

Olmsted County, Minnesota  
Community Health Improvement Plan  
2021 – 2023  
August 2021  
Mental Health Data Profile

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

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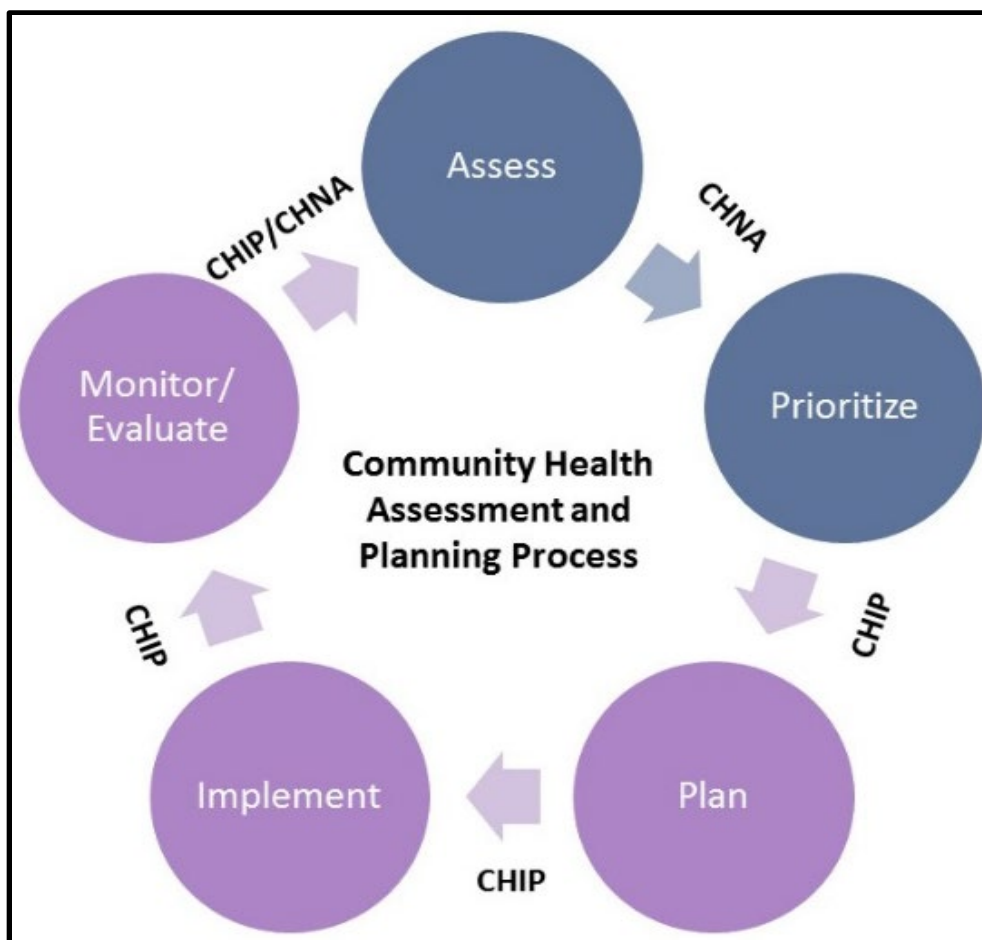
## Introduction

### 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, and Mayo Clinic, in partnership with multiple community organizations. The process 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.

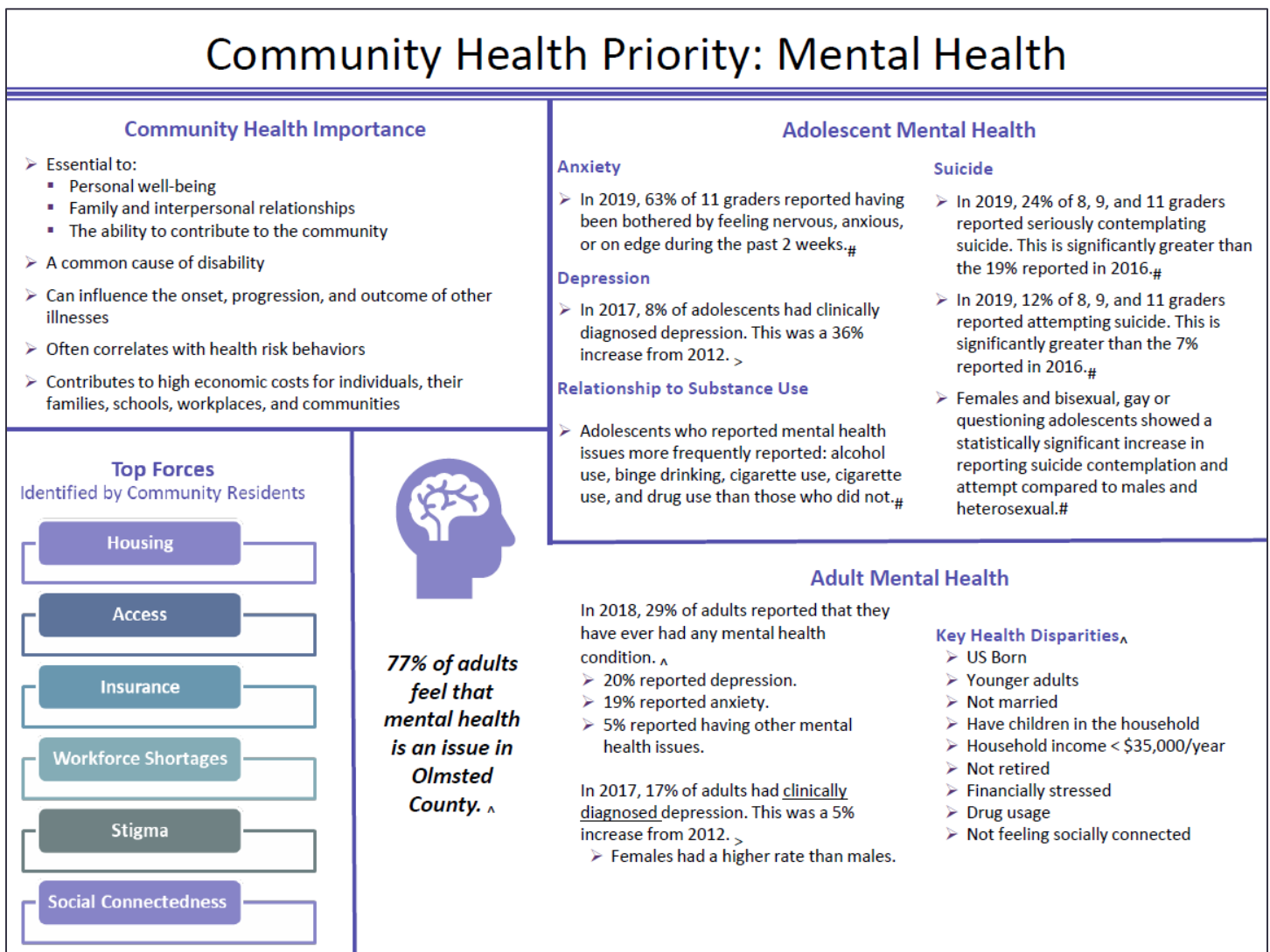
### About the Data Profile

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 from various data sources to better examine substance use in Olmsted County, but also contributing factors (local conditions). When possible, disparity tables are included.

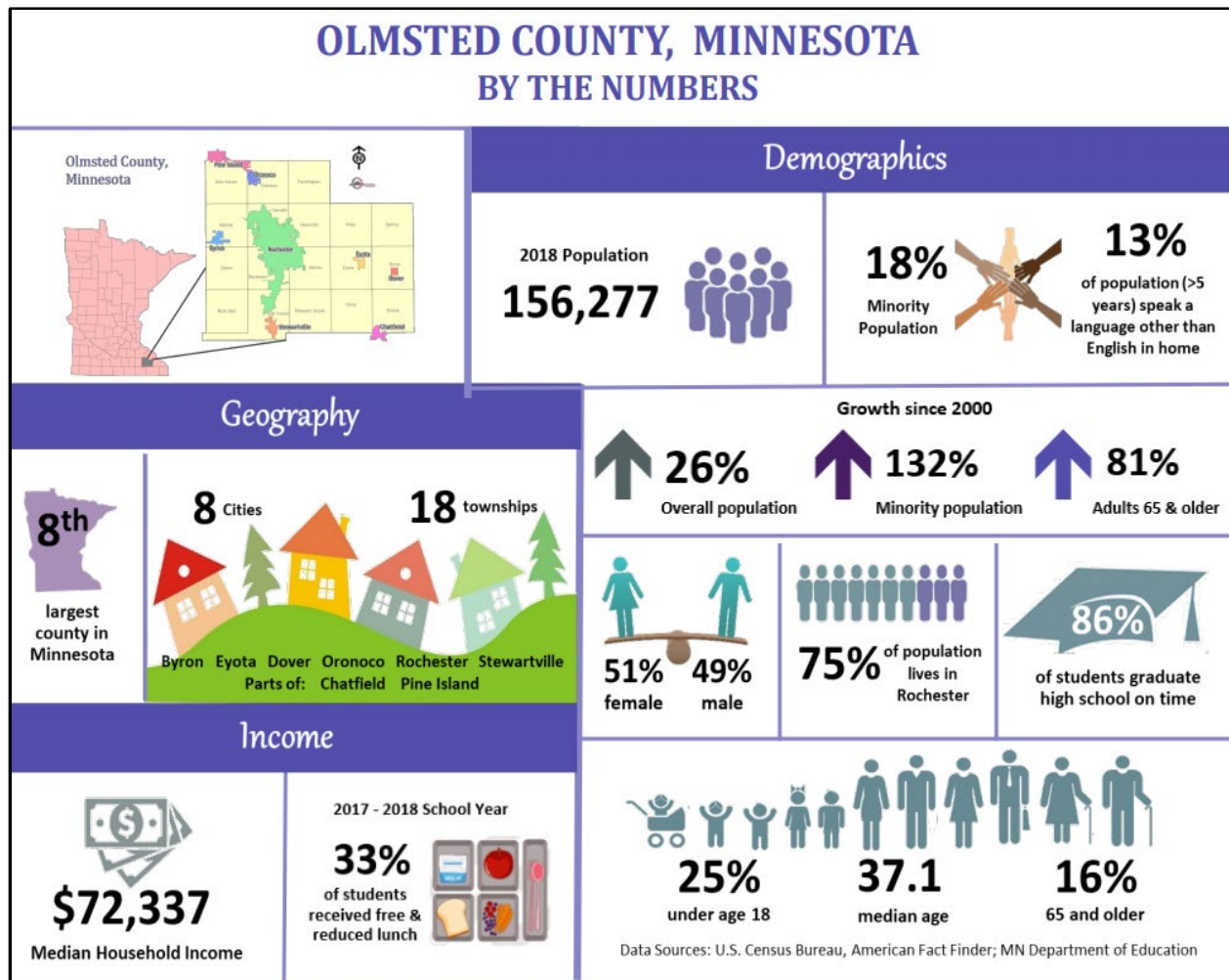


## Executive Summary

- Youth mental health is a major concern, especially suicide ideation (25% of eighth, ninth, and eleventh graders reported seriously contemplating suicide) and attempts (12% of eighth, ninth, and eleventh graders reported attempting suicide)
- In 2018, nearly 1 in 3 adults in Olmsted County self-reported they ever had a mental health condition
- Youth and adults who have mental health concerns are much more likely to report substance use of any kind



# Olmsted County, MN Demographics

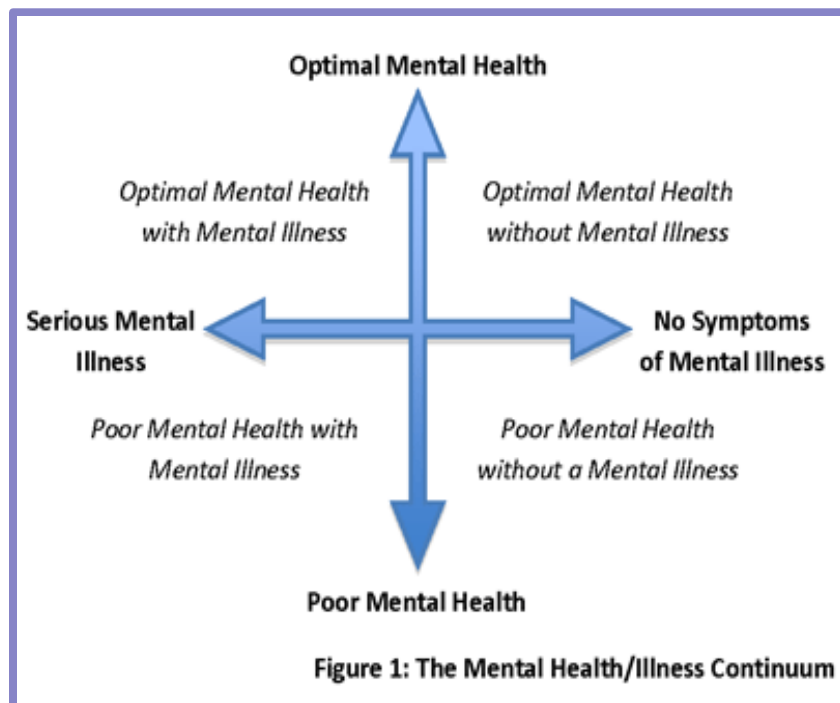


## Definitions

### 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 issues, your thinking, mood, and behavior could be affected. Many factors contribute to mental health issues, 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



### Mental Illness

Mental illnesses are medical conditions that affect how we think, feel and act (National Alliance on Mental Illness-NAMI).

# Mental Health

## Adolescents

The 2019 Minnesota Student Survey (MSS) 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

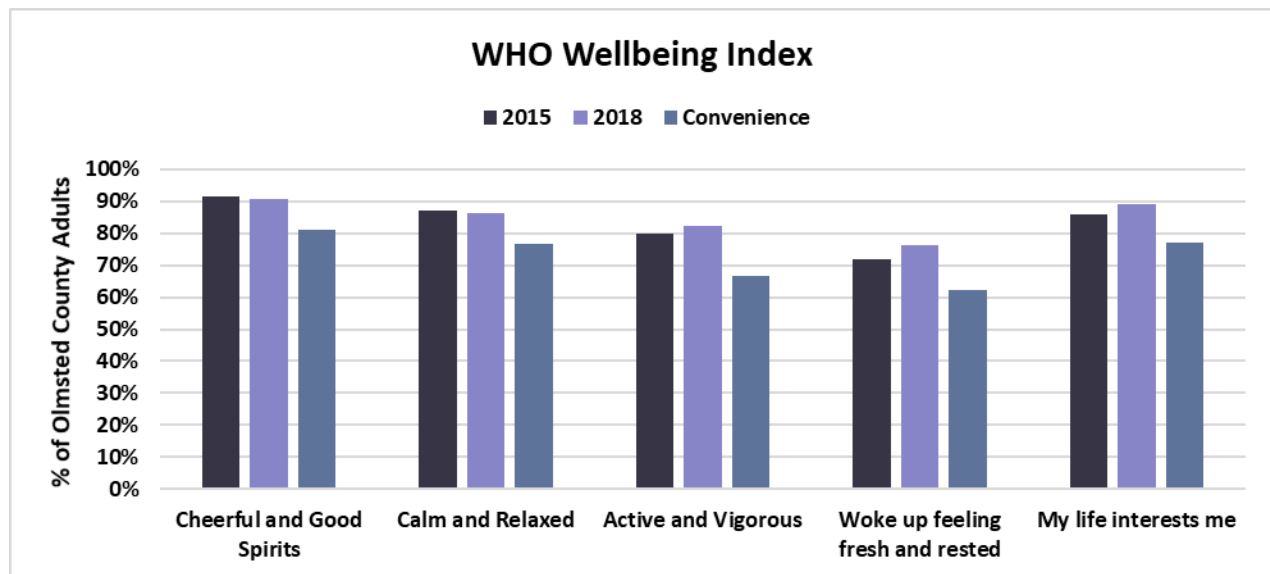
For every question, the majority of adolescents reported “very or often” or “extremely or almost always” for all questions in the well-being index. Overall, 90% of adolescents reported they accept people who are different than them. The second highest percentage was adolescents reporting they say no to things that are dangerous or unhealthy (77%).

There were eight 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 and appreciated by others
- Feeling good about self
- Plan ahead and make good choices
- Thinking about life purpose

## Adults

Data from the Olmsted County CHNA Community Survey shows that 12% of residents scored 50 or below on the World Health Organization’s (WHO) well-being index which indicates low mood; of these, 35% scored 28 or lower, which indicates depression is likely. The Olmsted County CHNA Convenience Survey shows even higher rates of low mood, as 26% scored 50 or below, and of these, 40% scored 28 or below. Factors that feed into the index are found in the graph below.



Data Source: Olmsted County CHNA Community Survey

According to local data, mental health disparities exist among certain subpopulations throughout Olmsted County. Non-married adults, those living in a household earning less than \$35,000 annually, financially stressed individuals, those who rent their home, and those who do not feel socially connected are statistically significantly more likely to score below 50 on the WHO well-being index.

*WHO Well-Being Index; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

Age Group	Percentage with a WHO Score Less than 50
18-34	13
35-49	15
50-64	12
65+	10
<b>Race</b>	
White, NH	13
All Others	9
<b>Gender</b>	
Male	10
Female	14
<b>Children HH</b>	
Children	14
No	12
<b>US</b>	
U.S. Born	13
Foreign Born	6
<b>Marital Status*</b>	
Married	10
Not Married	20
<b>Education</b>	
No College	17
Any College	12
<b>Residence</b>	
Rochester	14



Non-Rochester (County)	7
<b>HH Income*</b>	
<35K	38
35K+	10
<b>Home Ownership*</b>	
Rent	29
Own	10
<b>Fin Stressed*</b>	
Financially Stressed	20
Not	9
<b>Retirement</b>	
Not Retired	13
Not	11

WHO Well-Being Index; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant

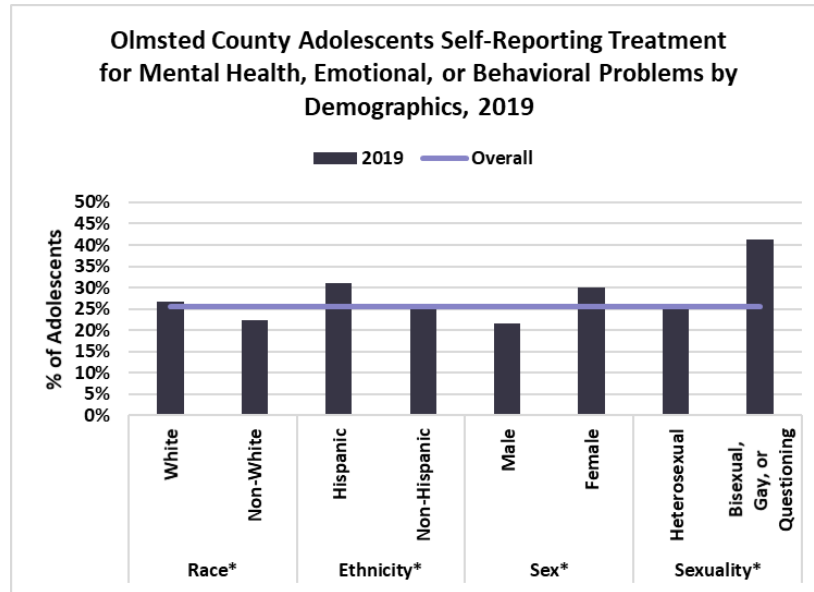
<b>Mental Health*</b>	<b>Percentage with a WHO Score Less than 50</b>
Have any mental health problems	29.5
Don't have any mental health problems	5.6
<b>Access to Mental Healthcare*</b>	
Delay in care	68.4
No delay in care	7.8
<b>Any Delay in Healthcare*</b>	
Delay in care	25.5
No delay in care	6.3
<b>Social Connectedness*</b>	
Feel socially connected	9.2
Don't feel socially connected	19.4
<b>Binge Drinking*</b>	
Binge drink	17.3
Don't binge drink	10.5

# Mental Illness

## Adolescents

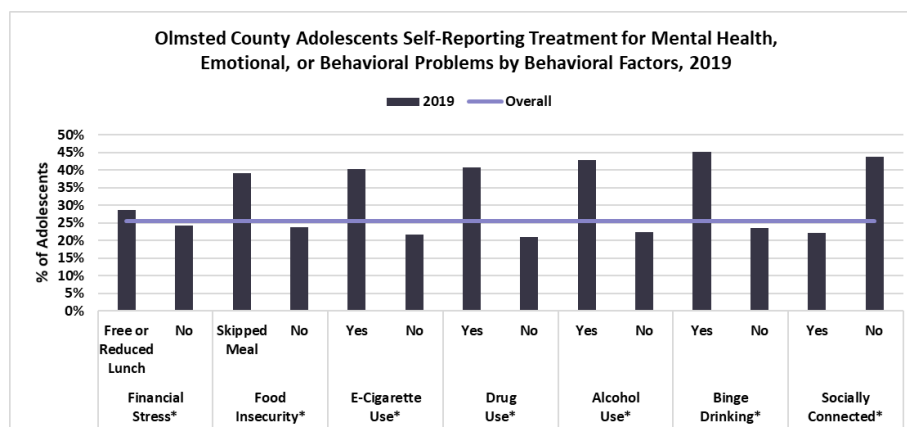
Data gathered from the Rochester Epidemiology Project (REP) indicates that approximately 8% of Olmsted County adolescents had a depression diagnosis in 2017. There has been a 36% increase in depression prevalence in adolescents since 2012 (5.9% vs. 8.0%).

According to the 2019 MSS, 26% 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, 56% were treated during the last year and 45% were treated more than a year ago.



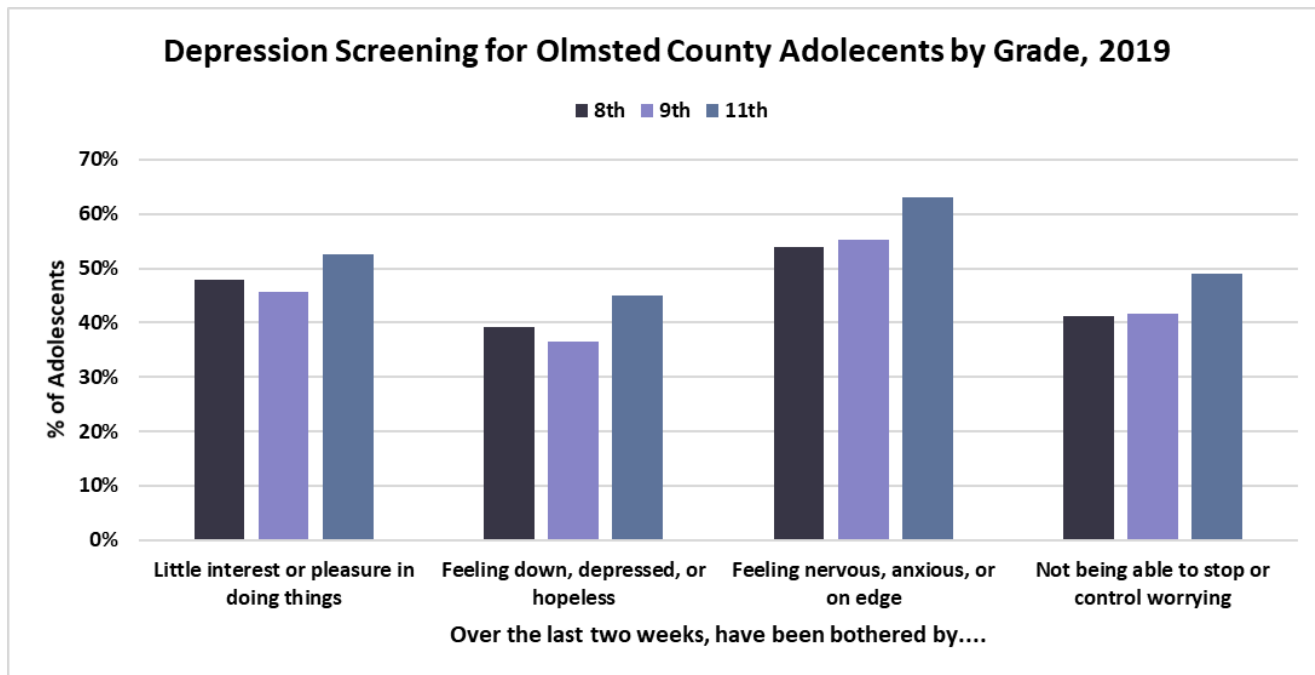
Data Source: Minnesota Student Survey, \* Statistically Significant (Chi-Square P-Value <.05)

Data from the REP shows disparities in depression rates in adolescents. Adolescent females have a higher prevalence of depression than adolescent males (10% vs 6%). MSS data provides a similar picture. Staying consistent with the 2016 data, adolescents that reported being White, Latinx/Hispanic, female, bisexual, gay or questioning, financially stressed, food insecure, e-cigarette use, drug use, alcohol use, binge drinking, and not feeling socially connected were all more likely to indicate they have received treatment for mental health, emotional or behavioral problems.



Data Source: Minnesota Student Survey, \* Statistically Significant (Chi-Square P-Value <.05)

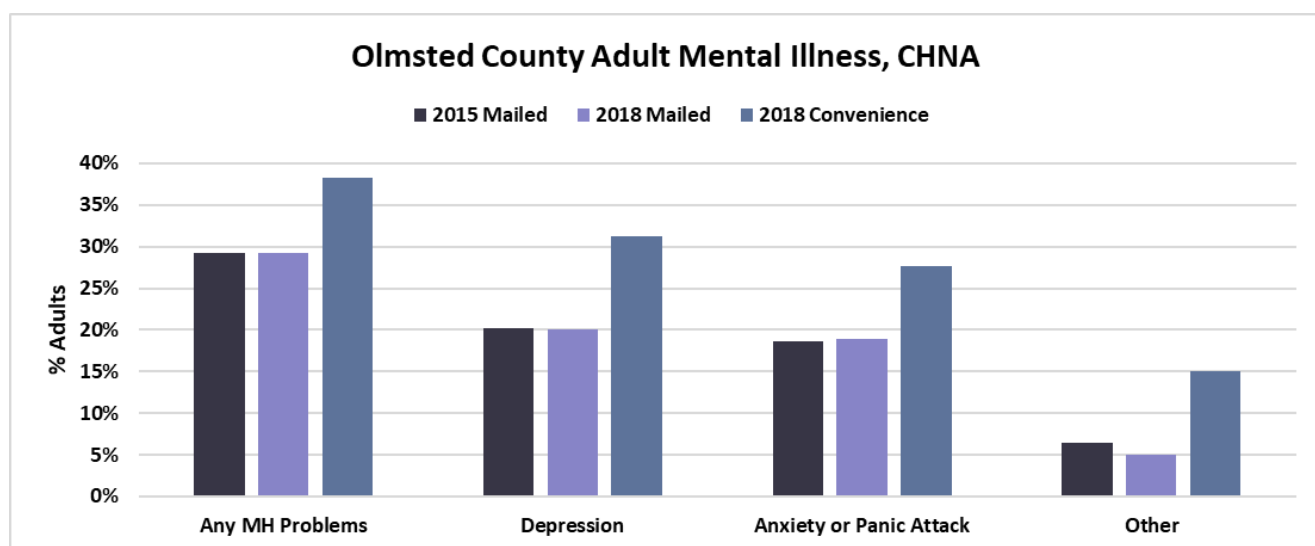
The MSS also asks depression screening questions for eighth, ninth and eleventh graders. There is variability across the grades according to the screening question. Over 60% of all eleventh graders reported having been bothered by feeling nervous, anxious, or on edge during the past two weeks.



*Data Source: Minnesota Student Survey*

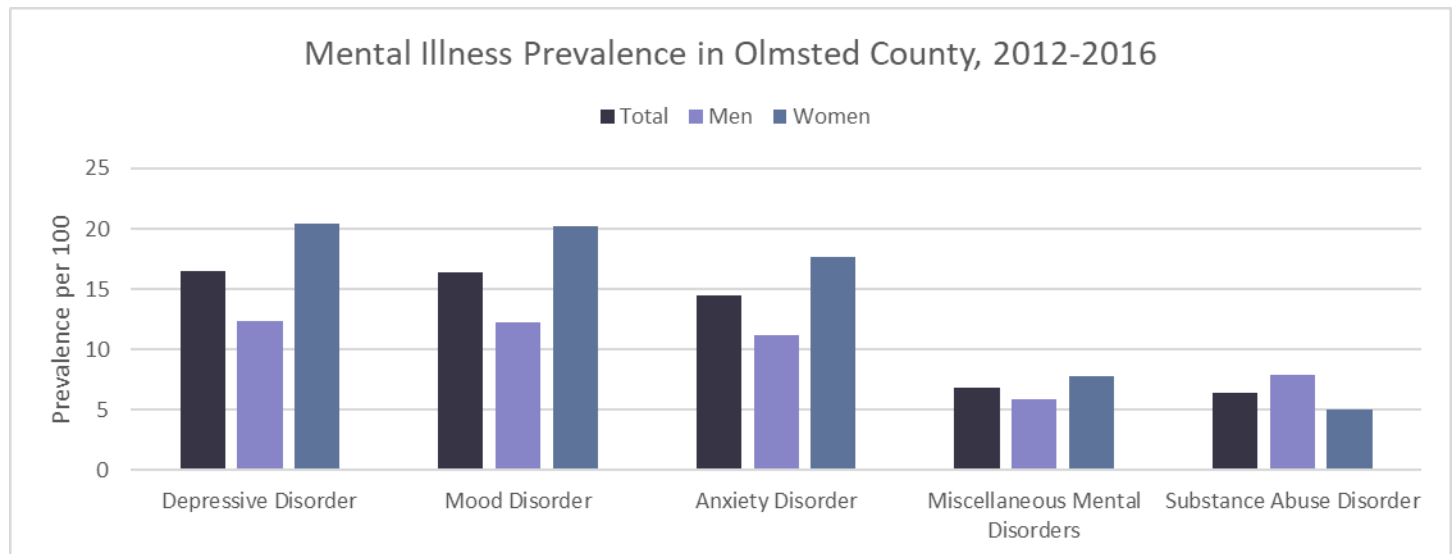
## Adult

Local data continues to show that in 2018 nearly one in three people have ever had a mental health condition (29%). From the Olmsted County CHNA Community Survey, 20% of adults indicated they have been told they have depression and 19% were told they have anxiety or panic attacks. The Olmsted County CHNA Community Surveys in 2015 and 2018 show similar results, however, the 2018 Olmsted County CHNA Convenience Survey showed higher rates of mental health conditions (38%), depression (31%) and anxiety or panic attacks (28%).

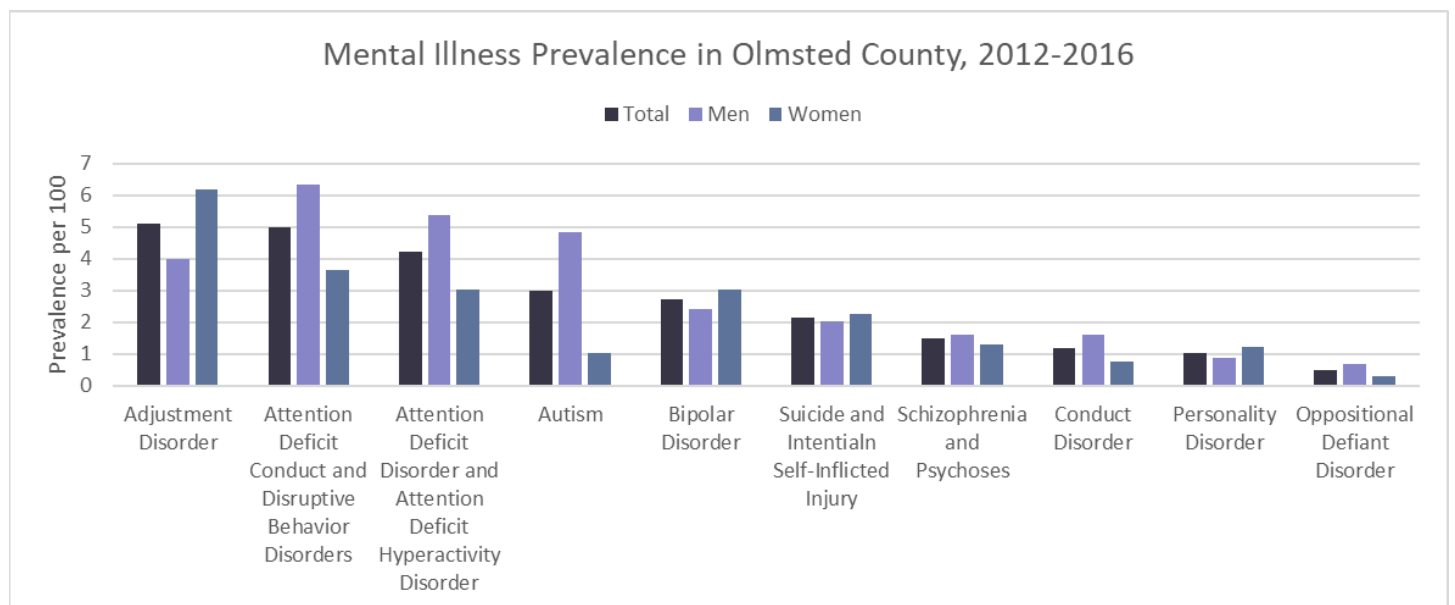


*Data Source: Olmsted County CHNA Community Survey*

Data gathered by the REP indicates that approximately 17% of adults in Olmsted County had a depression diagnosis in 2014 and the prevalence has remained fairly 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. The REP data depicts a higher prevalence of depression in adult females than males (21% vs 12%).

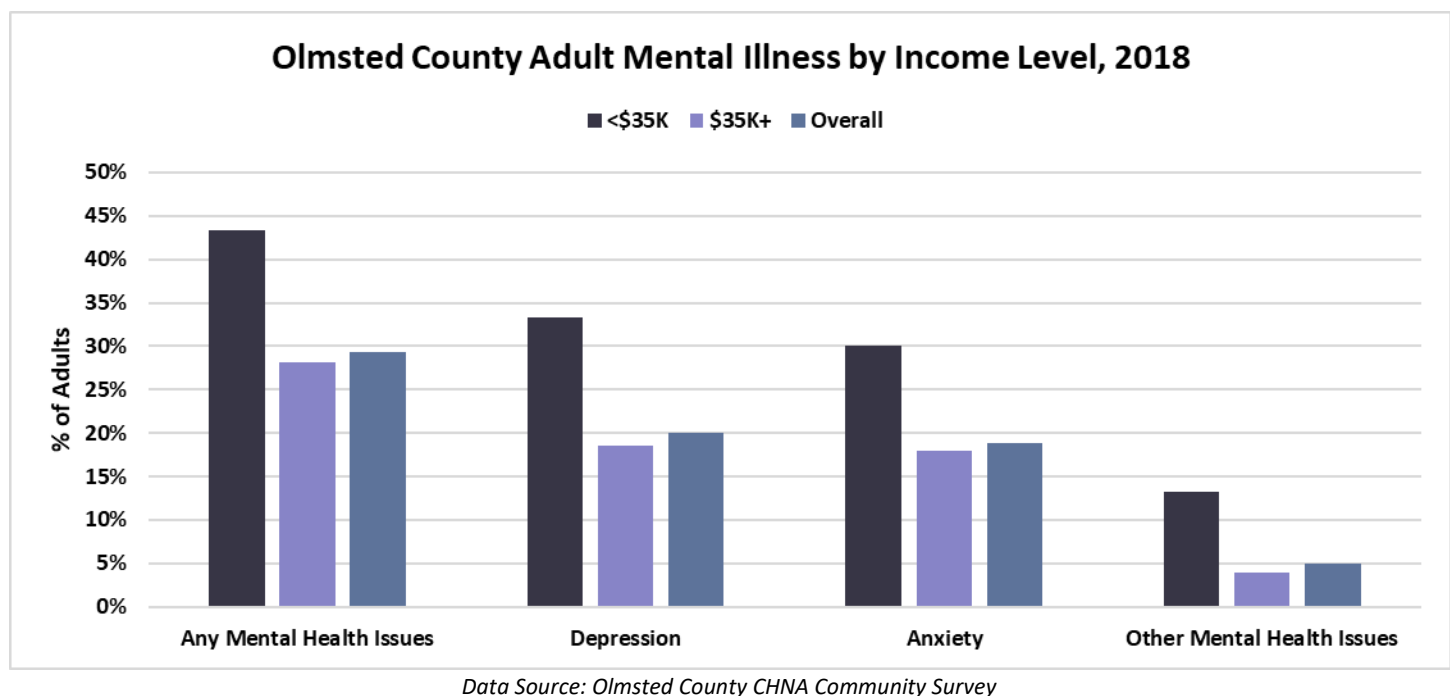
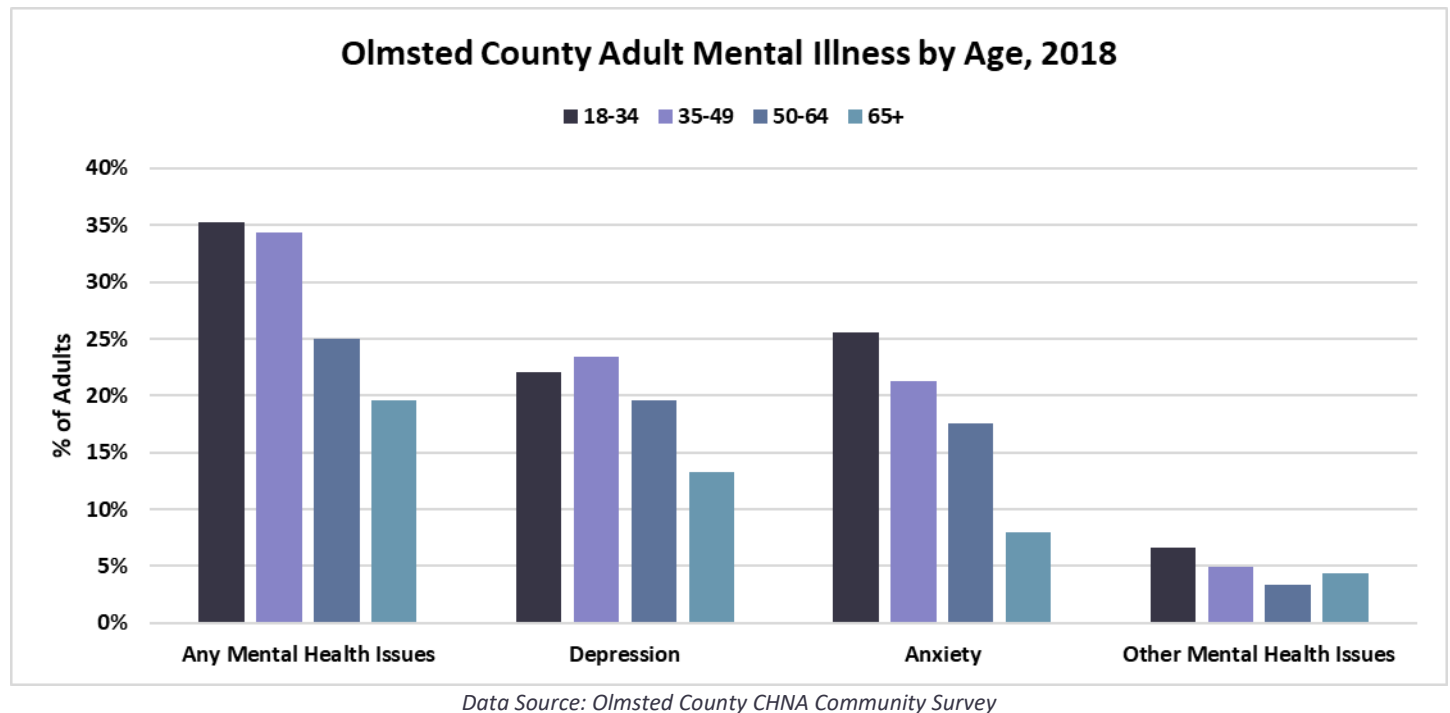


*Data Source: Rochester Epidemiology Project*



*Data Source: Rochester Epidemiology Project*

Similar to Olmsted County, in 2018, BRFSS reported that 17.6% of Minnesota adults have ever been told they have a form of depression, while 19.6% of adults in the United States have had depression. In Minnesota, those demographics with higher rates include females (22.5%), 18-24-year-old age group (24.2%), American Indian, non-Hispanic (35.2%), and Multiracial, non-Hispanic (32.3%). Lastly, 33.8% of adults living in a household with income less than \$15,000 have had depression. The rate of depression decreases as income brackets increase (up to \$50,000+).



According to the Olmsted County CHNA Community Survey, younger adults, those residents born in the United States, not married, having children in household, earning less than \$35,000, renting home, financially stressed, not retired, those who don't feel socially connected, and those who use drugs were statistically significantly more likely to report having any mental health issues.

*Mental Health Problems; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

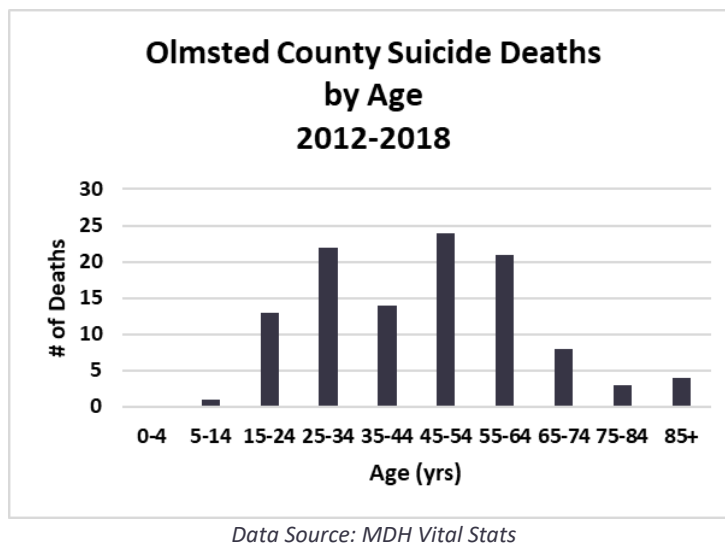
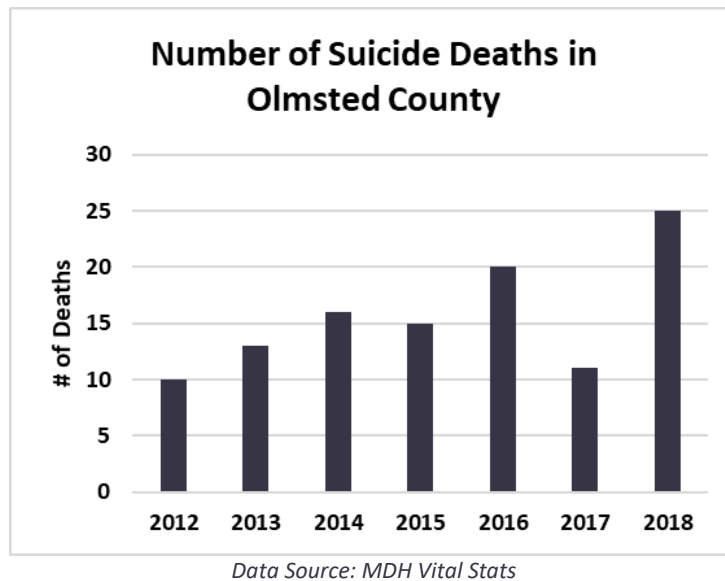
<b>Age Group*</b>	<b>Percentage With a Mental Health Problem</b>
18-34	35
35-49	34
50-64	25
65+	20
<b>Race</b>	
White, NH	30
All Others	25
<b>Gender</b>	
Male	28
Female	30
<b>Children HH*</b>	
Children	37
No	25
<b>US*</b>	
U.S. Born	31
Foreign Born	11
<b>Marital Status*</b>	
Married	27
Not Married	36
<b>Education</b>	
No College	24
Any College	30
<b>Residence</b>	
Rochester	31
Non-Rochester (County)	21
<b>HH Income*</b>	
<35K	43
35K+	28
<b>Home Ownership*</b>	
Rent	44
Own	27
<b>Fin Stressed*</b>	
Financially Stressed	38
Not	25
<b>Retirement*</b>	
Not Retired	32
Not	18

*Mental Health Problems; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

<b>Drug Use*</b>	<b>Percentage with a Mental Health Problems</b>
Use drugs	44
Don't use drugs	27
<b>Social Connectedness*</b>	
Feel socially connected	25
Don't feel socially connected	38

## Suicide and Self-Harm

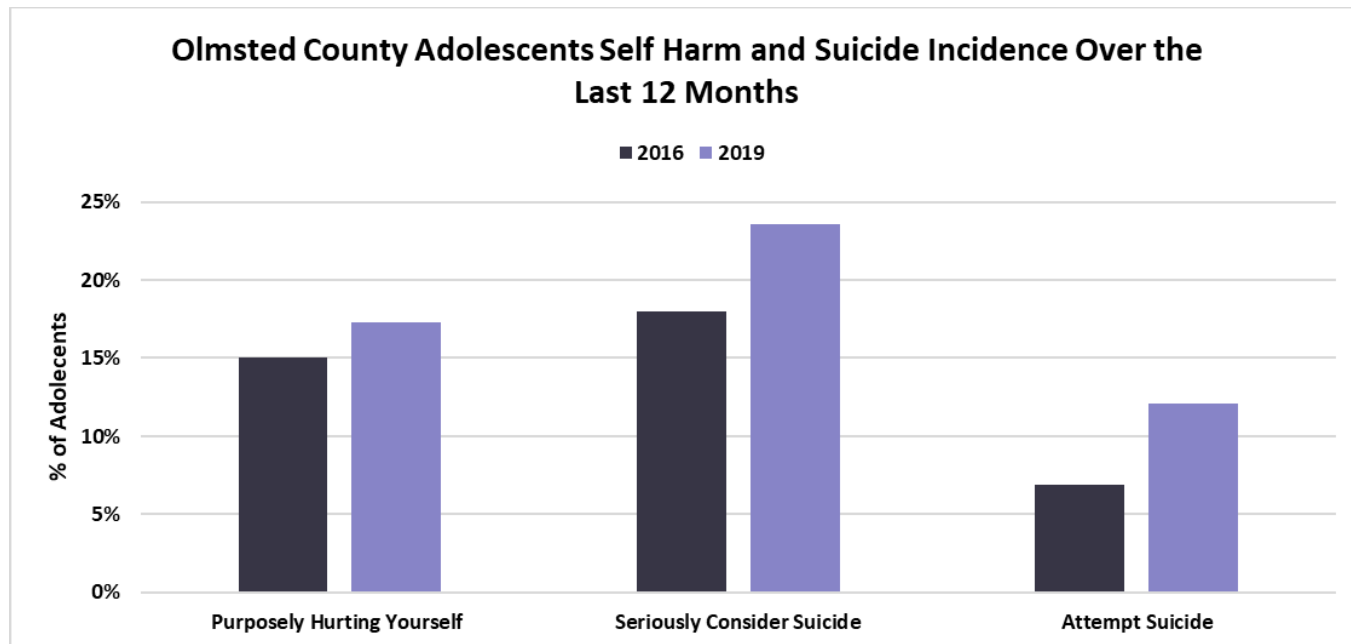
Overall, in Olmsted County, suicide is the seventh leading cause of death (1.5%). According to Minnesota Department of Health Vital Statistics, between 2012 to 2018, the number deaths resulting from suicide ranged between 10-25 deaths per year with the peak of 25 deaths being in 2018. The leading causes of death among young adults continues to be unintentional injuries (i.e. car accidents) and suicides; these two causes attribute to over 49% of all deaths among 25 to 44 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.





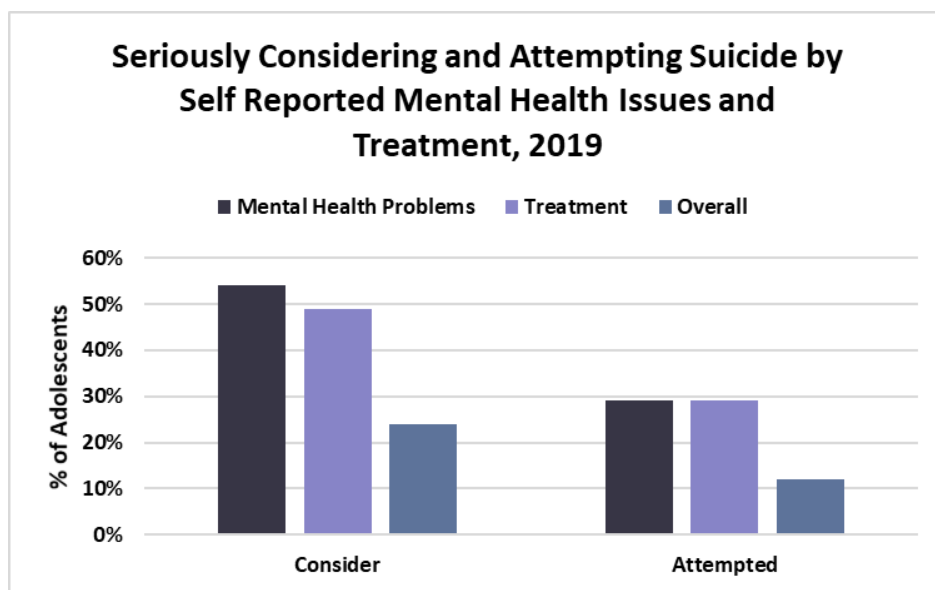
## Adolescents

According to the MSS, the majority of Olmsted County adolescents (17%) reported purposely hurting or injuring themselves without wanting to die during the past 12 months. When comparing demographics across race/ethnicity, rates of self-harm are similar. There are statistically significant differences between gender (male 13% vs female 22%), grade (8<sup>th</sup> 19% vs 9<sup>th</sup> 16% vs 11<sup>th</sup> 15%), and sexuality (heterosexual 12% vs bisexual, gay or questioning 31%).



*Data Source: Minnesota Student Survey*

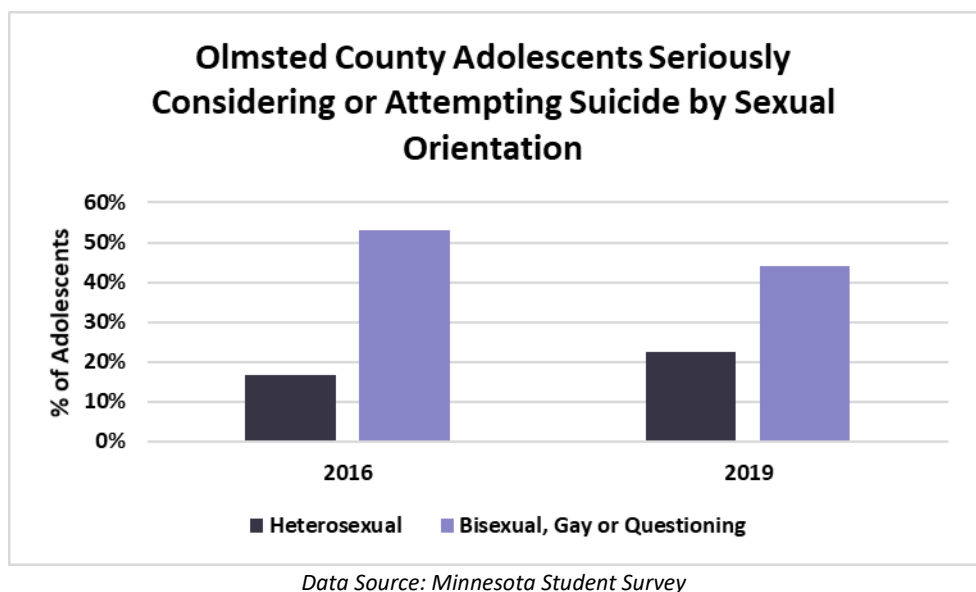
Adolescents that reported having a mental health, emotional or behavioral problem or being treated for mental health, emotional or behavioral problems also reported higher incidence of self-harm at least once over the past 12 months. From the data, 43% of Olmsted County adolescents that self-reported having a mental health, emotional, or behavioral problems reported self-harm compared to 10% of those without mental health problems. Additionally, 36% of those being treated for mental health problems reported self-harm compared to 11% of those who did not report self-harm.



*Data Source: Minnesota Student Survey*

Other statistically significant social and behavioral disparities include: financially stressed (free or reduced lunch 23% vs no free or reduced lunch 15%), food security (food secure 17% vs food insecure 38%), e-cigarette usage (use 35% vs don't use 14%), drug usage (use 39% vs don't use 13%), alcohol usage (42% vs 14%), binge drinking (46% vs 16%), and social connectedness (not socially connected 50% vs socially connected 13%).

In addition to self-harm, the MSS captures self-reported contemplation of suicide and suicide attempts amongst eight, ninth and eleventh graders. In Olmsted County, 24% of adolescents reported seriously considering suicide and 12% attempted suicide, both increasing from 2016. Statistically significant 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 (43%) or attempt suicide (23%) compared to heterosexual adolescents.



Similar to the proportion of adolescents reporting self-harm, adolescents with mental health, emotional, or behavioral problems, those who have been treated for mental health problems, those who use e-cigarettes, drugs, or alcohol, and those who do not feel socially connected 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. Of those who have considered or attempted suicide, 48% have not been treated for mental health problems.

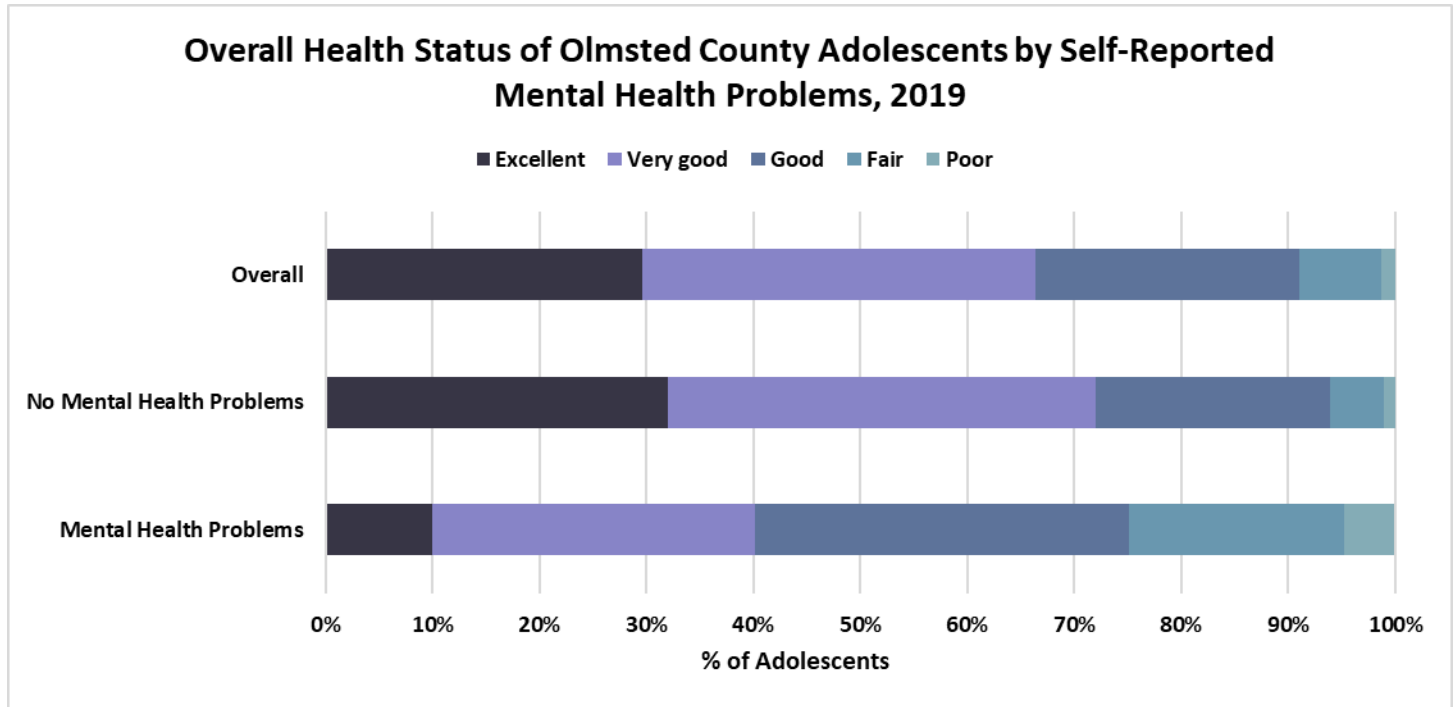
## Adult

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

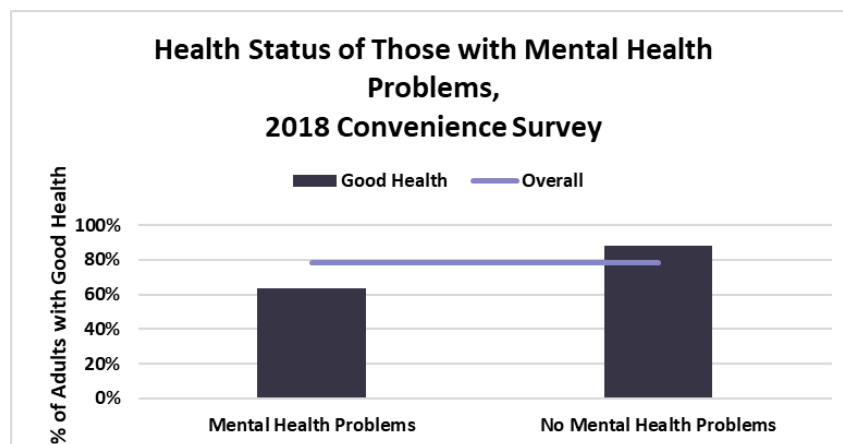
## Local Conditions: Clinical Factors

### Overall Health

Almost all of Olmsted County adolescents report overall good health (91%). However, 75% 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.



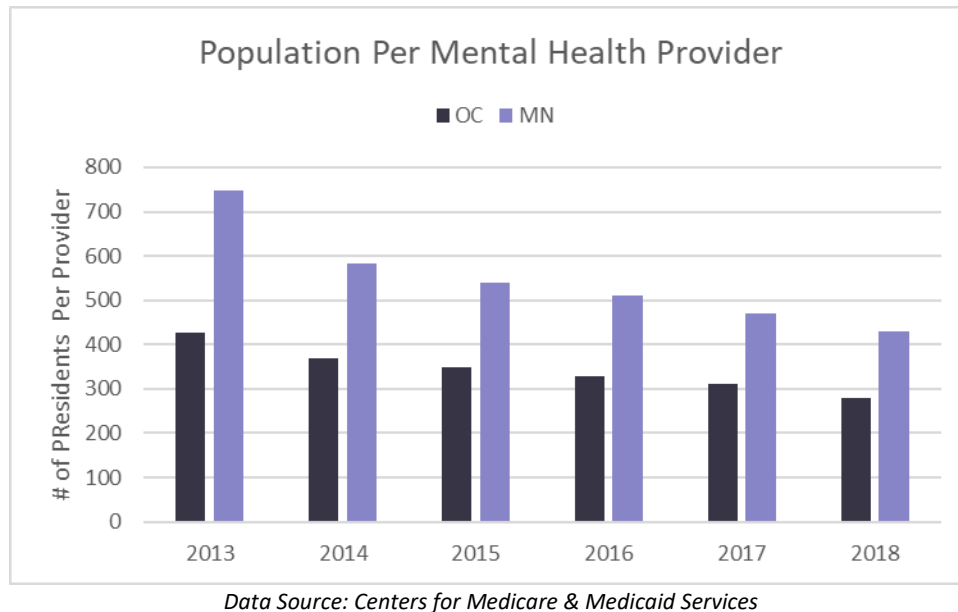
Similar to adolescents, the majority of Olmsted County adults report overall good health (96%). However, the Olmsted County CHNA Convenience Survey showed that only 78.4% reported overall good health. There didn't appear to be a difference in mental health status and overall health status when looking at the Olmsted County CHNA Community Survey, but the Olmsted County CHNA Community Survey showed other results. Those who have mental health problems have a higher risk of poor overall health than those without mental health problems.



Data Source: Olmsted County CHNA Community Survey

## Mental Health Providers

According to Centers for Medicare & Medicaid Services, Olmsted County has a mental health provider ratio of 280:1 compared to Minnesota 430:1. Additionally, the County Health Rankings reports, in 2018, shared there were 555 mental health providers in Olmsted County. While this data has limitations, it provides a rough estimate for our community.



## Mental Health Resources

In 2018, the Mobile Crisis Call Center received 350 calls. Of these, 31% were from Olmsted County. Of all calls, 55% were female, and 78% were white. Living independently was the most common (45%), followed by living dependently at private residence (11%), living with parent (10%), and homeless shelter (9%). Majority were referred to self, family, or friend (55%), followed by referral to other mental health agency or individual (11%). Of these 350 calls, 64% remained in current home, 15% went to emergency department, and 11% went to crisis residential bed.

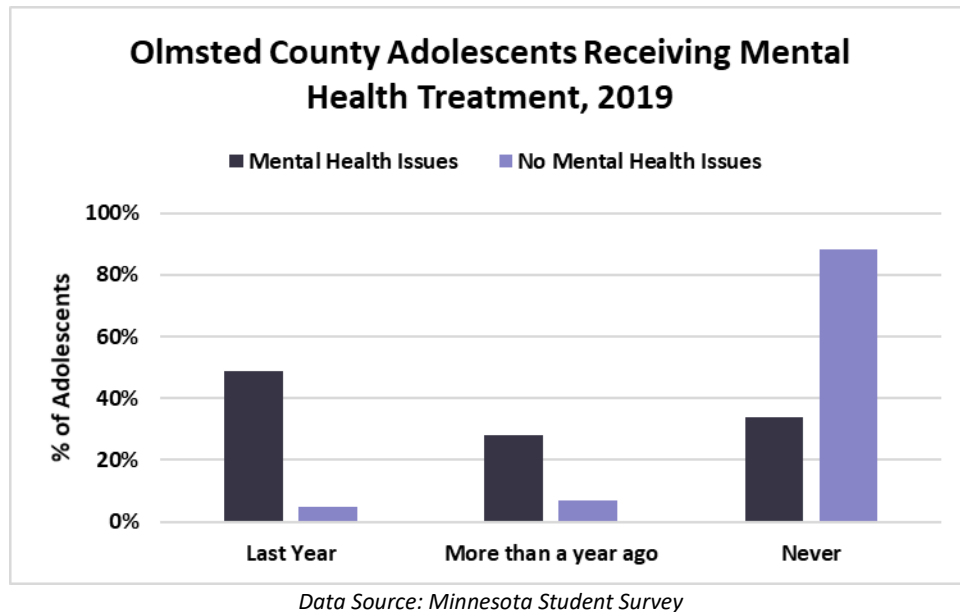
Between 2014-2018, the number of psych calls increased each year starting with 1107 calls in 2014 and ending with 1513 calls in 2018. Call volume increased for both Olmsted County Sherriff's Office (OCSO) and Rochester Police Department (RPD). In 2018, there were 1513 call, 1221 to RPD, and 292 to OCSO. Of these, 75% were referred to the emergency department, 24% had another form of referral, and 1% were arrested.

In 2018, there were 138 NAMI support groups offered and 879 in attendance. This is an increase from 2017 when there were 103 groups and 738 attendees, and in 2016 when there were 125 support groups and 486 attendees.

In 2018, there were 118 commitments filed in 2018, which is pretty similar to the number filed each year from 2014-2017. The number of dialectical behavior therapy (DBT) clients has increased over the years, starting with 43 in 2015 and ended with 82 during 2019. For inpatient substance abuse (SA) beds, there are 40 men's beds and 30 women's beds. There are 60 long term residential beds for men and 44 long term residential beds for women.

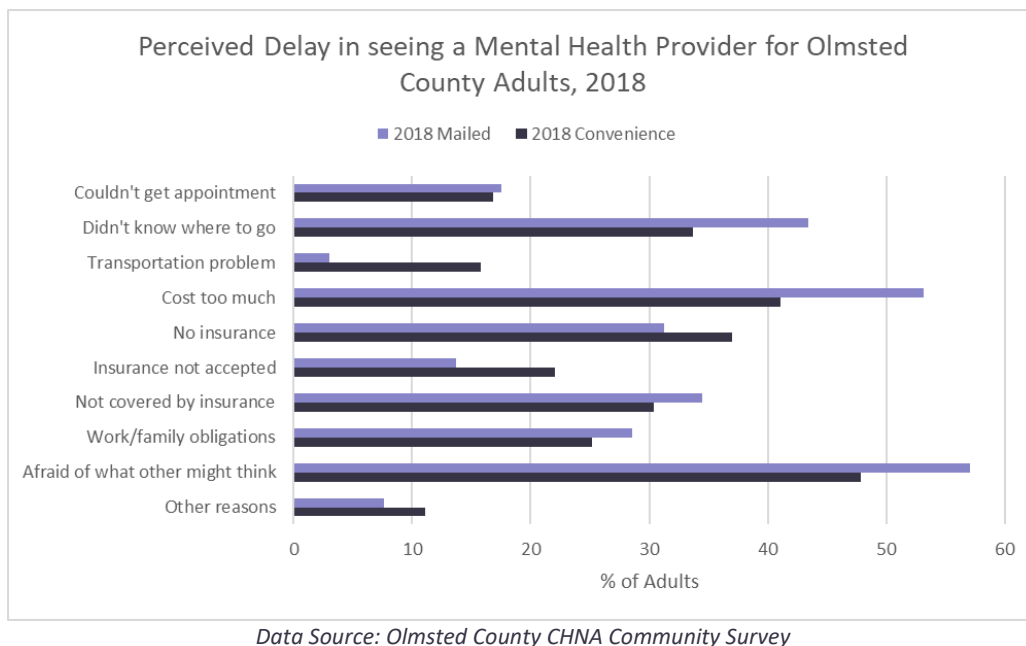
## Mental Health Treatment

Overall, 26% of Olmsted County adolescents reported ever receiving treatment for a mental health, emotional or behavioral problem. Only 49% of adolescents that self-reported having mental health issues received treatment in the past year and 28% received treatment over a year ago.



In 2018, 12% of Olmsted County adults have seen a mental health provider. However, in the 2018 Olmsted County CHNA Convenience Survey, 25% of adults reported seeing a mental health provider in the past year.

Delaying care for mental health issues still exists. Overall, 7% stated they needed mental health care but did not get it or delayed getting care. The top perceived reason in the community for why people don't seek help for mental health concerns is afraid of what others might think (57%), it costs too much (53%), and that they didn't know where to go (43%).



Not only does the Olmsted County CHNA Community Survey results indicate that delayed mental healthcare is a problem, but 29% of respondents also indicated that they had a delay in any type of healthcare. However, 44% of those who noted having any mental health problems reported having a delay in any healthcare, while only 22% of those without mental health problems reported having a delay in any healthcare.

### 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 97% living with multiple conditions. Data gathered from the Olmsted County CHNA Community Survey indicates that 40% of Olmsted County adults are living with two or more chronic conditions.

REP data shows that black individuals have highest rates of multiple chronic conditions than White, Hispanic, and Asian individuals (29.4%, 26.3% vs 25.4% and 23.0%, respectively).

*Most Common Conditions Contributing to Multiple Chronic Conditions (2 or more)  
Data Source: Rochester Epidemiology Project, 2017*

Conditions	Percentage with the Condition
Hyperlipidemia	19.4
Hypertension	17.0
Depression	13.4
Diabetes	13.0
Arthritis	12.5
Arrhythmia	8.1
Asthma	6.3
Cancer	6.2
Coronary Artery Disease	4.3
Substance Abuse	3.5
COPD	2.7

According to local data, health disparities exist among certain subpopulations throughout Olmsted County. Those of older age; no children in the household; retired individuals; financially stressed, and home renters were more likely to have multiple chronic conditions. In addition, those with mental health problems have a significantly higher rate of multiple chronic conditions compared to those without mental health problems (78% vs 26%).

*Multiple Chronic Conditions; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

Age Group*	Percentage With Multiple Chronic Conditions
18-34	26
35-49	33
50-64	44
65+	66
<b>Race</b>	
White, NH	40
All Others	48
<b>Gender</b>	
Male	37
Female	43
<b>Children HH*</b>	

Children	29
No	47
<b>US</b>	
U.S. Born	41
Foreign Born	31
<b>Marital Status</b>	
Married	38
Not Married	47
<b>Education</b>	
No College	52
Any College	39
<b>Residence</b>	
Rochester	40
Non-Rochester (County)	41
<b>HH Income*</b>	
<35K	58
35K+	37
<b>Home Ownership*</b>	
Rent	48
Own	38
<b>Fin Stressed</b>	
Financially Stressed	42
Not	39
<b>Retirement*</b>	
Not Retired	35
Not	66

Multiple Chronic Conditions; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant

<b>Mental Health*</b>	<b>Percentage with Multiple Chronic Conditions</b>
Mental health problems	78
No mental health problems	26

## 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, 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.

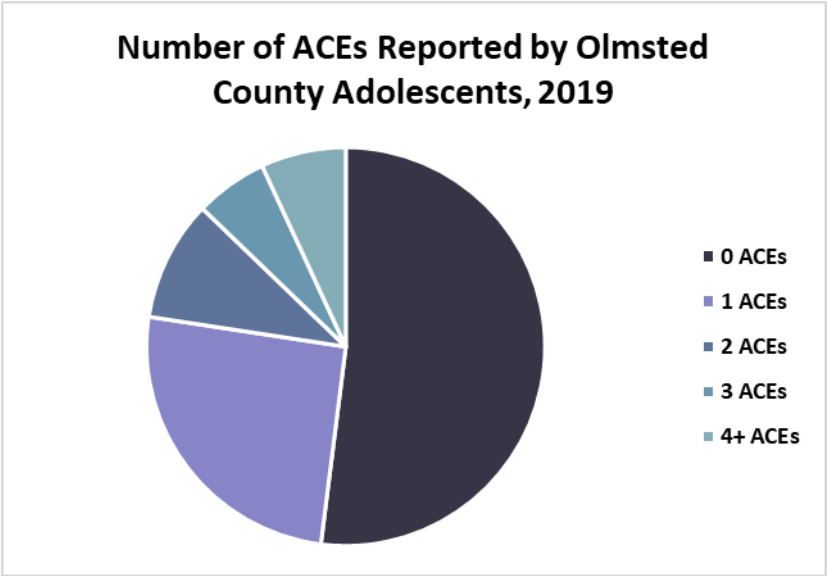
From the 2019 MSS, proxy questions were identified to create an ACE Index (zero to four or more) for Olmsted County adolescents and were based on the ACE Index created by SUMN.org. Questions used to create the ACE Index for this report can be found in the table below and the corresponding percentage of adolescents reporting that ACE.

2019 Minnesota Student Survey Questions	% of Olmsted County Adolescents
Do you live with anyone who drinks too much alcohol?	10%
Do you live with anyone who uses illegal drugs or abuses prescription drugs?	5%
Do you live with anyone who is depressed or has any other mental health issues?	29%
Does a parent or other adult in your home regularly swear at you, insult you, or put you down?	14%
Has a parent or other adult in your home ever hit, beat, kicked, or physically hurt you in any way?	13%
Have your parents or other adults in your home ever slapped, hit, kicked, punched, or beat each other up?	7%
Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?	5%
Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?	3%
Have any of your parents or guardians ever been in jail or prison?	18%

*Data Source: Minnesota Student Survey*

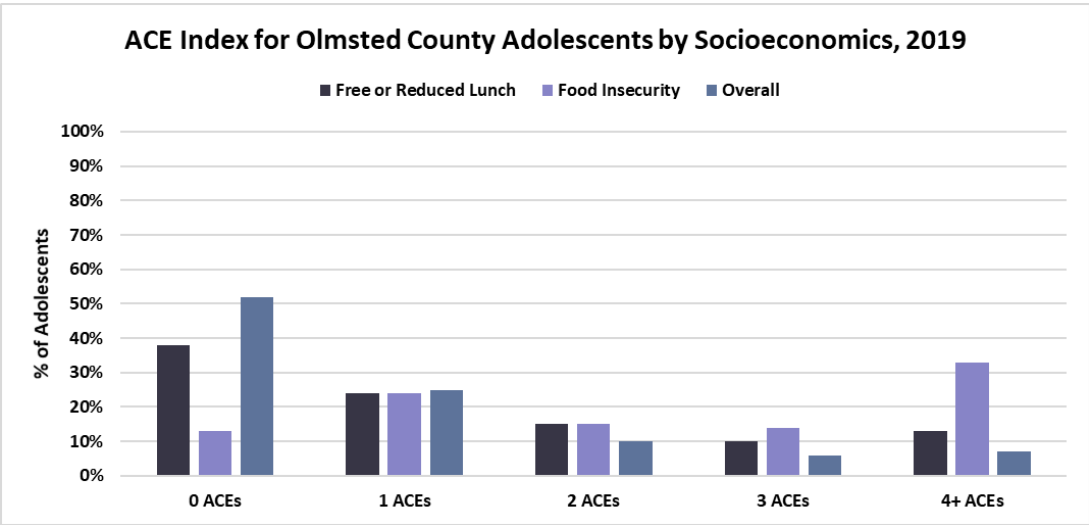


Almost half of Olmsted County adolescents reported ACEs in 2019 (48%). Overall, the percentage of Olmsted County adolescents reporting ACEs is the same as the State of Minnesota. The most frequent ACE reported was living with someone who is depressed or has any other mental health issue. The MSS doesn't 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.



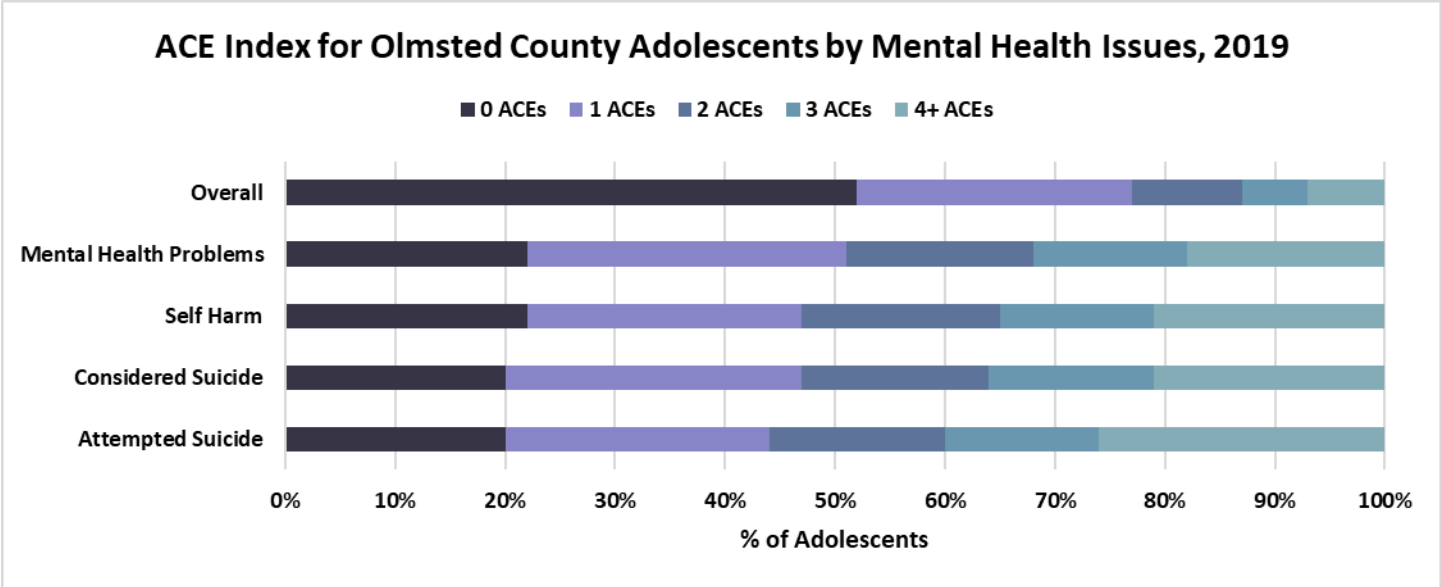
Data Source: Minnesota Student Survey

Statistically significant differences are seen in gender, grade, race/ethnicity, sexuality, health status, free or reduced lunch status and food insecurity. Females (53%) and 11<sup>th</sup> graders (54%) are more likely to report ACEs events than males (43%) and 8<sup>th</sup> (44%) or 9<sup>th</sup> (48%) graders. Hispanic/Latinx (61%) adolescents are more likely to report a higher number of ACEs than their white peers (49%). Additionally, the prevalence of gay, bisexual, or questioning adolescents reporting more than one ACE is higher than heterosexual adolescents (58% vs 49%). Adolescents reporting being food insecure or receiving free or reduced lunch have the highest prevalence of experiencing one or more ACEs (87% and 62%). Adolescents who are food insecure had the highest prevalence of four or more ACEs across all demographics (33%). Additionally, those who have e-cigarette use (78%), drug use (74%), alcohol use (79%), binge drinking (84%), and not socially connected (86%) are all more likely to report ACEs than those who do not.



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%).

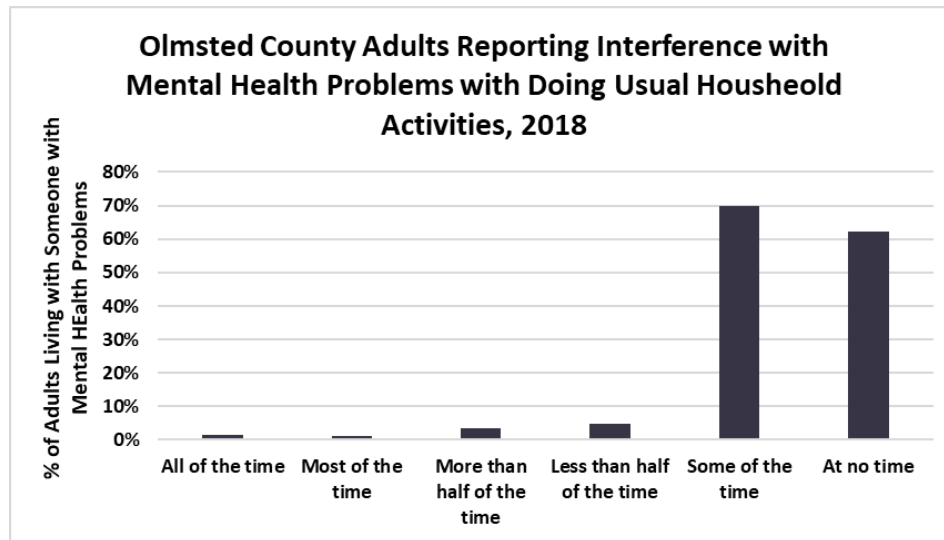


Data Source: Minnesota Student Survey

## Local Conditions: Social and Economic Factors

### Caring for Someone with Mental Health Problems

The Olmsted County CHNA Community Survey indicates that 45% of Olmsted County adults reported that during the past 30 days they or someone they care for have mental health concerns that kept them from doing their usual activities. Caring for someone with mental health issues can cause stress; 43% of residents that reported that mental health in their household kept them from doing their usual activities reported being financially stressed compared to 27% of those who did not.



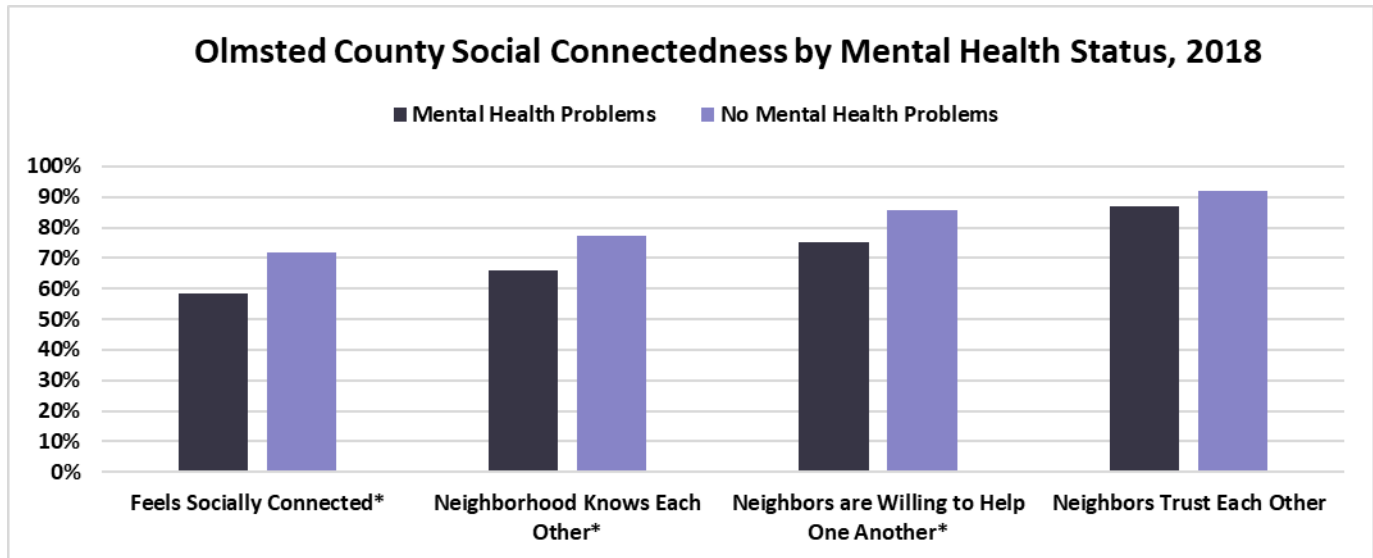
*Data Source: Olmsted County CHNA Community Survey*

### Social Connectedness

The 2019 MSS asked youth and adolescents if the following statement described them, “I build friendships with other people.” Just under 95% of Olmsted County youth and adolescents stated they do build friendships with other people at least some of the time.

According to the Olmsted County CHNA Community Survey, nearly 68% of Olmsted County residents are residing in socially connected neighborhoods. The Olmsted County CHNA Community Survey varied slightly from the Olmsted County CHNA Convenience Survey, which showed that 57% felt socially connected in their neighborhood. Individually, the highest level of ‘connectedness’ is with neighbors being trusted. Just over 90% state that they feel people in their neighborhood can be trusted.

When comparing social connectedness between those that reported any mental health problems and those who haven't, there are a few significant differences worth noting. Only 59% of those who reported having mental health problems feel socially connected compared to 72% of those who did not report having mental health problems. The other differences worth noting are that 66% of those who reported having a mental health problem reported people in their neighborhood know each other compared to 77% who reported no mental health problems and 75% of those who reported mental health problem reported people in their neighborhood are willing to help one another compared to 86% who reported no mental health problems.



*Social Connectedness; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

<b>Mental Health*</b>	<b>Percentage Reporting Social Connectedness</b>
Mental health problems	59
No mental health problems	72

According to local data, social connectedness health disparities exist among certain subpopulations throughout Olmsted County. Those of older age; white, non-Hispanic individuals; United States born individuals; married; live outside of Rochester; homeowners; and higher income households that are not financially stressed were statistically significantly more likely to report being socially connected.

*Social Connectedness; Data Source: CHNA Community Survey, \* Statistically Significant*

<b>Age Group*</b>	<b>Percentage Reporting Social Connectedness</b>
18-34	57
35-49	75
50-64	70
65+	74
<b>Race*</b>	
White, NH	70
All Others	42
<b>Gender</b>	
Male	66
Female	69

<b>Children HH</b>	
Children	68
No	68
<b>US*</b>	
U.S. Born	69
Foreign Born	49
<b>Marital Status*</b>	
Married	73
Not Married	54
<b>Education</b>	
No College	69
Any College	68
<b>Residence*</b>	
Rochester	65
Non-Rochester (County)	81
<b>HH Income*</b>	
<35K	53
35K+	70
<b>Home Ownership*</b>	
Rent	41
Own	73
<b>Fin Stressed*</b>	
Financially Stressed	55
Not	74
<b>Retirement*</b>	
Not Retired	71
Not	68

## Safe from Fear and Violence

From the Olmsted County CHNA Community Survey, nearly 80% of Olmsted County residents feel safe from fear and violence. Of those who reported having any mental health problems, 69% reported that they feel safe from fear and violence compared to 84% who did not report a mental health problem. Safety health disparities exist among certain subpopulations throughout Olmsted County. Those who are white, non-Hispanic individuals; United States born individuals; those who are married; residents outside of Rochester; homeowners; those with any college education; higher income households; and those who are not financially stressed were statistically significantly more likely to have a feeling of safety.

*Safe from Fear and Violence; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

<b>Age Group</b>	<b>Percentage Reporting Safe from Fear and Violence</b>
18-34	75
35-49	84
50-64	81
65+	79
<b>Race*</b>	
White, NH	82
All Others	51
<b>Gender</b>	

Male	79
Female	80
<b>Children HH</b>	
Children	83
No	77
<b>US*</b>	
U.S. Born	82
Foreign Born	49
<b>Marital Status*</b>	
Married	84
Not Married	66
<b>Education*</b>	
No College	63
Any College	81
<b>Residence*</b>	
Rochester	78
Non-Rochester (County)	88
<b>HH Income*</b>	
<35K	52
35K+	83
<b>Home Ownership*</b>	
Rent	64
Own	82
<b>Fin Stressed*</b>	
Financially Stressed	68
Not	86
<b>Retirement</b>	
Not Retired	80
Not	79

*Safe from Fear and Violence; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

<b>Mental Health*</b>	<b>Percentage Reporting Safe from Fear and Violence</b>
Mental health problems	59
No mental health problems	72
<b>Social Connectedness*</b>	
Socially connected	89
Not socially connected	60

## Food Security

According to the Olmsted County CHNA Community Survey, 94% of residents feel food secure. Olmsted County residents who reported having no mental health problems were more likely to report food security compared to those who reported to have a mental health problem (96% vs 91%). Those who are white, non-Hispanic individuals; U.S. born; married individuals; and those who are not financially stressed, own their home, and have a higher household income were statistically significantly more likely to report food security.

*Food Security; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

<b>Age Group</b>	<b>Percentage Reporting Food Security</b>
18-34	93
35-49	93
50-64	96
65+	95
<b>Race*</b>	
White, NH	95
All Others	82
<b>Gender</b>	
Male	94
Female	95
<b>Children HH</b>	
Children	93
No	95
<b>US*</b>	
U.S. Born	96
Foreign Born	73
<b>Marital Status*</b>	
Married	97
Not Married	86
<b>Education</b>	
No College	88
Any College	95
<b>Residence</b>	
Rochester	94
Non-Rochester (County)	98
<b>HH Income*</b>	
<35K	78
35K+	96
<b>Home Ownership*</b>	
Rent	83
Own	97
<b>Fin Stressed*</b>	
Financially Stressed	85
Not	99
<b>Retirement</b>	
Not Retired	94
Not	98

*Food Security; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant*

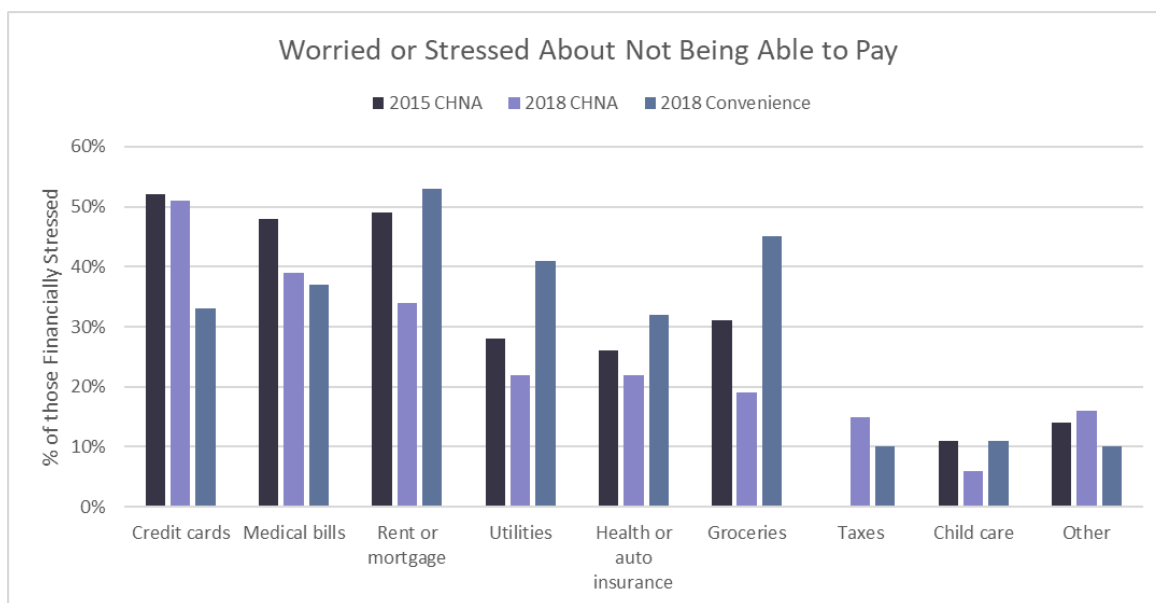
<b>Mental Health*</b>	<b>Percentage Reporting Food Security</b>
Mental health problems	91
No mental health problems	96
<b>Social Connectedness*</b>	
Socially connected	96
Not socially connected	90

According to the 2019 MSS, 24.9% of eighth, ninth, and eleventh graders in Olmsted County report participation in the National School Lunch Program. This program is formerly known as Free and Reduced School Lunches. Those who reported long-term mental health conditions reported participation in the program significantly more than those who did not report mental health conditions. Of those with long-term mental health conditions, 29.5% of students reported using the National School Lunch Program. Of those without long-term mental health conditions, 22% reported using the program.

## Financially Stressed

According to the United States Census data (2009-2013), 13% of Olmsted County homeowners and 37% of renters are paying more than 35% of their income to housing (mortgage/rent) alone.

Data from the Olmsted County CHNA Community Survey shows that 33% of Olmsted County adults are currently financially stressed or are worried or stressed about not having enough money to pay their bills. This increased from 29% in 2015 but is lower than the Olmsted County CHNA Convenience Survey results (51%). Of those that are financially stressed, 36% are worried about money six or more months out of the year. Many (67%) financially stressed individuals stated that a major life event contributed to their financial stress situation. Similar to 2015, for those reported being financially stressed, the most worrisome/frequent reason was to pay credit cards (51%), medical bills (39%), and rent/mortgage (34%).



*Data Source: Olmsted County CHNA Community Survey*

Those who reported any mental health problems were more likely to report being financially stressed than those who do not have or live with anyone with mental health issues (42% and 29%).

According to local data, financial stress health disparities exist among certain subpopulations throughout Olmsted County. Unmarried individuals; those with children in the household; those living in a household earning less than \$35,000 annually; those who rent their home; those of younger age; those not retired; and non-white, non-Hispanic individuals were more likely to be financially stressed. In addition, those with mental health problems, those who don't feel socially connected, and those who use tobacco, drugs, or binge drink, also are more likely to be financially stressed.



Financial Stress; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant

Age Group*	Percentage Reporting Financial Stress
18-34	46
35-49	32
50-64	33
65+	14
<b>Race*</b>	
White, NH	91
All Others	54
<b>Gender</b>	
Male	35
Female	30
<b>Children HH*</b>	
Children	39
No	29
<b>US</b>	
U.S. Born	32
Foreign Born	47
<b>Marital Status*</b>	
Married	30
Not Married	41
<b>Education</b>	
No College	43
Any College	32
<b>Residence</b>	
Rochester	32
Non-Rochester (County)	34
<b>HH Income*</b>	
<35K	48
35K+	31
<b>Home Ownership*</b>	
Rent	45
Own	30
<b>Retirement*</b>	
Not Retired	37
Not	12

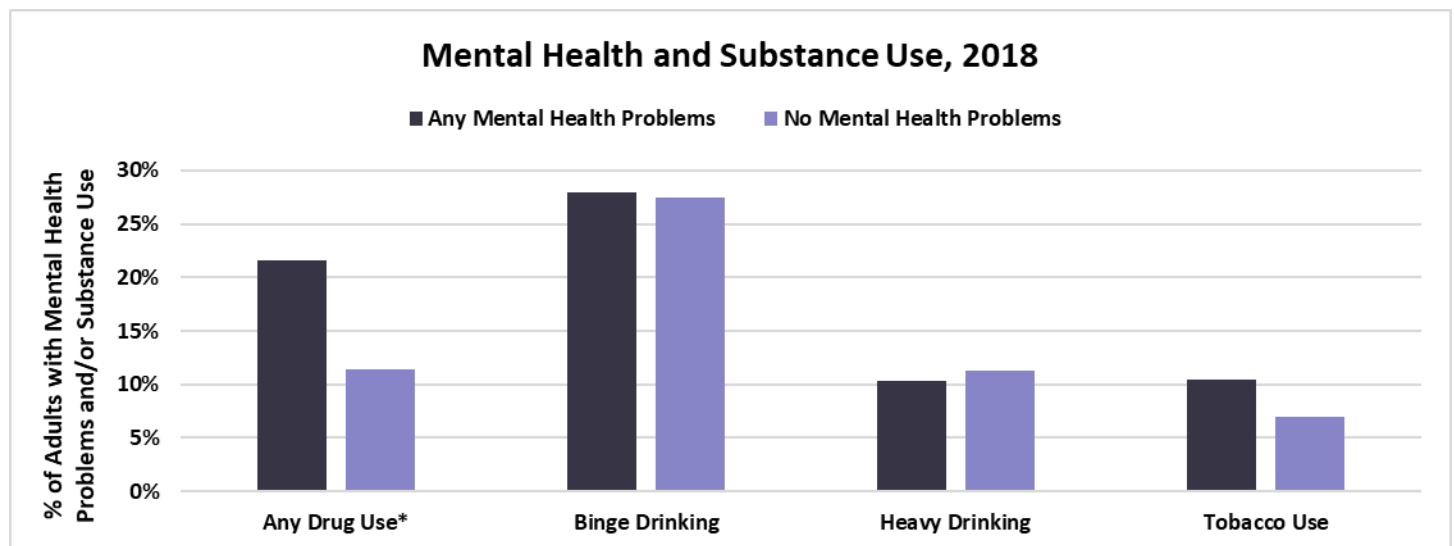
Food Security; Data Source: Olmsted County CHNA Community Survey, \* Statistically Significant

Mental Health*	Percentage Reporting Financial Stress
Mental health problems	42
No mental health problems	29
<b>Social Connectedness*</b>	
Socially connected	27
Not socially connected	46
<b>Tobacco Use*</b>	
Use tobacco	59
Don't use tobacco	31
<b>Drug Use*</b>	

Use drugs	30
Don't use drugs	47
<b>Binge Drink*</b>	
Binge drink	39
Don't binge drink	30

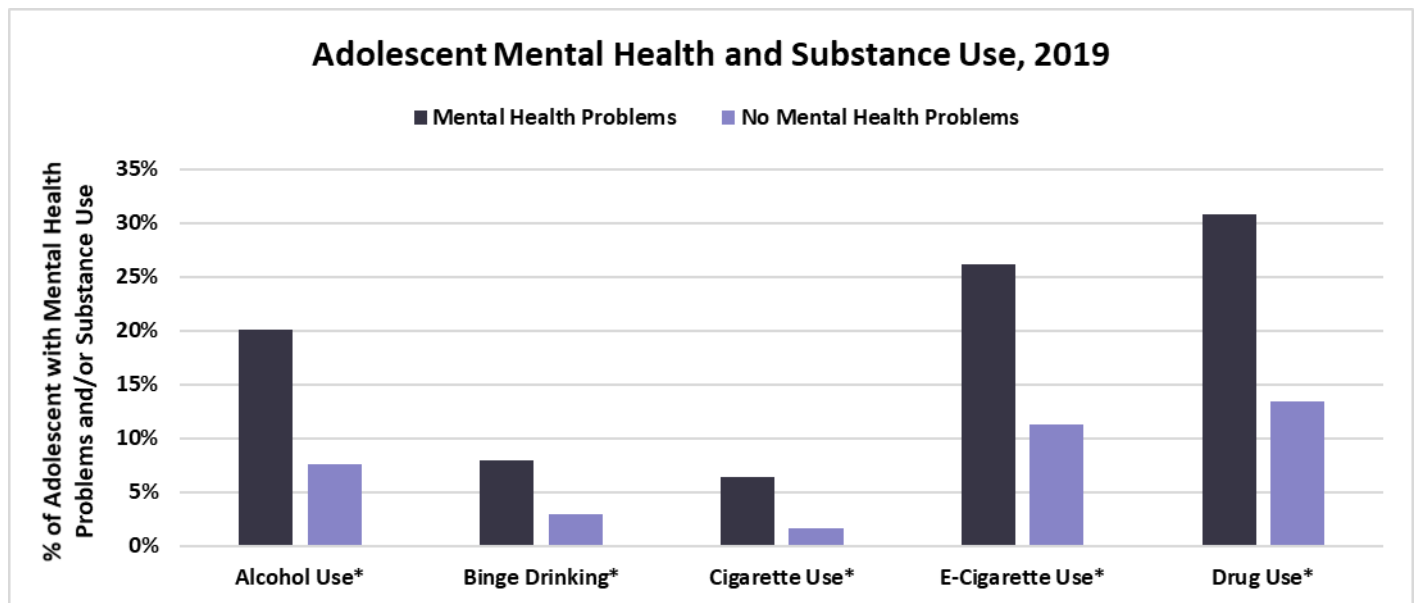
## Substance Use

It is apparent when diving into the disparities of mental health earlier in this report that substance use and mental health have a direct relationship. The Olmsted County CHNA Community Survey shows that those who reported mental health issues have a greater prevalence of using drugs compared to those who did not report having mental health problems. However, binge drinking, heavy drinking, and tobacco use do not have a statically significant difference between those adults who report mental health problems and those who do not.



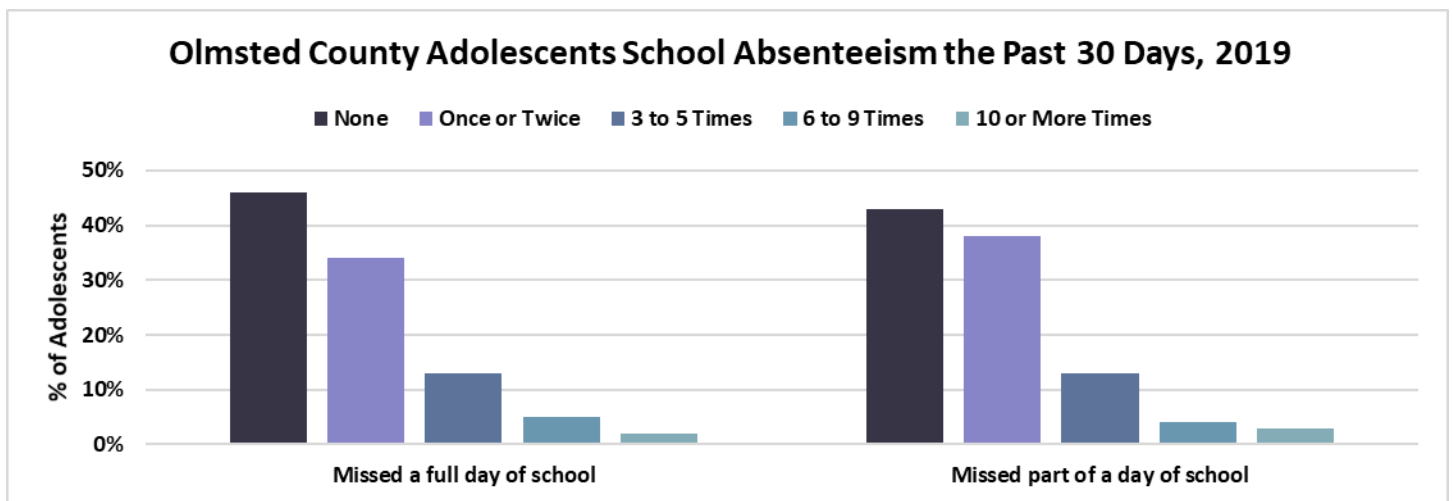
Data Source: Olmsted County CHNA Community Survey \*Statically Significant (Chi-Square P-Value <.05)

The 2019 MSS shows a slightly different story for adolescents. Those who reported having mental health issues had a greater prevalence of alcohol use, binge drinking, cigarette use, e-cigarette use, and drug use.



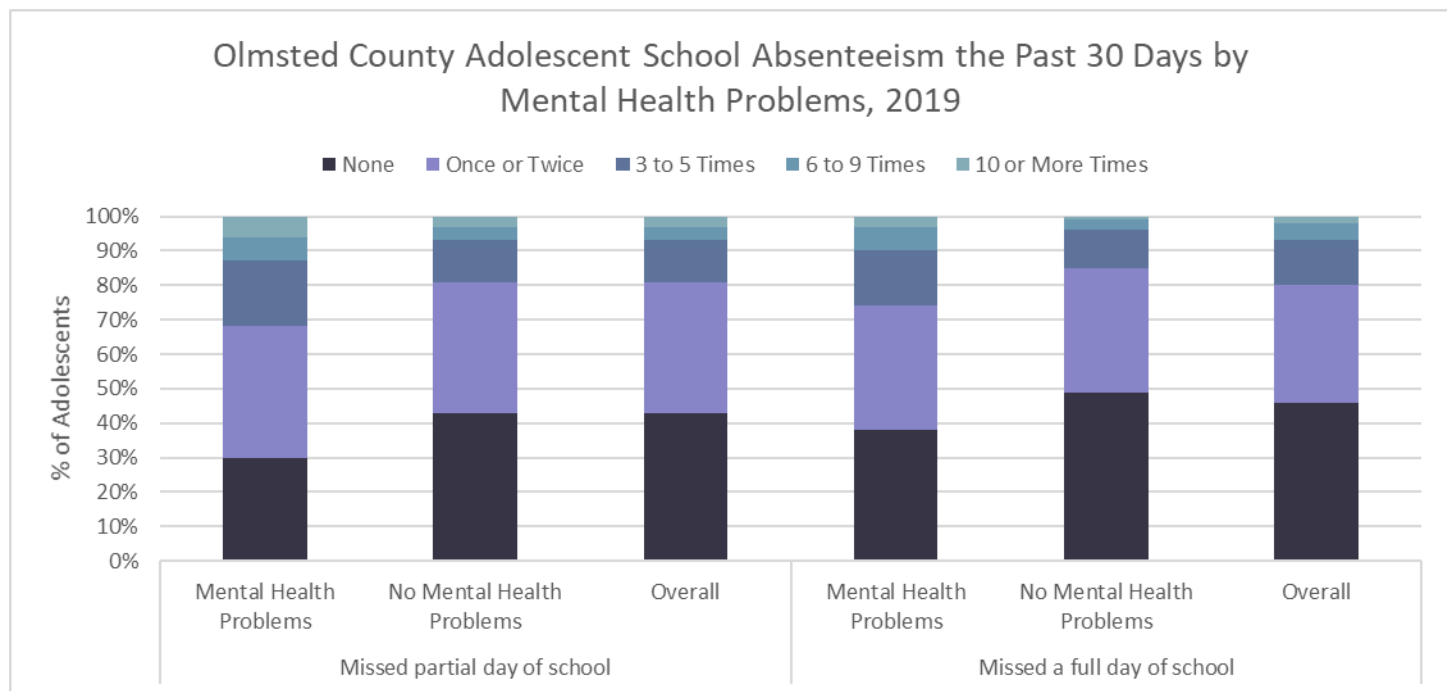
## School Absenteeism

The MSS asks adolescents to identify reasons for not attending school or missing classes throughout the day. During the past 30 days, 73% of students reported missing either a full day or partial day of school.



Of those who missed school, the most common reason was being sick (52%). No place to shower was the least common reasons for missing school (0.2%).

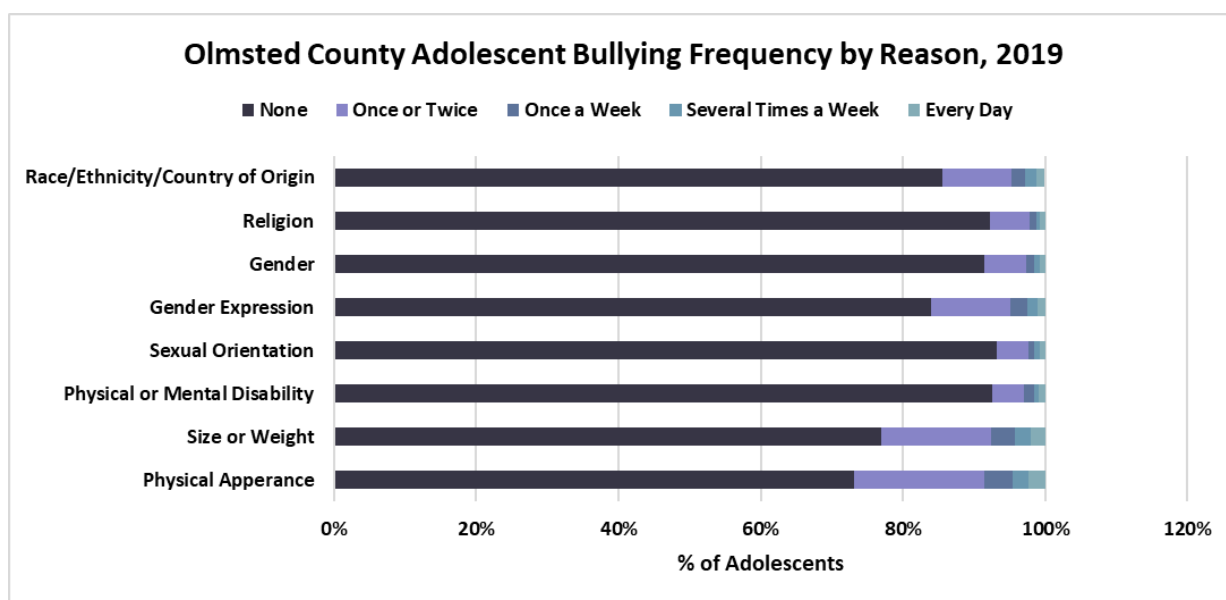
There are differences in school absenteeism when comparing adolescents that reported having a mental health, emotional or behavioral problem to those who do not. Adolescents with a mental health, emotional or behavioral problem were more likely to miss a full or partial day of school compared to those who do not have mental health issues (83% vs 72%).



Data Source: Minnesota Student Survey

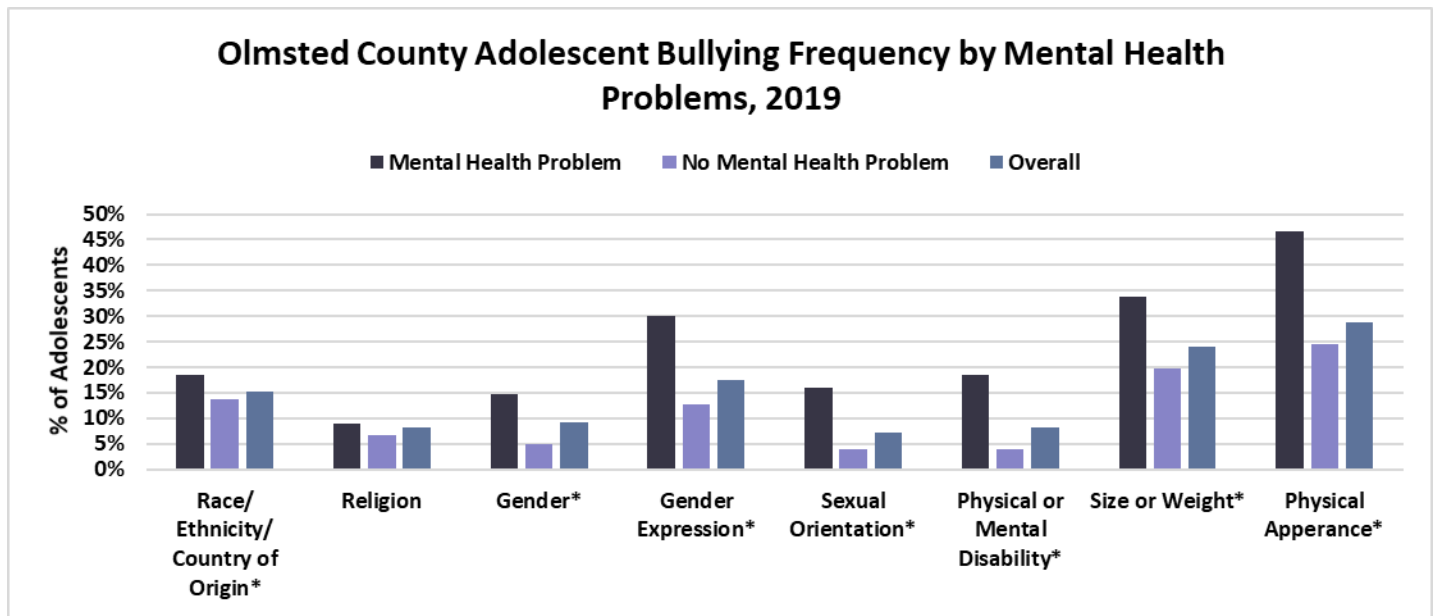
## Bullying

The MSS asks adolescents if they have been bullied for various reasons. When asked if they have been bullied in the past 30 days, 67% of adolescents responded yes. The most common reason that Olmsted County adolescents reported being bullied was due to their physical appearance (27%), their size or weight (23%) and gender expression (16%).



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 (47%), size or weight (34%), gender expression (30%), gender expression (30%) compared to those without mental health problems.

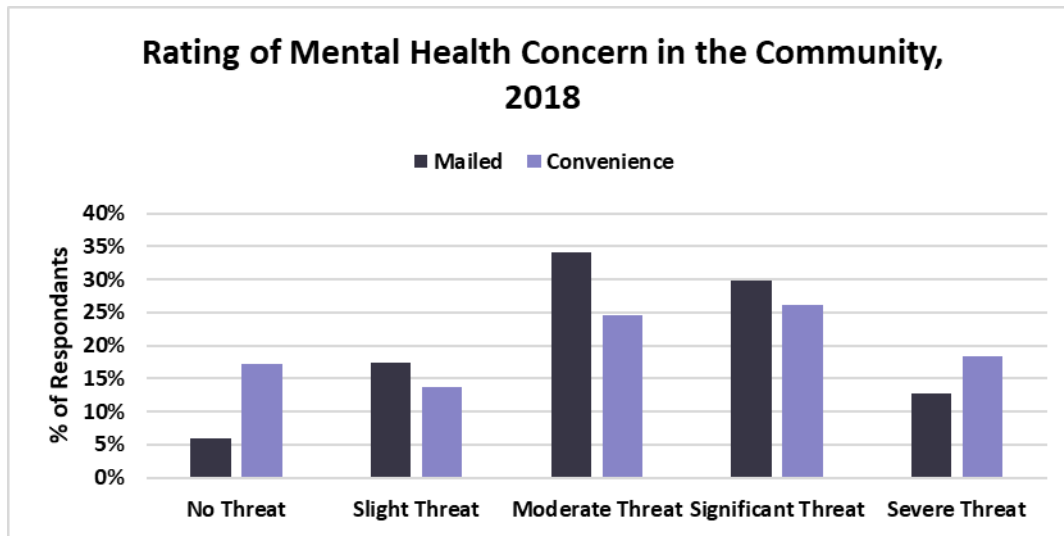


*Data Source: Minnesota Student Survey*

## Local Conditions: Community Context

### Community Perception

During the 2019 CHNA 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, 69% of the prioritization participants felt mental health is one of the top health issues impacting Olmsted County residents.



*Data Source: Olmsted County CHNA Community Survey*

### Stigma

Currently, quantitative data on stigma specifically for Olmsted County, is not available. During 2019 CHNA Listening Sessions, stigma was a most common theme around mental health. Students at Rochester Public Schools, in particular, explained the need for stigma reduction. There is noted stigma around mental health in local schools, and expanded beyond to the overall community.

## Forces of Change Assessment

Forces of Change is one of the four assessments in the National Association of County and City Health Officials (NACCHO) framework Mobilizing for Action Through Planning and Partnership (MAPP). According to NACCHO, “The Forces of Change survey assesses the impact of a variety of trends affecting change in a community.” In Olmsted County, we modeled our Forces of Change events after the Center for Community model that integrated the Forces of Change assessment along with the wave analysis framework from the Technology of Participation (Top).



In preparation for the 2021 Community Health Improvement Plan (CHIP), the Olmsted County Community Health Assessment and Planning (CHAP) process hosted three Forces of Change events. Each event focused on one of the identified community 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 lived experience) together to better understand the current community context for each of the priorities and to identify community assets.

### Top Identified Forces

- Housing
- Access
- Insurance
- Workforce Shortages
- Stigma
- Social connectedness

## Forces of Change Mental Health Wave

On the Horizon	Emerging	Established	Disappearing
<ul style="list-style-type: none"> <li>Community school mental health pilot assessment</li> <li>Shortage of providers to meet the increase in mental health awareness</li> <li>Policies and procedures for mental health services</li> <li>Permanent law enforcement team for mental health response and prevention</li> <li>Preventative care for mind/body around mental health</li> <li>Integrating mental health knowledge into primary care and follow up- especially with meds</li> <li>Creative therapies- arts, music, and animals</li> <li>Connectiveness-as people and groups move into our community, they struggle to find connections and feel isolated</li> <li>Prevention</li> <li>Lack of insurance and services for refugees and undocumented immigrants</li> <li>Affordable access</li> <li>Systems navigation</li> </ul>	<ul style="list-style-type: none"> <li>State of Minnesota DHS (restructuring)</li> <li>When you share your story/work personally (protect privacy/break stigma)</li> <li>Understanding of impact on mental health and developmental milestones</li> <li>Alternative medical thought and access (yoga, smart, mindfulness)</li> <li>Substance use and SUD reform</li> <li>Difficulty in navigating systems, frequent changes and required renewals</li> <li>Crisis Center</li> <li>Divide between generations in terms of desire for services, willingness and understanding</li> <li>Social media</li> <li>Willingness of state agencies to look at creative solutions</li> <li>Certified peer support services</li> <li>Poverty/homelessness resources</li> <li>Climate change-more “disasters” to worry about</li> <li>Youth are identifying somethings not right (awareness)</li> <li>Connectiveness – relationships emerge through context specific activities but are at a surface level</li> <li>Increase counselors and social workers in school</li> <li>Education</li> <li>Community collaboration 0-5 early childhood</li> <li>16 Hours of CE for law enforcement for mental health</li> <li>Uniform service standards</li> <li>Economic changes drive by technology and sustainable goals</li> </ul>	<ul style="list-style-type: none"> <li>Physical health – people are getting sicker</li> <li>Insurance <ul style="list-style-type: none"> <li>Healthcare coverage disparities with mental health</li> <li>Reimbursement</li> <li>Provider reimbursement rates</li> <li>Restrictions</li> <li>Underinsured/non-insured</li> </ul> </li> <li>Availability of providers <ul style="list-style-type: none"> <li>Wait times</li> <li>Staffing shortages in all systems</li> </ul> </li> <li>Connectiveness – overtime, groups and individuals find deeper connections within their groups and in larger communities</li> <li>Cultural norms</li> <li>Geo-political world instability (our community has many new citizens and refugees)</li> <li>Lack of affordable housing</li> <li>Families or individuals’ prior experiences with receiving mental health services</li> <li>Employment <ul style="list-style-type: none"> <li>Low wage jobs</li> <li>Livable wages</li> </ul> </li> <li>Substance abuse</li> <li>Poverty/Homelessness</li> <li>Social media</li> <li>CREST</li> <li>State of MN DHS</li> <li>Pace of life – too much information coming at us no “down” time</li> <li>People equating mental illness with violence</li> <li>Mobility barriers</li> <li>Stigma</li> <li>Rural accessibility – transportation</li> <li>Housing isolation</li> <li>Youth to youth conversation</li> <li>Bridge Collaborative→ School based mental health</li> <li>Systems navigation</li> </ul>	<ul style="list-style-type: none"> <li>How to help people with SMI to homeless to our jails</li> <li>Stigma</li> <li>General wellness</li> <li>Connectiveness has a life cycle, that disappears as people move away from cultural centers and religious institutions</li> </ul>



## Community Assets by Priority

### Mental Health

Community Health Services, Inc.	Interfaith Hospitality Network
Crest	Lutheran Social Services
Crisis Response	Master Leasing Program
Extension/Department of Ag	NAMI
Fernbrook	Now POW Website
Gage East Apartments	Project Community Connect
Health Access Minnesota	Project Legacy
Homeless Coalition	Social Media
Housing Stabilization Services	

### Two or More Priorities

Community Schools	Olmsted County Sheriff's Office
Cradle 2 Career	OMC
Dorothy Day	Pathways to Prosperity
Elder Network	Rochester Community Warming Center
Family Service Rochester	Rochester Police Department
First Homes	RPS
Habitat for Humanity	Salvation Army
Housing Coalition Alliance	School Districts
IMAA	State of Minnesota
Mayo	Three Rivers Community Action
Olmsted County Family Support and Assistance	Zumbro Valley Health Center
Olmsted County HRA	

## 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 2018 Olmsted County CHNA Community 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

### Community Health Needs Assessment Community Survey

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

The CHAP Data Subgroup 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.

#### Convenience Survey: 2018

Using the same survey instrument as the CHNA Mailed Survey, in the fourth quarter of 2018, the CHAP process partnered with sixteen sites in Olmsted County to administer convenience surveys. Many of these sites were service providers and developed their own method for administering the survey at their site. In addition to the survey sites, a survey link was shared with community partners to include in their newsletters, on Facebook and on their websites.

#### Minnesota Student Survey (MSS): 2016 and 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)

REP is a collaboration between Mayo Clinic, Mayo Clinic Health System, Zumbro Valley Health Center, Olmsted Medical Center, and Olmsted County Public Health Services. Community members in 19 Minnesota and eight Wisconsin counties give consent to provide medical records, which provide data for medical research.

#### Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2018

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

#### Minnesota Department of Health Vital Statistics

The Office of Vital Records maintains birth and death records for the State of Minnesota from 1900 and 1997, respectively.

#### County Health Rankings, 2018

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual publication provides a snapshot of health in almost every U.S. county. The goal is to tackle the social, economic, and environmental factors that influence health in our communities.

#### Centers for Medicare & Medicaid Services (CMS, 2018)

CMS is an agency within the U.S. Department of Health and Human Services. The agency works with state governments to provide health coverage to 1/3 of all Americans. This report used data from CMS to determine the number of mental health providers per capita using the National Plan and Provider Enumeration System (NPPES).

### Olmsted County Health, Housing & Human Services Administration Data, 2018

Data on psych calls from the crisis intervention team, client data, mobile crisis call center calls, OC case management, commitments filed, the number of dialectical behavior therapy (DBT) clients, and substance abuse (SA) beds.

### National Alliance on Mental Illness (NAMI, 2018)

The largest mental health organization in the United States. Data on the number of support groups and attendees for the Southeast Minnesota region was collected.

### \* Statistically Significant (Chi-Square: P-value < .05)

The \* symbol within graphs and tables indicates statistically significant data.