to high economic costs for individuals, their families, schools, workplaces, and communities

Contributing Factors

- Access to care issues
- Family history of mental health issues
- Lack of social supports and family and community dynamics
- Lack of coping, resiliency, or mindfulness skills
- Adverse childhood experiences
- Stereotypes and prejudice associated with mental health issues

Community Thoughts

Mental health alienates you from everything.

Lack of psychiatric providers... There's a lot of opportunity for growth there.

Afraid of what people will say. Can be seen as shameful.

*... physical health means nothing if you don't have mental health
– who cares about physical health if you're not happy or can't handle stress.*

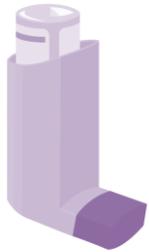
Olmsted County Summary

- 17% of adults and 8% of adolescents have clinically diagnosed depression
- Olmsted County, Minnesota, and the United States have similar rates of self-reported depression
- Since 2012, depression rates have increased in both adults and adolescents
- Disparities are connected to birthplace, retirement status, homeownership, and gender

CHILDHOOD ASTHMA

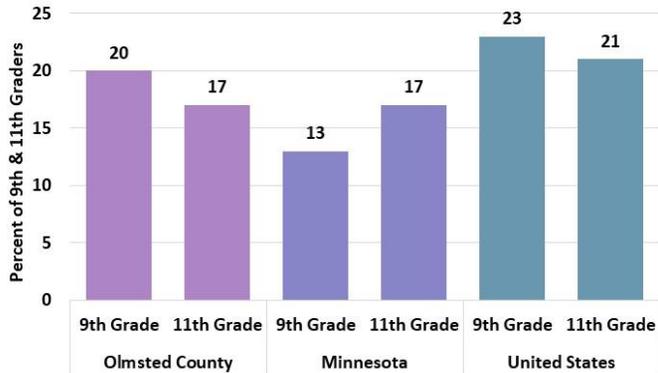
A chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction

Prevalence – Olmsted County



1.5%
0-19 year-olds
have clinically
diagnosed asthma

9th & 11th Graders with Asthma
Self-Reported

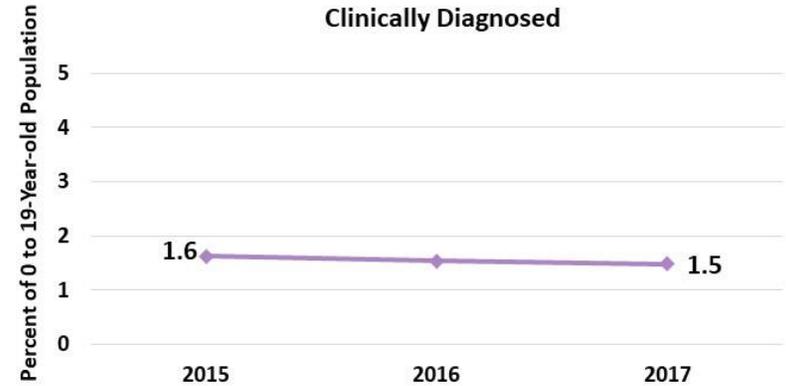


Adolescent Asthma Self-Reported



Trend Data

Olmsted County
Childhood Asthma Prevalence
(0 -19 year-olds)
Clinically Diagnosed



↓ 6% change from 2015 to 2017

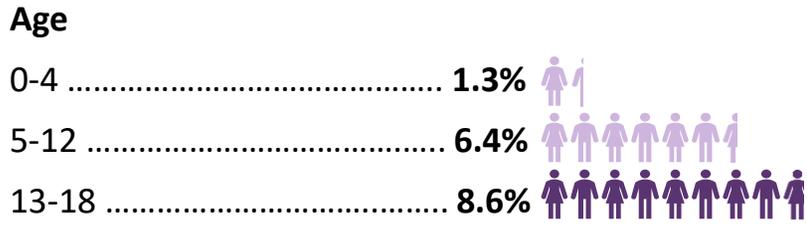
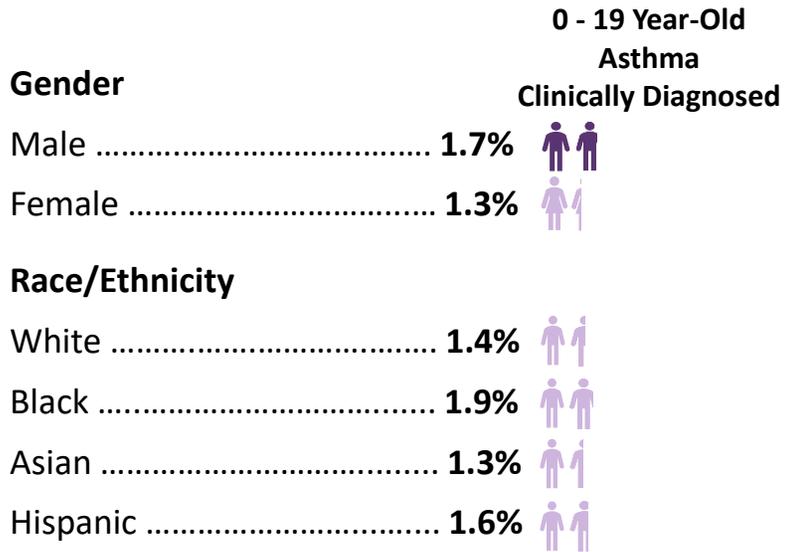
Data Sources:

Olmsted County: Minnesota Student Survey; Rochester Epidemiology Project

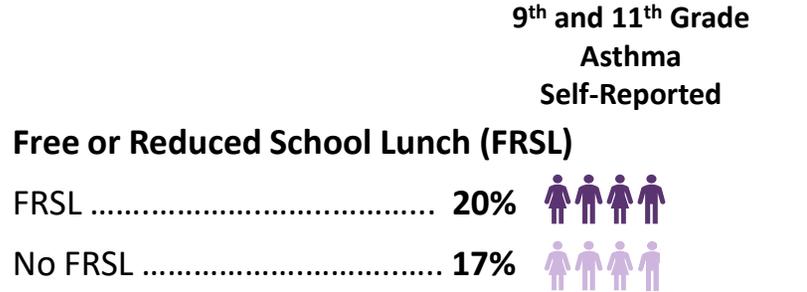
Minnesota: Minnesota Student Survey

United States: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

Key Health Disparities



 = 1%



 = 5%

CHILDHOOD ASTHMA

Community Health Importance

- Can limit activity and cause missed days from school
- Can cause missed days from work for parents
- May require rescue and control medication
- May require additional physician visits and unplanned emergency department visits and hospitalizations
- May cause death

Contributing Factors

- Lack of access to care
- Lack of funds to purchase asthma control and rescue medication
- Exposure to indoor and outdoor air pollutants

Olmsted County Summary

- 1.5% of 0-19 year-olds have clinically diagnosed asthma
- 18% of adolescents have been told they have asthma
- Olmsted County and Minnesota have lower rates of self-reported adolescent asthma than the United States
- Since 2015, clinically diagnosed asthma rates have decreased in children
- Disparities are connected to gender, race, ethnicity, age, and free or reduced school lunch

HYPERTENSION

High blood pressure

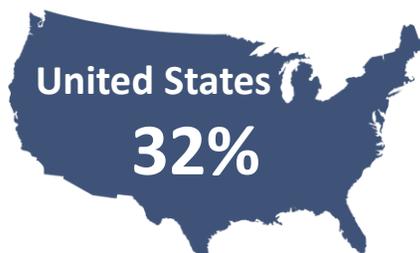
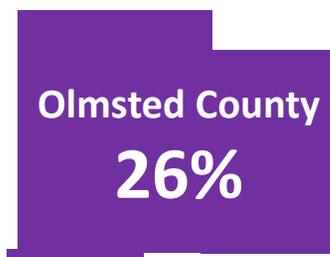
Prevalence – Olmsted County



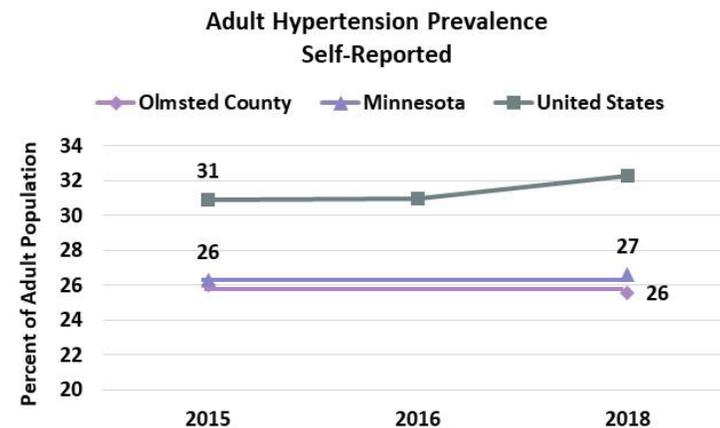
22%
of adults have
clinically
diagnosed
hypertension

Adult Hypertension Prevalence by Age	
18-34	1.3%
35-49	8.2%
50-64	27.8%
65+	73.8%

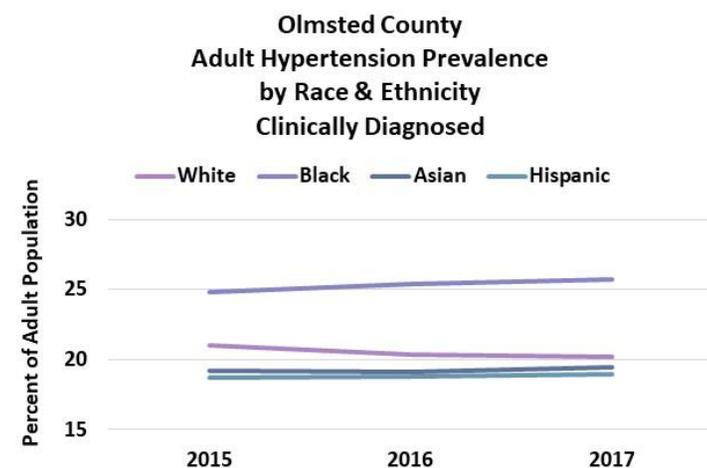
Adult Hypertension Self-Reported



Trend Data



**Olmsted County
Stable since 2015**



Data Sources:

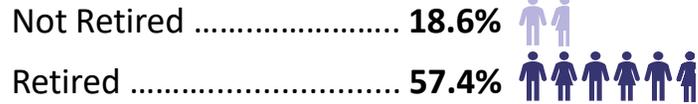
Olmsted County: Olmsted County CHNA Survey; Rochester Epidemiology Project

Minnesota/United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

Key Health Disparities

Adult Hypertension Self-Reported

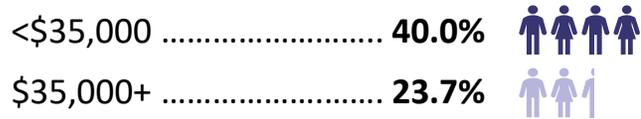
Retirement



Children in Household



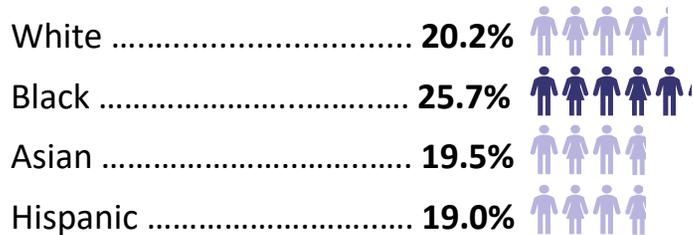
Household Income



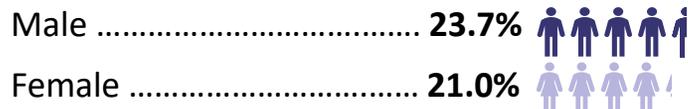
 = 10%

Adult Hypertension Clinically Diagnosed

Race/Ethnicity



Gender



 = 5%

HYPERTENSION

Community Health Importance

- Only about half of people with high blood pressure have their blood pressure under control
- Many youth are being diagnosed with high blood pressure
- Increases the risk for heart disease and stroke

Contributing Factors

- A diet high in sodium and low in potassium
- Lack of physical activity
- Obesity and diabetes
- Drinking too much alcohol
- Tobacco use

Olmsted County Summary

- 22% of adults have clinically diagnosed hypertension
- Olmsted County and Minnesota have lower rates of self-reported hypertension than the United States
- Since 2015, self-reported hypertension rates have remained stable
- Disparities are connected to retirement status, children living in the household, income, race, ethnicity, and gender

PRETERM BIRTHS

The birth of an infant before the start of the 37th week of pregnancy

Prevalence – Olmsted County



2,114
total births in
2017

2,161
average total births per year
2013 - 2017

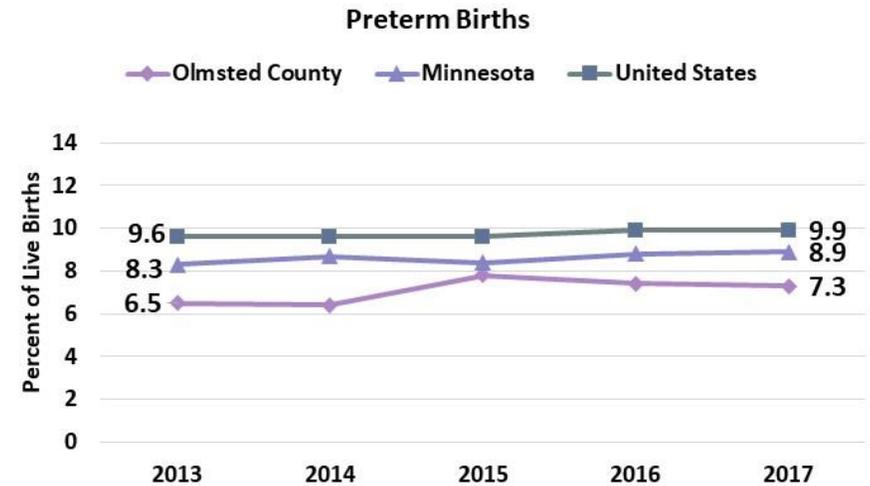


7.3%
of births are
preterm

Preterm Births



Trend Data



↑ 12% **Olmsted County**
change from 2013 to 2017

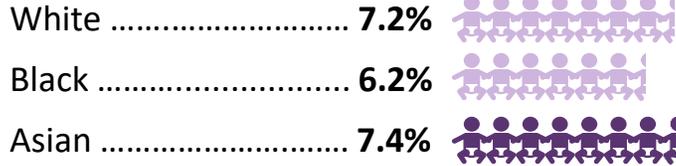
Data Sources:

Olmsted County and Minnesota: Minnesota Department of Health Center for Health Statistics
United States: Centers for Disease Control and Prevention National Vital Statistics System

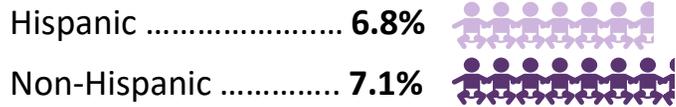
Key Health Disparities

2013 - 2017 Preterm Births

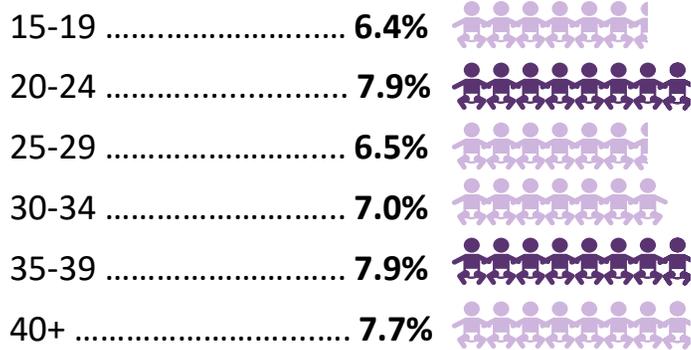
Maternal Race



Maternal Ethnicity



Maternal Age Group



 = 1%

PRETERM BIRTHS

Community Health Importance

- Biggest contributor of infant mortality
- Can cause long-term health-related issues, including:
 - Feeding and digestive problems
 - Respiratory problems
 - Vision and hearing loss
- Babies born premature are more likely to have problems with learning and behavior
- Contributes to high economic costs for individuals, their families, schools, workplaces, and communities

Contributing Factors

- Not receiving early and adequate prenatal care
- High-risk maternal behaviors, including any substance use during pregnancy
- Maternal chronic health problems such as:
 - High blood pressure
 - Diabetes
 - Clotting disorders

Olmsted County Summary

- From 2013 to 2017, there were an average of 2,161 total births
- 7.3% of all live births are preterm
- Olmsted County has lower rates of preterm births than Minnesota and the United States
- Since 2013, preterm births have increased
- There are no notable disparities

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TOMORROW

HEALTH FACTORS

Health factor indicators in this assessment represent the potential for the health of our county **tomorrow**. Ultimately, these are indicators that the community is able to influence, change, and make better.

Indicators in the health factors section are broken down into four subsections that influence overall health status:

1. Health Behaviors
2. Clinical Care
3. Social and Economic Factors (Social Determinants of Health)
4. Physical Environment

Risky **health behaviors** such as smoking, poor nutrition, not exercising, drinking alcohol, and distracted driving all contribute to poor overall health status and influence a number of health outcomes.

A significant barrier to good health is lack of access to adequate and routine healthcare, including health screenings. Many components impact healthcare access, including, but not limited to: location of facilities and personnel, transportation, income and insurance. Poor health outcomes can be reduced if community residents access **clinical care** services such as routine medical care, dental care, and health screenings. These prevention indicators can illustrate a community that has access barriers, limited health literacy and knowledge, but ultimately can inform future program interventions.

Social determinants of health are directly correlated with overall health status. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe resilient community, families cannot thrive. Ensuring access to **social and economic** resources provides a foundation for a healthy community.

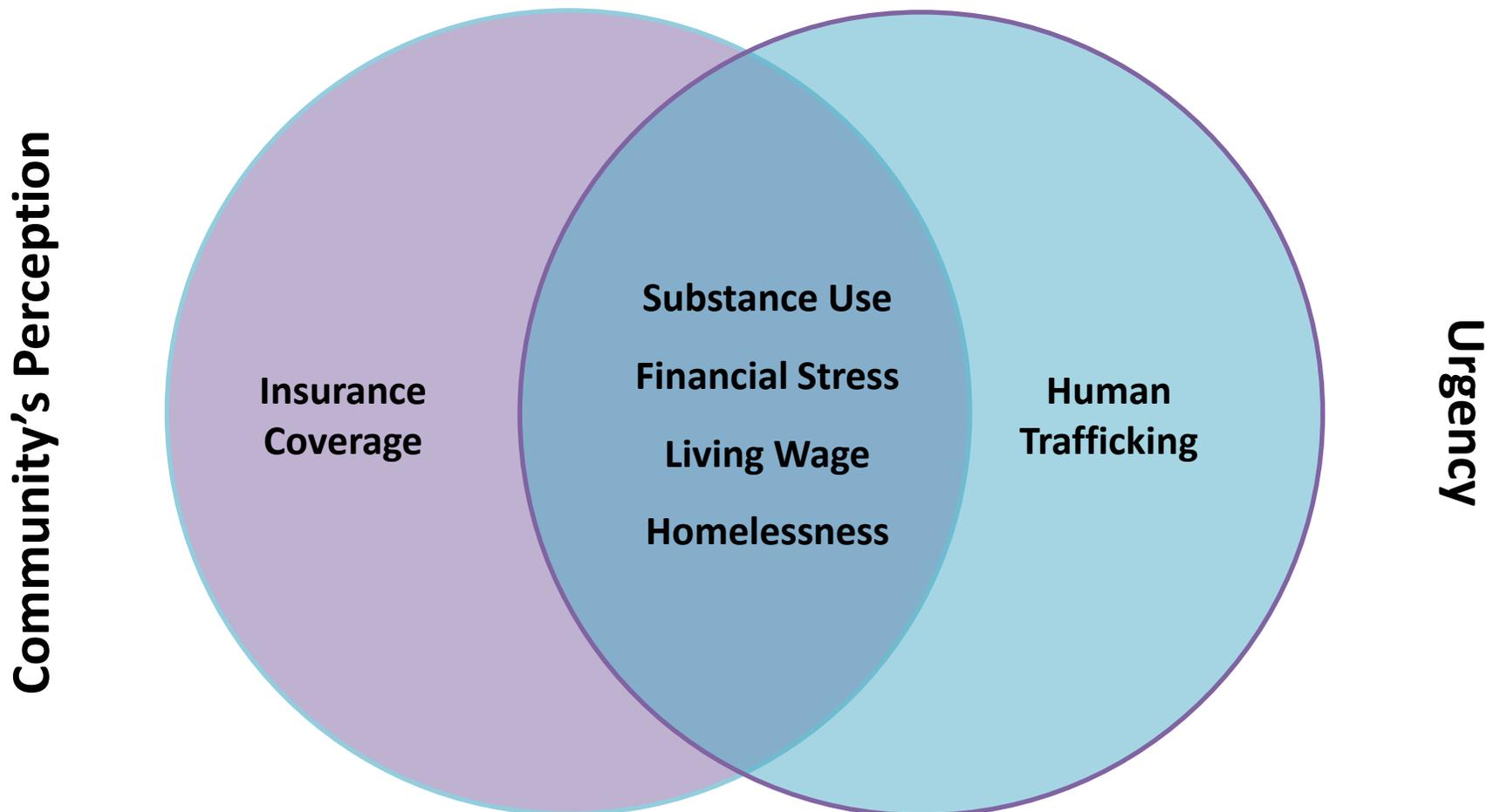
The **physical environment** where people live also impacts community health. A safe, clean, and breathable environment that provides access to healthy homes and safe water is important in maintaining and improving community health.

COMMUNITY PERCEPTION

Perception of Health Factors via Community Prioritization Sessions

The community's perception of health factors was also assessed through community prioritization sessions. Community prioritization participants were able to provide input regarding: (1) the level the public perceives health factor indicators to be a threat or issue (community perception); and (2) the urgency of needing to address the indicator in the next 1-3 years.

The chart below depicts the health factor indicators that came out as the top five health issues based on the two subjective questions asked during the prioritization process. Indicators that were identified as a top issue for both questions are listed in the middle.



Refer to Appendix E of the Supplemental Document for more information on the prioritization process.

HEALTH FACTORS Health Behaviors

- Tobacco Use
- Drug Use
- Binge Drinking
- Fruit and Vegetable Consumption
- Physical Activity
- Motor Vehicle Injury Prevention

TOBACCO USE

Individuals currently using cigars, cigarettes, e-cigarettes, chewing tobacco, snuff, or snus

Prevalence – Olmsted County

Adults – Current Tobacco Use



8%
use any tobacco



4%
use cigarettes



2%
use e-cigarettes

9th and 11th Graders – Current Tobacco Use



7%
use any tobacco

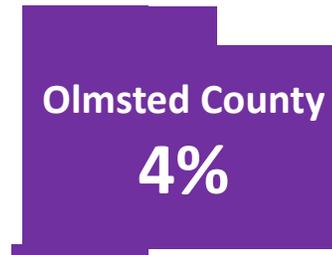


3%
use cigarettes

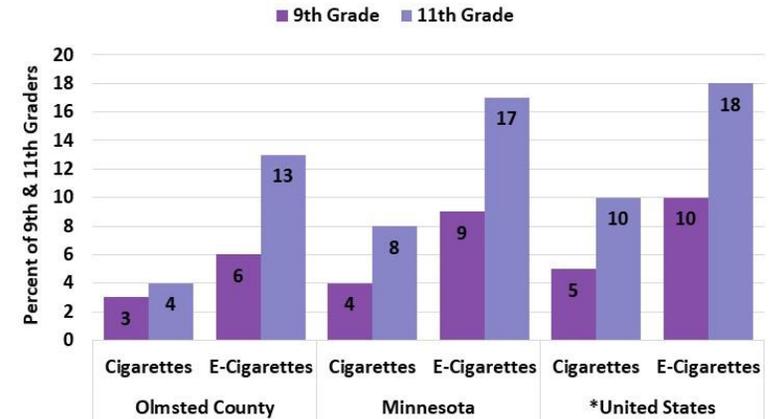


7%
use e-cigarette

Adult Smoking

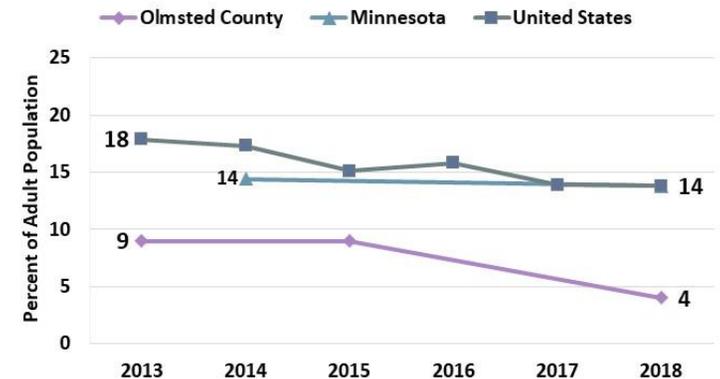


Olmsted County Adolescent Current Cigarette & E-Cigarette Use



Trend Data

Adult Smoking Prevalence

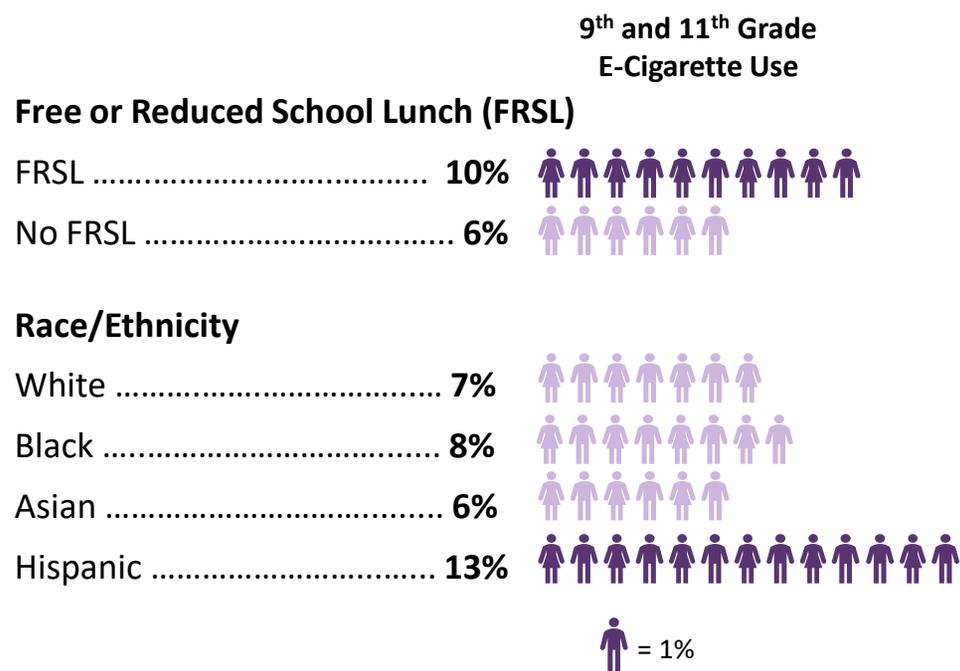
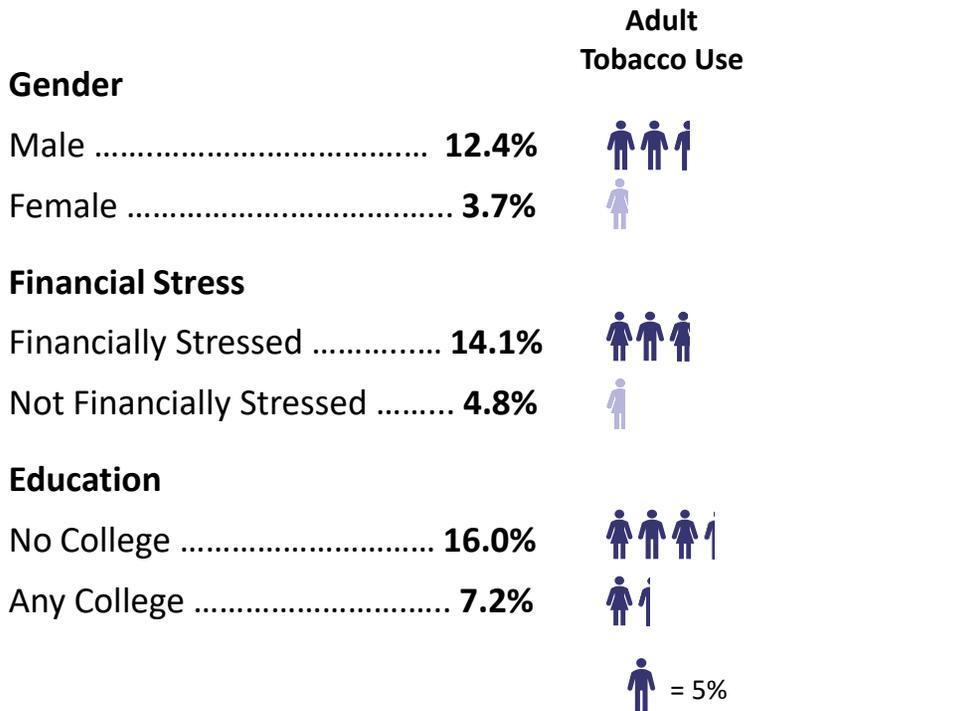


56% Olmsted County
change from 2013 to 2018

Data Sources:

Olmsted County: Olmsted County CHNA Survey; Minnesota Adult Tobacco Survey; Minnesota Student Survey
 Minnesota: Minnesota Adult Tobacco Survey; Minnesota Student Survey
 United States: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

Key Health Disparities



TOBACCO USE

Community Health Importance

- A leading cause of preventable deaths
- Contributes to high economic costs, even for non-tobacco users
- Nearly all addicted adult smokers started smoking by age 21
- Tobacco harms nearly every organ in the body and can cause:
 - Cardiovascular disease
 - Several types of cancers
 - Respiratory problems
 - Reproductive disorders including reduced fertility, low birth weight, and fetal death
- Secondhand smoke increases the risk of asthma, including more frequent and severe asthma attacks
- Use of e-cigarettes is increasing in youth
- E-cigarettes contain nicotine, which negatively impacts adolescents' developing brains and can cause addiction

Community Thoughts

... vaping, we are behind the curve

Teaching people how to be healthy is the first step and what affects things put in their body like vaping or opioids.

Olmsted County Summary

- 8% of adults use tobacco products
- 7% of 9th and 11th graders use tobacco products
- Olmsted County adult smoking rates are lower than Minnesota and the United States
- Since 2013, adult smoking prevalence has decreased
- Disparities are connected to gender, financial stress, education level, free or reduced school lunch, race, and ethnicity

DRUG USE

Individuals currently using marijuana, opioids, stimulants, hallucinogens, inhalants, or any other substance for non-medical purposes

Prevalence – Olmsted County Adults



14%
use drugs

Top Drugs Used

- Pain Relievers
- Marijuana
- Tranquilizers

8th, 9th & 11th Graders

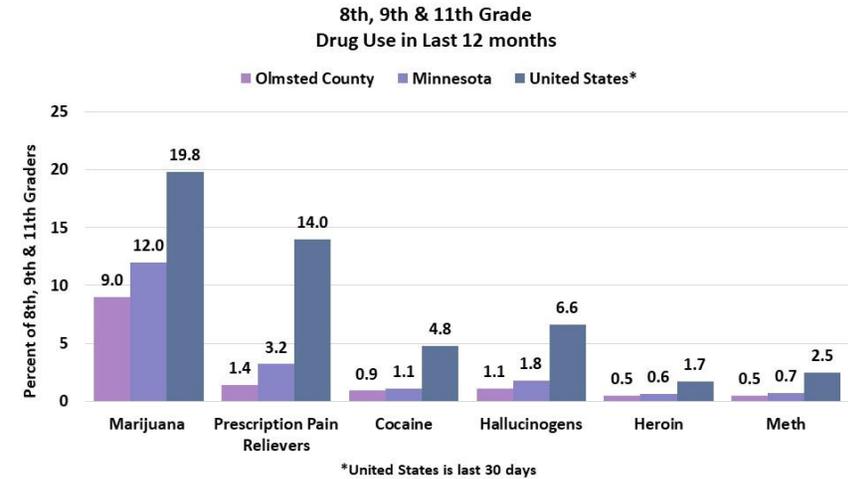
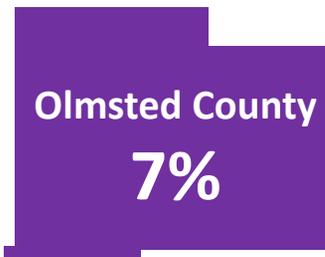


7%
use marijuana



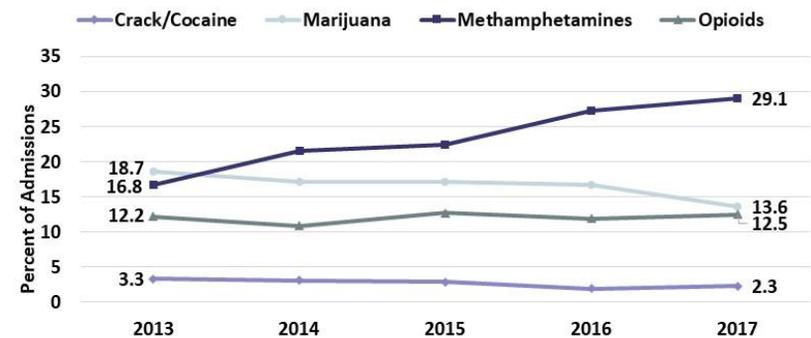
1.4%
use prescription
pain relievers

Adolescents Current Marijuana Use



Trend Data

Olmsted County Admissions to Minnesota Treatment Facilities by Substance



Olmsted County

↑ 73% change in methamphetamine treatments from 2013 to 2017

↓ 27% change in marijuana treatments from 2013 to 2017

Data Sources:

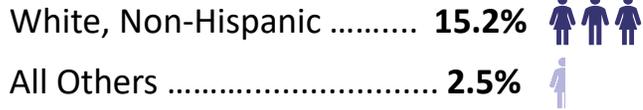
Olmsted County and Minnesota: Olmsted County CHNA Survey; Minnesota Student Survey; Substance Use in Minnesota (SUMN.org)

United States: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

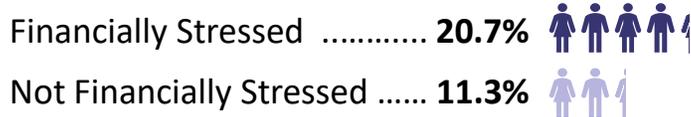
Key Health Disparities

Adult Drug Use

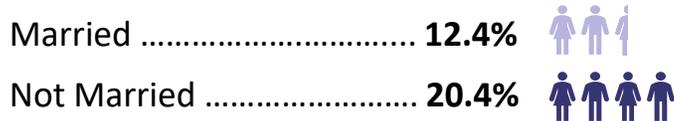
Race/Ethnicity



Financial Stress



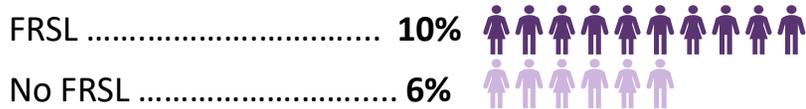
Marital Status



 = 5%

8th, 9th and 11th Grade Current Marijuana Use

Free or Reduced School Lunch (FRSL)



Race/Ethnicity



 = 1%

DRUG USE

Community Health Importance

- Drug use has a major impact on individuals, families, and communities
- The effects of drug use are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:
 - Teenage pregnancy
 - Sexually transmitted infections
 - Domestic violence
 - Child abuse
 - Motor vehicle crashes
 - Physical fights
 - Crime
 - Homicide
 - Suicide

Community Thoughts

Kids don't think drugs are a big deal.

Teaching people how to be healthy is the first step and what affects things put in their body like vaping or opioids.

Olmsted County Summary

- 14% of adults use drugs, including pain relievers, marijuana, and tranquilizers
- 7% of 8th, 9th and 11th graders use marijuana
- Olmsted County adolescent marijuana use is lower than Minnesota and the United States
- Since 2013, admissions for methamphetamine treatment have increased, while admissions for marijuana have decreased
- Disparities are connected to race, ethnicity, financial stress, marital status, and free or reduced school lunch

BINGE DRINKING

The practice of consuming large quantities of alcohol in a single drinking session

Prevalence – Olmsted County

Adults



28%
binge drink

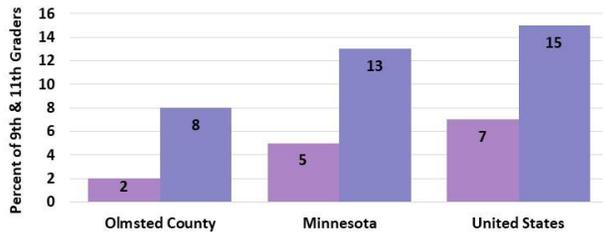
9th and 11th Graders



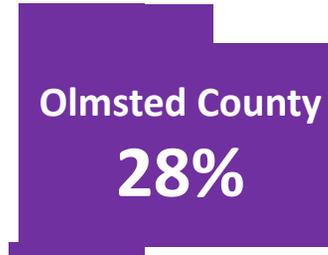
4%
binge drink

9th & 11th Grade Binge Drinking by Grade

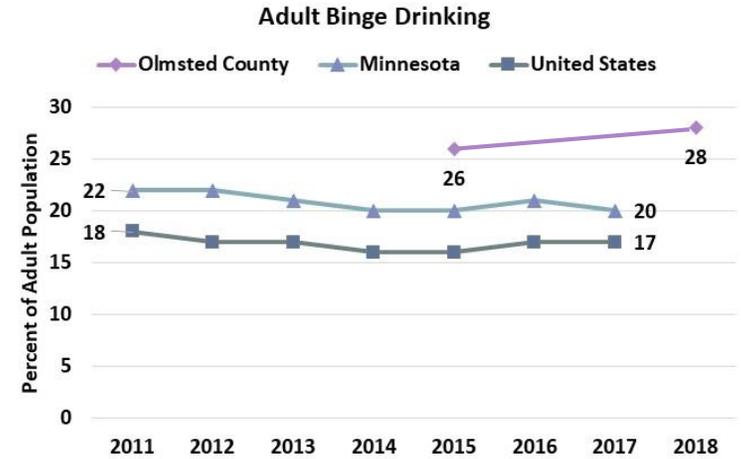
■ 9th Grade ■ 11th Grade



Adult Binge Drinking



Trend Data



↑ 8% Olmsted County change from 2015 to 2018

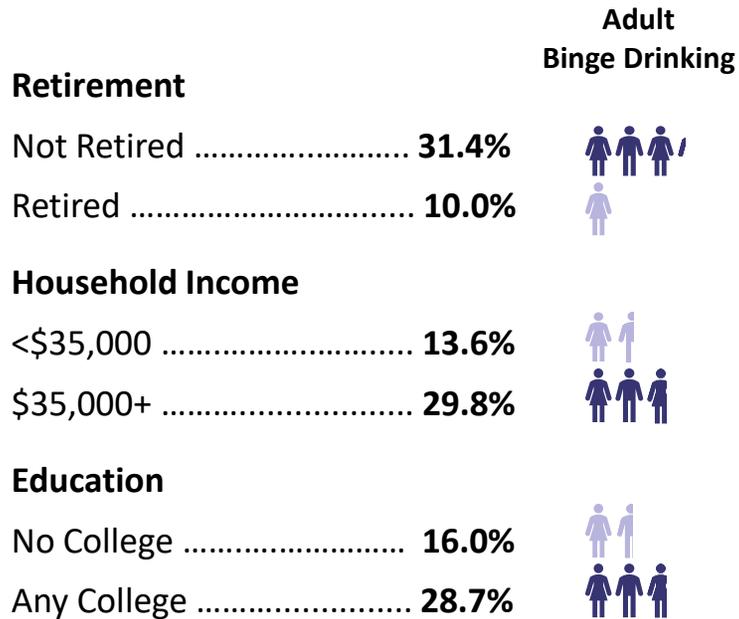
Data Sources:

Olmsted County: Olmsted County CHNA; Minnesota Student Survey

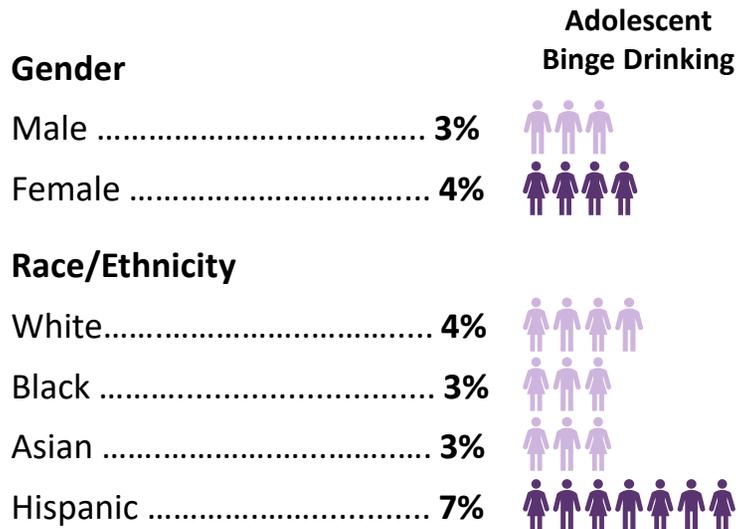
Minnesota: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Minnesota Student Survey

United States Adolescents: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

Key Health Disparities



 = 10%



 = 1%

BINGE DRINKING

Community Health Importance

- The harmful use of alcohol is one of the leading risk factors for:
 - Unintentional consequences
 - Fetal alcohol spectrum disorders
 - Sudden infant death syndrome
 - Chronic diseases such as high blood pressure, stroke, heart disease, cancer, and liver disease
 - Memory and learning problems
 - Alcohol dependence
 - Loss of workplace productivity
 - Increased health care expenditures and criminal justice costs

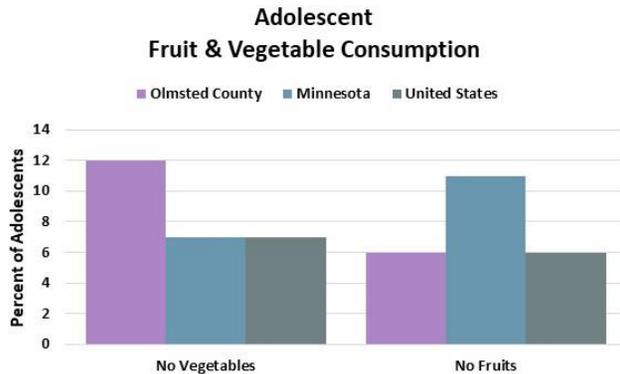
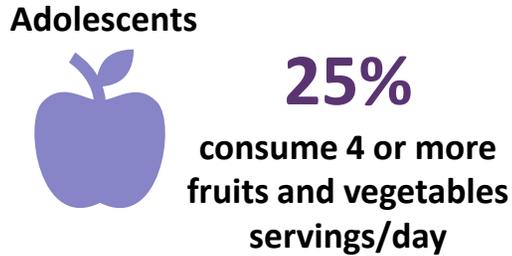
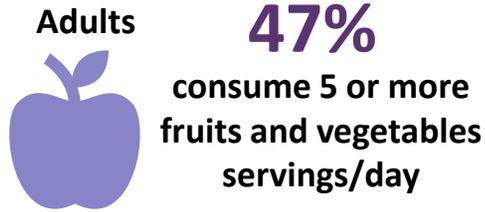
Olmsted County Summary

- 28% of adults binge drink
- 4% of 9th and 11th graders binge drink
- Olmsted County adult binge drinking rates are higher than Minnesota and the United States
- Since 2015, adult binge drinking has increased
- Disparities are connected to retirement status, income, education level, gender, race, and ethnicity

FRUIT AND VEGETABLE CONSUMPTION

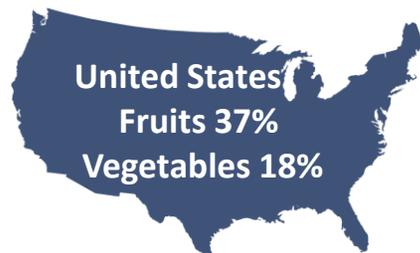
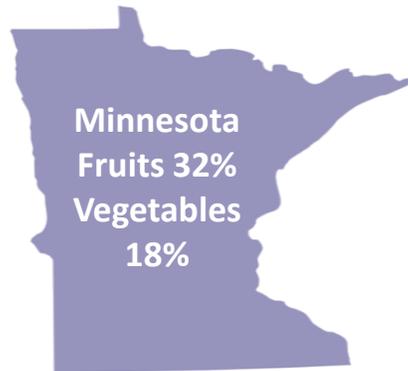
An individual meeting the national dietary guidelines for fruit and vegetables

Prevalence – Olmsted County



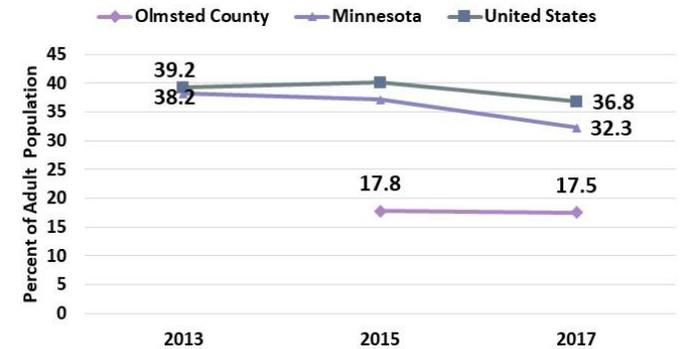
Adults No Fruit and Vegetable Consumption

Olmsted County
Fruits 18%
Vegetables 11%



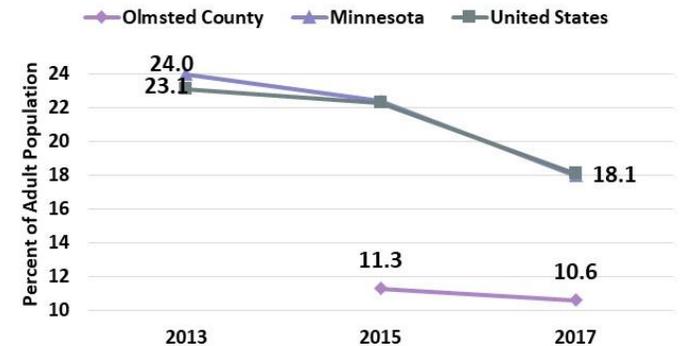
Trend Data

Adults No Fruit Consumption



Olmsted County Stable from 2015 to 2017

Adults No Vegetable Consumption



Olmsted County Stable from 2015 to 2017

Data Sources:

Olmsted County: Olmsted County CHNA; Minnesota Student Survey

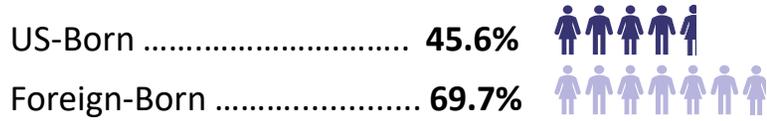
Minnesota: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Minnesota Student Survey

United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

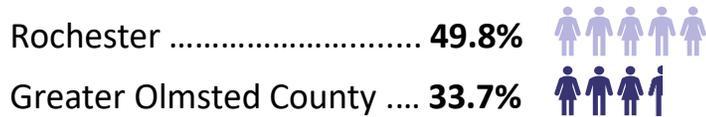
Key Health Disparities

Adult Meeting Fruit and Vegetable Guidelines

Birth Place



Residence



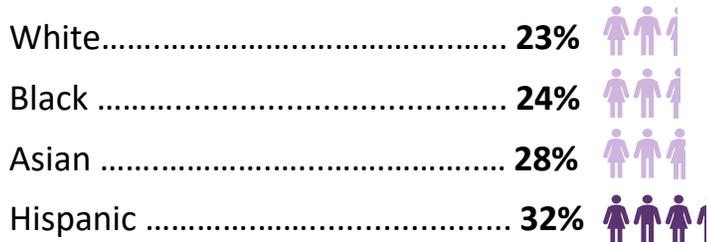
Education



= 10%

Adolescent Consume 4 or more fruits and vegetables

Race/Ethnicity



= 5%

FRUIT & VEGETABLE CONSUMPTION

Community Health Importance

- Eating a diet rich in fruits and vegetables can help reduce the risk of many leading causes of illness:
 - Heart disease
 - Hypertension (high blood pressure)
 - High cholesterol
 - Type 2 diabetes
 - Osteoporosis
 - Certain types of cancer
 - Overweight and obesity
 - Tooth decay
 - Mental health issues

Community Thoughts

...garden – fresh food, herbs, farmers market = preventative care

The Farmers Market [in Rochester], they allow electronic benefits transfer (EBT) the ability to get fresh produce.

Olmsted County Summary

- 47% of adults meet the recommended fruit and vegetable guidelines
- 25% of adolescents meet the recommended fruit and vegetable guidelines
- Olmsted County adult fruit and vegetable consumption is lower than Minnesota and the United States
- Since 2015, the percentage of adults who consume no fruits or vegetables has remained stable
- Disparities are connected to birth place, residence, education level, race and ethnicity

PHYSICAL ACTIVITY

An individual meeting the national guidelines for physical activity levels

Prevalence – Olmsted County

Adults



46%
meet physical activity guidelines

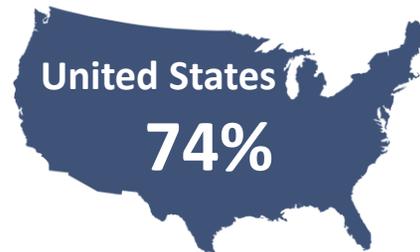
Refer to Appendix M of the Supplemental Document for guideline definition

Adolescents

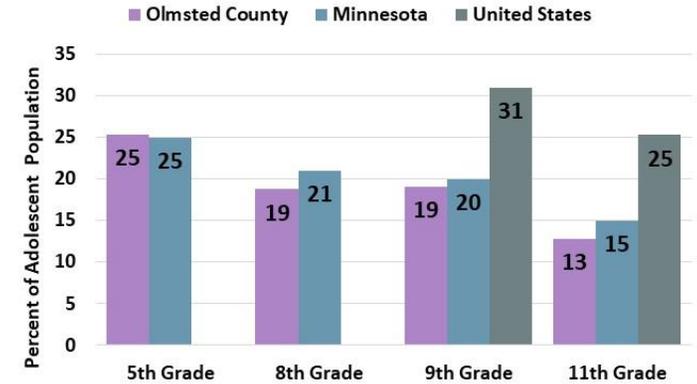


20%
are physically active for at least 60 minutes/day

Adults - Any Physical Activity

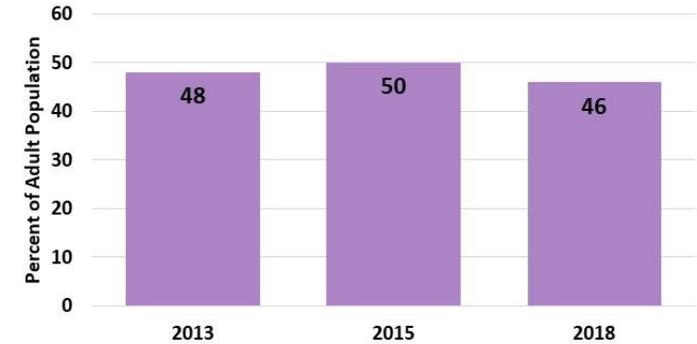


Adolescents Who are Physically Active for at Least 60 Minutes/Day



Trend Data

Olmsted County Adults Meeting National Guidelines for Physical Activity



4%

Olmsted County
change from 2013 to 2018

Data Sources:

Olmsted County: Olmsted County CHNA; Minnesota Student Survey

Minnesota: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Minnesota Student Survey

United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

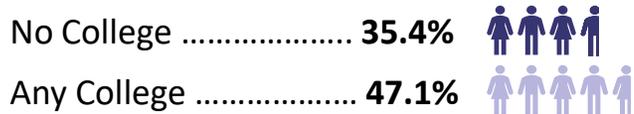
Key Health Disparities

Adult Meeting Physical Activity Guidelines

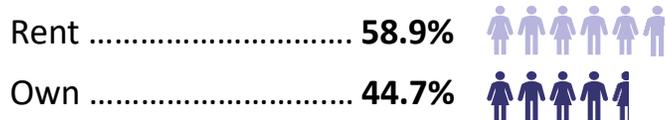
Children in Household



Education



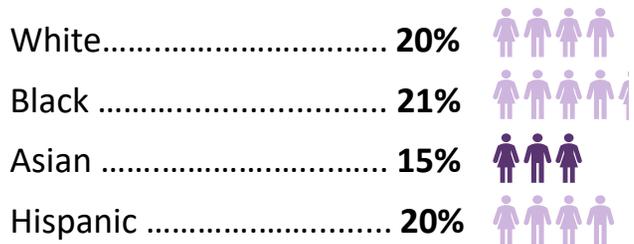
Home Ownership



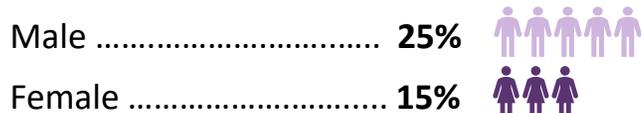
 = 10%

Adolescent Meeting Physical Activity Guidelines

Race/Ethnicity



Gender



 = 5%

PHYSICAL ACTIVITY

Community Health Importance

- Regular physical activity can:
 - Lower the risk of early death
 - Promote psychological well-being
 - Improve the health and quality of life for all ages, regardless of the presence of a chronic disease or disability
- Regular physical activity can help reduce:
 - Obesity
 - High blood pressure
 - Diabetes
 - Coronary heart disease
 - Colon cancer
 - Falls
 - Muscle loss
 - Osteoporosis
 - Depression and anxiety
- The built environment affects physical activity levels. People with poor environmental resources for physical activity (rural areas, lack of sidewalks and parks, etc.) tend to have lower levels of physical activity

Community Thoughts

People outside, physically active. Inclusive activities that bring people together.

Physical health (i.e. bike paths connecting cities) is important to community.

Olmsted County Summary

- 46% of adults meet the physical activity guidelines
- 20% of adolescents are physically active at least 60 minutes per day
- Olmsted County has a slightly higher rate of adults who get any physical activity than Minnesota and the United States
- Since 2013, adults getting the recommended amount of physical activity has decreased
- Disparities are connected to children living in household, education level, home ownership, race, ethnicity, and gender

MOTOR VEHICLE INJURY PREVENTION

A variety of strategies that are used to prevent road users from being killed or seriously injured

Prevalence – Olmsted County Adults



98%
always wear seat belt



82%
have distractive driving behaviors (mobile devices)

9th & 11th Graders

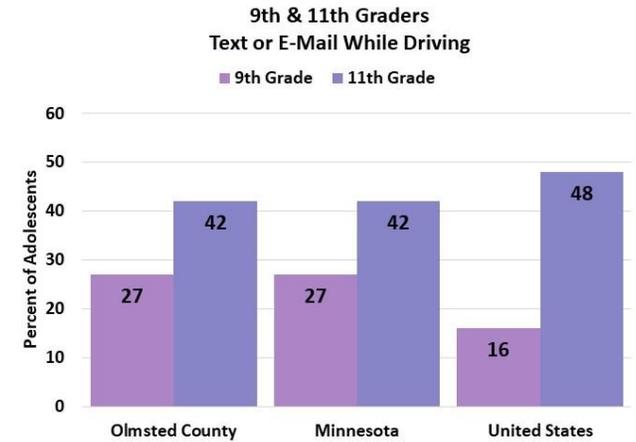
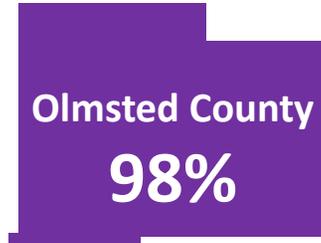


85%
always wear seat belt

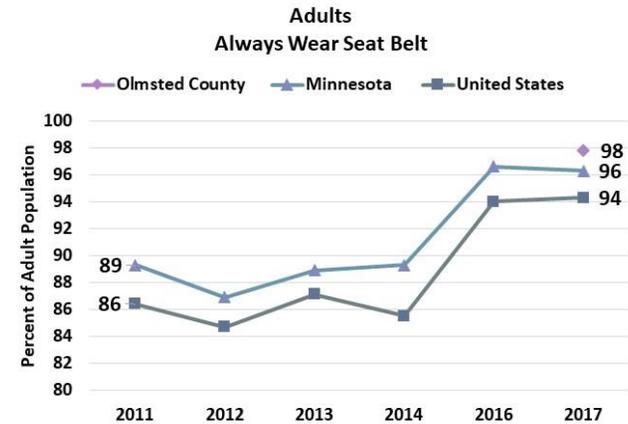


37%
text or e-mail while driving

Adults Always Wear Seat Belt



Trend Data



Olmsted County
No trend available

Data Sources:

Olmsted County: Olmsted County CHNA Survey; Minnesota Student Survey

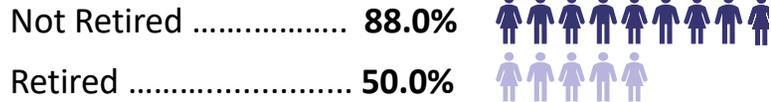
Minnesota: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Minnesota Student Survey

United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

Key Health Disparities

Adult Distracted Driving

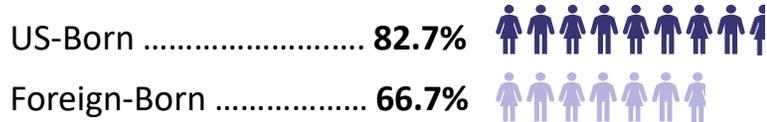
Retirement



Income



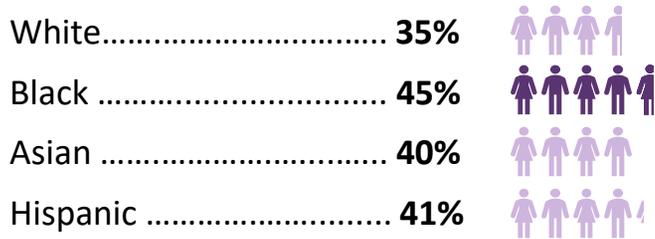
Birthplace



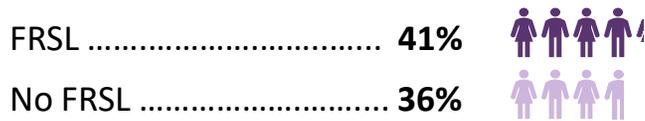
 = 10%

Adolescent Texting or E-mailing

Race/Ethnicity



Free or Reduced School Lunch (FRSL)



 = 10%

MOTOR VEHICLE INJURY PREVENTION

Community Health Importance

- Driver behavior is a leading contributing factor in crashes
- Traffic crashes are a leading cause of death for youth and adolescents
- Traffic injuries and deaths have a high economic impact and an immeasurable burden on the victims' families and communities
- There can be further repercussions such as:
 - Financial and emotional stress
 - Disability
 - Potential criminal implications

Olmsted County Summary

- 82% of adults have distractive driving behaviors
- 37% of adolescents text or email while driving
- Olmsted County has a higher rate of adults who wear their seat belt than Minnesota and the United States
- Disparities are connected to retirement status, income, birthplace, race, ethnicity, and free or reduced school lunch

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HEALTH FACTORS Clinical Care

- Immunizations
- Insurance Coverage
- Access to Care
- Youth Dental Care

IMMUNIZATIONS

A method by which people become protected against specific infectious diseases through administration of a vaccine

Prevalence – Olmsted County



40%
influenza
vaccination
rate

72%

children have completed
childhood vaccination
series on time



Selected Vaccine Preventable Diseases
Number of Cases

	Varicella	Mumps	Pertussis
2013	9	0	40
2014	12	0	32
2015	3	0	47
2016	8	1	165
2017	5	0	19
2018	8	1	25

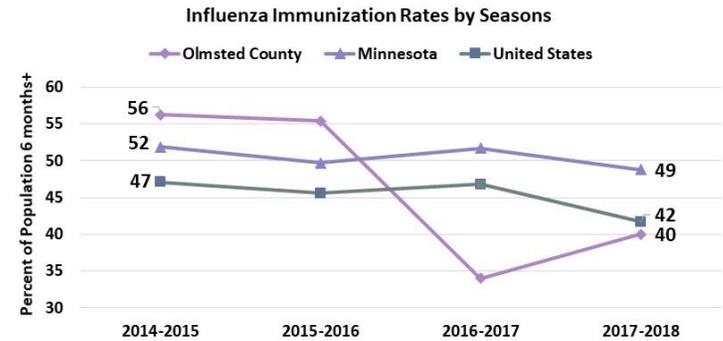
Influenza Immunization Rates

Olmsted County
40% Influenza
72% Childhood

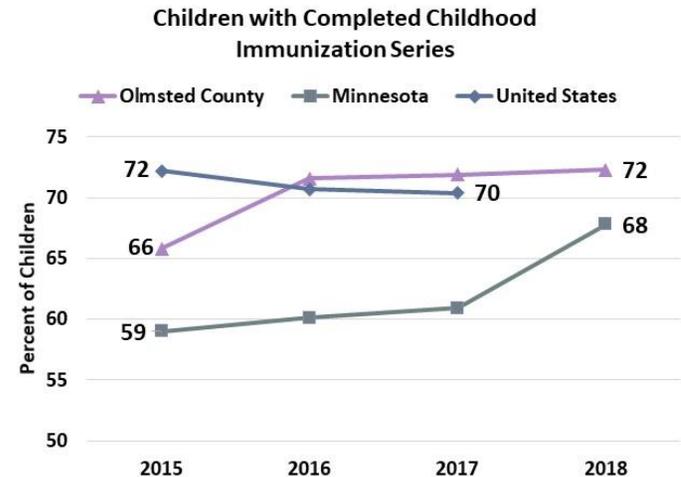
Minnesota
49%
Influenza
68%
Childhood

United States
42% Influenza
70% Childhood

Trend Data



↓ 29% Olmsted County
change from 2014-2015 to
2017-2018

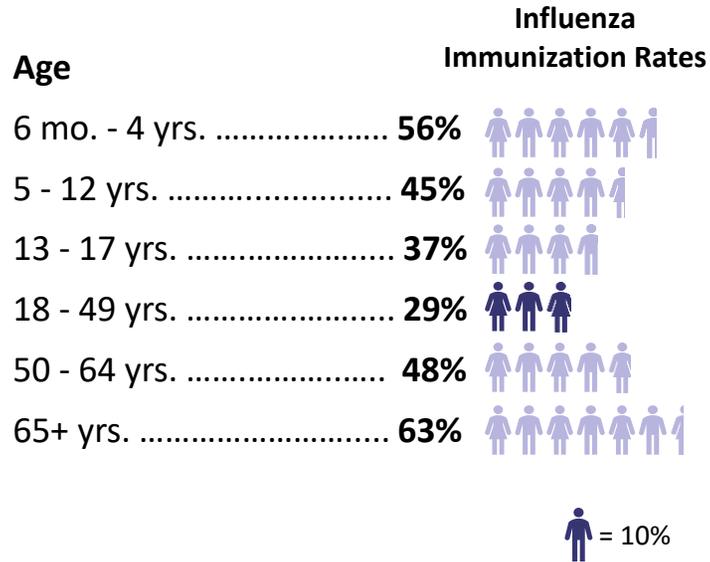


↑ 10% Olmsted County
change from 2015 to 2018

Data Sources:

Olmsted County and Minnesota: SE Minnesota Immunization Information Connection; Minnesota Department of Health Data Access; Minnesota Department of Health Electronic Data Surveillance System
United States: Centers for Disease Control and Prevention FluVax View

Key Health Disparities



IMMUNIZATIONS

Community Health Importance

- Each birth cohort vaccinated with the routine immunization schedule:
 - Saves lives
 - Prevents disease
 - Reduces healthcare costs
- Contributing factors that affect immunization rates include:
 - Access to quality health care
 - Insurance coverage
 - Likelihood that providers recommend vaccination
 - Attitudes and cultural beliefs about vaccines
 - Concerns about vaccine safety

Community Thoughts

Vaccines are valued here – it's a strength of Rochester.

... culture is tied to information gaps or misinformation, especially around vaccines.

People not vaccinating their kids, putting the rest of the community at risk especially the vulnerable.

Olmsted County Summary

- 40% of residents receive seasonal influenza vaccine
- 72% of children have completed the childhood immunization series on time
- Olmsted County has a lower rate of residents who have received the influenza vaccine than Minnesota and the United States
- Olmsted County has a higher rate of children who have completed the childhood immunization series on time than Minnesota and the United States
- Since 2014, influenza vaccine rates have decreased
- Since 2015, children completing the childhood immunization series on time have increased
- Disparities for influenza rates are connected to age

INSURANCE COVERAGE

Includes health, prescription, mental health, and dental care insurance coverage

Prevalence – Olmsted County Adults



76%
have dental and
prescription
insurance coverage



78%
have dental
insurance coverage

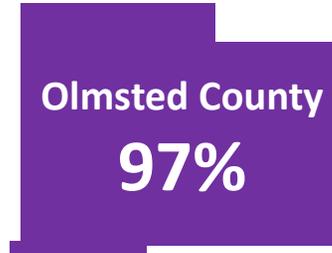


94%
have prescription
insurance coverage



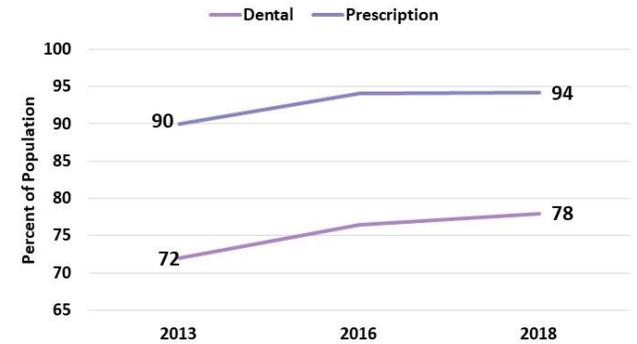
26%
of those who delayed any
medical, mental or dental
care, did so because they
didn't have insurance

Adult Health Insurance Coverage



Trend Data

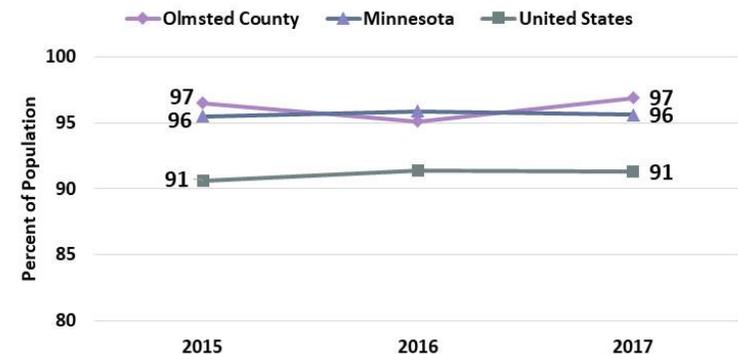
Olmsted County
Insurance Covering Dental & Prescriptions



↑ 8% change in dental coverage from 2013 to 2018

↑ 5% change in prescription coverage from 2013 to 2018

Health Insurance



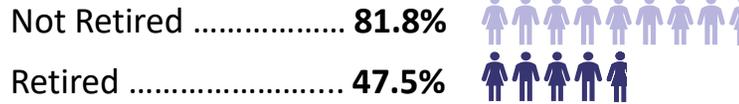
Data Sources:

Olmsted County: Olmsted County CHNA Survey; United States Census Bureau American Fact Finder
Minnesota and United States: United States Census Bureau American Fact Finder

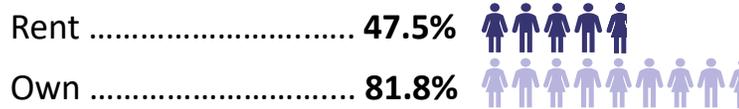
Key Health Disparities

Dental and Prescription Insurance Coverage

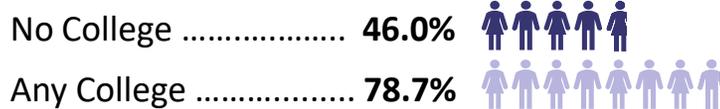
Retirement



Home Ownership



Education



 = 10%

INSURANCE COVERAGE

Community Health Importance

- Insurance coverage is associated with:
 - Having a regular doctor
 - Receiving timely preventive care services
 - Better management of chronic health conditions
 - Improved health status
 - Greater workforce participation
 - Longer life expectancy
- Lack of insurance is a fiscal burden
- Lack of insurance is a primary barrier to health care access
- The benefits of expanding coverage outweigh the costs for added services

Community Thoughts

... it's harder for seniors to get insurance.

... Insured but not approved for surgery. I'll see you at ER then.

[In regard to mental health] I wish there were more help for people that don't have insurance.

Olmsted County Summary

- 76% of adults have prescription and dental insurance coverage
- Olmsted County has a higher rate of adults with health insurance coverage than Minnesota and the United States
- Since 2013, the number of adults with prescription and dental insurance coverage has increased
- Disparities are connected to retirement status, home ownership, and education level

ACCESS TO CARE

The ease with which an individual can obtain needed medical, dental, and mental health services

Prevalence – Olmsted County Adults



22%

do not have primary health care provider

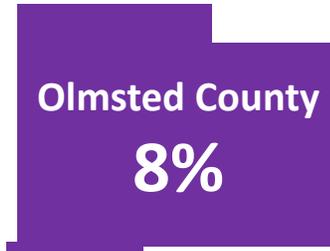
29%

have delayed any care

Top Reasons for Delaying Care

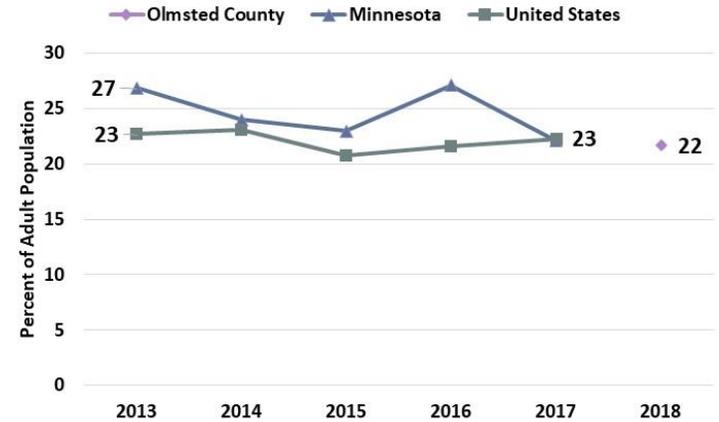
Top reasons for delaying care	18% delayed medical care	9% delayed dental care	7% delayed mental health care
Cost too much	X	X	X
Work/family obligations	X	X	
Couldn't get appointment	X		
No insurance		X	
Afraid of what others might think			X
Didn't know where to go			X

Delayed Medical Care Because of Cost



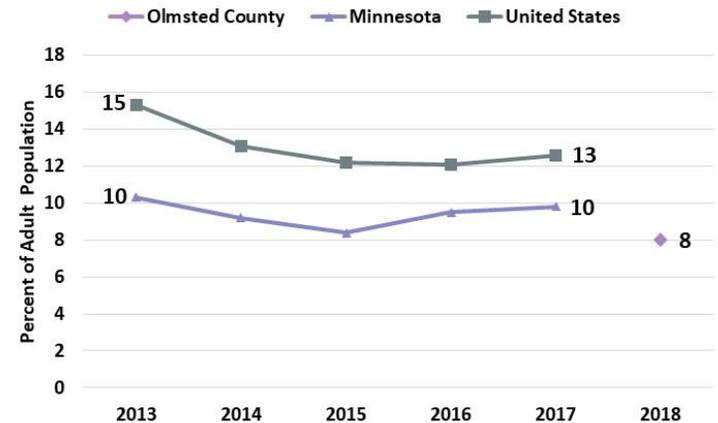
Trend Data

No Primary Health Care Provider



No trend available

Delayed Medical Care Because of Cost



No trend available

Data Sources:

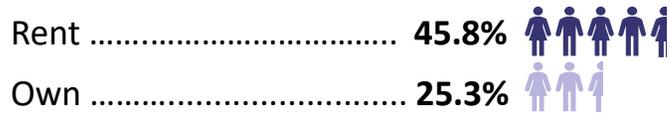
Olmsted County: Olmsted County CHNA Survey

Minnesota and United States: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System

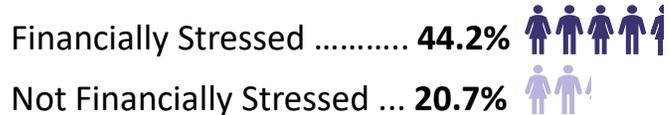
Key Health Disparities

Adults Delaying Access to Any Care

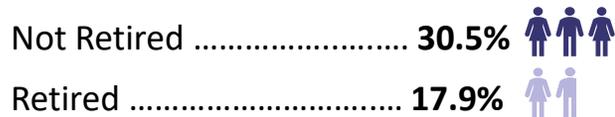
Home Ownership



Financial Stress



Retirement



 = 10%

ACCESS TO CARE

Community Health Importance

- Access to care is a social determinant of health that directly affects health outcomes
- Impacts one's:
 - Overall physical, social, and mental health status
 - Quality of life
- People with a primary health care provider have:
 - Better health outcomes
 - Fewer health disparities
 - Lower health care costs
 - Reduced disability
 - Reduced premature death
 - Ability to get preventive services
 - Reduced hospitalizations

Community Thoughts

*I'm a minor, haven't been to the doctor in two years.
Can't go to doctor because not involved with parents.*

*If you're not white middle class, an immigrant. here looks different
from where you came from and access is challenging.*

*Minorities have access challenges especially for those
newly disabled, the rule of the game changed.*

Number of people not getting needs met. Not referred due to gap in services.

Children can't control lack of resources.

Olmsted County Summary

- 22% of adults do not have a primary healthcare provider
- 29% of adults have delayed medical, dental and/or mental healthcare
- Olmsted County has a lower rate of adults who have delayed medical care because of cost than Minnesota and the United States
- Disparities are connected to home ownership, financial stress, and retirement status

YOUTH DENTAL CARE

Medical and hygiene care related to teeth

Prevalence – Olmsted County Adolescents



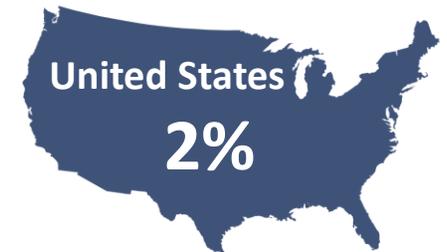
83%
receive routine
dental care
(in last year)

Adolescents
Dental Care in Last Year



Adolescents No Dental Care

Olmsted County
2%



Data Sources:

Olmsted County and Minnesota: Minnesota Student Survey

United States: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

Key Health Disparities

Adolescent
No Dental Care

Free or Reduced School Lunch (FRSL)

FRSL	3%	
No FRSL	1%	

Race/Ethnicity

White.....	1%	
Black	0%	
Asian	4%	
Hispanic	1%	

Gender

Male	2%	
Female	1%	

 = 1%

YOUTH DENTAL CARE

Community Health Importance

- Tooth decay remains the most common chronic disease among children ages 5 to 17
- Many oral disorders and diseases are preventable
- Access to oral health care is limited largely due to inadequate insurance coverage and limited supply of providers
- Children who have poor oral health often miss more school and receive lower grades than children who don't
- Oral health has an impact on physical health, and is associated with:
 - Diabetes
 - Heart disease
 - Stroke
 - Cancer

Community Thoughts

Dental, not enough people have insurance.

Olmsted County Summary

- 83% of adolescents received dental care in the last year
- 2% of adolescents have never received dental care
- Olmsted County has higher rates of adolescents who received dental care in the last year than Minnesota
- Olmsted County, Minnesota, and the United States the same rates for adolescents who have never received dental care
- Disparities are connected to free or reduced school lunch, race, ethnicity, and gender

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HEALTH FACTORS Social and Economic Factors

- **Education Level**
- **Financial Stress**
- **Homelessness**
- **Living Wage**
- **Food Security**
- **Safe From Fear and Violence**
- **Community Mobility**
- **Early Childhood Screening**
- **Social Connectedness**
- **Community Resiliency**
- **Human Trafficking**
- **Community Inclusiveness**

EDUCATIONAL LEVEL

Four-year high school graduation rate

Prevalence – Olmsted County



86%

**4-year
high school
graduation rate**



4%

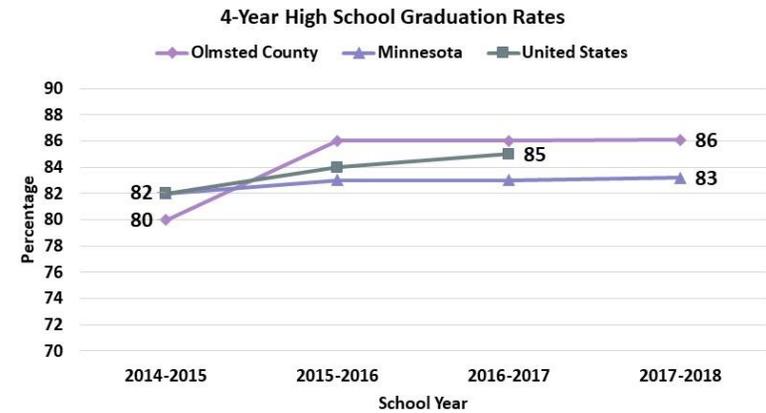
**high school
drop-out rate**

4-Year High School Graduation Rates

**Olmsted County
86%**



Trend Data



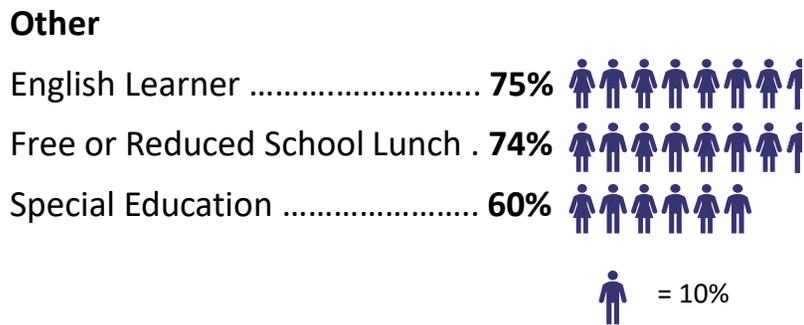
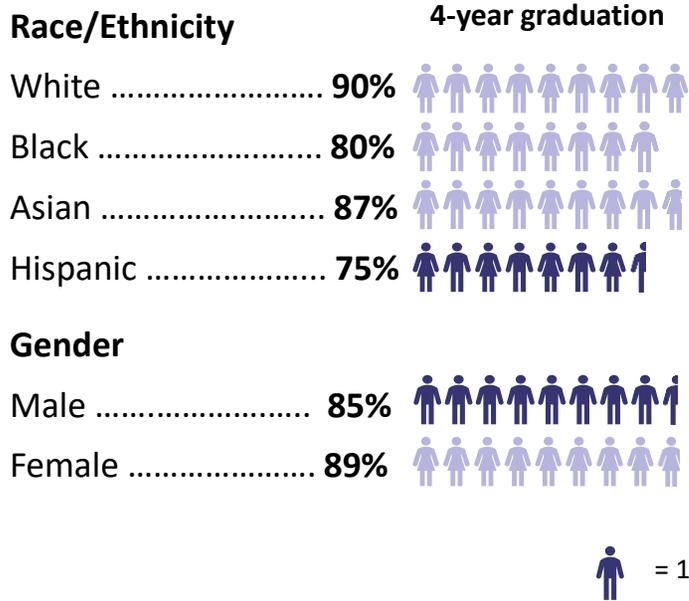
**Olmsted County
change from
2014-2015 to 2017-2018**

Data Sources:

Olmsted County and Minnesota: Minnesota Department of Education

United States: United States Department of Education's National Center for Education Statistics

Key Health Disparities



Community Thoughts

We aren't as good as we think we are. Our education gap is really why I say that. That is the crux of everything.

See inequity in community schools. There's a difference between the bottom rung of Maslow's hierarchy and we need to do a better job of bridging that gap.

EDUCATIONAL LEVEL

Olmsted County Four-Year Graduation Rate Changes by Demographics			
	2009-2010	2017-2018	% Change
Asian/Pacific Islander	75%	87%	↑ 16%
Hispanic	52%	75%	↑ 44%
Black (African and African American)	47%	80%	↑ 70%
Eligible for Free/Reduced Meals	54%	74%	↑ 37%
English Learner	48%	75%	↑ 56%
White, Non- Hispanic	85%	90%	↑ 6%
All Groups	80%	86%	↑ 8%

Community Health Importance

- Higher education is linked to:
 - Higher incomes
 - Better employment options
 - Increased social supports
 - Opportunities for healthier choices
 - Increased life expectancy
- Lower education associated with:
 - Low health literacy
 - Higher levels of risky behaviors

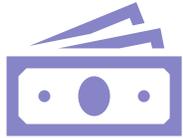
Olmsted County Summary

- 86% of high schoolers are graduating in four years
- Olmsted County, Minnesota and the United States have similar rates
- Since the 2014-2015 school year, graduation rates have increased
- Disparities are connected to race, ethnicity, English learner, free or reduced school lunch, and enrollment in special education

FINANCIAL STRESS

A condition that occurs whenever household income is less than desired outgo; the difficulty that a household may have in meeting basic financial commitments

Prevalence – Olmsted County

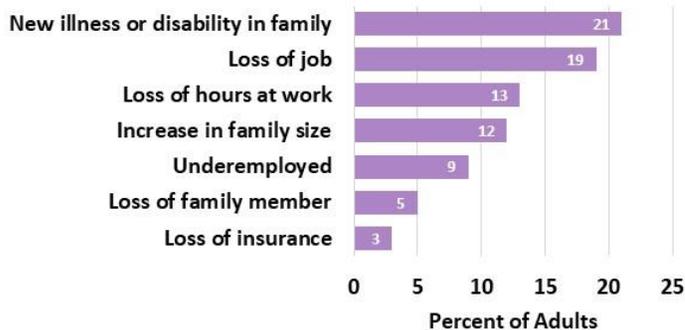


33%
of adults are
financially
stressed

Worried or stressed about not being able to pay:

Credit cards	51%
Medical bills	39%
Rent or mortgage	34%
Utilities	22%
Health or auto insurance	22%
Groceries	19%
Child care	6%

Life Events Contributing to Financial Stress



Paying >30% on Housing

Olmsted County
23%

Minnesota
27%

United States
35%

\$827

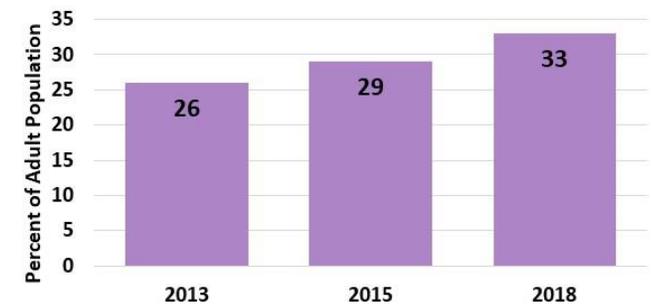
Median Gross Rent

Olmsted County Residents Paying More Than 30% of their Income for Housing, 2019



Trend Data

Olmsted County
Financially Stressed

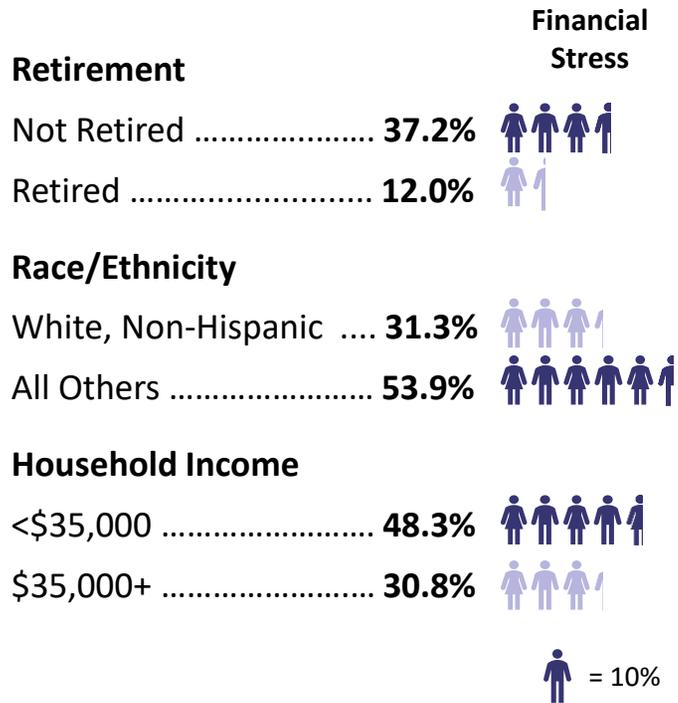


↑ 27% change from 2013 to 2018

Data Sources:

Olmsted County: Olmsted County CHNA Survey; United States Census Bureau American Community Survey; Minnesota Housing Partnership, American Community Survey, United States Census Bureau
Minnesota and United States: United States Census Bureau American Community Survey

Key Health Disparities



FINANCIAL STRESS

Community Health Importance

- Financial stress is linked to:
 - Poor quality of life
 - Access to care issues
 - Anxiety and depression
 - Unhealthy coping behaviors
 - Heart disease
 - Diabetes
 - Hypertension
 - Increased workplace absenteeism
 - Diminished workplace performance
 - Housing problems
 - Poor school attendance and behavioral issues for children

Community Thoughts

*Building communities - minimal economical stress within a community.
Being careful not to lock out others from the community.*

*Lack of affordable housing affects people’s ability to lead healthy lives.
If you can’t afford housing where is exercise?*

Affordable housing. People have to pick between eating and going to the doctor.

Olmsted County Summary

- 33% of adults are financially stressed
- Credit cards, medical bills, and rent or mortgage contribute the most to financial stress
- Olmsted County has a lower rate of residents paying more than 30% of their income for housing than Minnesota and the United States
- Since 2013, financial stress rates have increased
- Disparities are connected to retirement status, race, ethnicity, and income

HOMELESSNESS

Lacking a permanent place to live

Prevalence – Olmsted County

Rochester Salvation Army Warming Center



150

persons served
December 2018 -
February 2019

Nightly Usage

< 5 nights	79
6-9 nights	21
10-19 nights	24
20-29 nights	17
> 30 nights	9

Adolescents



6%

in last 12 months, stayed
in a shelter, somewhere not
intended to be a place to live, or
someone else's because they
had no other place to stay

Homelessness

Olmsted County
355 families
335 singles



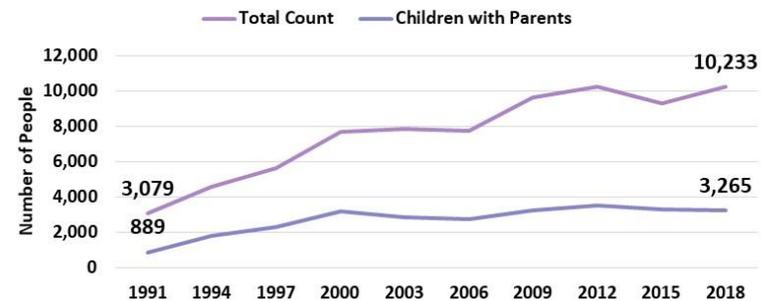
SE Minnesota



589
homeless
persons

Trend Data

Number of People Experiencing Homelessness
in Minnesota, 1991 - 2018
One-night study counts of the MN homeless population



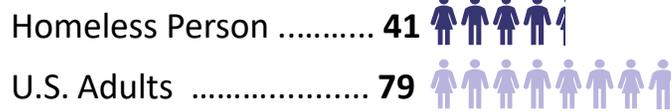
↑ 232% change in number of people
experiencing homelessness from
1991 to 2018

Data Sources:

Rochester: Rochester Minnesota Salvation Army
Olmsted County: Wilder Homeless Needs Assessment; Minnesota Student Survey
SE Minnesota: Wilder Homeless Needs Assessment
Minnesota: Minnesota Homeless Study; mnhomeless.org
United States: HUD Point-in-Time County; National Healthcare for the Homeless Council

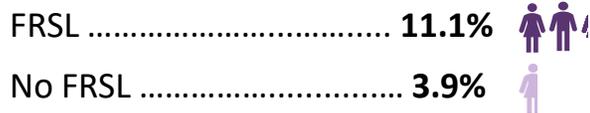
Health Disparities

Life Expectancy

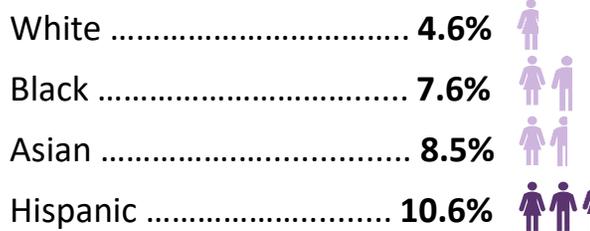


= 10 years

Free or Reduce School Lunch (FRSL)



Race/Ethnicity



Gender



= 5%

HOMELESSNESS

Community Health Importance

- Not having a home can make it harder for individuals to:
 - Find a job
 - Stay healthy
 - Maintain relationships
- Increases chances of:
 - Feeling isolated
 - Substance use
 - Experiencing physical or mental health problems
 - Anti-social behavior
 - Involvement with the criminal justice system
 - Human trafficking
- The longer someone experiences homelessness, the more difficult it can be to find stable housing

Community Thoughts

Homeless - realizing now how big it is with bad weather.

Housing for young adults; Rochester has a homeless problem. I have been living on a couch for months, but they don't help.

Olmsted County Summary

- 150 people were served by the Salvation Army Warming Center
- There are 589 people experiencing homelessness in Southeast Minnesota
- 6% of adolescents stayed in a shelter, somewhere not intended to be a place to live, or someone else's because they had no other place to stay in the last 12 months
- Minnesota homelessness rates have increased since 1991
- Homelessness is connected to lower life expectancy
- Disparities are connected to free or reduced school lunch, race, ethnicity, and gender

LIVING WAGE*

The hourly rate that an individual must earn to support their family with typical (basic) monthly expenses in a specific community

Olmsted County Living Wage, 2018



Data Sources:

Massachusetts Institute of Technology Living Wage Calculator (USDA's low-cost food plan national average; National Association of Child Care Resource and Referral Agencies; Consumer Price Index inflation multiplier from the Bureau of Labor Statistics; Bureau of Labor Statistics Consumer Expenditure Survey; Agency for Healthcare Research and Quality; HUD Fair Market Rents (FMR) estimates; Urban-Brookings Tax Policy Center Microsimulation Model; American Community Survey; United States Department of Labor

*data development measure

Minimum Hourly Wage



Source: Minimum-Wage.org

LIVING WAGE

Community Health Importance

- People with living wage jobs are able to:
 - Afford healthy diets
 - Make more social connections
 - Have better mental health
 - Access quality healthcare
- Earning a livable wage can:
 - Decrease premature deaths
 - Increase overall well-being

Community Thoughts

... can't afford to live on own in Rochester. I am being priced out. It frustrates me to hear about what other people are going through.

Can't afford to live here. Food desert. Time or money. Rural vs. urban.

*Full time minimum wage jobs...Can barely buy groceries.
"Either I pay my rent or..."*

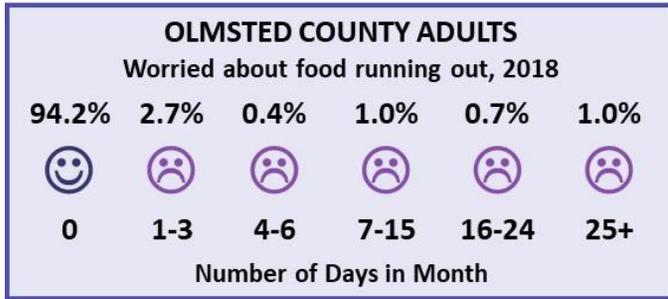
Olmsted County Summary

- Living wage is dependent on many factors including the number of earners and children in the household, for example:
 - A single person with no children needs to earn \$12 an hour compared to a dual adult household, single earner with two children needs to earn \$26 an hour
- Minnesota's minimum wage is higher than the United States

FOOD SECURITY

The availability of food and individuals' accessibility to it, including affordability

Prevalence – Olmsted County



Adolescents

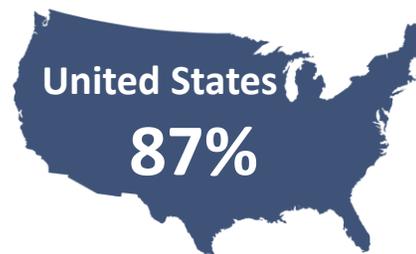
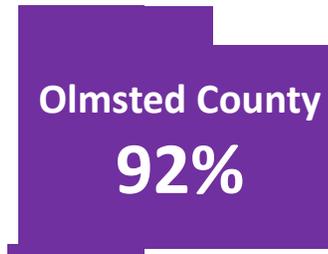


skip meals because there isn't enough money to buy food

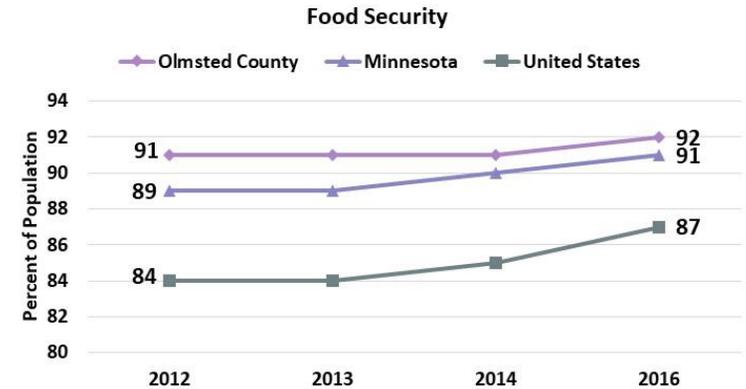
Average Cost of a Meal In Olmsted County



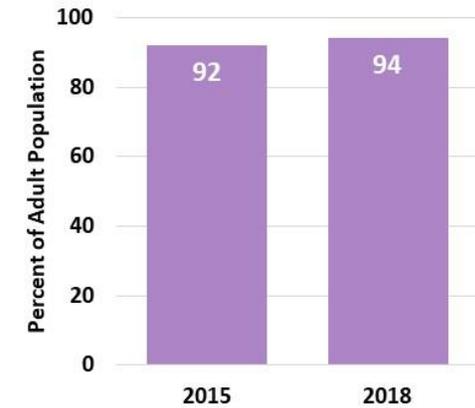
Food Security



Trend Data



Olmsted County Food Security



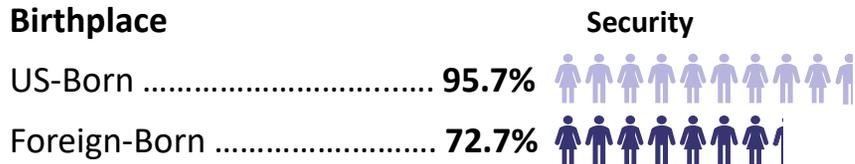
↑ 2% change from 2015 to 2018

Data Sources:

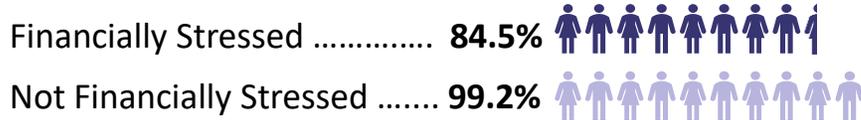
Olmsted County: Feeding America; Olmsted County CHNA Survey; Minnesota Student Survey
Minnesota and United States: Feeding America

Key Health Disparities

Adult Food Security



Financially Stressed

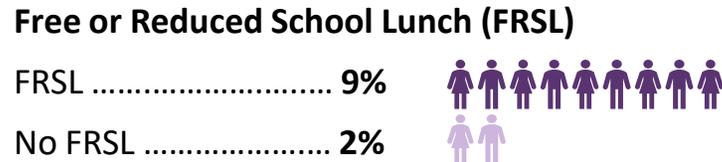


Household Income

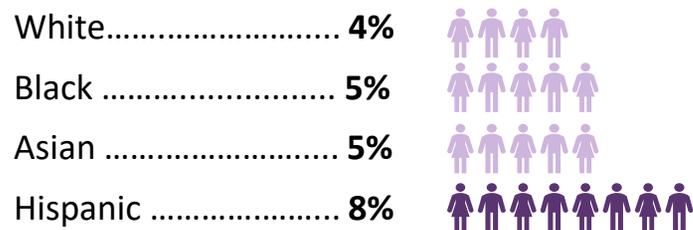


 = 10%

Adolescent Skipped Meals



Race/Ethnicity



 = 1%

FOOD SECURITY

Community Health Importance

- Many families experiencing food insecurity have several, if not all, compounding factors, which make maintaining good health extremely difficult
- A person's diet has a significant influence on health and overall well-being
- Food insecurity has been associated with:
 - Lower nutrient intake
 - Negative health outcomes
 - Weight gain
 - Premature mortality
 - Depression
 - Stress
 - Hypertension
 - Diabetes
 - Overall poor health
- Children also experience negative health affects including:
 - Developmental delays
 - Behavioral issues
 - Poor oral health
 - Chronic conditions later in life

Community Thoughts

Social-economic conditions, access to having basic needs fulfilled, shelter, food, clothing, and community.

...food crisis can happen to any of us.

Lacking grocery stores outside of Rochester [is an issue].

Olmsted County Summary

- 94% of residents are not worried about running out of food
- 4% of adolescents skip meals because there isn't enough money to buy food
- Olmsted County, Minnesota, and the United States have similar rates of food security
- Since 2012, food security rates have increased
- Disparities are connected to birthplace, financial stress, income, free or reduced school lunch, race, and ethnicity

SAFE FROM FEAR AND VIOLENCE

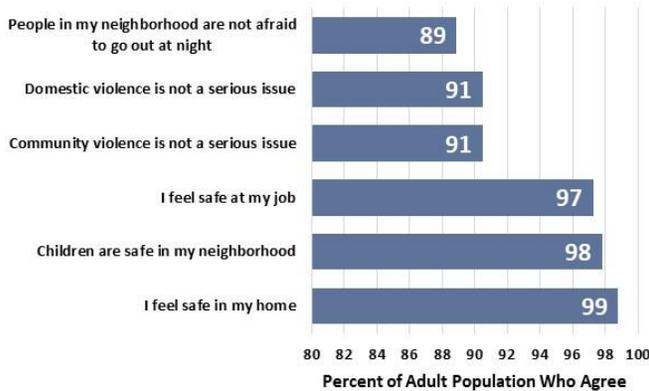
An individual's perception of safety at home, school, work, and in the community

Prevalence – Olmsted County Adults



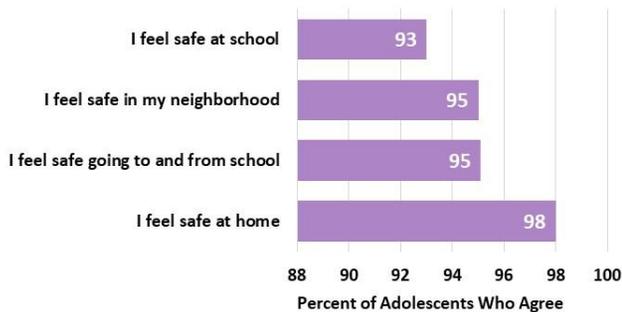
80%
feel safe

Safe From Fear & Violence

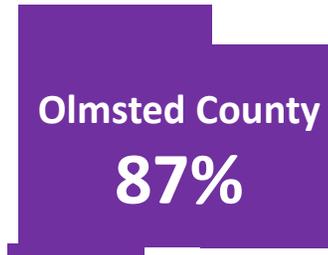


87%
feel safe

Safe from Fear & Violence Adolescents

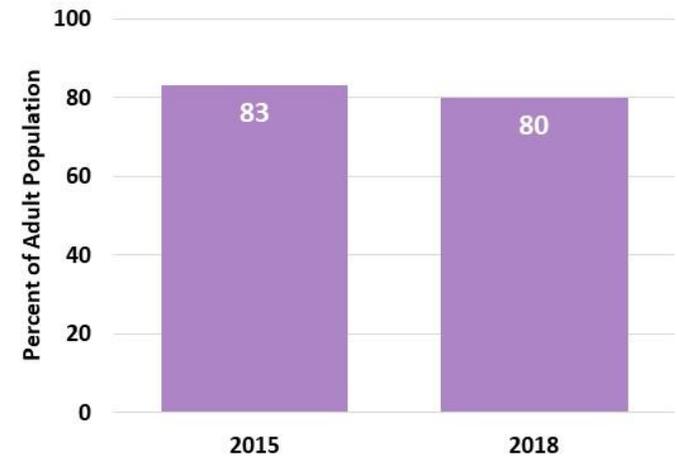


Adolescents Who Feel Safe



Trend Data

Olmsted County Adults Who Feel Safe from Fear & Violence

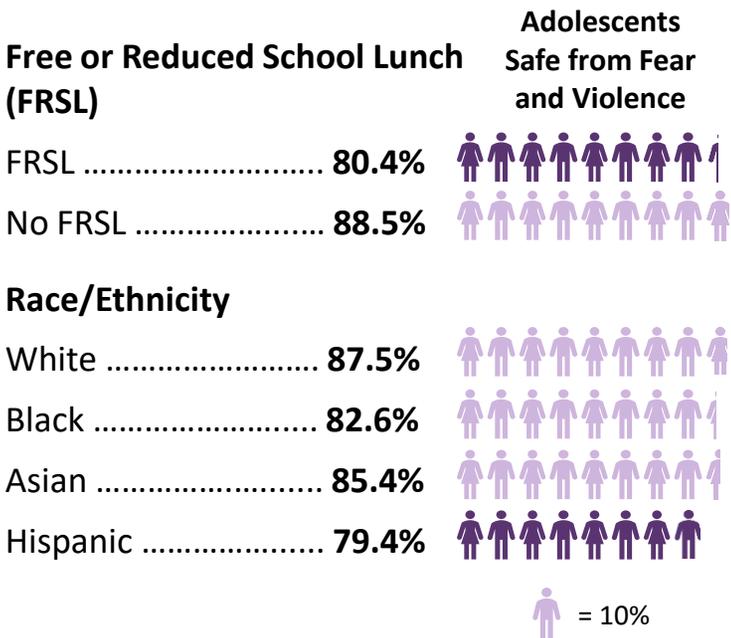
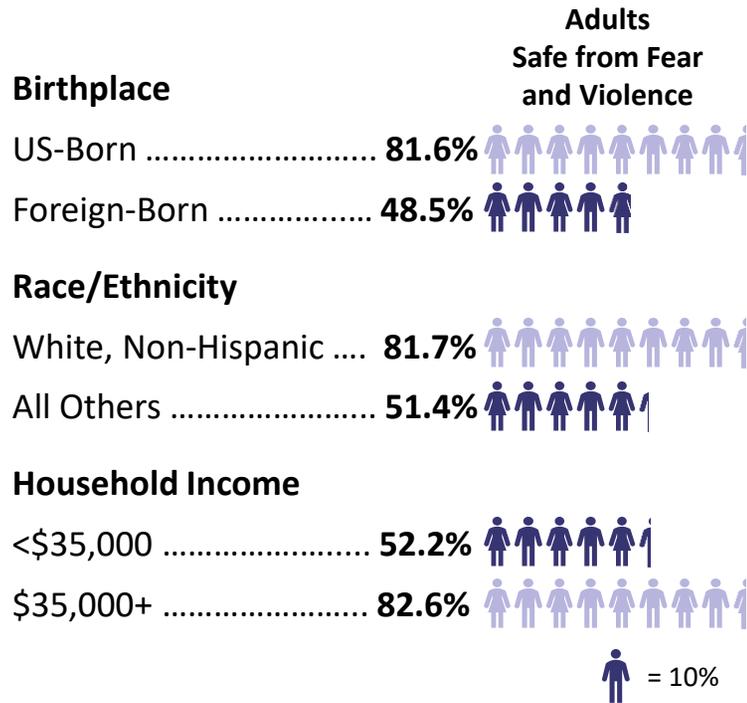


4% change from 2015 to 2018

Data Sources:

Olmsted County: Olmsted County CHNA Survey; Minnesota Student Survey
Minnesota: Minnesota Student Survey

Key Health Disparities



SAFE FROM FEAR & VIOLENCE

Community Health Importance

- Feeling unsafe can affect:
 - Health outcomes
 - Psychological well-being
 - Functioning
 - Physical safety
 - Quality of life
 - Relationships
 - Connectedness
- Neighborhood safety can be an economic burden related to:
 - Lost wages
 - Lowered productivity
 - Increased medical costs
 - Increased costs associated with law enforcement, court services and detention facilities

Community Thoughts

People form communities to feel safe.

Need to develop safe communities.

Community safety allows people to be outside.

Don't feel safe, don't engage.

Kids from hard home environment struggle to learn.

Olmsted County Summary

- 80% of adults feel safe from fear and violence, which includes:
 - Not afraid to go out at night
 - Domestic violence is not a serious issue
 - Community violence is not a serious issue
 - Feeling safe at work
 - Children are safe in neighborhoods
 - Feeling safe at home
- 87% of adolescents feel safe, which includes feeling safe:
 - At school
 - In their neighborhood
 - Going to and from school
 - At home
- Olmsted County and Minnesota have the same rate of adolescents who feel safe
- Since 2015, feeling safe from fear and violence rates have decreased
- Disparities are connected to birthplace, race, ethnicity, income, and free and reduced school lunch

COMMUNITY MOBILITY

Enables safe, convenient, and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation

Prevalence – Olmsted County



8%

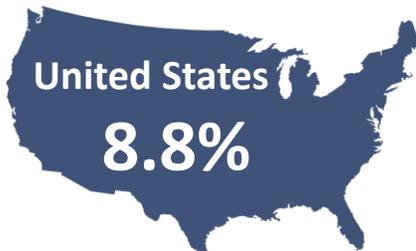
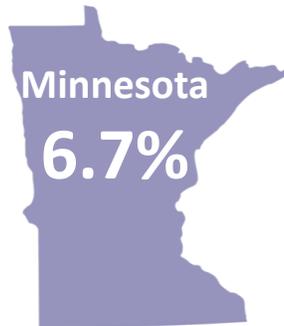
have inadequate transportation options

Lack of Transportation Prevents:

- Social functions
- Errands
- Work
- Medical appointments
- Child care

Households with no Vehicle

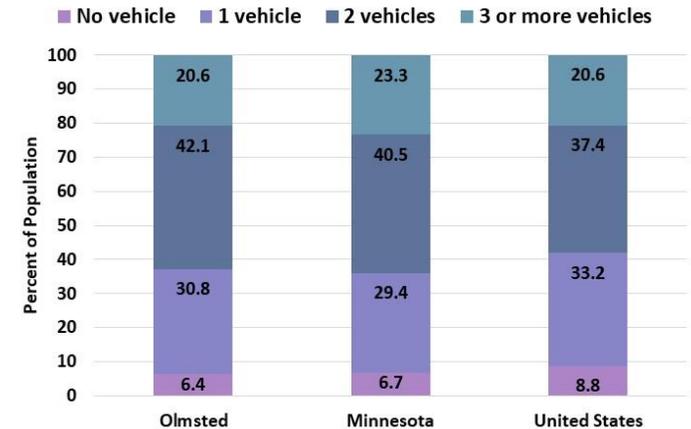
Olmsted County
6.4%



Public Transit Used to get to Work

Olmsted County	5.4%
Minnesota	3.7%
United States	5.1%

Number of Vehicles in Household



Modes of Transportation Utilized

Drive	94%
Others drive	12%
Walk	15%
Ride bike or scooter	8%
Public transportation	6%
Taxi/ride share	3%
Special transportation services	1%

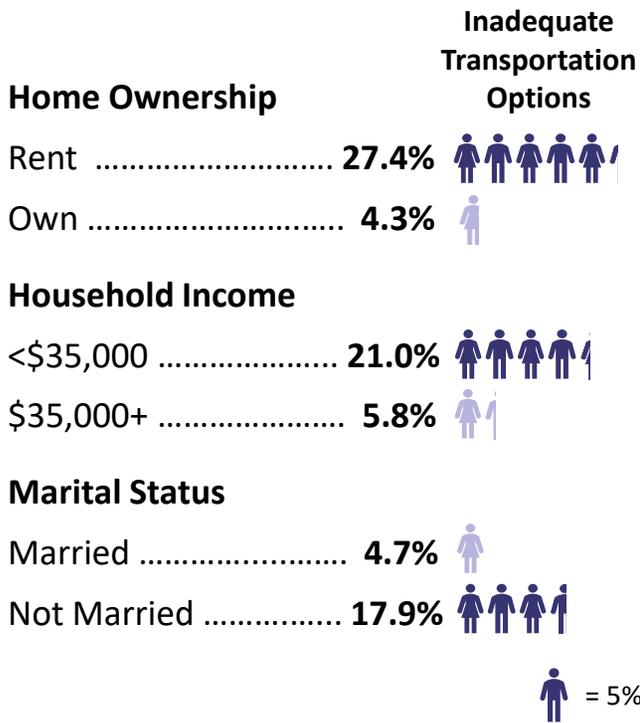
Average Commute Time to Work

Olmsted County	17.5 minutes
Minnesota	23.4 minutes
United States	26.4 minutes

Data Sources:

Olmsted County: Olmsted County CHNA Survey; United States Census Bureau American Community Survey
Minnesota and United States: United States Census Bureau American Community Survey

Key Health Disparities



COMMUNITY MOBILITY

Community Health Importance

- Essential for:
 - Accessing services and products
 - Participating in social, cultural, and physical activities
- Is hindered by:
 - A lack of awareness and resources
 - Lack of parks, sidewalks, bicycle trails, and/or safe walking paths convenient to homes or offices
- There's an equity issue when it comes to safe places to be active, where designated walking and biking trails are not as common in rural areas and in areas with lower socioeconomic populations

Community Thoughts

Distance matters for access. Not everyone can walk everywhere.

Transportation to and from Rochester to get to healthcare is hard.

Loops require long rides and long waits and causes challenges for elderly. City bus stops are very difficult to get to.

I've never carpooled but am open to it. Don't need a car during day. Need more options/access to carpooling.

Olmsted County Summary

- 8% of adults have inadequate transportation options
- Driving is the top mode of transportation utilized
- Olmsted County, Minnesota, and the United States have similar rates of households with no vehicles
- Olmsted County and the United States have a higher rate of residents using public transportation to go to work than Minnesota
- Olmsted County has a lower average commute time than Minnesota and the United States
- Disparities are connected to home ownership, income, and marital status

EARLY CHILDHOOD SCREENING

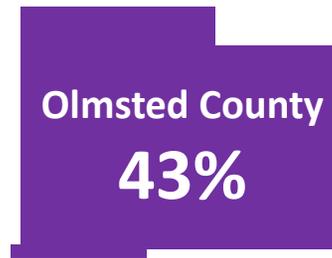
Detection of developmental problems at an early age in order to appropriately target intervention

Prevalence – Olmsted County



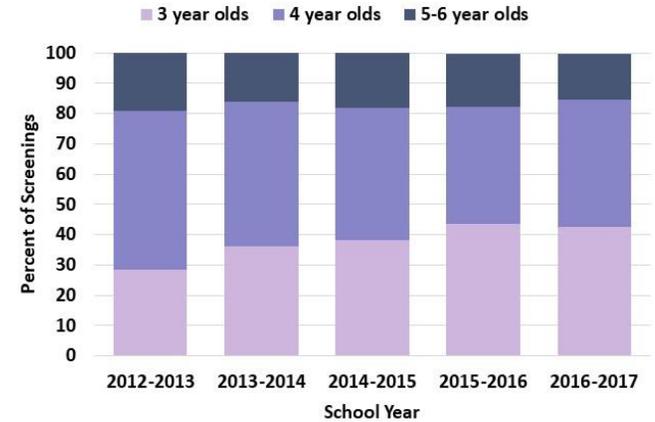
43%
of early childhood screenings are done by age 3

Early Childhood Screening by 3-years of age

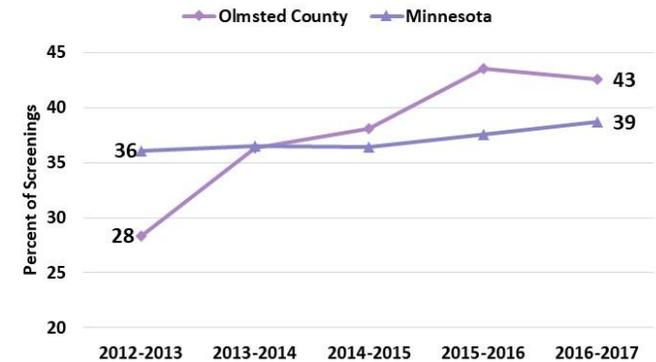


Trend Data

Olmsted County Public Schools
Early Childhood Screening by Child's Age



Early Childhood Screenings Done by Age 3



Data Sources:

Olmsted County and Minnesota: Minnesota Department of Education



54%

Olmsted County
change from 2012-2013 to 2016-2017

Key Health Disparities

Limited local data is available - this data does not allow for any demographic data breakdown; therefore, differences are unidentifiable.

EARLY CHILDHOOD SCREENING

Community Health Importance

- Has been shown to significantly reduce the lasting effects of developmental disorders in children
- Has been shown to yield benefits in:
 - Academic achievement
 - Behavior
 - Educational progression and attainment
 - Delinquency and crime
 - Labor market success
- Can have a significant impact on a child's ability to learn new skills, as well as reduce the need for costly interventions over time

Olmsted County Summary

- 43% of early childhood screenings are done by age 3
- Olmsted County has a higher rate of children who have early childhood screenings done by age 3 than Minnesota
- Since 2012-2013, the number of early childhood screenings done by age 3 have increased

SOCIAL CONNECTEDNESS

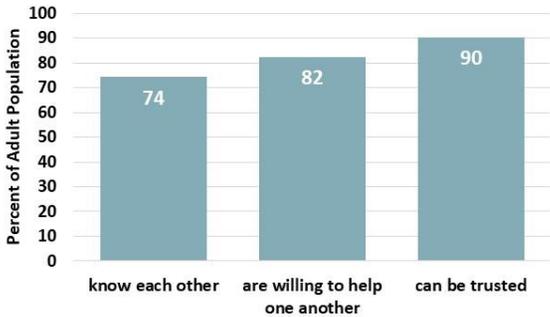
How people come together to support each other as individuals, neighbors, and communities

Prevalence – Olmsted County



68%
of adults are
socially connected

People in my neighborhood:



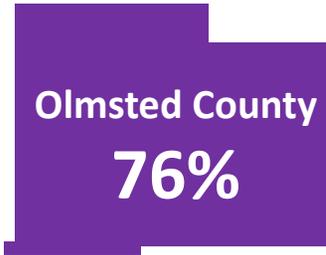
91%
of adults have 2 or more
people they can count on to
help them

76%

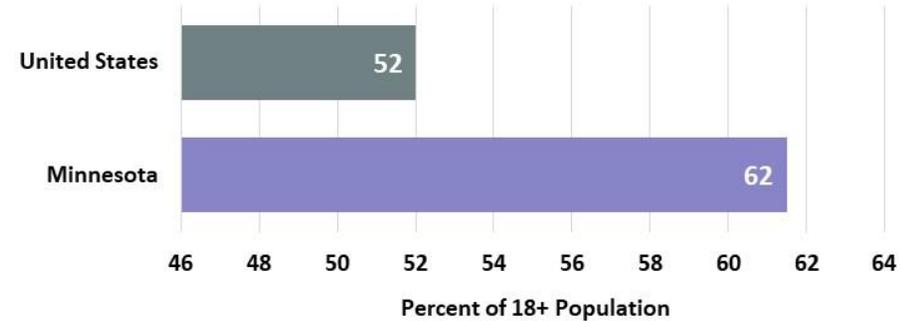


of adolescents build friendships
with other people

Adolescents who Build Friendships

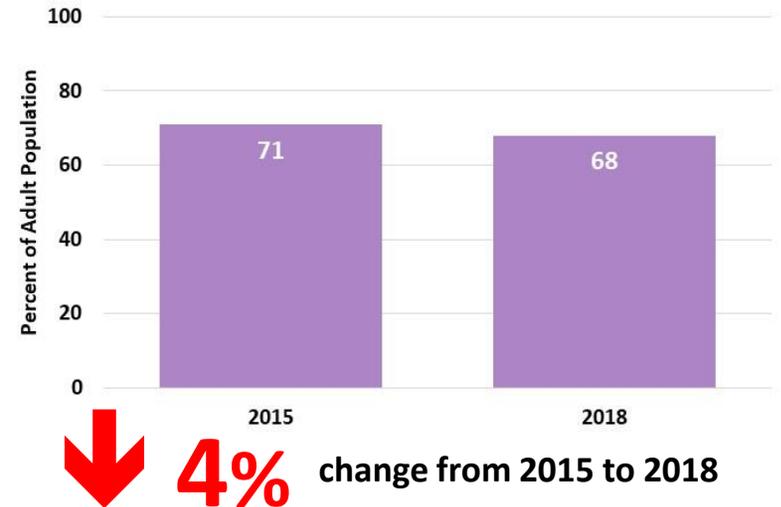


Residents (18+) Who Helped Neighbor in the Past Year



Trend Data

Olmsted County
Socially Connected



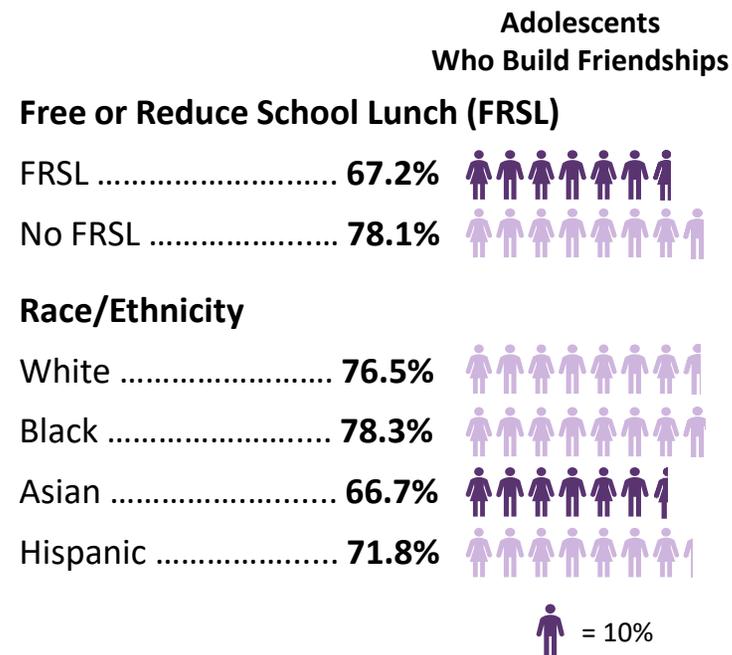
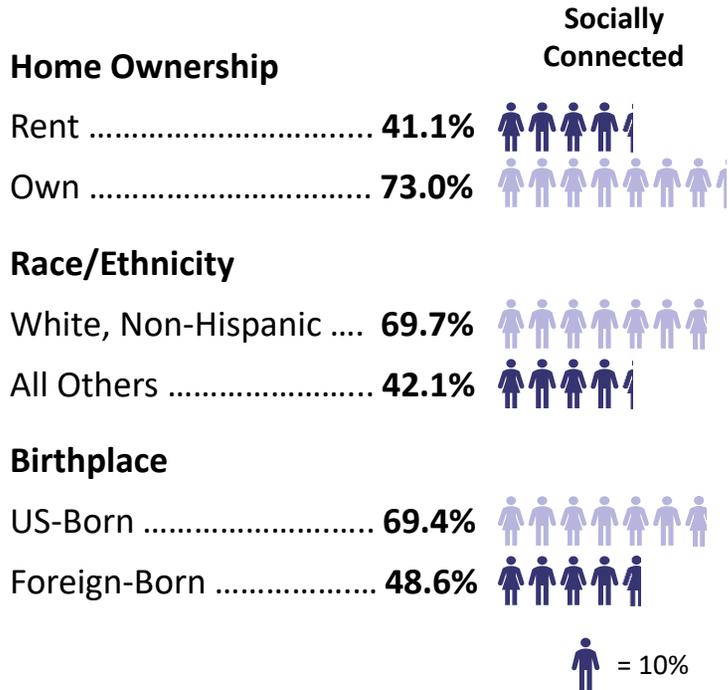
Data Sources:

Olmsted County: Olmsted County CHNA Survey; Minnesota Student Survey

Minnesota: Minnesota Student Survey; Current Population Survey, Volunteering and Civic Life Supplement, conducted by United States Census Bureau for the Bureau of Labor Statistics

United States: Current Population Survey, Volunteering and Civic Life Supplement, conducted by United States Census Bureau for the Bureau of Labor Statistics

Key Health Disparities



SOCIAL CONNECTEDNESS

Community Health Importance

- A person's number of close friends, frequency of interactions with family and friends, trust in neighbors, and level of participation in volunteer activities or community events all play a role in supporting well-being and also influence health, both directly and indirectly
- Strong social ties can have a direct and positive impact on health, including:
 - Improved physical health
 - Improved mental and emotional well-being
 - Increased longevity
 - Strengthened immune system
 - Faster disease recovery
 - Lower blood pressure

Community Thoughts

...where you belong, where you want to look out for everybody

*A healthy community is everyone together and helping;
unhealthy is when people aren't connected.*

A healthy community doesn't have people that are isolated.

If someone is ill, the whole town will help in a small community. Community comes together to help – they care. It gives you a positive feeling of hope. It's rewarding to see people pour out to help.

Olmsted County Summary

- 68% of adults are socially connected, which includes people in their neighborhoods:
 - Knowing each other
 - Willing to help each other out
 - Can be trusted
- 91% of adults have 2 or more people they can count on to help them
- 76% of adolescents build friendships with other people
- Olmsted County and Minnesota have similar rates of adolescents who build friendships with other people
- Since 2015, social connectiveness has decreased
- Disparities are connected to home ownership, race, ethnicity, birthplace, and free and reduced school lunch

COMMUNITY RESILIENCY

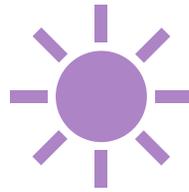
The sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations

Prevalence – Olmsted County



89%
of adults
believe their
community is
resilient

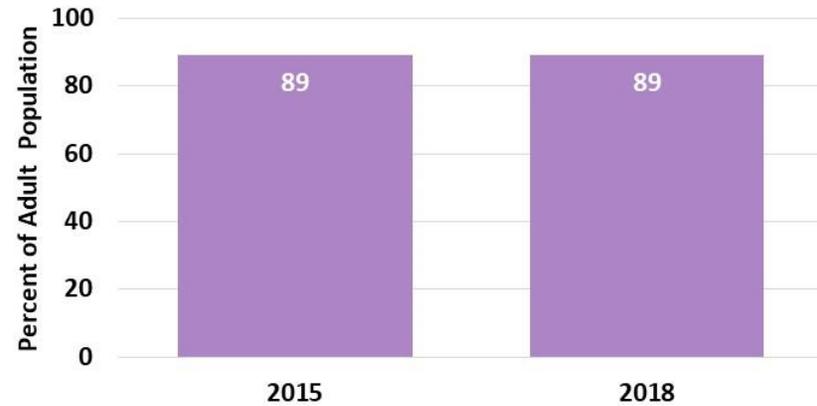
83%
of adults
believe they
are resilient



Individual and Community Resiliency	
Individual Resiliency	
I have access to resources that I can use to help my family	89%
I have skills I can use to help others	90%
Community Resiliency	
I can count on my community to respond	92%
I can count on my community to fully recover	92%

Trend Data

Olmsted County
Believe Community is Resilient



Stable since 2015

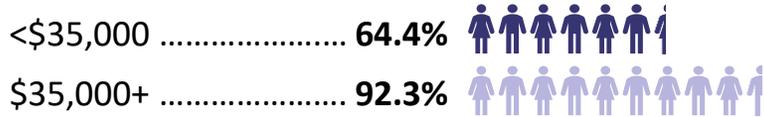
Data Source:

Olmsted County CHNA Survey

Key Health Disparities

Community Resiliency

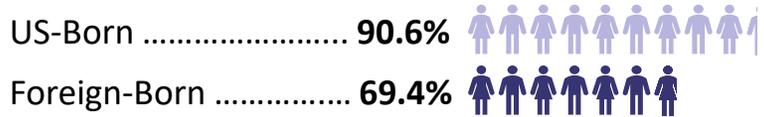
Household Income



Home Ownership



Birthplace



 = 10%

Community Thoughts

*... but community is when everyone comes together;
i.e. to combat flooding, town celebrations.*

*... just this last snowstorm, people were helping people.
Putting aside differences, that shows a giving community.*

COMMUNITY RESILIENCY

Community Health Importance

- Communities are more likely to be socially connected
- Increases accessibility to health systems
- Better able to withstand disasters
- Fosters community recovery
- Promote physical, behavioral, and social health
- Strengthens access to public health, healthcare, and social services
- Promotes health and wellness alongside disaster preparedness
- Be informed, educated, and able to help neighbors, family, and friends

Olmsted County Summary

- 89% of adults believe their community is resilient
- 83% of adults believe they are resilient
- Since 2015, community resiliency rates have remained stable
- Disparities are connected to income, home ownership, and birthplace

HUMAN TRAFFICKING

The trade of humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the trafficker or others

Prevalence – Rochester May 2014 – December 2018



Arrests

21

sex trafficking/promotion of prostitution

25

attempts to hire someone under the age of 16 for prostitution

25

attempts to hire an adult for prostitution



50

rescued victims of sex trafficking and offered services with Safe Harbor (SE Minnesota)

Human Trafficking Reports

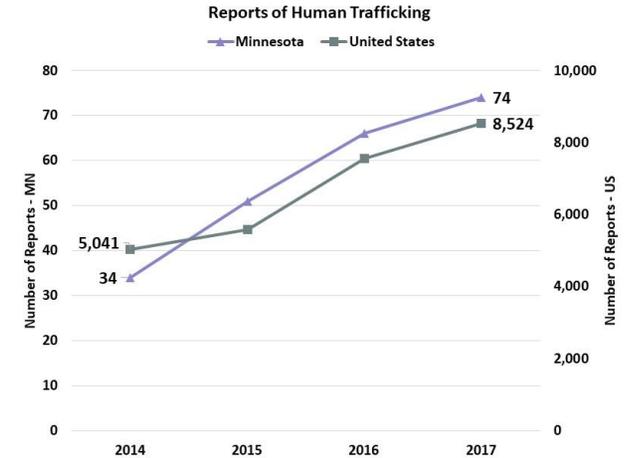
SE Minnesota

May 2014 – December 2018

350

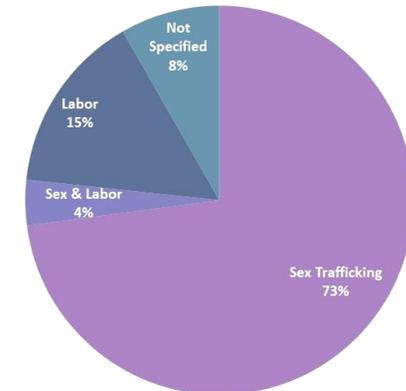


Trend Data



↑ 118% change from 2014 to 2017
Minnesota

Minnesota Human Trafficking Reports by Type
2013 - 2017



Data Sources:

Rochester: Rochester Police Department

Olmsted County: SE Minnesota Safe Harbor

Minnesota and United States: National Human Trafficking Hotline

Key Health Disparities

Limited local data is available - this data does not allow for any demographic data breakdown; therefore, differences are unidentifiable.

HUMAN TRAFFICKING

Community Health Importance

- Human trafficking is the most frequently committed crime worldwide
- At-risk populations are disproportionately targeted
- Poor mental health is a dominant and persistent adverse health effect
- Forced or coerced use of drugs and alcohol is frequent in sex trafficking
- Trafficked people who return home may go back to the same difficulties they left but with new health problems and other challenges, such as stigma

Community Thoughts

Realization to what's happening. Resources, knowledge of how to deal with it.

Olmsted County Summary

- Arrests for human trafficking in Rochester (May 2014 – December 2018):
 - 21 sex trafficking or promotion of prostitution
 - 25 attempts to hire someone under the age of 16 for prostitution
 - 25 attempts to hire an adult for prostitution
- Most human trafficking reports in Minnesota are related to sex trafficking
- Since 2014, human trafficking rates have increased

COMMUNITY INCLUSIVENESS

Respecting and assuring that all citizens have equitable outcomes and promoting equal treatment and opportunity

Prevalence – Olmsted County Adults



33%
of adults have been in situations where they felt **unaccepted**

Reasons for Feeling Unaccepted

Not friendly	53%
Social-economic differences	38%
Discrimination	22%
Racial differences	16%

Adolescents



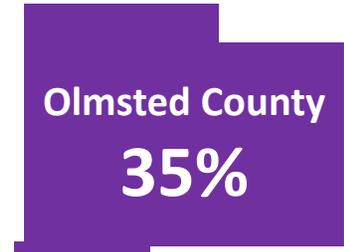
35%
of high schoolers are **bullied by other students**

11%
of adolescents are **excluded from friends, students or activities**

Bullying by Reason

Physical Appearance	23%
Weight or Size	20%
Gender Expression	13%
Race, Ethnicity, National Origin	10%
Gender	8%
Religion	7%
Sexual Orientation	7%
Disability	6%

High Schoolers Who Have Been Bullied



Data Sources:

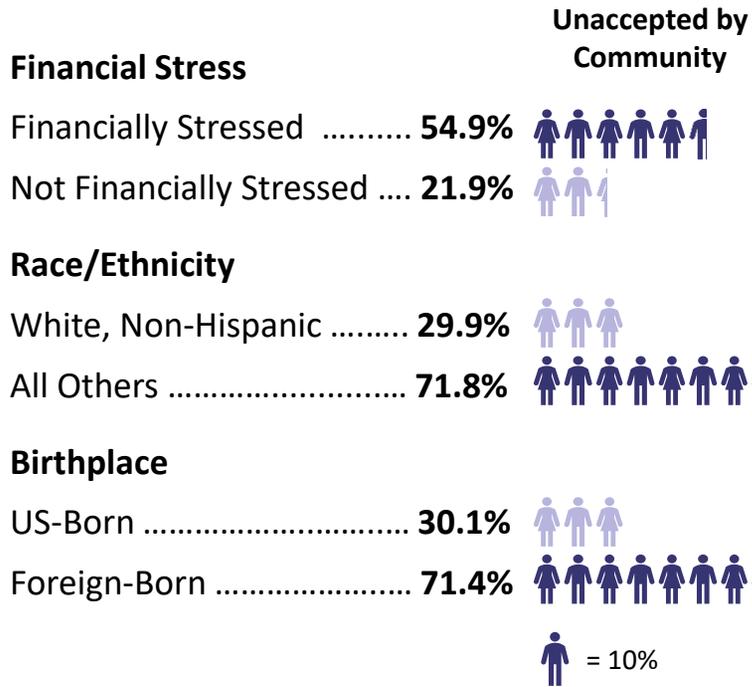
Olmsted County: Olmsted County CHNA Survey; Minnesota Student Survey

Minnesota: Minnesota Student Survey

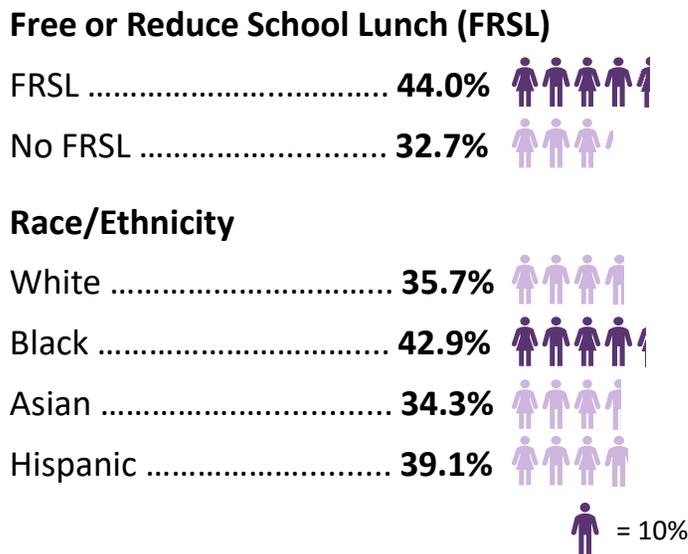
United States: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System

COMMUNITY INCLUSIVENESS

Key Health Disparities



High Schoolers Who Have Been Bullied



Community Health Importance

- Citizens feel accepted, valued, and welcomed
- Inclusive communities:
 - Work to eliminate all forms of discrimination
 - Engage all citizens in decision-making

Community Thoughts

[In regard to a healthy community] Environment in which all members feel included and valued - valued as people.

A place where we live, but a place that is inclusive. It probably means a lot of different things to different people.

What happens to people can have ripple effect. Need to meet all people needs. Important to get involved affects all.

Reducing disparities helps us grow and learn. Small cities overlooked.

Olmsted County Summary

- 33% of adults have been in situations where they felt unaccepted, unvalued, or unwelcomed
- The top reason for adults not feeling accepted is due to people not being friendly
- 35% of high schoolers are bullied at school by other students
- The top reasons for high schoolers being bullied are physical appearance and weight/size
- 11% of adolescents are excluded from friends, students, or activities
- Olmsted County adolescent bullying rates are lower than Minnesota
- Disparities are connected to income, being financially stressed, race, ethnicity, birthplace, and free or reduced school lunch

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HEALTH FACTORS Physical Environment

- **Healthy Homes**
- **Air Quality**
- **Water Quality**

HEALTHY HOMES

A home that is dry, safe, contaminate-free, pest-free, and well-maintained

Prevalence – Olmsted County

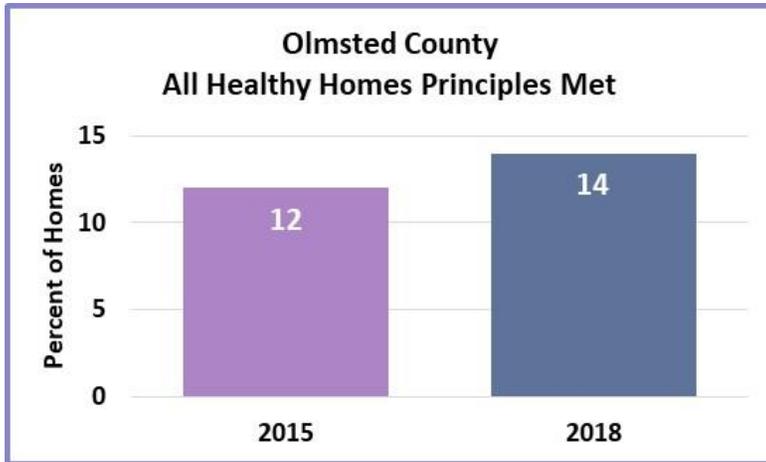


14%
of homes meet
healthy homes
principles

Self-Perception

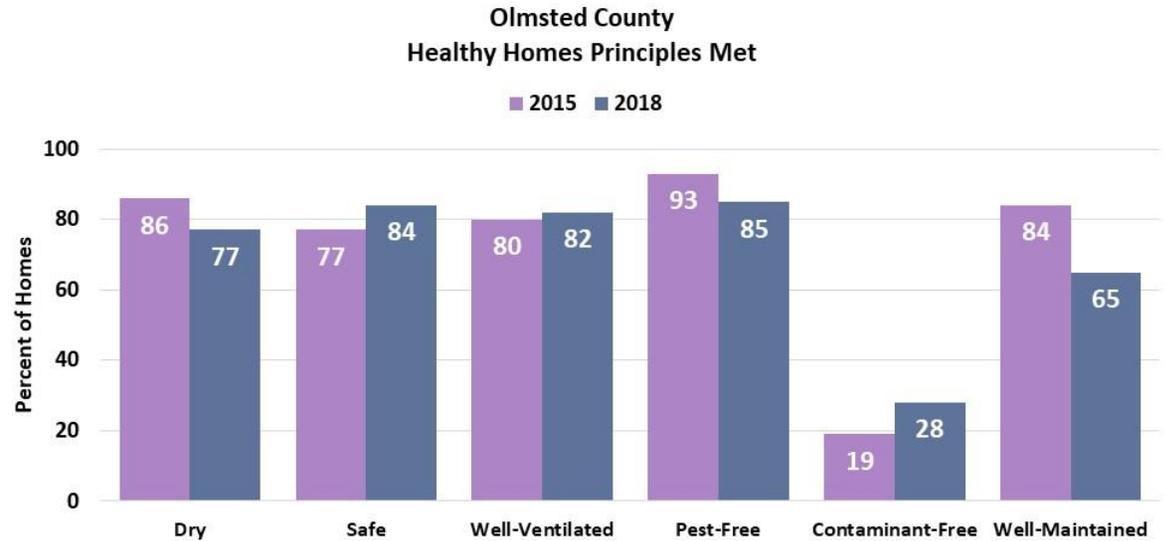
98% believe their current housing is safe

13% believe there are things about their current housing that have a negative impact



↑ 17% change from
2015 to 2018

Trend Data

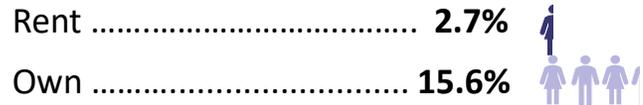


Refer to Appendix M of the Supplemental Document for healthy homes criteria

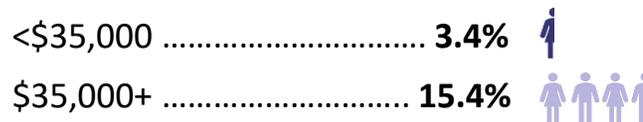
Key Health Disparities

Healthy Homes

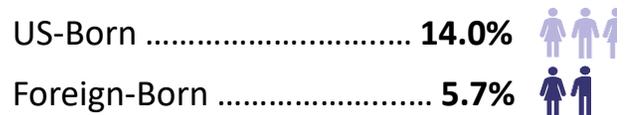
Home Ownership



Household Income



Birthplace



 = 5%

HEALTHY HOMES

Community Health Importance

- Housing conditions can significantly affect public health
- Housing-related illness and injury, including asthma and childhood lead poisoning, are significant problems for our healthcare system and society
- Many low-income communities are disproportionately impacted by housing-related illness
- Disparities in health outcomes like asthma or lead poisoning are exacerbated by disparities in housing quality
- Unhealthy homes increase the risk for:
 - Childhood lead poisoning
 - Asthma
 - Fire and electrical injuries
 - Falls
 - Rodent bites
 - Exposure to indoor toxicants
 - Other illnesses and injuries

Community Thoughts

Outlying areas have needs - heat, garbage, can't condemn. They're living in poor conditions.

Olmsted County Summary

- 14% of homes meet healthy homes principles - dry, safe, well-ventilated, pest-free, contaminate-free, and well-maintained
- 98% of adults believe their current housing is safe
- From 2015, the percentage of homes meeting healthy homes principles have increased
- Disparities are connected to home ownership, income, and birthplace

AIR QUALITY

The state of the outdoor air around us

Prevalence – Rochester



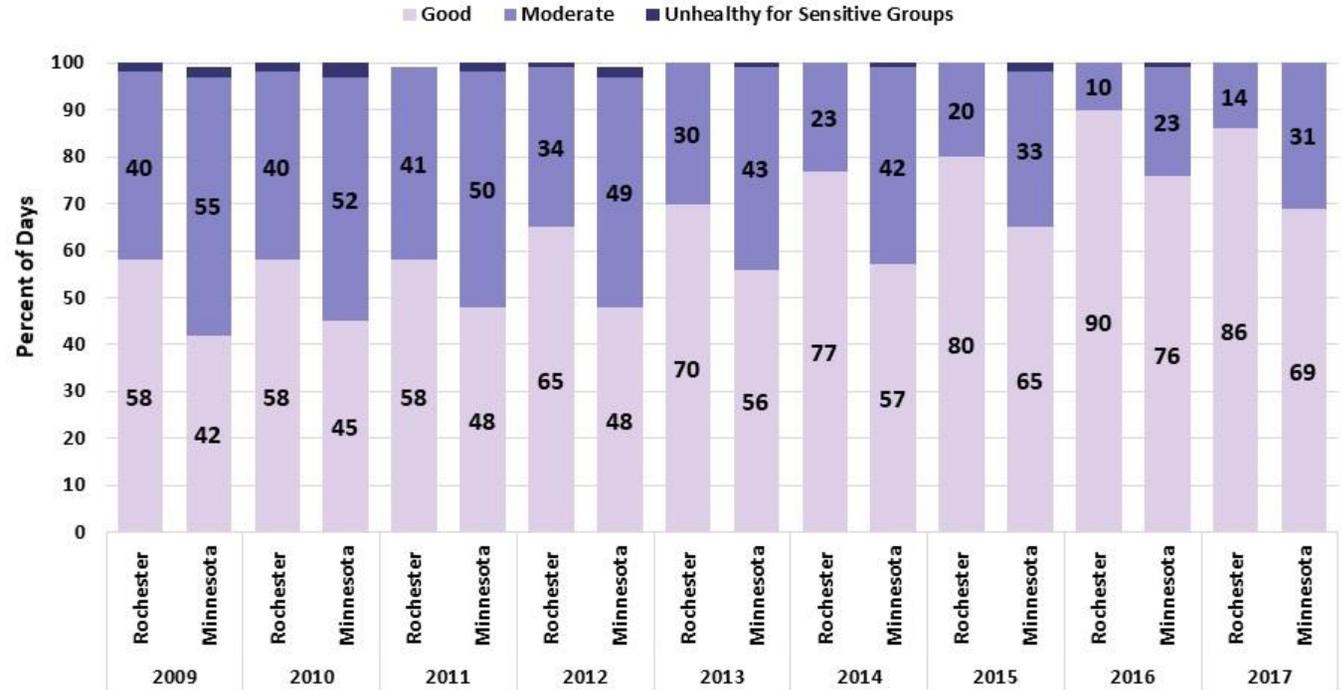
86%
of days are
good ratings

Refer to Appendix M of the Supplemental Document for Air Quality Index definition

Data Source:
Minnesota Pollution Control Agency

Trend Data

Air Quality Index



Rochester
 **48%** change in good days
from 2009 to 2017

Key Health Disparities

Limited local data is available - this data does not allow for any demographic data breakdown; therefore, differences are unidentifiable.

AIR QUALITY

Community Health Importance

- Clean air is important for overall health
- Poor air quality is linked to:
 - Premature death
 - Cancer
 - Long-term damage to respiratory and cardiovascular systems
- Vehicle emissions are among the largest contributors to poor air quality

Community Thoughts

[What gets in the way of communities being healthy] Pollution

Rochester Summary

- 86% of days are rated as good air quality
- Since 2009, the number of good air quality days has increased

WATER QUALITY*

The state of the drinking water systems

Prevalence – Olmsted County

Population served by:



85%
city water



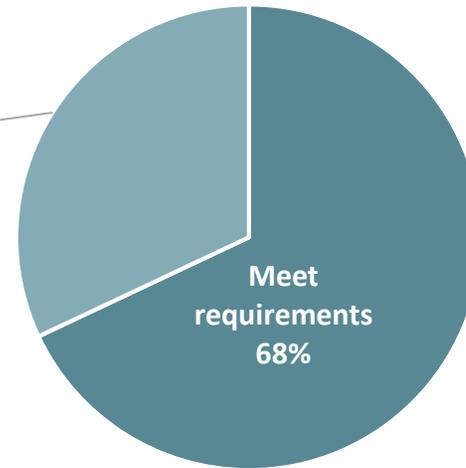
15%
private well

Refer to Appendix M of the Supplemental Document for Safe Drinking Water Act (SDWA) Standards

*data development measure

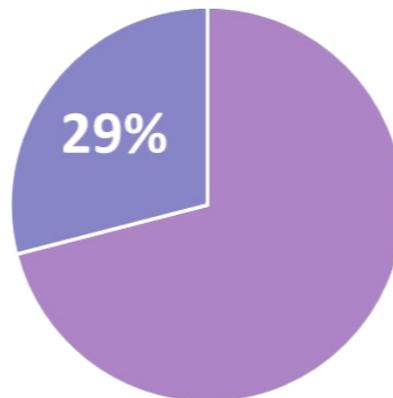
Wells Constructed in Conformance with County/State Permit Requirements

Constructed prior to the adoption of requirements
32%



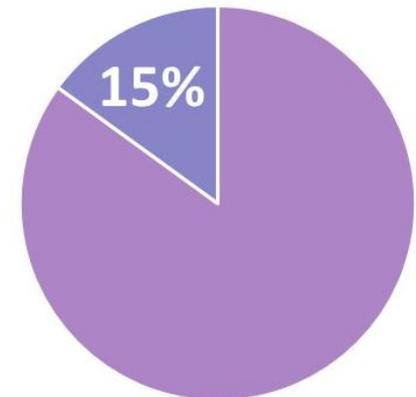
Meet requirements
68%

Wells tested that were positive for bacteria 2011-2017 n=1,635



29%

Wells tested ≥ 5 ppm nitrate levels* 2011-2017 n=2,476



15%

*High nitrate levels have a direct correlation with pesticides in water

Data Sources:

Olmsted County Public Health Services Water Lab; Olmsted County Environmental Resources; Olmsted County Planning Department; Olmsted County CHNA Survey, Minnesota Department of Agriculture

Key Health Disparities

Residents with Well Water

Home Ownership

Rent 1.4%

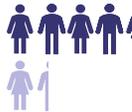
Own 19.8%



Marital Status

Married 20.8%

Not Married 5.6%



Retirement

Not Retired 14.0%

Retired 5.7%



 = 5%

- Residents using private wells in Olmsted County constructed prior to 1957 (adoption of Olmsted County Water Well Code) are at increased risk of not meeting Safe Drinking Water Act (SDWA) Standards due to drinking water from the upper aquifers which typically have measurable contaminants
- Wells constructed prior to 1957 may have substandard well and plumbing construction which can increase risk for introduction of contaminants

WATER QUALITY

Community Health Importance

- Southeastern Minnesota is made up of a Karst Geology which makes our groundwater very vulnerable to contamination compared to other parts of the state
- Infants are at greater risk of harm from water contaminants
- Drinking water that has certain levels and types of bacteria, man-made chemicals, or naturally-occurring pollutants can be harmful to health
- While Minnesota public water systems are tested regularly for a variety of contaminants, only newly-constructed private wells are required to be tested for contaminants
- Many private wells owners do not know the quality of their drinking water. Only 1 in 6 test their wells following the Minnesota Department of Health guidelines

Community Thoughts

Water should be a positive health discussion - [currently] reactionary instead of proactive.

...infrastructure to have better water, sewer, etc.

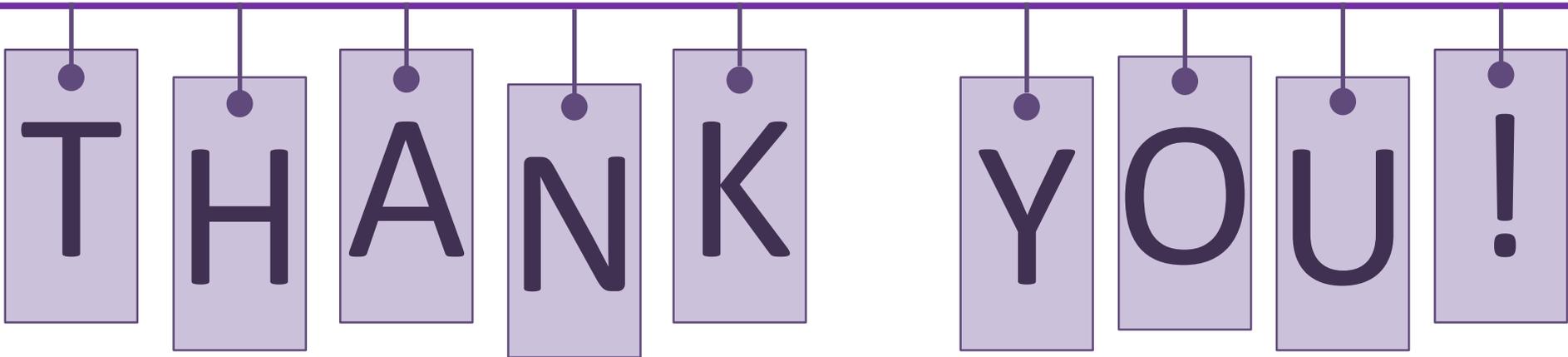
Olmsted County Summary

- 29% of private wells tested had bacteria
- 15% of private wells tested had >5ppm nitrates
- Disparities are connected to home ownership, marital status, retirement status, and the date the well was constructed

LIST OF APPENDICES

The Supplemental Document is made up of several appendices that will assist with further understanding of the CHNA process, methodology and data. These appendices include:

- A. Olmsted County Community Health Needs (CHNA) Assessment Group Memberships
- B. CHNA Timeline
- C. CHNA Methodology
- D. Community Listening Sessions Summary Report
- E. Prioritization Process
- F. Community Survey
- G. Convenience Survey
- H. University of Minnesota Rochester Community Collaboratory
- I. Health Disparities Tables
- J. Potential Indicators to Add to the Next CHNA Process
- K. Data Sources
- L. Rochester Epidemiology Project Definitions
- M. Organizational Requirements
- N. Further Indicator Definitions



A special thank you to all the individuals, organizations, and partners who have been involved throughout the health assessment and planning process.

Thank you to the citizens of Olmsted County for participating in the community survey, listening sessions and prioritization process sessions.

Thank you to the University of Minnesota Rochester Community CoLab students for helping further understand the needs of 18-24 year olds.

The development of the process and final documents would not have been feasible without

LEADERSHIP, GUIDANCE and DIRECTION

from the:

CHAP Data Subgroup

CHAP Core Group

CHIP Workgroup Lead Organizations

Coalition of Community Health Integration

Health Assessment and Planning Partnership

We welcome your feedback!
Comments or questions regarding this
report can be directed to:
Olmsted County Health, Housing, and
Human Services
507-328-7500

