



**At a Glance
October 2019**

Mortality	Leading Causes of Death	
	Heart Disease	23%
	Cancer	22%
	Years of Potential Life Lost	
	Life Expectancy	83.1 years

Morbidity	Senior Independence	
	Adults who believe our community promotes senior independence	46%
	Seniors who seek medical attention for falls	6%
	Seniors who take prescriptions in >5 drug groups	62%
	Overweight/Obesity	
	Clinically classified as overweight or obese adults	43%
	Overweight or obese adolescents (self-reported)	22%
	Diabetes	
	Adults with clinically diagnosed diabetes	17%
	Multiple Chronic Conditions	
	Adults living with 2 or more chronic conditions (self-reported)	28%
	Mental Health	
	Adults with any mental health issues (self-reported)	29%
	Adolescents with clinically diagnosed depression	8%
	Childhood Asthma	
	0-19 year-olds with clinically diagnosed asthma	1.5%
	Hypertension	
	Adults with clinically diagnosed hypertension	22%
	Preterm Birth	
Infants born prematurely	7%	

*Data development measure

Health Behaviors	Tobacco Use	
	Adult tobacco use	8%
	9 th & 11 th grade tobacco use	7%
	Drug Use	
	Adult drug use	14%
	9 th & 11 th grade marijuana use	7%
	Binge Drinking	
	Adult binge drinking	28%
	9 th & 11 th grade binge drinking	4%
	Fruit and Vegetable Consumption	
	Adults who consume 4 or more fruits and vegetable servings/day	47%
	Adolescents who consume 4 or more fruit and vegetable servings/day	9%
	Physical Activity	
	Adults meeting national guidelines	46%
Adolescents meeting national guidelines	20%	
Motor Vehicle Injury Prevention		
Adults who always wear seat belt	98%	
Adults with distracted driving behaviors	82%	
9 th & 11 th graders who always wear seat belt	85%	
9 th & 11 th graders who text or e-mail while driving	37%	

Physical Environment	Healthy Homes	
	Homes meeting healthy homes principles	14%
	Air Quality	
	Days/year good air (Rochester)	86%
	*Water Quality	
	Wells tested for bacteria that have bacteria	29%
Wells tested for nitrates that have high nitrates	15%	

Social and Economic

Education Level	
4-year graduation rate	86%
Financial Stress	
Adults who are financially stressed	33%
Adults paying more than 30% for housing	23%
Homelessness	
Families experiencing homelessness	355
*Living Wage	
Under development	
Food Security	
Adults who are food secure	92%
Safe from Fear and Violence	
Adults who feel safe	80%
Adolescents who feel safe	87%
Community Mobility	
Adults with inadequate transportation options	8%
Early Childhood Screening	
Early childhood screenings done by age 3	43%
Social Connectedness	
Adults who are socially connected	68%
Adolescents who build friendships with other people	76%
Community Resiliency	
Adults who believe their community is resilient	89%
Adults who believe they are resilient	83%
Human Trafficking	
SE Minnesota Human Trafficking Reports from May 2014 - December 2018	350
Community Inclusiveness	
Adults who have been in situations where they felt unaccepted	33%

Clinical Care	Immunizations	
	Influenza vaccination rate	40%
	Childhood vaccination series on time	72%
	Insurance Coverage	
	Adults with dental and prescription insurance coverage	76%
	Access to Care	
	Adults with no primary health care provider	22%
	Adults who have any delayed care	29%
	Youth Dental Care	
	Youth with dental care in last year	83%

*Data development measure



A Collaborative Community Effort

Lead by Olmsted County Health, Housing, and Human Services; Olmsted Medical Center; and Mayo Clinic, along with multiple community organizations.

Framework and Format

Based on the County Health Rankings model - health indicators are categorized into two broad sections: 1) health outcomes and 2) health factors. The consistent format is intended to serve as a snapshot of the issue, highlighting disparities and summarizing the relevance of the indicator.

Health Indicators

A systematic process of reviewing and identifying local indicators was conducted to populate the framework. Input was sought from multiple groups to identify missing or emerging indicators.

Data Sources

Numerous quantitative and qualitative data sources were used.

Prioritization Process

Each health indicator was scored on: 1) objective (population affected, trend, and disparities) factors and 2) subjective (community perception and urgency) factors. Objective scores were predetermined and approved through the Data Subgroup. Subjective scores were gathered through ten separate community-based prioritization sessions.

Community Health Improvement Plan

Identified priorities will be further assessed in the form of data profiles. These profiles will include deeper data dives to determine if further local associations, correlations and disparities, along with community dialogues that will strengthen our understanding regarding the community health priorities.

