Carver County Community Health Assessment 2024

June 15, 2024

A Message to the Community

Thank you for your interest in learning more about the health and well-being of Carver County! Active participation in understanding who we are, gaining insight to the many factors that affect our health, and learning how each of us can play a key role in shaping the quality of life are vital if we hope to remain one of the healthiest counties in Minnesota and across the nation. I hope you find this report informative and helpful as we strive together to protect and promote the health and well-being of our community.

So much has happened in our communities, our nation, and our world since we last conducted this assessment five years ago. Significant events such as the COVID-19 pandemic, civil unrest, changing demographics, severe weather events, and challenging economic conditions have had a dramatic impact on our physical health and mental well-being. It has shaped the way we engage with each other and the quality of our lives. It has also disproportionately affected some of us more than others.

The 2024 Community Health Assessment provides the critical information necessary to help set priorities and develop effective strategies to improve the health of all residents. This comprehensive assessment is conducted every five years in accordance with the Minnesota Statute 145A. It is done with the support and guidance from a broad range of community partners and a diverse group of dedicated residents, professionals, and community leaders from across the county.

The data we collect through this assessment is intended to be a valuable planning resource for all the agencies and organizations that serve as community partners within our local public health system. As each one continues their work to improve the health and safety of those who live and work in Carver County - both individually and in partnership with each other - we hope this assessment will prove useful in planning for the future well-being of all the lives we touch and the people we serve.

On behalf of the entire Carver County Community Health Board and our Public Health team, I want to extend my deepest appreciation to all who have helped make this assessment possible. We welcome the opportunity to work with you and the entire community over the next five years to eliminate disparities and improve the health and well-being of all who live, learn, work, and play in Carver County.

Sincerely,

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Deputy Division Director of Health Services &
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ACKNOWLEDGEMENTS

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Overview

ABOUT THIS REPORT

Every five years the Carver County Public Health Department (CCPH) coordinates a collaborative, countywide effort to conduct a comprehensive, accurate and timely Community Health Assessment (CHA), which is used in the development of an updated five-year Community Health Improvement Plan (CHIP). The purpose of the CHA is to learn about the current state of health of county residents, and the conditions that may be contributing to, or detracting from, the opportunity of all people to attain their optimal level of health and well-being.

There have been many significant local, national, and international changes in society since the last CHA was conducted in 2018, which may have had an impact on the health and well-being of residents. The CHA process sought to identify any changes from what was observed five years ago, and the impact on different population groups. What is learned through the CHA process informs the development of the CHIP.

The assessment is done in collaboration with residents, community organizations, businesses, faith organizations, schools, health care providers, policy makers, and others. While CCPH coordinates the CHA process, it is guided by the Carver County Public Health Advisory Council (PHAC), which is comprised of representatives from multiple sectors of the Carver County community. As such, the resulting CHIP is truly a plan which is developed and implemented by the community.

While the quantitative and qualitative information collected for the CHA is the starting point for the PHAC to develop a CHIP, the information in the CHA is available for any organization that may find it valuable as they work to improve the well-being of Carver County residents. This CHA report and related information are available on the Carver County website at: www.carvercountymn.gov/CHA.

ASSESSMENT METHODS

The National Association of County and City Health Officials (NACCHO) provides local health departments with a guide for conducting a CHA and for developing a CHIP, called Mobilizing Action through Planning and Partnerships (MAPP). In 2023 an updated version of the MAPP guide was released, which has an emphasis on understanding and addressing local health inequities. The Carver County CHA was conducted during the last three quarters of 2023 and the first quarter of 2024, using both primary and secondary data sources.

There were some topics that we felt were important to include in the CHA, for which county level information was not available. In these cases, we tried to include state or regional data to give some consideration for how the topic may be impacting Carver County residents. As we focused on understanding health inequities, we conducted the CHA (particularly the qualitative measures) with a special focus on the following key population groups where health disparities are often observed.

- Black, Indigenous and People of Color (BIPOC)
- LGBTQ+
- People with lower incomes
- People with disabilities
- People with chronic physical or mental health challenges
- Veterans

- People in the criminal justice system
- People who are new immigrants
- Older adults
- Youth
- People who are geographically isolated – by distance

The MAPP guide calls for three assessment areas to be completed (below) as a local public health department leads the coordination of the CHA process. Together the three assessments are intended to help tell the story of the Carver County community, specifically in identifying the root causes of health inequities.

Community Partner Assessment – a process that allows all community partners that are a part of the Carver County public health network to critically look at their own individual processes, systems, and capabilities; as well as the partners collective capacity as a network to address health inequities.

Community Context Assessment – a process of qualitative data assessment aimed at harnessing the unique insights, expertise, and perspectives of individuals and groups directly impacted by social systems, to improve the functioning and impact of those systems. It moves beyond interventions that rely on perceived community needs to understand Carver County's strengths, assets, and culture. Some of the data sources included:

- Focus Groups and Key Informant Interviews
- School Staff Focus Groups
- Metropolitan Council Transportation Needs Study
- Carver County CDA Housing Needs Analysis

Community Status Assessment – a process that quantitatively describes Carver County, including demographics; health status; contributing factors; systems of power, privilege, and oppression; and across all these variables - any existing inequities. Some of the data sources included:

- Adult Random Sample Community Survey
- Public Health Convenience Sample Survey
- Mental Health Survey
- Morbidity and Mortality data
- County/Community Health Rankings
- Ridgeview Health Systems Community Health Needs Assessment

ASSESSMENT RESULTS SUMMARY THEMES

- **Overall, health is declining.**
- **Mental Health and Affordability are top concerns.**
- **The County's population is changing.**

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CHAPTER 1: INTRODUCTION

WHAT IS HEALTH?

The World Health Organization refers to health quite broadly as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] Health is the foundation of our lives. If we are healthy, we can live full and productive lives while also contributing to the health of our family and our community.

WE CAN CHOOSE HEALTH

Health doesn't just happen. Being healthy is about taking actions both individually, and as a collective community which supports the health, safety and well-being of ourselves and others. The hope is that we are all given opportunities to make individual decisions and take actions that can keep us well. But communities also make collective choices about things such as access to healthcare, housing, transportation, food, mental health resources, and many others that affect people's health. In many ways, the choices made by communities can be more powerful contributors to health than individual choices, as communities can determine the types of choices that are available to individuals.

WHAT IS THE ROLE OF A LOCAL PUBLIC HEALTH DEPARTMENT?

Local Public Health Departments are at the front lines of finding ways to help people live healthier lives. They fulfill three main roles:

- Providing research and analysis to understand what is happening around health within a community. This includes illness from chronic or infectious diseases, but also understanding the conditions that lead to unhealthy or healthy outcomes. Health includes physical ailments, but also mental and social well-being.

- Promoting healthy choices by educating the community, and supporting policies, practices, programs, and services - which ensures the availability of choices that can reduce risk, prevent disease, and promote health across the lifespan.

- Providing healthcare services to improve the overall health of the community. This can include a wide range of activities, from helping mothers to have healthier pregnancies, to hosting vaccination clinics, to screening for diseases.

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A community health improvement plan (CHIP) is a longer-term, systematic effort to address public health issues in a community. Its goal is to understand the health challenges within a community, as well as its strengths and assets, and then to create strategies to address the root causes of those challenges.

Creating a community health improvement plan is an effort coordinated by a local public health department, but it is truly a community effort and the community's commitment to health improvement. Community members (individuals and organizations) identify the priority issues which they will work on together; including the strategies that will be used to address those priorities, as well as who will be implementing the strategies

[1]World Health Organization. Constitution. https://www.who.int/about/accountability/governance/constitution

once the plan is launched, and how progress toward success of the plan will be measured -in making Carver County a healthier place for everyone. In Carver County, a new CHIP is created every five years.

WHAT IS A COMMUNITY HEALTH ASSESSMENT (CHA)?

A Community Health Assessment (CHA) is a vital step in creating a community health improvement plan. The CHA provides an analysis of the state of health in a community. It not only focuses on health itself, like prevalence of chronic or infectious diseases, but also on the conditions that lead to good health outcomes, sometimes referred to as "social determinants of health." These conditions may be things like access to affordable healthcare, nutritious foods, socialization or recreation opportunities; poverty; pollution; safe and stable housing; civic engagement; and many other things that can influence health and well-being.

SOURCES OF DATA FOR THE COMMUNITY HEALTH ASSESSMENT

The CHA draws on a wide number of data sources to help assess the quality of health of residents. Some comes from secondary data sources, which are collected by healthcare organizations, the Minnesota Department of Health, and other organizations.

Carver County Public Health (CCPH) wanted to hear directly from residents, so in late 2023 it implemented a few primary data collection methods, including the mailing of an eight-page paper survey to a random sample of adult residents. Nearly 1000 survey responses were received from throughout the county, providing at least a 95% confidence interval for generalizability to the general population. It also conducted several focus groups and key informant interviews among 11 key population groups where health disparities are often observed, as well as among 47 staff of three public school districts. Responses from these primary data sources are the core of the CHA.

A survey can be problematic because not everyone who is invited to participate chooses to participate. Also, a survey may not be able to get enough samples from smaller groups to let their voices of that population to be heard. This is why CCPH also conducted focus groups and key informant interviews among population groups comprised of relatively small numbers (compared to most county residents), to ensure that their experiences were heard. These focus groups included 446 residents from 210 households. They focused on youth, older adults, persons of color, LGBTQ+ persons, veterans, lower income persons, new immigrants, people with chronic physical or mental health challenges, persons with disabilities, persons involved in the justice system, persons who live in more rural or geographically isolated areas.

WHAT IS THIS DOCUMENT AND WHY DOES IT EXIST?

This document is the 2024 Community Health Assessment (CHA) report for Carver County. This work was done to (a) help county organizations and residents understand the state of health within the Carver County community and (b) develop a plan to improve the health of all residents, particularly those experiencing health inequities. It will be used in 2024 to create a five-year Carver County Community Health Improvement Plan for the period of 2025-2029. It is also intended for individual organizations and agencies to use in planning their own work to improve the well-being of county residents. The general goals of the CHA are to:

- To explain in detail the state of health in Carver County in 2024.
- To provide an understanding of the conditions shaping health in Carver County.
- To place Carver County's experiences in a larger context, to understand how our county trends are similar or different from other counties in Minnesota and the United States overall.

CHAPTER 2: THEMES OF THIS COMMUNITY HEALTH ASSESSMENT

There are three broad themes which came out of the CHA:

- Overall, health is declining.
- Mental Health and Affordability are top concerns.
- The County's population is changing.

What follows is a *summary* of some key CHA data points that support the broad themes.

Health in the United States is worsening. The average life expectancy of Americans peaked in 2014 at 78.9 years. In 2022, it was 76.1 years, primarily but not exclusively due to COVID. COVID has killed nearly 1.2 million Americans since 2020.

Some causes of death besides COVID are increasing. Incidences of several major chronic diseases, like kidney disease, liver disease and diabetes, have increased. Deaths by suicides and overdoses are up. Traffic fatalities have increased. All of these factors and more have combined to reduce the health and lifespan of Americans.

COVID profoundly changed our world. COVID disrupted our lives and continues to do so. In Carver County over 150 people have died from COVID. Strokes, heart attacks, and diabetes rates increased, possibly due to COVID. Long-haul COVID remains a problem for some, and more research is needed to better understand the long-term effects.

Mental health issues have grown substantially. COVID didn't just disrupt our lives physically, but it also affected the social bonds and mental health of residents. The biggest change in health status and health concerns among residents since the 2018 CHA are increases surrounding mental health issues. Mental health issues have increased and access to mental health services have become even more strained. Many more adults report they are experiencing mental health issues. Mental health is also a growing issue among school age children.

Health in Carver County is above average when compared to other places. Carver County has more than a decade long history of being rated as one of the healthiest counties in Minnesota, and in the United States. Through 2023 it had been recognized as the healthiest county in Minnesota for the eleven years by County Health Rankings, as well as being identified as one of the healthiest communities in the country.[2] Residents in Carver County tend to be better off than those living in other counties in terms of income, educational achievement, civic engagement, and other conditions that affect health. This does not mean, however that the county does not have many of the same health issues and disparities – just that overall, Carver County residents are doing better than much of Minnesota and the rest of the country, on most measures of health factors and health outcomes, but there remains room for improvement.

Social conditions impact health outcomes. When asked about the biggest issues affecting health in Carver County, residents ranked the cost of healthcare and health insurance as the two biggest factors. They also ranked the cost of housing very high, along with food and transportation costs. Income, poverty, race, age, home location, gender and many other factors affect health outcomes.

Cost and access to healthcare remain critical issues. In every survey and focus group, residents identify the cost of healthcare as one of their highest concerns. Only 2% of residents lack health insurance, but residents

[2] County Health Rankings, 2023. https://www.countyhealthrankings.org/explore-health-rankings/minnesota/carver?year=2023

face large deductibles or co-payments, uncovered expenses, and expensive insurance premiums. Access to care is also frequently cited as a concern, including difficulty in getting appointments, getting to appointments, and finding culturally responsive providers.

Carver County is growing. Carver County is one of the fastest growing counties in the state. Our available programs services are challenged to meet the growing needs of the growing and increasingly diverse population. One glaring example is sufficient availability of safe and stable housing which people in different life situations can afford, therefore homelessness is an emerging concern.

Carver County is aging. There have been and will be large increases in the number of people ages 65+. This will drive changes in many societal trends and will increase demands in many programs. This will accelerate as the number of people over the age of 85 increases substantially in the next ten years.

Carver County is becoming more diverse. As the county grows, a large proportion of new residents will be people of color (about 1 out of every 5 by 2040), the groups which have traditionally experienced disparate health outcomes.

Residents' feelings toward others have declined. Compared to 2018, when asked how they feel (especially post-COVID pandemic), they generally feel the same about themselves, but their faith and trust in others is less.

COVID has muddled trends. COVID and the COVID response in 2020, 2021 and 2022 make some of the data atypical in many ways. Yet these are the most recent years for available data. It is hard at times to understand whether recent data is a new normal, a random change, or a pandemic aberration.

Also, data collection and reporting lagged during the pandemic. In some cases, data has not been updated since prior to the pandemic or has not been updated since 2020 or 2021, when society was in the middle of the pandemic. Very little data is available post-pandemic, making it also hard to understand whether recent data is a new normal or just a "blip."

CHAPTER 3: VOICES OF CARVER COUNTY

Possibly the most important thing that we can do to understand the health challenges facing Carver County is to ask the residents. This CHA has gathered experiences, perspectives and opinions from residents using a variety of methods to ensure that the community health planning process includes an understanding of the diverse needs of residents.

ISSUES AFFECTING THE HEALTH OF RESIDENTS: ADULT SURVEY RESULTS

Carver County Public Health mailed a survey to a random sample of adult residents to better understand the biggest health issues facing the community. This was mailed in November 2023, with 996 responses from across the county. Below is a list of issues that residents identified, ranked in order of concern weighted by how severely the issue was rated. (No problem was weighted = 1, Minor problem = 2, Moderate problem = 3, and Serious problem = 4, times the number of times the issue was chosen)

The biggest issues raised by residents are the cost of healthcare and health insurance. Despite only about 2% of Carver County residents not having health insurance, the cost of that healthcare is the highest concern expressed by residents. This may be because health insurance is very expensive and/or because many people have high deductible policies.

Mental health issues also rank very high. Mental health, depression, anxiety, and stress make up three of the top ten issues raised by residents.

Chronic diseases like obesity, cancer, asthma, diabetes, and arthritis rank very high. Smoking, which leads to many chronic diseases, also ranked high.

Rounding out the top ten concerns were affordable housing (a major determinant of health) and distracted driving and motor vehicle injuries, an issue that Carver County ranks about average when compared to the rest of the state.

2023 Resident Survey: How much is this a problem in your community?	**No problem**	**Minor problem**	**Moderate problem**	**Serious problem**	**Ranking**
Cost of health insurance	16.2	13.5	29.5	40.8	295
Cost of healthcare	16.7	13.8	31.7	37.9	291
Housing that is affordable	20.5	26.3	33.8	19.3	252
Obesity	20.7	30.4	31.3	17.6	246
Mental health	23.4	32.0	26.1	18.5	240
Depression	22.9	32.2	29.5	15.4	237
Distracted driving/motor vehicle injuries	23.1	33.9	28.7	14.3	234
Anxiety/stress	25.9	27.9	33.1	13.1	234
Cancer	28.2	32.9	28.9	10.0	221
Chronic diseases like asthma, diabetes, arthritis	29.5	32.4	29.7	8.4	217
Smoking or vaping tobacco	29.3	38.2	23.7	8.8	212
Bullying	30.3	39.2	21.7	8.7	209
Opioid/other drug use	31.9	37.4	20.8	10.0	209
Infectious diseases like COVID, RSV, and flu	28.8	42.4	23.0	5.8	206
Impacts of climate change	39.7	29.8	16.4	14.1	205
Isolation and loneliness	32.6	41.1	19.4	6.9	201

2023 Resident Survey: How much is this a problem in your community?	No problem	Minor problem	Moderate problem	Serious problem	Ranking
Lack of childcare	37.2	33.0	22.6	7.2	200
Poverty	31.6	43.8	18.1	6.5	199
Discrimination or harassment	34.6	39.0	21.2	5.1	197
Heart disease/stroke	35.7	40.5	18.3	5.5	194
Suicide	37.8	38.7	16.8	6.6	192
Domestic violence	35.4	42.2	17.9	4.5	192
Alcohol use by youth	38.6	38.4	19.8	3.1	187
Services for older adults	43.0	34.1	17.5	5.4	185
Alcohol use by adults	41.2	36.0	20.5	2.3	184
Healthy food access or food insecurity	44.0	37.2	13.5	5.3	180
Transportation for healthcare	43.1	38.7	14.5	3.7	179
Recreational marijuana use	47.0	34.7	14.0	4.2	175
Maternal health	46.6	35.8	13.3	4.2	175
Accommodations for people with disability	52.6	30.5	15.2	1.7	166
Human/sex trafficking	54.2	31.0	10.6	4.3	165
Access to health services	59.1	23.8	12.2	4.9	163
Firearm injuries	58.2	30.9	7.8	3.1	156
Sexually transmitted diseases	55.9	36.8	6.1	1.2	153
Other	84.2	3.9	1.3	10.6	138
Access to recreation and open space	78.7	16.7	4.4	0.2	126

ISSUES AFFECTING THE HEALTH OF RESIDENTS: FOCUS GROUPS RESULTS

Carver County Public Health worked with an organization to recruit local community liaisons who were able to conduct focus groups and key informant interviews with people who live or work in Carver County, and are members of population groups whose voices are typically unheard, and are groups that experience the greatest amount of health disparities including:

- Black, Indigenous and People of Color (BIPOC)
- LGBTQ+
- People with lower incomes
- People with disabilities
- People with chronic physical or mental health challenges
- Veterans
- People in the criminal justice system
- People who are new immigrants
- Older adults
- Youth
- People who are geographically isolated – by distance

Focus groups and key informant interviews were conducted in December 2023 and January 2024. Responses were obtained from 110 participants in focus groups and 16 through key informant interviews.

Community Focus Group participants had many experiences and perspectives to share. Their recommended priorities for change included the following:

- Improve transportation options for all communities in the county.

- Increase awareness of existing resources by providing easily accessible information in multiple platforms and avenues.

- Make healthcare more affordable and accessible by providing more low-cost and free healthcare options, addressing health holistically, building more medical infrastructure, providing support for navigating complex healthcare processes, and offering more specialized care such as substance abuse services and culturally responsive mental health services for people of all ages.

- Support the successful integration of new immigrants and people of color by increasing employment and educational opportunities, providing English as a second language support, offering culturally relevant health literacy support, and making intentional efforts to include minority communities in programming and recreational activities.

- Maintain, support, and increase accessibility to existing resources in the community by making more services low-cost or free; offering financial support for basic needs like housing; maintain and update existing infrastructure like roads; ensuring that community and public spaces meet the accessibility needs of all populations; preserving community values in small rural towns; and ensuring that income guidelines for benefits are reflective of the needs and realities of low-income individuals.

- Focus on providing more youth support like after-school prevention programming for children who are in families with lower incomes (e.g., to prevent obesity), abuse prevention and anti-bullying supports in schools, and low-cost or free youth-friendly spaces.

- Have community forums and events to encourage conversations about key community topics, like experiences with discrimination and racism within Carver County, and to increase awareness, education, and exposure to the different communities living in the county.

The Key Informant interviews brought forth the following priorities for change:

- Increased awareness and access to existing community, county, and state resources by providing resource navigators, establishing a community resource center, and having case workers and social service workers in community spaces like food shelves and libraries.

- Fostering and prioritizing diversity, equity, and inclusion in community and county spaces and services; by offering education on cultural awareness and inclusion, increasing diverse representation in leadership and service roles, offering language support with provided services, and supporting diversity, equity, and inclusion initiatives like human rights commissions.

- Providing more resources, services, and programing to address mental health, homelessness, affordable housing, transportation, and food assistance needs (specifically in western Carver County).

- Increasing funding of social services such as Head Start, senior nutrition programing, aging-in-place programing, and affordable housing.

- Offering more low cost or free healthcare facilities.

- Increasing diabetes awareness and prevention initiatives.

- Continuing to evaluate community needs and accessibility and offer opportunities for communities to have a role in addressing their needs.

Final overall recommendations also included the following:

- Continue the regular assessment of community needs with intentional opportunities for community input and insight into health initiatives, with a special focus on populations that may be underrepresented in the data.

- Explore options or ideas to alleviate the burden of high healthcare costs within Carver County, to increase access for community members with low incomes and limited access to insurance.

- Evaluate the need for mental health services and increase the capacity of Carver County to meet these needs.

- Increase the diversity, equity, and inclusion capacity of the County services and community organizations, to better develop solutions that are relevant to the needs of diverse populations.

- Assess how community members are accessing information to existing resources, to determine how to make information more easily accessible and culturally relevant.

- Increase the development of housing options that are affordable for different population groups, such as young adults, seniors, and families throughout Carver County.

- Promote the use of system navigators to make services accessible to people with barriers.

ISSUES AFFECTING THE HEALTH OF YOUTH: SCHOOL STAFF FOCUS GROUP RESULTS

With very limited qualitative data received from students, focus groups were conducted with 47 public school staff (counselors, social workers, and nurses) to gain their insights on the state of well-being among Carver County students (K-12). A summary of those focus group learnings follows.

- There is a clear increase in mental health challenges among students in all grades, especially anxiety, and depression to a lesser degree due to some type of loss.

- Students are more challenged in managing a routine school day, including socialization with other students. It has become more common to hear students using disrespectful language towards each other, and toward adult school staff. Cyberbullying seems to have increased among students.

  The 2022 Minnesota student Survey (MSS) results indicated that more students across the state and across all grades are missing school due to them feeling sad, hopeless, anxious, stressed or anger.

- Staff are observing more school avoidance among students. Additionally, if there is a break in the school routine, such as a release day, the mental health challenges resurface. A couple of ways in which this is presented is with OCD and ADHD type behaviors.

- There appears to be social-emotional learning delays of about two years, compared to what is typical childhood development. The timing of this delay is aligned with the COVID-19 pandemic.

- Not all students are struggling, but among those who are, their struggles are more frequent and in a more severe, and complicated manner. In the most serious situations, staff are aware of more cases of suicide ideation and attempts.

  The 2022 MSS results indicate that more students across Minnesota have done something to purposely hurt themselves compared to 2019.

- More students are receiving mental health services than in the past, however obtaining services locally for all the students who need this support is very challenging. As a result, parents are looking to the schools for support for their child, and the demands on the schools for this support is much greater than their capacity to provide it.

  The 2022 MSS results indicate across Minnesota there is an increase in the number of students reporting that they themselves have a long-term mental health, behavioral health, or emotional problem – including one-third of those in grade 11. More are reporting experiences of feeling down, depressed, or hopeless, as well as nervous, anxious, or on edge; and are bothered by their inability to stop worrying, or to control their worrying.

  Among fifth graders there is an increase in those who stated that they worry a lot, as well as those who feel sad and don't know why.

- Staff are having more conversations with students about family issues. Homelessness seems to be on the rise for families and students, and finding safe stable housing that is affordable continues in be a significant challenge throughout Carver County. As more parents and families are challenged, this presents itself as mental health challenges in students.

From the 2022 MSS, Carver County students who participated indicated that they are living with someone who is depressed or is having other mental health challenges than in 2019.

School nurses are seeing an increase in physical health symptoms and conditions among students. Some seem to be related to mental or emotional health issues such as headaches or stomach aches. However, they are also seeing more cases of Type 1 diabetes, celiac, auto immune disorders, and dental health issues.

- In addition, staff are seeing more cases of body image concerns as youth reach adolescence, especially among girls. Nurses are also finding it more challenging to ensure students are current on their vaccinations.

- Staff are also seeing more issues among students regarding obtaining adequate sleep. Students seem to be spending more late nights with on-line gaming, social media interactions, worrying about national and world events, and having younger siblings staying up late, as the parents are trying to support older siblings in their extracurricular activities.

- Staff feel like there is an increase in substance use among students, especially vaping. They stated that there also seems to be more use among parents. More young students are showing up for school smelling like marijuana, from exposure to their parents use. Use seems to be becoming rapidly normalized since August 1, 2023, when recreational use became legal for adults in Minnesota.

  The MSS data from 2022 indicates that more than 90% of Minnesota students (as well as those from the Carver County school district that participated) stated that their parents would feel that it is wrong for them to be smoking – the same as in 2019. However, among the participating students from the Carver County school district there was a decrease in the percentage of students who feel that both their parents and their friends would feel it is wrong for them to use alcohol or marijuana, from 2019.

- One positive change for schools this year has been the availability of free breakfast and lunch for all students.

ISSUES AFFECTING THE HEALTH OF RESIDENTS: MENTAL HEALTH SURVEY RESULTS

In 2023, Carver County Human Services surveyed 45 residents either with mental health issues or who are caretakers of persons with mental health issues, to better understand the needs of individuals living with a mental health condition. Again, access and cost of healthcare were some of the highest-rated issues.

Barriers to healthcare	Large Barrier	Somewhat
Understanding healthcare eligibility	45%	0%
Cost of Services	33%	35%
Wait time for the service	32%	46%
Fear of being labeled / stigmatized	26%	38%
Completing paperwork	24%	36%
Accessing assistance with financial eligibility	21%	46%
Cultural acceptance	17%	0%
Transportation	17%	21%
Distance from service providers	14%	0%
Housing	13%	33%
Lack of health insurance	12%	20%
I don't know how to access services	12%	26%

Medical Health	10%	30%
Barriers to healthcare	**Large Barrier**	**Somewhat**
Language Barriers	8%	0%
Hours of availability of services	8%	50%
Disability (physical)	7%	0%
Deaf/hard of hearing	5%	0%

ISSUES AFFECTING RESIDENTS: COMMUNITY PARTNER SURVEY RESULTS

As we view public health very broadly, we also consider the public health "system" very broadly. This includes organizations and agencies from multiple sectors within Carver County, which have the opportunity to contribute to the health and well-being of local residents. We consider these organizations community partners, and we surveyed them to understand what they see as their greatest assests and their capacity to support residents health; if they feel there are population groups that are underserved; if there are population groups that they wish they could serve but cannot; and what they feel are the health topics needing more attention in Carver County.

Populations most underserved:

- People living without homes
- People with low incomes
- People who speak English as a second language
- LGBTQ+ persons, Latinx/Hispanic, Black
- Refugees, Immigrants

Populations that you wish you could focus on:

- Immigrants
- People who speak English as a second language
- Refugees
- Asylum seekers

Health topics needing more attention:

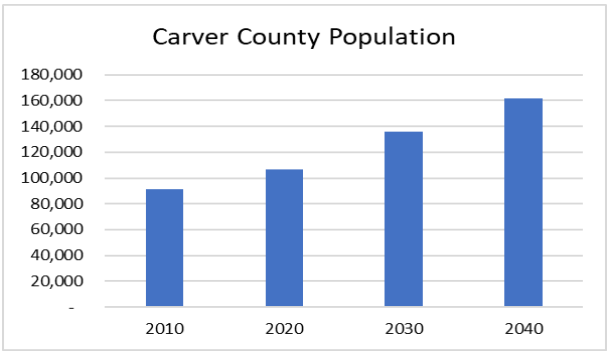
- Mental or Behavioral Health
- Racial Health Inequities
- Poverty
- Drug Addiction
- Food Insecurity

CHAPTER 4: CARVER COUNTY DEMOGRAPHICS

Carver County is a growing county. In 2023, it is estimated that about 112,000[3] people lived in the county, making it the 9th most populous county in Minnesota. Located at the southwestern edge of the Twin Cities metropolitan area, the county is comprised of eleven cities and ten townships.

CARVER COUNTY POPULATION GROWTH

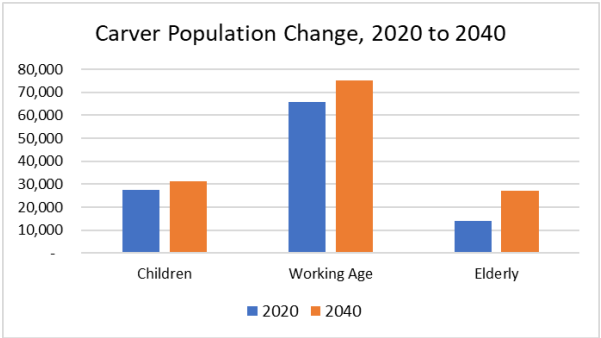
Carver County's population grew 25% from 2010 to 2023. This made it the fastest growing county in Minnesota during that period. It is projected to grow another 50% from 2020 to 2040.[4]



A growing population means that organizations and agencies may need to plan for expansion of its programs and services that support its diverse population of residents. This includes growing healthcare services, public health, human services, youth programs, programs for people with disabilities, senior care, and other community supports.

CARVER COUNTY POPULATION CHANGE BY AGE

Although population growth is projected to increase at all ages, the largest growth will be in persons over the age of 65.[5] This age group is forecast to more than double in the next 20 years.



As people age, they typically need increased healthcare and other supports. Organizations and agencies will need to plan to expand its services to meet the needs of this growing population.

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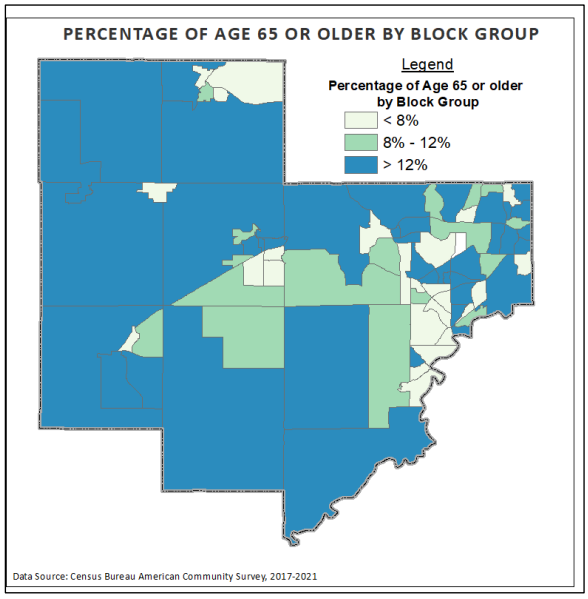
[3] U.S census estimate for 2022. https://www.census.gov/quickfacts/fact/table/carvercountyminnesota/PST045222

[4] Metropolitan Council Long-range Projections, January 1st, 2022. https://metrocouncil.org/Data-and-Maps/Research-and-Data/Thrive-2040-Forecasts.aspx

[5] Minnesota State Demographer's Office, Long-term Population Projections for Minnesota, February 2023. https://mn.gov/admin/demography/data-by-topic/population-data/our-projections/

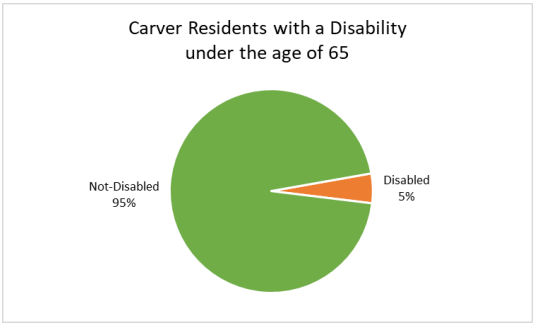
CARVER COUNTY POPULATION OVER AGE 65

Older people are more concentrated in the western parts of the county. There are fewer cities and residents are more likely to live on farms. This creates a special challenge in providing programs and services that can help them live healthy lives. [6]



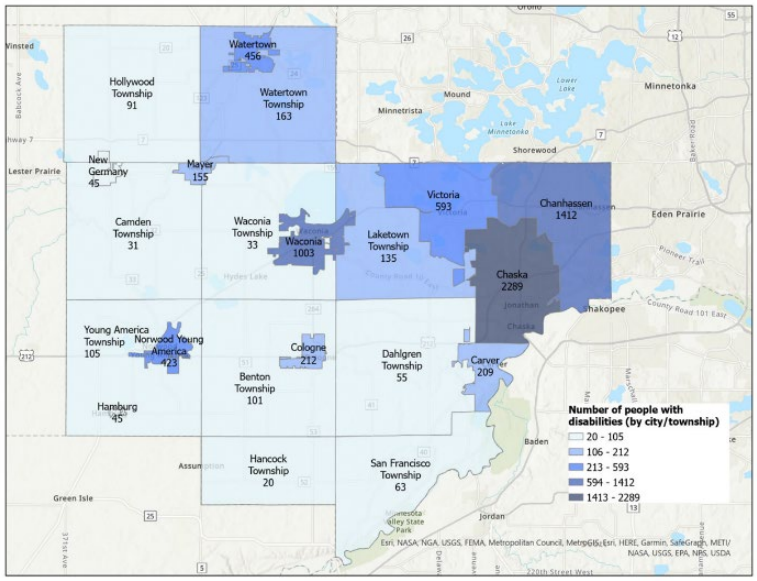
RESIDENTS UNDER AGE 65 WITH DISABILITIES

Carver County's population challenges are not just about those over the age of 65. About 5% of residents are both under age 65 and have a disability. This population will also grow as the county's population increases. This will challenge organizations and agencies to provide programs for these persons. [7]



NUMBER OF PEOPLE WITH DISABILITIES BY CITY

People with disabilities are concentrated more in cities, especially in Chaska. [8] This makes it easier to serve some of the people with disabilities. But there are still large numbers of people with disabilities outside of the larger cities who also need support.

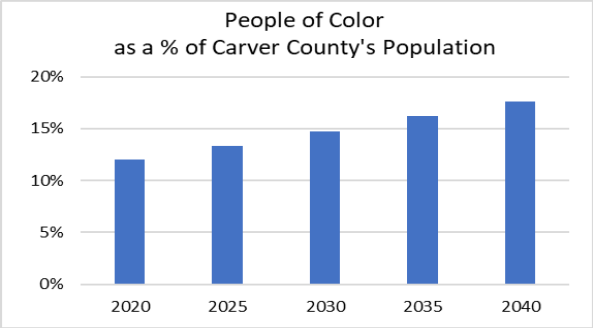


[6] United States Census, 5 Year American Community Survey,

[7] United States Census, 5 Year American Community Survey,

[8] United States Census, 5 Year American Community Survey,

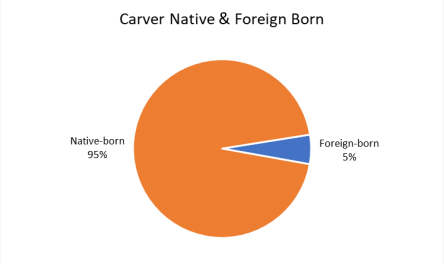
CARVER COUNTY PEOPLE OF COLOR AS A PERCENT OF POPULATION



Carver County's population is becoming more diverse. In 2020, only 12% of the population identified as a Person of Color. By 2040, it is projected that 18% of the population will identify as Persons of Color.[9]

Persons of Color have traditionally had worse health outcomes than White persons. For example, in 2021White Men had a life expectancy of 76.4 years, while Black Men had a life expectancy of 70.8 years and American Indian Men had a life expectancy of 65.2 years. As Carver County becomes more diverse, the challenge of closing the gap in health outcomes will become more acute.

NATIVE VS FOREIGN BORN



A challenge with a more diverse population is not just about race, but also culture. About 5% of Carver County residents were born outside the United States. [10] This cultural diversity will be a challenge in meeting the needs of residents because people from other countries may have very different values about what constitutes health and what a community should do to promote it.

VETERAN STATUS

About 5% of residents say that they are veterans.[11] Veterans, by the very nature of serving in the military, have some increased health risks.[12] For example, diabetes affects about 25% of veterans.[13] Persons who served in the Korean War are now in their 80's and persons who served in the Vietnam War are now in their 70's. About a third of Carver County men who died in 2021 were veterans.[14] Veterans will require increased care and services due to their increased health risks.

RURAL VS. URBAN

12.5% of Carver County residents identify as living in the country or rural area and 87.5% identify as living in a city. Living in rural areas is associated with higher mortality rates, including for people of working age. The 2019 age-adjusted natural-cause mortality rate for the prime working-age population (ages 25–54) was 43% higher in rural (nonmetropolitan) areas than in urban (metropolitan) areas. This is a shift from 25 years ago when rates in urban and rural areas were similar for this age group.[15]

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[9] Minnesota State Demographer's Office, Long-term Population Projections for Minnesota, February 2023.

[10] 2021 American Community Survey

[11] 2023 Carver County Public Health Mailed Survey.

[12] Mortality Rates and Life Expectancy of Veterans. 2017. https://www.va.gov/vetdata/docs/SpecialReports/Mortality_study_USVETS_2015_1980_2014.pdf

[13] Department of Veterans Affairs. Diabetes. https://www.research.va.gov/topics/diabetes.cfm#:~:text=Diabetes%20affects%20nearly%2025%20percent,and%20amputation%20for%20VA%20patients

[14] Minnesota Department of Health. 2021 Mortality tables.

[15] Economic Research Service, U.S. Department of Agriculture. Economic Information Bulletin No. (EIB-265). March 2024. The Nature of the Rural-Urban Mortality Gaphttps://www.ers.usda.gov/publications/pub-details/?pubid=108701

CHAPTER 5: SOCIAL DETERMINENTS OF HEALTH

WHAT CREATES HEALTH?

Health does not just happen in a vacuum. Social and economic conditions - such as whether we are employed; have safe, stable housing; have a lower level of income; and more - may have a greater impact on some peoples' health than other behavioral risk factors.[16] These health-influencing conditions are sometimes referred to as "Social Determinants of Health."

The County Health Rankings Model[17] identifies several social determinants of health, including the following:

- **Economic factors,** including income, education, employment, and poverty.
- **Social factors,** including feelings of belonging, safety, and family support.
- **Access to medical care,** including access to medical providers, affordability of care, and quality of care.
- **Natural physical environment,** including air quality, water quality, and other environmental factors.
- **Man-made physical environment,** including land use, housing, access to recreation and transportation.
- **Healthy behaviors**, including tobacco use, diet and exercise, alcohol use, drug use, and other behaviors.

The following sections look at data around social determinants of health in Carver County.

[16] World Health Organization. Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

[17] County Health Rankings. Explore Health Topics. https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model

CHAPTER 6: SOCIAL DETERMINENTS OF HEALTH: ECONOMIC

CARVER COUNTY INCOME

Income profoundly predicts health outcomes. The greater one's income, the lower one's likelihood of disease and premature death.[19] Studies show that Americans at all income levels that are not considered high income are less healthy than those with higher incomes.[20]

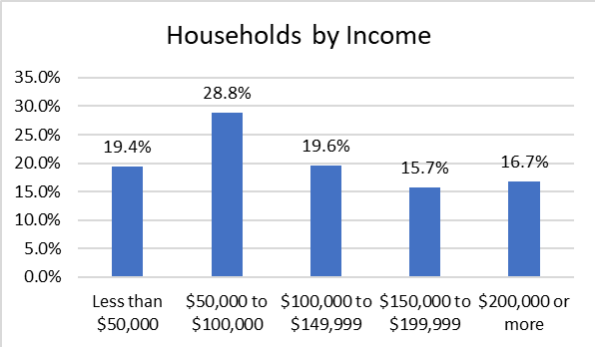
The average household income in Carver County was $130,189 in 2021. This was second highest in Minnesota, behind neighboring Scott County. This means that Carver County should have better outcomes overall when compared to most Minnesota and United States counties.

Income[18]	Households
Average income	$130,189
Median income	$102,694

The average is calculated by adding all the incomes and then dividing it by the number of households or families. This can be skewed by a small number of very wealthy households. So, a second way of looking at income is by looking at the median income, the middle number, halfway from the smallest and largest. The median income in Carver County was $102,694 in 2021. The highest incomes were in the communities of Victoria, Chanhassen, and Carver; with the lowest incomes in the Hamburg-Norwood Young America and Mayer-New Germany areas.

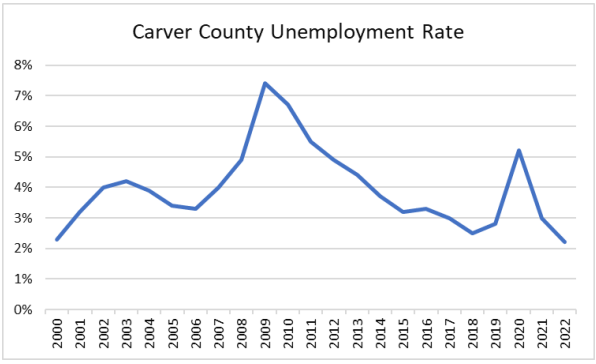
CARVER COUNTY INCOME BY HOUSEHOLD

Twenty percent of households in Carver County make less than $50,000 a year, putting them at higher risk for poor health outcomes, including about 5% who make less than $25,000 a year. About 17% of households make over $200,000 a year. [21] This puts them at a much lower risk for poor health outcomes than other residents.



CARVER COUNTY UNEMPLOYMENT RATE

Employment is strongly correlated to health. Access to healthcare, stable housing, food access, well-being, mental health, and many other variables are correlated to whether a person has a job. The unemployment rate fluctuates, but the unemployment rate in Carver County in 2022 was quite low, about 2.2%. However as shown with the pandemic, this can change rapidly.



[18] 2021 American Community Survey

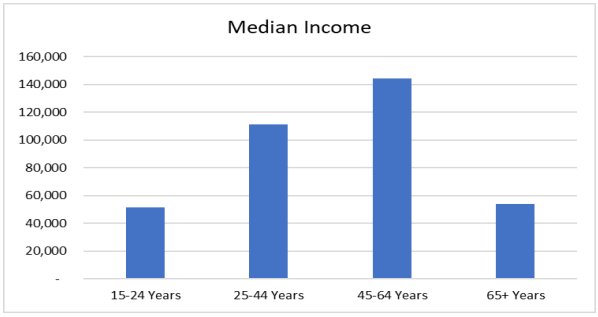
[19] National Center for Health Statistics. 2012. Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. http://www.cdc.gov/nchs/data/hus/hus11.pdf.

[20] Braveman, Paula A., Catherine Cubbin, Susan Egerter, David R. Williams, and Elsie Pamuk. 2010. "Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us." American Journal of Public Health 100 (S1): S186–S196. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837459/.

[21] 2021 American Community Survey

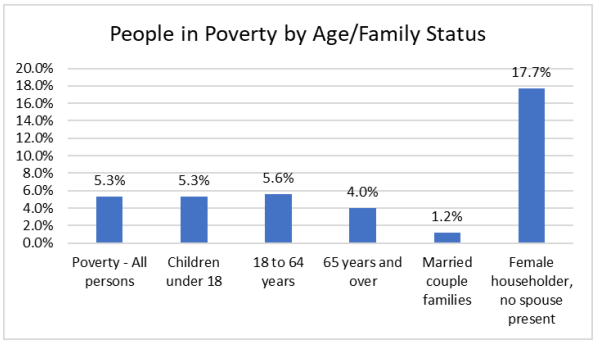
MEDIAN INCOME BY AGE

Income varies substantially by age, as do health issues. Younger and older persons generally have lower incomes than middle-aged persons.[22] This puts them at higher risk for things like unstable housing, food insecurity or other income-related issues.



CARVER COUNTY POVERTY

In 2021, about 5% of Carver County residents lived under the census-defined poverty level. [23] That means about one out of every 20 residents are at severe risk of unstable housing, lack of food, lack of medical care, poor mental health, and other outcomes related to income. This includes about one out of every 20 (5%) of Carver County's children and about one out every seven (14.5%) households led by single women.

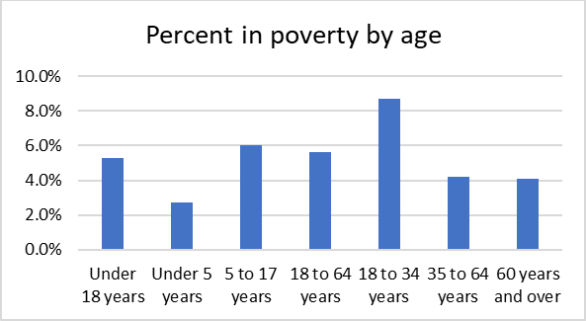


Poverty thresholds for 2021:[24]

- Single person under the age of 65: $14,097
- Single person over the age of 65: $12,996
- Single parent, two children: $21,831
- Two parents, two children: $27,479

CARVER COUNTY POVERTY BY AGE

Young people just starting out in the workforce or in college have the highest poverty rates in Carver County, followed by children under the age of 18. [25]



[22] 2021 American Community Survey

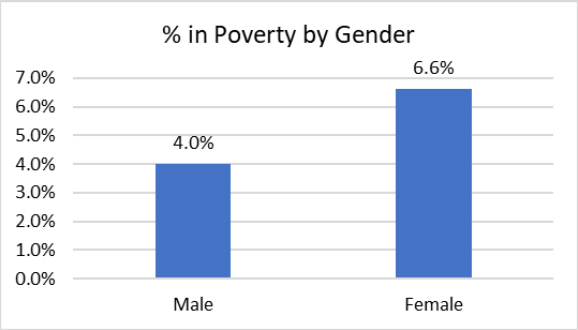
[23] 2021 American Community Survey

[24] 2021 American Community Survey

[25] 2021 American Community Survey

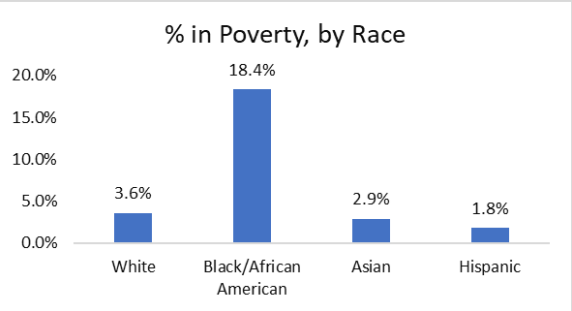
CARVER COUNTY POVERTY BY GENDER

Women are about 50% more likely to be living in poverty than men in Carver County.[26]



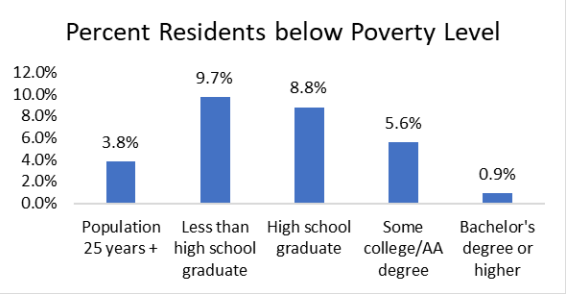
CARVER COUNTY POVERTY BY RACE

African-American residents are much more likely to be living in poverty than residents of other races in Carver County, according to the Census.[27]



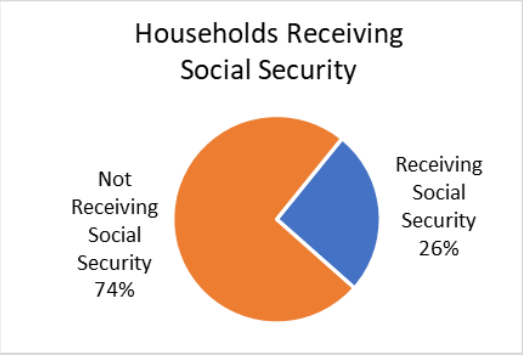
CARVER COUNTY POVERTY BY EDUCATION

About 10% of people with less than a high school education lives below the poverty level in Carver County.



CARVER COUNTY SOCIAL SECURITY BENEFITS

About a quarter (26%) of Carver County residents report receiving some sort of Social Security benefit. [28]



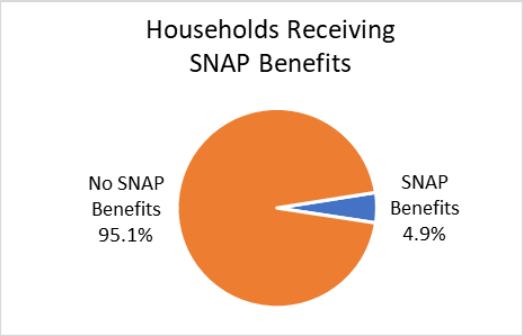
[26] 2021 American Community Survey

[27] 2021 American Community Survey

[28] 2021 American Community Survey

CARVER COUNTY SNAP BENEFITS

About 5% of Carver County residents received SNAP food subsidies.[29]



HOW OFTEN ARE RESIDENTS WORRIED ABOUT RUNNING OUT OF MONEY?

Financially, many people live on the edge - between sustaining their lives and poverty. This can mean people choose to not pay for needed health services, or forgoing prescriptions, or not choosing healthier food.

- The CHA mailed survey asked residents about their financial stability. Twenty-seven percent said they worried about running out of money to pay their rent or mortgage at some time in the past year. About one out of twenty residents (5%) said they worried often.[30]

- The CHA survey also received responses regarding other costs. About 10% of residents said they worried about being able to afford food or transportation. About 5% said they worried about affording heating, prescriptions, or childcare.[31]

[29] 2021 American Community Survey

[30] 2023 Carver County Public Health Mailed Survey.

[31] 2023 Carver County Public Health Mailed Survey.

CHAPTER 7: SOCIAL DETERMINENTS OF HEALTH: SOCIAL FACTORS

Social connection is a fundamental human need; as essential to survival as food, water, sleep and shelter. People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.

Large population studies have documented that people with strong community connections live longer, healthier lives. People with social deficits like isolation, loneliness, and small numbers of quality relationships die younger. For example, in one study, loneliness and social isolation increased the risk for premature death by 26% and 29% respectively.[32] Not having social connections is estimated to increase the risk of premature death as much as smoking 15 cigarettes a day.[33]

Even with diseases like cancer, having high levels of social support and larger social networks are correlated with double-digit decreases in the risk of death.[34] Poor or insufficient social connection is associated with a 29% increased risk of heart disease and a 32% increased risk of stroke;[35] an increased risk for depression[36] and dementia;[37] [38] and a susceptibility to viruses and respiratory illness.[39] Counties with strong social ties experienced fewer deaths during the COVID-19 pandemic.[40] [41] [42]

Social connections have been declining for decades prior to the pandemic,[43] but this trend worsened during the pandemic; with recommended lockdowns, stay-at-home orders, and social distancing.

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[32] Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a metaanalytic review. Perspect Psychol Sci. 2015;10(2):227-237.

[33] Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. Am Psychol. 2017;72(6):517-530

[34] Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a metaanalytic review. Perspect Psychol Sci. 2015;10(2):227-237. https://pubmed.ncbi.nlm.nih.gov/25910392/

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Rico-Uribe LA, Caballero FF, Martin-Maria N, Cabello M, Ayuso-Mateos JL, Miret M. Association of loneliness with all-cause mortality: A meta-analysis. PLoS One. 2018;13(1):e0190033.

[35] Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart. 2016;102(13):1009-1016

[36] Mann F, Wang J, Pearce E, et al. Loneliness and the onset of new mental health problems in the general population. Soc Psychiatry Psychiatr Epidemiol. 2022;57(11):2161-2178.

[37] Penninkilampi R, Casey AN, Singh MF, Brodaty H. The Association between Social Engagement, Loneliness, and Risk of Dementia: A Systematic Review and Meta-Analysis. J Alzheimers Dis. 2018;66(4):1619-1633.

[38] 41. Lazzari C, Rabottini M. COVID-19, loneliness, social isolation and risk of dementia in older people: a systematic review and meta-analysis of the relevant literature. Int J Psychiatry Clin Pract. 2021:1-12

[39] Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. Am Psychol. 2017;72(6):517-530.

[40] Fraser T, Aldrich DP, Page-Tan C. Bowling alone or distancing together? The role of social capital in excess death rates from COVID19. Soc Sci Med. 2021;284:114241. 264.

[41] Fraser T, Page-Tan C, Aldrich DP. Social capital's impact on COVID-19 outcomes at local levels. Scientific Reports. 2022;12(1):6566. 265.

[42] Makridis CA, Wu C. How social capital helps communities weather the COVID-19 pandemic. PloS one. 2021;16(1):e0245135.

[43] Putnam, R. (2001). *Bowling Alone*. Simon & Schuster.

Almost half of Americans (49%) in 2021 reported having three or fewer close friends. In 1990, only about a quarter (27%) of Americans reported so few friends.[44] One study found a 16% decrease in social networks, in just one year, from June 2019 to June 2020.[45]

DO CARVER COUNTY RESIDENTS FEEL THEY BELONG IN THEIR COMMUNITY?

A healthy community is one with strong social ties, where people feel that they belong and are safe. As part of the Carver County CHA mailed survey, residents were asked whether they felt they are part of their community. About 18% (almost one in five) do not feel fully accepted in their community.

Belonging to Your Community?	Percent
Not at all	4.8%
I am part of the community but not fully accepted	12.9%
I feel fully accepted by my community	82.3%
Total	100.0%

WHY DO RESIDENTS FEEL UNACCEPTED?

Those who received the mailed survey, were asked why they felt unaccepted. By far, the biggest reason was political views, followed by religion, age, and race. As the Carver County community addresses how to build strong social connections, it will have to address these sometimes difficult and sensitive topics.

Why they feel unaccepted	Few times a year	Once or twice a month	Once a week	Total
Political views	25.5%	10.0%	7.0%	**42.5%**
Religion	10.5%	5.4%	4.3%	20.2%
Age	13.1%	2.8%	2.2%	18.1%
Race or culture	7.2%	2.1%	2.8%	12.1%
Sexual orientation	3.2%	0.5%	2.5%	6.2%
Gender identity	2.5%	0.9%	2.5%	5.9%
Disability	2.4%	1.0%	2.1%	5.5%
Other	2.3%	0.2%	2.2%	4.7%
Immigration status	0.9%	0.1%	1.6%	2.6%

DO RESIDENTS FEEL SAFE IN THEIR NEIGHBORHOOD?

Another facet of belonging is whether residents feel safe. The CHA mailed survey asked people if they feel safe in their neighborhoods. 98% of residents said yes, they feel safe. [46]

[44] Cox D. The State of American Friendship: Change, Challenges, and Loss. Survey Center on American Life; 2021.

[45] Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. Science. 1997;277(5328):918-924

[46] 2023 Carver County Public Health Mailed Survey.

WHAT HAS CHANGED IN YOUR LIFE SINCE THE COVID PANDEMIC?

The mailed survey also asked residents how their life changed after COVID. For some people, things improved since the beginning of the pandemic. For other people, things worsened. By far, the largest change was around people's belief in others. 36% of residents reported their belief in others worsened since the pandemic. As the Carver County community continues to wrestle with the impact of the pandemic, one of the challenges will be rebuilding trust among residents.

Issue[47]	**Worsened**	**Improved**
My belief in other people	36.4%	2.5%
My mental health	16.9%	7.5%
My financial situation	16.9%	14.7%
My satisfaction with life	13.3%	9.6%
My work situation	13.0%	21.0%
My physical health	11.3%	9.1%
My relationships with my family	8.3%	11.%
My relationship with neighbors	7.2%	7.0%
My use of alcohol	5.8%	7.2%
My housing situation	2.4%	10.8%
My use of tobacco	1.6%	1.5%
My use of drugs	1.0%	1.7%

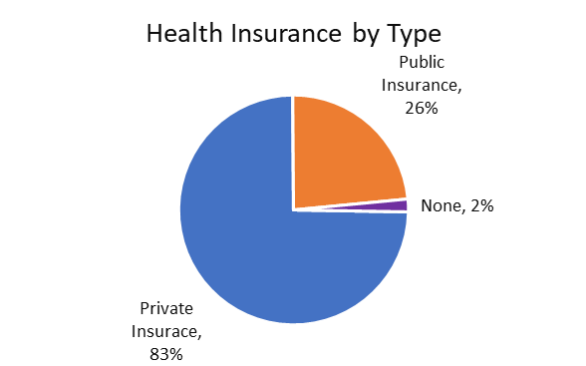
[47] 2023 Carver County Public Health Mailed Survey.

CHAPTER 8: SOCIAL DETERMINENTS OF HEALTH: ACCESS TO CARE

Access to healthcare is a critical component of health. Being able to speak with doctors and nurses, having problems diagnosed, and treatments prescribed is key for health. But it is a complicated issue. Some people do not have health insurance. Others have health insurance but with high deductibles that can serve to incentivize them not to get needed care. Some people have affordable insurance but cannot get appointments with providers or cannot get appointments with providers that they are comfortable with. This section examines these issues.

CARVER COUNTY HEALTH INSURANCE BY TYPE

About 2% of residents don't have health insurance.[48] For that two percent, this lack of health insurance poses critical and unique challenges and greatly puts these residents at high risk for poor health outcomes.



CARVER COUNTY RESIDENTS DELAYING HEALTHCARE

Even though most residents have some sort of health insurance, many residents still have high out-of-pocket costs. The monthly premium for a silver level plan for a 40-year-old resident with a child is $528 a month and only covers about 70% of healthcare costs.[49] This creates a substantial incentive to delay or avoid healthcare. When asked, about 13% of residents said that they delayed healthcare.[50] The biggest reasons for delaying care were the cost or lack of insurance coverage, as well as the difficulty of getting an appointment with a provider covered by their insurance.

FREQUENCY OF PREVENTIVE HEALTHCARE

The expense of healthcare also shows up when people delay or avoid getting preventive care because they cannot afford the cost or cannot find a provider. The mailed survey asked people when they got preventive care. Many people have not gotten the preventive healthcare that they should have. For example, 40% of people are not current for flu shots and 35% have not had their blood sugar tested in the past year.

Preventive Care[51]	**Within past year**	**Past 2 to 5 years**	**5 plus years or Never**	**Recommended frequency**
Colonoscopy	20.2%	23.6%	56.3%	Every ten years starting at age 45
Prostate Exam	24.1%	22.8%	53.1%	Every 3-5 years starting at age 45
Mammogram	45.6%	17.3%	37.0%	Every 2 years starting at age 50

[48] 2021 American Community Survey

[49] Minnesota Department of Commerce. 2024 health insurance in Minnesota for the individual and small group markets. https://mn.gov/commerce/assets/2024%20SLCSP%20IND%201A1C%20wdesc_tcm17-591980.png

[50] 2023 Carver County Public Health Mailed Survey.

[51] 2023 Carver County Public Health Mailed Survey.

Preventive Care[52]	Within past year	Past 2 to 5 years	5 plus years or never	Recommended frequency
Flu Shot	60.7%	19.2%	20.1%	Every year
Pap Test	32.8%	49.6%	17.5%	Every 3 years starting at age 21
Blood Sugar Check	64.7%	19.7%	15.7%	Annually
COVID Shot	40.5%	48.3%	11.3%	Annually
Cholesterol Check	67.4%	21.4%	11.2%	Annually
Eye Exam	61.0%	29.4%	9.6%	Two Years
Routine Checkup	78.1%	15.4%	6.6%	Annually
Dental Exam	83.3%	12.2%	4.6%	Twice a year

Ridgeview Medical Center's 2022 Community Health Needs Assessment found that there is a relatively low percentage of their patient population engaging in preventive screenings and it is getting lower. In 2017 37.7% of their patients completed at least one annual preventive care visit – compared to 27.7% in 2021.

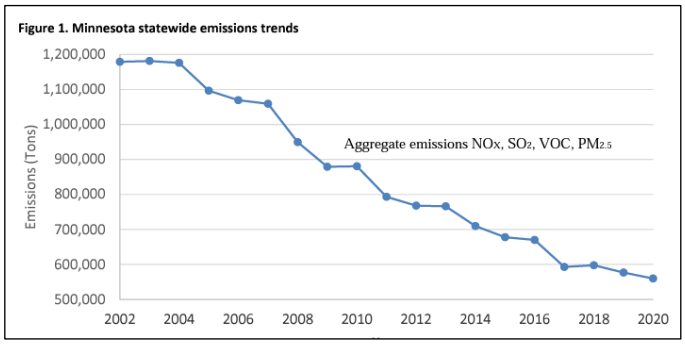
[52] 2023 Carver County Public Health Mailed Survey.

CHAPTER 9: SOCIAL DETERMINENTS OF HEALTH: NATURAL ENVIRONMENT

Environmental hazards-like water and air pollution, extreme weather, or chemical exposures-can affect human health. Some hazards can acutely harm health, like arsenic and lead. Other hazards contribute to chronic disease, like air pollution that leads to asthma. For people to be healthy, they need a healthy environment.

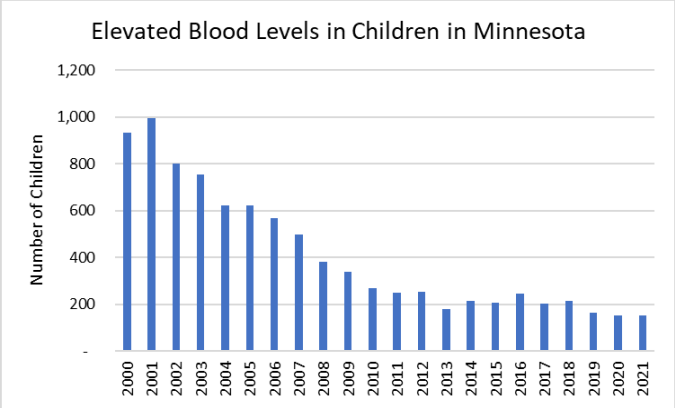
MINNESOTA AIR POLLUTION

Air quality overall has been improving in Minnesota.[53] This reduces the impacts of air pollution on health in the state.



ELEVATED LEAD IN CHILDREN

Lead exposure can seriously harm a child's health, including damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. Lead was banned from gasoline in 1975 and from paint in 1978. When children would ingest things off the ground, they would ingest lead. Rates of lead in children have been declining since bans were implemented.[54]



HEAT RISK

Extended periods of high day and nighttime temperatures can create stress on the body, which can exacerbate respiratory and cardiovascular diseases, diabetes, renal and other diseases. They can also have immediate impacts like heat stroke and heat exhaustion. Average annual temperatures continue to rise. The CHA mail survey found that 20% of residents said they would be impacted moderately and 6% said they would be impacted severely by a week of 100-degree days; totally more than 1 out of 4. Note that historically in the Twin Cities people have experienced about 6 or 7 100+ days a year.[55]

ARSENIC

Arsenic occurs naturally in rocks and soil across Minnesota and can dissolve into groundwater. Drinking water that contains arsenic can increase the risk of cancer and have other serious health effects. The maximum level of arsenic the U.S. Environmental Protection Agency (EPA) allows in community water systems is 10 micrograms per liter (µg/L*). However, consuming water with arsenic at levels lower than the EPA standard

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[53] Minnesota Pollution Control Agency, 2022 Pollution Report. https://www.lrl.mn.gov/edocs/edocs?oclcnumber=51206332

[54] Minnesota Department of Health, Annual Elevated Blood Lead Levels, https://data.web.health.state.mn.us/lead_annual_level

[55] Minnesota Department of Resources. A history of 100 degree days in the Twin Cities. https://www.dnr.state.mn.us/climate/journal/100degreesmsp.html#:~:text=Temperatures%20of%20100%20degrees%20F,1873%2C%20covering%2032%20different%20years.

over many years can still increase the risk of cancer. As a result, the EPA has set a goal of no arsenic in drinking water. Most home wells, however, are not tested for arsenic.

In Carver County, 590 private water wells were tested from August 2008 to December 2021:

- 6.1% had arsenic levels above 10 micrograms per liter (µg/L*), above the federal standard for community water systems.
- 21% had arsenic levels between 2 µg/L and 10 µg/L.
- 72.9% had arsenic levels lower than 2 µg/L.[56]

RADON

Radon is the second-leading cause of lung cancer, behind smoking.[57] The eastern part of Carver County has high levels of rocks that emit radon gas. This radon can seep into houses and cause unhealthy levels of radiation. Radioactive particles can get trapped in lungs and over time, increase the risk of lung cancer. The Minnesota Department of Health tested about 650 properties per year for radon and found about 10.8% had high levels to the point of needing mitigation. [58]

[56] Minnesota Department of Health, Private Wells: Arsenic. https://mndatamaps.web.health.state.mn.us/interactive/wells.html

[57] Centers for Disease Control. What Are the Risk Factors for Lung Cancer? https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

[58] Minnesota Department of Health, Radon Map. https://mndatamaps.web.health.state.mn.us/interactive/radontract.html

CHAPTER 10: SOCIAL DETERMINENTS OF HEALTH: BUILT ENVIRONMENT-HOUSING, TRANSPORTATION AND RECREATION

How people interact with the built environment can have large impacts on a community's health. In this section, we review three issues: housing, transportation, and recreation.

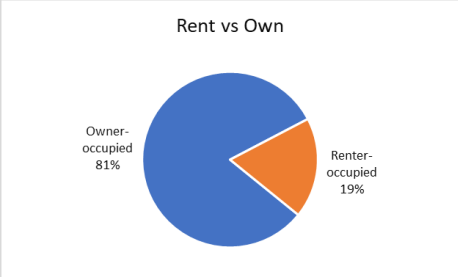
HOUSING

Housing stability, quality, safety, and affordability all affect health outcomes. When families have stable, quality housing, it provides a safe environment for individuals to thrive; but many people do not have their basic housing needs meant. Some people lack stable housing, where they are forced to move frequently, causing both physical and mental stress. Others live in housing that does not meet basic health and safety standards. Housing costs have increased in recent years, resulting in an increasing number of people spending a larger share of their income on housing, leaving little to meet other needs. For some, this burden is too great, and they experience evictions and homelessness.

According to a 2024 Carver County Community Development Agency (CDA) Housing Needs Analysis, the homeownership rate for those with household incomes below $15,000 is 54%, compared to those with an income of $150,000 being 97%. Only 3% of those with incomes above $150,000 are renters compared to 46% of those with incomes below $150,000.

CARVER COUNTY RENTERS VS OWNERS

About 19% of Carver County residents rent.[59] Since renters tend to be of lower incomes than homeowners, they are more at risk of having to spend a large portion of their income on housing. Renting is inherently unstable compared to homeownership, with physical and mental health issues being connected to unstable housing, especially impacting children.[60]



The CDA analysis found that the lowest rates of homeownership are in Chaska, Hamburg, Norwood Young America, and Waconia. The highest are Victoria, Mayer, New Germany, Cologne, and Watertown.

COST-BURDENED FAMILIES IN CARVER COUNTY

Cost-burdened families; those that spend more than 30% of their income for housing, are at-risk of being forced to choose between a home and other basic needs like food, clothing, and medicine. This can have substantial health effects.

In 2021, 18% of Carver County homeowners (5,500 families) were cost-burdened, while 42% of Carver County renters (2,700 families) were cost-burdened. In total, about 8,200 families were cost-burdened.

Low-income households are defined as making $35,000 a year or less. About 83% of low-income households, or about 1,600 families, were cost-burdened.

[59] 2021 American Community Survey

[60] Busacker, A., & Kasehagen, L. (2012). Association of residential mobility with child health: An analysis of the 2007 National Survey of Children's Health. Maternal and Child Health Journal, 16(1), 78–87. doi: 10.1007/s10995-012-0997-8

58% of senior households, or about 900 families, were cost-burdened. "Severely cost-burdened" is defined as spending 50% or more on housing. 17% of families that rent, or about 1,100 families, were severely cost-burdened. [61]

EVICTION

In 2022, Carver County residents experienced 152 evictions.[62]

HOUSING COST INCREASE

A major factor in the number of people experiencing cost-burdened housing is the increasing cost of housing. From 2016 to 2021, both the cost to rent and the cost to buy a home increased 13% when adjusted for inflation.[63] The CDA Housing Needs Analysis found the 2023 median cost of a single-family home in the county was $489,900. This is a 40% increase since 2017. A person making the average wage in the area could afford to rent an apartment but could not afford to purchase a home.

HOUSING AVAILABILITY FOR LOW INCOME FAMILIES

In 2022, there were about 1,500 low-income families in Carver County. There were only about 700 homes at a price affordable to them.[64] The Carver Development Agency Housing Analysis showed that by October of 2023 the inventory of homes for sale was well below the equilibrium standard. The same is true for rental housing. Of the 14 pending rental housing developments, two are affordable projects and two are a mix of market rate and affordable.

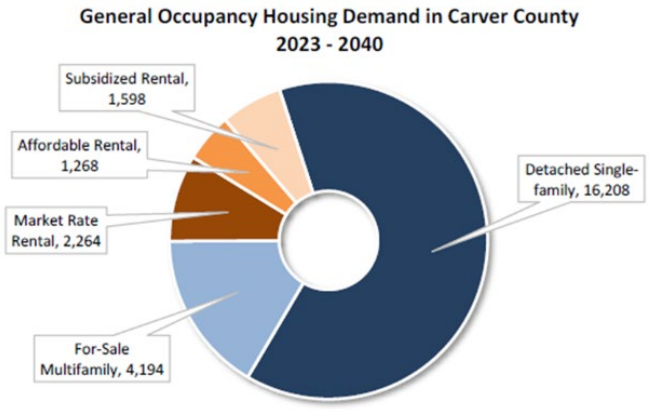
HOMELESSNESS AND SPECIAL NEEDS

As of mid-April 2023, there were 133 households combined in Carver and Scott counties who had been assessed in the Coordinated Entry System (CES) (the process for homeless persons to obtain housing), 21 of which were ages 55+. This includes those who were in a shelter for 14 days or in a place not meant for human habitation. Most of those in Carver County were white, female, single adults with a disability. Additionally, 25% of those in CES were chronically homeless and 3% were veterans.

Emergency and transitional housing availability is limited, with just four family shelter units between the two counties, with another four available for families or singles.

NEW HOUSING DEMAND

Carver County both has a shortage of housing today and needs new housing in the future to accommodate new residents. It is projected that Carver County needs to build almost 1,600 new units of subsidized rental and 1,300 units of affordable rental property to meet demand for housing for low-income persons.[65]



[61] Minnesota Housing Partnership. 2023 County Profile: Carver. https://mhponline.org/wp-content/uploads/Carver.pdf

[62] Minnesota Housing Partnership. 2023 County Profile: Carver. https://mhponline.org/wp-content/uploads/Carver.pdf

[63] Minnesota Housing Partnership. 2023 County Profile: Carver. https://mhponline.org/wp-content/uploads/Carver.pdf

[64] Minnesota Housing Partnership. 2023 County Profile: Carver. https://mhponline.org/wp-content/uploads/Carver.pdf

[65] Carver County Housing Survey, 2024.

The CDA Housing Analysis found that about twice as many residents leave the county to go to work, compared to those who travel into the county for work. The cities receiving the largest inflow of daily workers are Chanhassen, Chaska and Waconia; perhaps a sign of the need for more housing to accommodate these workers, as this trend is expected to continue.

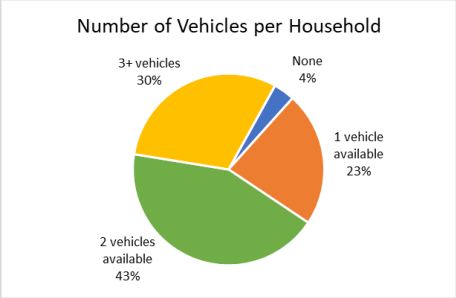
The CDA report stated that there is a limited inventory of existing homes and much those are higher-end new construction. There is a particular lack of housing for first-time homebuyers and empty nesters. In addition, some communities have a limited supply of developable land which could restrain growth, require annexation, or allow increased residential development density. The greatest housing need is for moderate income buyers and renters, notably entry-level housing to attract young families. There will continue to be growth in demand for senior housing units.

TRANSPORTATION

Because transportation touches so many aspects of a person's life, adequate and reliable transportation is fundamental to healthy communities. A lack of transportation can result in missed medical appointments, delayed services or not accessing healthcare at all. It can also affect access to other necessities in life, like access to healthy foods or social connections with others. Supporting people who cannot drive themselves is critical to promoting optimal health.

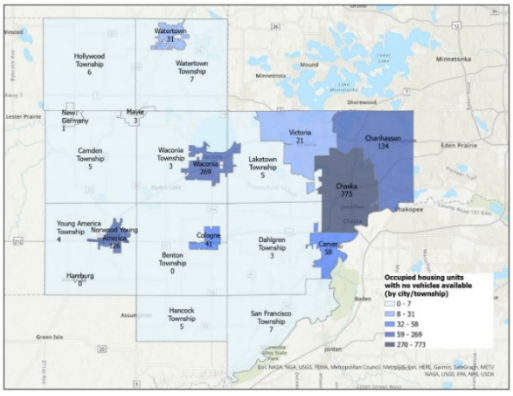
CARVER COUNTY VEHICLES PER HOUSEHOLD

About 4% of households in Carver County do not have a vehicle.[66] These individuals are most likely either too poor to own a car, too elderly to drive, or have disabilities that prohibit them from driving themselves. These issues are also associated with poorer health outcomes.



PERSONS WITHOUT AN AUTOMOBILE

Persons without an automobile are concentrated in eastern cities.[67]

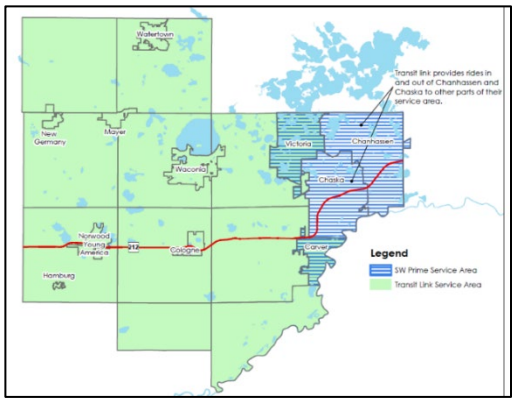


[66] 2021 American Community Survey

[67] United States Census, 5 Year American Community Survey,

AVAILABLE TRANSIT SERVICE

Carver County is serviced by SmartLink, a dial-a-ride program. It is not available evenings and weekends, and requires 2-3 days scheduling in advance, which limits its usage.[68]



Chaska, Chanhassen, Carver and Victoria are also served by Southwest Transit. They provide both express buses to Minneapolis, and on-demand service called Southwest Prime. Prime provides rides for essential services like grocery shopping and doctor's appointments. It also provides connections to locations out of the county, including Shakopee, the 494 Corridor, the MSP airport, and the Mall of America.[69]

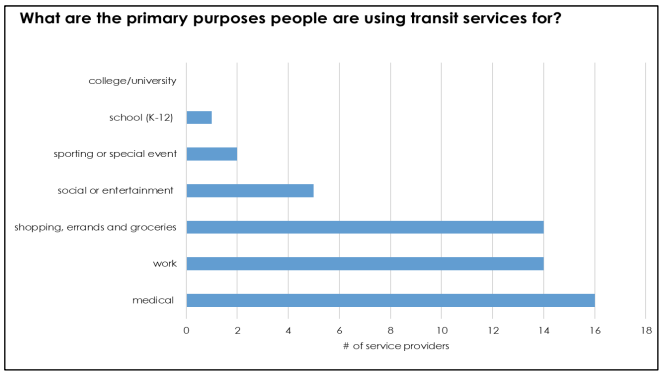
TRANSIT RIDERS

Transit provides mobilty for persons who are unable to drive. These individuals include:

- **Households with limited vehicle availability:** 22.7% of households have only one vehicle available and 4% had no vehicle.
- **Persons with disabilities**: 9% of Carver County residents identify as having a disability.
- **Elderly persons:** 14% of residents are age 65 to 75, 4.8% of residents are over age 75 and 1.4% of residents are over 85.
- **Persons below poverty level:** 3.8% of Carver County residents are below the federal poverty level and 4.1% of residents over 65 below are the federal poverty level. [70]
- **Persons who choose to not drive:** Some people choose not to own a car. Others use transit for trips downtown or to the airport.

PURPOSE OF TRANSIT TRIPS

The biggest reason that people use transit are to access medical appointments, followed by work, and shopping.[71] The CDA Housing Analysis found that about twice as many residents leave the county to go to work, compared to those who travel into the county for work.



[68] Scott County. Smartlink. https://www.scottcountymn.gov/1883/On-Demand-Reservation-Transit

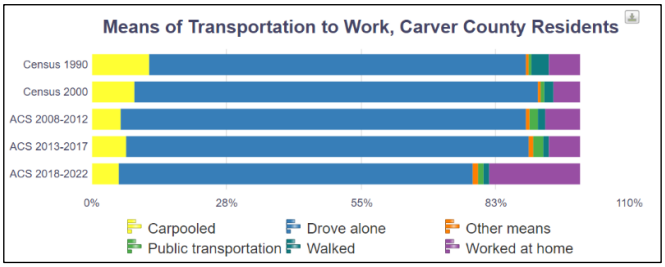
[69] Southwest Prime. https://www.swtransit.org/sw-prime/

[70] 2021 American Community Survey.

[71] 2023 Carver County Transit Survey.

COMMUTE MODE

Many more people are now working from home since the pandemic.[72] This is associated with a number of healthy behaviors like increased exercise, improved diet and improved social connections.

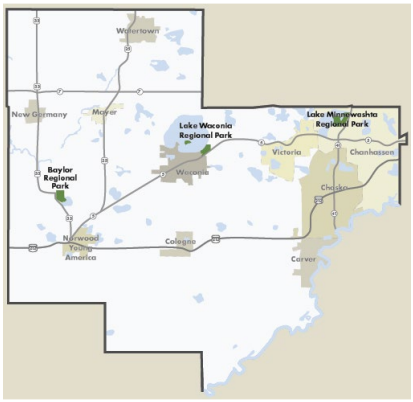


PARKS, TRAILS, AND RECREATION

Parks and trails provide a wide array of health benefits. Parks and greenspace improve air quality, water quality, and other environmental conditions in communities. They provide space for both passive and active recreation, exercise, and other physical activity opportunities. They provide a place, social bonding, strengthening community interaction and belonging, and child development. [73] They also have substantial mental health benefits, providing a low-stress space where people can connect with nature.

ACCESS TO PARKS AND RECREATION

Carver County has four regional parks (three operated by the county), as well as numerous municipal parks located in nearly every city, with several having an indoor community recreation center. This is in addition to an extensive and growing trail system network. Carver County is also home to the University of Minnesota Landscape Arboretum, and a portion of the Minnesota Valley National Wildlife Refuge, including a visitor's center.



The mailed survey indicated that 78.7% of people do not feel that access to open spaces and recreational opportunities is a problem in Carver County.

[72] Metropolitan Council. Community Profiles. https://stats.metc.state.mn.us/profile/detail.aspx?c=R11000

[73] Associations between Park and Playground Availability and Proximity and Children's Physical Activity and Body Mass Index: The BEACH Study Javier Molina-García, et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8750605/

CHAPTER 11: SOCIAL DETERMINENTS OF HEALTH: HEALTHY BEHAVIORS

Health is something we can maintain or improve by making healthy choices. What we eat, whether we are physically active, whether we smoke or drink, all affect our health. This section looks at health behaviors that Carver County residents make that either improve or detract from their health.

PHYSICAL ACTIVITY

Regular physical activity is one of the most important things an individual can do for their health. Being physically active can improve brain health, reduce the risk of heart disease, strengthen bones and muscles, and provide many other health benefits. In the mail survey of residents:

- 84% of Carver County residents reported engaging in physical activity in the last month.[74] This was a little higher than five years ago.

HEALTHY FOOD

A nutritious diet is essential for good health. It protects against chronic diseases, such as heart disease[75], diabetes[76], and cancer.[77]

Some foods are highly processed with added ingredients such as sugar, salt, fat, artificial colors, or preservatives. They may also contain additives like artificial colors and flavors or stabilizers. Examples of these foods are frozen meals, soft drinks, hotdogs and cold cuts, packaged cookies and cakes, and salty snacks. Recent data shows that 57% of caloric intake in adults comes from ultra-processed foods. The number is even higher for children, at 67%.[78] A large study conducted over 19 years showed a 31% higher mortality rate between people who consume a lot of ultra-processed foods compared to those who consume a low amount these foods.[79] Ultra-processed foods are also linked to an increase in cancer risk[80], risk for dementia[81], heart disease, and other diseases.[82] [83]

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[74] 2023 Carver County Community Health Survey.

[75] National Institutes of Health. How dietary factors influence disease risk. March 14, 2017. https://www.nih.gov/news-events/nih-research-matters/how-dietary-factors-influence-disease-risk

[76] O'Hearn, M., Lara-Castor, L., Cudhea, F. *et al.* Incident type 2 diabetes attributable to suboptimal diet in 184 countries. *Nat Med* **29**, 982–995 (2023). https://doi.org/10.1038/s41591-023-02278-8

[77] Diet, nutrition, and cancer risk: what do we know and what is the way forward? Timothy J Key, et al. BMJ. 2020; 368: m511. Published online 2020 Mar 5. doi: 10.1136/bmj.m511

[78] Martínez Steele E, Baraldi LG, Louzada MLDC, et al. Ultra-processed foods and added sugars in the US diet: evidence from a nationally representative cross-sectional study. BMJ Open 2016;6:e009892. doi: 10.1136/bmjopen-2015-009892

[79] Kim H, Hu EA, Rebholz CM. Ultra-processed food intake and mortality in the USA: results from the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). Public Health Nutr. 2019 Jul;22(10):1777-1785. doi: 10.1017/S1368980018003890. Epub 2019 Feb 21. PMID: 30789115; PMCID: PMC6554067.

[80] Fiolet T, Srour B, Sellem L, Kesse-Guyot E, Allès B, Méjean C, Deschasaux M, Fassier P, Latino-Martel P, Beslay M, Hercberg S, Lavalette C, Monteiro CA, Julia C, Touvier M. Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort. BMJ. 2018 Feb 14;360:k322. doi: 10.1136/bmj.k322. PMID: 29444771; PMCID: PMC5811844.

[81] Gomes Gonçalves N, Vidal Ferreira N, Khandpur N, et al. Association Between Consumption of Ultraprocessed Foods and Cognitive Decline. JAMA Neurol. 2023;80(2):142–150. doi:10.1001/jamaneurol.2022.4397

[82] Consumption of ultra-processed foods and risk of multimorbidity of cancer and cardiometabolic diseases: a multinational cohort study Cordova, Reynalda et al. *The Lancet Regional Health* – Europe, Volume 0, Issue 0, 100771

[83] Kim H, Hu EA, Rebholz CM. Ultra-processed food intake and mortality in the USA: results from the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). Public Health Nutr. 2019 Jul;22(10):1777-1785. doi: 10.1017/S1368980018003890. Epub 2019 Feb 21. PMID: 30789115; PMCID: PMC6554067.

Carver County residents were asked in the mail survey about eating healthy foods.

- 77% said that they eat enough fruit and vegetables to keep themselves healthy.
- 44% said that healthy eating costs too much.
- Almost 7% said that getting high quality fresh fruits and vegetables where they shop is difficult.
- About 9% said that it was difficult to get food that reflects their culture. [84]

COMMERCIAL TOBACCO USE

Cancer kills the largest number of Carver County residents.[85] Lung cancer is the second-most detected cancer in Minnesota, behind prostate cancer in men and breast cancer in women. [86] Lung cancer is directly related to smoking of commercial tobacco, as is most forms of cancer, heart disease, stroke, and other chronic lung diseases. In 2023, 3.4% of residents said they smoked every day and 2.4% said they smoked some days.[87] In 2018, about 11% of residents said they smoked every day and 4.9% said they smoked some days. This reduction in persons smoking should have positive long-term effects on cancer rates.

97% of 11th grade students in Minnesota reported not smoking, and 96% did not vape nicotine.[88]

[84] 2023 Carver County Community Health Survey.

[85] Minnesota Department of Health Vital Records Division

[86] Minnesota Department of Health, Cancer in Minnesota. https://www.health.state.mn.us/data/mcrs/cancerinmn.html

[87] 2023 Carver County Community Health Survey.

[88] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

CHAPTER 12: OUR STATE OF HEALTH

The state of health and healthcare in the United States is multifaceted, with various measures providing insights into the well-being of Americans. The next section of this report describes the state of health in Carver County from various measures. It is broken down into the following sections:

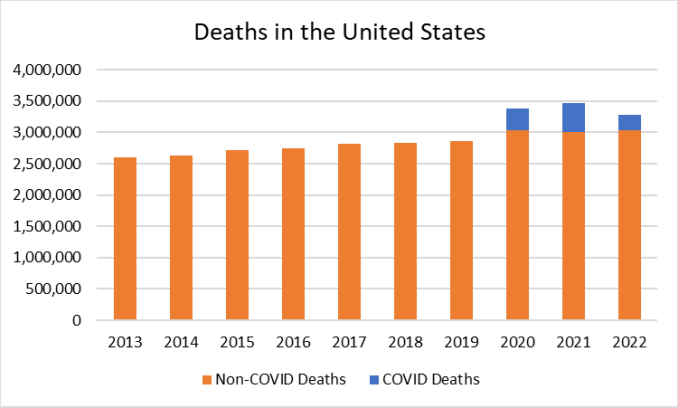
- Mortality
  - National
  - Carver County
- Chronic Diseases
  - Carver County
  - State of Minnesota
- Infectious Diseases
  - Carver County
  - State of Minnesota and National
- Birth Trends
- Drug Use and Addiction
- Mental Health

NATIONAL MORTALITY

One of the starting points in assessing the health of a community is mortality. The number of people dying, the age that they die, and how they die is probably the starkest way of assessing health. In the United States, more people are dying, and more people are dying at a younger age than ten years ago. This trend was exacerbated by COVID in the last couple of years, but it started before COVID.

DEATHS IN THE UNITED STATES

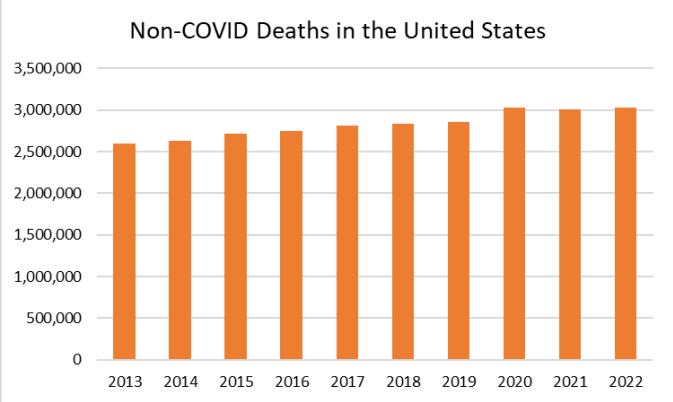
The number of people dying in the United States has increased since 2014 - and then dramatically increased due to COVID.[89] Although population has increased, deaths have increased faster.



[89] Mortality in the United States. 2023 – Provisional 2022. Center for Disease Control.

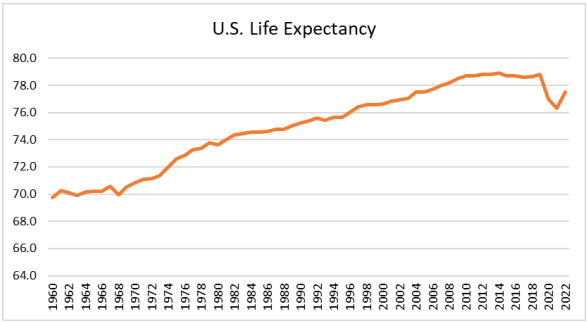
NON-COVID DEATHS IN THE UNITED STATES

Increasing deaths are not just a phenomenon of COVID. This chart shows non-COVID deaths were increasing prior to the pandemic.[90]



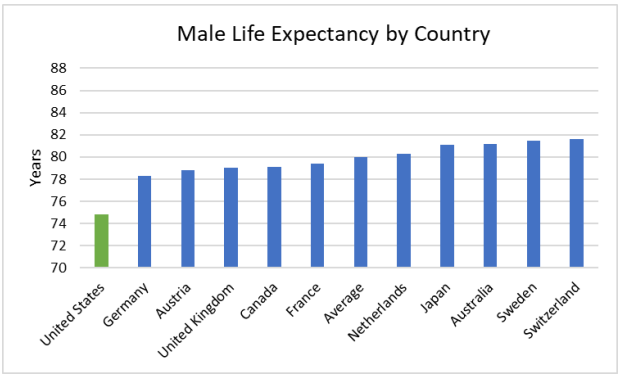
AVERAGE LIFE EXPECTANCY IN THE U.S.

The average life expectancy in the United States increased from 1960 to about 2010. That growth then leveled off around 2010 and for some years after that, life expectancy declined. The COVID pandemic then dramatically reduced life expectancy.



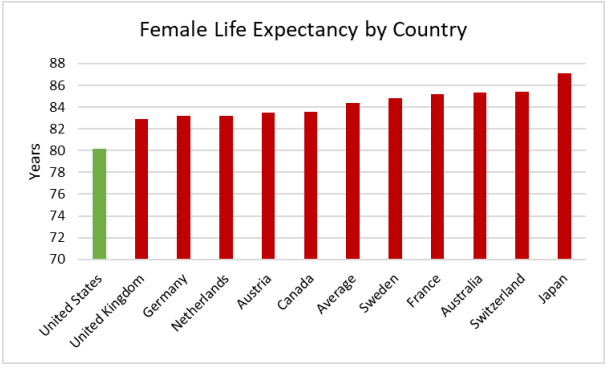
LIFE EXPECTANCY: UNITED STATES VS. COMPARABLE COUNTRIES- MEN

The life expectancy for men in the United States is substantially shorter than for other comparable countries. The difference is over five years between men in the United States and countries like Japan, Switzerland, and Australia.[91] This data is from 2022 and does contain some effects from the COVID pandemic.



UNITED STATES LIFE EXPECTANCY VS. COMPARABLE COUNTRIES- WOMEN

Similar to men, the life expectancy for women in the United States is substantially shorter than for other comparable countries. While women in the US live longer than men in the US, there is still a difference of over five years between women in the United States and other countries like Japan, Switzerland, and Australia.[92] This data is from 2022 and does contain some effects from the COVID pandemic.



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[90] Mortality in the United States. 2023 – Provisional 2022. Center for Disease Control.

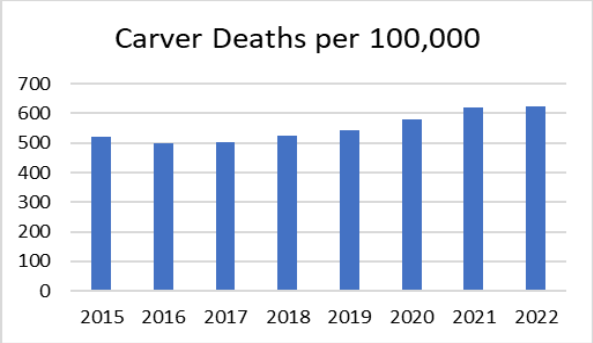
[91] Peterson-Kaister, Healthy Systems Tracker. How does U.S. life expectancy compare to other countries? - Peterson-KFF Health System Tracker

[92] Peterson-Kaister, Healthy Systems Tracker. How does U.S. life expectancy compare to other countries? - Peterson-KFF Health System Tracker

CARVER COUNTY MORTALITY

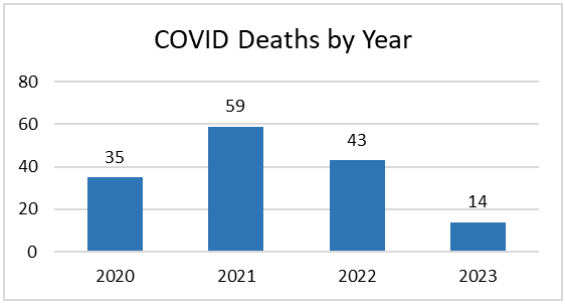
CARVER COUNTY DEATHS

685 Carver County residents died in 2022.[93] As noted nationally, the number of people dying has been increasing, even when adjusted for the growing population. Deaths per capita in Carver County started to increase in 2018 and then increased substantially in 2020 and 2021. The primary driver for increasing deaths in the last few years has been COVID, but other causes of death have been increasing too.[94]



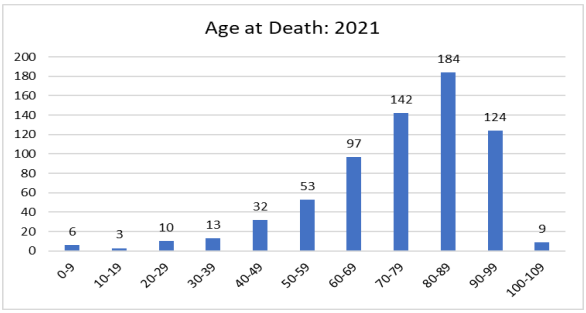
CARVER COUNTY COVID DEATHS

COVID emerged as a new and major cause of death in 2020. COVID was the third-largest cause of death in 2020 in the United States.[95] In 2022, COVID was the fourth-largest cause of death. In 2021, it was the third-largest cause of death[96] In 2023, provisional estimates are that COVID may not be in the top ten causes of death in the United States. This decline is due to high rates of vaccinations, immunity from past infections, and better treatment alternatives.



CARVER COUNTY AGE OF DEATH

In 2021, nine children under the age of 18 died. Nine persons over the age 100 died. [97] However, most deaths are of people over age 65.



[93] Minnesota Department of Health, County Health Statistics, 2023.

[94] Minnesota Department of Health, County Health Statistics, 2023.

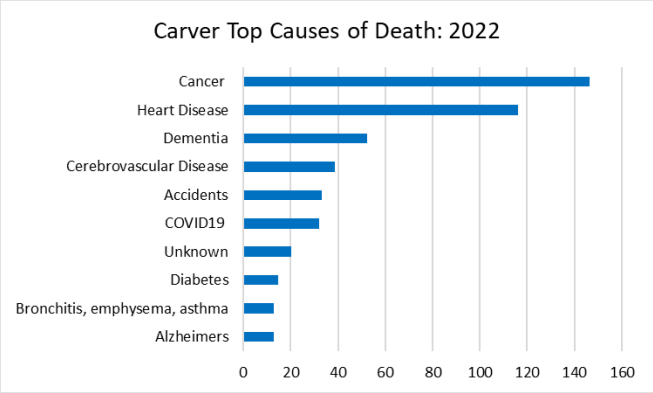
[95] Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:112079

[96] Ahmad FB, Cisewski JA, Xu J, Anderson RN. Provisional Mortality Data — United States, 2022. MMWR Morbidly Mortal Weekly Rep 2023;72:488–492. DOI: http://dx.doi.org/10.15585/mmwr.mm7218a3.

[97] Minnesota Department of Health Vital Records Division

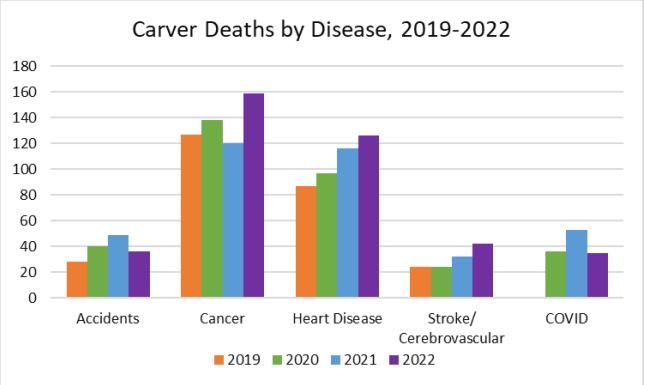
CARVER COUNTY CAUSES OF DEATH

The largest causes of death in 2022 of Carver County residents were cancer and heart disease.[98] This has been true for decades, so continuing to address these major causes of death will be critical if we hope to significantly improve the lives of residents in Carver County.



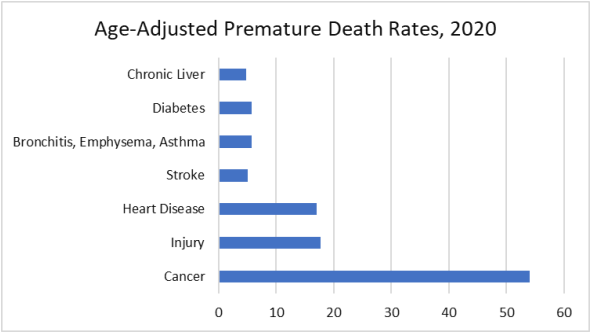
CARVER COUNTY TRENDS IN CAUSES OF DEATH

Deaths in Carver County have increased since 2018; in part because of increased population, in part because of COVID starting in 2020, and in part because more people are dying from diseases like cancer, heart disease and stroke. [99]



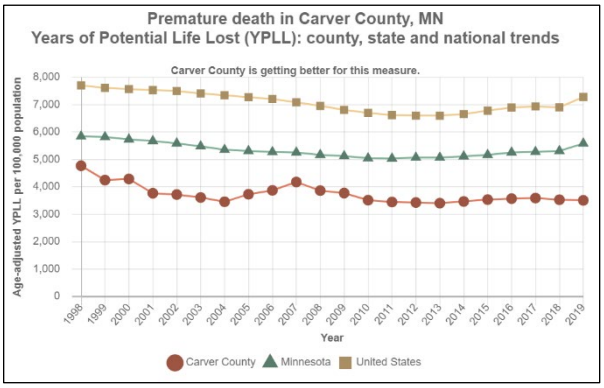
CARVER COUNTY PREMATURE DEATHS

Premature death rates show causes of deaths to individuals younger than age 75. Cancer, followed by injuries and heart disease, are the largest reasons for residents dying young.[100]



CARVER COUNTY PREMATURE DEATHS VS MINNESOTA AND NATIONAL

Despite the increasing rates of death, Carver County has had substantially fewer premature deaths than the State of Minnesota or United States on a per-capita basis.[101]



[98] Minnesota Department of Health Vital Records Division

[99] Minnesota Department of Health Vital Records Division

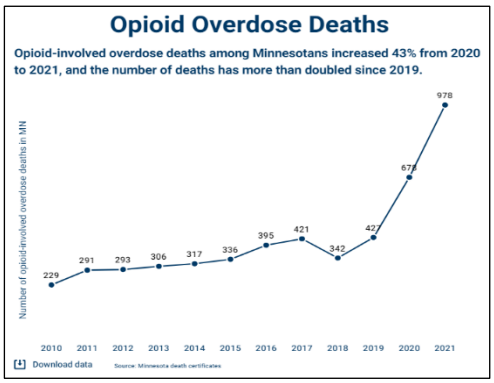
[100] Minnesota Department of Health Vital Records Division

[101] County Health Rankings. Carver County. https://www.countyhealthrankings.org/explore-health-rankings/minnesota/carver?year=2023

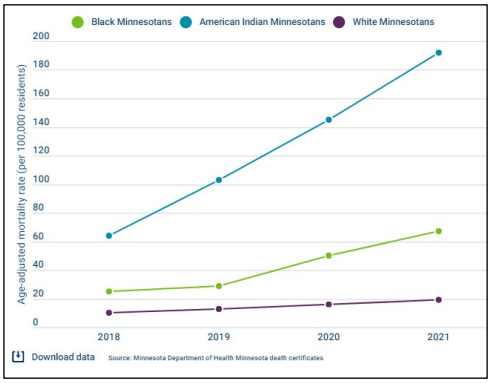
CARVER COUNTY DEATHS BY INJURY 70 out of 673 Carver County residents who died in 2021 died of injuries - or 10% of total deaths.[102] Two individuals did not have details on how the injury happened. Of the remaining 68 deaths:

- 35 (about half of deaths) were from falls. All but two were falls of persons at standing height or lower, and there may have been other factors like heart attacks or strokes that contributed to the fall.
- 15 were from suicide, 9 by gun.
- 8 were from motor vehicle accidents, including deaths by automobiles, motorcycles, and boats.
- 9 were from drug overdoses.

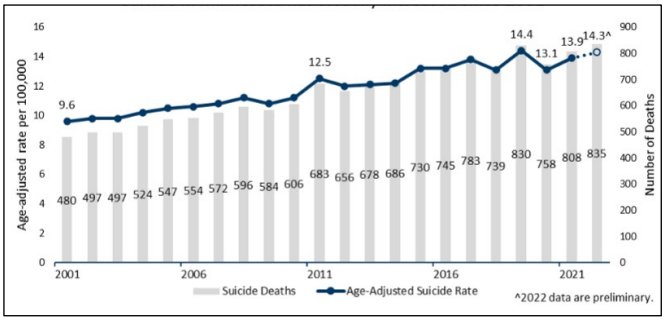
MINNESOTA OPIOID DEATHS Carver County's numbers are too small to give a real trend line, but opioid deaths have increased dramatically in Minnesota over the last five years.[103]



MINNESOTA OPIOID DEATHS BY RACE In 2021, American Indian Minnesotans were ten times as likely to die from a drug overdose than White Minnesotans. Black Minnesotans were more than three times as likely to die from drug overdose than White Minnesotans.



MINNESOTA SUICIDE RATES Suicide rates have been increasing for several decades. [104]

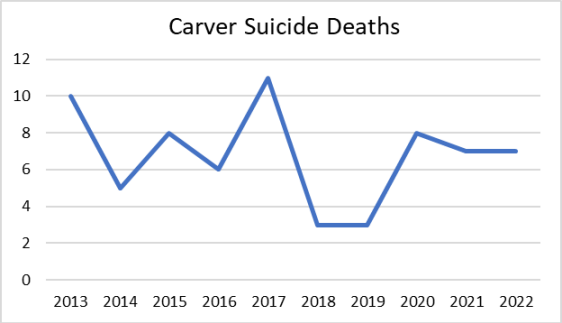


[102] Minnesota Department of Health Vital Records Division

[103] Minnesota Department of Public Health, Opioid Dashboard. https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html

[104] Minnesota Department of Health, Suicide Rates. https://www.health.state.mn.us/communities/suicide/documents/2021suicidedatabrief.pdf

CARVER COUNTY DEATHS BY SUICIDE Suicides by Carver County residents have varied by year. Note, these are very small numbers so it may be difficult to determine trends.[105]



OTHER FACTS ABOUT DEATHS OF CARVER COUNTY RESIDENTS Other facts about Carver County Residents who died in 2021: [106]

- 9.5% of Carver County residents who died were born somewhere other than the United States.
- 37% of Carver County men who died in 2021 reported serving in the military. This is most likely because of the age of men who served during the wars in Korea and Vietnam.

[105] Minnesota Department of Health Vital Records Division

[106] Minnesota Department of Health Vital Records Division

CHAPTER 13: CHRONIC DISEASES

Chronic diseases are defined as conditions that last one year or more, require ongoing medical attention, or limit activities of daily living. Chronic diseases, such as heart disease, cancer, and diabetes, are major factors in the lives of Carver County residents.

CARVER COUNTY CHRONIC DISEASES

In 2020, the CDC estimated that 32% of Carver County residents had some form of underlying chronic disease.[107] This included:

- 19.3% had arthritis in 2020.[108]
- 8.3% had asthma in 2019. [109]
- 23.5% had high blood pressure in 2019.
- 6.2% had cancer in 2020. [110]
- 2.2% had chronic kidney disease in 2020. [111]
- 3.9% had COPD in 2020.[112]
- 4.7% had heart disease in 2020.[113]
- 7.2% had diagnosed diabetes in 2020.[114]
- 29% had obesity in 2020.[115]

[107] https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[108] CDC, PLACES Data. https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65

[109] https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[110] https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[111]CDC, Underlying Medical Conditions. https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[112]CDC, Underlying Medical Conditions. https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[113]CDC, Underlying Medical Conditions. https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[114]CDC, Underlying Medical Conditions. https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

[115]CDC, Underlying Medical Conditions. https://covid.cdc.gov/covid-data-tracker/#underlying-med-conditions

CARVER COUNTY SELF-REPORTED CHRONIC DISEASES[116]

Carver County residents were asked in the 2023 mail survey if they had ever been told by a healthcare professional if they had any of the following chronic diseases. Generally, the rates of disease reported by county residents tracked with nationally reported rates. Note that some diseases (diabetes and high blood pressure) can occur during pregnancy and then resolve. A woman may have been diagnosed with the disease sometime during their lifetime, but currently they no longer have the disease.

Chronic Disease	Yes	Pregnancy	Rate in U.S.
Diabetes or pre-diabetes	12.9%	2.6%	11.3%[117]
High blood pressure	27.3%	1.0%	27%[118]
High cholesterol/triglycerides	26.2%	---	31%[119]
Heart disease or angina	8.0%	---	5.0%[120]
Stroke/stroke-related	2.3%	---	3.1%[121]
Cancer	9.9%	---	9.6%[122]
Asthma	10.4%	---	8.7%[123]
Chronic lung disease	2.5%	---	4.6%[124]
Arthritis	17.8%	---	21.6%[125]
Depression	19.5%	---	---
Anxiety or panic attacks	27.3%	---	---
Other mental health problems	4.7%	---	---
Long COVID	2.6%	---	6.9%[126]
Obesity	17.5%	---	28.5%[127]
Any mental health condition	33.2%	---	---

[116] 2023 Carver County Community Health Assessment Paper Survey.

[117] Centers for Disease Control. Heart. Data from 2017-2020. https://www.cdc.gov/nchs/fastats/diabetes.htm

[118] Centers for Disease Control. High Cholesterol Facts. Data from 2017-2020. https://www.cdc.gov/cholesterol/facts.htm

[119] Triglycerides and Cardiovascular Disease: A Scientific Statement From the American Heart Association. Data from 2011.Michael Miller, et al. https://www.ahajournals.org/doi/10.1161/CIR.0b013e3182160726

[120] Centers for Disease Control. Heart Disease. Data from 2021. Heart Facts

[121] Centers for Disease Control. Stroke. Data from 2023. https://www.cdc.gov/nchs/fastats/stroke.htm

[122] Centers for Disease Control. Cancer. Data from 2022. https://www.cdc.gov/nchs/fastats/cancer.htm

[123]Centers for Disease Control. Asthma. Data from 2022. https://www.cdc.gov/nchs/fastats/asthma.htm

[124] Centers for Disease Control. Chronic Obstructive Pulmonary Disease (COPD) Includes: Chronic Bronchitis and Emphysema. Data from 2022. https://www.cdc.gov/nchs/fastats/copd.htm

[125] Centers for Disease Control. Arthritis. Data from 2022. https://www.cdc.gov/nchs/fastats/arthritis.htm

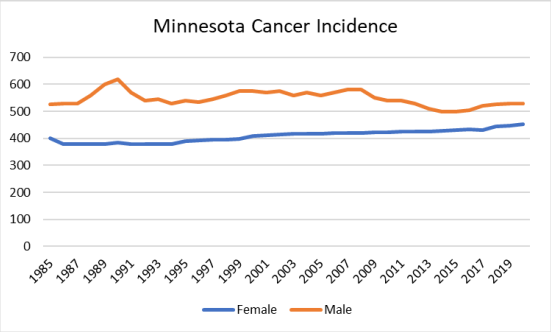
[126]Centers for Disease Control. Long COVID in Adults: United States, 2022. Data from 2022. https://www.cdc.gov/nchs/products/databriefs/db480.htm

[127]U.S. Department of Agriculture. Researchers Adjust Self-Reported Estimates of Obesity in Scanner Data.. https://www.ers.usda.gov/amber-waves/2023/november/researchers-adjust-self-reported-estimates-of-obesity-in-scanner-data/#:~:text=After%20the%20adjustments%2C%20the%20average,38.7%20percent%20for%20obesity%20prevalence).

MINNESOTA AND UNITED STATES CHRONIC DISEASES

MINNESOTA CANCER RATES

Rates of cancer detected have been increasing both for men and women.[128]



MINNESOTA TOP CANCERS FOR MEN

Prostate cancer has the highest incidence among Minnesota men. [129] Rates are per 100,000 residents.

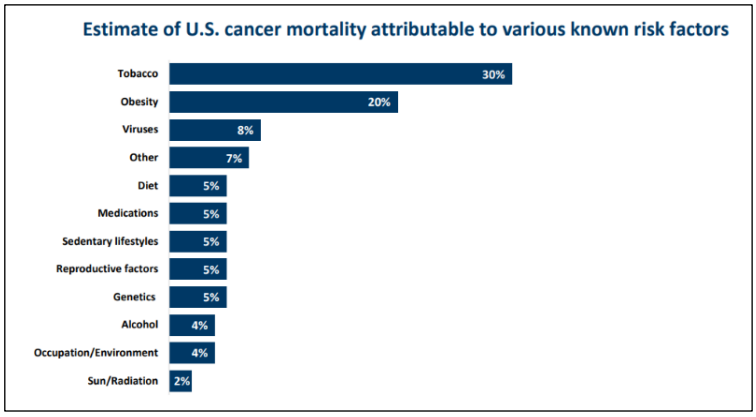
Top Cancers for Men	Number	Rate per 100,000	Percent of all cancers
Prostate	4,224	117.7	24.3%
Lung and Bronchus	1,968	59.3	11.3%
Melanoma of the Skin	1,409	44.0	8.1%
Colon and Rectum	1,272	40.4	7.3%
Urinary Bladder	1,150	35.9	6.6%

MINNESOTA TOP CANCERS FOR WOMEN

Breast cancer has the highest rate of incidence among women in Minnesota.[130]

Top Cancers for Women	Number	Rate per 100,000	Percent of all cancers
Breast	4,792	139.6	29.3%
Lung and Bronchus	2,035	53.1	12.4%
Melanoma of the Skin	1,170	36.0	7.2%
Colon and Rectum	1,117	31.0	6.8%
Uterus	1,104	30.2	6.7%

CANCER RISKS Commercial tobacco use, obesity, and viruses are the three highest risks for cancers in the United States.[131]



[128] Minnesota Department of Health, Cancer in Minnesota. https://www.health.state.mn.us/data/mcrs/cancerinmn.html

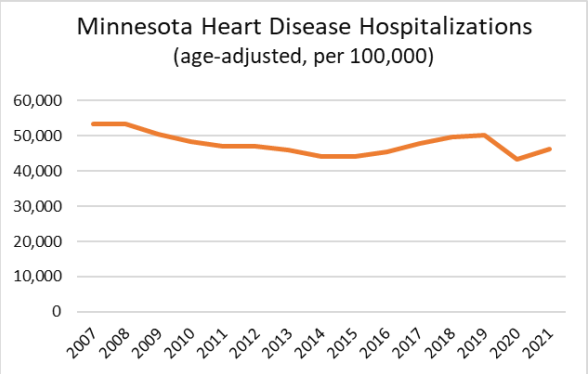
[129] Minnesota Department of Health, Cancer in Minnesota. https://www.health.state.mn.us/data/mcrs/cancerinmn.html

[130] Minnesota Department of Health, Cancer in Minnesota. https://www.health.state.mn.us/data/mcrs/cancerinmn.html

[131] Minnesota Department of Health, 2023 Cancer in Minnesota, 1988-2019 https://www.health.state.mn.us/data/mcrs/docs/2023bienrpt.pdf

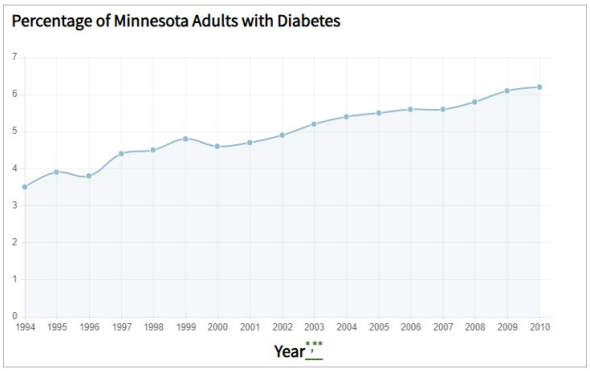
MINNESOTA HEART DISEASE RATES

Hospitalizations from heart disease for Minnesota residents have been declining.[132] This is in part because of an increase in treatments that do not require hospitalization.



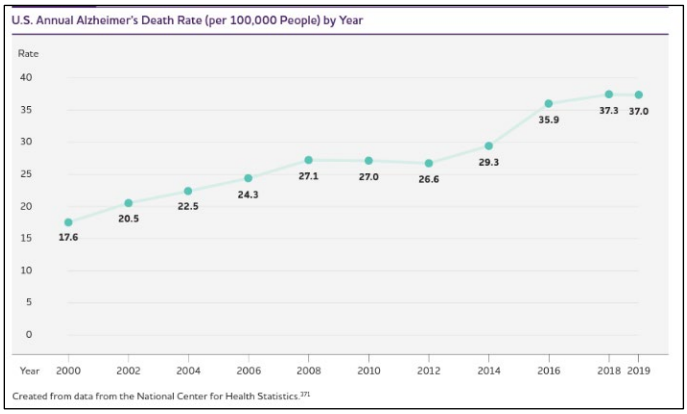
MINNESOTA DIABETES RATES

8.8% of Minnesota adults (about 390,000) were diagnosed with diabetes.[133] This rate has been increasing over time. Common diabetes complications include heart disease, kidney disease, nerve damage, stroke, circulatory issues, oral health issues, vision and hearing changes, and mental health issues.[134]



MINNESOTA DEATHS DUE TO ALZHEIMERS

Deaths due to Alzheimer's have been increasing.[135]



[132] Minnesota Department of Health, Cardio Dashboard. https://www.health.state.mn.us/diseases/cardiovascular/cardio-dashboard/heartdeathr.html

[133] Minnesota Department of Health, Diabetes in Minnesota. https://www.health.state.mn.us/diseases/diabetes/diabetes-dashboard/index.html

[134] Center for Disease Control. Help Prevent Diabetes Complications. https://www.cdc.gov/diabetes/managing/problems.html#:~:text=Common%20diabetes%20health%20complications%20include,how%20to%20improve%20overall%20health.&text=How%20to%20be%20heart%2Dhealthy%20if%20you%20have%20diabetes.

[135] Alzheimer's Association. 2023. https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf

MINNESOTA ASTHMA

Approximately one in 24 Minnesota children (4.2%) and one in 12 Minnesota adults (8.5%) have asthma, approximately 430,000 Minnesotans in total. In 2019, there were 17,023 emergency department visits and 1,754 hospitalizations for asthma in Minnesota. In 2020, 88 people died due to asthma. 50% of those who died were age 65 or younger.[136]

MINNESOTA ARTHRITIS

Arthritis affects joints and tissue around the joint. There are more than 100 types of arthritis, such as osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, and juvenile arthritis. In 2019, one out of every five adult Minnesotans was diagnosed with arthritis. 43% of persons with arthritis reported it interfering with their daily activities.[137]

Arthritis affects people of all ages. In 2019, 14.3% of persons diagnosed with arthritis were ages 18-44 years old, 40.5% of persons were ages 45-64, and 44% of persons were ages 65 or older.

[136] Minnesota Department of Health, Asthma in Minnesota. https://www.health.state.mn.us/diseases/asthma/data/documents/asthmainmnfactsheet.pdf

[137] Minnesota Department of Health, Arthritis in Minnesota Fact Sheet. https://www.health.state.mn.us/dicseases/arthritis/docs/mnarthritis.pdf

CHAPTER 14: CARVER COUNTY INFECTIOUS DISEASES

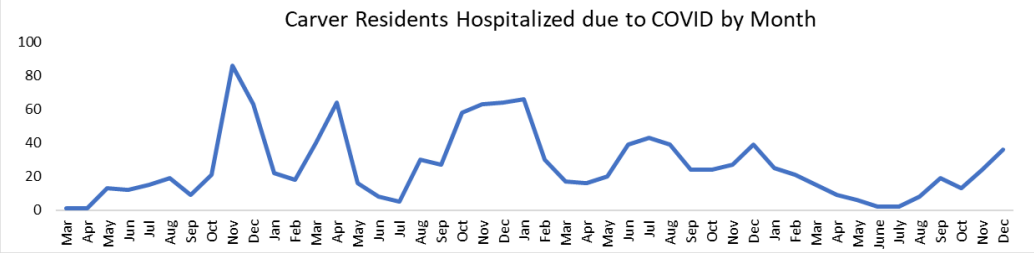
Infectious diseases are illnesses caused by foreign organisms entering the body. Infectious diseases are either viral, bacterial, parasitic, or fungal infections. Some infectious diseases are contagious (or communicable), meaning they can spread from one person to another.

NON-COVID INFECTIOUS DISEASES IN CARVER COUNTY IN 2022:

Disease	Carver County	Minnesota
Measles	0	22[138]
Chicken Pox	6	201[139]
Pertussis	0	27[140]
Tuberculosis	0	132[141]
Chlamydia	224	22,079[142]
Gonorrhea	39	8,161[143]
Lyme Disease	26	2,685[144]
Campylobacter	18	1,095[145]
Salmonella	17	925[146]

CARVER COUNTY COVID HOSPITALIZATIONS

1,219 Carver County residents were hospitalized due to COVID from March 2020 to December 31st, 2023.[147]



[138] Minnesota Department of Health, Measles Disease Statistics. https://www.health.state.mn.us/diseases/measles/stats.html

[139] Minnesota Department of Health, Varicella Statistics. https://www.health.state.mn.us/diseases/varicella/stats/index.html

[140] Minnesota Department of Health, Pertussis Disease Statistics. https://www.health.state.mn.us/diseases/pertussis/stats/stats22.html

[141] Minnesota Department of Health, TB Statistics. https://www.health.state.mn.us/diseases/tb/stats/index.html

[142] Minnesota Department of Health. IDEPC Epidemiology Field Services. 2022 Infectious Diseases Report.

[143] Minnesota Department of Health. IDEPC Epidemiology Field Services. 2022 Infectious Diseases Report.

[144] Minnesota Department of Health. IDEPC Epidemiology Field Services. 2022 Infectious Diseases Report.

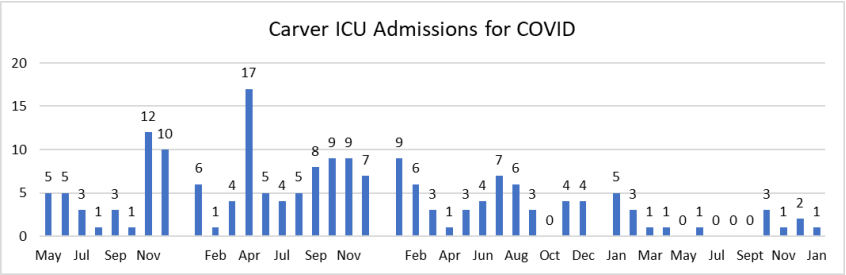
[145] Minnesota Department of Health. IDEPC Epidemiology Field Services. 2022 Infectious Diseases Report.

[146] Minnesota Department of Health. IDEPC Epidemiology Field Services. 2022 Infectious Diseases Report.

[147] Minnesota Department of Health COVID Data, charts produced by Carver County Public Health. Data as of 6/8/2023.

CARVER COUNTY COVID ICU ADMISSIONS

As of December 31, 2023, there were 197 Carver County residents who were admitted to intensive care due to COVID. The number of Carver County residents in intensive care due to COVID declined substantially in 2023 due to higher rates of vaccinations, better treatment options, and many people having had the disease. [148]

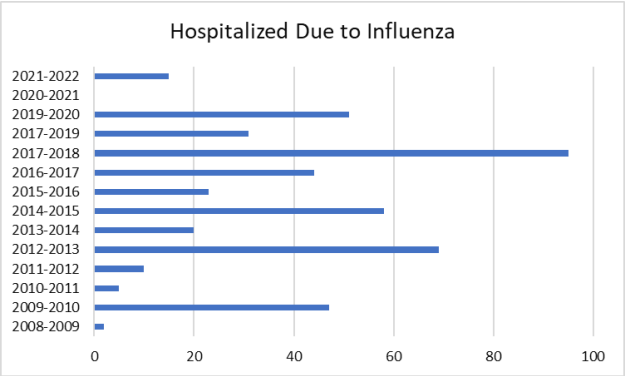


CARVER COUNTY COVID VACCINATIONS

Vaccinations are a proven way of reducing infections and mortality.[149] As of June 18, 2024, 14.1% of Carver County residents were up to date with their COVID vaccinations. For ages 6 months through 4 years, up to date means at least two doses of a COVID-19 product, one of which must be a 2023-2024 COVID-19 vaccine. For ages 5-64, up to date means one dose of a 2023-2024 COVID-19 vaccine. For ages 65+, up to date means two doses of a 2023-2024 COVID-19 vaccine.[150]

CARVER COUNTY INFLUENZA HOSPITALIZATIONS

In the 2021-2022 Flu season, 15 Carver County residents were hospitalized with influenza. In 2020-2021, no residents were hospitalized, likely due to masking and other COVID restrictions which severely reduce transmission.[151]



[148] Minnesota Department of Health COVID Data, charts produced by Carver County Public Health. Data as of 6/8/2023.

[149] Center for Disease Control. Early Estimates of Updated 2023–2024 (Monovalent XBB.1.5) COVID-19 Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Attributable to Co-Circulating Omicron Variants Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, September 2023–January 2024 https://www.cdc.gov/mmwr/volumes/73/wr/mm7304a2.htm#:~:text=Updated%20monovalent%20COVID%2D19%20vaccines,for%20infections%20caused%20by%20JN.

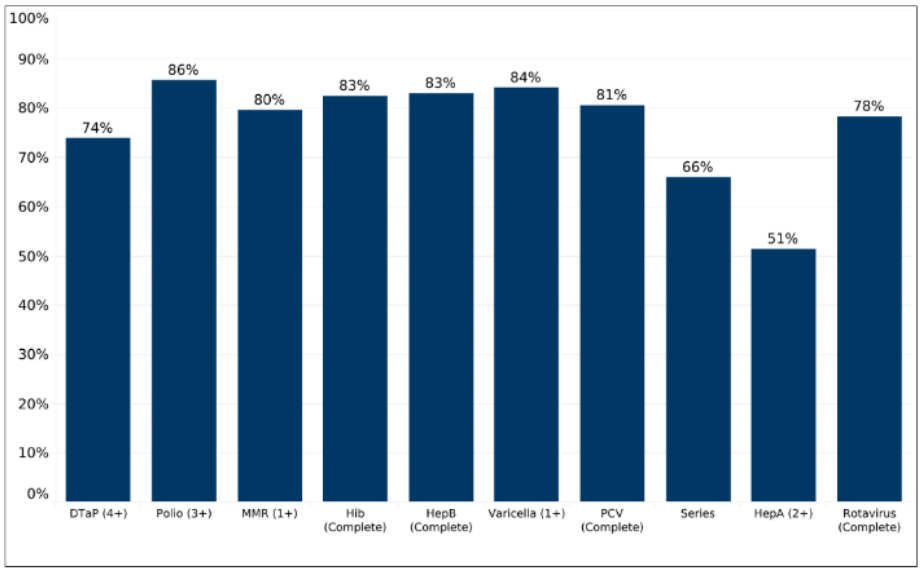
[150] Minnesota Department of Health. COVID Vaccine Data. https://www.health.state.mn.us/diseases/coronavirus/stats/vaccine.html

[151] Minnesota Department of Health, Weekly Influenza & Respiratory Activity: Statistics https://www.health.state.mn.us/diseases/flu/stats

CARVER COUNTY VACCINATION RATES FOR TODDLERS

Vaccines have saved more humans lives than any other medical invention in history.[152] Most children receive life-saving vaccinations, but vaccination rates do vary by the type of vaccine. In Minnesota it varies for children ages 24 to 35 months on the type of vaccine. (As of February 2023) [153]

Vaccination Rates for Minnesota Children ages 24 – 35 months



[152] World Health Organization. History of Vaccines. https://www.who.int/news-room/spotlight/history-of-vaccination/a-brief-history-of-vaccination

[153] Minnesota Department of Health. Childhood Immunization Coverage in Minnesota. 'Data as of 4/3/2023 for vaccinations reported to MIIC. https://stats.web.health.state.mn.us/#/site/trustedpartner/views/QuarterlyAssessment_16462389707480/Child?:iid=1

CHAPTER 15: MINNESOTA INFECTIOUS DISEASES

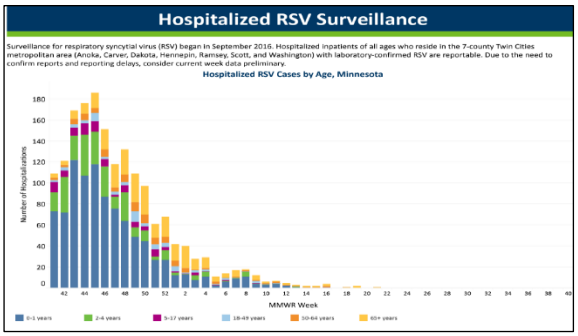
MINNESOTA INFLUENZA HOSPITALIZATIONS

Influenza (flu) seasons vary substantially year by year in their severity. Before COVID, several thousand Minnesotans were hospitalized each year due to flu. In 2021-2022, however, because of the large number of people staying home and wearing masks in public, there were very few hospitalizations due to the flu. In 2021-2022, cases increased but not to the level of pre-COVID seasons.[154]

Minnesota Hospitalizations due to Influenza	
2016-2017	3,695
2017-2018	6,446
2018-2019	2,543
2019-2020	4,022
2020-2021	35
2021-2022	905

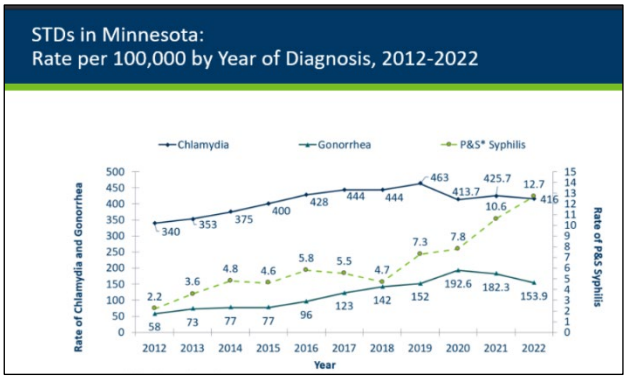
MINNESOTA RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV or is a common respiratory virus that usually causes mild, cold-like symptoms, but is the leading cause of hospitalization for children less than one year of age in the US.[155] This chart shows RSV hospitalizations by age for the 2022-2023 surveillance year.[156]



MINNESOTA SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases have been increasing in Minnesota.[157]



[154] Minnesota Department of Health, Weekly Influenza & Respiratory Activity: Statistics https://www.health.state.mn.us/diseases/flu/stats

[155] Centers for Disease Control. Respiratory Syncytial Virus Infection (RSV) For Healthcare Professionals: RSV (Respiratory Syncytial Virus) | CDC

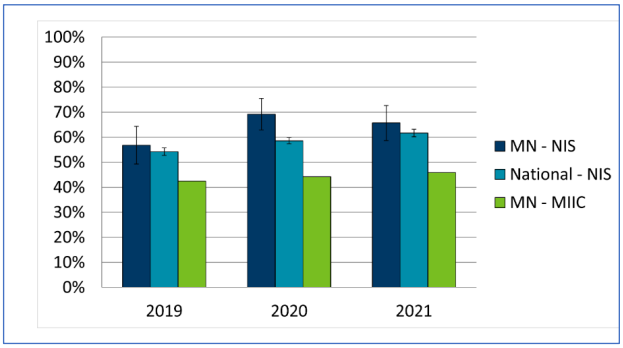
[156] Minnesota Department of Health, Weekly Influenza & Respiratory Activity: Statistics. https://www.health.state.mn.us/diseases/flu/stats

[157] Minnesota Department of Health, STD Statistics – 2022. https://www.health.state.mn.us/diseases/stds/stats/2022/index.html

MINNESOTA HPV VACCINATION

The Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States. HPV can cause cervical and other cancers, including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat (called oropharyngeal cancer). This can include the base of the tongue and tonsils. Cancer often takes years, even decades, to develop after a person gets HPV. Receiving the HPV vaccine can reduce the risk for these cancers up to 90%. [158]Less than 70% of adolescents are up to date with their HPV vaccinations, although the rate of vaccination in Minnesota has been increasing slightly.

Percent of Minnesota Adolescents up to date with HPV Vaccination

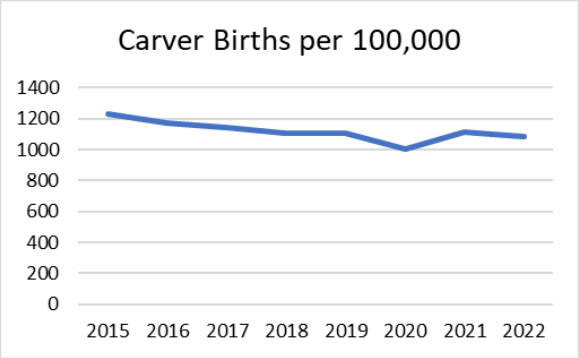


[158] National Institutes of Health. Large Study Confirms that HPV Vaccine Prevents Cervical Cancer. https://www.cancer.gov/news-events/cancer-currents-blog/2020/hpv-vaccine-prevents-cervical-cancer-sweden-study

CHAPTER 16: REPRODUCTIVE HEALTH

CARVER COUNTY BIRTHS

MDH provisional 2022 data shows 1,193 babies were born in Carver County.[159] The rate of births has been declining, however, following national trends.



2020 STATISTICS ABOUT CARVER COUNTY BIRTHS

Age:

- 1% of births were to women aged 19 or younger.

Marital status:

- 17% of births were to an unmarried mother.
- 5% of births had no father named.

Race/Ethnicity:

- 16% of births were to persons of color.

Education:

- 14% of births were to women with a high school education or less.
- 20% of births were to women with at least one graduate degree.

Births:

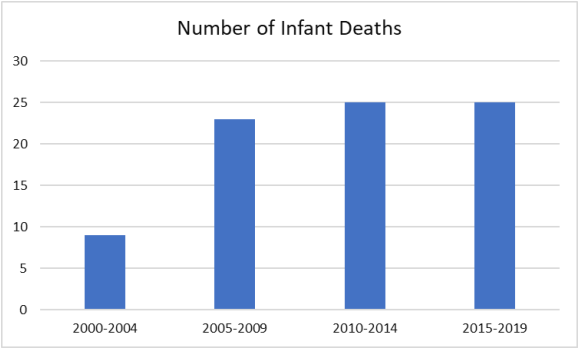
- 10% of women reported inadequate prenatal care.
- 27% of births were caesarian.
- 5.5% of births were pre-term.
- 3.5% of births were low birth weight babies.

Other:

- 3% of births were to women who reported smoking.[160]

CARVER COUNTY INFANT DEATHS

Infant deaths are deaths of live-born infants that die during first year after birth.[161] Infant deaths grew, but then leveled off at about 25 deaths per year.



[159] Minnesota Department of Health, County Health Statistics, 2023.

[160] Minnesota Department of Health, County Health Statistics, 2023.

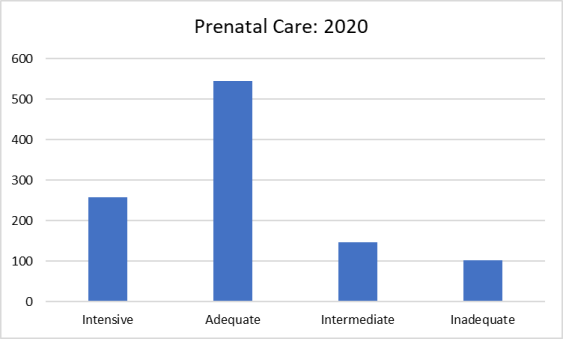
[161] Minnesota Department of Health, County Health Statistics, 2023.

ABORTIONS:

About 5.7% of pregnancies in Carver County in 2020 ended in abortions.[162] That is lower than the national average of 20 abortions per 100 live births.[163]

ACCESS TO PRENATAL CARE

Adequate prenatal care can be key to healthy births. Prenatal care can also affect a child's health through their lifetime. There were about 900 births to Carver County residents in 2020. About 100 had inadequate pre-natal care. [164]



MATERNAL MORTALITY BY RACE

While Black women made up 13% of women giving birth from 2017 to 2019, they made up 26.7% of maternal deaths. American Indian women made up 1.7% of births but made up 12% of the deaths.[165]

[162] Minnesota Department of Health, County Health Statistics, 2023.

[163] Center for Disease Control. Abortion Surveillance—Findings and Reports. https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm

[164] Minnesota Department of Health, County Health Statistics, 2023.

[165] Minnesota Department of Health. Minnesota Maternal Mortality Update Reporting for 2017-2019. https://www.health.state.mn.us/people/womeninfants/maternalmortality/maternalmortreport.pdf

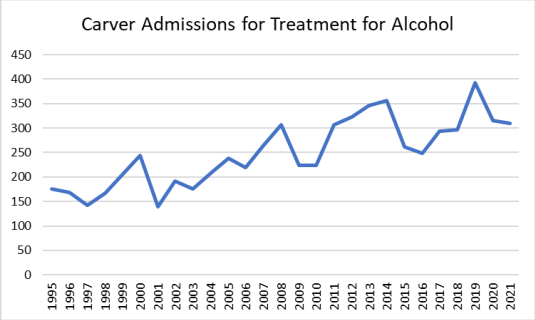
CHAPTER 17: CARVER COUNTY SUBSTANCE USE AND ADDICTION

Addiction can have a substantial impact on an individual's health, including death. Many individuals who develop substance use disorders (SUD) are also diagnosed with mental health disorders, and vice versa. Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder. Substance abuse is also associated with heart disease, renal disease, and many other comorbidities. Substance abuse is also correlated with lower incomes and the comorbidities that go with being poor. [166]

Issues of substance abuse are widely spread. In 2021, 647 residents were admitted for some sort of drug treatment, about ½ of one percent of residents.[167] When asked, about 5% of residents said they sometimes had a problem with some sort of addiction; 2.8% said they often had a problem with an addiction.

CARVER COUNTY ALCOHOL TREATMENT ADMISSIONS

Admissions of Carver County residents for treatment of alcohol abuse have about doubled since 1995.[168]

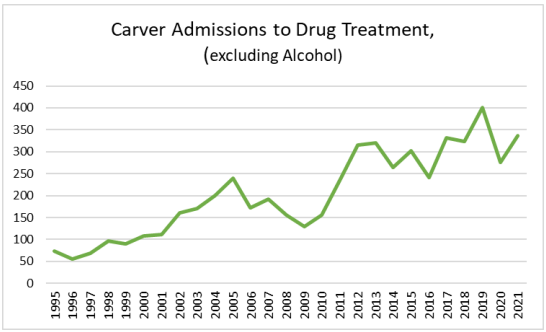


ALCOHOL CONSUMPTION

About 76% of Carver County residents drink alcohol. About 20% of those report drinking four or more days a week. 8.8% report consuming four or more drinks each time they drink.

CARVER COUNTY DRUG TREATMENT ADMISSIONS.

Admissions of Carver County residents for treatment of drug addiction have increased about three and a half-fold since 1995.[169]



[166] Common Comorbidities with Substance Use Disorders Research Report. Bethesda (MD): National Institutes on Drug Abuse (US); 2020 Apr. Available from: https://www.ncbi.nlm.nih.gov/books/NBK571451/

[167] Department of Human Services. Behavioral Health Division.

[168] Department of Human Services. Behavioral Health Division.

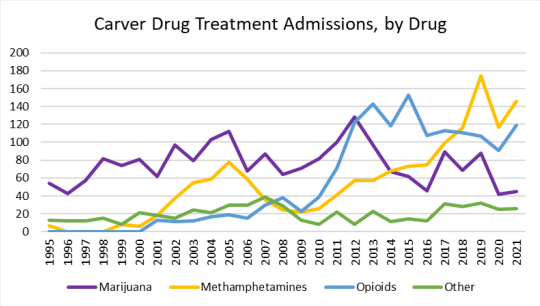
[169] Department of Human Services. Behavioral Health Division.

FACTS ON CARVER COUNTY RESIDENTS ADMITTED FOR DRUG TREATMENT IN 2021[170]

- 33% of Carver County residents admitted for drug treatment were women. 67% were men.
- The average age of persons being admitted for treatment in Carver County was 36 years.
- 86% of persons admitted for drug treatment in Carver County were white.
- 47% of people admitted for treatment in Carver County involved the criminal justice system.
- 56% of Carver County residents admitted for treatment did not have children. 7% of persons admitted for treatment involved child protection. 36% of persons who had children did not have child protection involved.
- 50% of people who left treatment did so after completing the treatment program. 24% left without staff approval. 12% were transferred to other programs. The balance left treatment for other reasons.

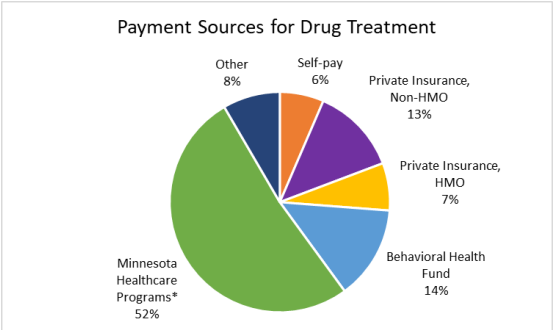
CARVER COUNTY DRUG TREATMENT ADMISSIONS BY DRUG, EXCLUDING ALCOHOL

Admission of Carver County residents for treatment of methamphetamine addiction has increased about fivefold over the last 12 years. Admission for opioids also increased fivefold.[171]



PAYMENT SOURCES FOR DRUG TREATMENT

Substance abuse treatment can be very expensive, and a barrier for many who need help. The major source of funds for treating drug addiction is Minnesota Healthcare Programs, including Medical Assistance, General Assistance and MinnesotaCare.[172] For people who do not qualify for these government-funded programs many may not be able to afford treatment or afford to complete treatment programs.



THC USE

In 2022, Minnesota legalized the possession of hemp-derived THC, the psychoactive ingredient also found in marijuana. In 2023, the Minnesota Legislature legalized the possession of marijuana in leaf form, so it is expected the number of individuals using marijuana to increase.[173] About 16% of residents said they used some sort of THC product in the last month, mostly for recreational (versus medicinal) use.

[170] Department of Human Services. Behavioral Health Division.

[171] Minnesota Department of Human Services. Behavioral Health Division.

[172] Minnesota Department of Human Services. Behavioral Health Division.

[173] 2023 Carver County Community Health Survey.

CHAPTER 18: MENTAL HEALTH

Health is not just about physical symptoms. Health also means mental well-being. It means having a positive sense of self, being able to cope with life, being productive, and realizing an individual's full potential. There is also a very strong correlation between mental health and physical health. When we feel better mentally, we are less likely to get sick, and better able to care for ourselves when we become sick.

POOR MENTAL HEALTH DAYS

About two-thirds of residents report having at least one poor mental health day in the last month. This increased by about 11% from 2018 to 2023. [174]

Poor mental health days	Percent	Change from 2018
0 days	34.9%	-10.9%
1-9 days	46.8%	7.4%
10-19 days	11.6%	3.4%
20-29 days	4.6%	0.1%
All 30 days	2.0%	100%

FEELINGS ABOUT THE SELF

When asked about how they felt about themselves over the last month, more than a third of people reported feeling positive about themselves every day. Conversely, about five to ten percent of people felt positive about themselves once a week or less. [175]

How often did you feel:	Happy	Satisfied with life	Life has direction and meaning	You liked most parts of your personality	Good at managing the responsibilities of life
Every day	35.2%	41.2%	42.6%	38.8%	42.2%
Almost every day	47.8%	40.5%	33.5%	39.9%	39.1%
2 or 3 times a week	11.0%	10.3%	11.9%	12.2%	10.2%
Once a week or less	5.9%	8.0%	11.9%	9.2%	8.5%

NEGATIVE EMOTIONS

When asked, many residents felt a wide range of negative emotions. Depending on the emotion, more than a third of residents reported frequent negative emotions. [176]

How often do you feel:	Nervous	Restless or fidgety	Everything is an effort	On edge	Lonely	Isolated	Hopeless
Never	30.1%	42.1%	48.2%	44.3%	55.6%	71.0%	77.5%
A little	39.9%	34.0%	30.5%	34.4%	25.4%	16.9%	14.7%
Sometimes, Often, or All the Time	30.0%	23.9%	21.3%	21.3%	19.1%	12.2%	7.8%

FEELINGS ABOUT OTHERS

Mental health is not only about feelings about ourselves; mental health is also about our feelings about others. Carver County residents are much less positive about others than themselves. When asked how they felt about others over the last month, about 40% of people reported that they very frequently did not feel that

[174] 2023 Carver County Community Health Survey.

[175] 2023 Carver County Community Health Survey.

[176] 2023 Carver County Community Health Survey.

society is good and works in a way that makes sense. More than 4 out of 10 (45.6%) frequently feel other people are not basically good. [177]

How often did you feel:	Society is a good place, or becoming better	The way society works makes sense	People are basically good
Every day or almost every day	38.5%	37.1%	54.4%
2 or 3 times a week	17.9%	19.2%	18.4%
Once a week or less	43.6%	43.7%	27.2%

CHILDREN LIVING WITH PERSONS WITH MENTAL HEALTH

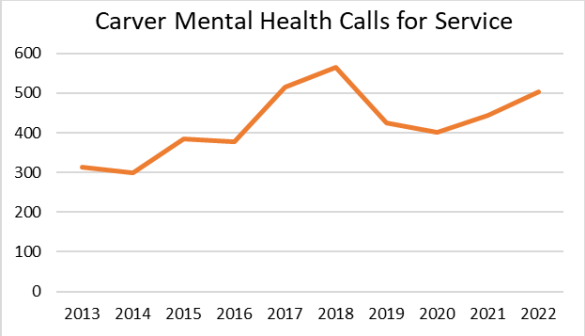
The Minnesota Department of Heath surveys students every three years. Few Carver County students participated, but many students in the Metro Area did. Twenty-three percent of 11th grade Metro boys and 42% of 11th grade Metro girls report living with someone who has depression or other mental health issues. [178]

SEEKING MENTAL HEALTH HELP

Carver County residents have been seeking mental health help. One in five (21.4%) of residents reported getting mental health help over the last year. This tracks with national data.[179] But not everyone was getting the treatment they sought. Among adults in Minnesota who reported experiencing symptoms of anxiety and/or depressive disorder, 30.6% reported needing counseling or therapy but not receiving it. The U.S. average was 28.2%.[180]

CARVER COUNTY SHERIFF/POLICE MENTAL HEALTH CALLS

Calls for mental health issues to the Sheriff and Police have been increasing.[181]



CHILD MENTAL HEALTH

As part of the Minnesota Student Survey, Metro 11th graders were asked if they have any long-term mental health, behavioral health, or emotional problems.

- 45% of girls and 20% of boys responded yes. [182]

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[177] 2023 Carver County Community Health Survey.

[178] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

[179] Centers for Disease Control. Mental Health Treatment Among Adults Aged 18–44: United States, 2019–2021. https://www.cdc.gov/nchs/products/databriefs/db444.htm#:~:text=From%202019%20to%202021%2C%20the%20percentages%20of%20men%20(from%2013.1,received%20any%20mental%20health%20treatment.

[180] U.S. Census Bureau, Pulse Survey. February 1st to February 13th, 2023. https://www.census.gov/programs-surveys/household-pulse-survey/data.html

[181] Carver County Sherriff's Office.

[182] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

- When asked if they felt good about themselves, 60% of girls and 38% of boys responded only sometimes or never. [183]
- When asked if they feel valued and appreciated by others, 48% of girls and 31% of boys responded only sometimes or never. [184]
- When asked if they had ever been treated for a mental health, emotional or behavioral problem, 20% of 11th grade boys and 45% of 11th grade girls said yes. [185]

BULLIED CHILDREN

Thirty-one percent of 11th grade boys and 48% of 11th grade girls in the Metro area reported being bullied in the last 30 days. [186]

MAJOR DEPRESSIVE EPISODES AMONG CHILDREN

Nationally, among children ages 12 to 17 in 2022, 19.5% reported a major depressive episode in the past year.[187]

SOCIAL MEDIA USE AND CHILD MENTAL HEALTH ISSUES

Up to 95% of youth ages 13–17 report using a social media platform, with more than a third saying they use social media "almost constantly."[188] The higher the use of social media, the larger the decrease in mental health. For example, a study conducted among 14-year-olds found that greater social media use predicted poor sleep, poor body image, low self-esteem, and higher depressive scores. The effects of social media are higher with girls than boys.[189]

CHILD ACES SCORE

When a child experiences strong, frequent, or prolonged adversity such as physical abuse, emotional abuse, chronic neglect, caregiver substance abuse, caregiver mental illness, exposure to violence, or the accumulated burdens of family economic hardship, it can have profound negative effects on the mind and body. The stress response to these events has been known to disrupt the development of brain architecture as well as other bodily systems — neuroendocrine, immune, metabolic, and genetic — affecting the long-term health of a child. Toxic stress experienced in early childhood (ages 0 – 17 years) — referred to as adverse childhood

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[183] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

[184] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

[185] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

[186] Minnesota Student Survey. 2022. https://www.health.state.mn.us/data/mchs/surveys/mss/docs/regionaltables/metro22.pdf

[187] Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

[188] Vogels, E., Gelles-Watnick, R. & Massarat, N. (2022). Teens, Social Media and Technology 2022. Pew Research Center: Internet, Science & Tech. United States of America. Retrieved from https://www.pewresearch.org/internet/2022/08/10/teens- social-media-and-technology-2022

[189] Yvonne Kelly, Afshin Zilanawala, Cara Booker, Amanda Sacker, Social Media Use and Adolescent Mental Health: Findings From the UK Millennium Cohort Study, EClinicalMedicine, Volume 6, 2018, Pages 59-68,ISSN 2589-5370, https://doi.org/10.1016/j.eclinm.2018.12.005.

experiences or ACEs — has been linked to chronic health problems, mental illness, and substance abuse as that child grows to become an adult. ACEs can also negatively impact education and job opportunities. It has been linked to chronic and communicable diseases.[190]

As part of the Minnesota Student Survey, students are assessed for these toxic stress factors. Among 11th grade students in the Metro area, 57% of girls and 39% of boys reported having at least one toxic experience growing up. Nine percent of girls and 4% of boys reported having four or more experiences, putting them at substantial health risk for the rest of their lives.

ACES Score	Boys	Girls
None	61%	43%
One	23%	26%
Two	9%	14%
Three	4%	8%
Four	4%	9%

NEEDS OF CARVER COUNTY RESIDENTS WITH MENTAL HEALTH ISSUES

When residents were asked what programs or services were most important to keeping their lives safe and stable, mental health services were rated the most important.

How important is this program for persons experiencing mental health issues?	Percent
Psychiatric Service	56%
Psychotherapy Services	52%
Mental Health Case Manager	38%
Adult Rehabilitative Mental Health Services (ARMHS)	26%
Drop-in/ Community Support Program (CSP)	34%
Crisis response services	33%
Assistance to maintain housing	33%
Transportation	24%
Chemical dependency treatment	12%
Supported Employment	12%
Specialized nursing/home health	13%
Residential Crisis Bed Program	7%
Intensive Residential Treatment Services	9%

[190] Kaiser Permanente. ACES. https://thrivingschools.kaiserpermanente.org/mental-health/aces/

CLOSING

A great amount of data and information was collected as part of this Coomunity Health Assessment (CHA). We wrote this report to provide the reader with a comprenshive view of what we learned. However, if you desire more indepth information about anything you have read, contact the Carver County Public Health (CCPH) Department and we will be happy to provide any additional CHA information that we have.

As mentioned at the beginning of the report, CCPH will be using the assessment in guiding a process with the Public Health Advisory Council (PHAC) to develop a Community Health Improvement Plan (CHIP) – developed and implemented by community partners, with focused priorities and strategies, for the five-year period of 2025-2029. The data will also be used by CCPH - and we hope other local agencies, in developing plans for our individual organizations, as we all strive to improve the well-being of Carver County residents.

We again thank everyone who supported the completion of the CHA, and we look forward to making wise use of the data over the next five years, until we undertake another comprehensive assessmnet in 2028.