



Public Health

Prevent. Promote. Protect.

Kandiyohi-Renville

Community Health Board

Community Health Assessment

August 2024

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Introduction

What is health?

The World Health Organization calls health, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Everything in our lives — our families, homes, neighborhoods, jobs, schools, the land, water, and air — impacts our health.

Health is a resource for our everyday lives. If we are healthy, we can engage with our family and friends, attend school, go to work, play, and be active participants in society by volunteering, voting, and more. Each of us is part of multiple communities, and our health results largely from our interactions with the people and the places that surround us, including both the man-made and the natural world. Because health comes from our interactions, health is something we shape together, and each person’s health is affected by every other person’s health.

What creates health?

For many years, public health has focused on individual behavior change as the means of improving health. We are familiar with the advice to eat right and exercise to impact our weight, our blood pressure, and our sleeping habits. Without discounting the role of the individual, studies show that the circumstances of our lives — in particular where we live — play the largest role in our health. Where we live determines our options and influences our choices no matter how well-intentioned or motivated, we may be to “make healthy choices.”

Decades of study on the **social determinants of health** show that the policies and processes that shape the daily circumstances of our lives creates health. Our individual behaviors are overshadowed by a much larger set of economic and social forces put into action by policy decisions at every level of government.

The perspective that health is dependent on the individual prevents us from making the kinds of changes that *would* generate good health: policies that assure all children thrive, equitable educational and job opportunities, shared power and decision-making, access to health care, affordable housing, multiple transportation options, and unpolluted environments.

What is health equity?

Health equity is a state of affairs where everyone has what they need to be healthy and no one is prevented from being as healthy as they can be by unjust or unfair barriers. We can only achieve health equity when all children get a loving and healthy start; when we can all get a good education and good jobs; when we can all take part in the decisions that shape our communities; and when we all have good living conditions. When some of our populations are not as healthy as they could be, it is typically because of inequities in these conditions. To achieve health equity, we need to tell a story about health that goes beyond the individual and is based in our growing understanding of what *really* creates health.

Looking beyond averages

A thorough community health assessment is a customary practice and core function of public health. Every Minnesota Community Health Board must complete an assessment every five years. Our community health assessment was prepared under the KaRe to Achieve leadership team and the Kandiyohi-Renville CHB, using data from the Minnesota Department of Health (MDH), the Centers for Disease Control and Prevention (CDC), student and PACT for Families surveys, SW Regional Adult Health Survey, U.S. Census, and local hospital and clinics.

Our *2024 Kandiyohi-Renville Community Health Assessment* tells the story of our health today and how it has been shaped over time by opportunities, belonging, and interactions with nature. This assessment intends to help make clear the association between the conditions of our lives and our health. The assessment sets the stage for our work with community partners and guides our collective efforts to assure that we achieve the Kandiyohi-Renville Community Health Board mission to lead efforts to:

- **prevent** illness, disease and injury,
- **promote** healthy and safe neighborhoods,
- **protect** and enhance the well-being of those who live, work, learn and play in our communities.

Our *2024 Kandiyohi-Renville Community Health Assessment* addresses four areas that shape our health:

People	Who we are, where we've come from, and our real and perceived differences?
Opportunity	Our opportunities for education, employment, income, housing and transportation.
Nature	Our interactions with the natural environment and the places we live, learn, work, and play.
Belonging	Our connections with each other from early childhood through our later years.

Childhood as a “critical moment” for lifetime health

Early childhood is a critical time to maximize the opportunity for a healthy future. Early nutrition, the material environment, and interactions with nature and with the people around us are all potent influences on our life-long health. Parents who receive support to provide safe, stable, and nurturing environments can help their children grow into strong, successful adults. Homes full of affection and free of the stress caused by poverty and other negative conditions help us develop good mental, social, and physical health.

Adverse childhood experiences increase our risk for a host of negative health behaviors and health outcomes throughout our lives. The impact of opportunity, nature, and belonging on children is highlighted in each section of this assessment.

The challenges of a multi-county health assessment

This assessment can only say a little about a lot of things

This community health assessment provides snapshots of many data points to draw an overall picture of health and the conditions that it creates in Kandiyohi and Renville Counties. Many other topics have been studied but not written about in great detail. Only limited data are available for some populations, such as the rural poor, specific ethnic and cultural group populations, the LGBTQ community, and people with disabilities. This makes it challenging to make population-level comparisons and provide a complete picture of the health and health inequities experienced by these populations.

Data categorizes us

Each individual is unique, each population is unique, each county is unique, and each has value. However, research methods require creating categories for analysis and grouping people, populations, and communities which hides some of our real and important differences in order to allow comparisons.

An assessment can only start the conversation about health in the community. The work of advancing health requires engaging with people and communities to more fully understand all of our unique circumstances and to shape action for change.

Trauma and resilience play a role in our health

The story of health is one of both trauma and resilience. When looking at disparities by ethnicity, income level, or size of a rural community, it is very easy to feel that everything about these populations must be cause for concern. Yet painting a picture of despair is inaccurate and unhelpful, because it perpetuates deficit-based models and narratives. It does not take into account a community's strengths. It is important to remember that with trauma comes both vulnerabilities and resiliency. Vulnerabilities (or risks) include health, socioeconomic, and educational factors. Community assets, such as strong, close-knit communities in the face of adversity, are resiliency factors that contribute to improved health outcomes.

Thinking about individuals can overshadow the role of system

Most of what we know today about health comes from aggregate data collected from individuals: individual rates of disease or injury, and individual behaviors like smoking and exercise. When we emphasize personal choice as *the* key strategy for improving health, we attribute health problems to the individual alone, rather than seeing each person in a set of surroundings. Our growing understanding about what creates health pushes us to locate the source of health problems in the systems and structures that shape individual behavior and health across our communities, for good and for ill.

This tension persists because so much of what we know about health comes from our analyses of individuals, and because the individual and their ability to make choices is still important. The challenge that confronts us is to move from a focus on individuals to an analysis of communities and to get much better at addressing the policies and systems (economic, educational, social, and more) that create or hinder health.

Across time

This assessment embraces the multiple perspectives of past, present, and future.

We must learn about and understand the past to confront the issues of today. If we will not or cannot see the impact of historical policies on health, we cannot understand health inequities or make good decisions for the future. The past also gives us examples of hope and progress.

We must act in the present. Reflection and understanding should lead to concrete steps for change today. We can always do something *now*.

We must engage in the work of advancing health with hope for the future. It is easy to become overwhelmed by the severity of health inequities. With growing partnerships and the wisdom of many, we can build our collective efforts toward meaningful change.

This community health assessment provides a grounding for people and organizations in Kandiyohi and Renville Counties to develop plans for improving our health, and we align with the [Minnesota Statewide Health Assessment](#).

The Kandiyohi-Renville County Health Board agrees with and reflects the statements in the [Minnesota Department of Agriculture Indigenous Land Acknowledgement](#).

People

There are 87 counties in Minnesota. Kandiyohi County is the 23rd most populated county in Minnesota, while Renville County is the 57th. In 2022, Kandiyohi and Renville Counties had a combined population of 58,364, with 43,839 people residing in Kandiyohi County and 14,525 in Renville County.

Minnesota's geography is a mixture of rural and urban areas:

- 73% (4 million) lived in urban areas, more than 50,000 residents
- 11% (over 600,000) lived in or near large towns, 10,000 to 49,999 residents
- 7% (nearly 390,000) lived in or near small towns 2,500 to 9,999 residents
- 8% (more than 434,000) lived in more remote rural areas.

Kandiyohi County geography:

- Town/rural mix: One large town, Willmar, accounted for about 48.5% (21,282) of the county's total population. In 2022, Kandiyohi County had a population of 43,839 with 17,128 households. This was an average of 2.48 people per household.

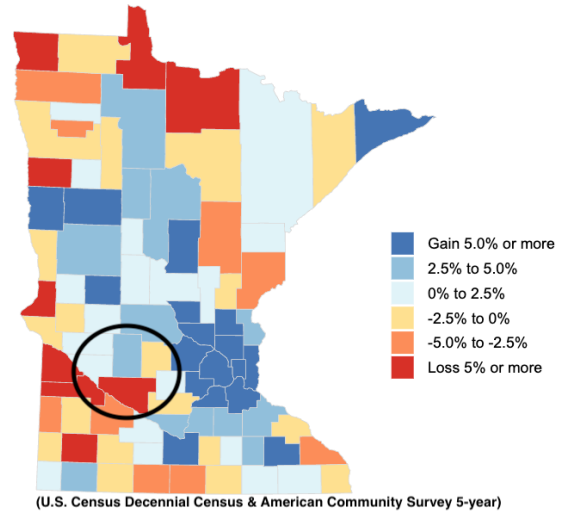
Renville County geography:

- Small town/rural mix: In 2022, Renville County had a population of 14,525 with 5,876 households. This was an average of 2.44 people per household.

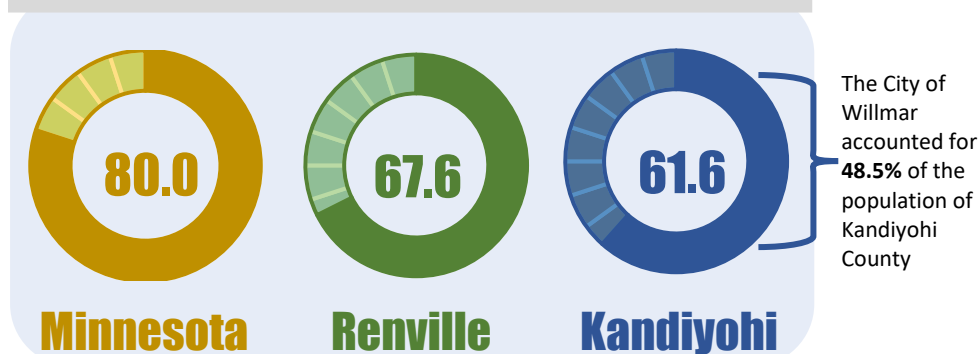
Being rural poses unique challenges, such as the ability to maintain infrastructure (roads, bridges, water quality, sewers, schools and more) and to protect the health and well-being of all residents. Due to the distance between healthcare facilities and trauma centers, rapid access to specialized care can be more challenging for people injured in rural areas. www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html

Percent change in population from 2010 - 2021

Quite a few rural counties now have a higher population compared to 2010.

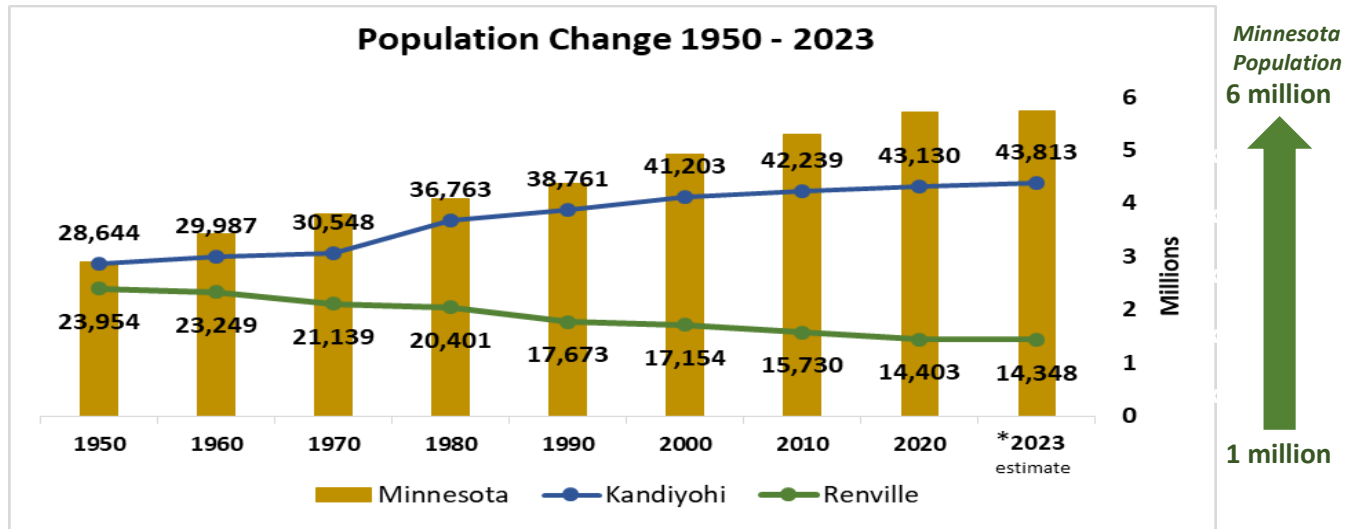


Percent of Population Living in Cities/Towns



U.S. Census

According to the Minnesota State Demographic Center, Minnesota's total population is estimated to exceed 6 million by 2032, and grow to nearly 6.8 million by 2070. Over time, Kandiyohi County's population is expected to grow and Renville County's population is expected to decrease. Overall, rural counties across the state experienced population losses between 2010-2019. According to data from the U.S. Census Bureau, reported by the Minnesota Center for Rural Policy and Development, there was a sudden major shift from 2019 to 2020-2021 in population migration returning to rural communities. This shift could be due to events such as the COVID-19 pandemic and an increase in housing prices.



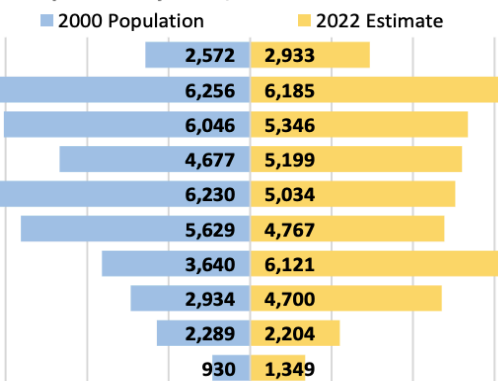
Mid Minnesota County Profile Kandiyohi and Renville Counties 2023

The Aging Population

The U.S. Census Bureau projects that by 2030, the United States will have more 65 and older residents than children. Renville and Kandiyohi Counties are experiencing this demographic shift, although to a lesser degree. The aging of our citizens presents challenges in workforce, housing, and health care. Aging also presents new opportunities — to volunteer in the community, to try a different career, or to take on a new role in the family. Older adults who “give back” provide tremendous in-kind benefits to communities and secure a better future for themselves in the process. In the coming years, Minnesota’s younger population will grow modestly. Meanwhile, the population aged 65 and older will grow much more rapidly over the same period. Our local counties’ population has an increased projection for adults over age 65; however, there is a projected increase (7.7%) in the population under 24 years of age in Kandiyohi County, with a very slight increase (1.3%) predicted for Renville County.

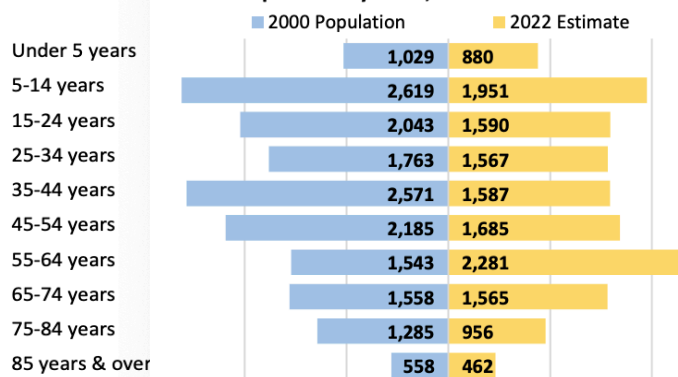
Kandiyohi

Population Pyramid, 2000-2022



Renville

Population Pyramid, 2000-2022



Securing adequate income can be challenging as adults move out of the workforce and depend on other sources of income, such as Social Security. Older adults in Kandiyohi and Renville Counties experience disparities in income. Poverty may increase the risk of developing diabetes and chronic disease can lead to more health expenses resulting in lower disposable income.

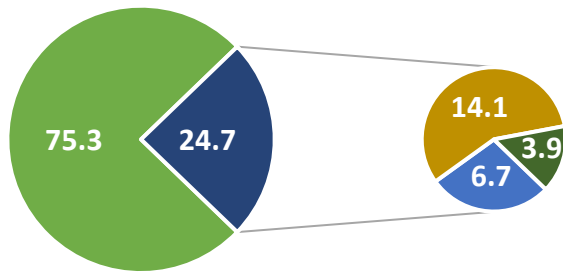
Our Children

In 2021, Minnesota was home to an estimated 1,317,567 children under the age of 18. Over half of the state's children (about 56%) live in the seven-county Twin Cities metropolitan area, and the remaining 44% live in the other 80 counties. 2019 data shows 24% of individuals in Kandiyohi County and 23% in Renville County were under the age of 18. *US Census.*

Children whose families live in poverty are more likely to experience hunger, being unhoused, and poor physical and behavioral health. Compared to peers in higher-income homes, they are far more likely to struggle in school, and less likely to graduate high school, putting them at risk for continued economic insecurity as adults. Children in poverty are also more likely to live in neighborhoods with fewer amenities and higher levels of crime and violence.

**Age Range Percentages in
Kandiyohi County in 2021**

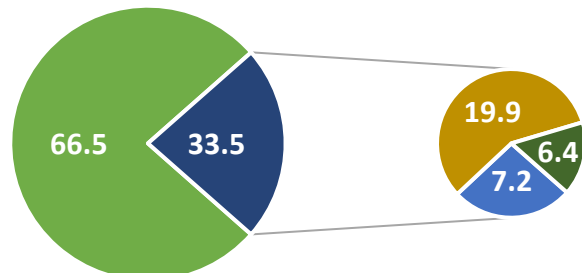
U.S. Census, 2021



■ Ages 18 and Above ■ Ages under 5
■ Ages 5 to 14 ■ Ages 15 to 17

**Age Range Percentages in
Renville County in 2021**

U.S. Census, 2021



■ Ages 18 and Above ■ Ages under 5
■ Ages 5 to 14 ■ Ages 15 to 17

Minimizing the experience, duration, and impacts of poverty in the lives of our children will pay dividends for our communities in terms of a stronger, better prepared future workforce. Kandiyohi (\$60,294) and Renville (\$59,028) Counties have median household incomes that are typically less than the state of Minnesota (\$71,306). *Minnesota County Profile Kandiyohi and Renville Counties* Recent census data shows that an average of 10.9% of children in Kandiyohi and 2.4% of children in Renville County live in poverty. It is critical to address these challenges which children face in our communities.

Race and Ethnicity

Minnesota is rapidly becoming more racially and ethnically diverse, where people of color (those who identify as a race other than White alone, and/or those who are Hispanic) make up 20% of the total population.

In Kandiyohi County, the population who identified themselves as Black or African American increased 240.4% from 2011-2021 while the White non-Hispanic population decreased by 7.6%. Those who identified as Hispanic or Latino increased 22.4% during the same time period.

In Renville County, those who identified as Asian or Pacific Islander increased 38.7% from 2011-2021 while the White non-Hispanic decreased by 14.2%. Those who identified as Hispanic or Latino increased 34.4% during the same time period. *Minnesota Employment and Economic Development County Profiles*

In most small towns and rural areas, more than 90 percent of residents are White non-Hispanic. The city of Willmar is an exception. Those residing in the city of Willmar identifying as White non-Hispanic went down from 80.88% in 2016 to 62.6% in 2020.

IMMIGRATION

Over 80 percent of people in Minnesota have roots in northern Europe. French fur traders arrived in Minnesota in the 17th century and were among the first Europeans to call Minnesota “home”; other settlers followed. Today, Minnesota’s immigrant population includes people from all over the globe, including Africa, Asia, and Central and South America. In 2018, the largest groups of foreign-born Minnesotans were born in Mexico (about 64,500); Somalia (33,500); India (30,200); Laos, including Hmong (24,400); Vietnam (18,600); China, excluding Hong Kong and Taiwan (18,600); Ethiopia (21,900); and Thailand, including Hmong (18,500). *Minnesota State Demographic Center, Department of Administration.*

Public Health in Kandiyohi County provided services to over 43 new immigrants from a variety of countries in 2019-2020. Renville County, in contrast, did not provide services to any new immigrants in that time period. From 2010 to 2021, Kandiyohi County saw an increase (80.1%) in the number of foreign-born residents while Renville County saw a decrease of 4.5%. *Minnesota Department of Education*

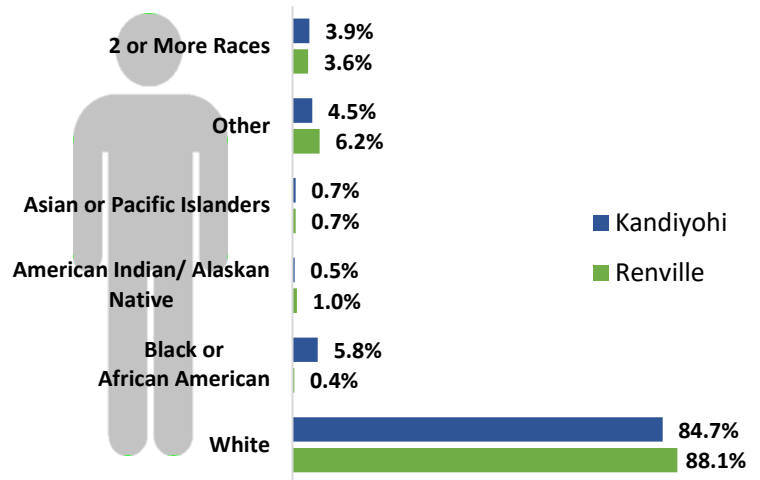
REFUGEES

Refugees are people who have been forced to leave their home country, often because of war, disaster, or oppression. Refugee challenges are unique and include the trauma and upheaval of the refugee experience and challenging conditions in refugee camps. Minnesota has a long history of refugee resettlement.

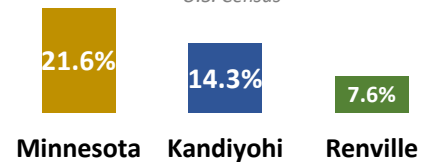
In 2023 there were 34 primary refugees served by Public Health in Kandiyohi County (24 from Somalia; 6 from Burma {Karen}; 1 from Ukraine; 1 from Ethiopia) and 9 secondary arrivals in the county. Renville County Public Health did not serve any refugees in 2023.

Many languages are spoken in homes throughout Kandiyohi and Renville Counties. During the 2022-2023 school year in Kandiyohi County homes, after English, the most common languages spoken were Spanish, Somali, and Karen. During the 2022-2023 school year in Renville County homes, after English, the most common language spoken was Spanish. *Minnesota Department of Education: 2022-2023 Primary Home Languages Total*

2021 Population by Race
U.S. Census



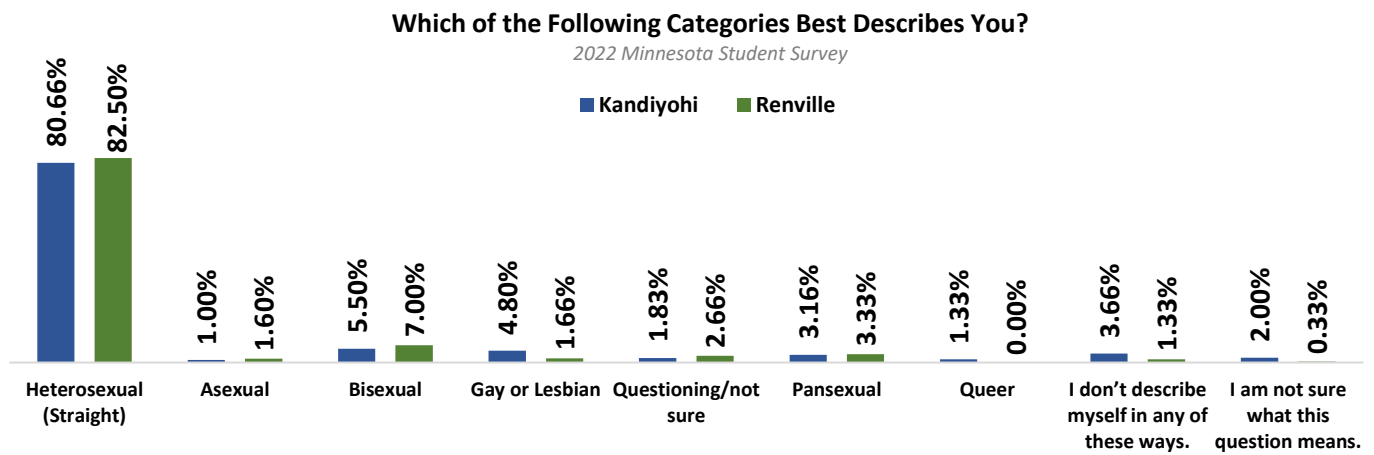
Percent of People Ages 5+ Who Speak a Language Other than English at Home 2015-2019
U.S. Census



The LGBTQ+ Population

Population-based data on persons who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) is becoming more available. The University of Minnesota has reported that the LGBTQ+ community makes up 4.1% of the total population in Minnesota with 59% identifying as female and 81% being White. Additionally in 2019, 19% of the LGBTQ+ population reported an annual income of less than \$24,000. Since 2016, the Minnesota Student Survey added questions of sexual orientation, gender identity, and gender expression to surveys for high school students.

Kandiyohi and Renville County student combined grade level responses to the survey are shown in the graph below. 1.5% of students from 9th and 11th grades responded identifying as transgender, genderqueer, or gender-fluid.



Comparatively statewide, in students from grades 8th, 9th, and 11th, 8.33% identify as bisexual and 3% as pansexual with only 3% of Minnesota students identifying as questioning their sexual orientation. Only 1.3% of students identify as transgender, genderqueer, or gender-fluid. In addition, 3% of students identified as nonbinary and 3% as questioning or unsure of their gender identity. 2022 Minnesota Student Survey: Sexual Orientation: Gender Identity; Gender Expression.

People with Disabilities

The definition of “disability” is purposely broad, inclusive, and not condition specific. It recognizes that all children and youth with disabilities, regardless of their condition, require a well-functioning, equitable, community-based system of resources to reach their full potential.

Children and youth living with disabilities are those who have (or who are at increased risk for) a chronic physical, developmental, behavioral, or emotional conditions. Children living with a disability can face a lifetime of physical and social challenges. The challenges of parenting a child who lives with a disability can sometimes put stress on families, increasing financial needs, and difficulties accessing adequate physical and mental health care and social support.

Some people who live with disabilities, such as those on the autism spectrum or living with intellectual disabilities, have faced unique challenges due to the changes caused by the COVID-19 pandemic. Some children with the aforementioned disabilities regressed in their developed skills and learned behaviors due to interruptions in programming and services.

Many people who live with intellectual or physical disabilities require highly specialized programs and one-on-one direct support to be safe, learn, work, or perform daily life skills. Some may have more difficulty using technology,

or learning and working in a virtual world. For many, much of their social interaction with peers is solely through schools, employment, or community programming.

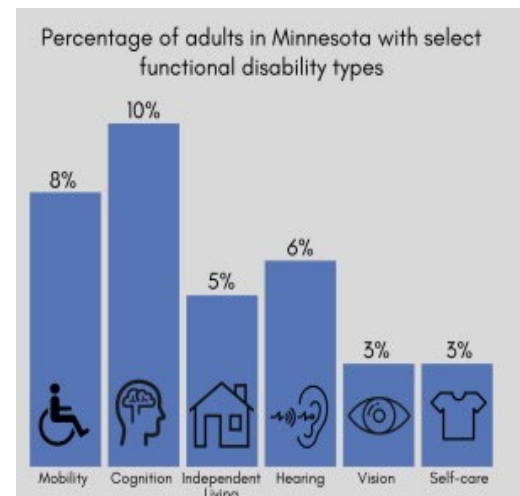
Disability in adults, for data collection purposes, is centered around 6 types of functional difficulties experienced: hearing, vision, cognitive, ambulatory, self-care, and independent living. Disabilities occur at a statistically similar percentage when comparing males and females. Of Minnesotans age 18 to 64, 8.5% are living with a disability.

Kandiyohi County's rate of disability within the age group of 18–64-year-olds (9.6%) is higher than the state of Minnesota, while Renville County's rate is similar to the state at 8.5%. Kandiyohi County is a regional hub and therefore has many corporate and private foster care homes and group homes where a large number of people living with disabilities live.

The likelihood of developing a disability increases with age, and as our population ages, the number and percentage of people living with a disability is expected to rise. Some of the greatest challenges for people with disabilities arise because physical environments and social settings not being structured to support full participation and quality of life. *Minnesota State Demographic Center.*

People living with disabilities can often experience daily challenges that include a lack of adequate accessible transportation, limited housing, unequal access to programs and facilities, barriers to education and employment, and reduced income. Minnesotans living with disabilities are more than two times as likely to live in poverty as those living without a disability. The stress of living below the poverty level can increase stressors in daily life, such as worry about money, which increases the chance of developing chronic diseases later. About 19% of those living with disabilities in the state live below the federal poverty line.

Mental illness (depending on diagnosis and severity) can also be considered a disability, especially if a person's environment is not set up to support successful management of their conditions or if it limits their opportunities to participate in their community.



Opportunity

The American Dream, as it is traditionally understood, describes a place where all of us have the opportunity to make a life for ourselves, and to improve our lives and our children's lives. Opportunity means having the chance to experience success at every stage of life, from early childhood through old age. The conditions that constrain or expand our available choices shape our opportunities. These conditions include what schools we can go to, what jobs are open to us, and even what kind of food is available to us.

Our opportunities are interconnected. For example, employment drives income. Housing depends on income and employment. Employment depends on our opportunities for training and education and our social connections. Our ability to manage family demands and care for our health is influenced by whether our jobs offer benefits like health insurance and paid leave.

Social Determinants of Health are the conditions in which people are born, grow, live, work, and age that shape health. Most people think of clinical care as the most important factor impacting health. Our behaviors, along with

social and economic factors, have the greatest impact on the health of individuals and the community collectively. The conditions in which we live explain, in part, why some are generally healthier and others are not as healthy as they could be.

Examples of *social determinants of health* include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, job opportunities, and health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy

Addressing social determinants of health is important for improving health and well-being of entire communities.

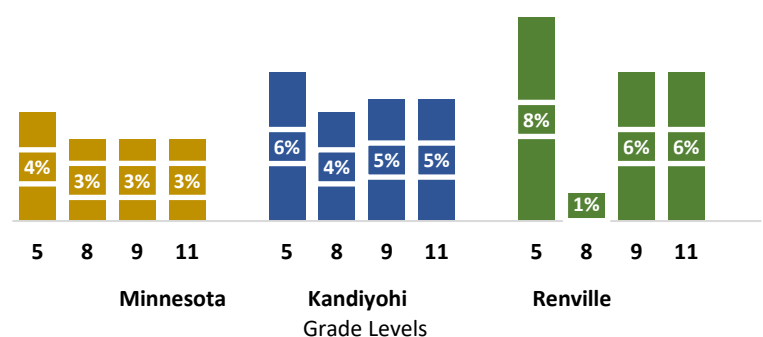
Opportunity and Our Health

The opportunities envisioned in the American Dream — to earn a living, to own property, to determine the course of one's own life — are also important for health.

Research is very clear that whether or not we get a good education, have a permanent home, find work with good pay and health insurance, or have safe places to play either improves or reduces our chances to be healthy. The conditions that shape opportunity — income, in particular — have important and lasting impacts on our children's health. Children need good nutrition, stable housing, and positive life experiences to grow healthy and strong. Living in families and communities that face constant economic stress can cause changes to young brains and bodies that show up as health problems later in life. While the percentages in the graph seem small, the numbers reflect real children who are hungry.

Percentage of Students who Skipped Meals Because Families Didn't Have Enough Money to Buy Food

2022 Minnesota Student Survey



A community's income also affects health for people in that community. Communities that have more income, wealth and higher tax base have better schools, more full-service grocery and other stores, better parks, recreation, roads, sidewalks, and access to medical care. Stress, lack of access to care, and unequal exposure to environmental hazards in communities that have lower income and do not have all the amenities contribute to more chronic disease and earlier deaths.

Education

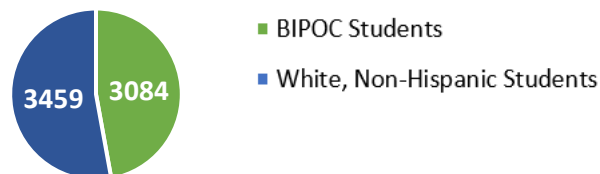
Education is one of the clearest and strongest predictors of lifelong health. When we have more education, we are more likely to live longer, healthier lives. Success in school leads to higher earnings and this improves our living conditions. Education allows us to find better-paying jobs with healthier working conditions and benefits, including health insurance and paid leave. Our children are more likely to be healthy too. *Robert Wood Johnson Foundation. (2013, March).*

The high school graduation rate in Kandiyohi County was 88.6% in 2022, while the high school graduation rate in Renville County was 89.2%. *US Census Bureau, 2022* Of the 556 births in Kandiyohi County in 2019, 19.42% were born to mothers who had less than a high school education. In Renville County, of the 161 births, 6.2% were born to mothers with less than a high school education.

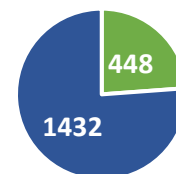
In 2022, 6,543 students (48.36% Female; 51.62% Male) were enrolled in Kandiyohi County schools and 1,880 students (47.82% Female; 52.18% Male) were enrolled in Renville County schools, with school programs including Early Childhood Special Education, Preschool, Kindergarten, and grades 1 through 12. Of those programs, Kindergarten had the highest enrollment rate; Kandiyohi County enrolled 538 Kindergarten students and Renville County enrolled 169. Among Black, Indigenous, and Persons of Color (BIPOC) students, the highest enrollment was in Hispanic/Latino students for both counties with 1,982 in Kandiyohi County and 365 in Renville County.

	Kandiyohi County	Renville County
Percent who did not finish 9 th grade	5.2%	4.8%
High school graduation rate	88.6%	89.2%
Percent with an associate's degree	14.2%	11.7%
College graduation rate	20.7 %	14.6%
Percent with a graduate or professional degree	6.1%	2.4%

Kandiyohi County
Student Enrollment in 2022
MNDE, 2022



Renville County Student
Enrollment in 2022
MNDE, 2022



Employment and Benefits

Paid work provides a source of income and connects us to people, while offering a sense of purpose, meaning, and belonging in the community. Employment provides us with opportunities for success, and is the main way most people access health insurance. Most people in Minnesota have gainful employment with varying benefits such as retirement and health insurance.

The unemployment rate for Minnesota at the end of December 2021 was 3.1%. Kandiyohi and Renville Counties both reflected the same low unemployment rate-of 3.2%.

- During 2019 in Kandiyohi County, the unemployment rate for Black or African Americans was 15.3% and 6.7% for Latinos.
- During 2019 in Renville County, the unemployment rate for Black or African Americans was 25% and for Latinos the rate was 6.7%.

"People moving to the cities is a big issue, all the people I know and worked with have left because of lack of employment."

Somali Kandiyohi County Community Member

Gender inequity is also evident in the region. Full-time male employees in Kandiyohi County earned 1.4 times more than female employees, and full-time male employees in Renville County earned 1.68 times more than female employees. Below is data from 2022 for Kandiyohi County and 2019 for Renville County.

- Average Male Salary Kandiyohi: \$41,673
- Average Female Salary Kandiyohi: \$28,109
- Average Male Salary Renville: \$40,866
- Average Female Salary Renville: \$24,297

While many people with disabilities hold employment, others who seek to work face hiring challenges. Some people with severe disabilities may be unable to work or have limited employment options, depending on the nature of their disability. Appropriate health/mental health care, or workplace accommodations, may help more people with disabilities gain employment. Highly qualified job seekers with disabilities are frequently overlooked and underestimated. Workers with disabilities also face significant gaps in pay and compensation compared to workers with no disability. *U.S. Department of Labor, Bureau of Labor Statistics. (2017.) Persons with a Disability*

2019 Employment Status by Disability Status Estimates

U.S. Census, 2019 ACS (C18120)

	<i>Minnesota</i>	<i>Kandiyohi County</i>	<i>Renville County</i>
Employed	2,784,381	19,935	6,524
<i>Persons with Disabilities</i>	141,802	1,413	250
Unemployed	101,082	677	210
<i>Persons with Disabilities</i>	13,790	74	20
Total Population	3,383,232	24,393	8,210

CHILD CARE ACCESS

There are about 79 licensed family child care providers and 12 licensed childcare centers in Kandiyohi County, and about 25 licensed family child care providers and 3 licensed childcare centers in Renville County. Despite these numbers, access to quality child care is difficult to find. There are limited spots for infants. Both counties have Child Care Economic Development Grants available for in-home and childcare center providers who are looking to start a child care business in order to address this disparity.

Impacts on inadequate childcare

- child safety
- child growth and development
- workforce

PAID LEAVE

Access to paid leave creates the opportunity for family members to provide care and support for one another and makes it possible for people to earn a living and care for their loved ones.

People with paid leave use less sick time and fewer health care services, and their children do better in school than the children of parents who lack paid leave. Paid leave contributes to better parental mental and physical health, better prenatal and postnatal care, more breastfeeding, and greater parent-infant bonding. Elders cared for by family members with paid leave enjoy a higher quality of life. *Minnesota Department of Health, Center for Health Equity*. People who have less education, lower incomes, work part time, or are single parents are less likely to have access to paid sick and family leave.

Access to paid leave varies by industry. People working in service and industrial occupations have the least access to paid sick leave, while professionals and people working in technical fields are more likely to have paid leave as an employment benefit. *Minnesota Department of Health, Center for Health Equity*

The Health Care System

With so many health challenges confronting people in our counties, particularly the disproportionate burden of disease experienced by people living in poverty, it is important that our health care system supports belonging for all. Health care systems support belonging when people can get the right care at the right time, in a convenient location, with a caring provider, and a positive outcome. The health care system is shaped by: the number and types of providers located in each community; the range of services available; whether providers reflect the populations served; and whether services are provided in culturally appropriate ways. We can improve health care encounters when providers have ready access to current health information, and when health care is coordinated among different providers.

Minnesota's current population of primary providers does not reflect the racial and ethnic diversity of the state. Most of Minnesota's physicians are white, and most speak only English. *Physician Workforce Survey, 2019*
Southwest Minnesota differs slightly with 72.3% white, 18.1% Asian, and 2.6% Hispanic. The percentage of physicians that are Black, Indigenous American and other remain in line with the state percentage.

Language	Percentage of physicians who communicate in this language	Percentage of MN households with this language as the primary language spoken at home*
Spanish	8.0%	5.1%
French	1.9%	0.1%
Arabic	1.4%	0.3%
Russian	0.7%	0.3%
Vietnamese	0.3%	0.5%
Somali	0.3%	2.0%
Hmong	0.2%	2.4%
Amharic	0.2%	0.2%
Oromo	0.1%	0.2%
Lao	0.0%	0.2%
Karen	0.0%	N/A
Other	8.2%	

2019 Physician Workforce Survey

*Data on languages spoken in MN homes from the United States Census, American Factfinder Tool

"A lot of providers are aging out and I am concerned for the options as we expand our family."

Renville County Mother

The primary care physician-to-patient ratio is very uneven across the state. Kandiyohi County has one primary physician for every 1,080 people and Renville County has 1 for every 3,650 people, compared to the state ratio of 1 primary physician for every 1,140 people. *2024 County Health rankings and Roadmaps* Rural areas are facing severe shortages of primary care physicians, particularly OB/GYN, Pediatricians, and Psychiatrists. *MDH November 2021*

	Ratio of Health Care Providers to Residents		
	<u>Kandiyohi</u>	<u>Renville</u>	<u>Minnesota</u>
Primary Physicians	1 to 1,080	1 to 3,650	1 to 1,140
Dentists	1 to 1,250	1 to 1,610	1 to 1,360
Mental Health Provider	1 to 227	1 to 4869	1 to 304

2024 County Health rankings and Roadmaps

Mid-level practitioners (nurse practitioners and physician assistants) have helped fill the gap for primary care in many areas of the state, including our counties, but more so in Kandiyohi County. 2021 Minnesota Health Licensing Board reports there are 110 physicians in Kandiyohi County and 11 in Renville County; 24 dentists in Kandiyohi County, less than 5 in Renville; 47 Mid-level practitioners in Kandiyohi County and less than 5 in Renville County; and 37 Mental Health Professionals in Kandiyohi County and less than 5 in Renville County.

The COVID-19 pandemic posed unique challenges for providers of physical health care and mental health care services due to masking, social distancing, and disinfecting requirements to avoid the spread of the disease. A field of practice that emerged throughout the pandemic was telemedicine or “virtual visits”. Virtual visits were seen as a key tool for expanding access to healthcare services, particularly in rural areas. While telehealth has been a promising mode of health delivery for years, the COVID-19 pandemic accelerated it dramatically.

Recipients of Telemedicine	Non-Behavioral Health	Behavioral Health
<i>Prior to the public health emergency</i>	<i>Percentage</i>	<i>Percentage</i>
Percentage who utilized telemedicine	<2%	6%
<i>After the public health emergency</i>	<i>Percentage</i>	<i>Percentage</i>
Percentage who utilized telemedicine	19%	30%
Percentage of increase for telemedicine-only-use	3%	17%
Percentage who have started services	8%	7%
Of those that started services, percentage that did NOT use telemedicine	81%	49%
Percentage that had no other claim after this date (stopped services)	41%	54%
Percentage who was still utilizing non-telemedicine services	56%	28%

Minnesota Department of Humans Services Telemedicine Utilization report 12/16/2020

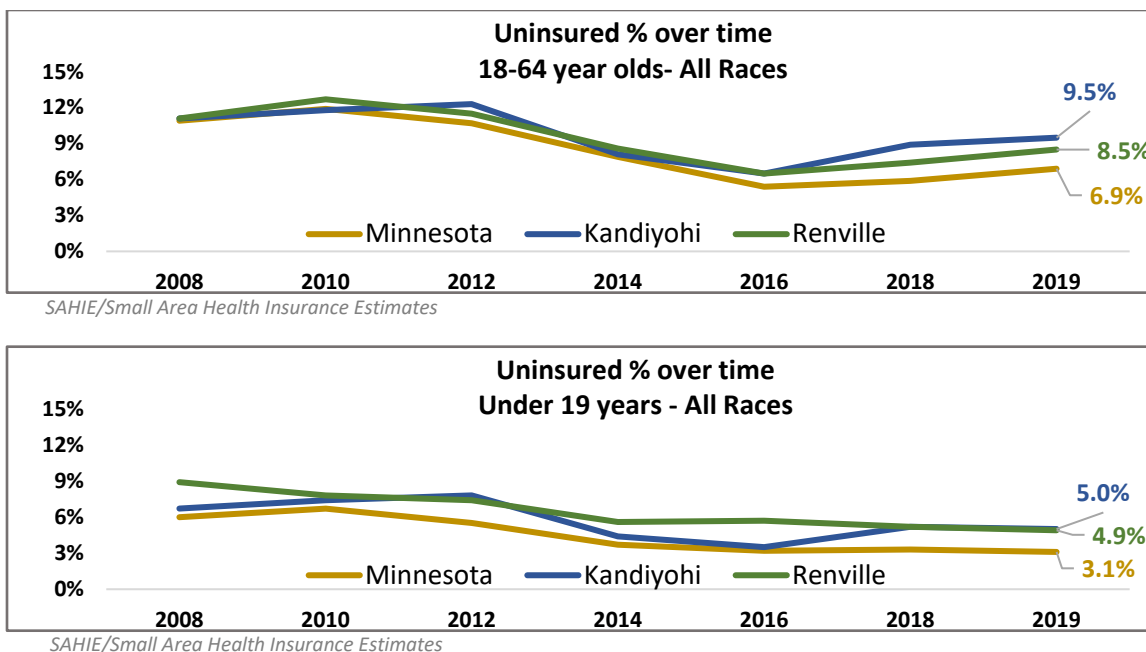
Results from this study indicate behavior health services utilized telemedicine services at a higher rate than non-behavioral health across our state. Local data is not available at the time of this writing. Further monitoring and data gathering will be needed to determine if this will continue to be a long-term trend, but it is likely that telehealth is here to stay. In 2020, 58% of providers used telehealth for up to half of all care provided. In 2021, 66% of providers reported using telehealth, an increase of 8%. *MDH, 2021*

Health Insurance and Access to Care

Health care coverage is important to getting the health care that is needed. Minnesota has a higher rate of health insurance coverage compared to the rest of the U.S., in part due to a higher overall employment rate. Individual insurance is available, but for most people, insurance is tied to full-time employment. People with part-time, contract, or low-paying jobs may not have access to health insurance or may lack adequate coverage, making it difficult for them or their families to get needed care. People who are uninsured or underinsured tend to get sicker before seeing a doctor and have a harder time recovering.

According to the 2024 County Health Rankings and Roadmaps, the overall rate of uninsured in the state of Minnesota is 5%, with Kandiyohi County landing at 7% and Renville County at 8%. The largest age group to have health care coverage is 6 to 17 years of age, which coincides with the national average. The next group most likely to have health care coverage is 55 to 64 years of age.

Indigenous American (8.2%), Hispanic/Latino (23.8%), and Black populations (6.8%) of all ages in Kandiyohi County are experiencing higher uninsured rates, which follows the rates across the state of Minnesota. *U.S. Census Bureau, 2019* Completing high school or college increases the likelihood that a person will have health insurance through employment. *MDH, 2019* Rural Minnesotans are more likely to have public health insurance coverage, such as Medicare, Medicaid or MinnesotaCare. *MDH, 2021*



Even with health care insurance to help cover costs, many Minnesotans still face substantial health care costs- 19.4% of Minnesotans struggle with medical bills, and 23.9% forgo needed health care due to cost. Rural Minnesotans are more likely to have problems getting appointments with primary care providers when needed and having specialists accept insurance coverage. They also have to travel farther to receive inpatient health care services, especially mental health and obstetrics services. *MDH, 2021*

“Dentists are hard to find, even if we manage to find one who takes our insurance, they aren’t accepting new patients.”

Karen Kandiyohi County Community Member

Impacts of COVID-19 on Workforce

The COVID-19 pandemic, which arrived in the United States in January 2020, caused major economic and social disruptions across the globe, and experts believe the impact will be felt for years to come. Preceding the pandemic, an estimated 95.3% of Minnesota’s population had health coverage and 4.7% were uninsured.

March 2020 through April 2020, Minnesota lost 12.4% of jobs. Beginning in April 2020, 34% of Minnesotans reported a loss in employment income. *U.S. Census Bureau, Household Pulse Survey* A loss in employment income has many implications, and a loss of job effects health insurance status. Being uninsured exposes individuals and families to accessibility issues and causes financial strains. Despite losses in coverage through private employers, Minnesotans were able to maintain access through increased enrollment in public health insurance programs and in the individual market.

Impacts of COVID-19 on Healthcare Access

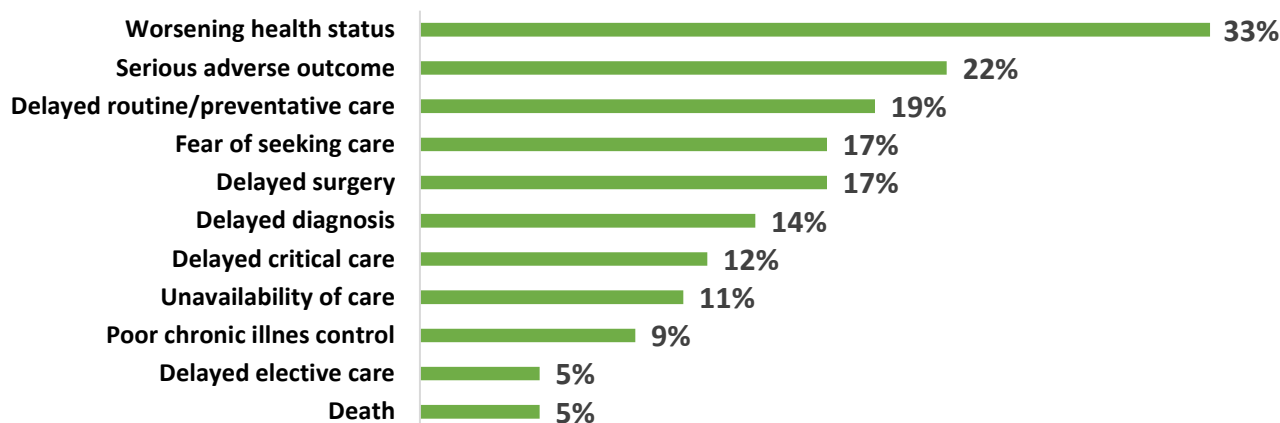
According to the MN Community Measurement, which has been collecting data from states clinics for nearly 20 years, the COVID-19 pandemic had a significant impact on Minnesota's preventive care in 2020 as patients – especially children- had fewer clinic visits. As a result, screenings for colorectal cancer and depression were down compared to 2019 and the quality of care was not as good for patients with diabetes, asthma, and vascular disease.

According to the Minnesota Medical Association survey conducted in August 2020, over 50% of physicians reported their patients experienced adverse outcomes other than COVID-19 due to care delays.

Adverse Outcomes of COVID-19 Detail

(shown as percent of respondents)

MMA- Minnesota Medical Association survey conducted in August of 2020



General Healthcare Access – 2023 Adult Health Survey

- 22.7% of people in Renville County and 20.7% of people in Kandiyohi County didn't receive or delayed seeking medical attention when needed. The main issues were the inability to get off work, insurance not covering the type of care needed, and, most importantly, the cost of services itself with over 50% of people in both counties listing it as the number one reason they didn't get services.
- Dental care had the same trends, however getting an appointment was an additional reason people didn't seek dental healthcare.
- Mental health was similar, but with an increase in people avoiding it due to fear and not being able to identify when it was necessary to seek mental health help. For both counties, mental health delay or deferral of treatment was higher than the surrounding area.
 - This is concerning since both counties had approximately 50% of adults indicating bad mental health days within a month's span – 35% for Renville County and 38.4% for Kandiyohi County.

Childhood Immunizations

Vaccines prevent many infectious diseases, including chickenpox, measles, diphtheria, hepatitis, influenza, polio, pneumonia, and tetanus. Most vaccines are provided through private insurance, but the federally funded Minnesota Vaccines for Children (MnVFC) program makes certain that any child in the state can receive the recommended vaccines. Public Health in Kandiyohi County offers free or low-cost vaccines for eligible children age 18 years and younger through the MnVFC.

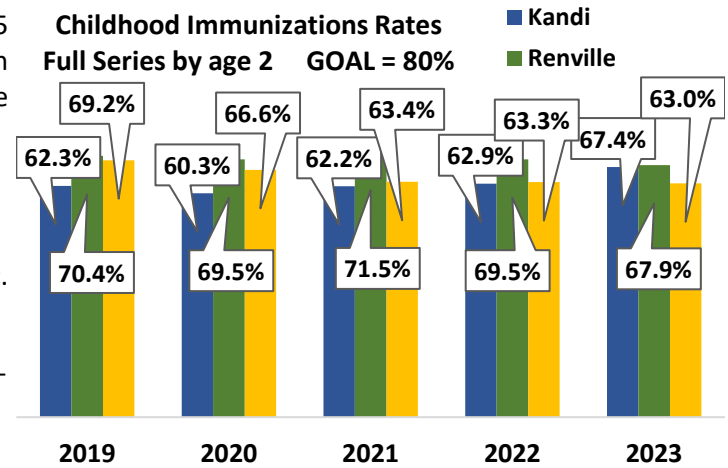
“Childhood Immunization effects children's ability to go to school. It has a deeper effect than people think.”

Kandiyohi County Public School Staff Member

In 2023, 63% of Minnesota children age 24 to 35 months had completed the childhood immunization series, which includes seven vaccines that should be given by age 2 years, if following CDC recommendations. Kandiyohi County was 62% and Renville County was 70% compliant. *MDH, 2023* Data is indicating that childhood and adolescent vaccination rates have decreased during the COVID-19 pandemic.

MDH, 2023

Vaccination rates for area kindergartners in the 2020-2021 school year were near 90% or higher for each reported vaccine.



	Kindergarten Enrollment	Vaccine	Percent Vaccinated	Percent Partially Vaccinated or No Doses	Non-Medical Exemptions Percent	Medical Exemptions Percent
Minnesota	63,450	DTaP	89.4%	8.0%	2.5%	0.1%
		Polio	89.8%	7.6%	2.5%	0.1%
		MMR	89.8%	7.4%	2.7%	0.1%
		Hep B	94.7%	3.1%	2.1%	0.1%
		Varicella	89.1%	7.9%	2.7%	0.1%
Kandiyohi	504	DTaP	90.87%	4.56%	4.56%	0.0%
		Polio	91.87%	4.37%	3.77%	0.0%
		MMR	89.48%	5.16%	4.76%	0.6%
		Hep B	95.83%	1.19%	2.98%	0.0%
		Varicella	87.10%	6.15%	4.76%	0.4%
Renville	156	DTaP	92.31%	6.41%	0.0%	1.28%
		Polio	92.31%	5.77%	0.64%	1.28%
		MMR	91.67%	7.05%	0.0%	1.28%
		Hep B	98.08%	0.64%	0.0%	1.28%
		Varicella	89.74%	8.97%	0.0%	1.28%

Minnesota Department of Health Annual Immunization Status Report (AISR) 2023

Access to Cancer Screening

Cancer was the leading cause of premature (under age 75) death in 2020 for both Kandiyohi and Renville Counties.

Minnesota County Health Tables: Mortality The actual numbers of new cancers in Kandiyohi and Renville Counties are small, so the incident rate per 100,000 may only be a few individuals.

- Although below the state rate, lung cancer is the most common type of cancer in both counties for men.
- Breast cancer is the most common for women over the age of 50 in both counties.
- The rate of colorectal cancer and leukemia is above the state rate for males in both counties.
- Melanoma rate is above the state rate for Kandiyohi County women.
- Women have higher screening rates (+3.6%) than men in Minnesota.

Total Count of Incidence (Occurrence) of Colorectal Cancer: 2014-18

MDH, 2018

	Minnesota	Kandiyohi County	Renville County
Male	6,306	62	26
Female	5,724	48	29
Total	12,027	110	55

Total Count of Mortality (Deaths) of Colorectal Cancer: 2014-18

MDH, 2018

	Minnesota	Kandiyohi County	Renville County
Male	2106	24	6
Female	1972	16	7
Total	4078	40	13

Screening and early detection for some of the most common types of cancer (such as breast or cervix) can improve survival and save lives. Screening for colorectal cancer can also prevent cancer by detecting and removing pre-cancerous polyps. In the past 20 years, the rates of illness and death from colorectal cancer has dropped in Minnesota and nationwide, due in part to increased screening and improvement in treatment. Remaining colorectal cancer death disparities by race reflect common risk factors: how early the cancer was detected (e.g., by screening), access to health care and treatment, and overall health status at the time of diagnosis.

Access to Prenatal Care

Prenatal visits help keep both pregnant women and their babies healthy. Prenatal care reduces the risk of pregnancy-related complications for babies, such as anemia, preterm birth, and low birth weight. For mothers, these visits reduce the risk of complications like preeclampsia, diabetes, and hypertension. Access to prenatal care differs by race, income, and education/job status. Mothers who do not receive adequate prenatal care are also less likely to receive information about breastfeeding. Mothers who are undocumented and are uninsured are able to apply for Medical Assistance to receive prenatal care.

- In 2023, Public Health in Kandiyohi County received over 366 prenatal referrals and 65 prenatal referrals in Renville County. The top months with highest referrals were April, May, and November of 2023.
- In Kandiyohi and Renville counties, the percentage of preterm births is slightly higher than the state level and for Renville County, the percent of low birthweight is also above the state level.

2020 Prenatal Care in Minnesota 2020 Minnesota County Health Table

	Percent of Prenatal Care Received in 1st Trimester	Percent Adequacy of Prenatal Care, GINDEX		
		Adequate or Better	Intermediate	Inadequate or None
Minnesota	79.27%	71.6%	14.0%	9.8%
Kandiyohi	78.2%	77%	10.5%	12.1%
Renville	81.3 %	78.9%	12.9%	-----

Access to Oral Health Care

Oral health is essential to overall health. Oral health means being free of chronic oral-facial pain, mouth and throat cancers, sores and lesions, birth defects (like cleft lip and palate), and other problems affecting the mouth, teeth and face, including tooth decay, gum disease, or oral-dental trauma.

Chronic diseases like heart and lung disease, stroke, and diabetes are linked to periodontitis. Periodontitis is a chronic inflammation and infection of the gums and periodontal ligament and bone that support the teeth. Mothers with periodontal disease have a higher incidence of preterm and low birth weight babies. *Li X, Koltveit KM, Tronstad L, and Olsen I. (2000). Systemic Diseases Caused by Oral Infection. Clinical Microbiology Reviews.*

For children, untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. *Centers for Disease Control and Prevention* Untreated tooth decay among third graders in Minnesota enrolled in public schools are 1.3 times more likely to occur in rural than urban public schools and 1.4 times more likely among Hispanic third graders than those who are white, non-Hispanic. *Minnesota Department of Health*

There are about 24 dentists in Kandiyohi County, and in Renville County there are less than 5. Among the dental opportunities in the southwest region of the state is the CentraCare Dental Clinic. This dental clinic is a collaborative effort between the health clinic and the University of Minnesota School of Dentistry. The clinic has 10 chairs and provides a full range of dentistry services. The clinic serves clients who have Medical Assistance and offers a sliding fee schedule which helps to increase access to those who may not otherwise have access to dental care. While this benefit is available, transportation remains an issue for many.

Kandiyohi and Renville Counties have about 7.13 % children across all corresponding age categories that have never seen or have not seen a dentist or dental hygienist for a regular check-up, exam or teeth cleaning, or other dental work for more than 1 year. *2022 Minnesota Student Survey, Health Care Access*

Individuals Served by CentraCare Dental Clinic

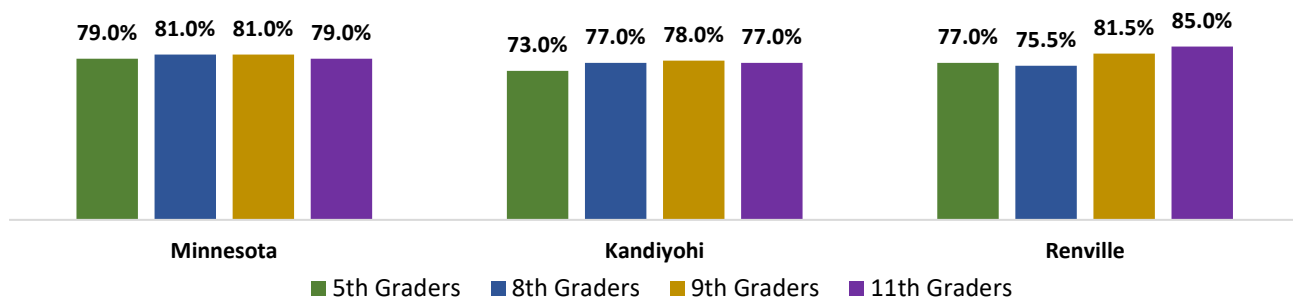
Common Locations of Residence for Served Individuals

	Kandiyohi County
<i>City of Willmar- #1</i>	10,096
<i>City of New London-#2</i>	577
Total Served from County	12,702

	Renville County
<i>City of Olivia- #1</i>	520
<i>City of Renville-#2</i>	487
Total Served from County	1,893

Students Receiving Dental Care During the Last Year

Minnesota Student Survey, 2023



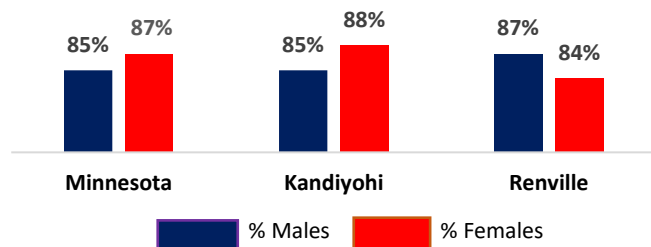
Food

Food connects people in communities. A wide variety of foods from all cultures can be enjoyed as part of an eating pattern that supports overall well-being.

A healthy eating pattern including nutrient-rich foods like fruits and vegetables that is low in added sugars, saturated fat, and sodium reduces the risk for heart disease, diabetes, stroke, and some cancers. Healthy eating also helps manage body weight.

9th Grade Students Consuming Less than 5 Servings of Fruits, Fruit juice and Vegetables per Day During the Week

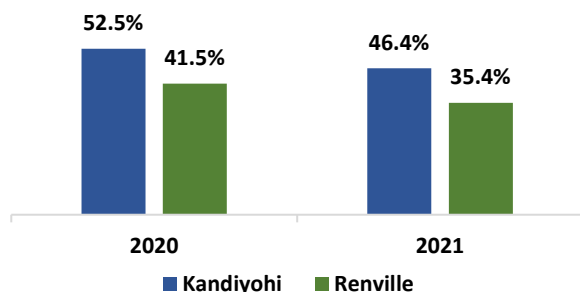
Minnesota Student Survey, 2022



However, many people do not or cannot eat this way. An individual's income and life circumstances make healthy food choices difficult, especially when these foods are not readily available or affordable. Processed foods and beverages high in calories, added sugars, sodium, and added fats are cheap and readily available, while nutrient-rich fresh foods such as fruits and vegetables can be less available and less affordable.

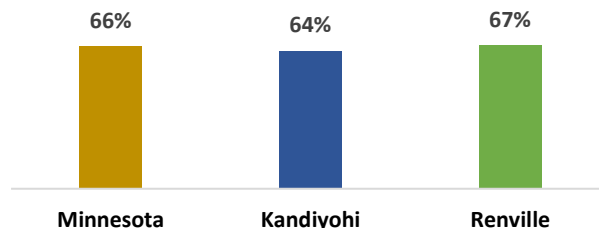
Students Receiving Free & Reduced Lunch

Minnesota Department of Education, 2021



Students eating from fast food restaurants 1-3 times during a 7-day period

Minnesota Student Survey, 2022



Although the graph to the left shows that students receiving free and reduced lunch decreased from one year to the next, that doesn't mean the percentage of students *eligible* for free and reduced lunch has not increased each year. Despite access to free lunches and recently free breakfast, many children still skip meals. Kandiyohi County students in 8th and 11th grades were 11% and 9% more likely to skip meals in 2022 than in 2016, respectively. Renville County students in 5th grade were 5% more likely to skip meals in 2022 than in 2016. *Minnesota Student Survey, 2022.*

Our counties are fortunate to have thriving farmers' markets, but there are also "food deserts". Food deserts are areas that lack access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up the full range of a healthy diet. *CDC definition*

The city of Willmar, in Kandiyohi County, has 3 large grocery stores (Walmart, Cash Wise, and Cub Foods), as well as several smaller grocery stores (Aldi, Target, etc.) and "corner" markets selling primarily ethnic foods. The city of Spicer has a mid-sized grocery store (Teals). Most small towns in Kandiyohi County have a grocery/convenience store. The majority of Renville County is considered a "food desert", with six out of the ten cities having no grocery stores. Food shelves in Kandiyohi and Renville have experienced an increase in the number people they serve, with many local citizens visiting a food shelf for the first time in their lives, especially during the height of the pandemic.

Most convenience stores and dollar stores don't sell fresh produce and instead feature unhealthy food options. Nearly a third of citizens in both counties report eating no fruit on a daily basis. More than 50% of citizens drink sugary pop at least once a week. Rural grocery stores provide more than access to fresh foods. *Adult Health Survey, 2023*

The biggest barrier to buying groceries may come from the distance that people need to travel to purchase items, leaving those people without readily available methods of transportation in dire need of accessible shopping options. In Renville County, 40.5% of people need to travel 21-30 miles to get groceries and 27.9% of people in Kandiyohi County need to travel 11-20 miles. *Adult Health Survey, 2023* Low-income residents and senior citizens are disproportionately affected by the need to travel long distances for groceries.

Rates of obesity in the Kandiyohi and Renville Counties are higher than the state average. *CDC and MN Public Health Data Access* When citizens were asked if they had ever been told by a doctor or healthcare professional that they were obese, 41% of Kandiyohi County and Renville County respondents stated yes. This is unsurprising considering more than 50% of people indicated eating fast food and sit-down restaurants once a week or more. *MN Adult Health Survey, 2023* Local data for children ages 2-5 years enrolled in the Women, Infants, and Children (WIC) program in both counties shows that about 30% of those children are either overweight, obese, or very obese.

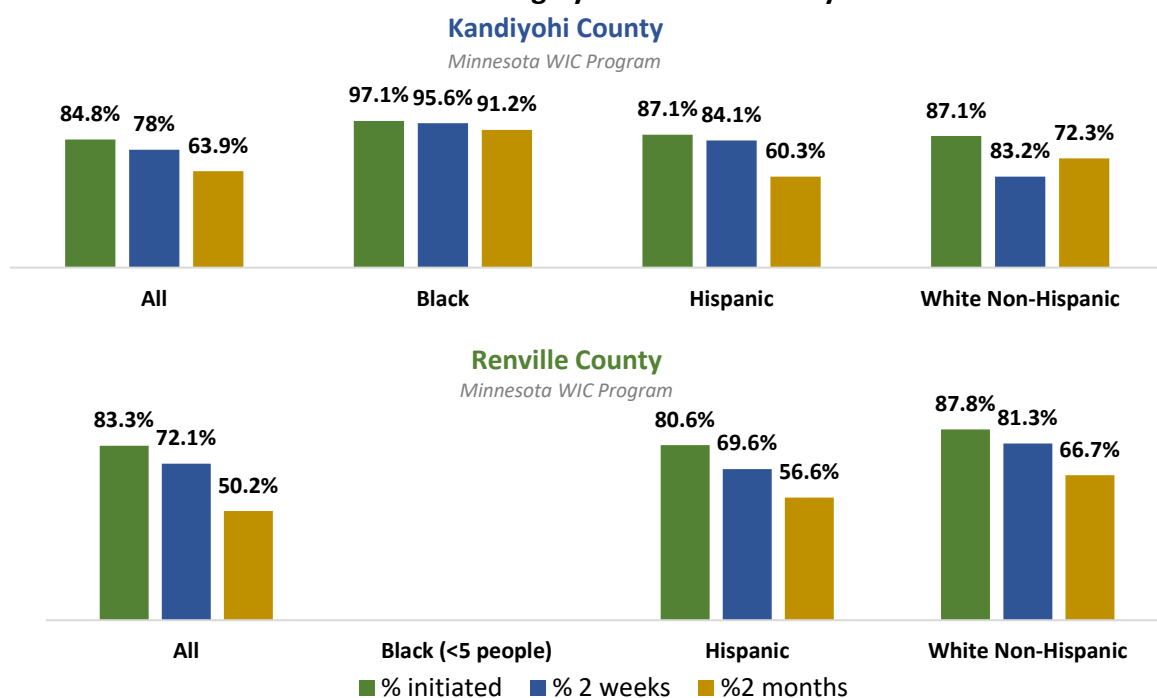
BREASTFEEDING

Breastfeeding provides the ideal first nutrition for infants. The benefits of breastfeeding include:

- Healthy babies
- Decrease in obesity rates
- Decrease in medical costs
- Decrease in chronic diseases in women
- Decrease in allergies in children

Ninety percent of Minnesotan mothers say they breastfed their babies (for any amount of time), but rates of breastfeeding are highest among better-educated, older, urban mothers, and lowest among mothers with low income and mothers under age 20. Local WIC data from 2022 shows that the breastfeeding initiation rate is above the state rate in Kandiyohi County and Renville County. Both county rates drop significantly by 2 months of breastfeeding. The lowest rates in both initiation and 2-month continuation are among Hispanic mothers.

2022 Breastfeeding by Race and Ethnicity



Mothers with higher education are most likely to have access to paid leave, which increases the likelihood that they will be able to continue to breastfeed their babies. Employer support for mothers who are breastfeeding, such as private spaces for breastfeeding/pumping (lactation rooms), varies widely.

WIC Breastfeeding Initiation and Continuation Rates

***MN WIC Program Objective: Minnesota WIC Program 2023*

	Initiation	2 weeks	2 months	3 months
2030 Healthy People Benchmark	81.9%	-	-	70% **
Minnesota	81.4%	74.1%	57.9%	51.4%
Kandiyohi	84.8%	78.0%	63.9%	56.2%
Renville	83.3%	72.1%	50.2%	44.6%

Housing

Owning a home is an important way that Minnesotans build wealth. Homeownership provides stability and minimizes disruptions that are detrimental to health and emotional well-being, such as changing schools, changing jobs, or frequent moves. This stability increases trust among neighbors, creates lasting friendships, and builds community cohesion. Homeowners move less frequently than renters, and have more control over their home environment. The 2022 U.S. Census reported that there were 2,256,126 households in Minnesota - 17,128 in Kandiyohi County and 5,876 in Renville County. *Minnesota Census Data, 2022*

We all need a safe place to live that is not so expensive that we cannot afford other necessities. Stable housing provides a critical foundation for daily living and health. When such housing is out of reach, we may end up living in places that are overcrowded or do not meet basic health and safety standards.

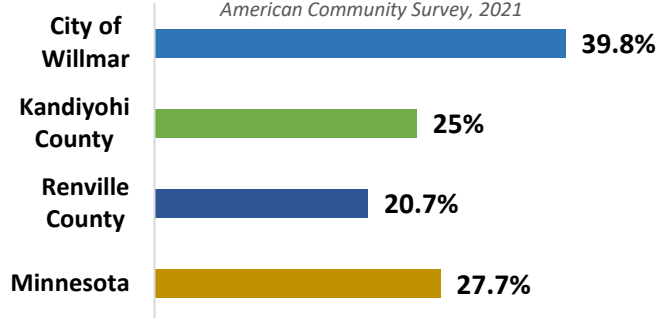
75% of households in Kandiyohi County and 79% in Renville County own their homes. For White, non-Hispanic households in Kandiyohi County the ownership rate is 80%, and Renville County is 81%. BIPOC households have a homeownership rate of 48% in Kandiyohi County and 60% in Renville County.

Minnesota Housing Partnership, 2023

42% of the homes in Kandiyohi County and 68% of the homes in Renville County were built before 1970, and some are poorly maintained and in disrepair.

Residents Who Do Not Own The Home They Occupy (Estimate)

American Community Survey, 2021



Housing creates stability, but only if it is affordable.

- Median Monthly Gross Rent Cost, for One-Bedroom Unit *U.S. Census, 2021*
 - Minnesota: \$1,081
 - Renville County: \$716
 - Kandiyohi County: \$776
 - City of Willmar: \$769
- The high cost of renting makes it more difficult to save for a down payment on a home.
- People worried about housing costs are more likely to report having chronic diseases such as cancer, arthritis, depression, diabetes, or asthma. *Minnesota Center for Health Statistic, 2015*

Kandiyohi County Housing



2021 RENTER HOUSEHOLDS
4,302 | 25% of households

% of rental units built before 1970: 43%
2022 multi-family units permitted: 93
Median rent: \$776 = 2% over 5 years



2021 OWNER HOUSEHOLDS
12,624 | 75% of households

% of houses built before 1970: 42%
2022 single-family units permitted: 82
Median home value: \$188,600 = 2% over 5 years

*Increases in rent or home value have been adjusted for inflation.

Renville County Housing



2021 RENTER HOUSEHOLDS
1,214 | 21% of households

% of rental units built before 1970: 49%
2022 multi-family units permitted: 5
Median rent: \$716 = 7% over 5 years



2021 OWNER HOUSEHOLDS
4,647 | 79% of households

% of houses built before 1970: 68%
2022 single-family units permitted: 4
Median home value: \$114,900 = 2% over 5 years

*Increases in rent or home value have been adjusted for inflation.

Internet Access

Broad Band Internet access is a necessity for rural areas to attract and retain residents and to participate and compete in the rest of the world economy. It must be accessible and affordable. Currently, internet services are not dependable in either county. *Farmer's Union Report on What People Think 2017.*

- 1 out of 3 rural households in Minnesota do not have access to 100/20 Mbps internet speeds
- 290,000 households in rural Minnesota were without access to internet speeds of 100/20 Mbps in 2023
- Rural households are more than twice as likely to lack access to streaming internet speeds of 100-200 Mbps

Minnesota Office of Broadband Development, 2023 Annual Report

Kandiyohi County Board of Commissioners agreed to spend 75% of the \$8.3 million ARPA (American Rescue Plan Act) Federal dollars they received on Broad Band Internet investments in Kandiyohi County. *Kandiyohi County Board of commissioners meeting 2/1/2022*

Renville County has been working on better broadband for more than 10 years. They are a part of the original [RS Fiber](#) team. Border to Border grants have helped support incremental improvement. Renville County will benefit from a \$226,800 [MN State Grant awarded in 2021](#) which was used to fund the Rural Franklin Fiber Project. With this grant the middle and the last mile project will serve approximately 45 unserved locations in the City of Franklin and the townships of Sherman, Eden, Camp and Birch Cooley in Redwood, Renville and Brown counties. Applications for the program's funds opened up in March, 2024.

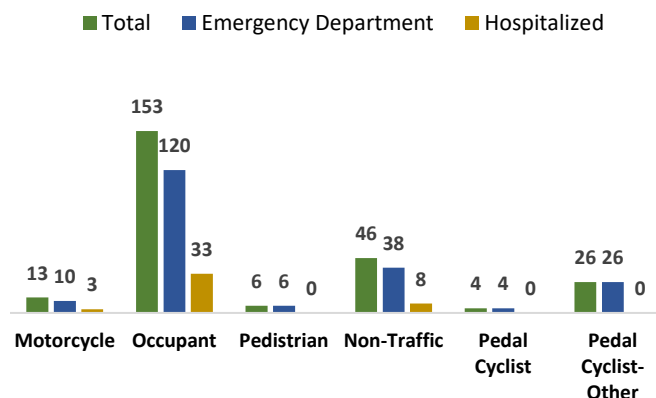
Transportation

Transportation is key to daily activities, including access to food, health care, and connections to family, friends, and faith communities. Reliable and affordable transportation is important for health equity. Transportation systems in rural areas are unique - people need to drive everywhere and it is not feasible and/or sustainable to provide transportation in all areas.

What is true in both counties is that the average household owns 2 vehicles and 82% drive alone to work an average of 17.7 minutes for Kandiyohi County and 20.6 minutes for Renville County. With the limited availability of bus service and the distance people drive to work, it is easy to see there could be challenges if there is not enough income to support reliable vehicles and gas.

Total Number of Visits To Either Emergency Department or Hospitalized Due To Transportation Injury in Kandiyohi and Renville County in 2019

Minnesota Department of Health (MIDAS), 2019



Kandiyohi, Renville, and Meeker Counties are served by a county owned bus cooperative called Central Community Transit (CCT). CCT Bus provides transportation for all residents in the three counties, with a fleet of 32 buses and 50 volunteer drivers. Bus transportation is provided for all ages. Children ride the bus to and from school, daycare and other activities, while adults ride the bus to and from work and appointments. The elderly ride the bus for medical appointments, groceries, or to visit someone and get out of the house. The challenge is that the amount of service by location and timelines is not adequate to meet demands in all areas of the counties. CCT offers fixed flexible route service on Saturday and Sundays, only within the city limits of Willmar.

Distracted Driving

Distracted driving can prove unsafe for other drivers, pedestrians, bicyclists, and even those who use the CCT's bus service. 36.5% and 39% of people in Renville and Kandiyohi counties, respectively, do other activities while driving.

- Nearly 50% people in Renville County and 44.2% in Kandiyohi County check texts while driving.
- 41.2% of people in Renville County and 28.6% in Kandiyohi County text and drive.
- 18.7% of people in Renville County and 14.1% in Kandiyohi County browse social media while driving.
- Most people in both counties take calls while driving.
- 36.5% of people in Renville County and 39% in Kandiyohi County do other activities while driving.

Adult Health Survey, 2023

Nature

How we understand and feel about nature, how we treat our surroundings, and our access to natural spaces are shaped by our families, jobs, culture, and society. People with wide-ranging interests and values have very different ideas about what it means to own land, how nature should be used (or not), who is responsible for assuring access to clean air and water, and how to reconcile the many complex issues and competing interests involving nature. Kandiyohi and Renville citizens take pride in their natural resources. Kandiyohi County is dotted with numerous lakes, resorts, and campgrounds and its motto is *"Where the Lakes Begin"*. Renville County has rich soil and is a leader in agriculture production in the state and region. Both counties boast beautiful county parks, clean air, and beautiful horizons.

The way we design our cities, our homes, and our workplaces shapes our interactions with nature and determines who can access a healthy natural environment and who cannot. We make decisions every day in agriculture, development, construction, land management, and food processing, which ultimately shape our health. Being mindful of our actions and interactions with nature is essential to ensure our health.

Climate

Human health is impacted by extreme weather events, wildfires, decreased air quality, threats to mental health, and illnesses transmitted by food, water, and vectors (disease-carriers) like mosquitoes and ticks. *Luber, G., et al., 2014*

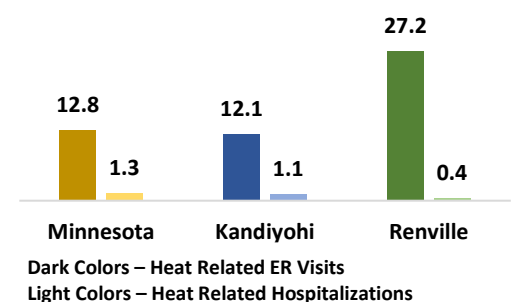
Climate events influence our health, but do not affect us all in the same way. Some of us are more vulnerable to the effects of climate events, including the poor or unhoused, the elderly, young children, and people who have chronic health conditions like allergies and asthma. These climate events also create stress for people whose livelihoods are dependent on the weather, like farmers, and people who work outdoors.

In Minnesota, the average temperature is rising. This trend is primarily driven by a warming of our winter temperatures. Rising temperatures increase air pollution, which intensifies the symptoms of asthma and other respiratory and cardiovascular diseases.

- Rising temperatures cause deaths from heat stroke.

Heat Related Illness ER Visits and Hospitalizations Rate per 100,000 2015-2019

Minnesota Public Health Data Access



- More insects survive when winters are warmer, contributing to the spread of diseases like Lyme disease.
- Rising temperatures are leading to longer allergy seasons.

Warmer nights mean that homes without air conditioning do not cool down. People who don't have air conditioning, who are isolated, or unable to get out of their homes are at greater risk of heat-related illness. People who must work outdoors, such as farm laborers and construction workers, are also at risk.

In Minnesota, it is getting measurably wetter. This trend is primarily driven by more extreme and damaging rainfall events. People who live in low-lying areas and are poor are at greater risk from flooding and its after effects, especially those that cannot afford to fix their homes or have to depend on a landlord to make repairs.

Air Quality

Air quality affects our health in multiple ways. Outdoor air pollution includes ozone and fine particles in the air, which can trigger asthma attacks and contribute to pneumonia, bronchitis, and heart attacks. Outdoor air pollution comes from motor vehicles and equipment, home heating, burning (garbage and wood), gas stations, char-broilers, dry cleaners, and auto body shops. *MDH & Minnesota Pollution Control Agency*

Indoor air pollutants and allergens include asbestos, carbon monoxide, dust mites, formaldehyde, lead dust, mold, fine particles, radon, tobacco smoke, and volatile organic compounds. *American Lung Association* Some pollutants or allergens in indoor air occur naturally (like radon and dust mites) and others are the product of human decisions, such as materials used in home construction and furnishings. We benefit from homes, schools, and workplaces built with radon resistance, adequate ventilation, and plenty of natural lighting.

Air pollution is especially harmful for people living with asthma, lung cancer, and other respiratory and cardiovascular diseases, the elderly, and those who participate in heavy or extended physical activity.

- In Minnesota, approximately 1 in 24 children (4.2%) and 1 in 12 adults (8.5%) currently have asthma.
- In 2020, during COVID-19, there were 10,990 emergency departments visits and 1,034 hospitalizations for asthma across Minnesota.
- Across 2018-2020, there were 250 asthma related Emergency Room visits in Kandiyohi County and 80 in Renville County. There were 19 asthma related hospitalizations in Kandiyohi County and 9 in Renville County. *Minnesota Public Health Data Access*

Asthma attacks are more common in communities located near busy roads and power plants. People who are less able to choose where they live, to determine the conditions of their homes, or to control their surroundings (like renters), may suffer more frequent asthma episodes. *Lindgren, P., et. Al, 2016*

Radon

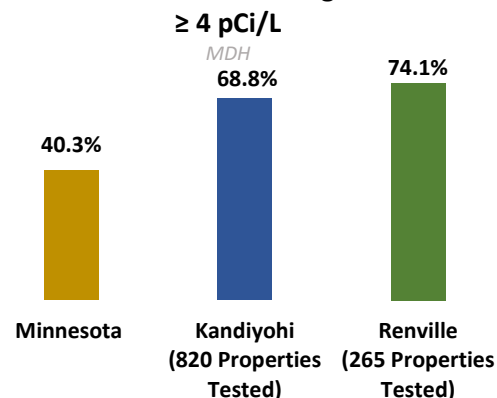
Radon is the second leading cause of lung cancer in the United States and is a serious public health issue in the state of Minnesota, as our soil has significantly higher levels of radon in comparison to other states.

Radon is a colorless, odorless radioactive gas that naturally comes from the soil. About 40% of Minnesota homes have elevated levels of radon. In winter, heating systems tend to draw in radon gas from the soil, increasing radon levels inside our homes, schools, and other buildings.

The average radon level in Minnesota soil is over three times higher than the average U.S. radon level. *MDH & Minnesota Public Health Data Access*

- In Kandiyohi County, 1,023 properties were tested for radon from 2010 - 2020. Of those tested, 68.8% were ≥ 4 pCi/L, the approved standard level.
- In Renville County, 300 properties were tested from 2010 - 2020. Of those tested, 74.1% were ≥ 4 pCi/L.
- In Minnesota during the same time period, 40.3% of properties tested were ≥ 4 pCi/L.

2010-2020 Radon Testing Results



Lead

Lead-based paint was phased out of residential use in the U.S. in 1950 and was eventually banned in 1978. When children under age six ingest lead (usually through the dust from lead paint), they can develop problems with brain function and behavior that last a lifetime.

Elevated blood lead cases in Minnesota are declining, but lead is still one of the most common environmental health threats to children. Older housing, especially housing built before 1950, is a risk factor for childhood lead exposure due to the presence of lead-based paint. Lead exposure primarily affects low-income children living in older, poorly maintained housing.

- 22% of homes in Kandiyohi County were built prior to 1950; in Renville County 41% of homes were built prior to 1950. *Minnesota Public Health Data Access*
- Kandiyohi County had 17 children referred for elevated blood levels in 2023 and Renville County had 16.
- In 2021, Kandiyohi County reported testing 27.2% of children under 6 years for lead annually; Renville County reported testing 25.4% annually. *Minnesota Public Health Data Access*

Water

Clean water supports human health and the health of all living things. Not only is clean drinking water essential, but many of us enjoy using lakes, rivers and streams for swimming, boating, and fishing. The health of Minnesota's water supplies is threatened. Land use is a major factor in our current water quality problems, including urban and rural runoff, agricultural drainage, and erosion caused by removing vegetation from shorelines. Kandiyohi County has a total area of 92.4% land and 7.6% water (66 square miles). In contrast, Renville County has 0.4% of its area covered with water, only 4.2 square miles. *Minnesota Public Health Data Access*

Community water supplies, which are monitored for contaminants, play a critical role in protecting our health. Smaller communities may lack the technical expertise or the financial resources to maintain water quality. Sometimes water supply clean-up costs are passed on to homeowners, which can over-burden people with the least ability to pay.

- Minnesota has 6,649 public water systems. *Minnesota Public Health Data Access, 2022*
- Kandiyohi County has 15 public water systems; 66% or 28,999 people in Kandiyohi County are served by public water systems.
- Renville County has 10 public water systems; 67% or 9,700 people in Renville County are served by public water systems.

NITRATE

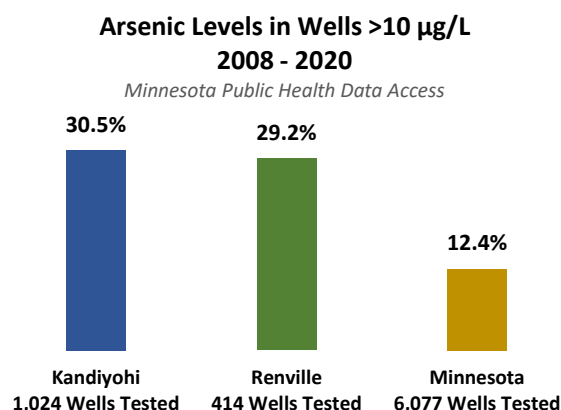
Nitrate in groundwater and surface water is closely tied to land use practices. Over half of Minnesota's land is used for agriculture. While the amount of nitrogen fertilizer used by each farm is down, the number of total acres of "row crops" (like corn and soybeans) has increased, so nitrogen fertilizer runoff remains a problem. Runoff or leakage from soil, wastewater, landfills, animal feedlots, septic systems, and urban drainage can cause high levels of nitrate in water, which is especially concerning for infant health.

- In 2022, 93% of Minnesotans are served by community water systems that treat for nitrate with levels below (0-3 mg/L).
- None of the community water supplies in Kandiyohi or Renville Counties needed treatment for nitrates.
- Many home loans and home sales require private well testing for bacteria, e-coli form, nitrates and lead. Statewide, 1 in 5 existing private wells exceeded the drinking water standard for nitrate.

ARSENIC

Arsenic occurs naturally in Minnesota water, mostly as a result of glacial deposits; levels differ due to geography. Some counties have more arsenic because of how the sediment was deposited and where conditions are right to release arsenic into the water. Arsenic is very expensive to remove from water.

Since 2008, all new private wells in Minnesota are required to be tested for arsenic. 29.2% to 30.5% of new wells in Kandiyohi and Renville Counties have arsenic levels that exceed the EPA standard (10 µg/L). *MDH*



Long-term exposure to arsenic, even at low levels, is associated with cancer of the bladder, lungs, skin, kidney, nasal passages, liver, and prostate. Other possible health effects include cardiovascular disease, diabetes, developmental and reproductive effects. Public water supplies are monitored and treated for arsenic. Private well owners may be at higher risk for exposure to arsenic, because they are personally responsible for testing and treating their own drinking water.

Outdoor Recreation and Physical Activity

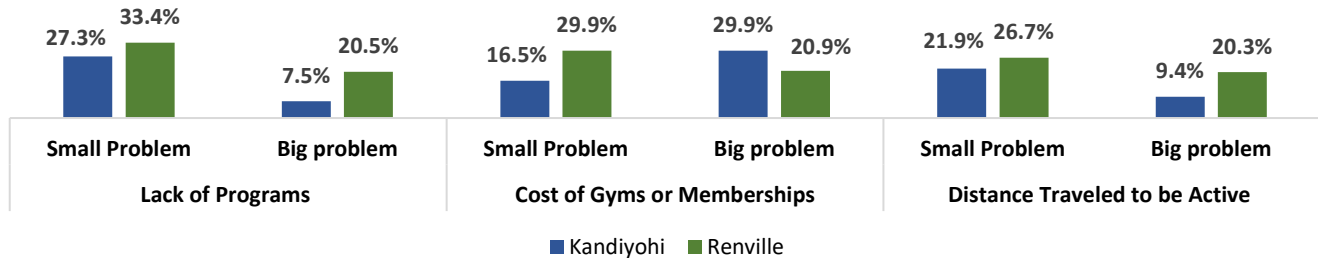
Outdoor recreation is good for the mind, body and spirit. Minnesota is rich in parks and trails, creating many opportunities to get outside, alone or with friends and family. Access to parks and safe places for outdoor recreation contribute to our physical and mental well-being.

- Both Kandiyohi and Renville County have a variety of parks. All the towns in the counties have city parks. Some are well kept, and others need maintenance. Willmar has a parks department with a dedicated budget and Olivia has a parks board.
- The Dorothy Olson Aquatic Center is a great attraction for the Willmar area, but outdoor pools are struggling for survival in Renville County.
- The county parks in both counties are beautiful. Most in Kandiyohi County surround lakes and are well utilized. Most Renville County parks border the Minnesota River and are an underutilized resource.
- Many outdoor activities flourished during the pandemic including golf, pickleball, disc golf, fishing and biking.

Families often use city parks as they are the only free common outdoor space. People who feel safe enjoy walking for social connection. The 2023 Adult Health Survey indicated that most people believe they have a safe place to walk whether it be sidewalks or the roads in their neighborhoods.

Factors preventing exercise in Kandiyohi and Renville Counties in percentages

2023 Adult Health Survey



Adult recommendations are for at least 150 minutes of moderate-intensity aerobic activity every week plus muscle-strengthening activity at least two days per week. Over 40% of people in both counties reported having zero days of vigorous activity a week according to the 2023 Adult Health Survey. While there is a fair amount of outdoor recreational venues available for physical activity, many citizens feel that there is a lack of programs and indoor resources available such as gym memberships. Other citizens indicated that the resources available require too much travel to be easily utilized.

National guidelines recommend that children and adolescents participate in 60 minutes or more of moderate-to-physical activity on most — preferably all — days of the week.

- 9th grade males in Kandiyohi County get 22% of the recommended amount of physical activity and 33% of 9th grade males in Renville County.
- 9th grade females in Kandiyohi County get 11% of the recommended amount of physical activity and 9% of 9th grade females in Renville County. *Minnesota Student Survey, 2022*

Willmar has been designated a bike-friendly city and efforts continue to increase physical activity in communities for all ages. The Glacial Lakes State trail (22 miles) provides access for Willmar, Spicer, New London and Hawick. The Fair Ridge Trail (5 miles) only connects Fairfax to Fort Ridgely State Park. We are challenged with changing residents' perception that a "center" is needed in order to be physically active. Regular physical activity helps improve overall health and reduces risk for heart disease, stroke, type 2 diabetes, depression and cancer, all of which are health concerns for both counties.

Other benefits of regular physical activity:

- Weight control
- Mood improvement
- Energy boost
- Better sleep
- Bone and muscle strengthening

Agriculture and Health

Agriculture is an important industry in both Kandiyohi and Renville Counties. Agricultural workers are exposed to a wide range of occupational hazards, such as ergonomic stress, sunlight, viruses, inorganic dust, pesticides and other chemicals. All these exposures have been investigated as possible risk factors for the reported adverse health effects in farmers including musculoskeletal disorders, respiratory diseases, injuries, cardiovascular diseases, hearing loss, pesticides poisoning, and neurological dysfunction.

Stress in farm workers has been recently recognized as an important public health concern. Stressors inherent in farm work and lifestyle, such as uncertain and fluctuating economic prospects and weather conditions are associated with poor physical and mental health outcomes and result in harmful effects on cognitive function, depression and higher rates of suicide. Among the reasons: net farm income worries, social isolation, pesticide-induced issues, and ever-present stigma related to mental health issues. Locally, Woodland Centers, a regional provider of mental health services, and others have increased awareness and efforts to address agriculture mental health.

Belonging

When a population or community belongs (that is, they are not marginalized or excluded), their voices are heard in such a way that they help shape the conditions in the community that affect their lives and their health. *Powell, et. Al, 2021* Belonging and inclusion determine how we interact with each other individually, in our families, in the community, and in society. Belonging improves the nature of our relationships, expands our access to resources, improves our resilience, and increases our opportunities for educational and economic success.

We are social creatures, and belonging creates meaning, purpose, and hope for the future. Forming relationships and learning to be part of families and communities are critical in early childhood. Children find their own place in society through their experiences and relationships in their families and communities. Pregnant mothers, babies, and children experience stress and trauma when they or their families are marginalized. Children in these circumstances may struggle to connect with others and are at greater risk of experiencing alienation and depression in adolescence and adulthood. *MDH, 2011*

Belonging and Our Health

Healthy, positive relationships and lifelong inclusion in society combine to prevent disease, disability, injury, and premature death; they also create a high quality of life. In many ways, *not* belonging is the true source of health inequity. When prejudice, poverty, or simply living in isolated rural areas are a regular part of our lives, we hear a persistent message that “you don’t matter.” If our voices are not heard, if we are not allowed to fully participate in society, we suffer more than stigma. We suffer from higher rates of injury, addiction, abuse, joblessness, incarceration, trauma, depression, disease, disability, and death.

Students that feel included and heard among their peers interact with others, family members, the community, and society. Students who do not have an adult or peer to talk to have higher rates of injury, addiction, abuse, incarceration, trauma to oneself, depression, and death. In the 2019 SHARE survey conducted within area schools, 22.35% of Renville County students and 20.67% of Kandiyohi students reported feeling as though no one in their family loved them or thought they were important or special.

Early Life Experiences

Many things, including relationships, experiences, and the environment, influence brain development. During the first 1,000 days of life, a baby’s brain rapidly develops. An early bond with another person helps set the stage for lifelong emotional, social, and physical health. While we learn about our world, a strong attachment to another person promotes positive emotional and physical development. *Zero to Three*

ATTACHMENT

Bonding – or forming attachments – is a building block for developing trust and learning to navigate the world. Holding, cuddling, and talking to infants is essential for their development and lifelong health. If they are consistently well cared for, over time, babies learn to trust that their physical and emotional needs will be met.

Attachment is ideally formed in infancy with a child's family of origin. When this is not possible, the development of healthy attachments is still possible with consistent, loving, and trauma informed care.

Breastfeeding is one powerful way to develop attachment between mothers and babies by providing them with time together and close physical contact. Breastfeeding releases beneficial hormones in the mother's body during breastfeeding, which helps her bond with her baby. The baby benefits because breast milk is especially good for them.



Breastfeeding develops attachment between mothers and babies which helps babies learn their emotional and physical needs will be met.

Babies who are breastfed tend to have fewer health problems and lower adult weight than babies who are not breastfed. Mothers who breastfeed are less likely to develop diabetes or breast and ovarian cancer later in life. Not every mother is able to breastfeed, but one can still form a close emotional bond with her infant and provide her or him with a loving, healthy start.

Close care and attention are important, but consistency of caregivers is also needed for a young child's ability to attach. Out-of-Home Placements, even when these are necessary for the safety of the child, disrupt the attachment to a caregiver. There were 197 Kandiyohi County Out of Home Placements during 2023 and 28 Out of Home Placements for Renville County in 2023.

The more caregiver changes these young children experience, the more likely they are to suffer from attachment disorders. Attachment disorders are associated with risk taking behaviors in adolescence.

According to the 2019 SHARE survey of 7th, 9th and 11th graders:

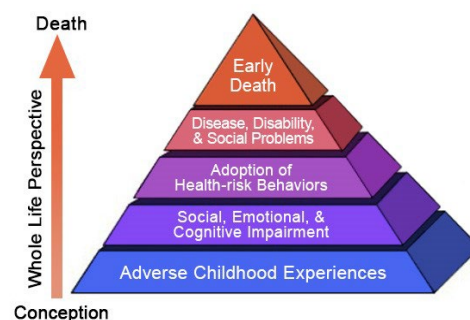
→ 89.22% believed that their mother loved them

→ 82.43% believed that their father loved them

ADVERSE CHILDHOOD EXPERIENCES

Negative experiences, especially adverse childhood experiences (ACEs), shape lifelong health. ACEs are traumatic events in life that happen before a child turns 18. Dr. Robert Block, the former President of the American Academy of Pediatrics, said "adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today".

Different types of ACEs have been studied: physical abuse and neglect, sexual abuse, emotional abuse and neglect, mental illness of a household member, problematic drinking or alcoholism of a household member, illegal street or prescription drug use by a household member, divorce or separation of parents, living in foster care, witnessing domestic violence towards a parent, and incarceration of a household member.



The more ACEs experienced, the more likely someone will experience health problems later in life. Children and youth with special health care needs are far more likely to experience adverse childhood experiences. *Bravo, 2023*

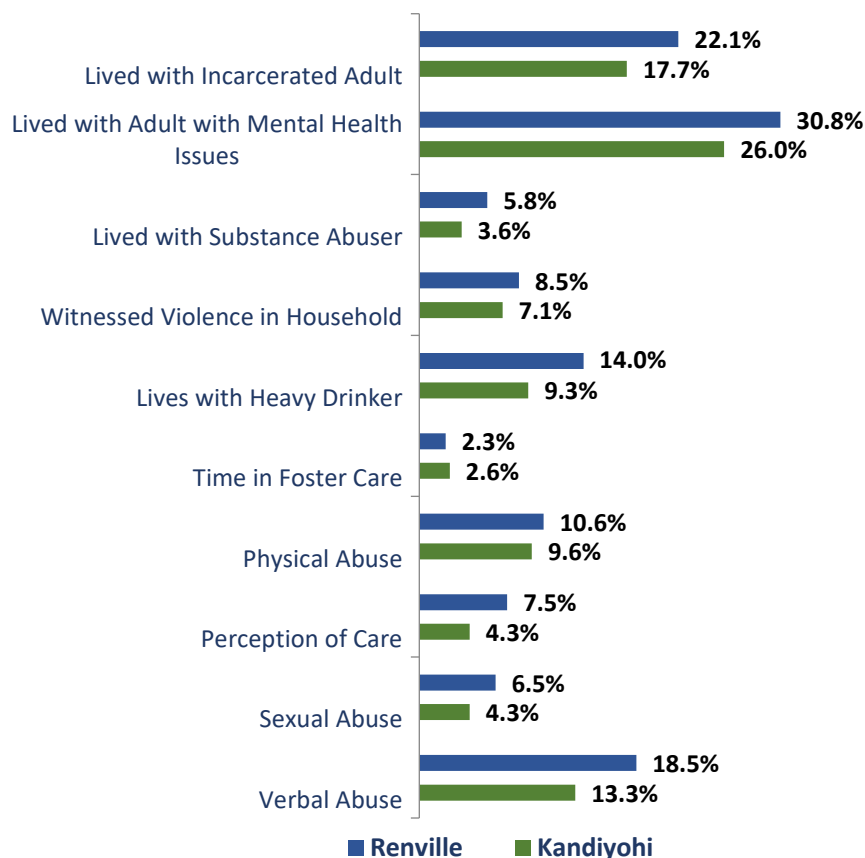
As of 2022, 9.16% of students (8th, 9th, and 11th grade) from Renville County reported experiencing 4 or more ACEs; 24.3% of Kandiyohi County students reported experiencing the same number of ACEs. 1% of students from grades 9 and 11 in both counties reported trading sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else they may have needed. Over a quarter (28.16%) of students across all reporting grades in Kandiyohi and Renville Counties shared that they live with someone who is depressed or has another mental health illness.

Minnesota Student Survey, 2022

Even though ACEs are experienced in childhood, they have a powerful effect on our entire lives. Adults who experienced ACEs are three times more likely to have asthma, four times more likely to have depression, six times more likely to have anxiety, and twice as likely to engage in chronic drinking. *MDH*

Percentage of Students Who Have Experienced an Indicated Adverse Childhood Experience (ACE)

2022 Student Health Survey



Adverse experiences in childhood increase the risk of adolescents turning to alcohol and drugs. *Moore, K., et. al, 2014*
 Children living with adults who abuse alcohol and other drugs are at higher risk for neglect and abuse.
 Problematic drinking or alcoholism in a household member by itself is an adverse experience for children.

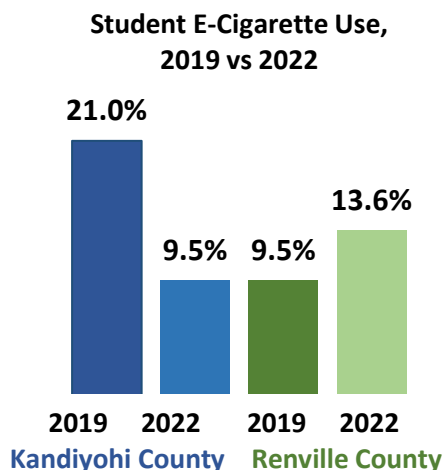
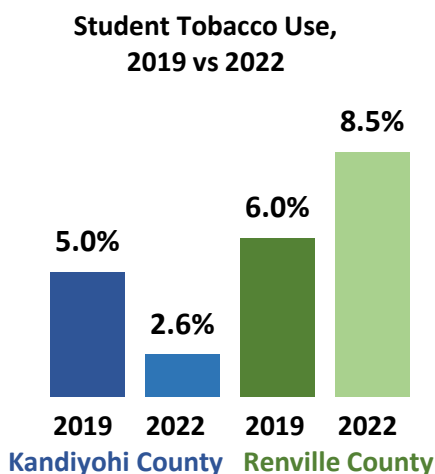
Substance Use

SMOKING

Tobacco use remains the primary cause of preventable diseases and death in Minnesota. The sooner an adolescent starts using tobacco, the longer they are likely to keep the habit up. Local data shows smoking cigarettes has decreased while using e-cigarettes is on the rise. In 2022, 97% of male 5th graders in Kandiyohi County and 98% in Renville County shared that they have not vaped or used an e-cigarette within 30 days of them reporting in the Minnesota Student Survey. The majority of students actually indicate that they have never tried any form of tobacco. The survey also showed that the majority of students who used a vape or e-cigarettes got it from their friends or family members other than their parents. *Minnesota Student Survey, 2022*

According to the most recent regional adult health survey in 2023, adults who smoke in both counties have decreased since 2019. Kandiyohi County results showed a decrease from 10.3% in 2019 to 9.3% in 2023, and Renville County results showed a decrease from 9.4% in 2019 to 6.4% in 2023. e-cigarette usage in the counties is also low with Kandiyohi County citizens using e-cigs at 2.4% and Renville County citizens using e-cigs at 3.2%. *Adult Health Survey, 2023*

In the last 30 days, did you use the following substance (Product Containing Nicotine)? *Minnesota Student Survey, 2022*

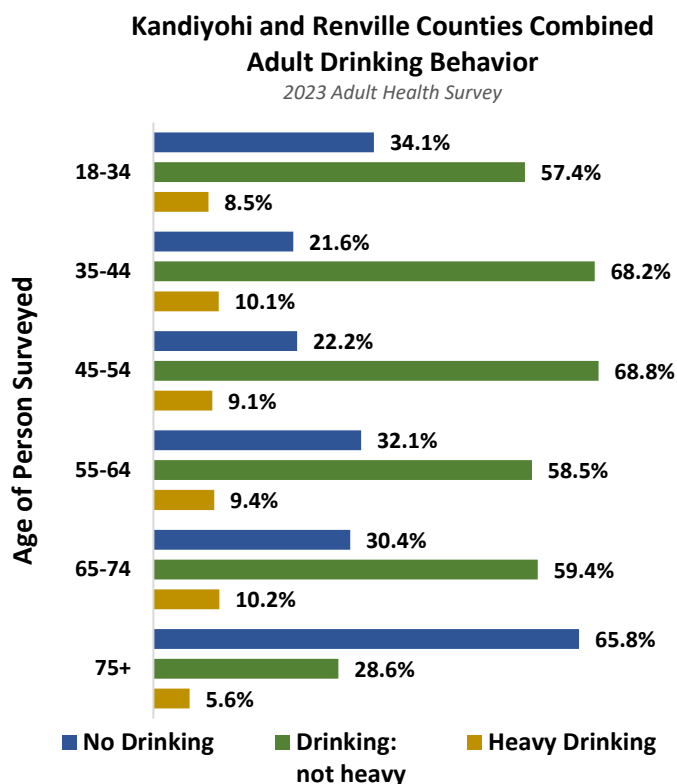


Mothers who smoke during pregnancy impact their child. Fetal exposure to nicotine can have long-term health consequences, including sudden infant death syndrome (SIDS), impaired fetal brain and lung development, hearing problems, effects on behaviors and obesity, and deficits in attention and cognition. Approximately 25% of all stillbirths and 20% of all infant deaths could be avoided if all pregnant smokers stopped smoking by the sixteenth week. *Wisborg, 2022*

ALCOHOL

According to the CDC, in 2021 alcohol abuse was linked to nearly 178,000 deaths: more deaths than guns, opioids, or even HIV/AIDS at its peak. Alcohol use has become so normalized in our society that we often don't think of it as a leading cause of death. Unintentional injuries, high blood pressure, stroke, heart disease, liver disease, sexual problems, and malnutrition are all related to long term use of alcohol. These chronic diseases become more prevalent after age 50. Deaths that are 100% attributable to alcohol include accidental and intentional alcohol poisoning, or chronic conditions of the liver, heart, pancreas, stomach, and nervous system.

- The number of alcohol-related deaths in Minnesota has increased steadily since 2000. Liver disease is the primary driver of the increase in 100% alcohol-related deaths. *MDH, 2023* The number of 100% Alcohol Attributable Death from 2018-2019 was 12% in both Kandiyohi County and Renville County. *MIDAS, MDH, 2021*
- Similarly, to vapes and e-cigarettes, an average of 95% of 5th graders in Kandiyohi County and 99% of 5th graders in Renville County shared they have not consumed an alcoholic beverage within the 12 months prior to reporting. *Minnesota Student Survey, 2022*
- The majority of students reported not ingesting alcohol in the past 30 days, across all age groups in both counties and shared less alcohol consumption since 2019.



People binge drink for many reasons, including to feel they belong, to feel more self-confident, to forget their problems, and to avoid negative emotions. Using the CDC definition, binge drinking is generally defined as having five or more drinks in a short amount of time for men; for women it is defined as having four or more drinks in the same short time period. Binge drinking is associated with many health problems, including injuries, suicide, sexual assault, domestic violence, liver disease, poor control of diabetes, and cardiovascular disease.

- Over 22.6% adult Minnesotan men engage in binge drinking compared to women (14.3%).
MDH, 2023

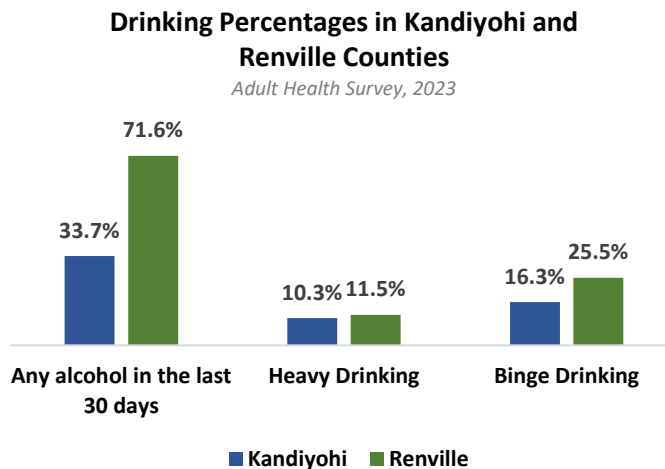
- Kandiyohi is on par with the rest of the state at 16.3% for both adult men and women. However, Kandiyohi County residents have indicated, that since COVID-19, alcohol consumption is 10.5% more likely. *Adult Health Survey, 2023*

- Renville County is higher than the state, with an average binge drinking rate of 25.2% for both adult men and women. *Adult Health Survey, 2023*

- 13.1% of pregnant women reported consuming alcohol within a month-span. *MDH, 2023*

- Almost 10% of adults in Renville County and 6.4% in Kandiyohi County drink and drive. *Adult Health Survey, 2023*

- Drinking is prevalent in both counties, however, adults in Renville County drink more heavily and at greater intensity than Kandiyohi County. *Adult Health Survey, 2023*



“I think about the damage to families. There are deep multiple layers of damage to families and children, as they are the youngest recipients for the dangers of opioids.”

Renville County Healthcare Worker

DRUG USE

Opioid and other drug use is an emerging concern. Local hospitals, clinics, and dentists have taken measures to reduce initial prescribing of opioids and to support and monitor those patients in continuing prescriptions.

- In Minnesota, deaths caused by opioid overdose increased from 678 deaths in 2020 to 1002 in 2022. *MDH, 2017-2020*
- Indigenous Americans die from drug overdose ten times more often than Whites; African Americans die twice as often as Whites. *MDH, 2023*
- Between 2019 and 2020, there was a 63% increase in drug overdoses in the 25-34 age group. *MDH, 2017-2020.*
- Current data indicates that over 1,557 people in the 25-34 age group had nonfatal overdoses *MDH, 2023*
- While inappropriate use of pain medications such as OxyContin, Percocet, and Vicodin have increased among 8th and 9th grades, inappropriate use has remained steady among 11th graders from 2019 to 2022. *Minnesota Student Survey, 2022*
- There has been a small decrease in opioid use in both counties according to the 2023 Adult Health Survey.

Incarceration

People with criminal convictions are frequently excluded from jobs and have trouble finding somewhere to live. This affects their well-being and that of their families and communities.

- Youth in Greater Minnesota (including the Kandiyohi and Renville County area) are 1.2 times more likely to have experienced parental incarceration and the unhoused than youth from the metro area. *Wilder Research, 2021*

Incarceration severely disrupts belonging and creates trauma for families and children. When a parent is in prison or jail, children are more likely to experience economic hardship, have unpredictable family relationships, have difficulty with school, struggle with mental and physical health, engage in risky behaviors such as drinking alcohol, and experience stigma. *Wilder Research, 2021*

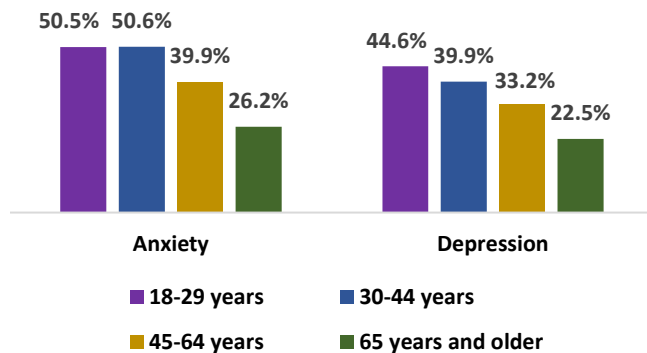
In 2022, 9.16% of students (8th, 9th, and 11th grade) from Kandiyohi County and 12.33% from Renville County reported having a parent or guardian incarcerated currently or previously. Female students across 9th and 11th grades in both counties were more likely to have a parent or guardian currently or previously incarcerated compared to their male classmates. *Minnesota Student Survey, 2022*

Isolation

People who are physically or socially isolated are at greater risk of abuse, loneliness, depression, and injury. As people grow older and lose life partners or family members, they may become more isolated. If they become physically or socially isolated, they have a greater risk of abuse, loneliness, depression, and injury. The proportion of older persons expected to be living alone is anticipated to increase significantly, partly because they have fewer children than preceding generations. For rural elders the risk of isolation is compounded by distance to family, communities, or needed services. Disability at any age increases the potential for physical and social isolation.

Percentage of Adults Living Alone With Symptoms of Anxiety and Depression by Age

U.S. Census Bureau, Household Pulse Survey (Week 18: October 28-November 9, 2020)



In midst of the COVID-19 pandemic, the *U.S. Census Bureau's* Household Pulse Survey reported that between October 28, 2020 and November 9, 2020, adults ages 18-29 (50.5%) living alone were 24.3% more likely to develop symptoms of anxiety than adults 65 years and older (26.2%). Additionally, adults living alone ages 18-29 (44.6%) were 2.1% more likely to report showing symptoms of depression than adults 65 years and older living alone (22.5%).

The findings of this survey challenge the belief that older adults are the most likely to develop anxiety and depression but does not consider the impact of living in a rural community alone.

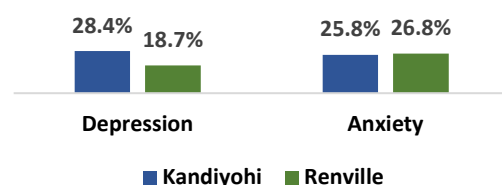
Mental Well-being

The World Health Organization (WHO) definition of mental health is a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

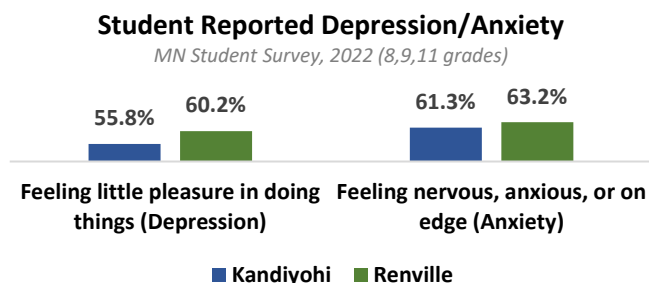
The daily pressures of financial struggles, lack of employment, difficulty in finding affordable housing, and lack of social support all affect mental well-being. Adults who are out of work report a greater number of poor mental health days than others. While people indicating they live with depression is higher in Kandiyohi County, people tend to live with anxiety at a higher rate in Renville County. Nearly 50% of people in both counties indicated having a "bad" mental health day within the last 30 days, with the majority of those people experiencing that day within the past 9 days. *Adult Health Survey, 2023*

Medically-Indicated Depression/Anxiety

Adult Health Survey, 2023



Female students report struggling twice as much with long-term mental health issues compared to male students. Long-term mental health issues were reported by 16.6% of male students in Kandiyohi County and 16% in Renville County, while females reported nearly 32% in Kandiyohi County and 47% in Renville County. *Minnesota Student Survey, 2022*



“As a community, our mental health issues are very stigmatized, people don’t know where to get resources. When they realize they need resources, they have issues finding any or they find the process overwhelming.”

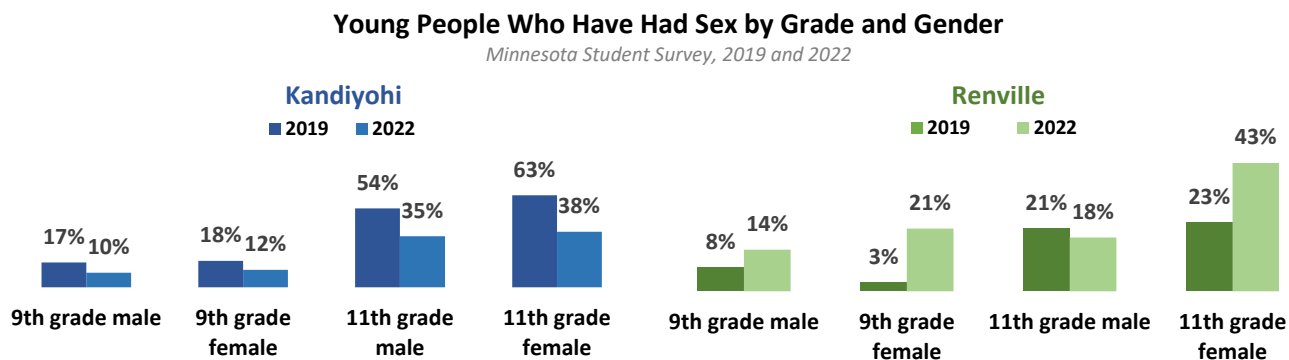
Kandiyohi County Healthcare Worker

Woodland Centers, a regional provider of mental health services, supports people of all ages in both counties. In 2022, Woodland Centers serviced a total of 4087 people from 7 counties. The median age range of those receiving service was 31-64. One of the many services that they provide is mobile crisis service.

Sexuality

Students cite fear of sexually transmitted diseases as a reason to not have sex (37.0% of students in Kandiyohi County and 42.8% in Renville County), along with fear of pregnancy (41.6% in Kandiyohi County and 50.6% in Renville County). The majority of students (51.35% in Kandiyohi County and 61.80% in Renville County) cited they “don’t think it’s right for a person my age to have sex.” *SHARE Survey, 2019*

The younger a person is when they become sexually active, the more partners they may have in their lifetime and the higher the risk of sexually transmitted diseases. Students reported being 12 years old or younger the first time they chose to have sex in Kandiyohi and Renville Counties (13.44% in Kandiyohi County and 14.55% in Renville County). 13.91% of students of both counties reported having had sex with 4 or more people within a year-span in 2019. *SHARE Survey, 2019*



Local data for the combined years of 2017-2019 show that both Kandiyohi and Renville County have higher rates of teen pregnancy than at the state level. The majority of teen pregnancies are seen in the 18- to 19-year-old population. *MDH, 2024*

SEXUALLY TRANSMITTED DISEASES (STDs)

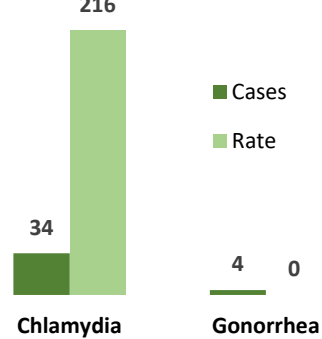
Sexually transmitted diseases (STDs) are also known as sexually transmitted infections (STIs). These are infections caused by viruses, bacteria, or parasites that are spread through sexual activity or sexual contact. Chlamydia is the

highest reportable disease in both counties. There were two new cases of HIV or AIDS in Kandiyohi and one in Renville County in 2023. *MDH, 2023*

**2022 Chlamydia and
Gonorrhea Cases & Rate
Per 100,000**

STD Surveillance Report, MDH

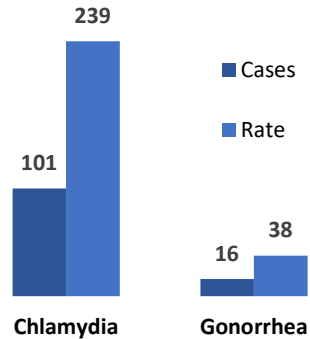
Renville County



**2022 Chlamydia and
Gonorrhea Cases & Rate
Per 100,000**

STD Surveillance Report, MDH

Kandiyohi County



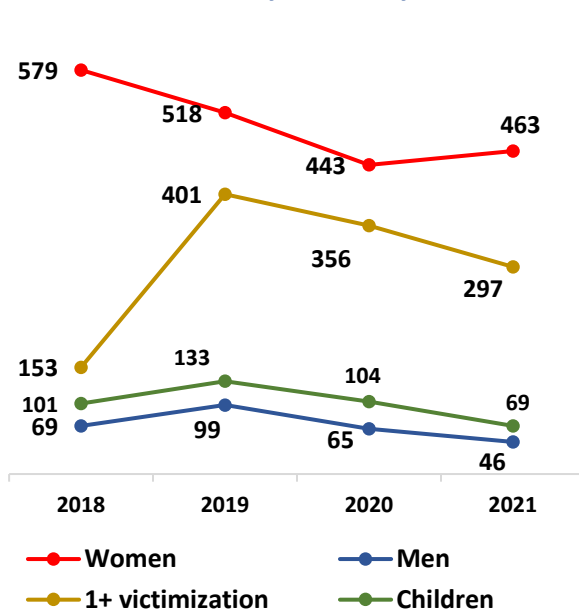
Physical and Sexual Violence

Physical and sexual violence are both means of maintaining power or control over another person. The effects of this violence on a person's mind and body lasts for a lifetime.

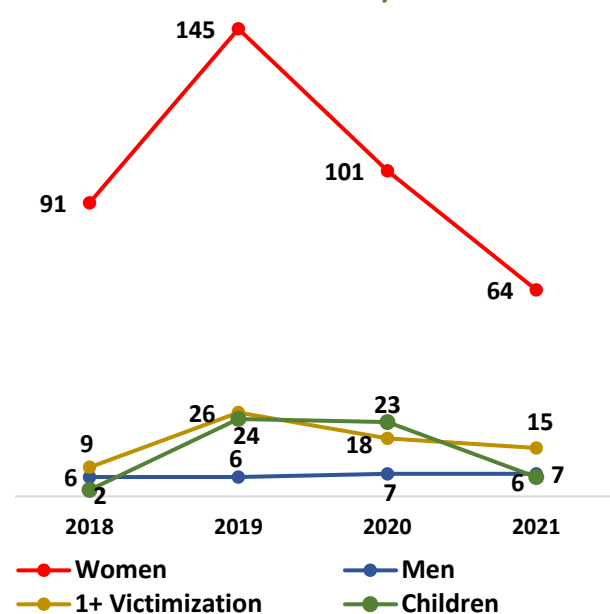
Safe Avenues is a regional agency that provides advocacy, supervised parenting time services, and emergency shelter for victims of domestic and sexual violence in Kandiyohi and Renville Counties.

Individuals Served by Safe Avenues

Kandiyohi County



Renville County



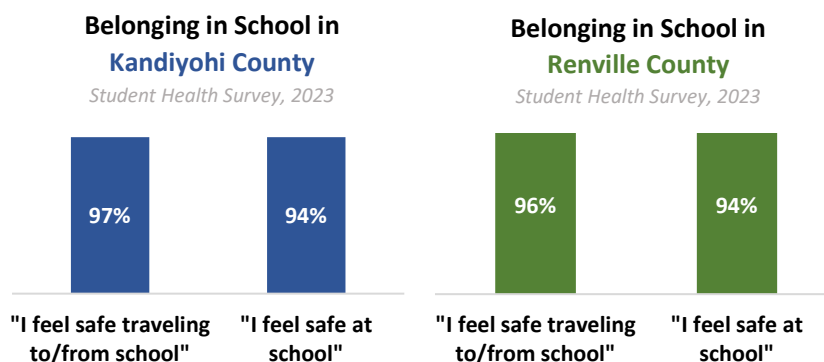
Safe Avenues reports:

- More than 65,000 adults in Minnesota receive domestic violence services from programs each year.
- Teens aged 14-18 are four times more likely to experience sexual violence than any other age group.
- The risk of violence is higher for people with disabilities. They are often targeted specifically because of those disabilities.
- An estimated 60% of all victims do not report or seek help.
- Domestic violence is a leading cause of housing instability.
- ACEs research indicates that children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems.

Safe Avenues tracks when individuals suffered more than one type of victimization. Examples of victimization include sexual abuse, sex trafficking, child pornography, bullying, physical abuse, family violence, kidnapping, and stalking. Local statistics show an upward trend in sex trafficking and/or exploitation. Sexual exploitation and human trafficking are commonly overlooked, misidentified, and go underreported. Minnesota recently enacted a law that requires sex trafficking prevention training for all hotels and motels in the state.

Belonging in School

Belonging as an adolescent sets the stage for belonging and participating in society as adult. A welcoming and supportive school environment, where every child knows they belong and are valued, can have positive effects throughout life. Whether in school or another setting, bullying negatively affects belonging.



BULLYING

Bullying is intentional physical, verbal, or psychological tormenting, and can range from hitting, shoving, name-calling, threats, and mocking to extorting money and treasured possessions. Some kids bully by shunning others and spreading rumors. Others use email, social media, and text messages to taunt others or hurt their feelings online.

In the 2022 Minnesota Student Survey, 53.5% of students from 5th, 8th, 9th, and 11th grades reported experiencing bullying in Kandiyohi County. Similarly, in Renville County, 59.37% of students from the same grades reported bullying, with female identifying students reporting bullying at higher rates than male identifying students. Students in both counties indicate feeling safer at home, in their neighborhoods, and even during transit to school, than at school.

Bullying can affect everyone—those who are bullied, those who bully, and those who witness bullying. Bullying actions ripple outward, causing a multitude of issues, including criminal charges such as harassment, hazing, or assault. www.Stopbullying.gov

Kids who are bullied can experience negative physical, school, and mental health issues and are more likely to experience:

- Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Health complaints.
- Decreased academic achievement—GPA and standardized test scores—and school participation. They are more likely to miss, skip, or drop out of school.

Kids who bully others can also engage in violent and other risky behaviors into adulthood and are more likely to:

- Abuse alcohol and other drugs in adolescence and as adults
- Get into fights, vandalize property, and drop out of school
- Engage in early sexual activity
- Have criminal convictions and traffic citations as adults
- Be abusive toward their romantic partners, spouses, or children as adults

Bystanders or witnesses are more likely to:

- Have increased use of tobacco, alcohol, or other drugs
- Have increased mental health problems, including depression and anxiety
- Miss or skip school

Suicide

Suicide can reflect a deep sense of hopelessness and lack of belonging. Often mental illness is undiagnosed or not treated. Historical trauma, experiences of racial and other prejudice, physical, sexual, or emotional abuse, the experience of being addicted to drugs or alcohol, chronic pain, mental illness, or an immediate crisis can all lead to suicidal thoughts or actions.

While girls and women of every race attempt suicide more frequently, boys and men die more often from suicide because they tend to use more lethal means (e.g., firearms). In the 2022 Minnesota Student Survey, 12.75% of Kandiyohi County and 16.16% of Renville County students had considered suicide. Of those who had considered suicide, about 6.75% had attempted one or more times in Kandiyohi County; in Renville County about 5.1% had attempted.

Wrap up

Different Geographies: One Community Health Board

While our two counties are unique, we have many shared challenges:

- Many children and their families experience poverty.
- Childcare is a growing need, has low numbers of providers in both counties, particularly in rural areas, especially for infants.
- Children are exposed to increasing levels of adverse childhood experiences (ACES).
- Bullying is a prevalent problem in our schools and online.
- Sexual health is a concern not only adults, but for our children as well.
- Maternal and child health needs are increasing within both counties.
- Shifting demographics challenge our ability to meet the growing needs of our aging population while maintaining our commitment to needs of all age groups.
- Increasing racial and ethnic diversity requires us to assert our values of equity in our community's health.
- Scarcity of affordable housing limits the ability of our residents to establish themselves and provide a healthy living environment.
- Access to affordable healthy food is limited and may be responsible for the increasing prevalence of overweight and obese adults and children.
- Chronic diseases such as heart disease and diabetes are on the rise in both counties.
- Preventing chronic and emergent diseases continues to be a priority for both counties.
- Limitations in transportation infrastructure decreases access.
- There is a growing need for mental and dental health services, but limited providers.
- Substance use proves to be an ongoing issue for all age groups.
- Mental Health affects citizens of both counties and at an increased rate post pandemic, increasing social isolation and the prevalence of mental health issues in our communities.

Building on Our Strengths

There are many strengths we can build upon to achieve our shared vision for a place where everyone can thrive:

- We recognize diversity in our community and have made strategic goals for equitable care to our citizens.
- The majority of people in our community have health insurance.
- Our unemployment rate is lower than the national average.
- We have city and county parks and trails to provide opportunity for people to get outside, be active, and enjoy time with one another throughout the year.
- Our commitment to water protection helps ensure everyone has access to clean drinking water.
- Many of our towns and neighborhoods support community gardens and farmer's markets.
- We have coalitions and community contacts built to work on many of our community's healthcare needs.