Olmsted County, Minnesota

Community Health Improvement Plan
2018 – 2020

Mental Health

Data Profile

Making the Healthy Choice the Easy Choice

A Collaborative Community Effort Led by: Olmsted County Public Health Services, Olmsted Medical Center and Mayo Clinic

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Introduction

Community Health Assessment and Planning Process

The Community Health Assessment and Planning (CHAP) Process is a collaborative community effort led by Olmsted County Public Health Services, Olmsted Medical Center, Mayo Clinic Rochester and partnerships with multiple community organizations. It is a continuous, triennial cycle that assesses our community's health; prioritizes our top community health needs; and plans, implements, and monitors/evaluates strategies to improve our community's health.

About the Data Profile

The purpose of this data profile is to provide a deeper dive into the Community Health Improvement Plan (CHIP) priority "mental health" to assist with strategy selection and action planning. The profile includes both quantitative and qualitative data that has been collected through various data sources to better examine not only mental health and mental illness rates in Olmsted County, but also contributing factors (local conditions). When possible, disparity tables are included. For an explanation of these tables please see Appendix A.

About the Mental Health Workgroup

After dissemination of the 2013, Community Health Needs Assessment and community priorities, an assessment and planning community meeting was held to launch the next steps of the process. The first step was to identify workgroup leads at the organization level for every priority. Workgroup leads, along with other pertinent individuals, partners and community organizations, met through 2014 to develop broad community strategies. In 2015, with workgroup leads and strategies identified, five community workgroups were formed, one of which was the mental health workgroup.

Purpose Statement: Every Olmsted County resident has optimal mental health.

1. All people shall have these basic needs necessary for mental health
   - Housing
   - Employment/education
   - Safety
   - Financial stability
   - Food
   - Access to healthcare
   - Clothing
   - Transportation

2. Eliminate stigma and empower oneself and others to take action to improve mental health
   - Self-awareness/resilience
   - Proactive support system
   - Community is respectful and inclusive of people with mental illness

3. Policies that align with our purpose of optimizing mental health
   - Gradient - celebrate successes along the way to big policy change
   - Implement agency/organizational change that promotes mental health

- Drive the highest priority

4. Access to professionals
   - Mental health professionals
   - Psychiatrists/prescribers

5. People have positive life purpose
   - People are connected, conduct meaningful daily activities and participate in society
   - People have relationships and social networks that provide support, friendship, love, and hope

WORKGROUP'S TIMELINE

- June 2015- a community forum was held and served as a follow-up from conversations that National Alliance on Mental Health (NAMI) held in December 2014 and a kick off to the MH Workgroup
- July 2015- workgroup began to have monthly meetings
- Remainder of 2015 tried to hone in on the work, target audience; made determination not to proceed with Wilder Foundation proposal
- February 2016- Elaine Case volunteered her time with us; helped identify purpose and objectives; identified mental health as target vs mental illness
- May 2016-project planning began; made decision to identify project that could address all five areas; neighborhood project – partner with a neighborhood in our community to pilot a project to improve mental health in that community

Community Health Priority: Mental Health

Community Health Importance and Impact

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships and the ability to contribute to community or society.

Local Conditions of Mental Health in Olmsted County

Local data shows that nearly one in three adults have ever had a mental health condition (29.2%). Currently 32% of adults are living in a household with at least one individual with a diagnosed mental health condition. Data from the Olmsted County CHNA Community Survey shows that **13.5**% of adults scored 50 or below on the World Health Organization's (WHO) well-being index which indicates low mood; of these, 29.4% scored 28 or lower, which indicates depression is likely.

71% are living in socially connected neighborhoods

88% feel that people in their neighborhood can be trusted

Health Disparities

Adults are more likely to score below 50 on the WHO well-being index if they are:

- white, non-Hispanic
- in fair or poor health
- financially stressed
- living in household earning less than $35,000 annually

Adults are more likely to be socially connected if they are:

- white, non-Hispanic
- in good, very good or excellent health
- born in the United States
- living in higher income household
- own their home

85% of neighbors are willing to help each other

Community Dialogue Themes

- Lack of Social Connectedness
- Barriers to Optimal Mental Health
- Stigma

Community Perception

Level of Threat

Slight → Moderate → Significant → Severe/Extreme

67% of prioritization participants feel mental health is one of the top health issues impacting Olmsted County residents

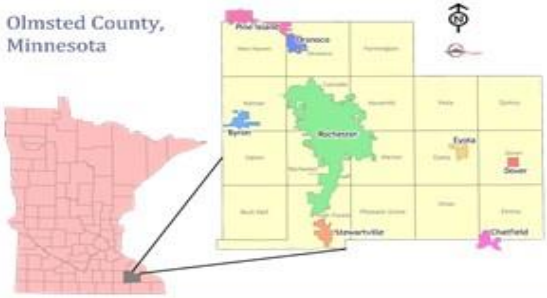
"Mental health vs. mental illness, knowing the difference goes a long way"

"Stigma is huge, realize all humans suffer from same thing in different degrees"

"Normalcy of limited contact with neighbors"

75% of neighbors know each other

OLMSTED COUNTY, MINNESOTA
BY THE NUMBERS



Demographics

2015 Population
151,436

19%
Minority Population

12.9%
Population >5 years speak a language other than English in home

Geography

8th
largest county in Minnesota

8 Cities
18 townships

Byron Eyota Dover Oronoco Rochester Stewartville
Parts of: Chatfield Pine Island

Growth since 2000

22%
Overall population

108%
Minority population

62%
Adults 65 & older

51% female
49% male

74% population lives in Rochester

83%
Students graduate high school on time

Income

$70,000
Median Household Income

2015 – 2016 School Year
35%
students receiving free & reduced lunch

25%
under age 18

36.7
median age

13%
65 and older

Data Sources: U.S. Census Bureau, Decennial Census and Population Estimates, Minnesota State Demographic Center; Minnesota Department of Education

Definitions

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including (Mental Health.gov):

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

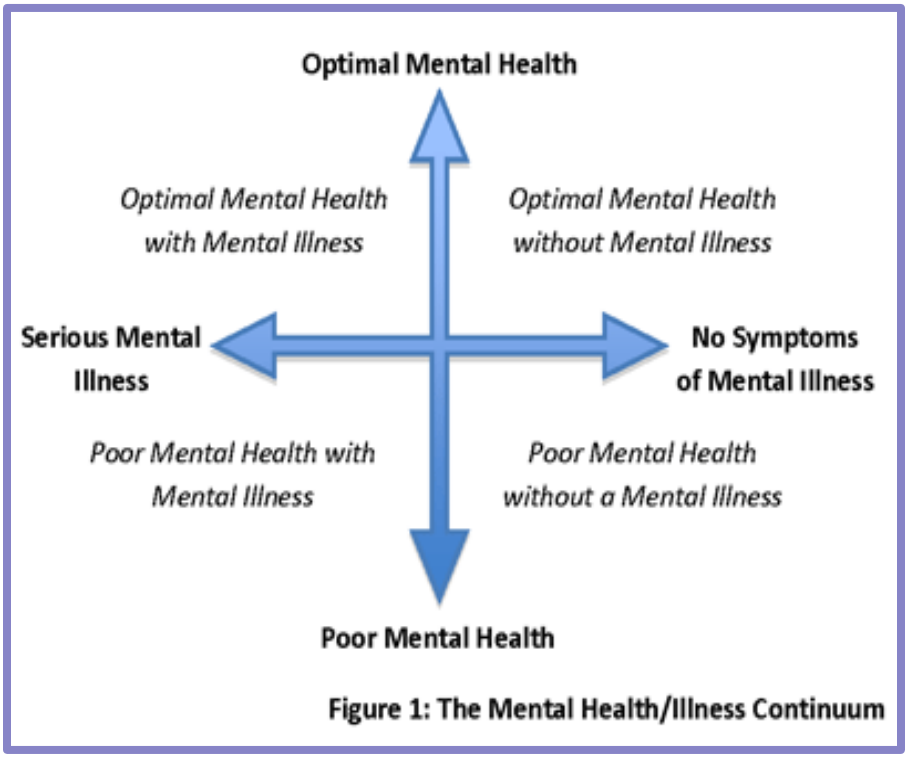


Figure 1: The Mental Health/Illness Continuum

Mental Illness

Mental illnesses are medical conditions that affect how we think, feel and act (NAMI)

Mental Health

Adolescents

The Minnesota Student Survey asks a set of well-being questions across all grades surveyed. However, there is a slight difference in the questions that fifth graders are asked compared to the older grades. For the sake of analysis responses from fifth graders were included in the matching questions for older grades.

Fifth Grade	Eighth, Ninth and Eleventh Grade
I can shape and influence what happens in my life and future	I feel in control of my life and future
I think about what I want to do in my life when I grow up	I am thinking about my purpose in life

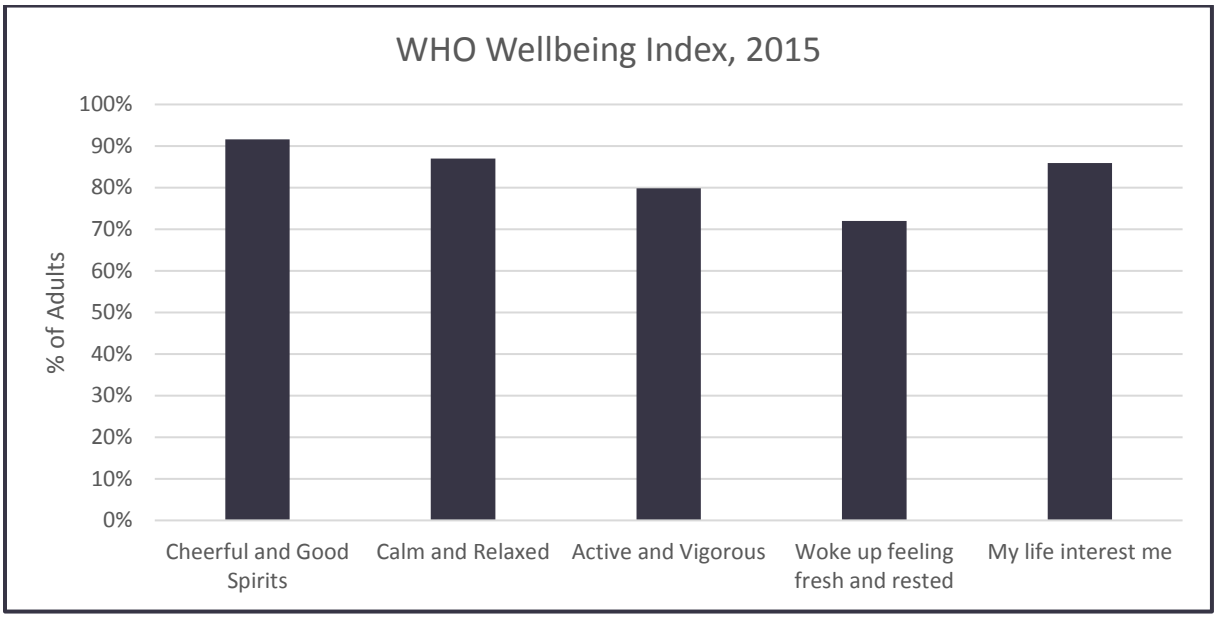
For every question, the majority of adolescents reported “very or often” or “extremely or almost always” for all questions in the well-being index. Overall, 91% of adolescents reported they accept people who are different than them. The second highest percentage was adolescents reporting they were given useful roles and responsibilities.

There were five questions that less than 70% of adolescents reported:

- Dealing with disappointment without getting too upset
- Expressing feelings in proper ways
- Finding good ways to deal with things that are hard in their life
- Feeling in control of their life
- Feeling valued by others

Adults

Data from the Olmsted County CHNA Community Survey shows that 13.5% of residents scored 50 or below on the World Health Organization's (WHO) well-being index which indicates low mood; of these, 29% scored 28 or lower, which indicates depression is likely.

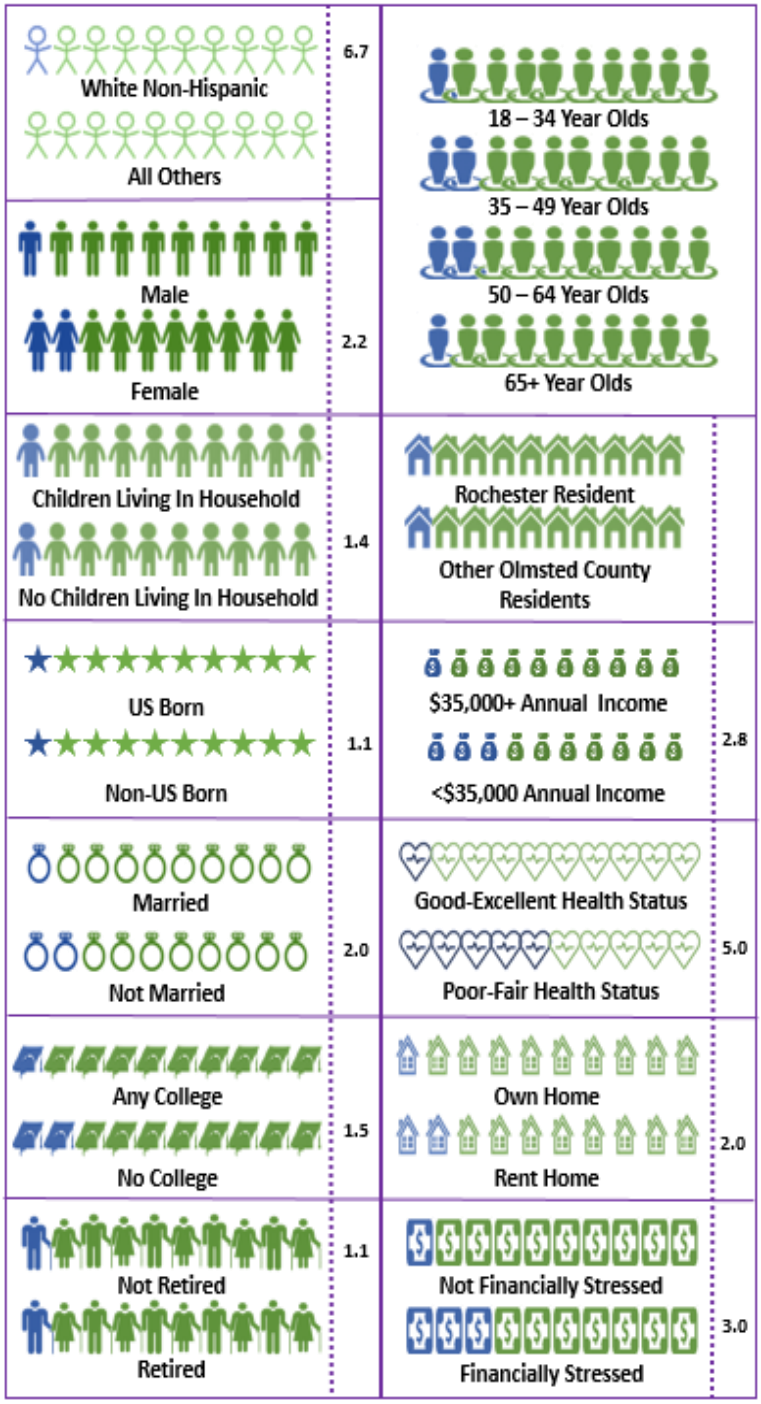


Data Source: CHNA Community Survey

According to local data, mental health disparities exist among certain subpopulations throughout Olmsted County. White, non-Hispanic individuals; those with fair or poor health status; financially stressed individuals; and those living in a household earning less than $35,000 annually are more likely to score below 50 on the WHO well-being index.

Mental Health	
Age Group	
18-34	12%
35-49	16%
50-64	16%
65+	11%
Race	
White, NH	14%
All Others	2%
Gender	
Male	8%
Female	18%
Children in Household	
Children	11%
No	15%
US	
US Born	13%
Foreign Born	15%
Marital Status	
Married	11%
Not Married	21%
Education	
No College	20%
Any College	13%
Residence	
Rochester	13%
Non-Rochester (County)	14%
Household Income	
<35K	30%
35K+	11%
Health Status	
Poor-Fair	54%
Good-Excellent	11%
Home Ownership	
Rent	24%
Own	12%
Fin Stressed	
Financially Stressed	26%
Not	9%
Retirement	
Not Retired	13%
Retired	12%

Mental Health Disparities



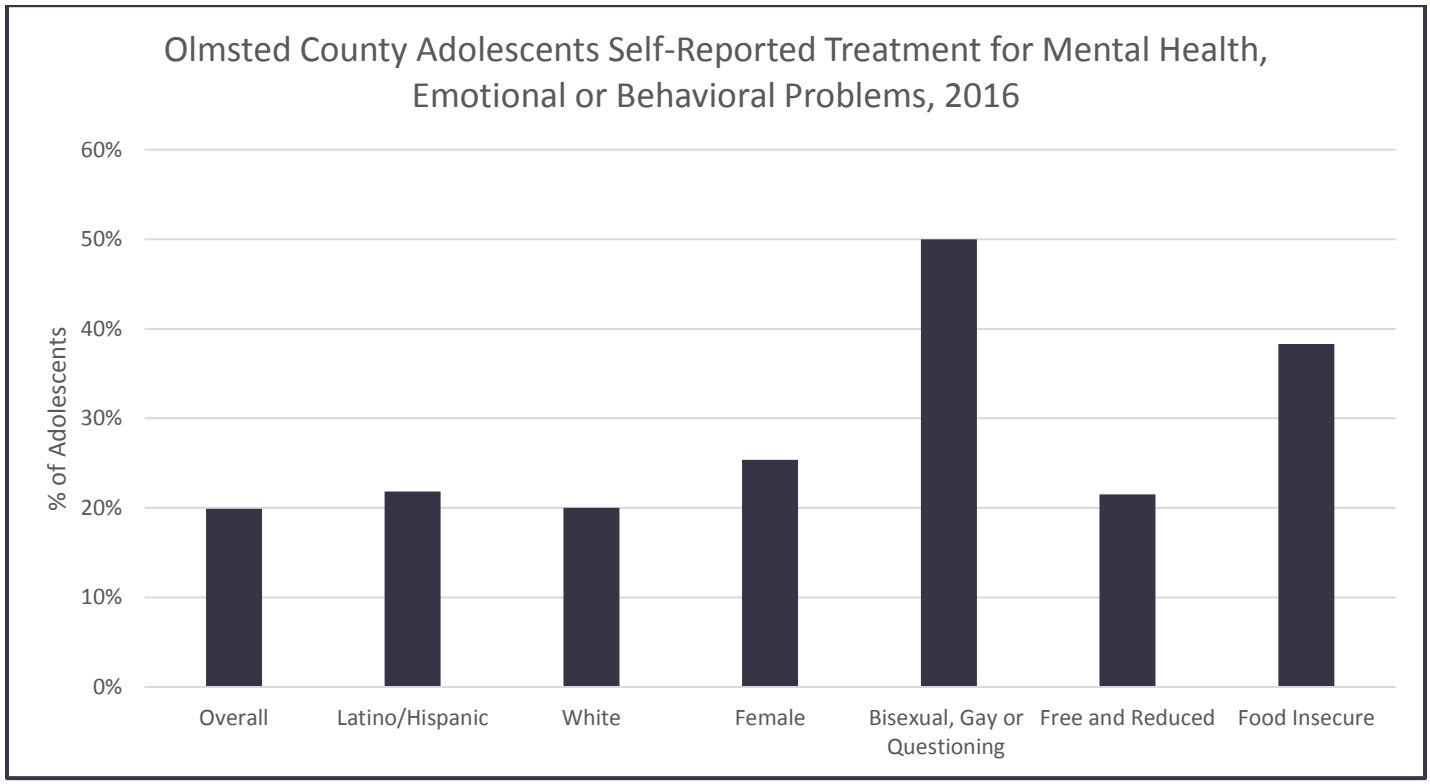
Data Source: CHNA Community Survey

Mental Illness

Adolescents

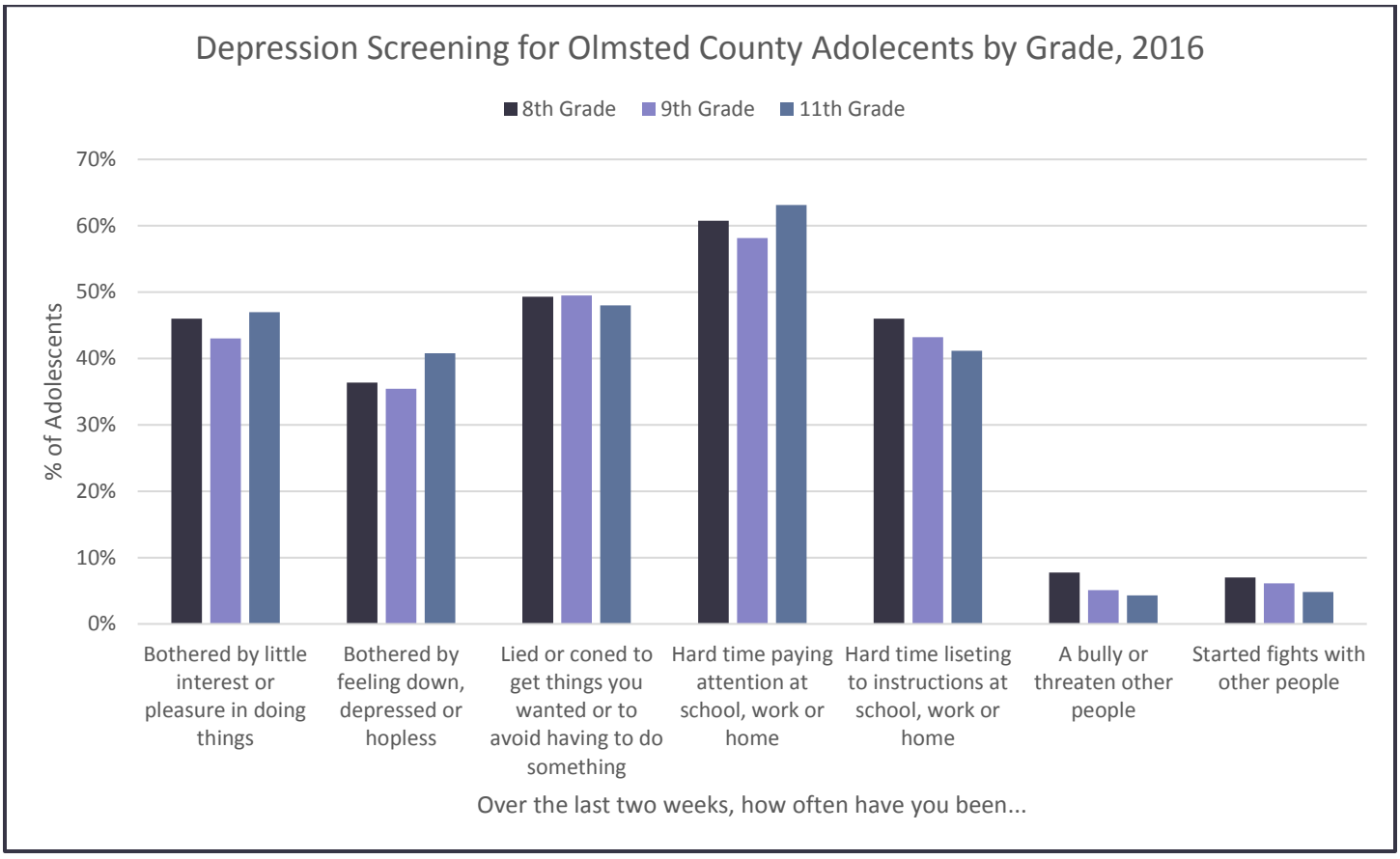
Data gathered from the Rochester Epidemiology Project (REP) indicates that approximately 7% of Olmsted County adolescents had a depression diagnosis in 2014. There has been a 22% increase in depression prevalence in adolescents since 2012 (5.8% vs. 7.2%). According to the 2016 Minnesota Student Survey, 22% of Olmsted County adolescents have been treated for mental health, emotional or behavioral problems. Of those who reported being treated for mental health, emotional or behavioral problems, 63% were treated during the last year and 57% were treated more than a year ago.

According to REP data, there are disparities in depression rates in adolescents. Adolescent females (9% female vs 5% males) and Hispanics (Hispanic 8.5% vs white 7.8%) have a higher prevalence of depression. Minnesota Student Survey data provides a similar picture. Adolescents that reported being Latino/Hispanic, female, bisexual, gay or questioning and food insecure were all more likely to indicate they have received treatment for mental health, emotional or behavioral problems.



Data Source: Minnesota Student Survey

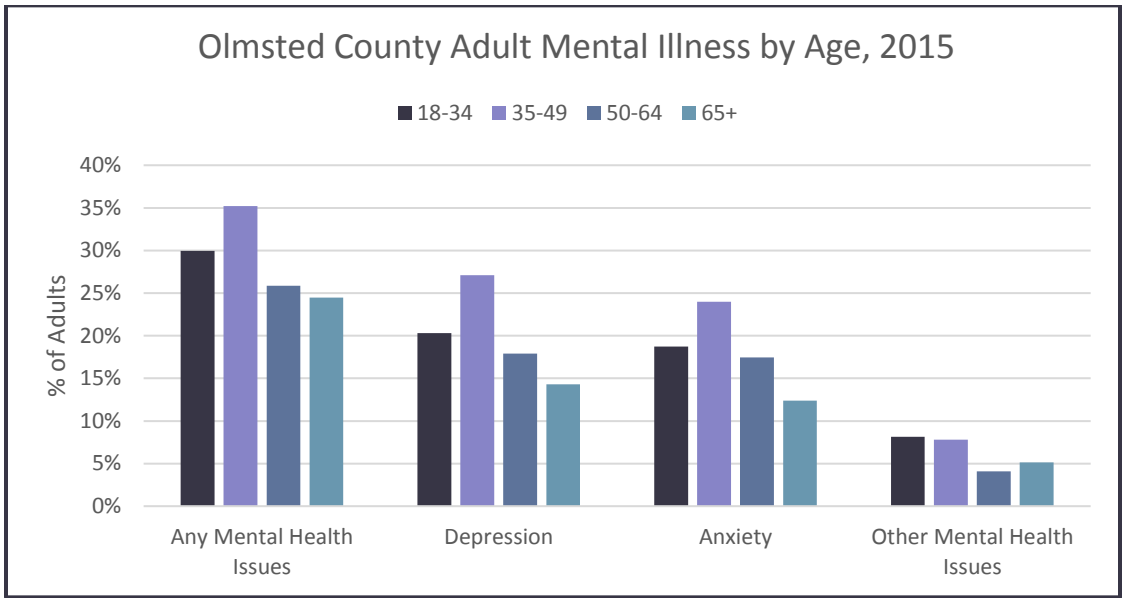
The Minnesota Student Survey also asks depression screening questions for eighth, ninth and eleventh graders. There is variability across the grades according to the screening question. Over 60% of all eleventh graders reported having a hard time paying attention at school, home or work over the past two weeks.



Data Source: Minnesota Student Survey

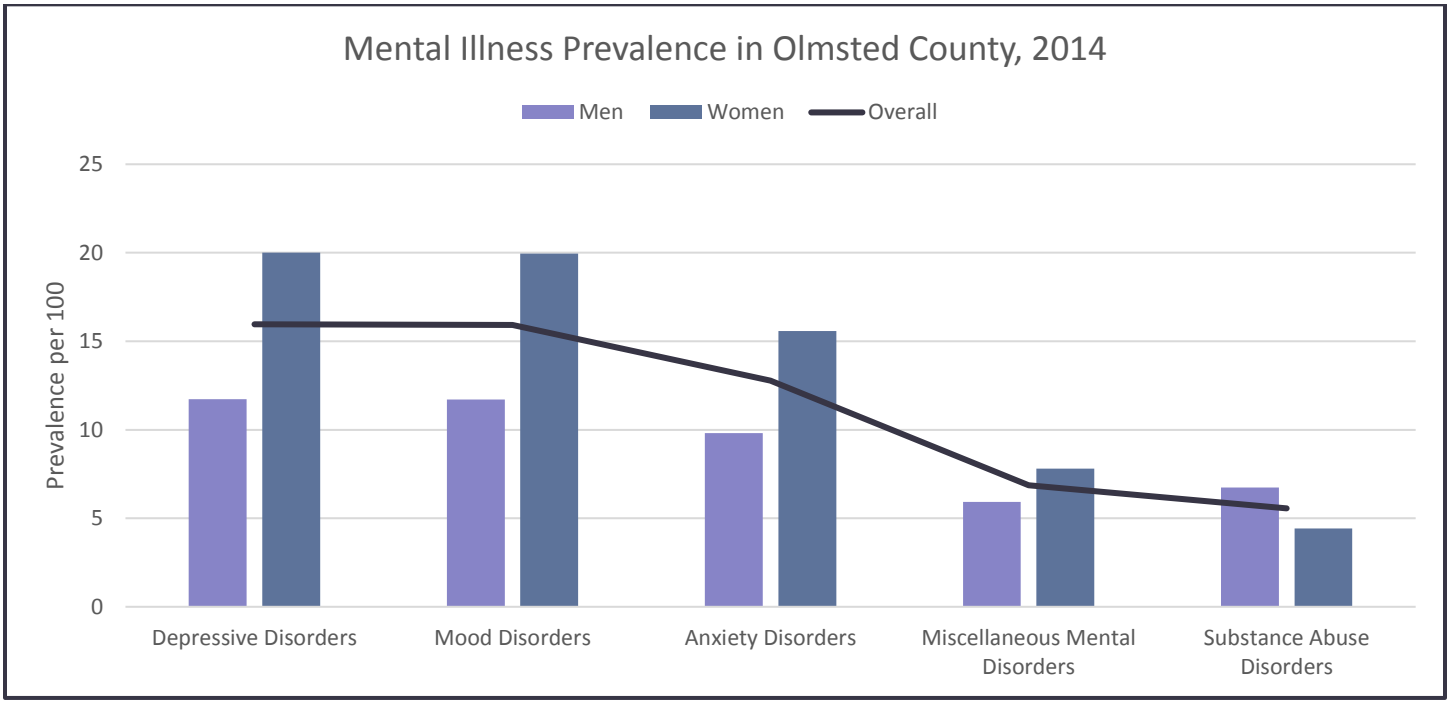
Adult

Local data also shows that nearly one in three people have ever had a mental health condition (29.2%); currently, 32% of the population is living in a household with at least one individual with a diagnosed mental health condition. From the Community Health Needs Assesment Community Survey, 20% of adults indicated they have been told they have depression and 19% were told they have anxiety or panic attacks.

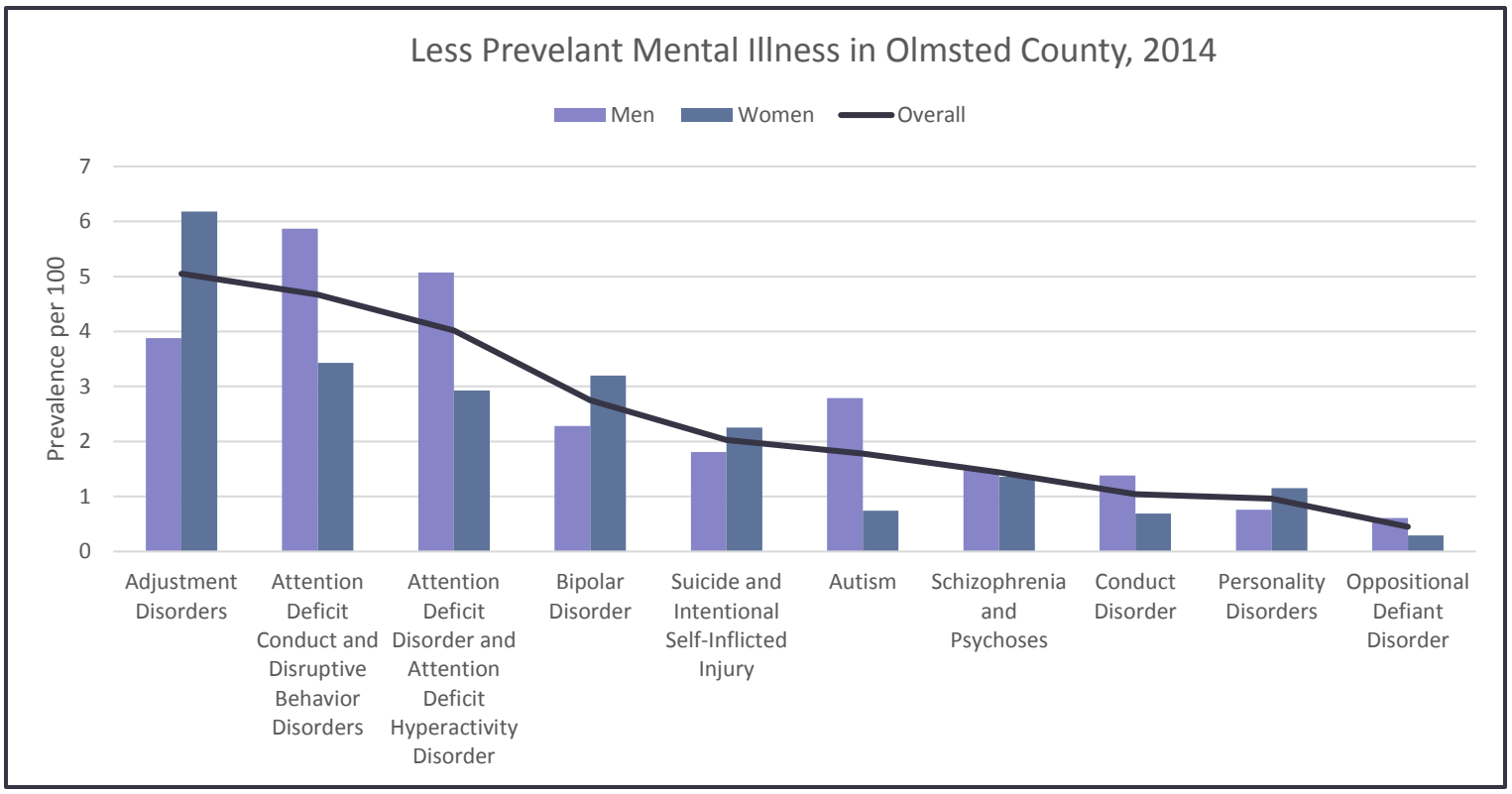


Data Source: CHNA Community Survey

Data gathered by the REP indicates that approximately 16% of adults in Olmsted County had a depression diagnosis in 2014 and the prevalence has remained stable since 2012. REP data also provides insights to the prevalence rates of mental illness in Olmsted County. Overall depressive and mood disorders are the highest prevalent type of mental illnesses in Olmsted County.

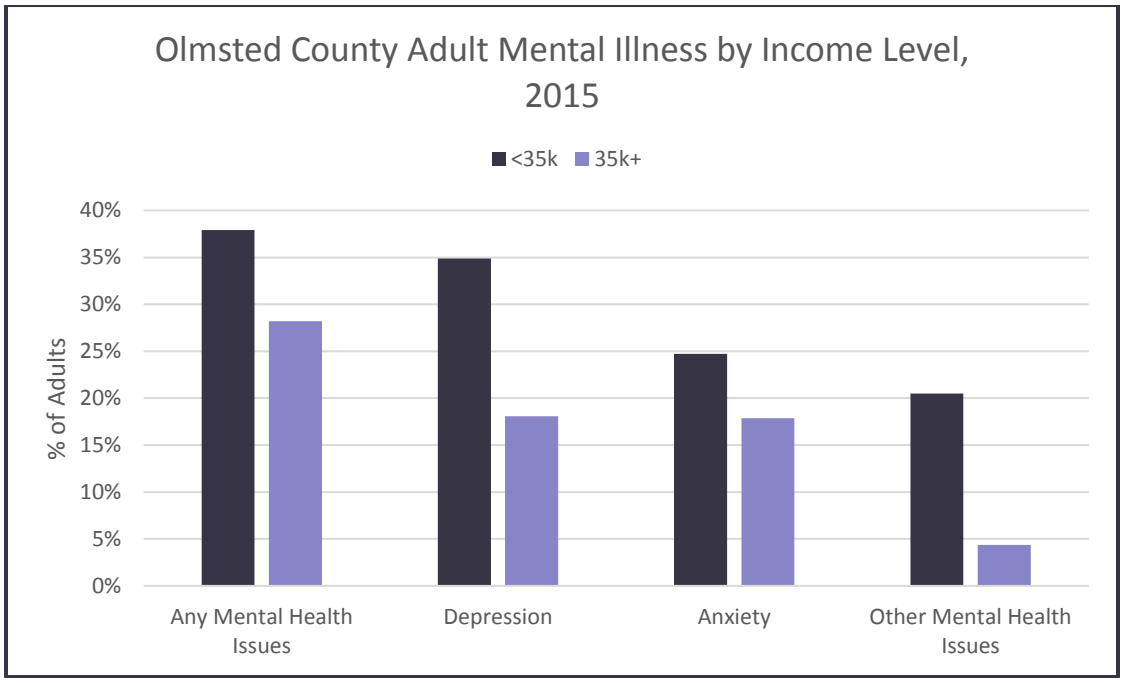


Data Source: Rochester Epidemiology Project



Data Source: Rochester Epidemiology Project

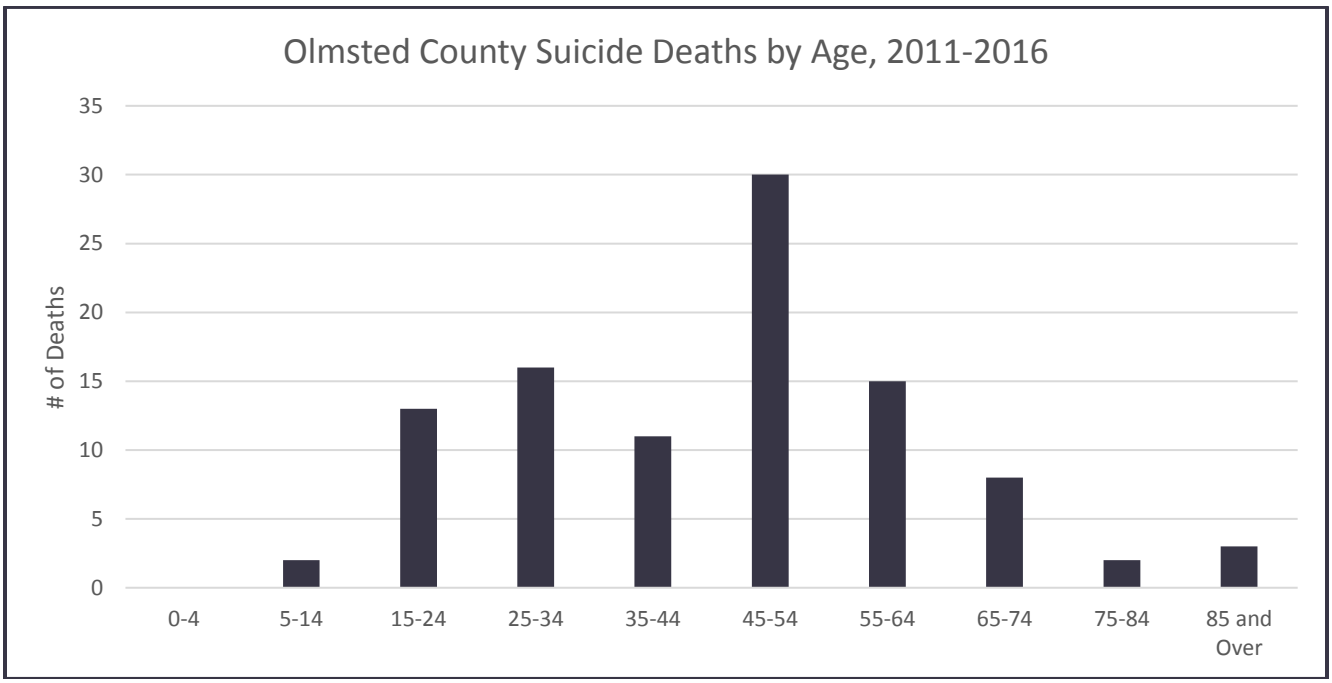
Data gathered from the REP depicts a higher prevalence of depression in adult females than males (20.8% vs 11.6%). The adult white population has the highest prevalence of depression (16.3%), followed by Hispanics (15.6%). Local data also supports REP: 34% of females reported any mental health issues compared to 23% of males. Olmsted County 35 to 49year-olds reported the highest rates of depression and anxiety. According to the CHNA Community Survey, residents with no college, born in the United States, not married, earning less than $35,000, poor health status and not retired were more likely to report having any mental health issues.



Data Source: CHNA Community Survey

Suicide and Self-Harm

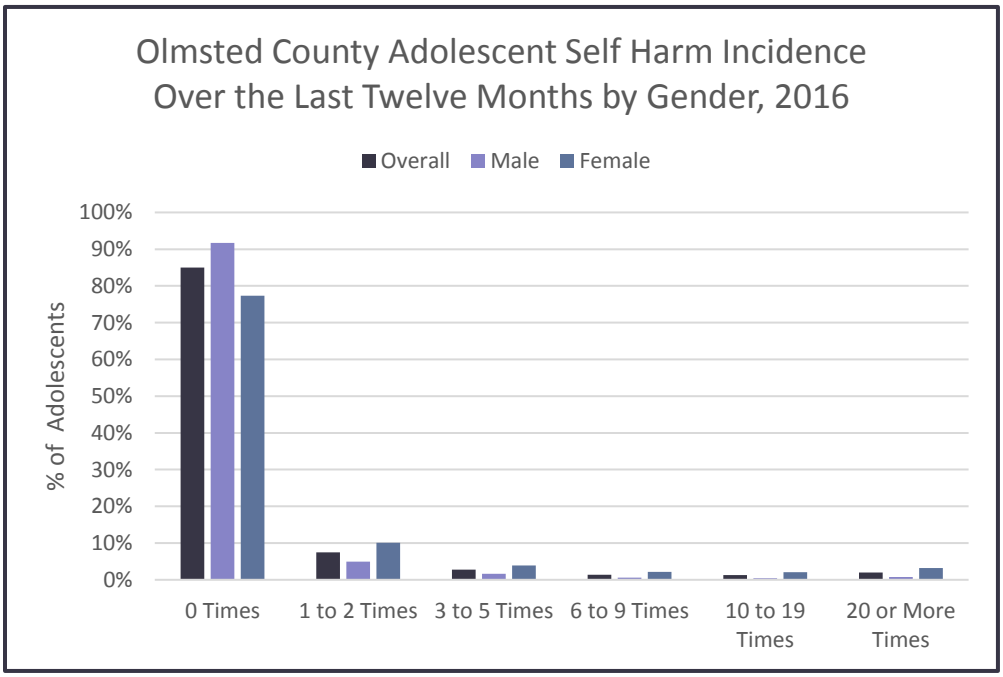
Overall in Olmsted County, suicide is the eighth leading cause of death (1.5%). From 2011 to 2016 there was a slight increase in the number deaths resulting from suicide (16 in 2011 to 20 in 2016). The leading causes of death among adolescents and young adults continue to be unintentional injuries (i.e. car accidents) and suicides; these two causes attribute to over 60% of all deaths among 15 to 24 year-olds. While suicide is a leading cause of death for adolescents and young adults, the majority of deaths due to suicide are middle-aged Olmsted County residents.



Data Source: MDH Vital Stats

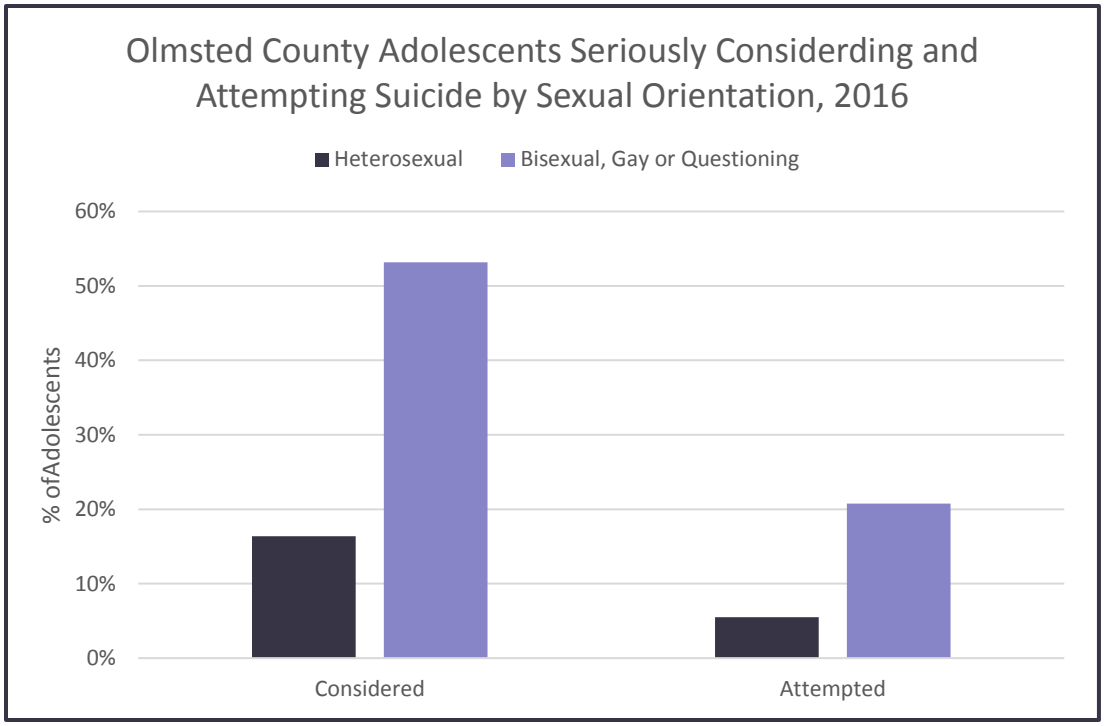
Adolescents

According to the Minnesota Student Survey, the majority of Olmsted County adolescents (85%) reported never purposely hurting or injuring themselves without wanting to die during the past 12 months. When comparing demographics across age and race/ethnicity, rates of self-harm are similar. There are differences between gender (male 92% vs female77%) sexuality (heterosexual 88% vs bisexual, gay or questioning 66%) and food security (food secure 86% vs food insecure 70%).



Data Source: Minnesota Student Survey

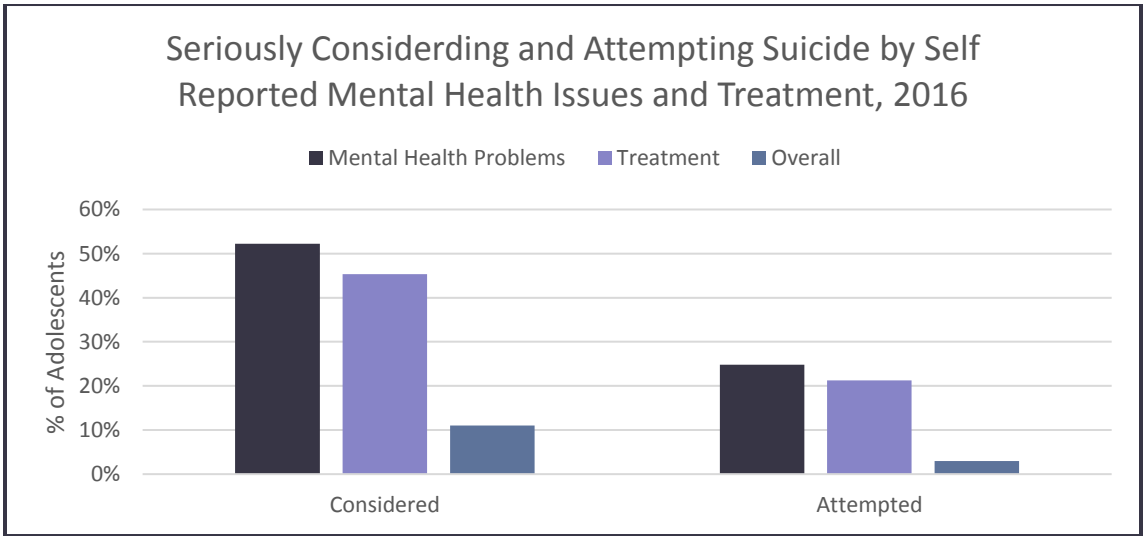
Adolescents that reported having a mental health, emotional or behavioral problem or being treated for mental health, emotional or behavioral problems also reported higher rates of self-harm. From the data, 34% of Olmsted County adolescents that self-reported having a mental health, emotional or behavioral problems and 41% of those being treated reported at least one incidence of self-harm over the past 12 months.



Data Source: Minnesota Student Survey

In addition to self-harm, the Minnesota Student Survey also captures self-reported contemplation of suicide and suicide attempts amongst eight, ninth and eleventh graders.

In Olmsted County, 19% of adolescents reported seriously considering suicide and 7% attempted suicide. Demographic differences do exist in Olmsted County. Females, non-white, and older adolescents are more likely to contemplate or attempt suicide. Bisexual, gay or questioning adolescents are far more likely to contemplate (53%) or attempt suicide (21%) compared to heterosexual adolescents. Similar to the proportion of adolescents reporting self-harm, adolescents have mental health, emotional or behavioral problems or have been treated from them are more likely to consider or attempt suicide than those who did not report having mental health, emotional or behavioral problems or being treated for them.



Data Source: Minnesota Student Survey

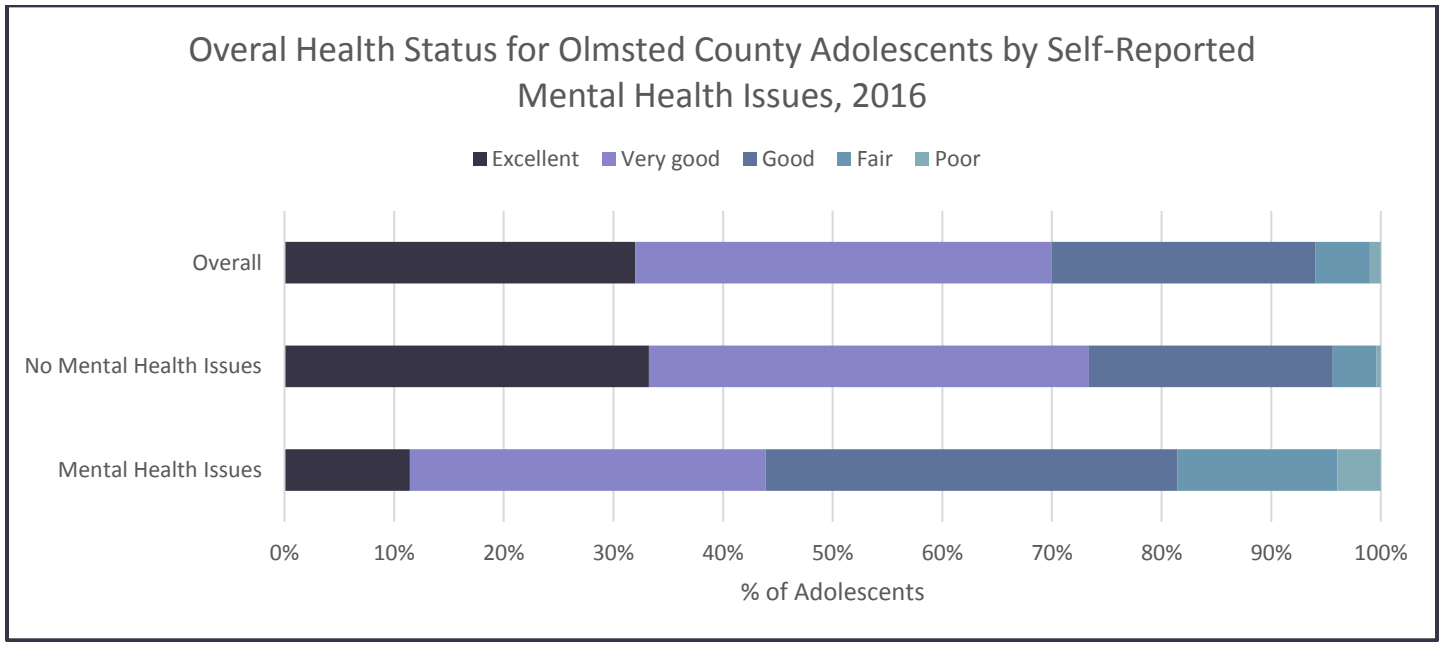
Adult

Olmsted County adult suicide data is limited to vital records data. Please see data at the beginning of the section for adult data.

Local Conditions: Clinical Factors

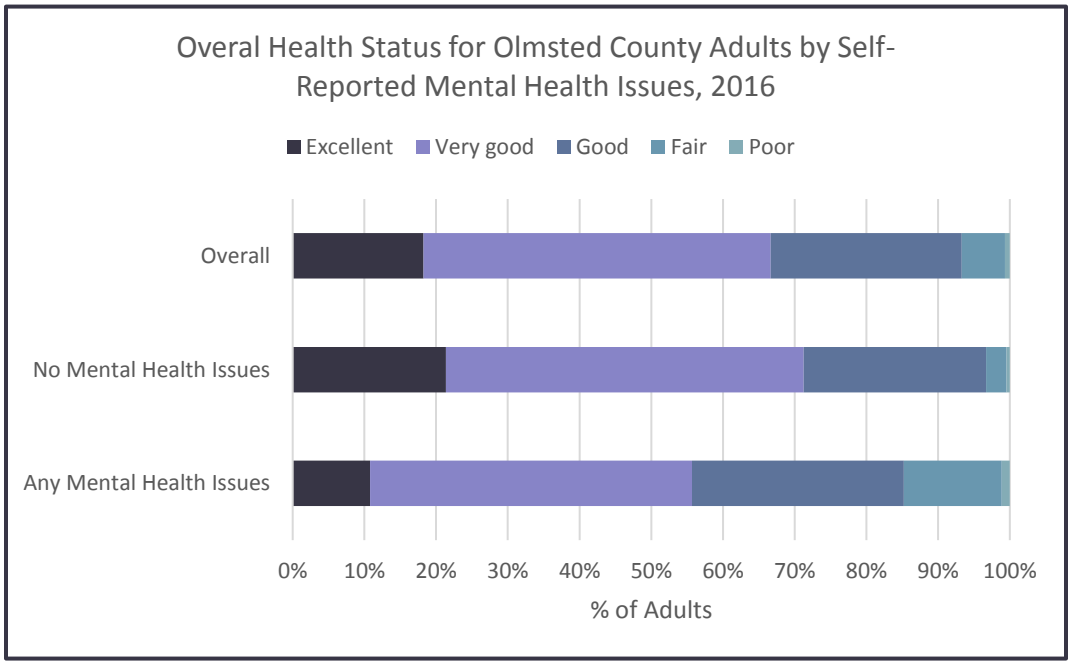
Overall Health

Almost all of Olmsted County adolescents report overall good health (94%). However, 81% of adolescents that self-reported having mental health, emotional or behavioral problems have overall good health. Variations occur when looking at the overall health scale, a higher percentage of adolescents that do not have mental health, emotional or behavioral problems experience excellent or very good health while adolescents that do have mental health, emotional or behavioral problems are more likely to have good, fair or poor overall health.



Data Source: Minnesota Student Survey

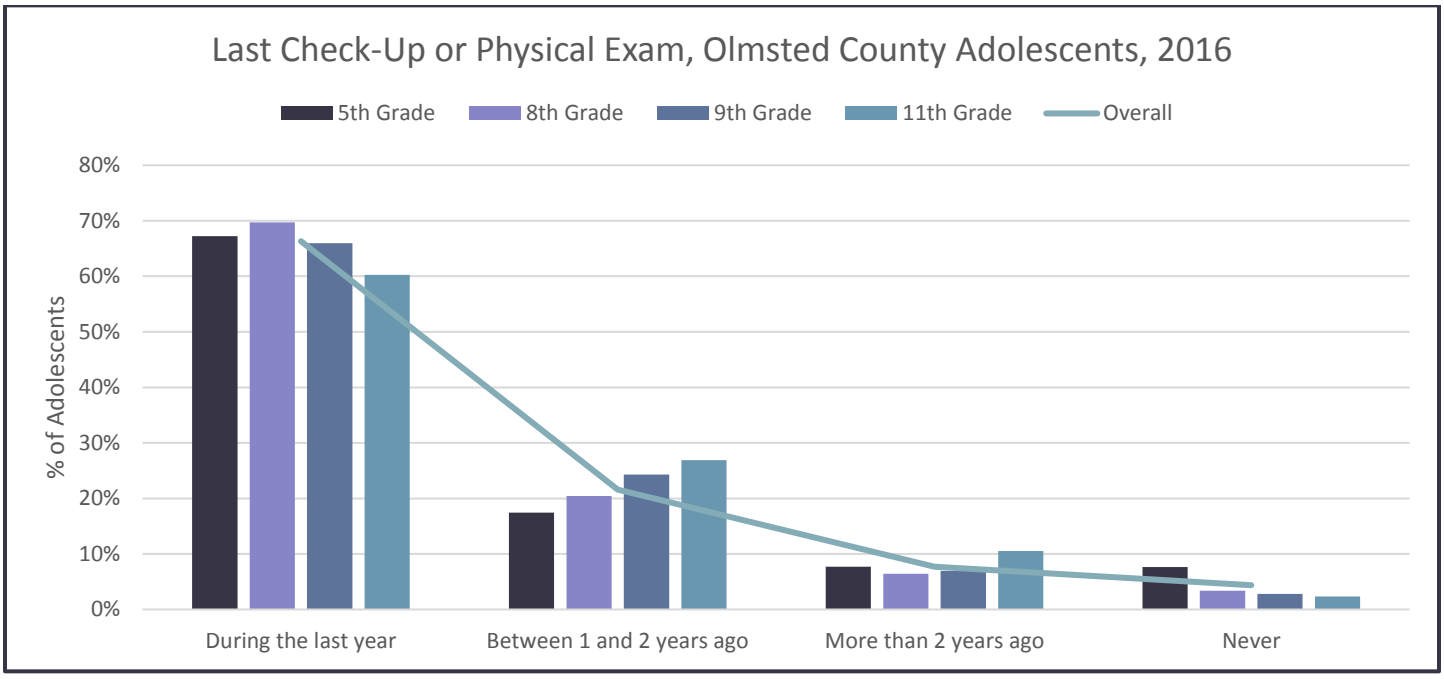
Similar to adolescents, the majority of Olmsted County adults report overall good health (91%). Olmsted County Adults with any mental illness report higher prevalence of poor or fair health status (15%) compared to those who do not have any mental health issues (3%).



Data Source: CHNA Community Survey

Youth Routine Physical Exam

According to the 2016 Minnesota Student Survey, 66% of adolescents saw a doctor or nurse for a check-up or physical exam in the last year. When looking at race/ethnicity, age and gender there are no differences between groups. There is also little difference between those who reported having a mental, emotional or behavior problems (68%) than those who don't (65%) that had a check-up or physical exam during the last year.



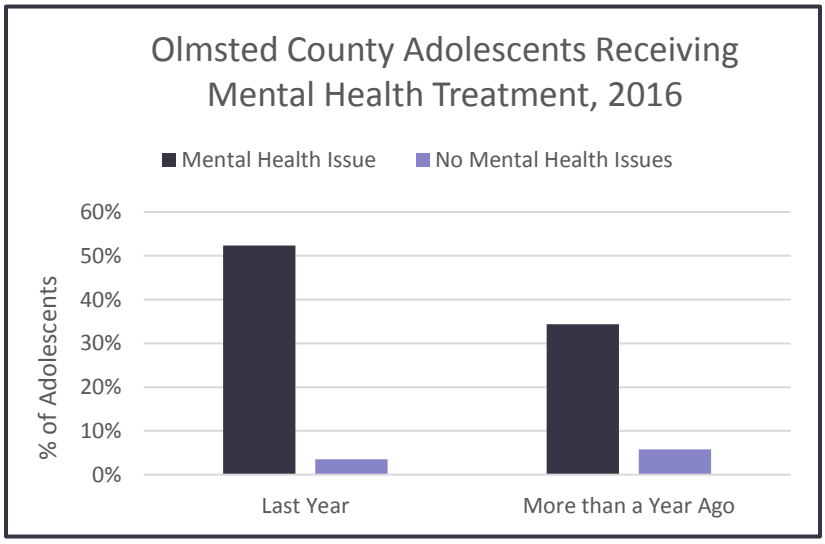
Data Source: Minnesota Student Survey

Mental Health Providers

According to Robert Woods Johnson Foundation, Olmsted County has a mental health provider ratio of 330:1 compared to Minnesota 360:1 and the United States 510:1. Additionally, Robert Wood Johnson Foundation reports there are currently 462 mental health providers in Olmsted County. While this data has limitations, it provides at least a rough estimate for our community.

Mental Health Treatment

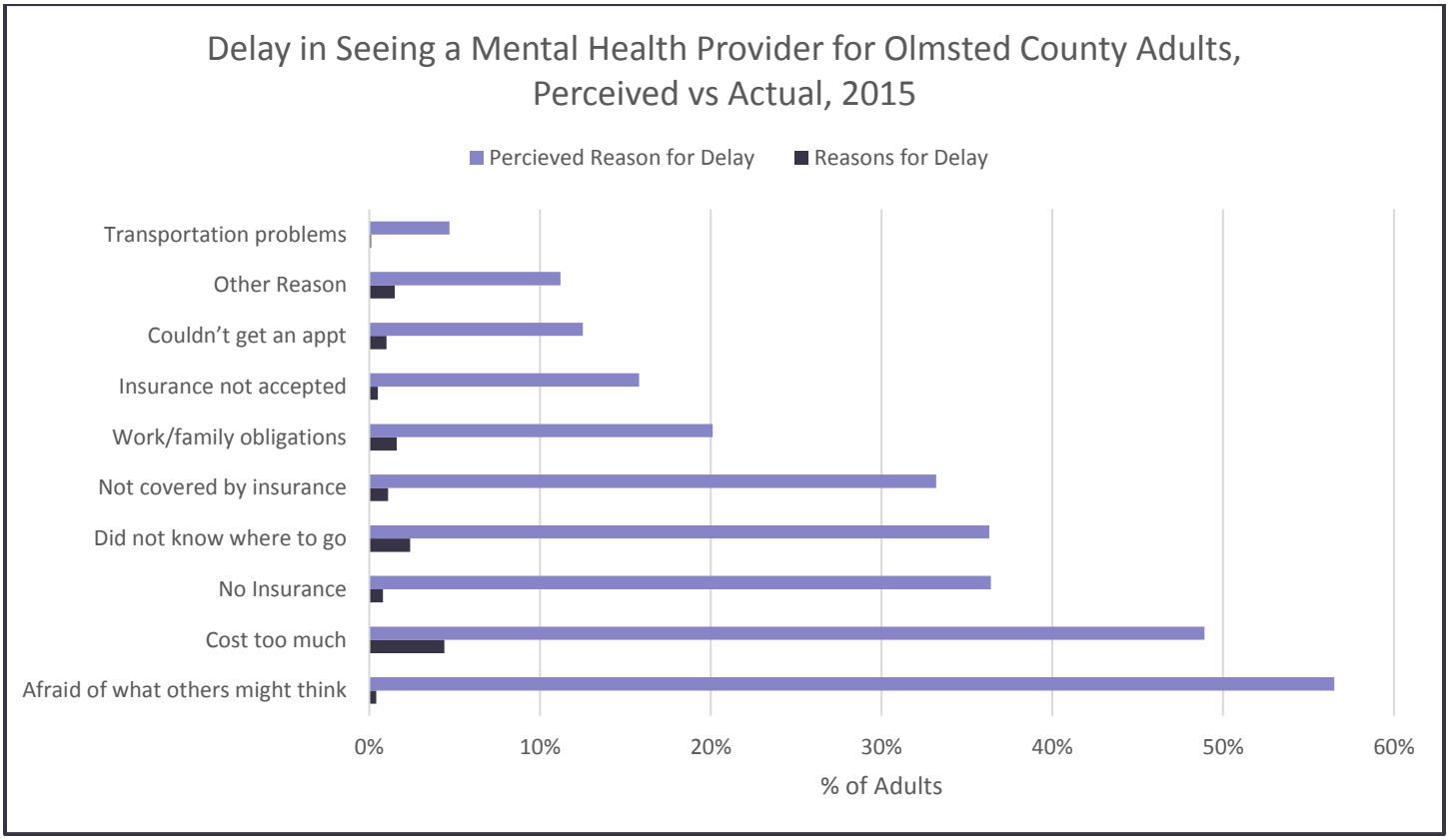
Overall, 20% of Olmsted County adolescents reported ever receiving treatment for a mental health, emotional or behavioral problem. Only 52% of adolescents that self-reported having mental health issues received treatment in the past year and 34% received treatment over a year ago.



Data Source: Minnesota Student Survey

Over the last year, 12% of Olmsted County adults have seen a mental health provider. Delaying care for mental health issues still exists. Overall, 5% stated they needed mental health care but did not get it or delayed getting care. For those who experienced a delay in care, costing too much was the most common reason. There are also major discrepancies between reasons for the delay and perceived reasons for the delay. The top perceived reason is afraid of what others might think (57%) and costs too much (49%). Community dialogue participants also mentioned that the lack of providers causes a huge barrier to optimal mental health, and that the system is very fragmented.

"The community does not have enough mental health services. We have a crappy number of providers and some crappy providers"



Data Source: CHNA Community Survey

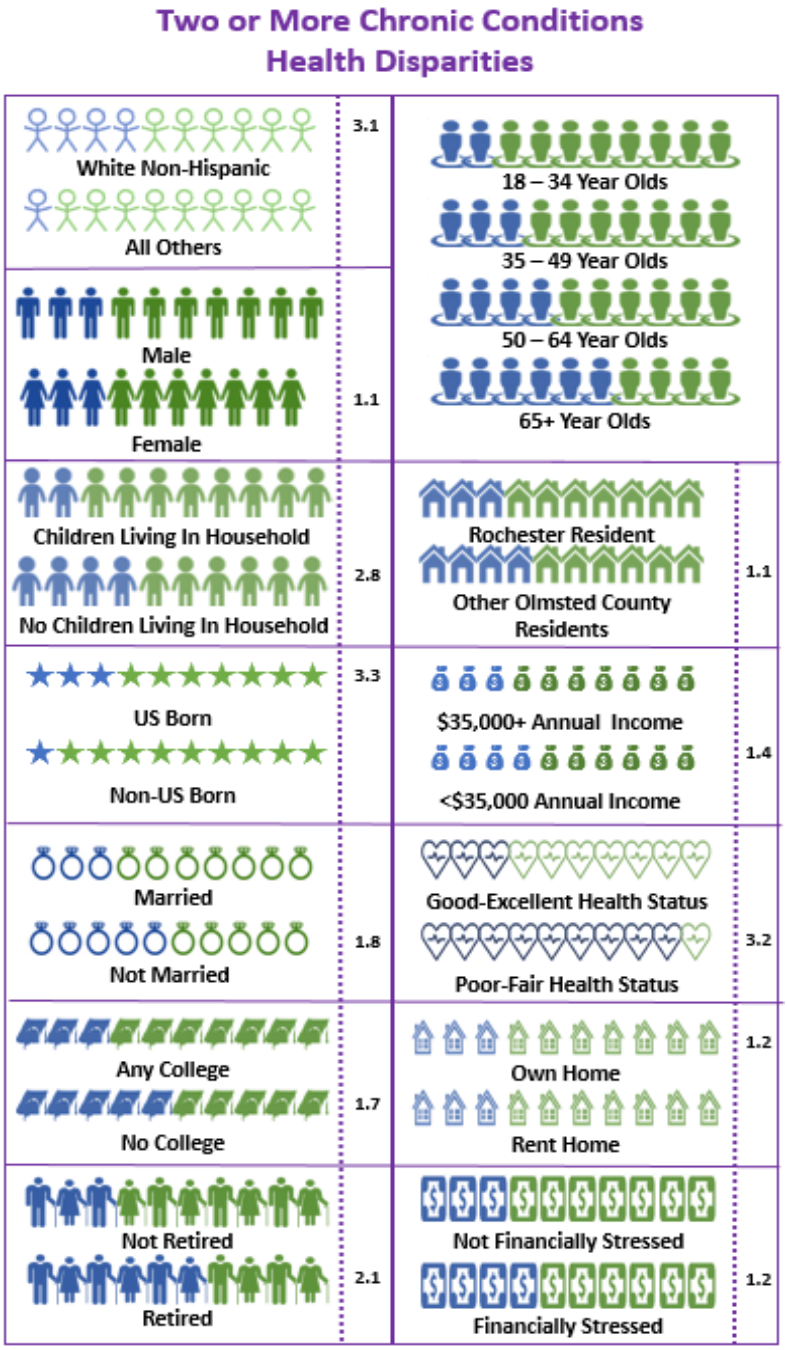
Multiple Chronic Conditions

Data gathered by REP indicates that approximately 28% of Olmsted County residents are living with two or more chronic conditions. The highest prevalence is seen in seniors (65 years of age or older), with 93.6% living with multiple conditions. Data gathered from the Olmsted County CHNA Survey indicates that 33.4% of Olmsted County adults are living with two or more chronic conditions.

Most Common Conditions Contributing to Multiple Chronic Conditions (2 or more)	
Condition	%
Hyperlipidemia	18.3
Hypertension	15.6
Depression	12.0
Diabetes	11.1
Arthritis	9.8
Cancer	7.0
Arrhythmia	6.9
Asthma	5.6
Coronary Artery Disease	4.1
Substance Abuse	3.0
COPD	2.7

REP data shows that more females are living with two or more chronic conditions than males (28.3% vs 23.3%, respectively). Additionally, white and black individuals have higher rates of multiple chronic conditions than Hispanic and Asian individuals (26.9%, 29.0% vs 24.0% and 22.3%, respectively). According to local data, health disparities exist among certain subpopulations throughout Olmsted County. Those with fair or poor health status; those with no children in the household; retired individuals; and white, non-Hispanic individuals were more likely to have multiple chronic conditions.

Adult Multiple Chronic Conditions	
Age Group	
18-34	18%
35-49	32%
50-64	36%
65+	61%
Race	
White, NH	35%
All Others	11%
Gender	
Male	32%
Female	34%
Children in Household	
Children	16%
No	44%
US	
US Born	35%
Foreign Born	11%
Marital Status	
Married	28%
Not Married	50%
Education	
No College	51%
Any College	31%
Residence	
Rochester	33%
Non-Rochester (County)	36%
Household Income	
<35K	43%
35K+	31%
Health Status	
Poor-Fair	94%
Good-Excellent	29%
Home Ownership	
Rent	29%
Own	34%
Fin Stressed	
Financially Stressed	38%
Not	32%
Retirement	
Not Retired	28%
Retired	59%



Data Source: CHNA Community Survey

Local Conditions: ACES

According to the Minnesota Department of Health, an adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult. As the number of ACEs increases, the risk for health problems increases in a strong and graded fashion in areas such as alcohol and substance abuse, depression, anxiety, and smoking.

The nine ACEs are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Mental illness of a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member

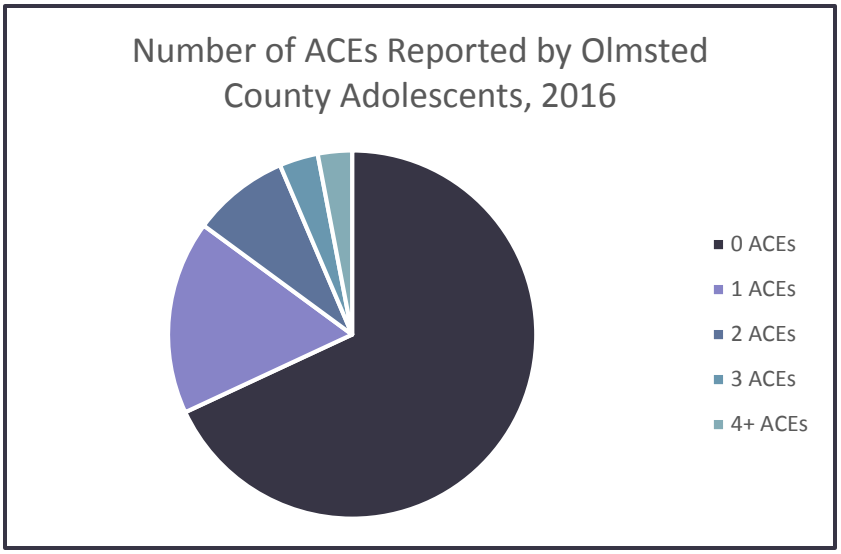
The ACE score is a measure of cumulative exposure to adverse childhood conditions. Exposure to any single ACE condition is counted as one point. If a person experienced none of the conditions in childhood, the ACE score is zero. Points are then totaled for a final ACE score. It is important to note that the ACE score does not capture the frequency or severity of any given ACE in a person's life, focusing instead on the number of ACE conditions experienced. In addition, the ACE conditions used in the ACE survey reflect only a select list of experiences.

From the Minnesota Student Survey, proxy questions were identified to create an ACE Index (zero to eight) for Olmsted County adolescents and were based on the ACE Index created by SUMN.org. Questions used to create the ACE Index for this report can be found in the table below and the corresponding percentage of Olmsted County adolescents reporting that ACE.

2016 Minnesota Student Survey Questions	% of Olmsted County Adolescents
Older or stronger member of your family every touched you or had you touch them sexually	2%
Any adult or another person outside the family ever touched you sexually against your wishes or forced you to touch them sexually	4%
Live with anyone who uses illegal drugs or abuses prescription drugs	5%
Parent or other adults in your home slapped, hit, kicked, punched or beat each other up	6%
Live with anyone who drinks too much	7%
Parent or another adult in your household hit, beat, kick or physically hurt you	11%
Parent or another adult in your home regularly swear at you, insult you or put you down	12%
Parent or guardian incarcerated (currently or in the past)	14%

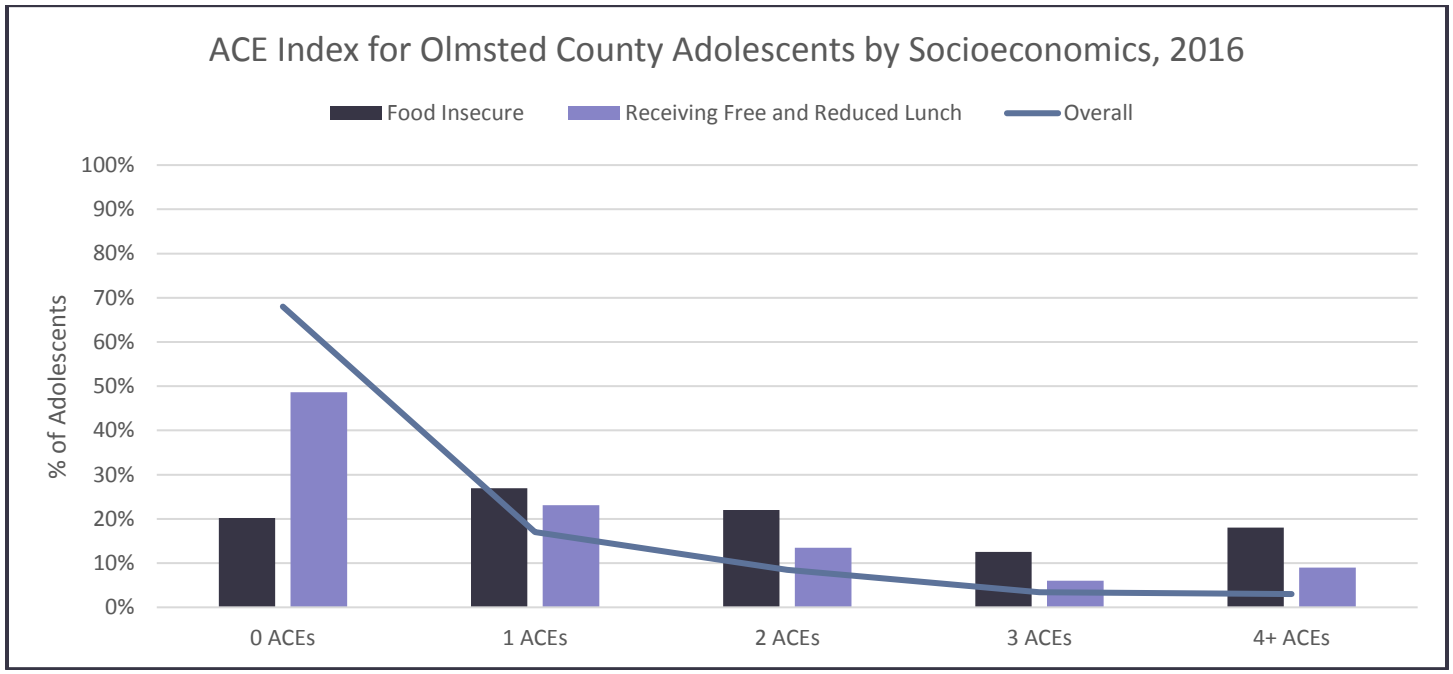
Data Source: Minnesota Student Survey

The majority of Olmsted County adolescents reported no ACEs in 2016 (68%). Overall the percentage of Olmsted County adolescents reporting ACEs is lower than the State of Minnesota (32% vs 35%). The most frequent ACE reported was parent or guardian currently or in the past incarcerated. The Minnesota Student Survey doesn't provide a clear method for determining if an adolescent's parents are divorced. Based on national data, this would probably be the most common ACE noted if the data allowed. ACEs and their impact were also brought up by community dialogue participants as a barrier for people reaching their optimal mental health.



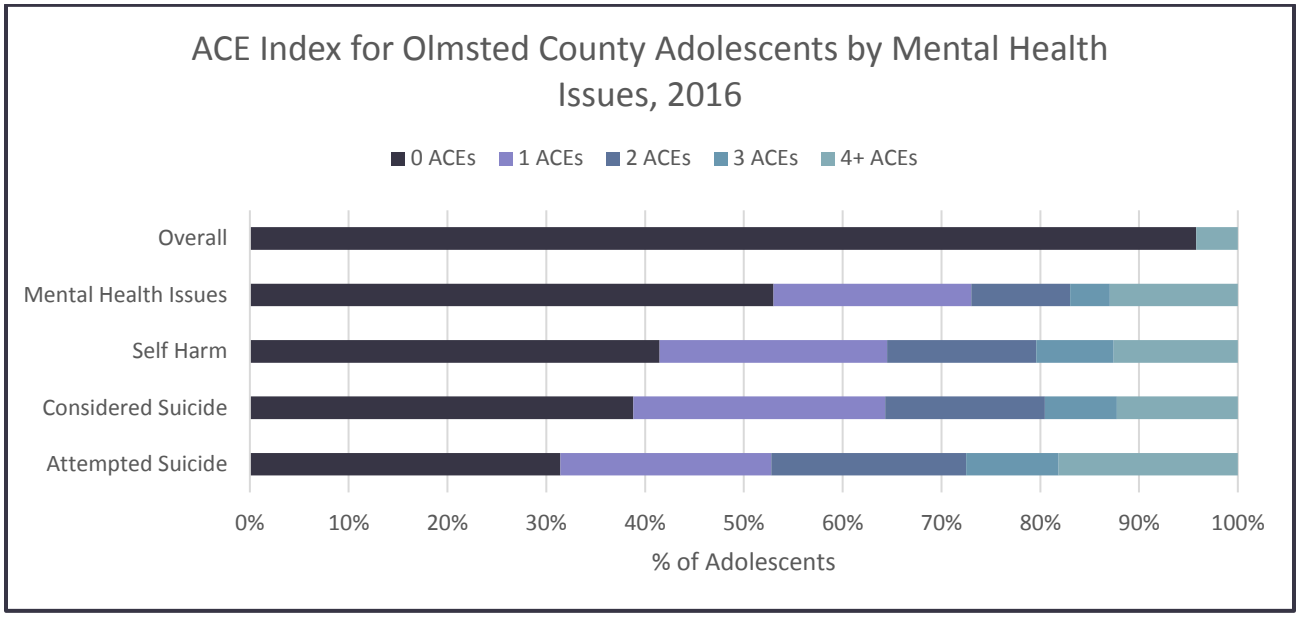
Data Source: Minnesota Student Survey

There are no major differences between age groups or gender in Olmsted County. Differences are seen, however, in race/ethnicity, sexuality, health status, free or reduced lunch status and food insecurity. African American (42%) and Hispanic/Latino (48%) adolescents are more likely to report a higher number of ACEs than their white peers (32%). Additionally, the prevalence of gay, bisexual or questioning adolescents reporting more than one ACE is higher than heterosexual adolescents (52% vs 30%). Adolescents reporting being food insecure or receiving free or reduced lunch have the highest prevalence of experiencing one or more ACES. Only 20% of adolescents reporting being food insecure, had an ACE score of zero and had the highest prevalence of one to two aces across all demographics (27% and 22%).



Data Source: Minnesota Student Survey

Research has shown that adolescents that have experienced ACEs are more likely to have mental, emotional or behavioral issues and consider or attempt suicide or report self-harm. Olmsted County's data aligns with the research. The majority of adolescents who reported having a mental, emotional or behavioral problem indicated at least one ACE in their lifetime (55%). The prevalence and magnitude (number of ACES) only grows when comparing self-harm (60%) and considering (62%) or attempting suicide (68%).

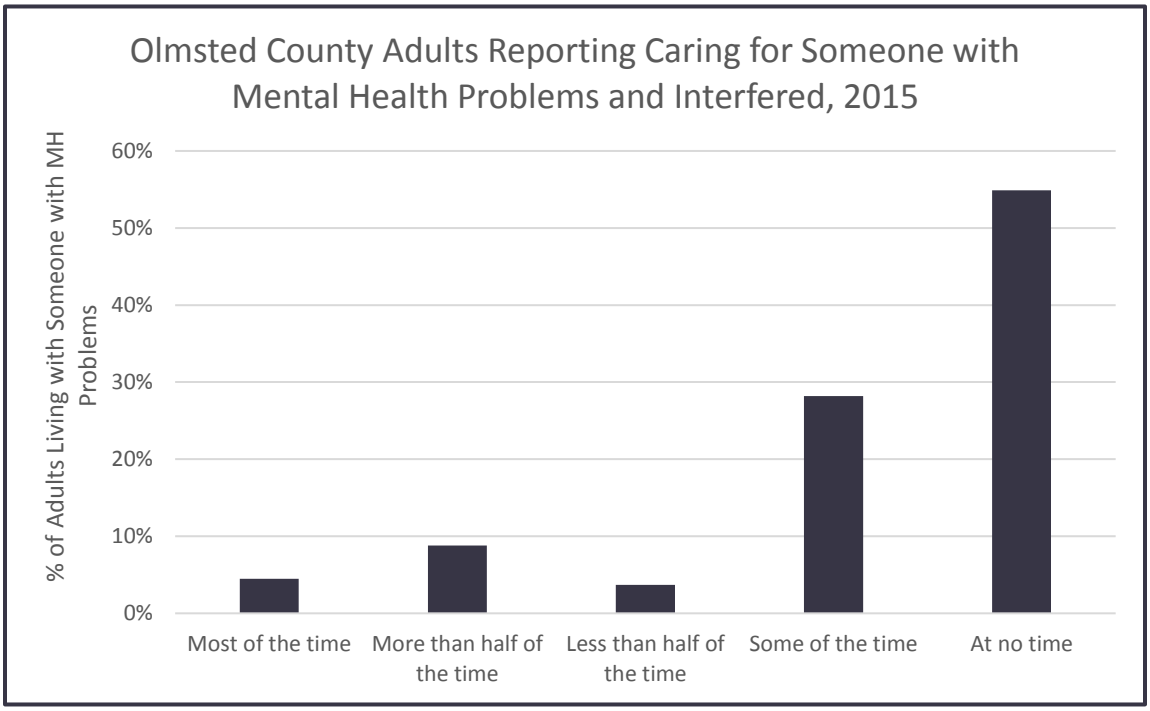


Data Source: Minnesota Student Survey

Local Conditions: Social and Economic Factors

Caring for Someone with Mental Health Problems

The CHNA Community Survey indicates that 32% of Olmsted County adults live with someone who has mental health problems. Of those that reported living with someone with mental health problems, 55% reported that at no time did caring for someone interfered in the last 30 days. Caring for someone with mental health issues can cause a lot of stress; 44% of residents that live with someone who has mental health problems reported being financially stressed compared to 21% of those who did not.



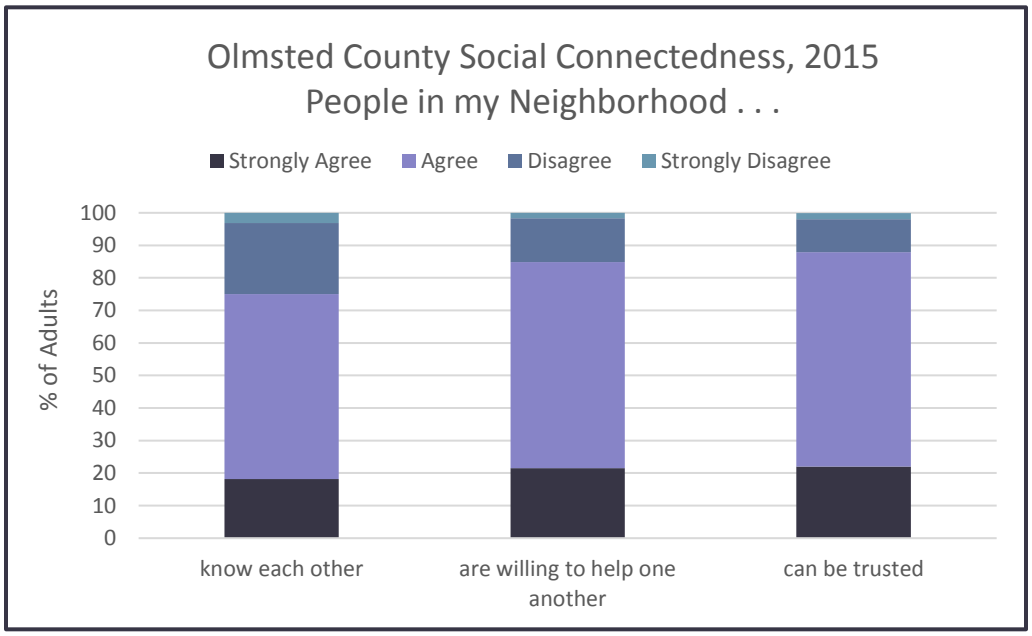
Data Source: CHNA Community Survey

Social Connectedness

According to the Olmsted County CHNA Survey, nearly 71% of Olmsted County residents are residing in socially connected neighborhoods. Individually, the highest level of 'connectedness' is with neighbors being trusted. Nearly 88% state that they feel people in their neighborhood can be trusted. During the 2017 community dialogues, participants mentioned being socially connected is important for neighborhood vitality and for promoting optimal mental health.

"No one speaks with one another, everyone afraid of everyone else"

"Normalcy of limited contact with neighbors"

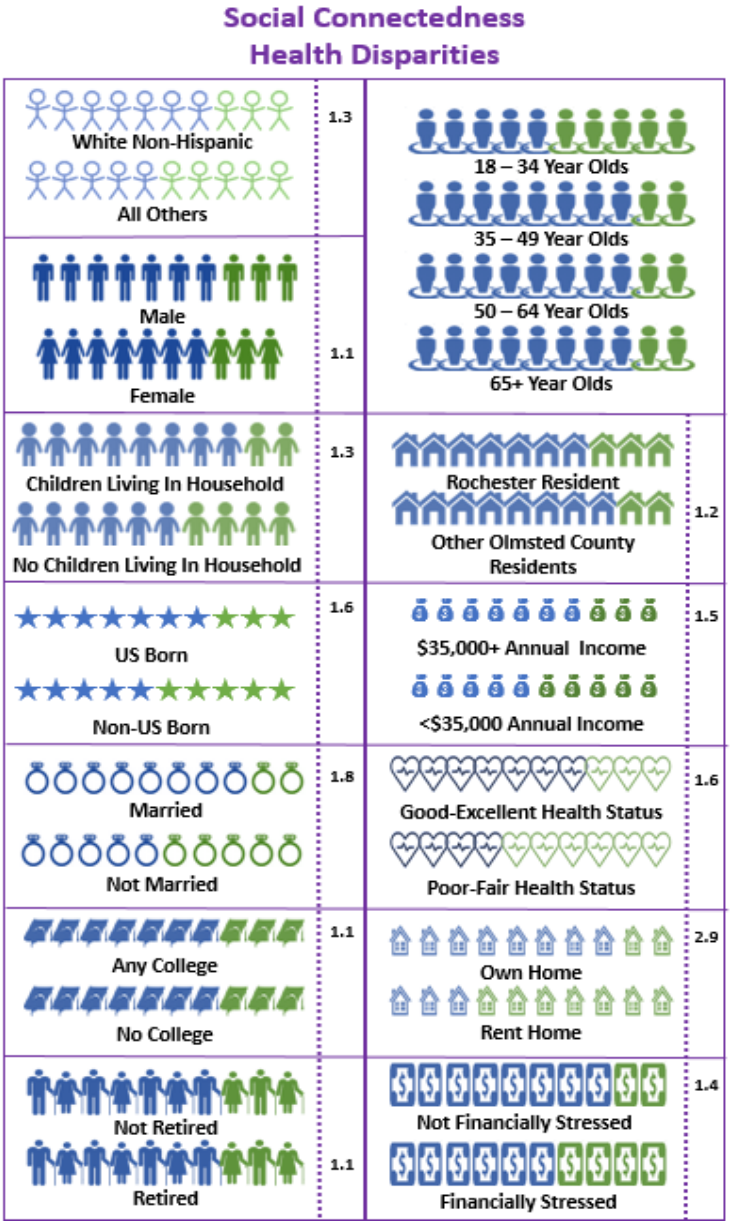


When comparing social connectedness between those that reported any mental health problems and those who haven't, overall there is not much of a difference across all three questions. The only difference worth noting is that 66% of those who reported having a mental health problem reported people in their neighborhood know each other compared to 78% who reported no mental health problems.

The 2016 Minnesota Student Survey asked youth and adolescents if the following statement described them, 'I build relationships with other people'. Just over 75% of Olmsted County youth and adolescents stated they do build relationships with other people. The 2006 to 2012 Behavioral Risk Factor Surveillance System data indicates that 12% of Olmsted County residents are lacking social support; compared to Minnesota at 14% and the United States at 19%.

According to local data, social connectedness health disparities exist among certain subpopulations throughout Olmsted County. Those that are in good, very good or excellent health; white, non-Hispanic individuals; United States born individuals; and higher income households that own their own home were more likely to report being socially connected.

Social Connectedness	
Age Group	
18-34	51%
35-49	79%
50-64	82%
65+	76%
Race	
White, NH	72%
All Others	54%
Gender	
Male	68%
Female	74%
Children in Household	
Children	82%
No	64%
US	
US Born	73%
Foreign Born	47%
Marital Status	
Married	80%
Not Married	45%
Education	
No College	67%
Any College	71%
Residence	
Rochester	68%
Non-Rochester (County)	85%
Household Income	
<35K	51%
35K+	74%
Health Status	
Poor-Fair	45%
Good-Excellent	72%
Home Ownership	
Rent	28%
Own	79%
Fin Stressed	
Financially Stressed	56%
Not	76%
Retirement	
Not Retired	70%
Retired	75%

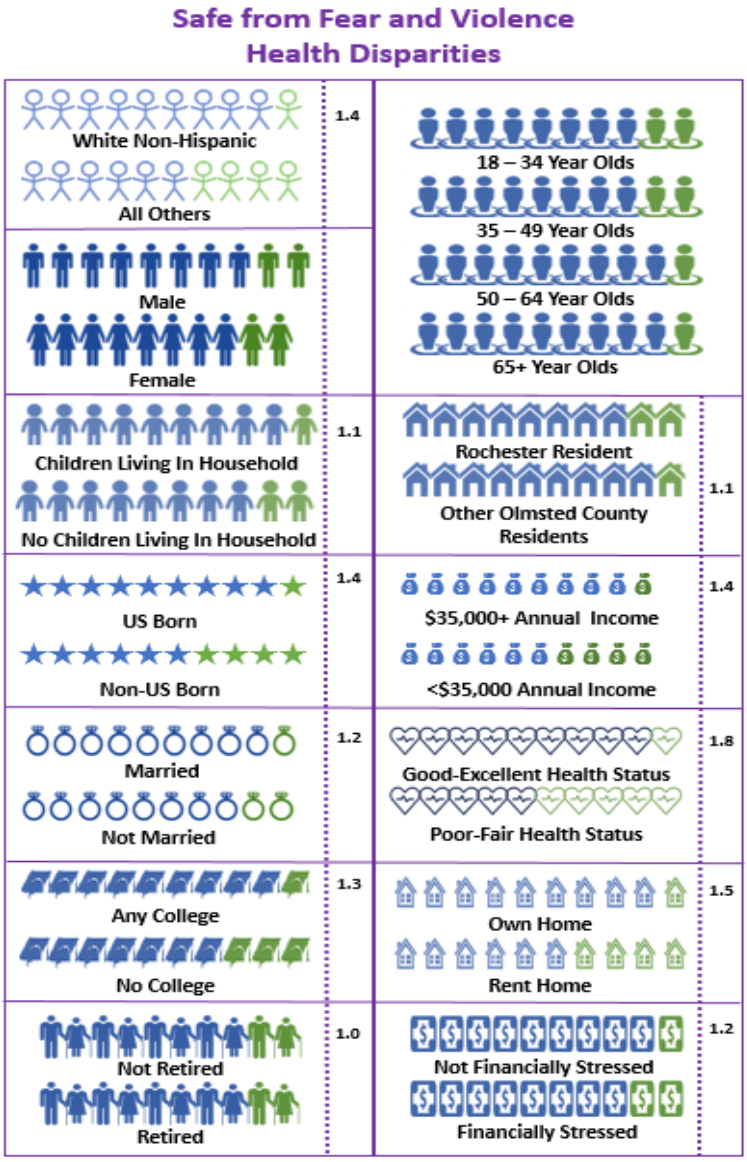


Data Source: CHNA Community Survey

Safe from Fear and Violence

From the Olmsted County CHNA Survey, nearly 83% of Olmsted County residents feel safe from fear and violence. Those who reported having any mental health problems reported a comparable percentage to Olmsted County residents overall. Safety health disparities exist among certain subpopulations throughout Olmsted County. Those that are in good, very good or excellent health; white, non-Hispanic Individuals; United States born individuals; and higher income households that own their own their own home were more likely to have a feeling of safety.

Adult Safe from Fear and Violence	
Age Group	
18-34	81%
35-49	78%
50-64	91%
65+	85%
Race	
White, NH	86%
All Others	62%
Gender	
Male	83%
Female	84%
Children in Household	
Children	89%
No	81%
US	
US Born	86%
Foreign Born	63%
Marital Status	
Married	87%
Not Married	75%
Education	
No College	65%
Any College	86%
Residence	
Rochester	82%
Non-Rochester (County)	91%
Household Income	
<35K	64%
35K+	88%
Health Status	
Poor-Fair	48%
Good-Excellent	86%
Home Ownership	
Rent	59%
Own	89%
Fin Stressed	
Financially Stressed	75%
Not	87%
Retirement	
Not Retired	84%
Retired	81%

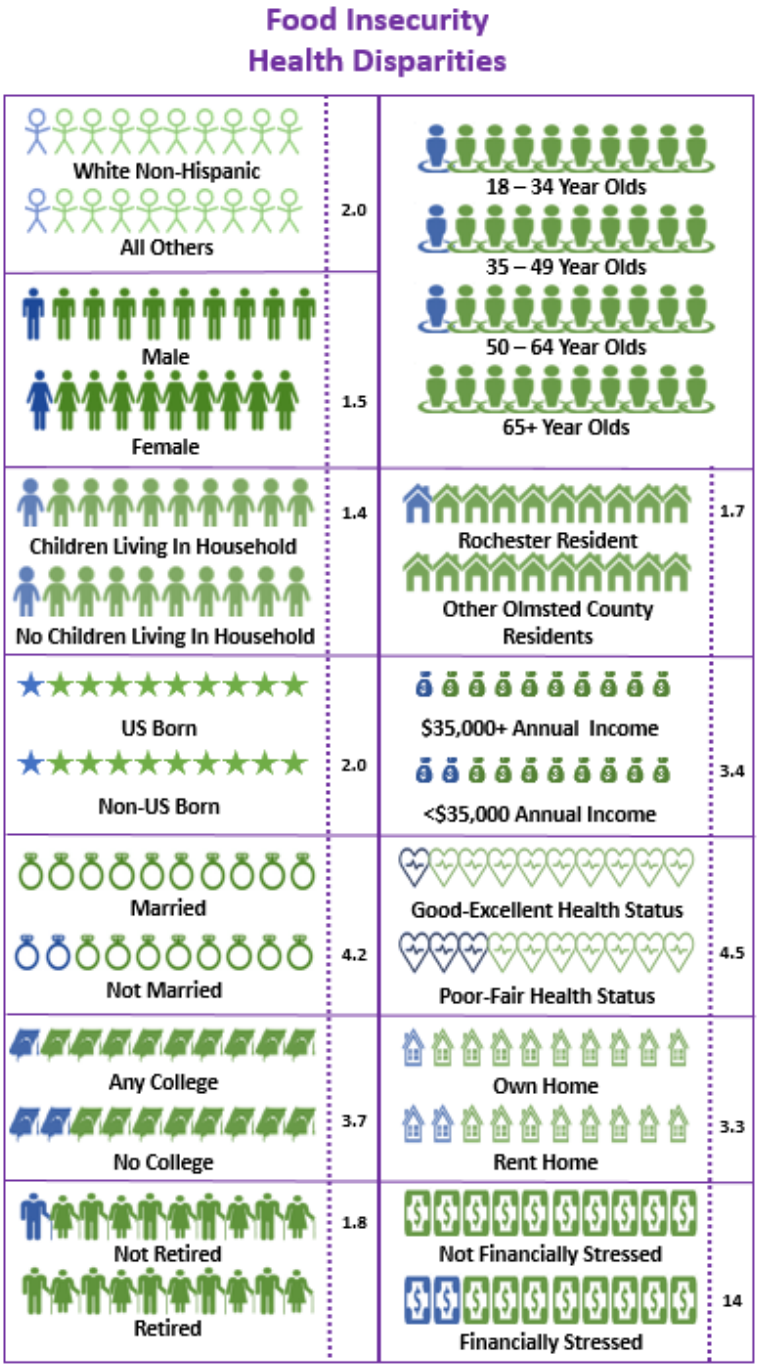


Data Source: CHNA Community Survey

Food Insecurity

According to the Olmsted County CHNA Survey, 7.8% of Olmsted County residents experience food insecurity. Olmsted County residents who reported having mental health problems were more likely to report they experience food insecurity compared to those who did not have a mental health problem (15% vs 5%). Those that are financially stressed; in fair or poor health; non-married individuals; those with no college and lower income households that rent their home were more likely to report food insecurity.

Food Insecurity	
Age Group	
18-34	9%
35-49	10%
50-64	6%
65+	4%
Race	
White, NH	7%
All Others	14%
Gender	
Male	6%
Female	9%
Children in Household	
Children	10%
No	7%
US	
US Born	7%
Foreign Born	14%
Marital Status	
Married	4%
Not Married	18%
Education	
No College	22%
Any College	6%
Residence	
Rochester	8%
Non-Rochester (County)	5%
Household Income	
<35K	20%
35K+	6%
Health Status	
Poor-Fair	30%
Good-Excellent	7%
Home Ownership	
Rent	18%
Own	5%
Fin Stressed	
Financially Stressed	23%
Not	2%
Retirement	
Not Retired	8%
Retired	5%

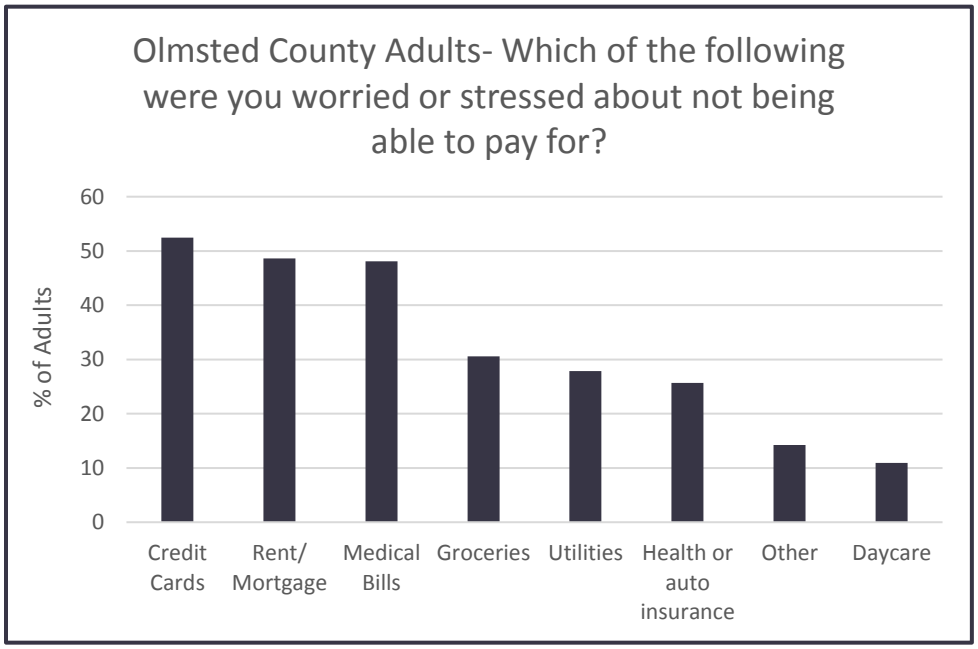


Data Source: CHNA Community Survey

Financially Stressed

According to the United States Census data (2009-2013), 21% of Olmsted County homeowners and 46% of renters are paying more than 30% of their income to housing (mortgage/rent) alone.

Data from the Olmsted County CHNA Community Survey shows that 28.7% of Olmsted County adults are currently financially stressed - or are worried or stressed about not having enough money to pay their bills. Of those that are financially stressed, over half (58%) are worried about money six or more months out of the year. Many (47%) financially stressed individuals stated that a major life event contributed to their financial stress situation. For those reported being financially stressed, the most worrisome/frequent reason was to pay credit cards (52%), rent/mortgage (49%) and medical bills (48%).



Data Source: CHNA Community Survey

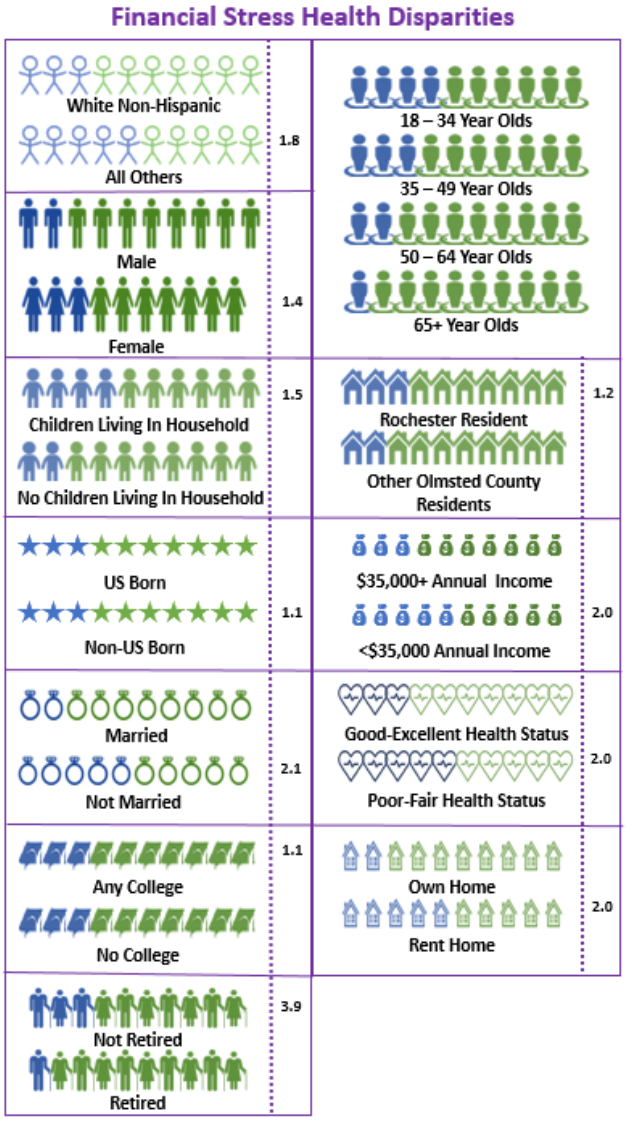
Those who reported any mental health problems or living with someone who has mental health problems were more likely to report being financially stressed (41% and 44%) than those who do not have or live with anyone with mental health issues (24% and 21%).

Community dialogue participants also highlighted the importance of being financially stable and having basic needs met is crucial to achieving optimal mental health and if basic needs are not being met they become a barrier.

> *"Can I pay my rent, food on the table, time to do the things I want to do, financial stability"*

According to local data, financial stress health disparities exist among certain subpopulations throughout Olmsted County. Unmarried individuals; those that report fair or poor health status; those living in a household earning less than $35,000 annually; those who rent their home; and non-white, non-Hispanic individuals were more likely to be financially stressed.

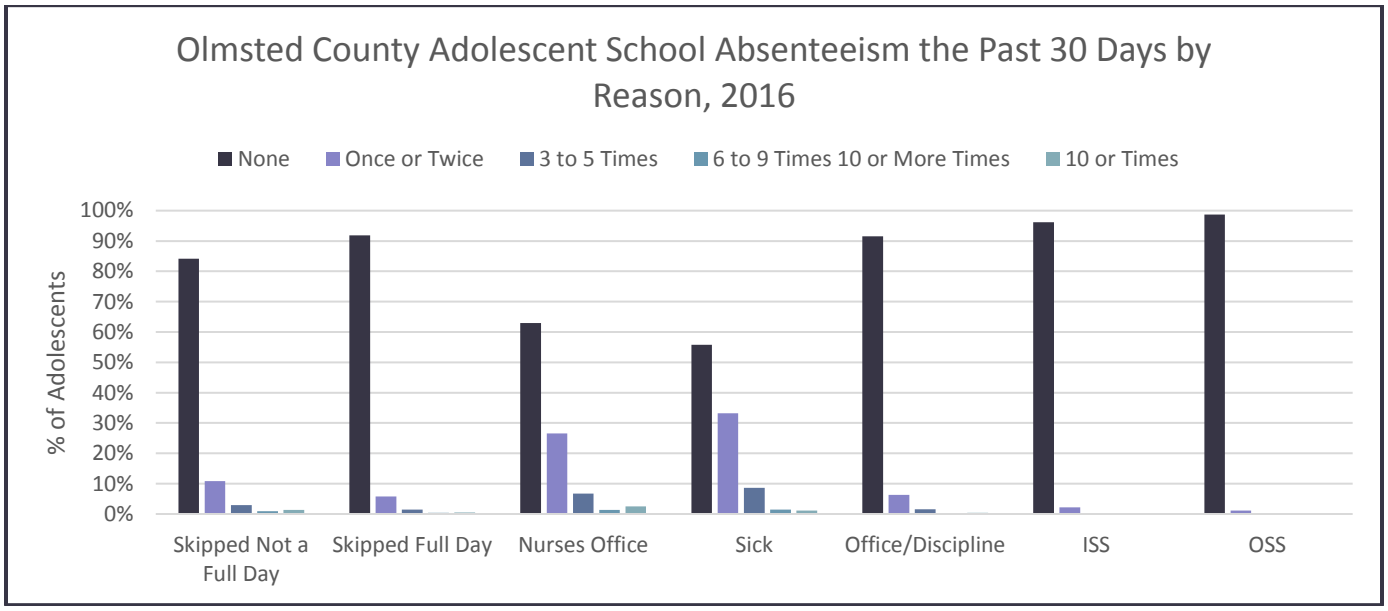
Financial Stress	
Age Group	
18-34	41%
35-49	32%
50-64	23%
65+	11%
Race	
White, NH	27%
All Others	48%
Gender	
Male	24%
Female	33%
Children in Household	
Children	36%
No	25%
US	
US Born	28%
Foreign Born	31%
Marital Status	
Married	22%
Not Married	47%
Education	
No College	27%
Any College	29%
Residence	
Rochester	30%
Non-Rochester (County)	24%
Household Income	
<35K	52%
35K+	27%
Health Status	
Poor-Fair	55%
Good-Excellent	27%
Home Ownership	
Rent	79%
Own	25%
Retirement	
Not Retired	33%
Retired	8%



Data Source: CHNA Community Survey

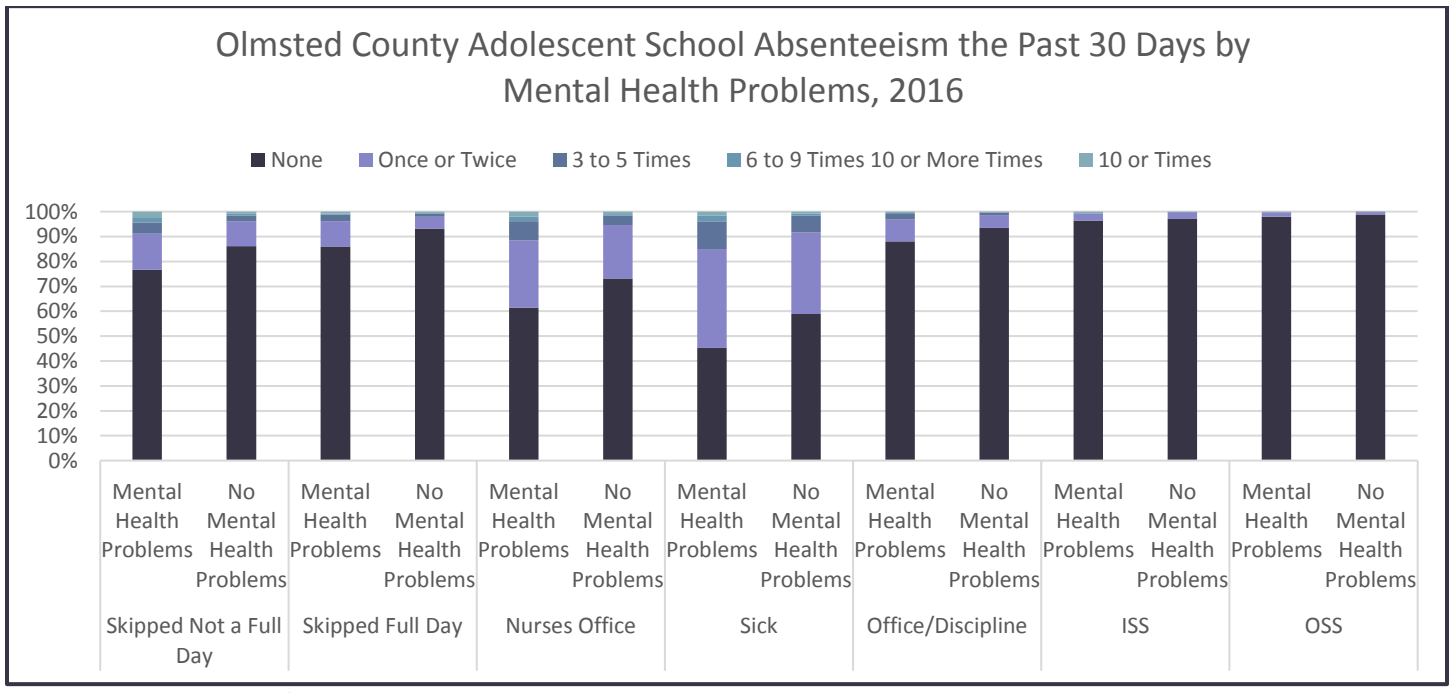
School Absenteeism

The Minnesota Student Survey asks adolescents to identify reasons for not attending school or missing classes throughout the day. The most common reason for not attending school was being sick, 33% of adolescent reported missing one or two days of school over the past 30 days due to being sick. Data also notes that 27% of adolescents visited the nurse's office one or two days over the past 30 days. In school suspension (ISS) and out of school suspension (OSS) were the least common reasons for missing school (3% and 1%).



Data Source: Minnesota Student Survey

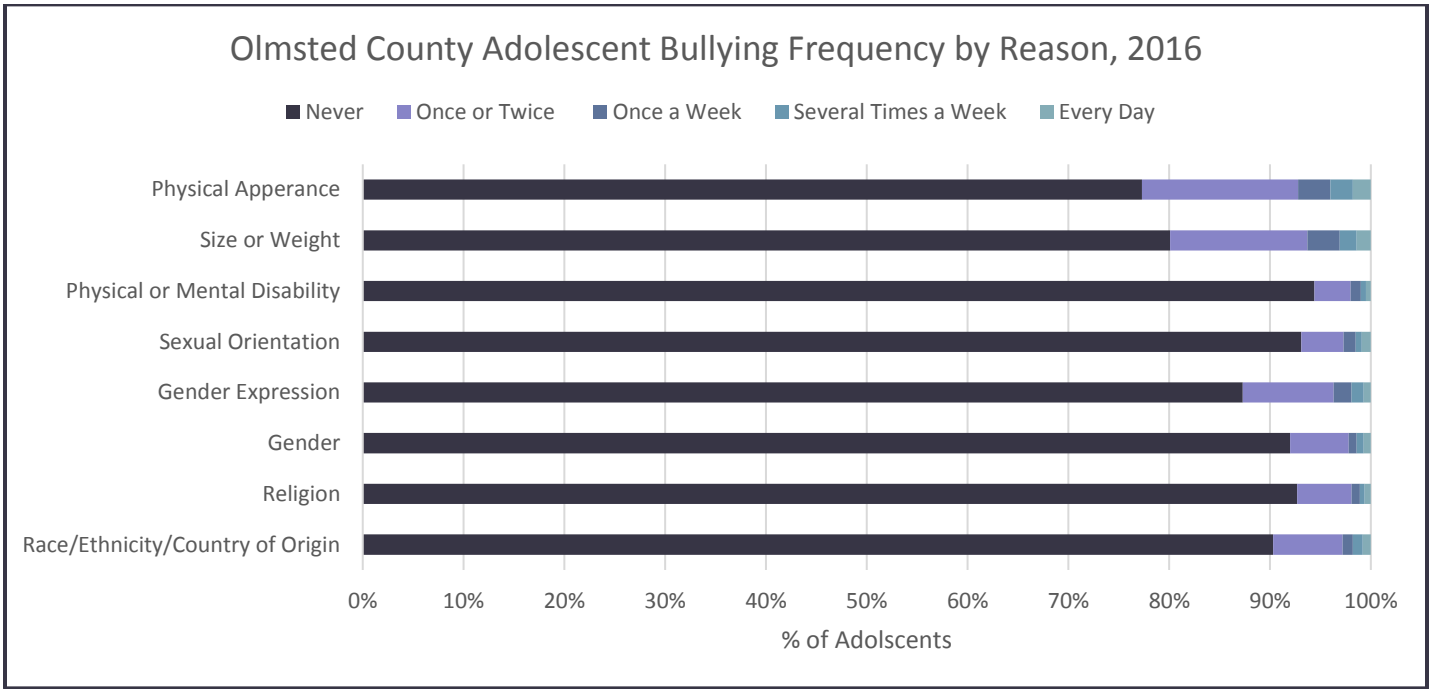
There are differences in school absenteeism when comparing adolescents that reported having a mental health, emotional or behavioral problem to those who do not. Adolescents with a mental health, emotional or behavioral problem were more likely to skip class (full day 14% and half day 23%), visit the nurse's office (39%), be sick (55%) and miss school due to discipline issues.



Data Source: Minnesota Student Survey

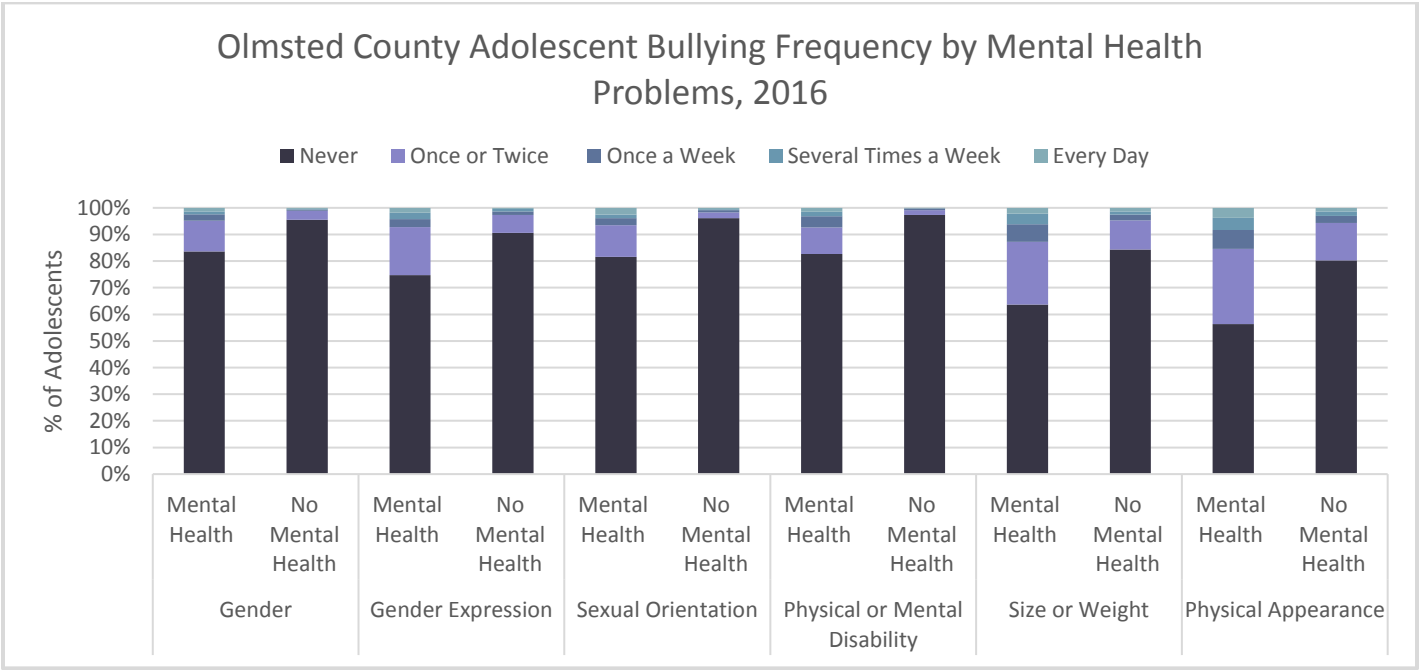
Bullying

The Minnesota Student Survey asks adolescents if they have been bullied for various reasons. The most common reason that Olmsted County adolescents reported being bullied was due to their physical appearance (23%), their size or weight (20%) and gender expression (13%).



Data Source: Minnesota Student Survey

There are differences in bullying when comparing adolescents that reported having a mental health, emotional or behavioral problem to those who do not. Adolescents with a mental health, emotional or behavioral problem were more likely to report being bullied overall, including for their physical appearance (44%), size or weight (36%), gender expression (25%).



Data Source: Minnesota Student Survey

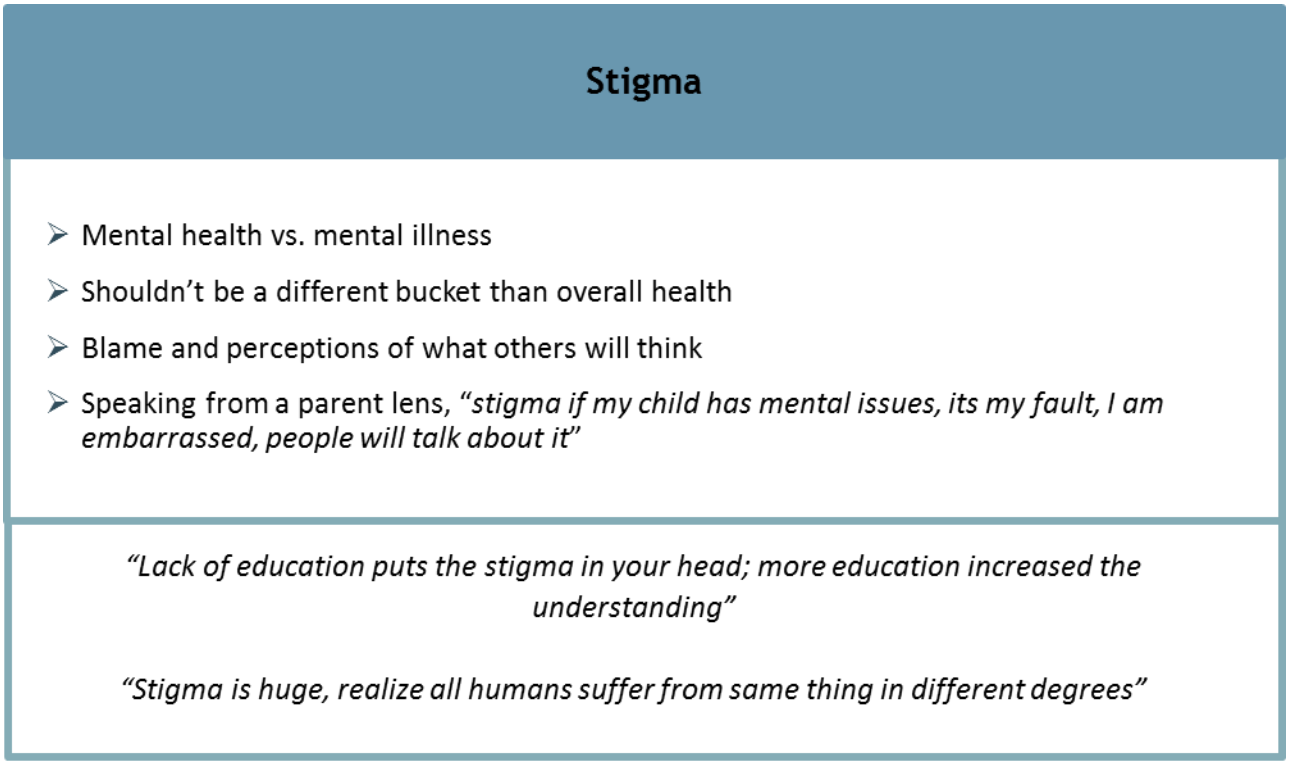
Local Conditions: Community Context

Community Perception

During the 2016 Community Health Needs Assessment Prioritization Process, community members were asked to rate the community's perception of mental health and the community's ability to impact. Overall, the community perceived mental health to be a severe/extreme threat and that community has an extreme ability to impact. Additionally, 67% of the prioritization participants felt mental health is one of the top health issues impacting Olmsted County residents.

Stigma

Currently, quantitative data on stigma specifically for Olmsted County, is not available. During the community dialogues, stigma was the most common theme; followed by how it impacts/causes barriers to optimal mental health; how mental illness is looked at differently than other physical illnesses; and the lack of understanding the difference between mental health and mental illness.



Data Source: Community Dialogue

Forces of Change Assessment

Force	Threats	Opportunities
Mayo Clinic/DMC	• Planned and scripted landscape • Social and economic heir • Pulling jobs • International focus • Access • Brings people in	• Cooperative and helping spirit • Jobs • Quality

Housing	• Safe, affordable housing
	  ○ Drug free
	  ○ Centralized location
	  ○ Cuts in funding
	• High % of salary for housing
	  ○ "Not in my backyard"
	  ○ DMC
	• Lack of stable income for housing
		• Improving security at Gage East, high crime areas
		• Improve chemical dependency treatment funding
		• Improve transportation flow/times/weekends, not just downtown
		• Lower mass transit costs
		• Political advocacy for these topics
		• Community engagement for education of these topics

Structural racism and rise of white nationalism	• Trauma • Impedes access to quality MN care (structual bias from providers, racism impacting practitioners of color) • Erode efficacy of a trust in law enforcement (hostile, unsafe communities) • Bias and trauma impacted outcomes and increase achievement gaps	• Need to create culturally competency forms/systems of care • Leverage funding focused special education and policy change • Communities may unite across difference in face of shared threat • Systems become intersectional, justice-oriented: reframing the issues and the work
Changing Demographics	• Aging, increased need for workforce to help stay in home • Increase need for facilities • Housing • Language barrier	• Increased need for trained workers for both aging and immigrant populations • Hierarchy of needs; what must be provided first
Workforce shortage	• Shortage of needed services • Stability • Increased feelings of isolation and helplessness for those needing help • Inconsistency of care	• Higher education and training programs • Public advocacy (pay raise and incentives for workers) • Independent living • Support for workers (e.g. Associations)

Data Source: Mental Health Workgroup

Assets and Gaps

Contextual	• Employment services			• Faith communities
				• NAMI
					• Affordable Care Act
					  • Pre-existing Conditions
					  • Insurance Parity

Primary	• Gun safety education • Healthy living programs • School programs • School public health nurse classes		• Worksite wellness	• Y Resource Center • Wellness Corner: Rochester Public Library • Olmsted County Public Health Services • Children's Mental Health Task Force • Olmsted County Children's Mental Health Resource Center	
Secondary	• Mental Health First Aide • Anger management classes • Certified Intensive Dialectical Behavior Therapy Program	• Peer support specialists • Parent support & outreach programs	• School-based mental health providers • Mental health providers	• Behavioral Services Access Group • Zumbro Valley Health Center • Family Services Rochester • Olmsted County Community Services • Bridge Collaborative	
Tertiary	• Assertive Community Treatment (ACT) Team • Case management • Intensive residential treatment services • Jail diversion and re-entry for detainees w/ serious mental illness • Support groups • Adult Rehabilitative Mental Health Services		• Employee Assistance Plan	• Intensive Community rehabilitation services team • Recovery is Happening • SE MN Mobile Crisis Team • Rapid Access Clinic • Community Behavioral Health Hospital • Living Independently with Knowledge! (LINK) program	
	Individual	**Interpersonal**	**Organizational**	**Community**	**Public Policy**

Data Source: Mental Health Workgroup

Community Dialogue Summary

Olmsted County
Community Health Assessment and Planning Process
Community Dialogues
October 2017

Purpose

Identify CHIP priorities:

- Overweight/Obesity
- Motor Vehicle Injury Prevention
- Vaccine Preventable Diseases
- Mental Health
- Financial Stress

Scope

- Learn why community feels the priority is an issue/problem
- Allow discussion around key data points
- Identify action steps community would like to see

Key Principles

- Participants are experts in their own experience
- Non-bias → non-leading questions
- Be mindful of who we are talking to and who we aren't
- Let the group steer the conversation
- Avoid assumptions

2017 Timeline

April	May	June	July	August	September	October
• Steering Committee Formed	• Dialogue populations identified •Questions Developed	• Questions Finalized • Facilitators Identified • Recruitment	• Community Dialogues Held	• Community Dialogues Held	• Community Dialogues Report Created	• Results Shared • Community Dialogue information integrated into Data Profile

CHIP Priority	Dialogue Topics
Overweight/Obesity	• Healthy eating in the Somali, Hispanic/Latino and African American communities
Motor Vehicle Injury Prevention	• Teen distracted driving • Senior drivers - threshold for saying "I shouldn't drive anymore" - probing on different restrictions and stigma with not driving anymore
Vaccine Preventable Diseases	• MMR vaccination rates in the Somali community • HPV vaccination rates
Mental Health	• Neighborhood focus on stigma, resiliency and potential strategies
Financial Stress	• Gaining a better understanding of current strategies addressing affordable housing and childcare

Next Steps

- Provide summaries to participants
- Bring participants together to discuss results
- Share results with workgroup leads, data subgroup & core group
- Integrate data into data profiles
- Assist with strategy selection
- Post on OCPHS web site

Lessons Learned

- Recruitment needs to be expanded
- More involvement of the CHIP workgroups
- Expand timeline (not during summer)

Steering Committee

Coordinated by Community Health Integration Specialist

Membership:

United Way of Olmsted County
Olmsted County Public Health Services
Center for Population Health, Mayo Clinic
Diversity Council
Olmsted Medical Center
CHAP Data Subgroup

Olmsted County
Community Health Assessment and Planning Process

Community Dialogues
Mental Health

2017

Themes

- Lack of Social Connectedness
- Barriers to Optimal Mental Health
- Stigma

What is a Healthy Community?

"Healthy, bike trails and parks which ties into mental health"

"Mental health - having support, the support is there"

"Safety for healthy community, not just crime but traffic"

"Access to every type of healthcare for everyone"

"Community involvement"

"Education and healthcare"

"Involved neighbors"

Lack of Social Connectedness

- Changes in neighborhood make-up
- People aren't connecting face-to-face
- Has potential impacts on mental health

"Apartments and condos isolated from the rest of the neighborhood, wish they be more incorporated"

"Huge disconnect, afraid of each other"

"No one speaks with one another, everyone afraid of everyone else"

"Normalcy of limited contact with neighbors"

Barriers to Optimal Health

- Understanding mental health vs. mental illness
- More than just stigma
- Adverse Childhood Experiences
- Fragmented System

"Community does not have enough mental health services. We have a crappy number of providers and some crappy providers"

"Mental health vs. mental illness, knowing the difference goes a long way"

"Can I pay my rent, food on the table, time to do the things I want to do, financial stability"

Stigma

- Mental health vs. mental illness
- Shouldn't be a different bucket than overall health
- Blame and perceptions of what others will think
- Speaking from a parent lens, "*stigma if my child has mental issues, its my fault, I am embarrassed, people will talk about it*"

"Lack of education puts the stigma in your head; more education increased the understanding"

"Stigma is huge, realize all humans suffer from same thing in different degrees"

Strategies Identified

Build Community Connections	Easier to Access to Supports & Services	Education

Appendix A: Disparity Table Information

Health disparities are a particular type of health difference that is closely linked with social or economic disadvantages. Health disparities adversely affect individuals and groups of people who have systematically experienced greater social and/or economic obstacles to health and/or clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation; geographic location; or other characteristic historically linked to discrimination or exclusion.

When available, data is presented to portray local health disparities, differences are noted - both graphically and narratively among racial and ethnic, age, gender and socioeconomic groups.

For those indicators that had the 2015 Olmsted County CHNA Survey as a data source, an infographic is presented with disparity comparisons in 13 different demographic and socioeconomic areas. Each area is represented by ten small images. This number demonstrates the magnitude of our local health disparities. *Please interpret infographic and indexes with caution due to rounding.*

Appendix B: Data Sources

- Centers for Disease Control and Prevention (CDC):
    - Behavioral Risk Factors Surveillance System (BRFSS)
- Healthy People 2020 (HP 2020)
- Minnesota Department of Education
- Minnesota Department of Health:
    - Center for Health Statistics
    - Minnesota Public Health Data Access
    - Minnesota Student Survey
- Olmsted County Community Dialogues
- Olmsted County Community Health Needs Assessment (CHNA) 2013 and 2015 Surveys
- Olmsted County Prioritization Sessions
- Robert Wood Johnson Foundation
- Rochester Epidemiology Project
- SE Minnesota Immunization Connection
- United States Census Bureau:
    - American Community Survey