# COMMUNITY HEALTH IMPROVEMENT PLAN

Access to Care Data Profile Effective Date: 2024 - 2026

Pre	pared	Bv:

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# Overview

### Introduction:

## **Community Health Assessment and Planning Process**

The Community Health Assessment and Planning (CHAP) process is about improving the health and well-being of residents in Olmsted County. Every three years, the community conducts a joint health needs assessment to determine Olmsted County's health priorities; formulate a plan to address the needs; and publish an annual progress report. Olmsted County Public Health Services, Mayo Clinic, and Olmsted Medical Center engage with diverse partners across our community to lead this process.

#### **About the Data Profile**

The purpose of this Data Profile is to provide a deeper dive into the Community Health Improvement Plan (CHIP) priority of access to care. By providing quantitative data from a variety of data sources on access to care in our community, as well as on factors that contribute to the health priority, this document will help assist Olmsted County partners with strategy selection for the 2024 – 2026 CHIP. Specifically, the report will help identify a population indicator for the access to care priority, along with showcasing specific data-driven needs that community partners can impact.

A link to the 2022 Community Health Needs Assessment (CHNA) is here.

# Summary

Access to care is the "timely use of personal health services to achieve the best possible health outcomes" (National Academies of Sciences, Engineering, and Medicine). This profile examines access to medical care, dental care, and mental health care in Olmsted County. To better understand access to care, Olmsted County Public Health Services included measures such as delays in accessing care and gaps in preventive services to determine where issues in access exist. In addition, this analysis looked at differences between populations to see which groups experience more gaps in care and how social determinants of health and other social, economic, cultural, and behavioral factors affect access to care.

# Methods of Analysis

#### Population:

This profile focuses on data from Olmsted County, Minnesota residents. In some cases, comparisons to Minnesota and United States residents are included for reference.

#### Data Source(s):

Centers for Disease Control and Prevention's (CDC) Behavior Risk Factor Surveillance System (BRFSS): The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

**Community Health Needs Assessment Survey (CHNA):** An anonymous mailed survey to adult residents of Olmsted County, conducted every three years.

**County Health Rankings:** A University of Wisconsin program that provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity.

**Minnesota Department of Health (MDH) County Health Tables**: A compilation of public health statistics for residents of the state of Minnesota, its 87 counties, and its community health board.

MDH Minnesota Birth Data: Received weekly from MDH to bridge data lags in Vital Statistics.

**MDH Vital Statistics**: A system that compiles statistical data on all births, deaths, infant deaths, and fetal deaths to Minnesota residents.

**Minnesota Environmental Public Health Tracking Program**: A system that uses existing data gathered by disease surveillance, population surveys, and environmental monitoring programs to better understand connections between community health and physical, chemical, and social environments.

**Minnesota Immunization Information Connection (MIIC)**: A system that stores Minnesotans' electronic immunization records.

**Minnesota Public Health Data Access Portal:** An online data resource designed to provide public access to Minnesota data about environmental risk factors and public health.

**Minnesota Student Survey (MSS):** An anonymous statewide school-based survey conducted every three years among 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders.

**U.S. Census American Community Survey**: Ongoing nation-wide annual survey providing data on topics such as housing and health care, jobs and occupations, education attainment, home ownership and veteran status.

Youth Risk Behavior Surveillance System (YRBSS): A state-based system of health surveys that is provided by the Centers for Disease Control and Prevention (CDC).

#### Methods:

SPSS, WinCross, and Excel were all used for analysis and presentation of data.

Analysis for surveys with Olmsted County resident data (CHNA and MSS) used independent Z-Tests for percentages with unpooled proportions to determine significant differences at a 95% confidence interval.

To further understand the strength of the statistically significant association between different factors and the measures of interest, odds ratios were run. Odds ratios represent the odds that an outcome will occur in one situation more than another. For this analysis, odds ratios helped determine the largest gaps for access to care measures.

Data sources beyond the CHNA and MSS were analyzed and reported by external organizations and pulled from their websites.

Throughout the report, a notation symbol signals a significant difference in the data. Data suppression occurred anytime the number of responses was less than 20, and no conclusion was drawn based off those small groups.

# **Demographics**

The following are demographics of Olmsted County, pulled from the <u>2022 Olmsted County Community</u> Indicators that uses 2021 data from the U.S. Census Bureau.

- In 2021, 163,436 people lived in Olmsted County; this is a 12% increase over the past 10 years.
- The majority of Olmsted County residents identify as white alone (77.8%).
  - o 6.8% identify as Black or African American alone.
  - o 6.3% identify as Asian alone.
  - 6.1% two or more races.
  - 2.5% some other race alone.
  - American Indian and Alaska Native alone and Native Hawaiian and other Pacific Islander alone make up less than 1% of Olmsted County's population.

- 20.6% of the population is under 14 years old, 39.6% of the population is 19 to 44 years old, 29.3% of the population is 45 to 69, and 10.5% is 70 and over.
- 11% of the population is foreign born.
- 14.3% of residents speak a language other than English at their home.
- Olmsted County has a higher educational rate than Minnesota and the United States, and at least 75% of people have attained a high school diploma.
  - o 47.1% of Olmsted County adults have at least a bachelor's degree.
- The median household income in Olmsted County is \$84,656.
- The homeownership rate in Olmsted County is 70.9%.
- The unemployment rate in Olmsted County is 3.2%.

# **Definitions**

#### **CHNA Indicator Definitions:**

**Access to Care:** Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes." For this assessment, residents answered if they had ever experienced delays in medical, dental, or mental health care.

**Body Mass Index (BMI):** BMI is a calculation using a person's sex, height, weight, and age in years to determine underweight, normal weight, overweight, and obese.

**Community Mobility:** Community mobility enables safe, convenient, and comfortable travel and access for users of all ages and abilities, regardless of their mode of transportation. For this assessment, residents answered if lack of transportation ever limited their ability to complete errands or work, attend appointments or social events, or limited their child's ability to attend care.

**Community Inclusiveness:** An inclusive community does everything it can to respect all its citizens. It assures that all citizens have equitable outcomes and promotes equal treatment and opportunity. For this assessment, residents answered if they had ever been in a situation where they felt unwelcome or unaccepted at least once in a year.

**Community Resiliency:** Community resiliency is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations. This assessment uses a composite measure that combines residents' ratings of their ability to respond to an adverse situation and their perception of the community's ability to respond to and recover from an adverse situation.

**Independence:** Is the index of measured factors impacting the quality of independent living such as activities of daily life (eating, bathing, dressing/undressing, and moving around the house), preparing meals, shopping for personal items, managing medications, managing money, and doing housework. Residents who answered that they had no difficulty completing these activities are considered independent.

**Health Insurance/Insurance Coverage**: Insurance coverage refers to health insurance, prescription, mental health, and dental care insurance, which may include insurance from both private and public payers. The health insurance indicator examines whether or not a resident has a health insurance policy that covers prescription or dental health insurance coverage.

**Health Status:** Residents indicated if their health status was "Excellent", "Very Good", "Good", "Fair", or "Poor".

**Socially Connected:** Social connectedness measures how people come together to support each other as individuals, neighbors, and communities. For this assessment, residents who indicated that they agreed people in their neighborhood know each other, can be trusted, and will help each other were socially connected.

World Health Organization Well-being Index: The World Health Organization (WHO) Five Well-being Index, also known as WHO-5, is a scale helps capture the mental health and well-being of those who may or may not self-report mental health issues, such as depression or anxiety. The scale ranges from zero to 100; an index score is calculated based on individual responses to five questions. A score closer to zero indicates poorer quality of life/mental health. A score closer to 100 represents higher quality of life/mental health. More information on the index is found in the link below. For the WHO Well-being variable, we compared those who scored 50 and below to those who scored 51 and above. <a href="https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/">https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/</a>

## Minnesota Student Survey (MSS) Definitions:

Adverse Childhood Experiences (ACEs): An Adverse Childhood Experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18. As the number of ACEs increases, the risk for health problems increases in a strong and graded fashion in areas such as alcohol use, substance abuse, depression, anxiety, and smoking. 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.

The nine ACEs used in this profile are:

- Problematic drinking or alcoholism of a household member.
- Illegal street or prescription drug use by a household member.
- Mental illness of a household member.
- Household member emotional abuse towards child.
- Household member physical abuse towards child.
- Domestic violence between adult household members.
- Sexual abuse towards child from non-family member.
- Sexual abuse towards child from family member.
- · Incarcerated guardian.

**Any Emotional Distress:** Students who indicated ever being bothered by any of the following over the two weeks prior to the survey (several days, more than half the days, nearly every day):

- Little interest or pleasure in doing things.
- Felling down, depressed, or hopeless.
- Feeling nervous, anxious or on edge.
- Not being able to stop or control worrying.

**Cisgender:** For this assessment, gender identify is broken out into two categories: cisgender only and not cisgender only. Cisgender only includes those who reported that they only identify as the gender that matches their sex assigned at birth. Not cisgender only includes those who reported any of the following: agender, transgender, genderfluid, nonbinary, two spirit, questioning/unsure, and/or identity not listed.

Health Status: Students indicated if their health status was "Excellent", "Very Good", "Good", "Fair" or "Poor".

**Negative Behaviors:** Students who indicated doing any of the following in the 12 months prior to the survey:

- Ran away from home.
- Damaged or destroyed property.
- Hit or beat up another person.

Took something from a store without paying for it.

# Positive School Environment: Students who agreed or strongly agreed to all of the following:

- If something interests me, I try to learn more about it.
- I think things I learn at school are useful.
- Being a student is one of the most important parts of who I am.
- Overall, adults at my school treat students fairly.
- · Adults at my school listen to the students.
- The school rules are fair.
- At my school, teachers care about students.
- Most teachers at my school are interested in me as a person.

# **Findings**

## **Primary Care Provider**

One useful metric for measuring access to care is examining the portion of residents who have a primary care provider. Not only do primary care providers offer services such as preventive care and chronic disease management, they also serve as a key facilitator in accessing other types of care.

In the 2021 CHNA, 14.9% of Olmsted County adults reported not having a primary care provider (Figure 1). There was a statistically significant decrease in the portion of Olmsted County adults who reported lacking a primary care provider between 2018 and 2021 (from 21.9% to 14.9%), indicating positive change in this measure of access to care.

When comparing Olmsted County adults to Minnesota and United States adults, a lower portion of Olmsted County adults reported lacking a primary care provider.

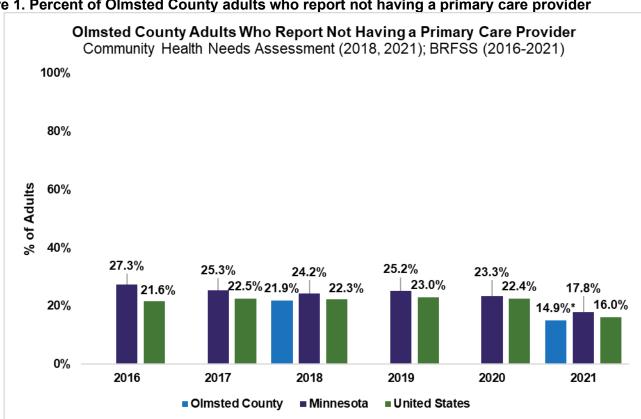


Figure 1. Percent of Olmsted County adults who report not having a primary care provider

A common barrier to accessing a primary care provider is a shortage of these types of providers in an area. One way to identify potential shortages of providers is to look at an area's ratio of residents to providers. County Health Rankings data includes both the ratio of residents to primary care physicians and the ratio of residents to "other" primary care providers. The most recent County Health Rankings data shows that in 2020 Olmsted County had a ratio of 420 residents to every primary care physician. That ratio is lower than both Minnesota's (1110:1) and the United States' (1310:1) ratios, indicating that there are more primary care physicians available for Olmsted County residents compared to the number of providers available for Minnesota and United States residents. When examining ratios for "other" primary care providers, such as nurse practitioners, physician assistants, and clinical nurse specialists, Olmsted County also had lower ratios of residents to providers for these types of primary care providers. In 2022, Olmsted County had a ratio of 140

<sup>\*</sup>Indicates statistically significant decrease between 2018 and 2021 Olmsted County surveys

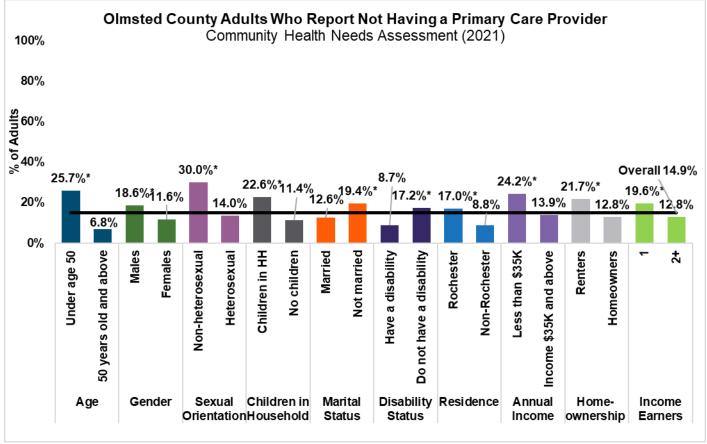
residents for every "other" primary care provider in the county. The county's ratio is lower compared to Minnesota's ratio (700:1) and the United States' ratio (810:1), again indicating that there are more "other" primary care providers available for Olmsted County residents compared to Minnesota and United States residents.

Beyond provider shortages, there are also cultural, social, economic, and other barriers to having a primary care provider. Figure 2 shows demographic groups in Olmsted County with statistically significant differences in lacking a primary care provider. For example: 25.7% of adults younger than 50 years reported lacking a primary care provider, compared to 6.8% of adults 50 and older who reported lacking a primary care provider.

Groups with the largest gaps in lacking a primary care provider, based on odds ratios calculations, include:

- Adults younger than 50 years old: 25.7% of adults younger than 50 years reported lacking a primary care provider, compared to 6.8% of adults 50 years and older who reported lacking a primary care provider.
- **Non-heterosexual adults:** 30.0% of non-heterosexual adults reported lacking a primary care provider, compared to 14.0% of heterosexual adults who reported lacking a primary care provider.
- Adults with children in the household: 22.6% of adults with children in the household reported lacking a primary care provider, compared to 11.4% of adults without children in the household who reported lacking a primary care provider.

Figure 2. Demographic relationships with lack of a primary care provider



<sup>\*</sup>Indicates statistically significant difference between groups

Table 1 shows other factors that demonstrated statistically significant differences with lacking a primary care provider.

One can interpret the table's results using the first line as an example, as "22% of financially stressed adults reported that they lack a primary care provider, while 11.5% of adults without financial stress reported that they lack a primary care provider."

Using odds ratios to determine strength of relationships between lack of a primary care provider and other factors in Table 1, the largest differences in lacking a primary care provider occurred among:

- Adults without health insurance: 53.3% of adults without health insurance reported that they lack a primary care provider, compared to 12.4% of those with health insurance who reported that they lack a primary care provider.
- Adults experiencing food insecurity: 36.7% of adults experiencing food insecurity reported that they lack a primary care provider, compared to 13.7% of food secure adults who reported that they lack a primary care provider.
- Adults who do not have multiple chronic conditions: 20.0% of adults who do not have multiple chronic conditions reported that they lack a primary care provider, compared to 6.6% of adults with multiple chronic conditions who reported that they lack a primary care provider.

Table 1. Percent of Olmsted County adults who lack a primary care provider

Community Health Needs Assessment (2021)

	Yes	No
Financially stressed	22.0%	11.5%
Have multiple chronic conditions	6.6%	20.0%
Have hypertension	6.7%	18.1%
Used drugs in the last 30 days	28.6%	12.4%
Drive distracted	26.1%	12.1%
Used tobacco in the last 30 days	24.9%	13.8%
Scored below 51 on WHO Well-being Index	21.9%	13.3%
Experience food insecurity	36.7%	13.7%
Consume 5+ servings of fruit & vegetables	9.8%	17.6%
Have health insurance coverage	12.4%	53.3%
Are overweight or obese	12.3%	19.5%
Meet physical activity guidelines	18.4%	12.1%

Note: All listed factors demonstrated a statistically significant difference.

#### **Delayed Care**

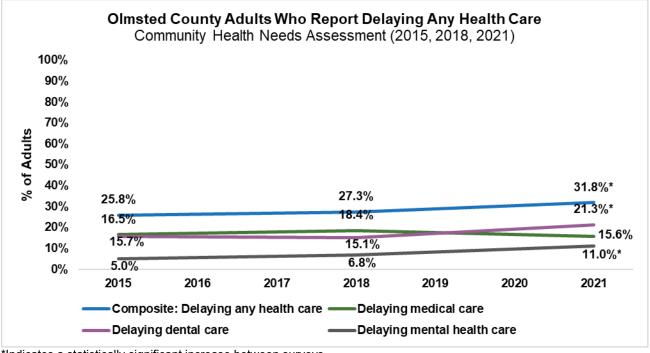
#### Overall

Olmsted County's CHNA asks residents if there was a time in the last 12 months in which they did not get or delayed getting medical, dental, or mental health care. From these three questions, Olmsted County Public Health Services created a composite variable showing how many residents delayed any of these three types of care. Figure 3 shows that there was a statistically significant increase between the 2015 and 2021 surveys in the portion of residents stating that they had delayed at least one of the three types of care. In 2021, 31.8% of Olmsted County adults reported a delay in any care, while 25.8% of residents reported a delay in any care in 2015.

Looking at types of care (medical, dental, mental health) individually, it's possible to see more specific trends in delay of care. The portion of Olmsted County adults who delayed medical care has not changed significantly between the 2015, 2018, and 2021 CHNAs. In 2021, 15.6% of Olmsted County adults reported delaying medical care.

For both dental health care and mental health care, the portion of Olmsted County adults who reported delaying care increased statistically significantly between the 2018 and 2021 CHNAs. In 2021, 21.1% of Olmsted County adults reported delaying dental care, and 11.0% of Olmsted County adults reported delaying mental health care (Figure 3).

Figure 3. Percent of Olmsted County adults who delayed any health care, including those who delayed medical care, dental care, or mental health care



\*Indicates a statistically significant increase between surveys

Figure 4 shows demographic groups with statistically significant differences in delays in accessing any care. For example, 44.1% of adults 18-34 years old reported delaying any health care, a statistically significantly larger portion than the 24.6% of adults 50 years and older who reported delaying any health care.

Groups with the largest gaps in delaying any care, based on odds ratios calculations, include:

- Adults who have a disability: 51.8% of adults with a disability reported delaying any health care, compared to 24.6% of adults without a disability who reported delaying any health care.
- Adults with fair/poor health: 56.8% of adults with fair/poor health reported delaying any health care, compared to 29.5% of adults with excellent, very good, or good health who reported delaying any health care.
- **Non-heterosexual adults**: 54.8% of non-heterosexual adults reported delaying any health care, compared to 30.3% of heterosexual adults who reported delaying any health care.

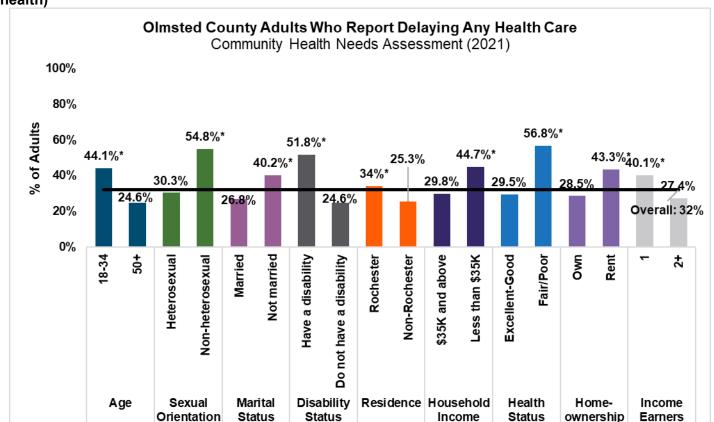


Figure 4. Demographic relationships with delaying any type of health care (medical, dental, or mental health)

Table 2 shows other factors that demonstrated statistically significant differences with delaying any care. One can interpret the table, using the first line as example, as "50.9% of financially stressed adults reported delaying any health care, while 21.8% of adults without financial stress reported delaying any health care."

Using odds ratios to determine strength of relationships between delaying any health care and other factors in Table 2, the largest differences in delaying any health care exist among:

- Adults with financial stress: 50.9% of financially stressed adults reported delaying any health care, compared to 21.8% of adults without financial stress who reported delaying any health care.
- Adults who lack health insurance: 60.6% of adults who lack health insurance reported delaying any health care, compared to 30.4% of adults with health insurance who reported delaying any health care.
- Adults who don't feel the community is inclusive: 50.1% of adults who don't feel the community is inclusive reported delaying any health care, compared to 23.0% of adults who feel the community is inclusive who reported delaying any health care.

<sup>\*</sup> Indicates a statistically significant difference between groups

Table 2. Percent of Olmsted County adults who report delaying any health care (medical, dental, or mental health)

Community Health Needs Assessment (2021)

	Yes	No	
Financially stressed	50.9%	21.8%	
Have a mental health diagnosis	49.2%	23.0%	
Scored below 51 on WHO Well-being Index	51.2%	27.1%	
Used drugs in the last 30 days	45.0%	29.1%	
Feel that the community is inclusive	23.0%	50.1%	
Feel that the community is resilient	28.7%	54.8%	
Experience food insecurity	55.1%	30.7%	
Consume 5+ servings of fruit & vegetables	23.7%	35.4%	
Have health insurance coverage	30.4%	60.6%	
Have multiple chronic conditions	37.2%	27.9%	
Feel safe from fear and violence	27.4%	41.7%	
Can independently perform daily activities	30.8%	51.0%	
Socially connected	25.1%	44.3%	

Note: All listed factors demonstrated a statistically significant relationship.

#### **Medical Care**

Approximately 15% of Olmsted County adults reported delaying medical care in 2021. As shown in Figure 3, there were no statistically significant trends to report in the portion of Olmsted County adults reporting delaying medical care.

Among Olmsted County adults, 6.8% reported delaying medical care because of the cost in 2021, a similar portion compared to the portion of Minnesota adults (6.6%) and United States adults (8.7%) who reported delaying medical care because of the cost. There have been no statistically significant changes in the portion of Olmsted County residents delaying medical care because of the cost during the 2015, 2018, and 2021 CHNAs.

That said, the top reason for delaying medical care chosen by residents who reported delaying medical care in the 2015, 2018, and 2021 CHNAs, was "it costs too much" (Table 3). Approximately one third of residents who delayed medical care selected each of the next two reasons "I could not get an appointment" (34.8%) and "I had work, family, or other obligations" (34.3%).

There have been no statistically significant changes in the portion of residents choosing different responses for a delay in medical care in the 2015, 2018, and 2021 surveys. Several of the other reasons for delaying medical care offered in the survey are suppressed below because of low response counts.

Table 3. Top reasons for delaying medical care (among Olmsted County adults who report delaying medical care)

Community Health Needs Assessment (2021)

	2015	2018	2021
It costs too much	50.8%	45.3%	43.7%
I could not get an appointment	26.7%	30.8%	34.8%
I had work, family, or other obligations	30.3%	35.3%	34.3%
The procedure was too expensive <sup>^</sup>			15.7%
I did not have insurance	+	+	13.2%

Note: Residents were able to mark multiple responses.

<sup>^</sup>Option first available in 2021

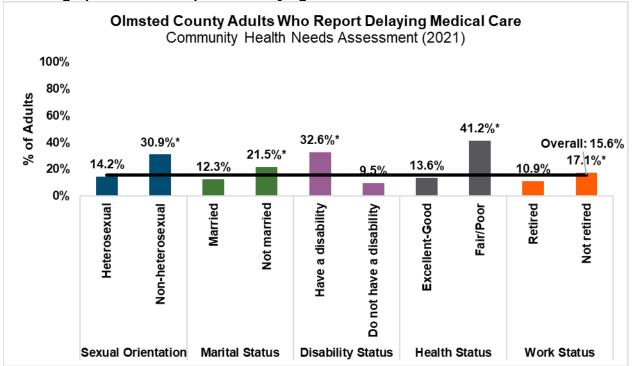
<sup>+</sup>Notes where response options are suppressed because counts were below 20

Figure 5 shows demographic groups with statistically significant differences in delaying medical care. For example, 30.9% of non-heterosexual adults reported delaying medical care, a statistically significantly larger portion than the 14.2% of heterosexual adults who reported delaying medical care.

Groups with the largest gaps in delaying medical care, based on odds ratios calculations, include:

- Adults with disabilities: 32.6% of adults with a disability reported delaying medical care, compared to 9.5% of adults without a disability who reported delaying medical care.
- Adults with fair/poor health: 41.2% of adults with fair/poor health reported delaying medical care, compared to 13.6% of adults with excellent, very good, or good health who reported delaying medical care.
- **Non-heterosexual adults**: 30.9% of non-heterosexual adults reported delaying medical care, compared to 14.2% heterosexual adults who reported delaying medical care.

Figure 5. Demographic relationships with delaying medical care



<sup>\*</sup> Indicates a statistically significant difference between groups

Table 4 shows other factors that have a statistically significant relationship with delaying medical care. One can interpret the table's results, using the first line as an example, as "24.3% of financially stressed adults reported delaying medical care, compared to 10.5% of adults without financial stress who reported delaying medical care."

Using odds ratios to determine the strength of the relationship between delaying medical care and the factors in Table 4, the largest gaps exist among:

- Adults who lack health insurance: 44.7% of those without health insurance reported delaying medical care, compared to 14.0% of those with health insurance who reported delaying medical care.
- Adults who do not feel the community is inclusive: 28.8% of adults who do not feel the community is inclusive reported delaying medical care, compared to 8.8% of adults who feel that the community is inclusive who reported delaying medical care.
- Adults who scored below 51 on the WHO Well-being Index: 32.1% of adults who scored below 51 on the WHO Well-being Index reported delaying medical care, compared to 11.4% of adults who scored 51 or above on the WHO Well-being Index who reported delaying medical care.

Table 4. Percent of Olmsted County adults who delay medical care

Community Health Needs Assessment (2021)

	Yes	No
Financially stressed	24.3%	10.5%
Have a mental health diagnosis	24.6%	10.9%
Scored below 51 on WHO Well-being Index	32.1%	11.4%
Feel that the community is inclusive	8.8%	28.8%
Feel that the community is resilient	13.3%	33.3%
Consume 5+ servings of fruit & vegetables	11.1%	17.8%
Have health insurance coverage	14.0%	44.7%
Feel safe from fear and violence	13.5%	20.3%
Socially connected	11.7%	22.9%

Note: All listed factors demonstrated a statistically significant difference.

#### Dental Care

#### **Adult Dental Care**

As shown in Table 3, the percent of Olmsted County adults who reported delaying dental care in the 2021 CHNA (21.3%) was significantly greater than the percent who reported delaying care in 2015 (15.7%) and the percent who reported delaying care in 2018 (15.1%).

When looking at the ratio of residents to dentists, there are 800 residents for every one dentist in Olmsted County, according to 2021 County Health Rankings data. This ratio is lower than both Minnesota's (1310:1) and the United States' (1380:1), indicating that Olmsted County has more dental providers per resident than the state and nation.

Similar to delays in medical care, the top reason that Olmsted County adults gave in 2015, 2018, and 2021 for delaying dental care was "It costs too much".

In the most recent CHNA, the next most frequently cited reasons for delaying dental care were "The procedure was too expensive" (21.4%), and "I did not have insurance" (19.5%). The portion of Olmsted County adults selecting the fourth highest reason, "I had work, family, or other obligations" was statistically significantly lower in 2021 compared to 2018.

Table 5. Top reasons for delaying dental care (among Olmsted County adults who report delaying dental care)

Community Health Needs Assessment (2015, 2018, 2021)

	2015	2018	2021
It costs too much	66.2%*	45.4%	50.8%
The procedure was too expensive <sup>^</sup>			21.4%
I did not have insurance	21.7%	+	19.5%
I had work, family, or other obligations	+	35.6%*	17.9%
I did not know where to go	+	+	16.6%
My insurance did not cover it	25.5%	+	14.5%
I could not get an appointment~		+	9.1%

<sup>\*\*\*</sup>Note: Participants were able to mark multiple responses.

In examining differences among demographic groups, those with statistically significant differences with delaying dental care are included in Figure 6. One can interpret the graph, using age as an example, as "28.7% of adults ages 18 to 34 reported delaying dental care, while only 16.3% of adults ages 50 and above reported delaying dental care."

Groups with the largest gaps in delaying dental care, based on odds ratios calculations, include:

- Adults with fair/poor health: 39.5% of adults with fair/poor health reported delaying dental care, compared to 19.4% of adults with excellent, very good, or good health who reported delaying dental care.
- **Non-heterosexual adults**: 39.1% of non-heterosexual adults reported delaying dental care, compared to 19.8% of heterosexual adults who reported delaying dental care.
- Adults with an annual household income below \$35,000: 33.7% of adults with an annual household income below \$35,000 reported delaying dental care, compared to 19.2% of adults with an annual household income of \$35,000 or above.

<sup>^</sup>Option first available in the 2021 survey

<sup>~</sup>Option first available in 2018 survey

<sup>\*</sup>Notes significant difference between surveys

<sup>+</sup>Notes where response options are suppressed because counts were below 20

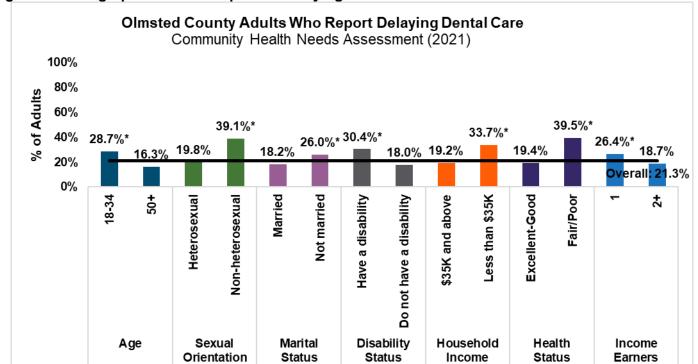


Figure 6. Demographic relationships with delaying dental care

Table 6 looks at other statistically significant factors when it comes to delaying dental care. One can interpret the table, using the first line as an example, as "37.8% of financially stressed adults reported delaying dental care, while 13.0% of adults without financial stress reported delaying dental care."

Using odds ratios to determine strength of relationships between delaying dental care and other factors in Table 6, the largest differences in delaying any health care exist among:

- Adults who lack health insurance: 52.3% reported delaying dental care, compared to 19.6% of adults with health insurance who reported delaying dental care.
- **Financially stressed adults**: 37.8% of financially stressed adults reported delaying dental care, compared to 13.0% of adults without financial stress who reported delaying dental care.
- Adults experiencing food insecurity: 49.7% of adults experiencing food insecurity reported delaying dental care, compared to 19.8% of food secure adults who reported delaying dental care.

<sup>\*</sup> Indicates a statistically significant difference between groups

Table 6. Percent of Olmsted County adults who delay dental care

Community Health Needs Assessment (2021)

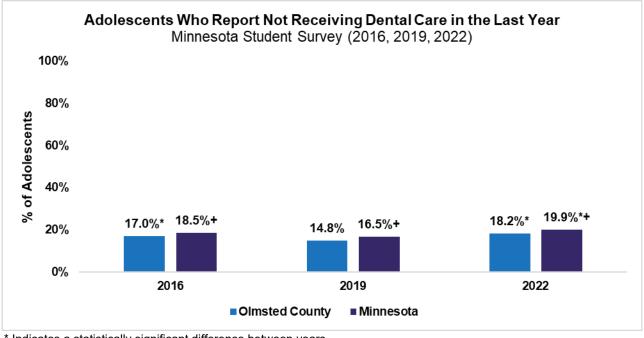
	Yes	No	
Financially stressed	37.8%	13.0%	
Have a mental health diagnosis	27.5%	18.1%	
Scored below 51 on WHO Well-being Index	33.6%	18.2%	
Used drugs in the last 30 days	31.0%	19.0%	
Feel that the community is inclusive	14.3%	36.4%	
Feel that the community is resilient	18.4%	42.1%	
Experience food insecurity	49.7%	19.8%	
Consume 5+ servings of fruit & vegetables	14.6%	24.0%	
Have health insurance coverage	19.6%	52.3%	
Feel safe from fear and violence	16.4%	31.7%	
Can independently perform daily activities	20.1%	44.2%	
Socially connected	11.7%	22.9%	

Note: All listed factors demonstrated a statistically significant relationship.

#### **Adolescent Dental Care**

The most recent Minnesota Student Survey data showed a statistically significant increase between 2019 and 2022 in the portion of Olmsted County adolescents who reported not receiving dental care within the last year. Figure 7 shows that 18.2% of Olmsted County adolescents reported not receiving dental care in 2022. Compared to Minnesota adolescents, a lower portion of Olmsted County adolescents reported not receiving dental care in the 2016, 2019, and 2022 surveys.

Figure 7. Percent of Olmsted County and Minnesota adolescents who report not receiving dental care in the last year



<sup>\*</sup> Indicates a statistically significant difference between years

Figure 8 shows demographic groups that had statistically significant differences in the portion of Olmsted County adolescents who reported not having dental care in the last year. For example, 19.9% of male adolescents reported not having dental care in the last year, a statistically significantly greater portion than the 16.4% of female adolescents who reported not receiving dental care in the last year.

<sup>+</sup> indicates a statistically significant difference between locations

Among demographic groups, the largest disparities were by race. Adolescents identifying as a race other than white alone ("All others" in Figure 8 below) were more likely to report not receiving dental care (26.2%) compared to adolescents identifying as white alone (13.9%).

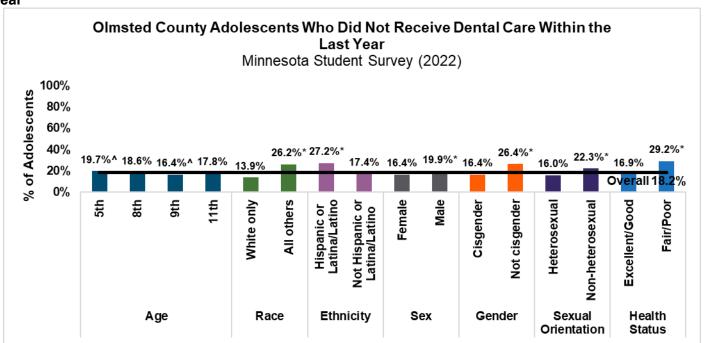
Taking a deeper look at the relationship between race and dental care showed a statistically significant difference between Black/African American adolescents and adolescents from all other race groups. Among Black/African American adolescents, 34.1% reported not receiving dental care in the last year. In comparison,

- 23.9% of adolescents of another race not listed in the questionnaire reported not receiving care.
- 22.5% of Asian or Asian American adolescents reported not receiving care.
- 21.6% of adolescents of more than one race reported not receiving care.

Following race, the groups with the next largest differences, determined by odds ratios, include:

- Adolescents with fair/poor health: 29.2% of adolescents with fair/poor health reported they did not receive dental care in the last year, compared to 16.9% of adolescents with excellent, very good, or good health who reported they did not receive dental care in the last year.
- **Non-cisgender adolescents**: 26.4% of non-cisgender adolescents reported that they did not receive dental care in the last year, compared to 16.4% of cisgender adolescents who reported they did not receive dental care in the last year.

Figure 8. Demographic relationships with adolescents who report not receiving dental care in the last year



<sup>\*</sup>Indicates a statistically significant difference between groups

Table 7 includes other factors with statistically significant differences in the portion of adolescents who did not receive dental care in the last year. Using odds ratios to determine strength of relationships, the largest differences in not receiving dental care in the last year care exist among:

 Adolescents who skipped a meal in the last 30 days because their families did not have enough money to buy food: 44.3% of adolescents who skipped a meal in the last 30 days reported not

<sup>&</sup>lt;sup>^</sup>The portion of 5<sup>th</sup> graders reporting dental care in the last year was significantly lower than the portion of 9<sup>th</sup> graders reporting dental care in the last year. There were no other statistically significant relationships among grade levels.

- receiving dental care in the last year, compared to 17.1% of adolescents who didn't skip a meal in the last 30 days who did not receive dental care in the last year.
- Adolescents who feel unsafe at home/in neighborhood: 36.6% of adolescents who did not feel safe
  at home/in neighborhood reported they did not receive dental care in the last year, compared to 17.0%
  of adolescents who felt safe at home/in neighborhood who reported they did not receive dental care in
  the last year.
- Adolescents who have ever had a parent or guardian who was incarcerated: 32.8% of adolescents who ever had an incarcerated parent reported they did not receive dental care in the last year, compared to 14.6% of adolescents who never had an incarcerated parent who reported they did not receive dental care in the last year.
- Adolescents who binge drink: 29.4% of adolescents who binge drink reported they did not receive dental care in the past year, compared to 16.5% of adolescents who do not binge drink that reported not they did not receive dental care in the last year.

Table 7. Percent of Olmsted County adolescents not receiving dental care in the last year Minnesota Student Survey (2022)

	Yes	No	
Wear a seatbelt when driving or riding in vehicle	16.2%	25.2%	
Positive school environment	15.9%	19.2%	
Feel safe going to/from school in person	17.2%	22.4%	
Feel safe at home/in neighborhood	17.0%	36.6%	
Bullied in the last 30 days	19.2%	16.4%	
Involved in after school activities	15.9%	25.8%	
Have a physical disability or longer-term health problem	20.9%	17.5%	
Feel safe from fear and violence	20.7%	35.0%	
Meet physical activity guidelines	14.3%	18.8%	
Skipped meal in the last 30 days	44.3%	17.1%	
Consume 5+ servings of fruits and vegetables	14.0%	17.8%	
Sleep an adequate amount on school nights	14.4%	20.4%	
Can talk to a trusted adult about problems	16.9%	26.7%	
Been bothered by emotional distress in the last two weeks	18.4%	12.4%	
Have experienced relationship violence	24.7%	15.8%	
Ever had an incarcerated guardian	32.8%	14.6%	
Had an Adverse Childhood Experience (ACE)	22.0%	14.6%	
Gambled in the past 12 months	14.4%	22.4%	
Used tobacco in the last 30 days	23.3%	16.3%	
Binge drinking	29.4%	16.5%	
Negative behaviors in the last 30 days	23.1%	14.7%	
Used drugs in the last 12 months	21.2%	15.8%	
Have overweight/obesity	23.5%	13.9%	

Note: All listed factors demonstrated a statistically significant relationship.

### Mental Health Care

As noted in Figure 3 (page 14) there was a statistically significant increase in the portion of Olmsted County adults who reported delaying mental health care in 2021 compared to the portion reporting delays in 2015 and the portion reporting delays in 2018. In the 2021 CHNA, 11.0% of Olmsted County adults reported delaying mental health care compared to 6.8% of Olmsted County adults who reported the same in 2018.

Like the ratio of residents to primary care providers and the ratio of residents to dentists in Olmsted County, the ratio of residents to mental health providers reported by County Health Rankings in 2022 for Olmsted County (220:1) is lower than both Minnesota's ratio (320:1) and the United States' ratio (340:1).

It is important to note that having a lower ratio does not necessarily indicate that there are enough providers to meet residents' needs. In contrast to the top reasons for delaying medical care and dental care, the top reason

Olmsted County adults reported for delaying mental health care in 2021 was "I could not get an appointment", with 44.2% of residents who delayed care sharing that this was a reason they delayed care (Table 8). The next most prevalent reason was "it costs too much", with a little more than a third of those delaying care (34.6%) choosing this option.

Table 8. Top reasons for delaying mental health care (among residents who report delaying mental health care)

Community Health Needs Assessment (2021)

	2021	
I could not get an appointment	44.2%	
It costs too much	34.6%	
I did not know where to go	29.3%	
I had work, family, or other obligations	20.8%	

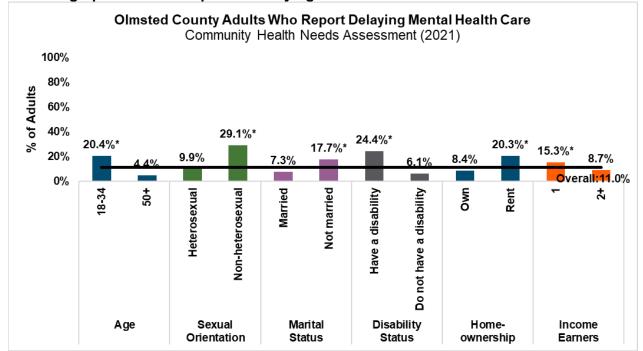
<sup>\*\*\*</sup>Note: Participants were able to mark multiple responses. 2018 survey did not ask participants for their top reason for delaying mental health care. Response options are suppressed where counts were below 20: all 2015 responses were too low to report.

Figure 9 shows statistically significant differences between demographic groups among Olmsted County adults who reported delaying mental health care. For example, there is a statistically significant difference in the portion of 18–34-year-olds who reported delaying mental health care (20.4%) compared to the portion of those age 50 years and older who reported delaying mental health care (4.4%).

Groups with the largest gaps in delaying mental health care, based on odds ratios calculations, include:

- **18-34-year-old adults**: 20.4% of 18-34-year-old adults reported delaying mental health care, compared to 4.4% of adults 50-years-old and older who reported delaying mental health care.
- Adults with a disability: 24.4% of adults with a disability reported delaying mental health care, compared to 6.1% of adults without a disability who reported delaying mental health care.
- **Non-heterosexual adults:** 29.1% of non-heterosexual adults reported delaying mental health care, compared to 9.9% of heterosexual adults who reported delaying mental health care.

Figure 9. Demographic relationships with delaying mental health care



<sup>\*</sup> Indicates a statistically significant difference between groups

Table 9 presents other factors that had statistically significant relationships with delaying mental health care. One can interpret the table, using the first line as example, as "19.4% of financially stressed adults reported delaying mental health care, while 6.4% of adults without financial stress reported delaying mental health care."

Using odds ratios to determine the strength of the relationship between delaying mental health care and the factors in Table 9, the largest differences in delaying mental health care exist among:

- Adults with a mental health diagnosis: 26.5% of adults with a mental health diagnosis reported delaying mental health care, compared to 3.1% of adults who did not report a mental health diagnosis who reported delaying mental health care.
- Adults who scored below 51 on the WHO Well-being Index: 28.1% of adults who scored below 51 on the WHO Well-being Index reported delaying mental health care, compared to 6.6% of adults who scored 51 and above on the index who reported delaying mental health care.
- **Financially stressed adults:** 19.4% of financially stressed adults reported delaying mental health care, compared to 6.4% of adults without financial stress who reported delaying mental health care.
- Adults who do not feel the community is resilient: 23.3% of adults who do not feel the community is resilient reported delaying mental health care, compared to 9.3% of adults who feel the community is resilient who reported delaying mental health care.

Table 9. Percent of Olmsted County adults who delay mental health care

Community Health Needs Assessment (2021)

	Yes	No
Financially stressed	19.4%	6.4%
Have a mental health diagnosis	26.5%	3.1%
Scored below 51 on WHO Well-being Index	28.1%	6.6%
Used drugs in the last 30 days	18.0%	9.8%
Feel that the community is inclusive	7.2%	18.2%
Feel that the community is resilient	9.3%	23.3%
Meet physical activity guidelines	6.3%	14.9%
Socially connected	16.7%	8.2%

Note: All listed factors demonstrated a statistically significant difference.

# Health Insurance Coverage

As noted in some of the tables previously, lack of health insurance can be a major barrier to accessing care. According to the 2021 CHNA, 96.2% of Olmsted County adults reported having health insurance. Most adults reported having employer-provided coverage, as shown in Figure 10. The 2021 CHNA was the first survey that asked for type (employer-provided, public, etc.) of health insurance so trend data for prior years are not available.

Similar to the uninsured rate among adults (3.8%), about 3.9% of Olmsted County children under the age of 19 do not have health insurance according to 2020 American Community Survey U.S. Census data. In comparison, 3.2% of Minnesota children do not have health insurance and 5.4% of United States children do not have health insurance, according to the same source.

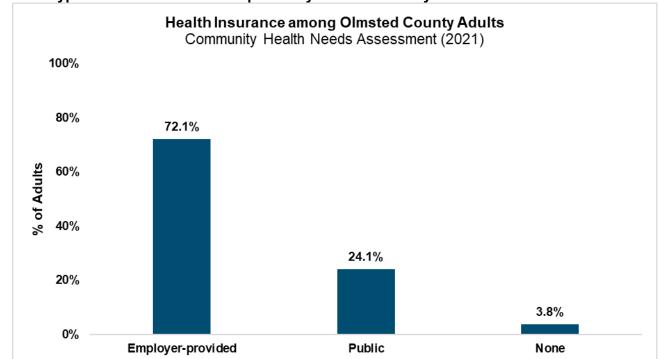


Figure 10. Types of health insurance reported by Olmsted County adults

While the counts of different groups who reported having no health insurance are too low to present in a graph or table, it is important to note that the following groups in Olmsted County were more likely to report lacking health insurance.

### Demographic Groups:

- Adults who had not attended college.
- Adults living in Rochester (compared to those living outside of Rochester).
- Adults with an annual household income less than \$35,000.
- Adults with fair/poor health status.
- Adult who rent their home.
- Non-heterosexual adults.

#### Other Factors:

- Financially stressed.
- Scored below 51 on the WHO Well-being Index.
- Do not feel the community is inclusive.
- Experience food insecurity.
- Do not have overweight/obesity.
- Are not socially connected.

### **Prescription Drug Coverage**

In addition to asking about health insurance broadly, the CHNA included questions about prescription drug coverage and dental insurance coverage. As shown in Figure 11, 9.5% of Olmsted County adults reported not having insurance that covered all or part of their prescription drugs. There was a statistically significant increase in the percent of adults reporting that they lacked prescription drug coverage between 2018 and 2021.

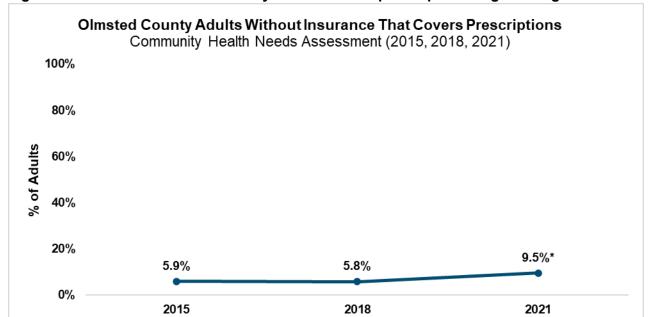


Figure 11. Percent of Olmsted County adults without prescription drug coverage

Figure 12 shows demographic groups with statistically significant differences in prescription drug coverage. All shown groups have significant differences. For example, 33.3% of non-heterosexual adults reported they do not have prescription coverage, a statistically significantly larger portion than the 7.9% of heterosexual adults who reported that they lack prescription coverage.

Groups with the largest gaps in delaying any care, based on odds ratios calculations, include:

- **Non-heterosexual adults**: 33.3% of non-heterosexual adults reported that they lack prescription coverage, compared to 7.9% of heterosexual adults who reported that they lack prescription coverage.
- Adults who rent their home: 16.8% of adults who rent their home reported that they lack prescription coverage, compared to 7.4% of adults who own their home who reported that they lack prescription coverage.
- Adults in households with one income earner: 13.9% of adults in households with one income earner reported that they lack prescription coverage, compared to 7.9% of adults in households with two income earners who reported that they lack prescription coverage.

<sup>\*</sup>Notes a statistically significant difference between surveys.

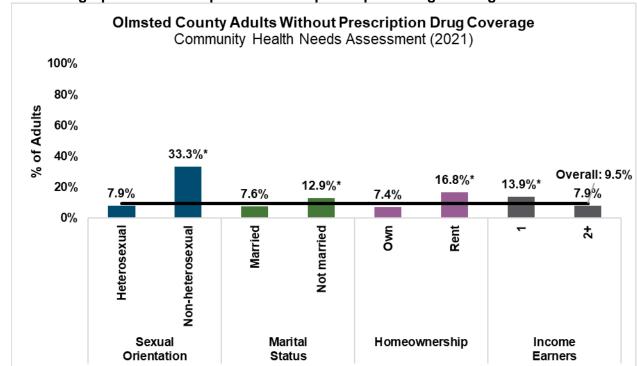


Figure 12. Demographic relationships with lack of prescription drug coverage

Table 10 shows other factors that demonstrated statistically significant differences in prescription coverage. One can interpret the table, using the first line as example, as "16.2% of financially stressed adults reported lacking prescription coverage, while 6.3% of adults without financial stress reported lacking prescription coverage."

Using odds ratios to determine the strength of the relationship between delaying any health care and other factors in Table 10, the largest differences in delaying any health care exist among:

- Adults experiencing food insecurity: 37.3% of adults experiencing food insecurity reported lacking prescription coverage, compared to 6.3% of food secure adults who reported lacking prescription coverage.
- Adults who scored below 51 on the WHO Well-being Index: 18.6% of adults who scored below 51
  on the WHO Well-being Index reported lacking prescription coverage, compared to 7.3% of adults who
  scored 51 and above on the WHO Well-being Index who reported lacking prescription coverage.
- **Financially stressed adults**: 16.2% of financially stressed adults reported lacking prescription coverage, compared to 6.3% of adults without financial stress who reported lacking prescription coverage.

Olmsted County adults who reported delays in accessing care were also less likely to report having prescription drug coverage, again showing a link between insurance and access to care.

<sup>\*</sup> Indicates a statistically significant difference between groups

Table 10. Olmsted County adults who do not have insurance that covers their prescriptions

Community Health Needs Assessment (2021)

	Yes	No	
Financially stressed	16.2%	6.3%	
Scored below 51 on WHO Well-being Index	18.6%	7.3%	
Experienced delay in care	16.8%	6.2%	
Feel that the community is resilient	8.0%	19.7%	
Experience food insecurity	37.3%	7.8%	
Feel safe from fear and violence	7.1%	14.7%	
Socially connected	7.4%	13.7%	

Note: All listed factors demonstrated a statistically significant difference.

### **Dental Coverage**

The portion of Olmsted County residents who reported that they lack insurance that covers all or part of their dental care has not changed in a statistically significant way between the 2015, 2018, and 2021 CHNAs. In the 2021 CHNA, 25.2% of adults reported lacking insurance that paid for all or part of their dental care.

Among adults with dental coverage, Figure 13 shows that similar to health insurance, most residents with dental coverage (60%) get insurance through their employer.

Figure 13. Types of dental insurance reported by Olmsted County adults

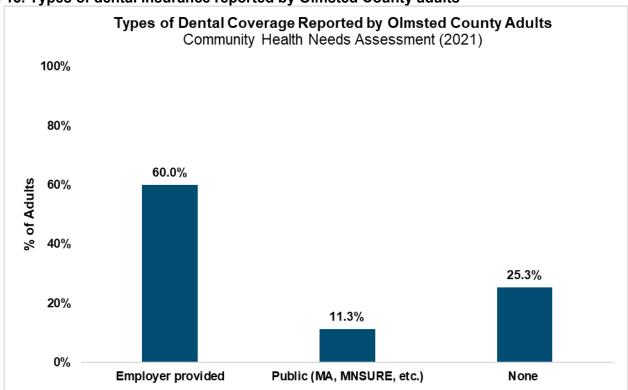


Figure 14 shows statistically significant differences between demographic groups and lack of dental insurance. For example, 45.3% of adults 65 years and older reported lacking dental coverage, a statistically significantly larger portion than the 18.5% of adults 18-64 years old who reported lacking dental coverage.

Groups with the largest gaps in dental coverage, based on odds ratios calculations, include:

- **Retired adults:** 46.7% of retired adults reported lacking dental coverage compared to 18.0% of non-retired adults who reported lacking dental coverage.
- Adults ages 65 years-old and older: 45.3% of adults 65 years and older reported lacking dental coverage, compared to 18.5% of adults 18-64 years old who reported lacking dental coverage.

• Adults with an annual household income below \$35,000: 35.8% of adults with an annual household income below \$35,000 reported lacking dental coverage, compared to 21.4% of adults with an annual household income \$35,000 and above who reported lacking dental coverage.

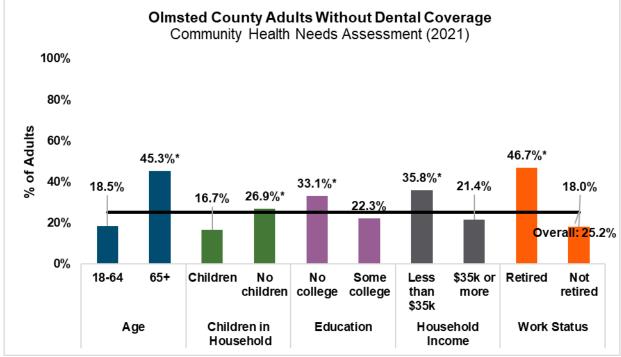


Figure 14. Demographic relationships with lack of dental coverage

Table 11 shows other factors that demonstrated statistically significant differences with lacking dental coverage. One can interpret the table, using the first line as an example, as "28.8% of adults without a mental health diagnosis reported lacking dental coverage, while 18.2% of adults with a mental health diagnosis reported lacking dental coverage."

Using odds ratios to determine the strength of the relationship between lack of dental coverage and the factors in Table 11, the largest differences in dental coverage exist among:

- Adults experiencing food insecurity: 49.2% of adults experiencing food insecurity reported lacking dental coverage, compared to 23.8% of food secure adults who reported lacking dental coverage.
- Adults with diabetes: 44.1% of adults with diabetes reported lacking dental coverage, compared to 23.1% of adults without diabetes who reported lacking dental coverage.
- Adults who do not feel safe from fear and violence: 35.0% of adults who do not feel safe from fear and violence reported lacking dental coverage, compared to 20.7% of adults who feel safe from fear and violence who reported lacking dental coverage.

<sup>\*</sup> Indicates a statistically significant difference between groups

Table 11. Olmsted County adults who have insurance that covers their dental care

Community Health Needs Assessment (2021)

	Yes	No	
Have a mental health diagnosis	18.2%	28.8%	
Used tobacco in the last 30 days	37.6%	23.3%	
Have diabetes	44.1%	23.1%	
Experience food insecurity	49.2%	23.8%	
Consume 5+ servings of fruit & vegetables	18.1%	28.1%	
Have hypertension	32.5%	21.8%	
Feel safe from fear and violence	20.7%	35.0%	

Note: All listed factors demonstrated a statistically significant difference.

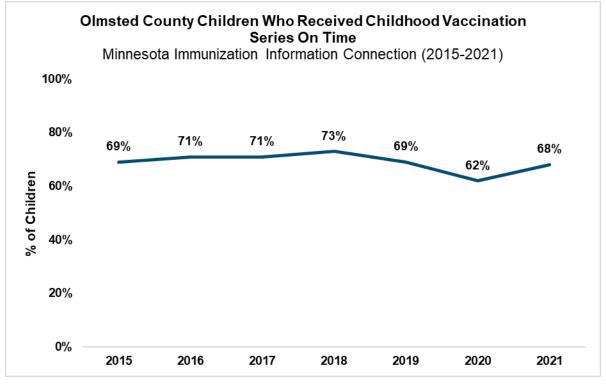
#### **Immunizations**

Immunizations are important preventive services for residents to access so they can stay healthy and prevent the spread of disease in the community.

As part of routine health care, the CDC recommends children receive a series of vaccinations between the ages of zero and six years old. This childhood vaccination series includes vaccinations for diseases like Hepatitis B, Measles, Mumps, and Rubella.

The Minnesota Immunization Information Connection (MIIC) tracks how many children in Olmsted County successfully complete all these routine vaccinations. As shown in Figure 15, about 68% of children completed the childhood vaccination series on time in 2021.

Figure 15. Olmsted County children receiving childhood vaccination series on time



Annual influenza vaccinations are another example of important vaccinations for residents to access. According to data from the CDC, about 58.5% of Olmsted County residents received an influenza vaccination

during the 2020-2021 season. Figure 16 shows comparisons to the rates of Minnesota residents and United States residents who received influenza immunizations, both of which Olmsted County's rate surpasses.

2020-2021 Influenza Vaccination Rates
FluVax (CDC)

100%

80%

58.5%

56.3%

50.2%

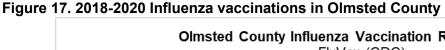
Olmsted County

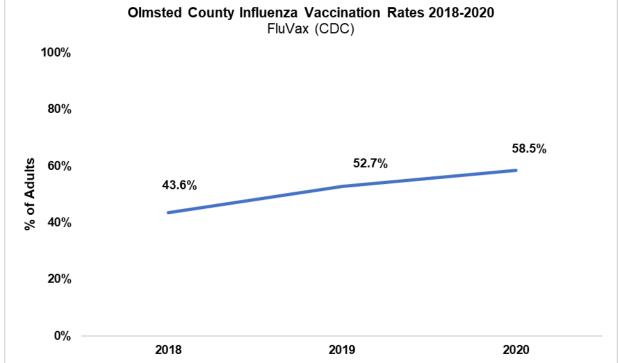
Minnesota

United States

Figure 16. 2020-2021 Influenza vaccination rates in Olmsted County, Minnesota, United States

Looking at trends in influenza vaccination rates in Olmsted County, Figure 17 shows an increase in vaccinations from the 2018-2019 (43.6% of adults) to 2020-2021 seasons (58.5% of adults).





## Childhood Lead Screening

Another important aspect of care is the ability to access secondary prevention, such as screenings for conditions and diseases before symptoms of the condition or disease develop. One example of this type of service is childhood lead testing, which tests children for lead exposure. Because there can be dangerous levels of lead in children's blood before they begin to show symptoms, this testing helps to protect children by identifying exposures.

The portion of Olmsted County children born in 2017 tested for lead by the age of three (2020) is 34.2% (Figure 18). By comparison, 81.3% of Minnesota children overall were tested for lead by the age of three.

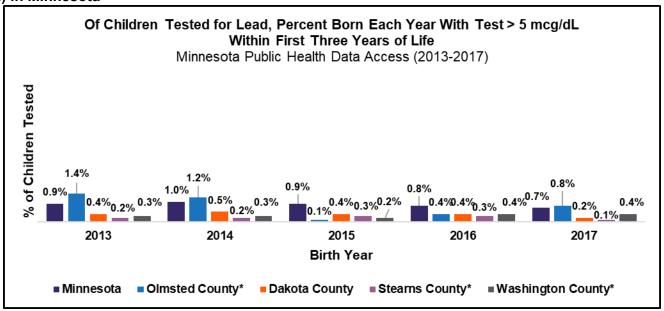
Percent of Children Born Each Year Who Received Blood Lead Test Within First Three Years of Life Minnesota Public Health Data Access (2013-2017) 100% 90% 80% Children 70% 60% 50% 40% 34.2% 30% 20% 10% 0% 2013 2014 2015 2016 2017 Birth Year Olmsted County Minnesota **Dakota County** Stearns County Washington County

Figure 18. Percent of children receiving childhood lead testing between zero and three years old

Figure 19 shows the percent of children tested who had elevated blood lead levels, requiring follow-up to reduce their lead exposure. Of children born in 2017 who received childhood lead testing, 0.8% of children in Olmsted County had elevated blood levels.

It is important to note that lead testing was not universal in Minnesota during 2013-2020. Instead, children with risk factors for lead exposure, such as older housing or poverty status, were targeted for testing. Because lead testing was not universal, the 'percent elevated' indicator cannot be generalized for the overall population of children living in Minnesota.

Figure 19: Percent of children with elevated blood lead levels (EBLL) (among children who tested for lead) in Minnesota



<sup>\*%</sup> elevated blood lead levels for counties should be interpreted with caution since they are based on less than 20 EBLLs and the percent elevated can change dramatically with the addition or subtraction of one EBLL

## Adequate Prenatal Care (PNC)

Another type of preventive care that Olmsted County Public Health regularly monitors is the portion of mothers who receive adequate PNC, according to Healthy People 2030 recommendations.

There are two metrics that feed into adequate PNC:

- Adequate initiation into PNC (initiation within the first four months of pregnancy).
- Adequate number of PNC visits (80% of visits for gestational age).

To be adequate in the Adequacy of Prenatal Care Utilization (APNCU) index, a birth needs to meet both metrics listed above. Figure 20 shows the percent of births from 2011 to early 2023 that received adequate PNC. Olmsted County's rate of adequate PNC is lower than both the Healthy People 2030 benchmark as well as the rates from other counties in the state.

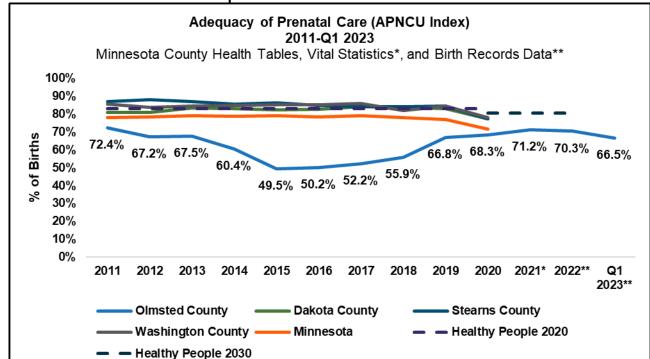


Figure 20. Percent of births with adequate PNC in Minnesota

Figure 21 shows that there are disparities for adequate PNC. A few of the more pronounced disparities exist among the following groups:

- Non-white mothers.
  - o Among non-white mothers, Black/African American mothers face the largest gaps in PNC.
- 15-19-year-olds mothers.
- Mothers with less than a high school diploma.

For example, between January 2018 and June 2022, 66% of all births among Olmsted County residents received adequate PNC. However, only 56% of births in Olmsted County residents with a mother who had less than a high school diploma received adequate PNC.

When examining these disparities closer, it appears that there is a relationship between Black/African American mothers and mothers with less than a high school diploma. Of those without adequate PNC and without a high school diploma, 47% were Black/African American, whereas only 13% of all births in this time frame were from Black/African American mothers.

<sup>\*</sup>Vital statistics data file was used for the most accurate 2020 data as the query has not been updated yet

<sup>\*\*</sup>Birth records data was used for 2021 & 2022 data to bridge the gap with the lag in data from vital statistics

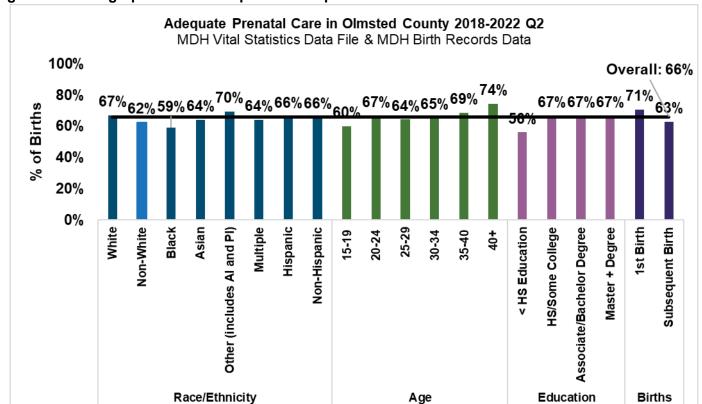


Figure 21. Demographic relationships with adequate PNC

Note: "Non-White" encompasses Black, Asian, "Other", and Multiple races.

# Connections between the CHIP Priorities

The three Olmsted County Community Health Improvement Plan priorities for 2024-2026 are Mental Health, Access to Care, and Drug Use. This specific report outlines access to care which is linked to drug use and mental health. Although relationships between mental health and access to care and drug use and access to care were analyzed and included where statistically significant, this report does not provide a full look at the intersections between these three community priorities.

# Conclusion

# Top three key takeaways:

- More Olmsted County residents experienced delays in mental health care and dental health care in 2021 than in 2018.
- Lack of insurance is a barrier to accessing care, and there continues to be gaps in prescription and dental insurance coverage among Olmsted County residents.
- Disparities in accessing care exist within Olmsted County. Important groups to keep in mind include:
  - Non-heterosexual adults.
  - o Adults with disabilities.
  - o Adults experiencing financial difficulties.
  - Black/African American adolescents and other adolescents of color.
  - Residents ages 18-34 years (specifically delays in accessing care and lacking a primary care provider).
  - o Residents ages 65 years and older (specifically a lack of dental health insurance).
  - Black/African American mothers.
  - o 15-19-year-old mothers.
  - o Mothers with less than a high school diploma.

While Olmsted County out-performs Minnesota and the United States in some access to care measures, such as the number of residents who report having a primary care provider, many gaps in access to care persist locally.

Some negative trends to note at the time of this report:

- The portion of Olmsted County adults reporting delays in the following have increased:
  - Delays in dental health care.
  - Delays in mental health care.
- The portion of Olmsted County adults reporting that they have prescription drug coverage has decreased.
- The portion of Olmsted County adolescents reporting that they received dental care in the last year has
  decreased.

Although there may not be statistically significant changes in a negative direction, it is also important to keep the following gaps in mind:

- 25% of Olmsted County adults report not having dental insurance.
- 3.8% of Olmsted County adults report not having health insurance.

In addition, we must consider several groups that face greater barriers to accessing different kinds of care:

- Non-heterosexual adults.
- Adults with disabilities.
- Black/African American adolescents and other adolescents of color.
- Residents ages 18-34 years (specifically delays in accessing care and lacking a primary care provider).
- Residents ages 65 years and older (specifically a lack of dental health insurance).
- Black/African American mothers.
- 15-19-year-old mothers.
- Mothers with less than a high school diploma.

Financial barriers to accessing care in the community also appear very present, given the relationships between gaps in access to care and factors like:

- Financial stress.
- Food insecurity.
- Having one household income earner.
- Renting one's home.
- Earning below \$35,000 in income annually.

It will be important to keep both the gaps and the populations experiencing the largest gaps in mind as the community develops objectives and strategies to improve access to care in Olmsted County.

# 2021 Statistically Significant Access to Care Summary Table

Community Health Needs Assessment (2021) and Minnesota Student Survey (2022)

Olmsted County Public Health Services

Note: Numbers in parentheses note which groups had statistically significant difference with the group identified in the row. For example, looking at the first row under "Age": (3,4) indicates that there were statistically significant differences between those age 18-34 and both those age 50-64 (3) and those age 65+ (4) for the factors in question.

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
Age		Grade							
18-34 (1)	X (3,4)	X (3,4)	X (4)	X (3,4)	X (3,4)	X (4)		X (3)	5 <sup>th</sup> (1)
35-49 (2)	X (3,4)				X (4)				8 <sup>th</sup> (2)
50-64 (3)			X (4)						9 <sup>th</sup> (3)
65+ (4)							X (1,2,3)		11 <sup>th</sup> (4)
Race/Ethnicity									Race
White, Non-Hispanic									White only
All others								X	Non-white
Sex									Biological Sex
Male	X							X	Male
Female									Female
Children in household									
Yes	X								
No							X		
Birthplace									
U.S.									
Non-U.S.									
Marital status									
Married									
Not Married	X	Χ	Χ	Χ	Χ	X			
Disability									Disability
Yes		Χ	Χ	Χ	Χ			X	Yes
No	Χ								No

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
Education									
No college							Χ		
Some college									
Residence (Based on zip code)									
Rochester	Х	Χ							
Non-Rochester									
Household income									
<\$35K	Х	Χ		Х			Х		
\$35K+									
Health status					•				Health Status
Excellent/Very good/Good									Excellent/Very Good/Good Health
Fair/Poor		Х	Х	Х				Х	Fair/Poor Health
Home ownership									
Own									
Rent	Х	Х			Х	Х			
Work status						•			
Retired							Х		
Not retired			Х						
# of household income earners						•			
1	Х	Х		Х	Х	Х			
2+									
Sexual orientation									
Heterosexual									Heterosexual
Non-heterosexual	X	Χ	Х	Χ	Χ	Х		Х	Non-Heterosexual
									Ethnicity
								X	Hispanic
									Non-Hispanic
									Gender Identity
									Cisgender
								X	Non-Cisgender

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
Financial stress									
Yes	X	Х	X	X	X	X			
No									
Mental health									
Yes		X	X	X	X		Χ		
No									
WHO Wellbeing low									Emotional Distress
Yes	X	Х	X	X	X	X		X	Yes
No									No
Tobacco use									Tobacco use
Yes	X						Χ	Χ	Yes
No									No
Binge drinking									Binge drinking
Yes								X	Yes
No									No
Drug use									Drug use
Yes	X	Χ		Χ	Χ	X		X	Yes
No									No
Delay in care									
Yes						Х			
No									
Community inclusiveness									
Yes									
No		Х	Х	Х	Х				
Community mobility									
Yes									
No									
Community resiliency									
Yes									
No		Χ	Χ	Χ	Χ	Х			

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
Diabetes									
Yes							Х		
No									
Distracted driving									
Yes	X								
No									
Food insecure									Skipped meal in past 30 days
Yes	Х	Χ		X		X	Х	X	Yes
No									No
Fruit and vegetable consumption									Meeting recommendation*
Yes									Yes
No	Х	Χ	Х	Х			Х	Х	No
Healthy homes					,				
Yes									
No									
Healthy homes – no radon									
Yes									
No									
Hypertension			•						
Yes							Х		
No	Х								
Insurance coverage									
Yes									
No	Х	Χ	Х	Х					
Multiple chronic conditions									
Yes		Χ							
No	X								

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
Overweight/obesity									Overweight/obesity
Yes								X	Yes
No	X								No
Physical activity									Meeting recommendation
Yes	Х								Yes
No					Х			X	No
Safe from fear and violence			<u>'</u>	<u>'</u>	<u>'</u>				
Yes									
No		Χ	Х	Χ		X	X	X	
Seat belt use									Always wear a seatbelt
Yes									Yes
No								Х	No
Senior independence									
Yes									
No									
Independence									
Yes									
No		Χ		Χ					
Social connectedness									
Yes									
No		Χ	Χ	Χ	Χ	X			
									Positive school environment
									Yes
								X	No
									Bullied in last 30
									days
								X	Yes
									No

Community Health Needs Assessment	Adults Not Having a Primary Care Provider	Adults Delay in Any Health Care	Adults Delay in Medical Care	Adults Delay in Dental Care	Adults Delay in Mental Health Care	Adults Without Prescription Coverage	Adults Without Dental Coverage	Adolescents Didn't Received Dental Care in Past Year	Minnesota Student Survey
									Involved in after
									school activities
									Yes
								Х	No
									Meeting sleep recommendation
									Yes
								Х	No
									Can talk to adult about problems
									Yes
								Х	No
									Relationship
									violence
								X	Yes
									No
									Incarcerated
									guardian
								X	Yes
									No
									Gambled
								X	Yes
									No
									Negative behaviors
								X	Yes
									No
									ACEs
									0
		<u> </u>						X (0)	1
								X (0)	2
								X (0)	3
								X (0,1)	4