RESIDENTS LIVING WITH DISABILITIES HEALTH DISPARITIES: DATA PROFILE

Olmsted County, Minnesota

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OLMSTED
MEDICAL
CENTER

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Definitions For This Profile

A person living with a disability

For adults, this refers to residents who answered, “Yes” to the question, “Do you have a physical, mental, or other health condition that has lasted six or more months that reduces your overall quality of life?” in the 2024 Community Health Needs Assessment (CHNA) Mailed Survey.

For adolescents, this refers to students who answered “Yes” to the question “Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting six months or more” in the 2025 Minnesota Student Survey.

A person living without a disability

This refers to residents who answered, “No” to the question, “Do you have a physical, mental, or other health condition that has lasted six or more months that reduces your overall quality of life?” in the 2024 CHNA Mailed Survey.

For adolescents, this refers to students who answered “No” to the question “Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting six months or more” in the 2025 Minnesota Student Survey.

Overview

Disability is defined differently in different organizations and surveys. The United States Census Bureau (2021) defines disability in the American Community Survey based on six disability types:

- **Hearing difficulty**: Deaf or having serious difficulty hearing.
- **Vision difficulty**: Blind or having serious difficulty seeing, even when wearing glasses.
- **Cognitive difficulty**: Due to a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- **Ambulatory difficulty**: Having serious difficulty walking or climbing the stairs.
- **Self-care difficulty**: Having difficulty bathing or dressing.
- **Independent living difficulty**: Due to a physical, mental, or emotional problem, having difficulty doing errands alone, such as visiting a doctor's office or shopping.

According to the United States Census Bureau's American Community Survey's 2024 5-Year Estimates, 13.3% of the United State population lives with a disability, and 10.5% of Olmsted County residents live with a disability (U.S. Census Bureau, 2024).

In the 2024 Olmsted County Community Health Needs Assessment (CHNA), our definition differed slightly from that used by the U.S. Census Bureau.

Our definition was selected by the Community Health Assessment and Planning (CHAP) process' Data Subgroup and combines a question used by the U.S. National Center for Health Statistics with the definition of a person living with a disability from the Americans with Disabilities Act. This definition is based on a self-report physical, mental, or other health condition that has lasted six or more months that reduces a person's overall quality of life. The definition for disability used by Olmsted County in the CHNA is much broader than other definitions. Based on the mailed Community Health Needs Assessment from 2024, the self-reported disability rate by residents was 31.4% using this definition. The self-reported disability rate by residents is most likely much higher than reported by the U.S Census Bureau because our definition is quite broad, encompassing all mental health.

For the Minnesota Student Survey (MSS) administered in 2025 to students in 5th, 8th, 9th, and 11th grades at participating schools across Minnesota, the definition is focused on physical disabilities or long-term health problems with examples including asthma, cancer, diabetes, or epilepsy that lasts six months or more. Based on results from the 2025 MSS for Olmsted County, 13.5% of students reported having a disability which is slightly lower but not statistically significantly different than 14.7% of Minnesota students reporting a disability. Of note, Rochester Public Schools did not participate in the MSS in 2025, so the reported Olmsted County percentage is based on rural Olmsted County students.

The impact of disability in society is complex and multi-faceted. People living with disabilities make up one of the largest marginalized groups in the United States and experience many systematic barriers, such as accessing health care (Brinkman et al., 2022). While there has been progress towards building more inclusive communities for people living with disabilities, there is still a lot of work remaining to ensure they have access and can achieve an overall healthy life with personal satisfaction similar to those living without disabilities.

This data profile aims to understand the extent of the health disparities experienced by this population and identify possible areas for improvement. It provides a detailed analysis of the health status and needs of Olmsted County residents living with disabilities and highlights statistically significant disparities to be addressed.

Summary: Adults

Olmsted County adult residents living with disabilities experience statistically significant health disparities in several areas, which is key to better health overall, compared to residents living without disabilities.

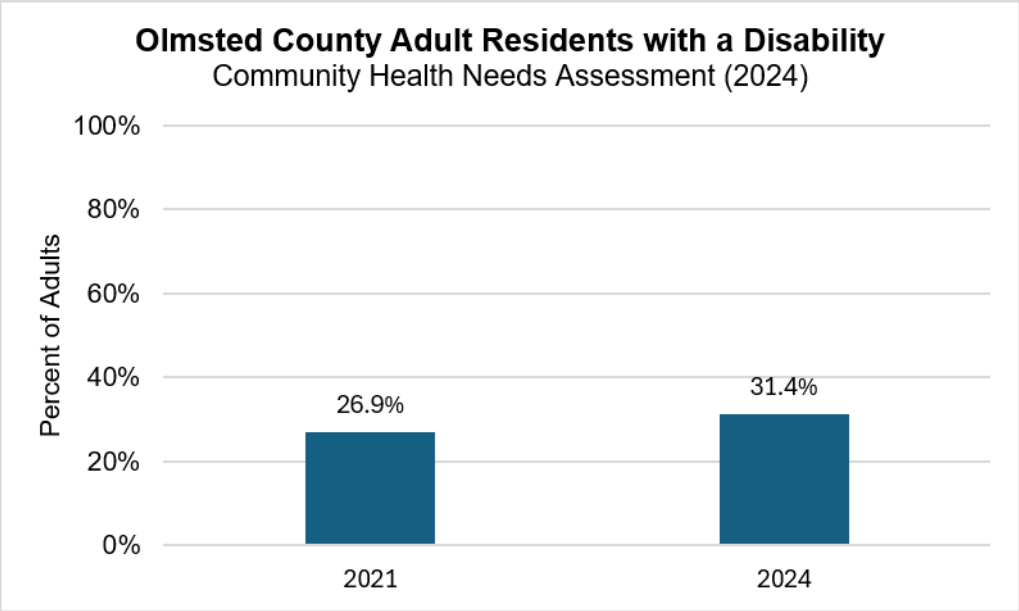
Residents living with disabilities face disparities related to worse mental health, higher rates of some substance use, worse physical health, less independence, less access to care, poorer socioeconomic well-being, and more challenges to quality housing and community mobility. Some of the key findings include:

- **Mental Health:** Residents living with disabilities are significantly more likely to report having a mental health condition (66.5%* vs. 23.5%) and having considered suicide (23.3%* vs. 6.0%) than residents living without disabilities. They were also more likely to score 50 or less on the World Health Organization Well-Being Index (WHO-5), indicating depression or a low mood (35.7%* vs. 9.5%).
- **Substance Use:** Residents living with disabilities were significantly more likely to report cannabis use (22%* vs.11.3%) or drug use (16.2%* vs. 7.7%) in the last 30 days than residents living without disabilities. Residents living with disabilities used tobacco at similar rates (12.3% vs. 13.4%) and abstained from alcohol at higher rates (46.9%* vs. 29.6%) than residents living without disabilities.
- **Physical Health:** Residents living with disabilities are significantly more likely to report hypertension (42%* vs. 28.4%) and suffer from multiple chronic conditions (62.3%* vs. 34.2%) than residents living without disabilities. They are also significantly more likely to not meet physical activity guidelines (66.7%* vs. 43.7%)
- **Access to Care:** Olmsted County residents living with disabilities were significantly more likely to delay medical, dental, and mental health care than residents living without disabilities (53.2%* vs. 25.2%). They were also significantly more likely to have seen a dentist more than a year ago (34.5* vs. 22.3%).
- **Socioeconomic Well-being**:
    - **Economic Stability**: Residents living with disabilities were significantly more likely to experience financial stress than residents living without disabilities (53.9%* vs. 24.0%). Related to financial stress, they were also more likely to worry about running out of food for more than 1+ days than residents living without disabilities (15.7%* vs. 4.7%), averaging 1.31 days they worried about running out of food. They were also significantly more likely to rent their home instead of owning their home, compared to residents living without disabilities (34.4%* vs. 15.9%).
    - **Social Well-being**: Residents living with disabilities were significantly more likely to feel no community inclusiveness (46.8%* vs. 22.9%) and significantly more likely to feel a lack of social connectedness (46.3%* vs. 26.9%) compared to residents living without disabilities. Residents living with disabilities were significantly more likely to feel unsafe from fear or violence in their communities than those living without disabilities (38.0%* vs. 16.9%).
- **Neighborhood and Built Environment:** Residents living with disabilities were significantly more likely to not live in a healthy home (18.1%* vs. 5.4%) than residents living without disabilities.

Overall: Adults

Olmsted County has collected the disability status of residents since 2021 in the Community Health Needs Assessment (CHNA) Mailed Survey. The number of residents reporting living with a disability increased slightly from 2021 to 2024.

Figure 1: Olmsted County Adult Residents with a Disability.



Demographics: Adults

Table 1 compares the demographics of Olmsted County adult residents living with and without disabilities.

Table 1: Demographics of Olmsted County residents living with and without disabilities.

Demographics	Residents living with disabilities (N = 292)	Residents living without disabilities (N = 639)
	31.4%	68.6%
Median Age	53	48
Race/Ethnicity		
White	84.6%	85.8%
Asian	7.3%	7.9%
Hispanic/Latino	5.7%*	2.7%
Gender		
Female	59.8%	54.0%
Male	38.1%	46.1%
Other Gender Minorities	4.8%	-
Sexual Orientation		
Heterosexual/Straight	87.1%	94.2%
Non-heterosexual	12.9%*	5.8%
Employed	55.1%	73.5%
Household Income		
<$15,000	16.5%*	4.0%
<$35,000	24.7%*	10.8%
$35,000+	75.3%	89.2%
Education Level		
High School Diploma/GED	28.0%*	18.9%
Some College	30.9%	27.0%
Bachelor's Degree or Higher	39.2%	51.9%
Fair/Poor Health Status	25.9%*	4.1%
Residence		
Urban	81.4%*	72.0%
Rural	18.6%	28.0%
Home Ownership		
Own House	63.8%	83.8%
Rent	36.2%*	16.2%
Marital Status		
Married	52.2%	68.9%
Not married	47.8%*	31.1%
Children in Household		
No children	83.5%*	68.1%
Children	16.5%	31.9%

Source: Olmsted County Community Health Needs Assessment (2024).
*NOTE: * denotes a statistically significant value.*

Residents living with disabilities in Olmsted County are more likely to be white, female, heterosexual/straight, not working outside the home, have a household income greater than $35,000, have a bachelor's degree or higher, have good/very good/excellent health, live in an urban area, own a home, be married, and have no children.

Age
The median age of residents living with disabilities is 53 years old, while the median age of residents living without disabilities is 48 years old.

Disabilities are more frequently experienced by residents 18 – 34 years old (28.9%) and 65+ years old (33.2%).

Race/Ethnicity
Most residents living with and without disabilities are white (84.6% and 85.8% respectively). There are larger differences in minority race/ethnicities between residents with and without disabilities:

- Hispanic/Latino (5.7%* vs. 2.7%).

Other races/ethnicities included Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, African, and Other races/ethnicities not listed.

Gender
Residents living with and without disabilities were more likely to be female (59.8% and 54.0% respectively) vs. male (38.1% and 46.1% respectively). Compared to residents living without disabilities, residents living with disabilities were more likely to identify as a gender minority (4.8% vs. 0%), including gender non-conforming, transgender, and non-binary.

Sexual Orientation
Most residents living with and without disabilities are heterosexual/straight (87.1% and 94.2% respectively). Compared to residents living without disabilities, residents living with disabilities are more likely to identify as non-heterosexual (12.9%* vs. 5.8%).

Employment Status
Compared to residents living without disabilities, residents living with disabilities are less likely to be employed (55.1% vs. 73.5%), including full-time, part-time, or self-employed. There are some larger differences in employment status between residents living with and without disabilities:

- Full-time employment (35.3% vs. 59.7%).
- Part-time employment (including seasonal work) (18.2%* vs. 7.4%).
- Student (8.1%* vs. 1.5%).
- Retired (32.9% vs. 23.3%).

Household Income
Residents living with disabilities are more likely to make less than $15,000 (16.5%* vs. 4%) and less than $35,000 (24.7%* vs. 10.8%) compared to residents living without disabilities.

The federal poverty level for a household of one person in 2026 is $15,960 and for a household of five people in 2026 is $38,680, meaning a resident living with a disability is more likely to have a household income less than the federal poverty level than a resident living without a disability.

Health Status
The majority of Olmsted County residents have good, very good, or excellent health status. However, residents living with disabilities are more likely to have a fair or poor health status than residents living without disabilities (25.9%* vs. 4.1%).

Findings

Olmsted County looks at 29 health and social determinants of health indicators using CHNA data. Olmsted County residents living with disabilities were more likely (statistically significant) than residents living without disabilities to experience the following disparities (19 of the 29 health and social determinants of health indicators):

1. Financial stress.
2. A mental health condition.
3. Lower quality of life and mental health (WHO Well-being Score <51).
4. Drug use in the last 30 days.
5. Cannabis use in the last 30 days.
6. Delay in medical, mental health, or dental care.
7. Lack of community inclusiveness.
8. Not received dental care in the last year.
9. Food insecurity.
10. Not living in a healthy home.
11. Rent a home.
12. Has hypertension.
13. Has multiple chronic conditions.
14. Not meeting national physical activity guidelines.
15. Not feeling safe from fear and violence.
16. Lack of social connectedness.
17. Have considered attempting suicide.

This data profile groups these indicators into the following themes:

1. Mental Health.
2. Substance Use.
3. Physical Health.
4. Access to Care.
5. Socioeconomic Well-being.
6. Neighborhood and Built Environment.

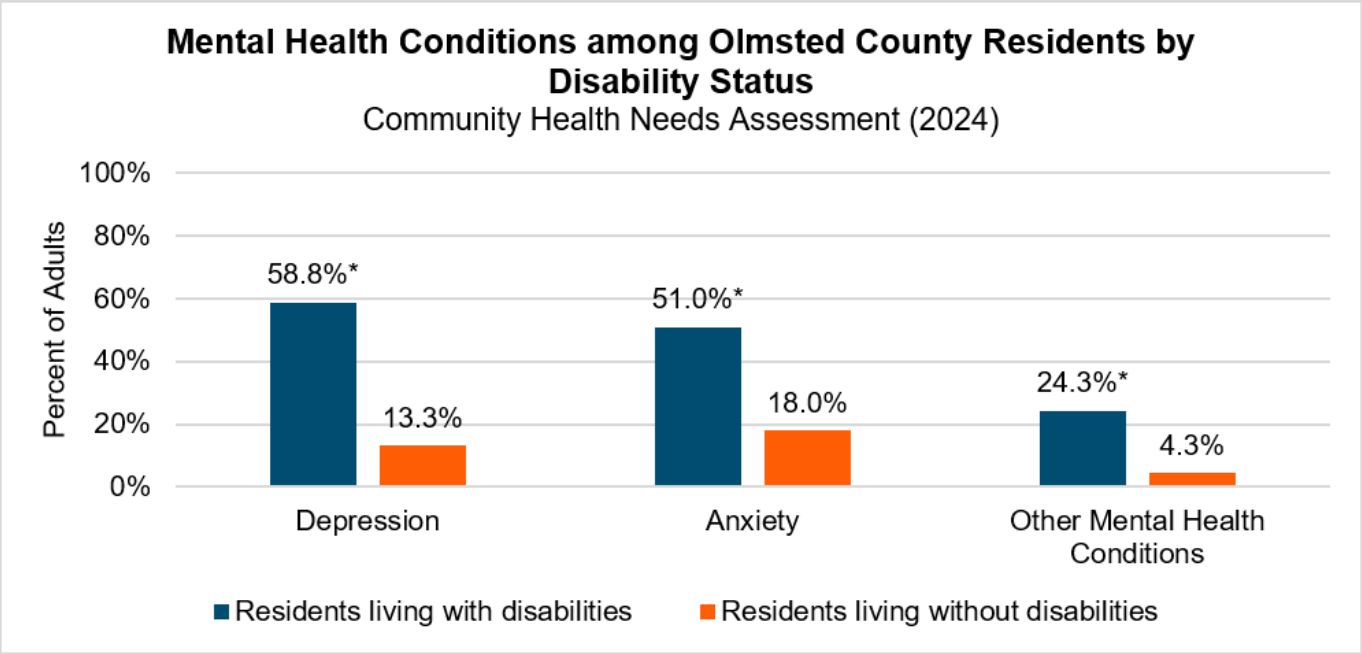
Mental Health

Mental health encompasses our emotional, psychological, and social well-being. It affects how we think, feel, and act. It is important to know how we handle stress, relate to others, and make choices (*What Is Mental Health? Conditions, Warning Signs, Symptoms*, 2026).

In the United States, researchers estimated 17.4 million adults living with disabilities reported frequent mental distress, defined as 14 or more self-reported mentally unhealthy days in the past 30 days. Adults living with disabilities were 4.6 times more likely than those living without disabilities to report frequent mental distress. In Minnesota, adults living with disabilities were 5.7 times more likely to report frequent mental distress than adults living without disabilities (Cree et al., 2020). Also, Adzrago et al. (2026) found age-adjusted anxiety or depression prevalence was higher among people living with disabilities than those living without disabilities from 2019 to 2023.

In Olmsted County, residents living with disabilities are significantly more likely to report having a mental health condition than residents living without disabilities (66.5%* vs. 23.5%).

Figure 2: Mental Health Conditions among Olmsted County Residents by Disability Status.

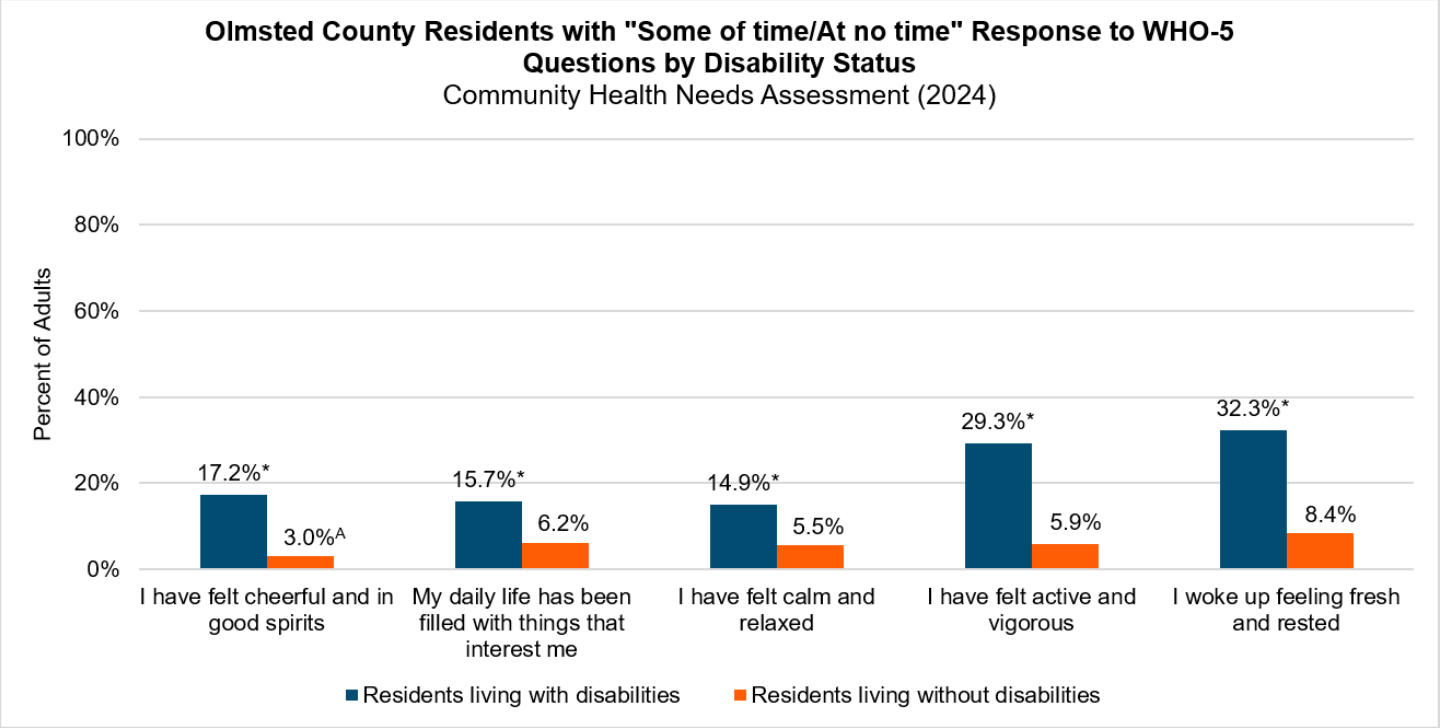


*NOTE: * denotes a statistically significant value.*

Residents living with disabilities were significantly more likely to score 50 or below on the World Health Organization Well-being Index (WHO-5 The World Health Organization-Five Well-Being Index (WHO-5)), indicating low mood or depression (35.7%* vs. 9.5%) compared to residents living without disabilities. The WHO-5 is used to measure mental well-being. It consists of five statements, where respondents rate their interest, engagement, and mood using a six-point scale from “All of the time” to “At no time”.

Figure 3 shows the WHO-5 results comparing residents living with and without disabilities that selected “Some of the time/At no time” when asked whether they felt the listed statements in the last two weeks. For example, 17.2% of residents living with disabilities felt cheerful and in good spirits some of the time or at no time during the last two weeks, compared to 3.0% of residents living without disabilities.

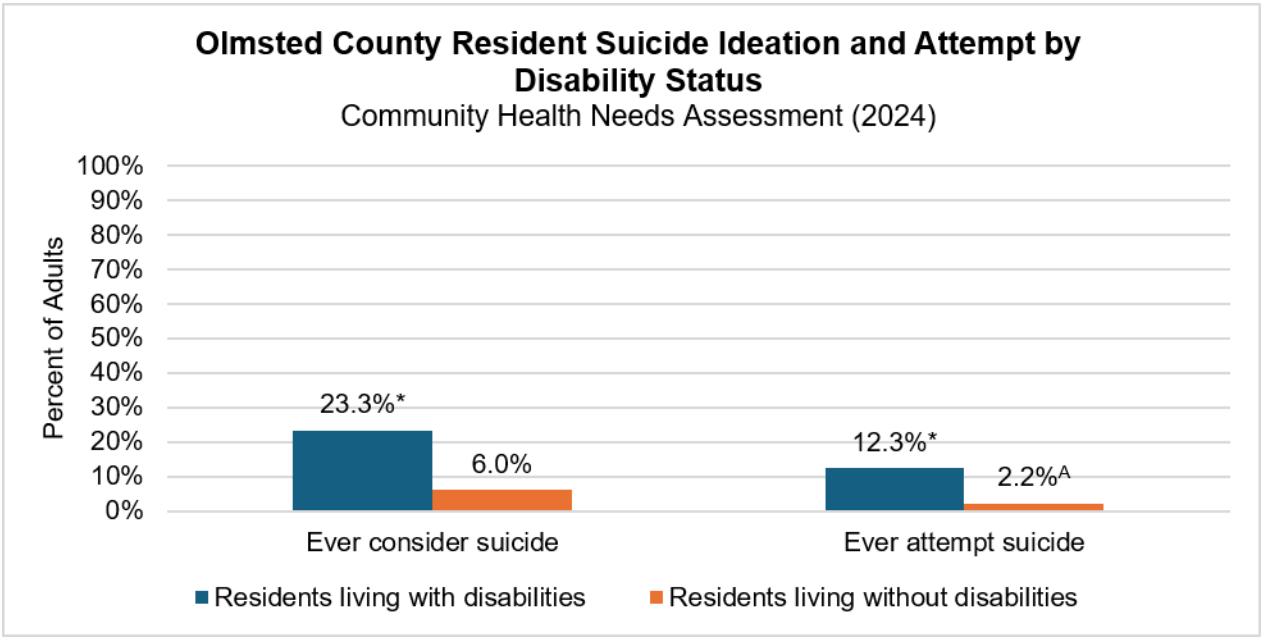
Figure 3: Olmsted County Residents with "Some of time/At no time" Response to WHO-5 Questions by Disability Status.



*NOTE: * denotes a statistically significant value; A denotes a respondent population less than 20.*

Marlow et al. (2021) found people living with disabilities were significantly more likely than those living without disabilities to report suicidal ideation, suicide planning, and suicide attempt. In Olmsted County, residents living with disabilities were significantly more likely to report ever considering suicide (23.3%* vs. 6.0%) and having attempted suicide (12.3%* vs. 2.2%[A]) than residents living without disabilities.

Figure 4: Olmsted County Resident Suicide Ideation and Attempt by Disability Status.



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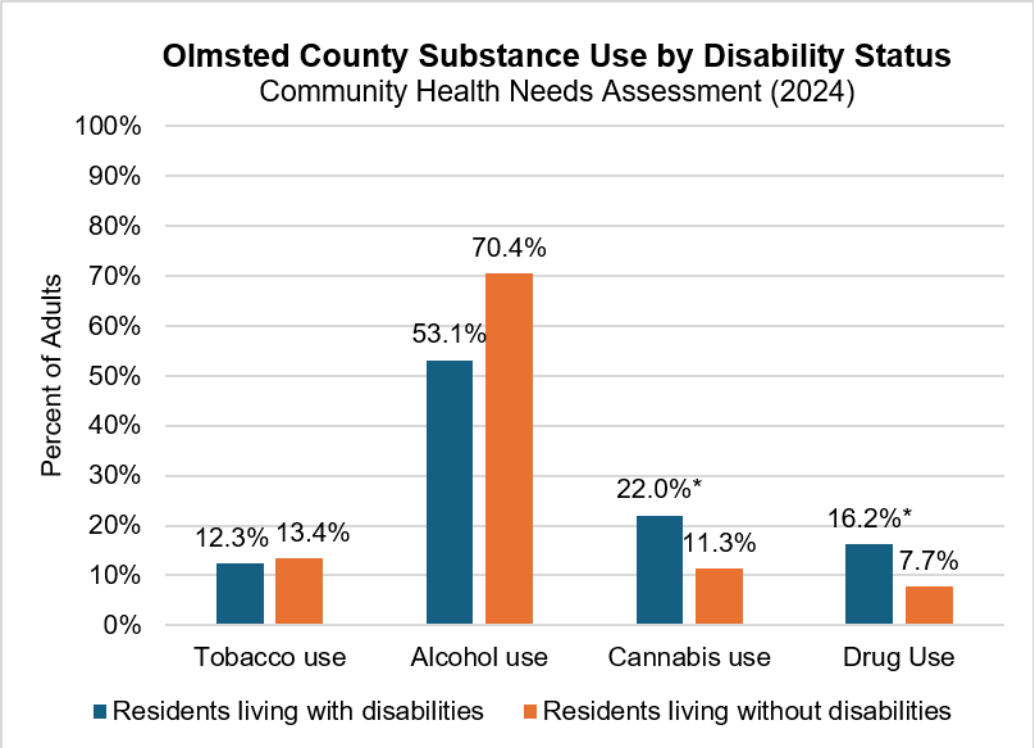
Substance Use

Substance use is the consumption of drugs or other substances for non-medical purposes. Substance use may involve legal substances, like alcohol, tobacco, or cannabis, and illegal substances, such cocaine or heroin. Cannabis became legal in Minnesota on August 1st, 2023, prior to collection of the CHNA data. Substances may be consumed, inhaled, injected, or another method and absorbed into the body. Substance use ranges from occasional use to dependance and can have physical, psychological, and social consequences.

Reif et al. (2022) looked at substance use and misuse among adults living with disabilities, specifically co-occurring conditions and chronic pain. They found people living with disabilities were less likely to use alcohol but more likely to use any drug, misuse prescription drugs, and use nicotine. Chronic pain accounted for a significant amount of the associations. Jonathan Schulz, PhD, MPH, an assistant professor at the University of Nevada-Reno, and his research team examined cannabis use among people living with disabilities. They found 22% of respondents were currently using cannabis compared to the 15% among the general population. Roughly 72% of drug users consumed drugs to help relieve pain and 60% consumed drugs to relieve stress or relax (Stortstrom, 2025).

Substance use among Olmsted County residents varies by drug. Residents living with and without disabilities use tobacco at similar rates (12.3% vs. 13.4%). Residents living with disabilities are less likely to have consumed alcohol in the last 30 days than residents living without disabilities (53.1% vs. 70.4%), and residents living with disabilities are significantly more likely not to consume alcohol than residents living without disabilities (46.9%* vs. 29.6%). Residents living with disabilities are more likely to have used cannabis in the last 30 days than residents living without disabilities (22%* vs. 11.3%). Residents living with disabilities are more likely to have used drugs in the last 30 days than residents living without disabilities (16.2%* vs. 7.7%).

Figure 5: Olmsted County Substance Use by Disability Status.



*NOTE: * denotes a statistically significant value.*

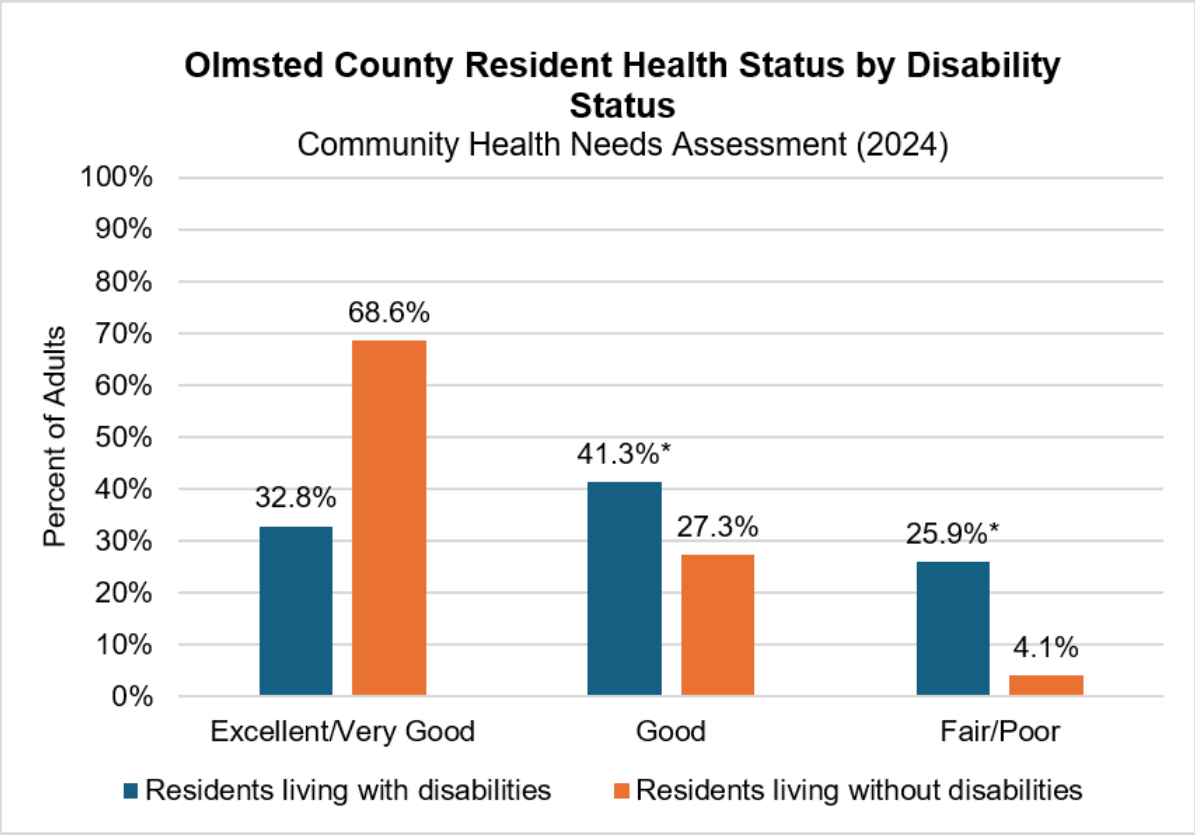
Physical Health

Physical health relates to the structural, functional, and physiological aspects of body, including how well the organ systems are working and muscle strength, flexibility, and endurance. Lifestyle choices, genetics, age, and environmental factors all influence a person's physical health.

A strong relationship exists between disability and poor health. After adjusting for sociodemographic differences, adults living with lifelong disabilities were more likely to have chronic diseases – such as coronary heart disease, cancer, diabetes, obesity, and hypertension - compared to adults living without disabilities (Dixon-Ibarra & Horner-Johnson, 2014). Based on the data in the 2022 Behavioral Risk Factor Surveillance Survey, Juhasz & Byers (2025) found 80% of adults living with disabilities reported at least one of 11 chronic health conditions. Adults living with disabilities were more likely to be obese, smoke, have high blood pressure, and be physically inactive, which are preventable factors increasing risk for chronic disease (*Disability and Health Data Now*, 2025).

Olmsted County residents living with disabilities show similar physical health trends as the research. Residents living with disabilities were significantly more likely to report fair or poor health than residents living without disabilities (25.9%* vs. 4.1%).

Figure 6: Olmsted County Resident Health Status by Disability Status.



*NOTE: * denotes a statistically significant value.*

Olmsted County residents living with disabilities were significantly more likely to not meet physical activity guidelines (five days of moderate or three days of vigorous physical activity) than residents living without disabilities (66.7%* vs. 43.7%).

In many cases, a greater proportion of Olmsted County residents living with disabilities also report living with a medical condition compared to residents living without a disability. Table 2 compares residents living with and without disabilities by reported medical conditions.

Table 2: Medical conditions reported by Olmsted County residents by disability status.

Chronic Condition	Residents living with disabilities	Residents living without disabilities
Depression	58.8%*	13.4%
Overweight	53.7%*	37.5%
Anxiety or panic attacks	51.8%*	18.2%
High blood pressure/hypertension	42%*	28.4%
High cholesterol or triglycerides	35.1%	30.2%
Obesity	34.3%*	14.6%
Any other mental health issues	24.7%*	4.3%
Respiratory allergies	20.3%*	13.3%
Asthma	20.2%*	10.0%
Cancer	16.6%	9.1%
Prediabetes	16.3%	9.3%
Diabetes	15.6%	9.3%
Heart problems (angina)	12.8%*	4.7%
Stroke or stroke-related health issues	6.3%[A]	2.3%[A]

Source: Community Health Needs Assessment (2024).
*NOTE: * denotes a statistically significant value; A denotes a respondent population less than 20.*

Specifically, residents living with disabilities are significantly more likely than residents living without disabilities to report the following chronic conditions:

- Anxiety/panic attacks.
- Depression.
- Other mental health issues.
- Overweight/obesity.
- Respiratory allergies.
- Asthma.
- Hypertension.
- Heart problems.
- Chronic lung disease.

Residents living with disabilities are more likely to report having multiple chronic conditions than residents living without disabilities (62.3%* vs. 34.2%).

Access to Care

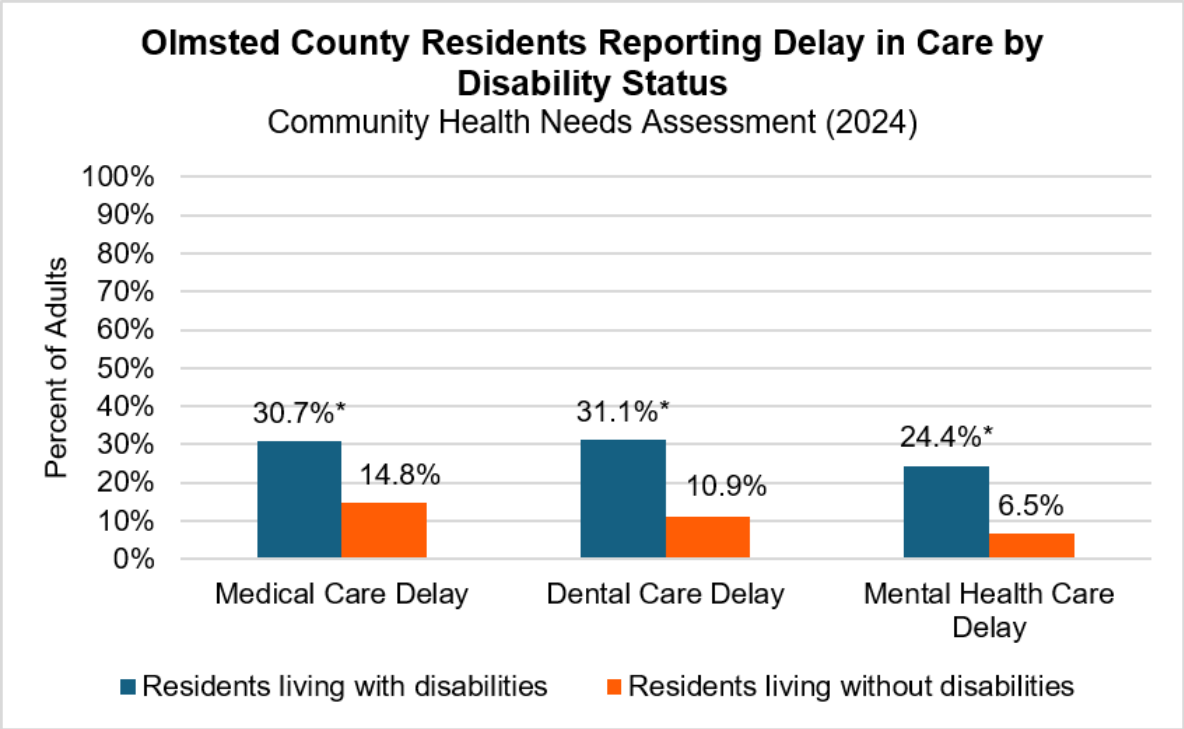
Access to care is defined as getting medical, dental, or mental health care when you need it to achieve the best health outcomes. People living with disabilities encounter environmental, attitudinal, and policy barriers to accessing health care services. Environmental barriers could include access to accessible transportation to and from a doctor's appointment, working elevators, accessible bathrooms, and accessible equipment (e.g. height-adjustable examination table, diagnostic imaging, dental equipment, etc.). Attitudinal barriers could include stereotyping (i.e., assuming individual has a poor quality of life based on disability), communication

issues (i.e., printed forms available in a large font and in modified version that accommodate low literacy), and others. Policy barriers could include patient requests for accommodation on time with doctors, accessible equipment, and many others (Lagu et al., 2014).

As a result, many people living with disabilities experience disparities accessing primary and preventative care. For example, 61.4% of women living with disabilities reported having mammograms, compared to 74.4% of women living without disabilities (Altman & Bernstein, 2008). Another example, men living with disabilities were 19% less likely to report having a prostate-specific screening test compared to men living without disabilities (Ramirez et al., 2005).

In Olmsted County, residents living with disabilities report experiencing delays in medical, dental, and mental health care compared to residents living without disabilities (53.2%* vs. 25.2%). For medical and dental care, no specific reason for delay in care was significantly different between residents living with and without disabilities.

Figure 7: Olmsted County Residents Reporting Delay in Care by Disability Status.



*NOTE: * denotes a statistically significant value.*

For dental care, residents living with disabilities were significantly more likely to have seen the dentist more than a year ago compared to residents living without disabilities (34.5%* vs. 22.3%).

Socioeconomic Well-being

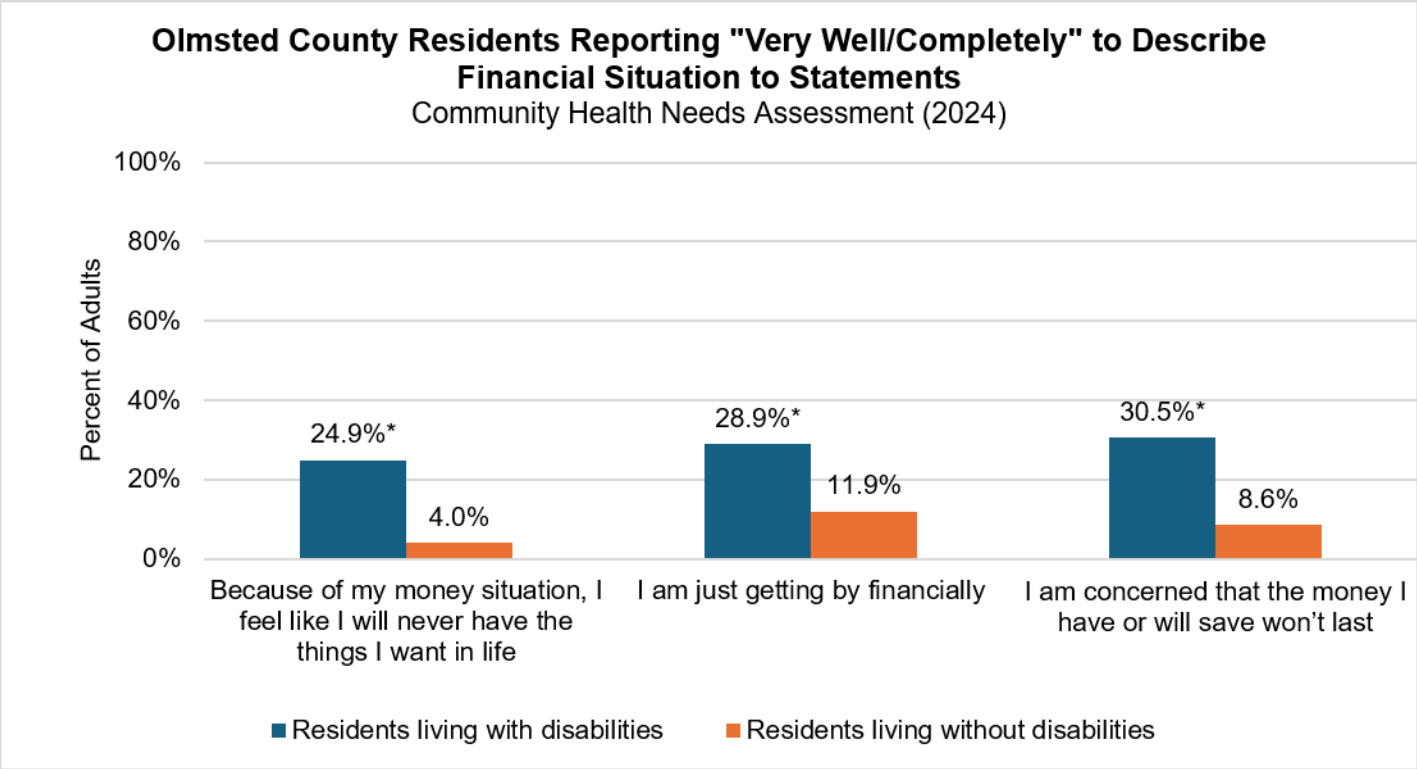
Socioeconomic well-being is an individual's quality of life based on economic security (financial stability and access to resources) and social well-being (social connections and community support).

Economic Security

People living with disabilities experience "multiple forms of socioeconomic disadvantages, including high unemployment rates, low income and earnings, limited education opportunities, and constrained savings" (Bixby, 2024). People living with disabilities also experience higher risks of poverty and economic insecurity (Bixby, 2024).

In Olmsted County, residents living with and without disabilities show similar trends for some social determinants of health. Residents living with disabilities are more likely to experience financial stress than residents living without disabilities (53.9%* vs. 24.0%). As mentioned previously, residents living with disabilities also tend to have lower household incomes than residents living without disabilities.

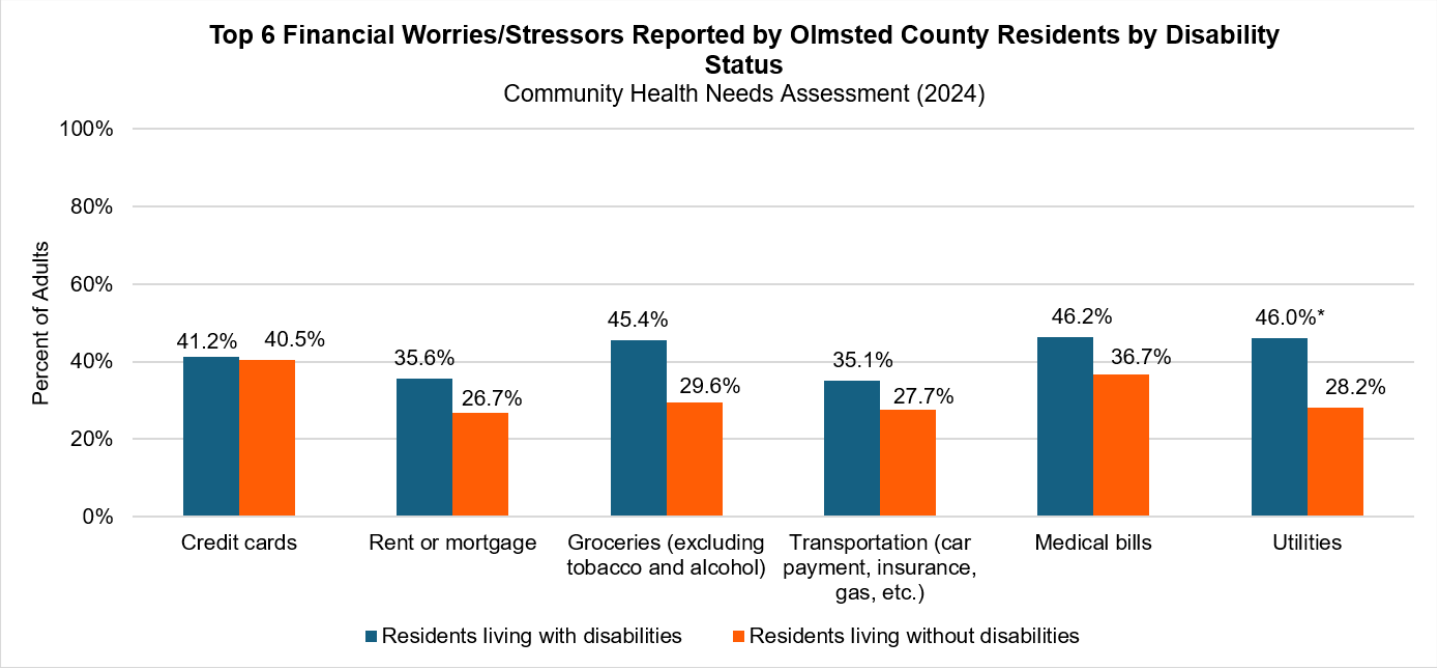
Figure 8: Olmsted County Residents Reporting "Very Well/Completely" to Describe Financial Situation to Statements.



*NOTE: * denotes a statistically significant value.*

With financial stress, residents living with disabilities worry/stress about paying for necessities. Figure 9 highlights the top six financial worries/stressors for Olmsted County residents. Residents living with disabilities are significantly more likely to worry about paying for utilities than residents living without disabilities (46.0%* vs. 28.2%). Residents living with disabilities also report worry/stress at higher rates about medical bills, transportation costs, groceries, and rent/mortgage.

Figure 9: Top 6 Financial Worries/Stressors Reported by Olmsted County Residents by Disability Status.



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Olmsted County residents living with disabilities are also significantly more likely to deal with food insecurity. Residents living with disabilities were significantly more likely to worry that their food would run out before they had money to buy more for one or more days in the last 30 days than residents living without disabilities (15.7%* vs. 4.7%). Residents living with disabilities averaged 1.31 days where they worried that they would run out food before buying more, compared to 0.4 days for residents living without disabilities.

Home ownership is linked to better overall health, including a lower prevalence of chronic conditions like diabetes and improved mental health, compared to renting. Home ownership can also offer financial stability, equity accumulation, and long-term well-being (Rahman, 2025). Residents living with disabilities were significantly more likely to rent their home compared to residents living without disabilities (34.4%* vs. 15.9%), which could contribute to a lower overall health status.

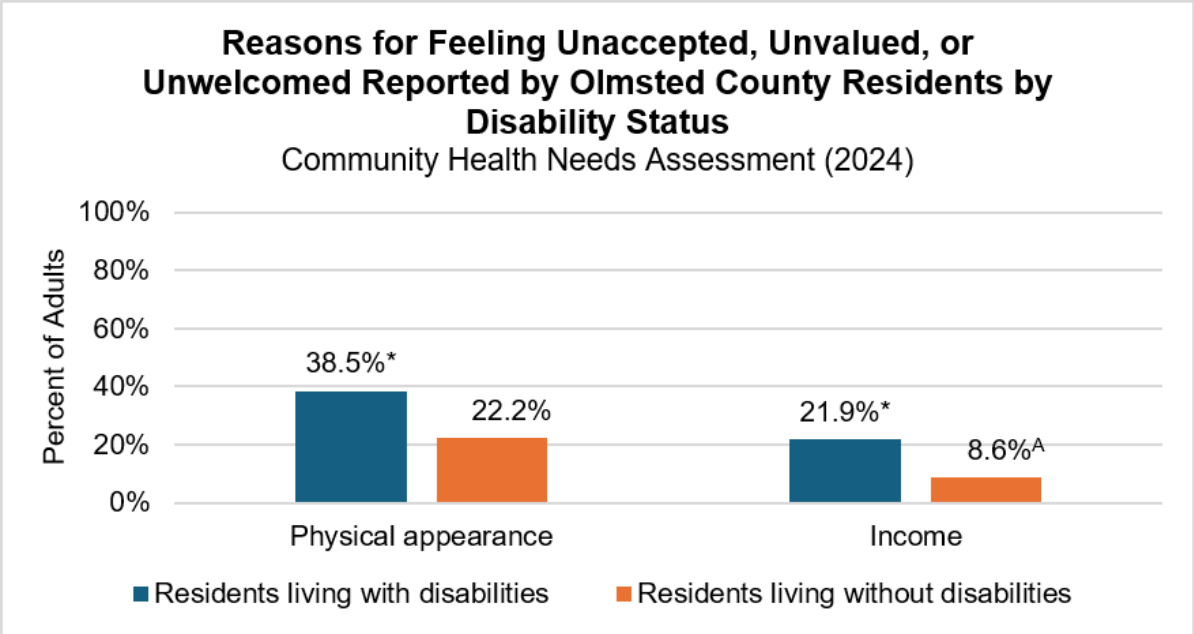
Economic stability contributes to better overall health. A sufficient household income can provide financial stability minimizing financial stressors, improving access to timely care, nutritious food, and other things required to live a healthy life. Stressors can lead to poorer mental health, leading to anxiety and depression.

Social Well-being

Social well-being is based on the quality of an individual's relationships and their sense of connection, belonging, and value in their communities. Emerson et al. (2020) found people living with disabilities were significantly more likely than people living without disabilities "to report loneliness, low social support and social isolation, and to report exposure to multiple forms of low social connectedness." Between 2010 and 2014, people living with disabilities were also three times more likely to experience a serious violent crime (i.e., rape/sexual assault, robbery, and aggravated assault) than people living without disabilities. People living with disabilities experience more risk/violence, which can be associated with devaluation, presumed lack of credibility, isolation and segregation, increased exposure to potential abusers, a culture of compliance, seen as "easy targets", and being doubly silenced (Smith et al., 2017).

In Olmsted County, residents living with disabilities are significantly more likely to feel no community inclusiveness than residents living without disabilities (46.8%* vs. 22.9%). Residents living with disabilities are significantly more likely to feel “unaccepted, unvalued, or unwelcomed” due to their physical appearance and income compared to residents living without disabilities.

Figure 10: Reasons for Feeling Unaccepted, Unvalued, or Unwelcome by Olmsted County Residents by Disability Status.



*NOTE: * denotes a statistically significant value; A denotes a respondent population less than 20.*

People living with disabilities tend to have weaker social support systems, and the majority of their community tends to be immediate family, a partner/spouse, and best/closest friend(s). Residents living with disabilities are significantly more likely to feel a lack of social connectedness than residents living without disability (46.3%* vs. 26.9%). They were also less likely to have a large community to count on to help them if they called for practical help, like to pick up groceries, talk to about a problem, or provide them with care compared to residents living without disabilities. Most people living with disabilities tend to have one or two people (32.9%) or three or four people (33.5%) to count on for practical help, while most people living without disabilities tend to have five or more people (50%) to count on for practical help.

Residents living with disabilities tend not to feel safe from fear or violence in their communities compared to residents living without disabilities (38.0%* vs. 16.9%). Specifically, residents living with disabilities are more likely to report disagreeing/strongly disagreeing with the following statements about their community compared to residents living without disabilities:

- "Community violence is not an issue in my neighborhood” (23.4%* vs. 9.4%).
- "People in my neighborhood are not afraid to go out at night due to violence” (22.6%* vs. 10.9%).
- "People in my neighborhood can be trusted" (20.5%* vs. 10%).

Overall, residents living with disabilities seem to feel less included, with a smaller support system, and less safe in their communities compared to residents living without disabilities.

Socioeconomic well-being plays a crucial role in an individual’s overall health (physical, emotional, mental, and social), economic stability, and social well-being are interconnected. With people living with disabilities being more likely to report less financial stability, their overall health is impacted across multiple domains. Their

ability to afford nutritious food or to seek timely medical, dental, or mental health care will affect their physical and mental health. Being unable to afford basic necessities like rent or food increases financial worries/stressors, affecting their mental health. If a person views themselves as unaccepted, unvalued, or unwelcomed, their social health may also be affected.

Neighborhood and Built Environment

Neighborhood and built environment refer to the conditions people live in, including the physical, environmental, and societal aspects. Where we live is interlinked with our overall health, including our ability to be independent, access transportation to run errands, go to school/work, and see our friends/family, and physical health.

People living with disabilities are significantly more likely to live in housing with poor conditions and have higher housing cost burdens than those living without disability. There is likely a tradeoff between affordability and livability for people living with disabilities when looking for housing (Anderson et al., 2024). Across the United States, 2.2% of people living with disabilities live in a poor housing environment – such as lacking a complete kitchen or complete plumbing – compared to 1.9% of those living without disabilities. However, in Minnesota, only 0.9% of people living with disabilities live in a poor housing environment compared to 1.2% of those living without disability (Thomas et al., 2024).

In Olmsted County, residents living with disabilities are significantly more likely to live in an unhealthy home than residents living without disabilities (18.1%* vs. 5.4%[A]). A healthy home is “dry, clean, safe, ventilated, free of pests and contaminants, well maintained, and thermally comfortable” home (National Center for Healthy Housing, n.d.). Specifically, residents living with disabilities compared to residents living without disabilities are:

- More likely to live in a home with pests (29.8%* vs. 18.9%).
- More likely to not live in a home with safe detectors or electrical outlets (45.7%* vs. 25.8%).
- More likely to not live in a home with good ventilation (19.9%* vs. 11.6%).
- More likely to not live in a well-maintained home – not hot/cold or needing repairs (48.7%* vs. 25.2%).
- More likely to not live in a contaminants-free home – no mold or radon (83.7%* vs. 69.9%).

Overall, affordable and quality housing is an area in our community where residents living with disabilities face barriers. Access to affordable and quality housing impacts the health of both residents living with and without disabilities. However, limited access could further impact residents living with disabilities already more likely to be dealing with chronic conditions than residents living without disabilities.

Conclusion

Overall, this data profile highlights significant disparities between Olmsted County residents living with and without disabilities.

These findings reveal that residents living with disabilities experience poorer mental health, higher rates of using some substances, poorer physical health with higher rates of medical conditions, multiple conditions, and lower rates of physical activity, less independence performing activities of daily living, especially for those 65+ years, more delays in medical, dental, and mental health care, poorer financial stability, less community inclusiveness and safety in their community, poorer access to affordable and quality housing, and poorer community mobility.

Addressing these disparities will require a comprehensive approach that includes targeted interventions. By taking action, we can work towards creating a more equitable and healthier community for all residents of Olmsted County.

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Technical Notes

Statistical Significance.

Some graphs and tables within this document contain statistically significant data (Chi-Square: P-value < .05).

Methods of Analysis

Population

Olmsted County, Minnesota residents aged 18 years and older.

Data Source(s):

a. **Community Health Needs Assessment (CHNA) Mailed Survey: 2013, 2015, 2018, 2021, 2024**

The CHAP process developed the survey instrument with technical assistance from the Minnesota Department of Health (MDH) Centers for Health Statistics (for the 2013, 2015, and 2018 assessments) and the Wilder Foundation (for the 2021 and 2024 assessment). 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 as a scannable, self-administered, English questionnaire. In 2024, 940 residents in Olmsted County responded to the survey.

Methods

SPSS (version 28), WinCross (version 22), and Microsoft Excel were all used for analysis and presentation of data.

Analysis of the Olmsted County resident data (CHNA) used independent Z-Test for percentages with unpooled proportions to determine significant differences at 95% confidence intervals.

Throughout the report, a notation symbol (*) signals a significant difference in the data. A notation symbol (A) was used to signal smaller respondent population size (less than 20 respondents).

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