



Healthy People, Healthy Communities ***Ensuring Access to Health Care in Olmsted County***

Home to one of the top healthcare institutions in the world and more than 200 non-profit organizations, Olmsted County offers many residents vibrant communities, good health, and a high quality of life. With over 85 miles of exercise trails and 3,500 acres of greenspace in Rochester alone, 86% of residents have access to exercise opportunities (County Health Rankings 2022). Most residents have medical (94%) and dental (76%) insurance, and self-report that they are in good health. Indeed, Olmsted County ranks as one of the healthiest counties in Minnesota.

Olmsted County is a thriving and growing community. With nearly 25% of our population under the age of 18 and an increasing number of senior citizens, a diversity of health care services are needed to serve all residents effectively. Health care needs change by age and stage; families with children benefit from affordable pediatric dental care, routine vaccinations, and regular developmental assessments, whereas senior citizens may be more focused on treatment for chronic health conditions or disability care. Whatever your health needs may be right now, good health care contributes to an overall high quality of life that we all deserve.

The pandemic has brought into focus the inequities that still exist within our health care systems and communities. Minnesota has some of the greatest disparities in health care and health outcomes between communities of color and white residents. Residents who are Black, Indigenous, or from other populations of color (BIPOC) experience more barriers to accessing health care than other people in our community. People who are financially stressed, senior citizens, and people living with disabilities also face barriers to accessing health care.

The Destination Medical Center initiative in Rochester is expected to add 55,000 people to Rochester and surrounding communities by 2045. In addition to population growth, Rochester is expected to continue to increase in racial and ethnic diversity. As our community grows, it is important that health care systems and community partners have the resources they need to ensure that all residents have access to high quality health care. When Olmsted County residents are healthy, they can reach their full potential and engage in our community.

Health Disparities in Minnesota

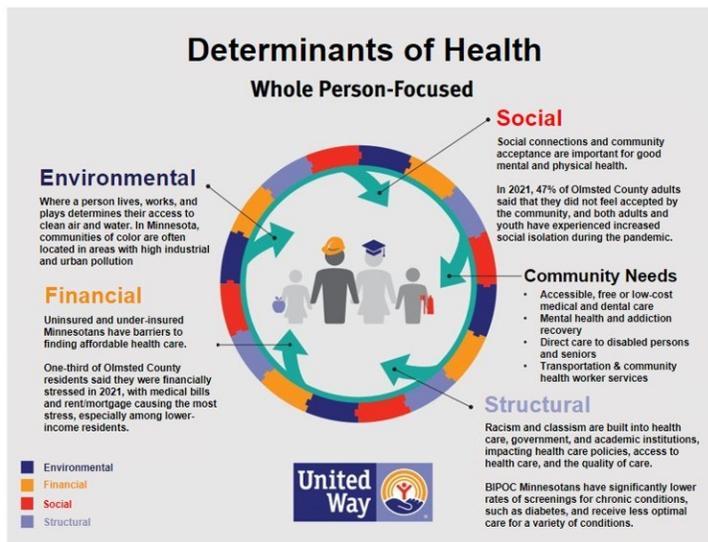
Although your health is the result of several factors, where you live and work, your income level, and your race and ethnicity play a critical role in your health and access to health care (Figure 1).

Racism is a serious public health issue that affects a person's health through both interpersonal bias and structural inequities (CDC 2022). Socioeconomic factors and structural racism have been identified as the most important factors contributing to health inequities among BIPOC populations in Minnesota (Ferris and Orionzi 2020). The harmful effects of past redlining and housing covenants that restricted home ownership and occupancy by BIPOC residents in Rochester can still be seen today (Richert 2022). Across the U.S., including here in Minnesota, BIPOC and lower-income communities have been restricted to neighborhoods that experience the greatest impacts of climate change, including flooding and extreme heat. People who live in these neighborhoods experience more air and water pollution too because landfills, highways, and pollution-producing industries tend to be located near lower-income and BIPOC communities (Snowden et al. 2019, MN Climate Action Framework 2021). Such environmental pollution, coupled with extreme heat due to climate change, increases the chance that a person will develop chronic health problems. For example, industrial and urban pollution near residential areas leads to higher rates of asthma, cancer, and premature death. Children that grow up around pollution are more likely to have health problems, such as asthma, as children and poorer health as adults. Poor health, in turn, makes it more difficult for children to do well in school, impacting their ability to reach their full potential.

Minnesota has some of the greatest disparities in health care service and health outcomes between BIPOC and white residents. Communities of color in Minnesota have less access to health care providers and receive less optimal care compared to other residents (Ferris and Orionzi 2020, Donovan 2022). These inequities contribute to higher rates of heart disease and other chronic health conditions among Black and Native American Minnesotans. These stark inequities require direct support and attention, ideally from organizations with leaders who represent the communities they serve and understand the obstacles faced by community members.

Access to Direct Care

Olmsted County residents who are uninsured or under-insured experience greater obstacles to receiving direct delivery of health care compared to insured residents. Indeed, in 2018, 29% of adults delayed medical, mental, or dental care in Olmsted County (CHNA 2019). Of those who delayed care, 26% said that cost was the primary reason for delaying care. However, Olmsted County adults also said that a lack of insurance, scheduling problems, social stigma (e.g., around mental illness), and uncertainty about where to receive care were also reasons for delaying care. Olmsted County adults who were living in rental housing, not retired, and/or financially stressed were more likely to delay care according to survey responses (CHNA 2019). Adults experiencing financial stress in our community say that paying medical bills and health



insurance contributes to their stress. Furthermore, 22% of adults in 2018 did not have a primary healthcare provider. The pandemic also caused people to put off their health care needs. Dental care was especially likely to be delayed because dental offices were closed or only offered emergency care. In winter 2021, during the height of the pandemic, 56% of Olmsted County adults said they delayed medical care because clinics were closed, patients couldn't get an appointment, or out of safety concerns (OCPHS 2021). Consequently, accessing affordable health care has become a burden for Olmsted County residents at the cost of affecting their quality of life.

In addition to disparities in medical insurance coverage and affordable access, many residents do not have access to affordable dental care in Olmsted County. Good oral hygiene, which includes annual dental visits, is critical for good overall health because cavities, gum disease, and tooth loss can lead to other health problems and impact a person's health later in life. In 2020, only about 70% of adults in Minnesota visited a dentist (MDH 2022). Although 76% of Olmsted County adults had dental insurance in 2019, medical bills can cause insured people who are already financially stressed to delay care (CHNA 2019, OCPHS 2021). Senior citizens, people with disabilities, and those who are financially stressed have more difficulty finding affordable dental care.

Routine dental care and good oral hygiene habits are especially important for children to develop because good habits that begin in childhood often continue into adulthood. Tooth decay is the most common chronic condition in children in Minnesota. In 2015, 20% of Minnesota public school third graders had untreated tooth decay, which can lead to cavities and infection (MDH 2022). In 2018, 17% of Olmsted County teens did not receive routine dental care (CHNA 2019). Children from low-income families and children of color are disproportionately affected by limited access to pediatric dental care and this impacts their dental health. For example, children in households below 200% of the federal poverty level have 3.5 times more tooth decay than children from wealthier families (Wilder Research 2019).

Finally, the pandemic has negatively impacted dental care access; Olmsted County adults delayed dental care more than any other type of healthcare during the height of the pandemic (OCPHS 2021). Indeed, finding affordable dental care in Olmsted County is a barrier for residents without private insurance because most private dental providers do not accept Medicaid or Medical Assistance. Minnesota Dental Association identified fewer than five providers in the Rochester area who offer a full range of pediatric and adult dental care while accepting Medical Assistance. Therefore, affordable and accessible dental care is an urgent need in our community.

Direct Care Programs

Olmsted County residents benefit from local non-profit organizations that provide free or low cost (sliding-scale) direct health care (i.e., provides physical, dental, mental, and behavioral health care). Many of these providers are culturally competent and responsive to community needs, such as by providing interpreters for appointments and offering services during evenings and weekends. Mobile medical and dental services are also in high demand. Programs that offer free or low-cost pediatric dental care benefit many families in Olmsted County who are already experiencing financial stress. Mobile clinics that offer services within neighborhoods at local churches, schools, and parks can be especially effective at reducing barriers to care while also addressing the social determinants of health (Yu et al. 2017).

Access to Mental Health Care and Addiction Recovery

Mental health has been identified as a top health priority for the Olmsted County community during the past three Community Health Assessment and Planning cycles, since 2013. In the 2021 COVID Impact Survey, 29% of Olmsted County adults self-reported having mental health issues, and more adults reported feeling depressed or having a low mood than in previous years. People who were financially stressed were more likely to also report a low mood or feelings of depression. On average, Olmsted County adults experience 3.2 mentally unhealthy days a month (County Health Rankings 2021). In addition, people with disabilities are more likely to experience poor mental health and barriers to mental health care.

Poor mental health often correlates with poor physical health and risky health behaviors, such as alcohol and substance use, especially for teens (Aarons et al. 2008, NIDA 2021). In a survey assessing the impact of COVID-19, Olmsted County Public Health Services found that adults increased their substance use, particularly alcohol consumption, during the pandemic (OCPH 2021). Although alcohol consumption among teenagers has been declining for the last decade in Minnesota, teens who do drink engage in binge-drinking more than in previous years (Braun et al 2022). A national survey during the pandemic found that high school students who already used substances increased their cannabis and alcohol consumption as coping mechanisms to deal with pandemic-related social isolation (Patrick et al. 2022). The negative effects of substance use are cumulative and contribute to social, physical, mental, and public health problems. Alcohol and drug abuse are linked to increased crime, domestic violence, homicide and suicide, unplanned pregnancy, sexually transmitted infections, and child abuse. Programming to address these challenges should be an investment priority.

The pandemic has had a profound impact on social connection and mental well-being. Anxiety and depression have increased for both adults and children during the last three years (Panchal et al. 2021, Jones et al. 2022). Over one-third (37%) of U.S. high school students reported having poor mental health during the pandemic, with depression and anxiety being highest among girls (49%) and lesbian, gay, bisexual, and questioning students (64%; Jones et al. 2022).

However, not everyone has had equal access to mental health screening and care. Recent studies found that health care providers are less likely to screen Black, Native American, and Hispanic/Latinx students for mental health issues and provide lower quality care for those diagnosed with a mental health issue. These students also were more likely to experience conditions that contribute to poor mental well-being, such as social isolation and financial stress, during the pandemic (Panchal et al. 2021, Jones et al. 2022). In Minnesota, Black, Native American, and Spanish-speaking adults and children have lower rates of screening for anxiety and depression, receive less optimal mental health care, and have lower rates of follow up care compared to statewide averages (Donovan 2022).

Approximately one-third of U.S. high school students reported being treated unfairly because of their race or ethnicity and these students were more likely to experience poor mental health, stress, and difficulty concentrating (Mpofu et al. 2022). Closer to home, 16% of 11th grade students in the Rochester Public School district reported being bullied due to their race or ethnicity (MDE 2019). Access to care, language barriers, and social stigma around mental health issues all pose challenges to mental health care in our community.

Social isolation is strongly tied to poor mental health and substance use. Nationally, teens who reported poor mental well-being during the pandemic were more likely to report a lack of social

connection at school; Black and Hispanic students were more likely to report feeling a lack of connection at school and less likely to have virtual access to school during 2020-2021 compared to white students (Jones et al. 2022). Nearly one-third of students reported poor mental health and 44% experienced persistent feelings of sadness or hopelessness. These students were also more likely to contemplate or attempt suicide compared to peers who did not report such feelings (Jones et al. 2022). In Rochester, nearly 40% of 8th graders and 45% of 11th graders said that had felt down, depressed, or hopeless at least several days during the prior two-week period. Alarming, 27% of 11th graders reported that they had considered suicide at some point during their lives, and almost 10% of 11th graders said that they had attempted suicide (Minnesota Student Survey 2019).

Mental Health Care and Addiction Recovery Programs

Given that mental health care and social connections are both top priorities for our community, programs that connect people to mental health screenings and clinical care, as well as peer support services, are in high demand. There is a great need for mental and behavioral health screenings and treatment for children and teens, as these areas of health care are often neglected for children (Dvorsky et al. 2014, Siceloff et al. 2017). Mental and behavioral health screening and treatment are especially important for children and teens because early interventions can prevent or mitigate mental health issues in the future as adults (Siceloff et al. 2017). Providing universal screening and preventative care within existing infrastructure, such as schools, can be especially effective in reaching lower-income students who may not otherwise have access to such services (Dowdy et al. 2015, Siceloff et al. 2017).

Another area of need for mental health and addiction recovery is community-based support. Community organizations in Olmsted County currently trained peer support workers (also known as peer counselors) for mental health and addiction recovery services. Trained peer support workers are individuals who have similar lived experiences and can engage and gain the trust of mental health and recovery patients more so than clinicians (Davidson et al. 2014).

Peer support for people experiencing mental illness has been shown to be effective in helping patients to cultivate a sense of hope, self-care, community belonging, and empowerment (Davidson et al. 2014, White et al. 2020). Peer support can be particularly impactful and cost effective when both parties are from similar underrepresented ethnic, racial, or socioeconomic backgrounds—especially for support with culturally-taboo subjects (Findley & Maros). For seniors, trained peer support can help people cope with aging-specific issues such as fall prevention, dementia, and end-of-life planning. A lack of social connectedness can have especially negative consequences for homebound seniors (Allen et al. 2014). Peers are also valuable in providing emotional support for caregivers, those recently bereaved, and those at risk of social isolation.

Peer support programs have been shown to improve patients' psycho-social conditions (e.g., sense of hope, social connectedness), however, the effectiveness of these programs varies greatly depending on the training and support that peer workers receive from organizations (White et al. 2020). Peer workers should understand a core set of principles related to peer support work and receive training and support from organizations, regardless of whether they are paid employees or volunteers. Among other core competencies, the Substance Abuse and Mental Health Services Administration (SAMHSA) advises that peer support workers have lived experience that they are willing to share, are recovery-focused, and are able to connect peers to resources related to health, wellness and recovery (SAMHSA 2015).

Access for People with Disabilities

Approximately 9% of people in Olmsted County live with a physical, developmental, or intellectual disability, with the greatest share of this population 65 years old or older. The percentage of people with at least one disability is expected to grow in Olmsted County because we are all more likely to develop a disability as we age and the senior population in Olmsted County is projected to grow in the coming years.

Unfortunately, people living with disabilities are often overlooked in our society, even when it comes to planning for public health (Krahn et al. 2015). People with disabilities have experienced a history of social, economic, and environmental disadvantages, including the forced institutionalization and marginalization of individuals. Only since the 1990s have people with disabilities been considered to have equal rights under the law (Americans with Disabilities Act 1990) and it took a Supreme Court ruling in 1999 (Olmstead) to uphold the rights of a person with disabilities to live in an integrated community setting, as opposed to an institution (Krahn et al. 2015).

Still, people living with a disability continue to face obstacles to accessing health care and supportive home care. These obstacles occur both within health care institutions themselves and within the community-at-large. For example, people with disabilities are more likely to experience biased care and social stigma, health care staff who lack training and familiarity with the disability, and a lack of infrastructure appropriate for people with mobility issues (Krahn et al. 2015, NCD 2015). They are also more likely to experience external obstacles in the community, such as a lack of adequate transportation or community health supports. Moreover, health insurance providers often deny coverage for care-related equipment and optimal healthcare needed for the disability (NCD 2015). These obstacles impact a person's ability to maintain good health and have a high quality of life.

Despite ample evidence of health disparities, people with disabilities are not recognized as a population that has been disproportionately affected by poor health care and low access to health care (Krahn et al. 2015). Given the difficulties in accessing adequate care, people with disabilities tend to have lower rates of preventative care and are more at risk to be in poor health and have other health conditions not associated with the condition (NCD 2015). Institutional and external obstacles to care contribute to the higher rates of depression, obesity, heart disease, and diabetes that people with a disability experience (Krahn et al. 2015, NDC 2015, CDC 2022).

The Olmstead decision by the Supreme Court called for states to better integrate people with disabilities into community settings so that they may exercise their rights as citizens to fully participate in society. Known as the "Olmstead Plan", the ruling placed an emphasis on expanding community-based healthcare and in-home support services to allow people to live outside of institutions. Unfortunately, the shift to funding to these community services has not been realized in most states, including Minnesota. In-home healthcare and personal support services by staff trained specifically in disability care are needed by residents in Olmsted County. Direct care services that provide in-home health care and personal support services allow people with disabilities and their families to live outside of institutions and participate more fully in our community.

Auxiliary Services

Many individuals face indirect barriers to receiving healthcare. Auxiliary services provide supports necessary for people to access direct care services, such as medical and dental appointments. For example, transportation is a common indirect barrier to healthcare. In

Olmsted County, 8% of adults have inadequate transportation options to access healthcare (CHNA 2019). Seniors and people with disabilities are two populations that frequently face transportation barriers to access healthcare. Transportation was raised as a concern in our community listening sessions. As Rochester continues to grow, community members are finding public transit more challenging to navigate (UWOC 2016). Auxiliary services that provide medical transportation to direct care appointments can help reduce these indirect barriers.

Like people with disabilities, senior citizens in Olmsted County also face obstacles to accessing health care. Olmsted County's senior population is projected to increase to 30% by 2025 and with that increase comes increased health care needs and corresponding auxiliary services (AFOCCAC 2021). Moreover, senior citizens are more likely than younger adults to have at least one disability, with 32% of seniors in Minnesota reporting a disability in 2015. During CHNA community listening sessions, community members voiced concern that senior residents lacked adequate transportation services. Therefore, there is a growing need for affordable and accessible transportation services for both seniors and people living with disabilities in Olmsted County.

Our listening sessions also highlighted accessibility of services as a major community concern. Community health workers (CHW) are members of a community who serve a variety of roles to help improve the health of members of their community (also known as health navigators, peer counselors, lay health workers, etc.). Such auxiliary services provide a critical link between health care providers and people by connecting people to necessary resources and sharing insights into the barriers facing their community. CHWs are often better able to gain trust with community members, especially in underserved and disenfranchised communities (Cosgrove et al. 2014, Scott et al. 2018).

Programs that include trained community health workers have increased in popularity in recent years (Scott et al. 2018). The overall purpose of CHW programs is to improve health outcomes for patients that have complicated medical needs and high-risk social determinants of health. Culturally competent health care programs that include CHWs significantly reduce emergency room visits and health care costs while also improving patient health and long-term management of chronic diseases (Cosgrove et al. 2014). Moreover, CHWs who are already part of the community are more likely to understand the linguistic, cultural, and socioeconomic challenges a patient is facing and ultimately create an infrastructure of care that will support the patient beyond their medical appointments.

Conclusion

Our community is home to over 160,000 residents and is expected to continue to grow with the Destination Medical Center initiative. The county is home to diverse and highly engaged communities, high quality healthcare providers, and community organizations dedicated to ensuring that everyone enjoys good health and can live up to their full potential. To ensure that everyone has access to high quality physical, dental, mental, and behavioral health care, we need broad support for these programs and the people doing the work. After all, healthy communities start with healthy people!

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