

# **Olmsted County, Minnesota Community Health Improvement Plan 2021 - 2023**

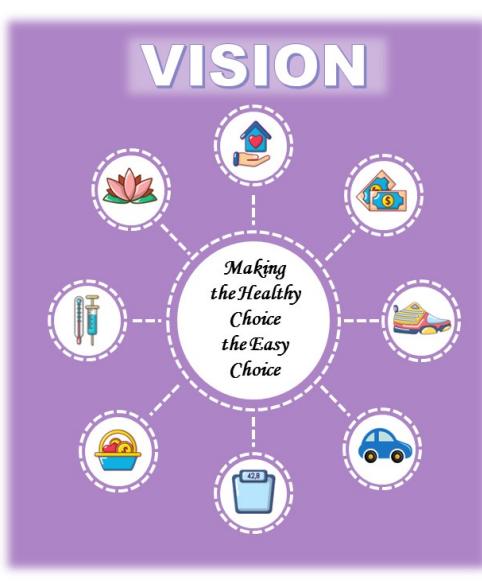
**A Collaborative Community Effort Led by:  
Olmsted County Public Health Services, Olmsted  
Medical Center, and Mayo Clinic**

**December 2020**

# Olmsted County, Minnesota Community Health Improvement Plan 2021-2023

## Executive Summary

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



### Community Health Assessment & Planning Process

#### Core Values

Data Driven ◆ Community Focus  
Actionable and Sustainable  
Collaboration ◆ Health Equity

#### Overarching Goals

- Attain improved quality of life with increased life expectancy and reduce preventable disease, disability, and premature death
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Create social and physical environments that promote good health for all
- Achieve health equity, eliminate disparities, and improve health of all groups



### Community Health Improvement Plan Priorities & Goals

Every Olmsted County resident has the opportunities and resources available to them to achieve optimal mental health

Reduce the percentage of Olmsted County residents burdened by financial stress

Reduce substance use among Olmsted County residents

#### MENTAL HEALTH



#### FINANCIAL STRESS



#### SUBSTANCE USE



#### TOP 3 COMMUNITY HEALTH PRIORITIES

Includes emotional, psychological, and social well-being

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

Individuals currently using alcohol, tobacco, or other drugs, including marijuana, opioids and more

# Contributing Organizations

The Olmsted County Community Health Improvement Plan is a collaborative community effort led by Olmsted County Public Health Services, Olmsted Medical Center and Mayo Clinic. Several community organizations and partnerships have helped further develop and implement the Community Health Assessment and Planning (CHAP) process, including through the Health Assessment and Planning Partnership (HAPP) and Coalition of Community Health Integration (CCHI). Many thanks go to the organizations listed below and to any partnerships or coalition that supports these efforts.

Agency	CCHI	CHAP Community Engagement Workgroup	CHAP Core Group	CHAP Data Subgroup	CHAP Coordinator Funding Agency
Cradle 2 Career				X	
Destination Medical Center				X	
Diversity Council		X			
Family Service Rochester				X	
Mayo Clinic	X	X	X	X	X
Olmsted County Health, Housing, and Human Services	X	X		X	
Olmsted County Public Health Services	X	X	X	X	X
Olmsted Medical Center	X		X	X	X
Rochester Area Foundation	X				X
Rochester Epidemiology Project, Mayo Clinic				X	
United Way of Olmsted County	X	X		X	X
Zumbro Valley Health Center	X				X

CHAP – Community Health Assessment and Planning Process

CCHI – Coalition of Community Health Integration

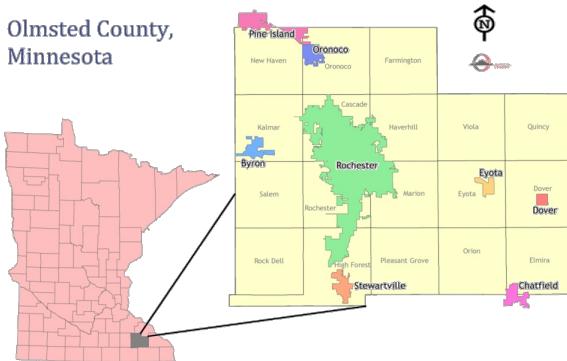
HAPP – Health Assessment and Planning Partnership

Refer to the Supplemental Document, Appendix D, for a full list of organizations involved in each coalition or partnership.

# OLMSTED COUNTY, MINNESOTA

## BY THE NUMBERS

Olmsted County,  
Minnesota

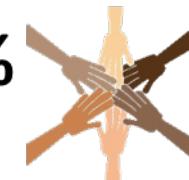


2018 Population  
**156,277**



### Demographics

**18%**  
Minority  
Population



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

### Geography

**8th**  
largest  
county in  
Minnesota



↑ **26%**  
Overall population

↑ **132%**  
Minority population

↑ **81%**  
Adults 65 & 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 &  
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

# **Community Health Assessment and Planning (CHAP) Process**

# 2017-2020 CHAP Timeline Summary

The next several pages offer a visual overview of the CHAP timeline between 2017 and 2020. Highlights for each year are included below.

## 2017

The 2018-2020 Community Health Improvement Plan (CHIP) was adopted after prioritization, community dialogues, and a comprehensive planning summit.

## 2018

Two firsts with the CHAP process occurred: the first Health Equity Summit, and the Community Engagement workgroup was formed. Additionally, the Community Health Needs Assessment (CHNA) was administered.

## 2019

The 2019 CHNA report was created and disseminated.

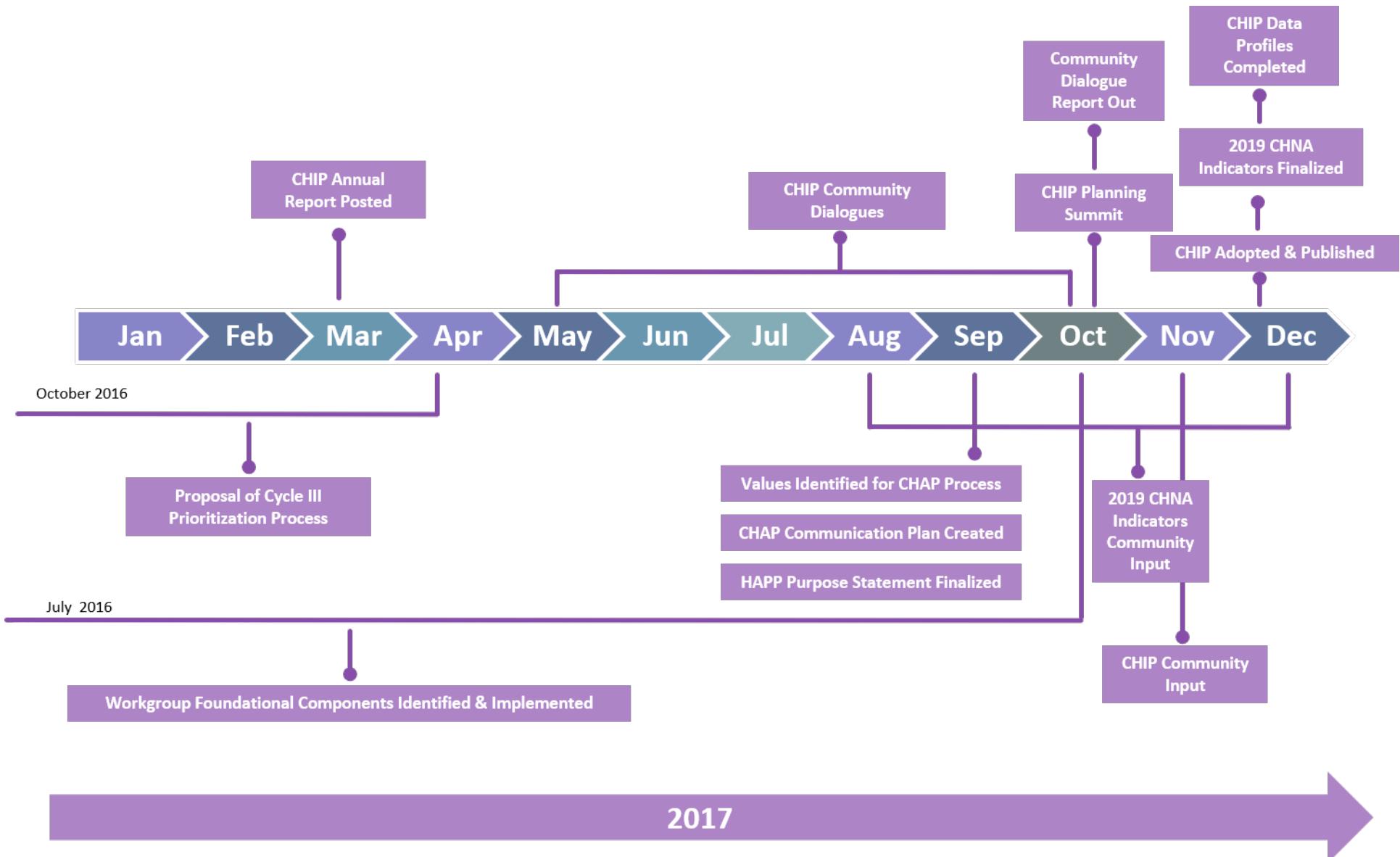
## 2020

Additional data around the new CHIP priorities was collected, CHNA indicators underwent data development, and the 2021-2023 CHIP was published.

## Looking Ahead

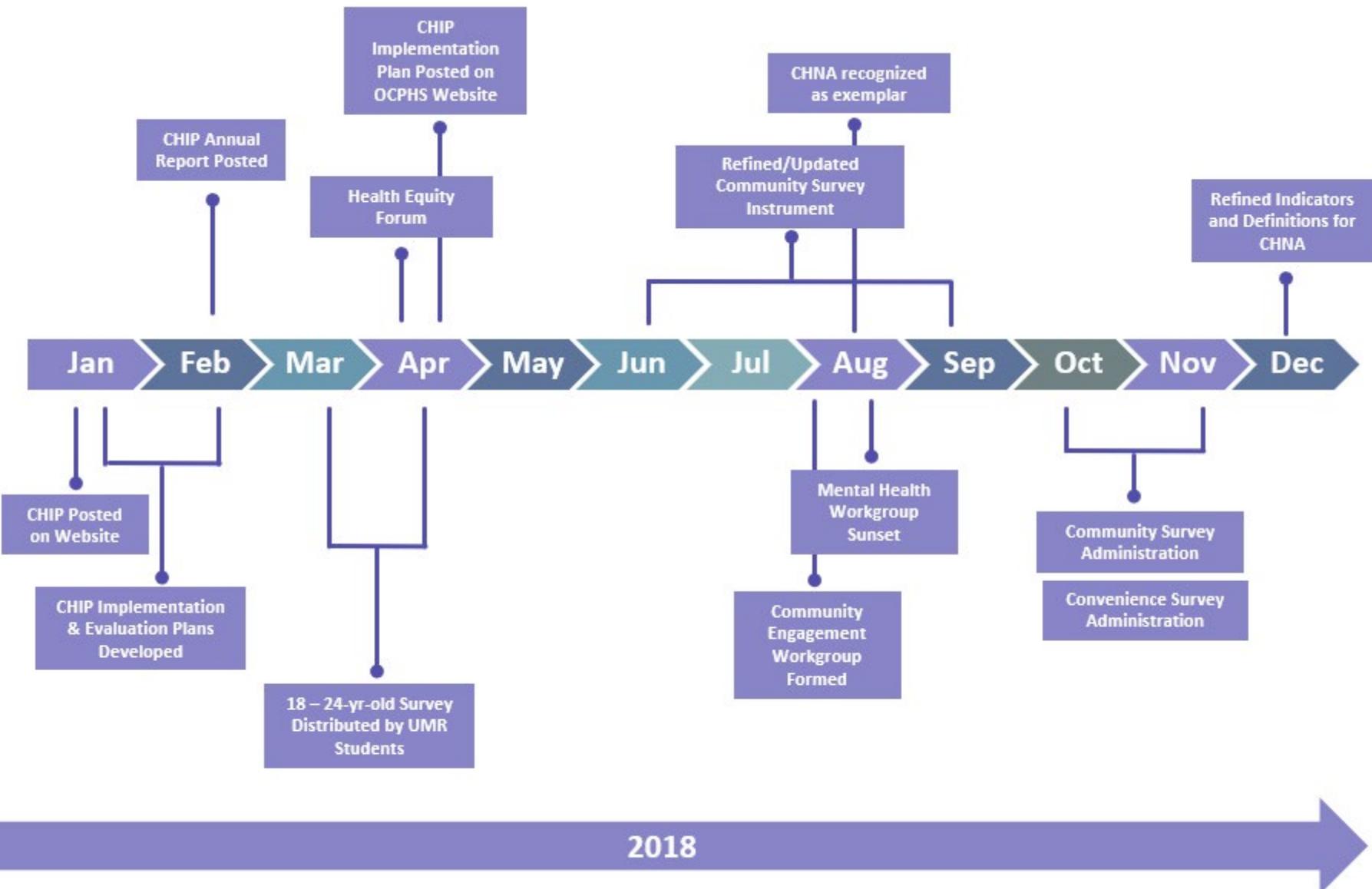
In 2021, the CHAP process will focus on finalizing strategies for the 2021-2023 CHIP and administering the next CHNA.

# 2017 CHAP Timeline

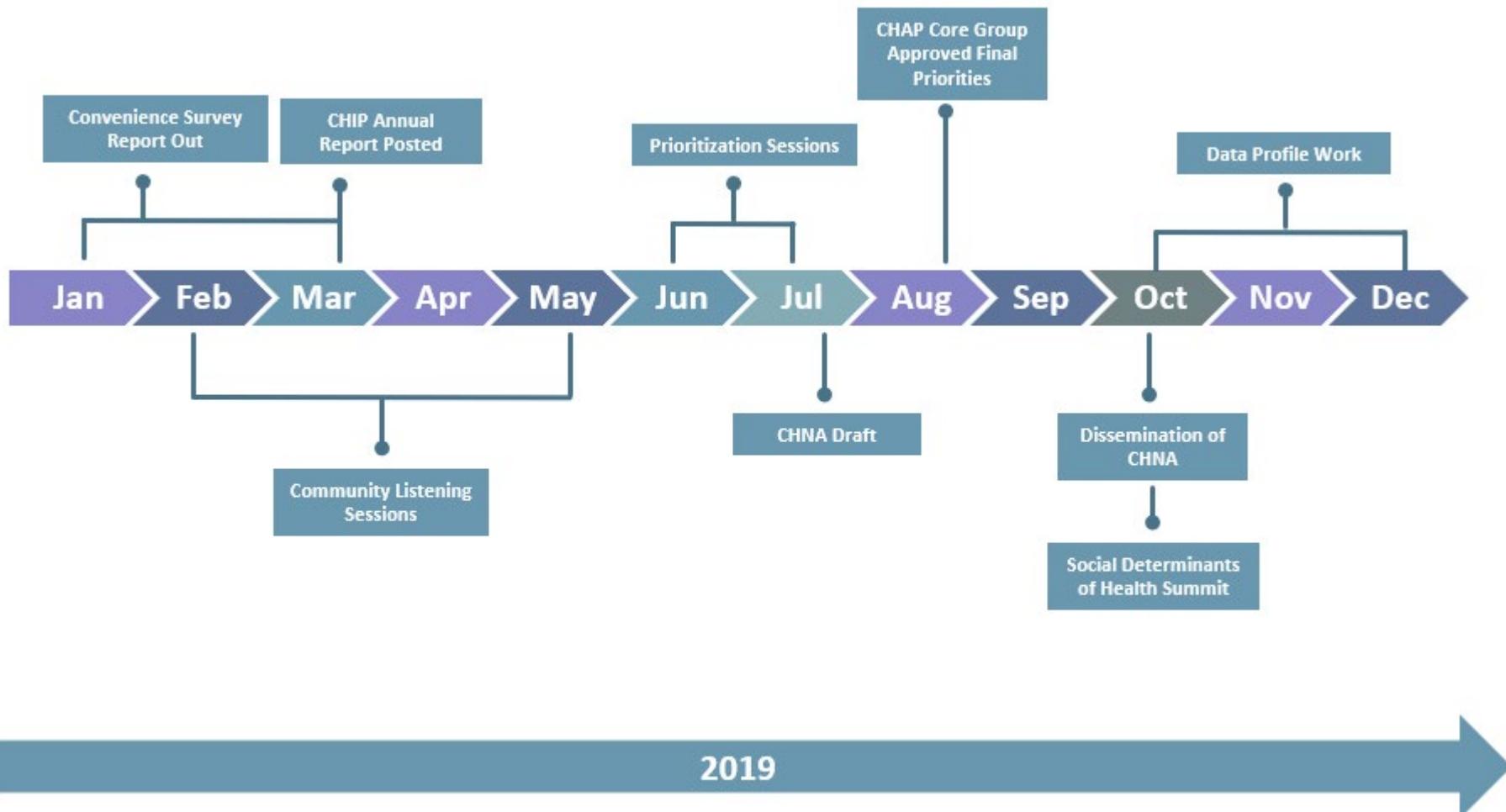


2017

# 2018 CHAP Timeline

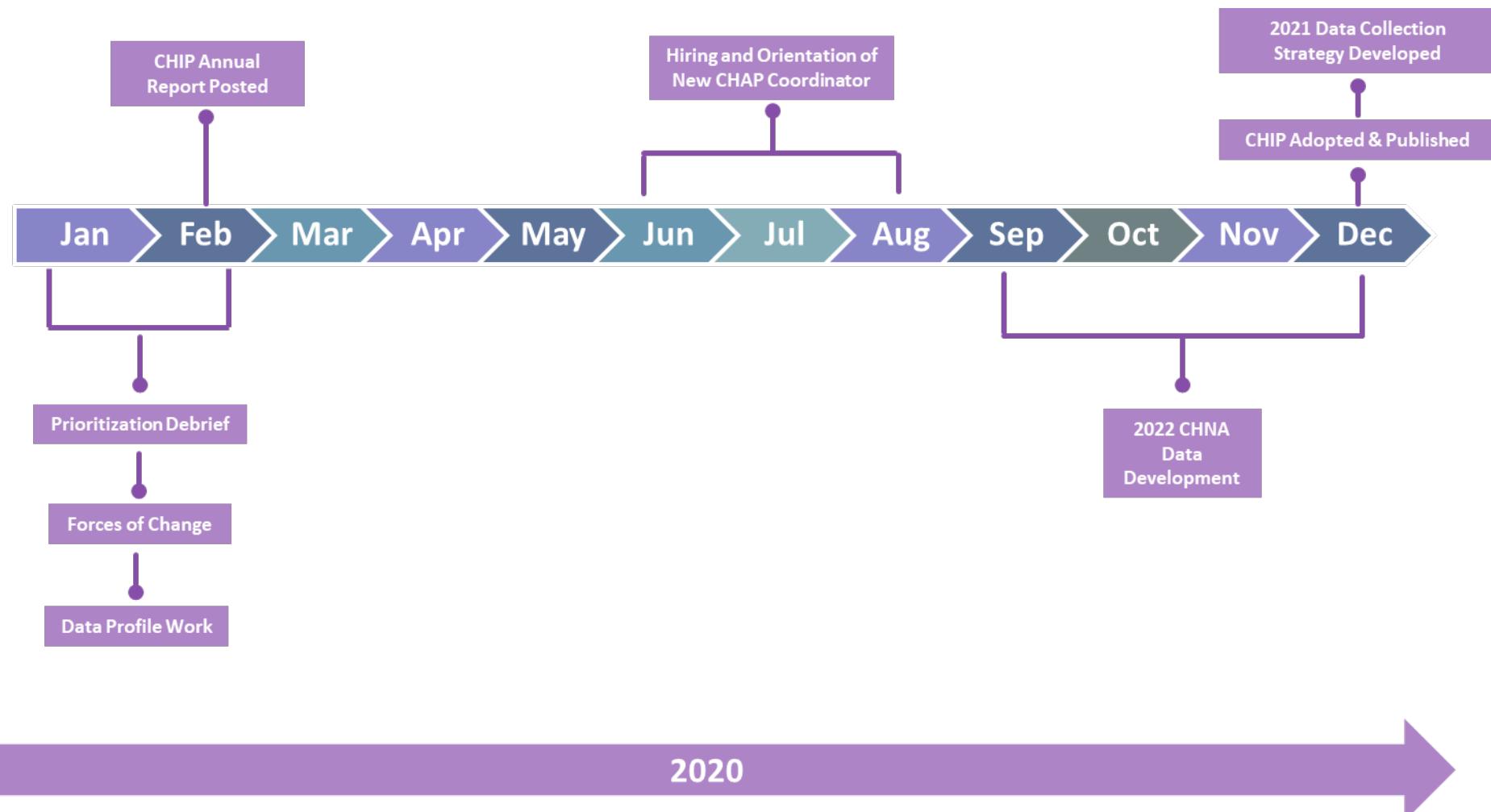


# 2019 CHAP Timeline



# 2020 CHAP Timeline

*\*The CHAP process was interrupted due to the COVID-19 pandemic response from March to July\**



# CHAP: Recurring Meetings 2020

CHAP planning groups meet regularly to plan, monitor, and evaluate health improvement efforts

<b>Monthly</b>	<b>Quarterly</b>
Coalition of Community Health Integration (CCHI)	Health Assessment & Planning Partnership
CHAP Core Group	<b>As Needed</b>
Data Subgroup	Healthy Communities Collaborative (CHIP)
Community Engagement Workgroup	Community Health Forums
Motor Vehicle Injury Prevention Collaborative (CHIP)*	CHIP Leads Meeting
Vaccine Preventable Diseases Workgroup (CHIP)*	

*\*The Motor Vehicle Injury Prevention Collaborative and Vaccine Preventable Diseases Workgroup will continue to meet and make progress on community needs identified through the 2016 CHNA*

# CHAP: Health Assessment and Planning Partnership

## Health Assessment and Planning Partnership Overview

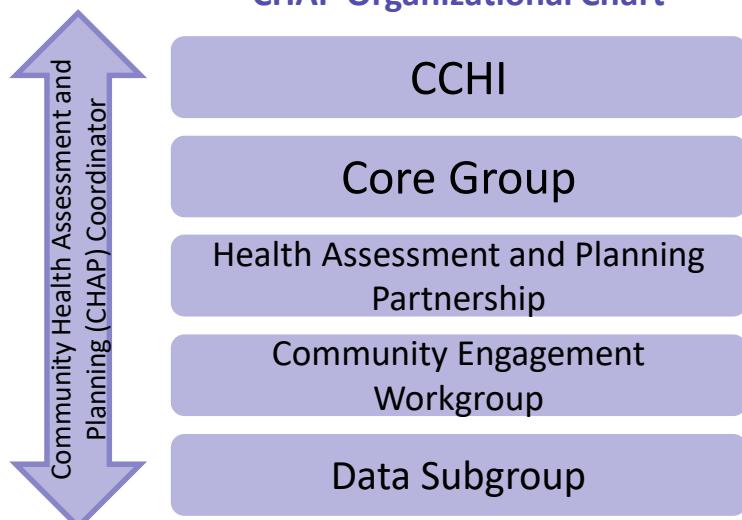
Several groups contribute to the CHAP process. The Health Assessment and Planning Partnership (HAPP) is a quarterly community-based meeting that is designed to:

- Provide opportunities for participants to offer input and feedback on the CHAP process
- Provide relevant updates on the CHNA and CHIP
- Foster networking opportunities

### Health Assessment and Planning Partnership Purpose

The purpose of the Health Assessment and Planning Partnership is to engage and inspire all sectors of the community to continually improve our community's health through assessment, planning, and implementation efforts.

### CHAP Organizational Chart



For a full listing of HAPP organizations please refer to Appendix D in the Community Health Needs Assessment supplemental document.

## Partnership Representation

The CHAP process strives to include membership, involvement, and participation from all walks of life. HAPP demonstrates this through a multi-sector representation that includes a variety of individuals and organizations throughout the community.



# CHAP: Vision Values, and Goals

## Core Values

In 2017, core values were developed for the entire CHAP process. The core values serve as guiding principles and provide a foundation for the entire process. The core values were identified by workgroup leads, the CHAP Data Subgroup, and Core Group. The Health Assessment and Planning Partnership members provided input for the definitions of the core values.

Cross-cutting strategies were identified for each value that was outside the scope of the workgroups to be completed by 2020. These strategies were essential to successful implementation of the 2018-2020 CHIP and helped advance community efforts. The contributing organizations will continue to enhance the CHAP core values by fully embedding these components into strategies for the 2021-2023 CHIP.

The CHIP core values share the same goal and outcome objectives:

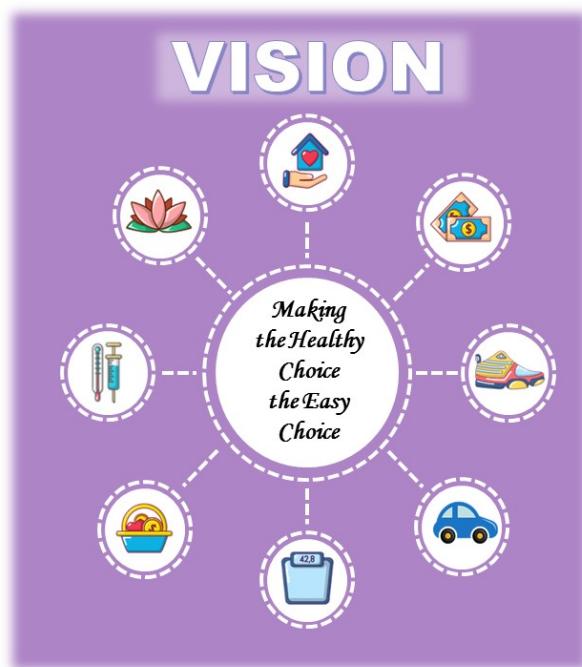
- **Goal:** Integrate core values into the CHAP process.
- **Outcome Objective:** By 2023, all CHIP priority strategies will reflect and embed the CHAP core values.

## Overarching Goals

Throughout the CHAP process, and explicitly seen within the CHIP, is alignment with national initiatives, specifically with Healthy People 2030. With this alignment, all CHAP process groups agreed upon adhering to and supporting the following all-encompassing CHAP goals:

- Attain improved quality of life with increased life expectancy and reduce preventable disease, disability, and premature death
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Create social and physical environments that promote good health for all
- Achieve health equity, eliminate disparities, and improve health of all groups

*For a listing of state and national priorities, refer to Appendix G in the supplemental document.*



# CHAP: Core Value Definitions

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## Data Driven

The CHAP process uses multiple valid and timely data approaches, including both qualitative and quantitative, to ensure there are no gaps in understanding our community's needs.

## Community Focus

The CHAP process brings together a broad community voice through deliberate and authentic community engagement and ensures that all efforts are being implemented with community input.

## Actionable & Sustainable

The CHAP process fosters a culture of continuous improvement and all efforts are adequately resourced and measurable.

## Collaboration

The CHAP process aims to work with multiple partners across all sectors in our community, in a deliberate and transparent way, to achieve our shared goals.

## Health Equity

The CHAP process is committed to continuously understanding, identifying and addressing inequities across our community.

# **Community Health Improvement Plan (CHIP)**

# CHIP Purpose

In early 2012, discussions began between Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic on the opportunity to work together on a collective health assessment and planning process to produce a joint community health needs assessment (CHNA) and community health improvement plan (CHIP). Olmsted County Public Health Services has conducted Community Health Assessments and developed Improvement Plans since the enactment of the Local Public Health Act in 1976 (Minnesota State Statute 145A). However, new requirements for local public health agencies in Minnesota and nonprofit hospitals provided a unique opportunity to conduct **one** CHAP process for Olmsted County.

Local public health agencies in Minnesota are required to develop a plan with, and for the community. This requirement is evident within the Minnesota Local Public Health Assessment and Planning Process. This statewide process integrates and aligns local public health deliverables with the national accreditation standards and measures (Public Health Accreditation Board - PHAB). PHAB requires local public health agencies to (1) participate in or lead a collaborative process resulting in a comprehensive community health assessment and (2) conduct a comprehensive planning process resulting in a CHIP.

In addition to the requirements for local public health agencies, a requirement in the Patient Protection and Affordable Care Act (PPACA) requires nonprofit hospitals to conduct a CHNA every three years to maintain their tax-exempt status. Within Olmsted County, two organizations fit this PPACA requirement: Olmsted Medical Center and Mayo Clinic.

Olmsted County continues to look above and beyond these state and federal requirements and focuses efforts on the true value and benefits of community collaboration. Because of the numerous past collaborations and partnerships within Olmsted County - and specifically between Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic - one joint CHAP process has been identified as the best strategy for all three organizations and ultimately, the entire community. **This is the right thing to do!**

The purpose and true intent of the current CHIP is to provide guidance to the full community on improving the current CHIP health priorities. The CHIP is grounded in results from the 2019 Community Health Needs Assessment, has been developed collaboratively with community members, and is one process to address and improve community needs. Specifically, the CHIP:

- Describes the CHAP process, including partners involved
- Outlines the three community health priorities, along with the prioritization process used
- Identifies community-level activities to continue to plan strategies for each priority
- Describes future implementation, monitoring and evaluation activities

*For a complete description of the organizational requirements, please refer to Appendix A in the supplemental document.*



# CHIP Framework, Prioritization, and Process

## Framework

Several best practice frameworks and models influence and guide Olmsted County's CHAP process. The CHAP process does not follow one specific framework or model in its entirety. The combination of all frameworks steer the innovative and collaborative nature of the overall community-driven CHAP process.

Steps and/or phases of the following frameworks/models are used throughout Olmsted County's CHAP process:

- Collective Impact
- Core Public Health Functions and Essential Services
- County Health Rankings and Roadmaps
- Health Impact Pyramid
- Minnesota Local Public Health Assessment and Planning Process
- Mobilizing for Action through Planning and Partnerships
- Precede-Proceed Model
- Social Determinants of Health

*For a complete description and listing of the guiding frameworks used in the community health assessment and planning process, please refer to Appendix B in the supplemental document.*

## Process

With guidance and leadership from the CHAP Data Subgroup and Core Group, a comprehensive community health needs assessment (CHNA) was completed in late 2019. The assessment process integrated a variety of steps, including: Identifying potential health indicators; Collecting and analyzing relevant information, including data from a community survey and community listening sessions; and the Assembly and dissemination of the final document.

## Prioritize Health Indicators

A process to prioritize the health issues within Olmsted County was developed and implemented in Summer 2019. The prioritization process included both objective and subjective factors and community members participation.



For a further defined CHNA process, please refer to Olmsted County's 2019 Community Health Needs Assessment: [Olmsted County Community Health Needs Assessment](#).

# CHIP Process (cont.)

## Process (cont.)

### Develop Community Strategies

#### Data Profiles

Data profiles will be created for every priority to provide a deeper dive into each of the CHIP priorities to assist with strategy selection and action planning. The profiles include both quantitative and qualitative data that was collected through various sources to better understand each priority in Olmsted County. Each profile also includes contributing factors (local conditions) and an asset and gaps map.

*Once the data profiles are finalized, they will be found on [Olmsted County Public Health Services' website](#).*

#### Forces of Change

In preparation of the 2021-2023 CHIP, the CHAP process hosted three Forces of Change discussions in early 2020. Each event focused on the three identified community health priorities: financial stress, mental health, and substance use. The purpose of these events was to bring subject matter experts from Olmsted County— both professional and those with lived experience — together to better understand the current community context for each of the priorities and to identify community assets.

#### Community Input

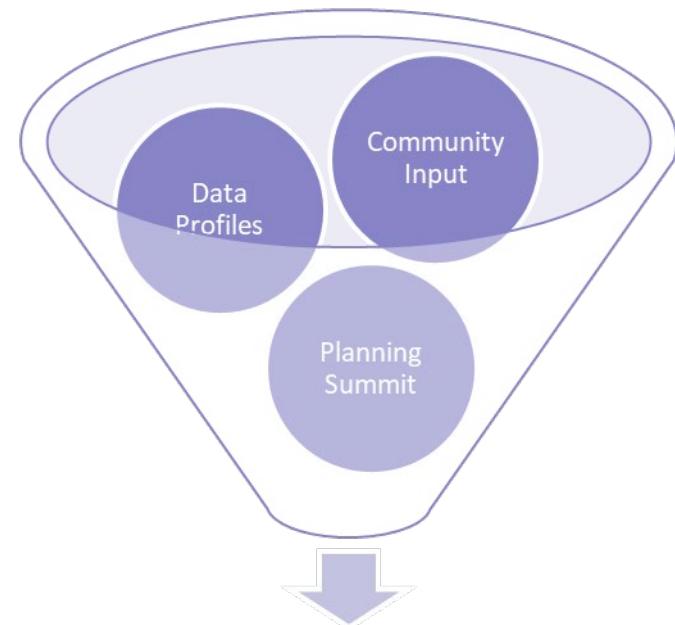
Community input is a critical component to the development of the health priority strategies. In the past, community health forums and community dialogues provided venues for community residents to provide feedback on the strategies developed by the workgroups for each CHIP strategy. CHAP process members will continue to evaluate the best ways to obtain community input in a COVID-impacted environment. Feedback provided by community residents will be incorporated into the final work plans for each strategy.

## Planning Summit

Once the data profiles and community input are compiled, there will be a planning summit. This summit will allow the core group and other community organizations to select strategies and develop work plans and evaluation plans for all three health priorities.

### Health Assessment and Planning Partnership Support

The CHIP strategies will be presented to the Health Assessment and Planning Partnership (HAPP) to solicit final input and ask for support of the proposed strategies.



## Community Strategies

# Community Health Priorities and Strategies: Prioritization

## Prioritization Process Summary

Prioritization took place between May and July of 2019, through facilitated sessions and utilizing online tools. Each indicator was scored on objective (what the data says) and subjective (perception of the issue) factors. Objective scores were predetermined and approved through the CHAP Data Subgroup. Additionally, at the end of each subjective session, participants were asked to provide their individual ranking of the current indicators, as well as suggest missing or emerging indicators.

The results from each of the subjective prioritization sessions were combined with the objective scores to determine an overall numerical ranking of the health indicators. For this CHIP cycle, additional data was available to consider in selecting the top community health priorities from the CHNA Community Survey, listening sessions, and conversations with Olmsted County Health, Housing, and Human Services staff. The ultimate goal of the prioritization sessions was to identify the community's top health priorities. In all, 373 community residents and organizations participated in the prioritization process.



After a thoughtful process to consider all variables and stakeholders, organizations involved in the CHAP process identified three priorities to be the focus for the 2021-23 CHIP:

- Financial Stress
- Mental Health
- Substance Use

*For a complete description of the prioritization process, listing of the subjective and objective factors used, and information about who participated, please refer to Appendix F in the supplemental document.*

# Olmsted County, Minnesota Community Health Priorities, 2021-2023

## MENTAL HEALTH



## FINANCIAL STRESS



## SUBSTANCE USE



## TOP 3 COMMUNITY HEALTH PRIORITIES

Includes emotional,  
psychological, and social  
well-being

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

Individuals currently using  
alcohol, tobacco, or other drugs,  
including marijuana, opioids and  
more

# Community Health Priorities and Strategies: Context

The next several pages are devoted to the top three community health priorities. These sections will focus on a summary of why the health issue is a community priority in Olmsted County.

Within the health issue summary, the following will be described:

- **Community Health Importance**
  - A description of why the issue is important to the health of the general community.
- **Local Conditions in Olmsted County (i.e. mental health in Olmsted County)**
  - This section includes select local, current data from the recent CHNA (2019) and other data sources, and local conditions (associations, correlations, disparities) for each priority.

Not included in this document is **Community Strengths**, a broad portrayal of current community assets and resources, including current community programming, partnerships and/or resources developed from the 2020 Forces of Change sessions.

For *Community Strengths*, please refer to Appendix E in the supplemental document.

For the CHIP to be truly actionable, action plans are needed to identify activities and measurements to better understand each priority and eventually develop overarching strategies. Further data collection will occur in the first three quarters of 2021, allowing the CHAP process an opportunity to comprehensively understand each health priority. The action plans are meant to be flexible and dynamic, and goals, objectives, and strategies will be adapted later in 2021.

The action plans are on the following pages. Each plan includes:

- **Issue Statement:** represents underlying challenges that need to be addressed, which lead to improvement of health conditions
- **Population Goal:** desired long-term result for the community priority
- **Population Outcome Objective:** overall long-term effect from strategies
- **Strategy:** depicts the identified broad community-based strategies for 2021
- **Strategy Objectives:** identifies what is trying to be accomplished in 2021 to fully understand the community health priorities. They utilize the SMART format (specific, measurable, achievable, relevant and time bound).

# Community Health Priorities: Data Summary

The following slides will provide a data deep-dive for each priority. This chart provides key data takeaways for each community health priority.

Mental Health	Financial Stress	Substance Use
Through the data and community input, mental health is an increasing concern	33% of Olmsted County adults report being financially stressed	The most significant substance use issues are adolescent e-cigarette and drug use, and adult drug use and binge drinking
Outside forces that most commonly contribute to poorer mental health outcomes are lack of quality housing, lack of access to care, and stigma	The biggest financial stressors are credit cards, medical bills, and housing costs (rent, mortgage, and utilities)	Youth or adults with mental health concerns are much more likely to use substances
Adolescents struggle with anxiety and suicide ideation, while the rates of depression and anxiety for adults are almost equal	The data demonstrates clear financial disparities for those who have mental health concerns and/or use substances	The most common substance used with youth are e-cigarettes, while adults tend to binge drink

Symbols (^ + # > ~ Ø and ∆) are used throughout the data slides. These symbols identify data sources. Please refer to page 35 and 36 for in-depth information about each data source.

# Mental Health



# Community Health Priority: 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
- Contributes to high economic costs for individuals, their families, schools, workplaces, and communities

## Top Forces Identified by Community Residents



**77% of adults feel that mental health is an issue in Olmsted County.** ^

## Adolescent Mental Health

### Anxiety

- In 2019, 63% of 11 graders reported having been bothered by feeling nervous, anxious, or on edge during the past 2 weeks.#

### Depression

- In 2017, 8% of adolescents had clinically diagnosed depression. This was a 36% increase from 2012. >

### Relationship to Substance Use

- Adolescents who reported mental health issues more frequently reported: alcohol use, binge drinking, cigarette use, cigarette use, and drug use than those who did not.#

### Suicide

- In 2019, 24% of 8, 9, and 11 graders reported seriously contemplating suicide. This is significantly greater than the 19% reported in 2016.#
- In 2019, 12% of 8, 9, and 11 graders reported attempting suicide. This is significantly greater than the 7% reported in 2016.#
- Females and bisexual, gay or questioning adolescents showed a statistically significant increase in reporting suicide contemplation and attempt compared to males and heterosexual.#

## Adult Mental Health

In 2018, 29% of adults reported that they have ever had any mental health condition. ^

- 20% reported depression.
- 19% reported anxiety.
- 5% reported having other mental health issues.

In 2017, 17% of adults had clinically diagnosed depression. This was a 5% increase from 2012. >

- Females had a higher rate than males.

### Key Health Disparities

- US Born
- Younger adults
- Not married
- Have children in the household
- Household income < \$35,000/year
- Not retired
- Financially stressed
- Drug usage
- Not feeling socially connected

# Mental Health: Issue Statement, Goal & Objectives

## Issue Statement

According to the Substance Abuse and Mental Health Services Administration, recovery, or a return to optimal mental health, encompasses four dimensions - health, home, purpose and community. Olmsted County residents have indicated that stigma, disconnectedness, and a fragmented service delivery system negativity impact these core dimensions of mental wellness

## Population Goal and Objectives

### Goal

Every Olmsted County resident has the opportunities and resources available to them to achieve optimal mental health.

### Outcome Objectives

To be identified in 2021

# Mental Health: CHIP Next Steps

## Strategy

By the end of 2021, the CHAP process will conduct a further assessment of the current state of mental health in Olmsted County

- By Q3 2021:
  - Implement strategies to collect data on communities' input and lived experiences on mental health in Olmsted County
  - Complete data profiles for each CHIP priority that encompasses quantitative and qualitative data analysis, gap analysis, and asset inventory
  - Update the forces of change work in context of COVID-19 in Olmsted County
- By Q4 2021:
  - CHIP strategies will be chosen and a workplan will be developed

# Financial Stress



# Community Health Priority: Financial Stress

## Community Health Importance

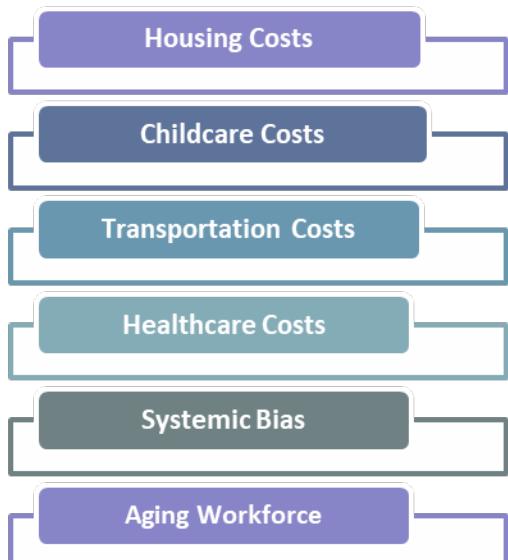
- Financial stress is linked to:
  - Poor quality of life
  - Access to care issues
  - Anxiety and depression
  - Heart disease
  - Diabetes
  - Hypertension
  - Diminished workplace performance
  - Housing problems
  - Poor school attendance and behavioral issues for children



**72% of adults feel that financial stress is an issue in Olmsted County.** ^

## Top Forces

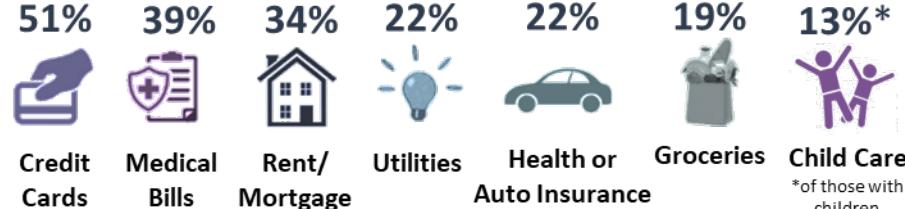
Identified by Community Residents



In 2018, **33%** of adults were financially stressed.  
This was a 27% increase from 2013.



Adults worried or stressed about not being able to pay:



\*of those with children

## Credit Cards

### Key Health Disparities

- Some college education
- Not retired
- Drug use

### Key Point

- Of those who indicated credit cards as a financial stressor, 19% were only stressed about credit cards. The rest had multiple stressors.

## Medical Bills

### Key Health Disparities

- Married
- Mental health issues
- Delay in healthcare

### Key Points

- In 2019, 95% of residents had health insurance coverage, yet 22% reported in 2018 that they are stressed about health or auto insurance. ^
- 55% reported health insurance coverage was an issue in Olmsted County. ^

## Rent/Mortgage

### Key Health Disparities

- Foreign born
- No college education
- Household income <\$35,000
- Home renter
- Do not feel socially connected
- No drug use, heavy drinking, or binge drinking

### Key Points

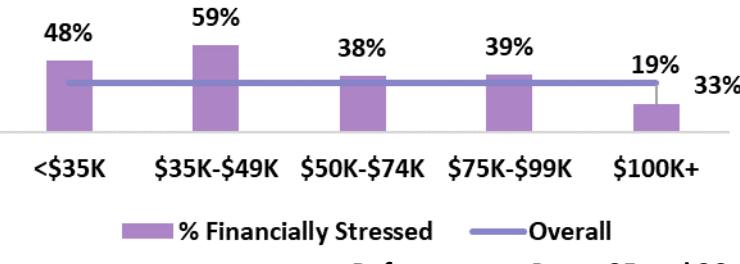
- In 2019, 29% of renters spend 35% or more of their household income on rent.
- In 2019, 11% of homeowners spend 35% or more of their household income on a mortgage.

### Key Points

- 59% of households with income between \$35K and \$49K are financially stressed.
- 42% of those financially stressed are only stressed for 1 reason – the top 2 single reasons being credit cards and medical bills.
- Although 34% reported they were financially stressed about rent/mortgage, this was rarely the only concern.

## Percent Financially Stressed

### By Household Income Bracket, 2018



References on Pages 35 and 36

# Financial Stress: Issue Statement, Goal & Objectives

## Issue Statement

To be reevaluated in 2021

## Population Goal and Objectives

### Goal

Reduce the percentage of Olmsted County residents burdened by financial stress.

### Outcome Objectives

To be identified in 2021

# Financial Stress: CHIP Next Steps

## Strategies

By the end of 2021, the CHAP process will conduct a further assessment of the current state of financial stress in Olmsted County

- By Q3 2021:
  - Implement methods to collect data on communities' input and lived experiences on financial stress in Olmsted County
  - Complete data profiles for each CHIP priority that encompasses quantitative and qualitative data analysis, gap analysis, and asset inventory
  - Update the forces of change work in context of COVID-19 in Olmsted County
- By Q4 2021:
  - CHIP strategies will be chosen and a workplan will be developed

# Substance Use

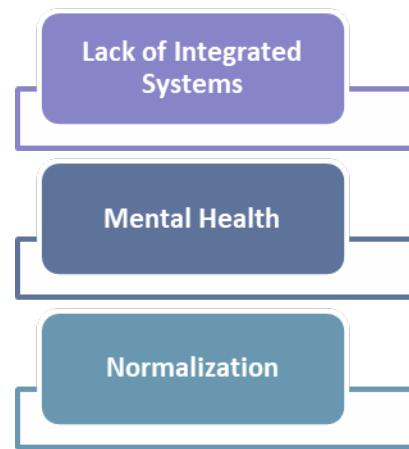


# Community Health Priority: Substance Use

## Community Health Importance

- The effects of drug use are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including:
  - Teenage pregnancy
  - Sexually transmitted infections
  - Domestic violence
  - Child abuse
  - Motor vehicle crashes
  - Crime
  - Homicide
  - Suicide

## Top Forces Identified by Community Residents



In 2018, 39% of adults reported currently using at least 1 substance (binge drinking, tobacco, or any drug.) 10% reported using 2 or more. ^

## Most Significant Issues

- Adolescent e-cigarette use
- Adolescent drug use
- Adult drug use
- Adult binge drinking
- Substance use relation to mental health and financial stress

## Top Substances by Outcome – All Ages

**Drug Use:** Pain relievers/prescription & marijuana (2018 & 2019) ^  
**# Non-fatal overdose:** Opioids & heroin (2017, upward trend since 2013) ~  
**Death:** Methamphetamine & prescriptions (2018) φ  
**Treatment:** Alcohol, methamphetamine & marijuana (2017, a 73% increase in meth since 2013) φ



**83% of adults feel that binge drinking, tobacco use, or drug use are an issue in Olmsted County.** ^

## Adult Substance Use ^

### Drug Use

- In 2018, 14% of adults reported any drug use in the previous 30 days.
- Disparities: White, not married, rent home, mental health problems, financial stress, delay in healthcare.
- Of those who use drugs, 44% have mental health problems compared to 27% of those who don't.
- Of those who use drugs, 47% are financially stressed compared to 30% of those who don't.

### Binge Drinking

- In 2018, 28% of adults reported binge drinking in the previous 30 days – similar to 2015.
- Disparities: Any college education, household income ≥\$35K, financial stress, delay in healthcare.

### Tobacco

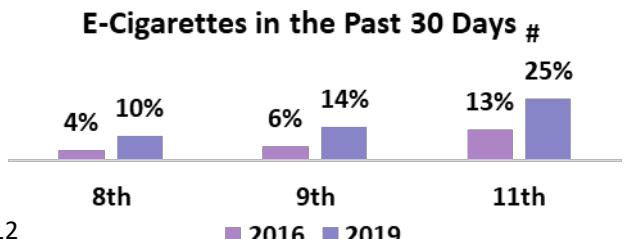
- In 2018, 8% of adults reported currently using any type of tobacco - 38% decrease from 2015.

## Drug Use

- In 2019, 18% of 8, 9, 11 graders reported using any drug substance in the past 12 months. This was a 30% increase from 2016.
- Disparities: 11 graders, Black, Hispanic, mental health problems, not feeling socially connected, identifying as LGBT, free or reduced lunch.
- The most common type of drug used in adolescents was marijuana (10% within the past 12 months).
- The greatest increase from 2016 was found with prescription drugs. The percent of adolescents who used prescription drugs in the past 12 months significantly increased from 4% to 7%.
- 5% of adolescents specifically used pain relievers and 3% used ADHD or ADD drugs in the past 12 months.

## Adolescent Substance Use #

### Percent of Students Who Have Used



### E-Cigarette

- In 2019, 17% of 8, 9, 11 graders reported using e-cigarettes in the past 30 days. This was a 113% increase from 2016.
- Disparities: 11 graders, Black, Hispanic, free or reduced lunch, mental health problems, not feeling socially connected, and LGBTQ+.

References on Pages 35 and 36

# Substance Use: Issue Statement, Goal & Objectives

## Issue Statement

To be identified in 2021

## Population Goal and Objectives

## Goal

Reduce substance use among Olmsted County residents

## Outcome Objectives

To be identified in 2021

# Substance Use: CHIP Next Steps

## Strategies

By the end of 2021, the CHAP process will conduct a further assessment of the current state of substance use in Olmsted County

- By Q3 2021:
  - Implement methods to collect data on communities' input and lived experiences on substance use in Olmsted County
  - Complete data profiles for each CHIP priority that encompasses quantitative and qualitative data analysis, gap analysis, and asset inventory
  - Update the forces of change work in context of COVID-19 in Olmsted County
- By Q4 2021:
  - CHIP strategies will be chosen and a workplan will be developed

### ^ Community Health Needs Assessment (CHNA)

#### **Mailed Survey: 2013, 2015, 2018**

The CHAP process developed the survey instrument with technical assistance from the Minnesota Department of Health (MDH), Center for Health Statistics. Existing questions from previous community surveys, the Behavioral Risk Factor Surveillance System (BRFSS) survey, other national, validated health surveys and recent county-level surveys in Minnesota were used to design the questions on the instrument. The survey was formatted by the survey vendor, Survey Systems, Inc. (SSI), as a scannable, self-administered, English questionnaire.

### + United States Census Bureau: American Community Survey, 2019

The American Community Survey (ACS) is an ongoing survey that provides vital information on a yearly basis about our nation and its people. Through the ACS, we know more about jobs and occupations, educational attainment, veterans, whether people own or rent their homes and other topics.

### # Minnesota Student Survey (MSS)

#### **Olmsted County: 2016 & 2019**

The MSS has been the most consistent source of data about the health and well-being of Minnesota's students for the past 30 years. This survey asks students in grades five, eight, nine and eleven about their activities, opinions, behaviors and experiences. Students respond to questions on school climate, bullying, out-of-school activities, health and nutrition, emotional and mental health, relationships, substance use and more. All responses are anonymous.

### > Rochester Epidemiology Project (REP), 2017

The REP collaborates with clinics, hospitals, and other medical facilities to access medical record information for Minnesota and Wisconsin community members. Through the population data, organizations can study health and illness within communities, and can conduct research targeted at improving population health.

### ~ Minnesota Hospital Discharge Data, Minnesota Hospital Association, Minnesota Department of Health (MDH), 2017

The Minnesota Hospital Association provides MDH with discharge data through the Minnesota Hospital Discharge Database. The data provided includes inpatient and emergency department hospital treatments at acute care, non-federal in-state hospitals and some border hospitals. Stand-alone psychiatric facilities are not included, but psychiatric hospital admissions are included. The data represent the majority of hospitalizations regardless of insurance carrier or payer.

### ◊ Southern Minnesota Regional Medical Examiner (SMRMEO), 2018

The SMRMEO performs autopsies and death investigations for counties located in southern Minnesota. This includes all deaths that are unexpected or did not occur from natural causes. Deidentified aggregate data from SMRMEO is used at a local level to provide a greater understanding of the population.

### ◊ Drug and Alcohol Abuse Normative Evaluation System (DAANES), 2017

DAANES includes annual aggregate admission and discharge data for all private-pay and public-pay visits to Minnesota treatment facilities. Data can be narrowed down to a county level. This includes data on 21 substances, age, race, and gender.

# Our Future: From Planning to Action

# Our Future: Implementation, Monitoring, Evaluation, and Models

## Implementation

The CHAP Core Group will introduce an implementation plan for the process by Q1 2021. This implementation plan will explain further assessment and data collection activities to help identify strategies for each CHIP priority. The implementation plan will be conducted by Q3 2021, and strategies will be identified by late 2021.

Eventually, as they are developed, each strategy uses the same work plan template to outline activities, who is responsible, and resources needed. The implementation plans are meant to be dynamic and will be updated to reflect the current work. As strategies are chosen in late 2021 to address each health priority, workplans addressing each strategy will be introduced.

## Monitoring and Evaluation

Monitoring and evaluation considerations will be developed in tandem with action plans for the CHIP priorities. Like the action plans, the monitoring and evaluation plans will be flexible and dynamic and capture the resources needed to conduct monitoring and evaluation activities. The monitoring and evaluation plans use both logic model concepts and Results Based Accountability to simplify the terminology. Monitoring and evaluation plans will be developed once strategies are selected in late 2021.

*For work plans and monitoring and evaluation plans, please refer to the County's website on the CHAP process, where the Implementation Plan will be released in early 2021: [Olmsted County CHAP Process](#).*

## Logic Model

Logic models for each priority will be introduced in late 2021. Logic models will pull out high-level outputs and outcomes developed for each strategy and priority to provide a visual representation of the work related to the CHIP that will be done. The inputs will reflect resources and support that is needed to reach the long-term goals. Strategies will include the overarching strategies and priorities identified in the CHIP. Outputs will answer, "How much do we do?", while the short term and intermediate outcomes will focus on answering "How well did we do it?" and "Is anyone better off?" Long-term outcomes will reflect the population measures associated with the CHIP priorities.

# Our Future: Sustainability

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The current CHIP reflects a coordinated health improvement effort that will last multiple cycles and, ultimately, many years. In alignment with other initiatives, the Olmsted County community will follow a three-year cyclic community health assessment and planning process. Such aligned community initiatives include:

- Olmsted County Public Health Services' commitment and compliance to the Minnesota Local Public Health Assessment and Planning Process
- Olmsted County Public Health Services' efforts to maintain national public health accreditation through the Public Health Accreditation Board
- Mayo Clinic and Olmsted Medical Center's observing the Affordable Care Act requirements
- Commitment and charge of the CHAP Core Group to continually improve the CHAP process, and continued outreach and inclusion of all in the community

In addition to the above-mentioned aligned efforts, the following will serve to further support sustained action:

- Joint community-funded Community Health Assessment and Planning Coordinator position, with the goal of helping to sustain these efforts
- Dedication and engagement from community organizations and individuals to consistently serve on the CHAP Data Subgroup and CHAP Community Engagement workgroup
- Quarterly Health Assessment and Planning Partnership meetings
- Commitment and charge of the Coalition of Community Health Integration
- Community health forums

# Record of Changes and Updates

Date	Changes/Updates Summary	Responsible Person(s)

# List of Appendices

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See CHIP supplemental document for appendices, which include:

- A. Assessment and Planning Requirements
- B. Guiding Frameworks
- C. Community Health Priority Workgroups Update
- D. Contributing Organizations
- E. Community Strengths
- F. Prioritization Process
- G. Community Health Priorities: Alignment with State and National Priorities
- H. Commitment to Health Equity
- I. Additional Data Sources

# Thank You

A special thank you to all the individuals, organizations, and partners that have been involved throughout the CHAP process.



The development of the CHAP process would not have been feasible without **LEADERSHIP, GUIDANCE and DIRECTION** from the:  
**Health Assessment and Planning Partnership**  
**CHAP Core Group**  
**Coalition for Community Health Integration**  
**CHAP Data Subgroup**  
**CHAP Community Engagement Workgroup**

Questions regarding the Community Health Improvement Plan document or process can be directed to:

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