



Public Health
Prevent. Promote. Protect.

2019 Carver County Public Health

Community Health Assessment Executive Summary

Introduction

In 2019 the Carver County Public Health Department, in partnership with the Carver County Public Health Advisory Council, completed a community health assessment (CHA) to obtain a current picture and an understanding of the story behind the health of county residents. This includes the relationships, policies, community conditions, and decisions that affect people’s ability to live healthy.

The results from the assessment are summarized within four *categories*:

- **People:** describes who lives in Carver County, and who will be living here in the future.
- **Opportunity:** the opportunities which people have throughout their lives.
- **Belonging:** social inclusion or exclusion, as well as community connections, throughout one’s life.
- **Nature:** connections and interactions with the natural environment; including water, land, and air.

The primary *themes* identified across the assessments include:

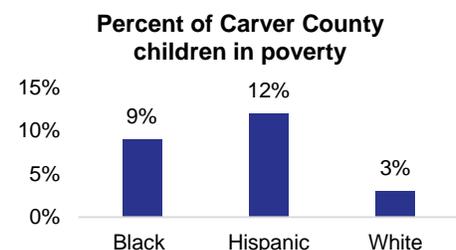
- **Affordability:** adequate finances available to fulfill needs; including physical and mental healthcare for self and family, as well as other needs that impact health like food, housing, childcare, etc.
- **Transportation:** by all modes and for many purposes; including personal vehicles, mass transit, ride share, walking, and biking. The inability to travel to meet one’s needs for work, healthcare, shopping, recreation, and more impacts health.
- **Housing:** that meets a broad range of needs, which can change over one’s lifespan. Having safe, stable housing which both meets a person’s needs and is affordable for them, is foundational to their opportunity to be healthy.
- **Communicating:** encompassing awareness, enlightenment, and understanding. Are people and organizations knowledgeable about available resources? Have we learned about our differences and our similarities? If miscommunication is occurring, it may be a barrier to health.
- **Mental and Physical Well-being:** carrying out one’s daily activities, having fulfilling relationships, contributing, and being resilient. Opportunities for these to occur impacts health.

Themes can overlap each other – both within and across the categories – resulting in complimentary opportunities that optimize health, or compounding challenges that inhibit health.

People

In 2017, 102,858 people lived in Carver County, making it the 12th most populous and second fastest growing county in Minnesota. Located at the southwestern edge of the Twin Cities metropolitan area, Carver is comprised of eleven cities and ten townships. Despite being designated an urban county as part of the seven-county metro, Carver is considered a mix of suburban edge, emerging suburban edge, rural center, diversified rural, and agricultural.¹ According to the Minnesota State Demographic Center, Carver’s total population is estimated to increase by 32 percent between 2015 and 2050. The percent of Carver’s nonwhite or Latino population will likely grow from 12 percent in 2015 to 18.6 percent in 2035, with the largest minority group being Hispanic or Latino.

In 2017 just over three percent of Carver children were in families with incomes below the threshold of 100 percent of the federal



Source: US Census Bureau, 2010-2017 Small Area Income and Poverty Estimates (SAIPE)

¹ <https://www.co.carver.mn.us/home/showdocument?id=12864>

poverty level (FPL); a household income of about \$24,000 for a family of four, which equals about 1,000 children. Carver County has one of the lowest poverty rates in the state. However, nine percent of black children and twelve percent of Hispanic children are in poverty, compared to just three percent of white children.

There are higher concentrations of people age 65 and older in the western side of Carver County, and this age group is the fastest growing across the county. Aging presents new challenges to health, including increasing levels of disability. Nearly 30 percent of Carver residents at 65 years and older are disabled.

Opportunity

Opportunity means having the chance to experience success at every stage of life. Issues of opportunity related to health include education, income, employment and benefits, housing, and transportation. Our opportunities are interconnected.

Income

Income shapes many areas of our lives: where we live as well as the stability and condition of our living arrangements, the kinds of recreation we can take part in, the kinds of food we eat, and more. Despite having one of the highest median incomes in the state (\$93,000 for Carver County in 2017), Black and Hispanic households in Carver have lower median household incomes than white households.

Carver County median household income by race and ethnicity



Source: U.S. Census Bureau, 2013-2017 ACS 5-year Estimates

Transportation

Transportation is key to many daily activities, including access to food, health care, and employment, as well as connections to family, friends, and faith communities. Equitable transportation supports the health of communities by ensuring that everyone can get where they need to go.

Many people, especially those with limited income and medical and mobility conditions, lack transportation options.

-Focus group participant

We heard opportunities for safe, reliable and efficient transportation options that meet a variety of needs is lacking for a significant number of residents. This is more common for adults who do not or cannot drive a vehicle, so they require some type of ride share or mass transit service to get their transportation needs met. These types of services are very limited in many communities, especially in Western Carver.

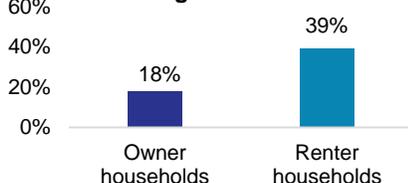
Housing

We all need a safe place to live which allows us to also afford other necessities. Stable housing provides a critical foundation for daily living and health. When such housing is out of reach, we may end up living in places that do not meet basic health and safety standards. In addition to finding available housing that is affordable, we heard from people who encountered other challenges that limited their opportunity to obtain appropriate housing.

“We need a bigger workforce in the west. Not enough affordable housing, transportation, childcare to support new positions.”

-Focus group participant

Percent of Carver County households experiencing housing cost burden



Source: U.S. Census Bureau, 2013-2017 ACS 5-year Estimates

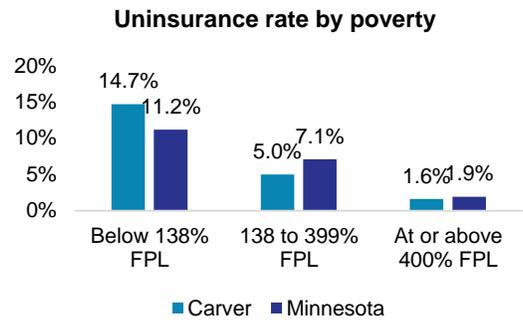
Many people cannot find the type of housing they need in the community where they prefer to live. This included young adults, families, senior adults, and those with physical disabilities. Many want to live close to where they work; however, these opportunities are very limited if they also want a place that both meets their needs and is

affordable for them. Nearly 90 families in Carver County are experiencing short-term or long-term homelessness because conditions are not providing them the opportunity to have stable housing.²

Many people in Carver County, especially renters, are burdened by housing costs that exceed 30 percent of their income, leaving less money to cover other necessities, like food and medical care. Vacancy rates are low, especially for rental units, and both average rent and average home costs have increased, making housing that is affordable increasingly difficult to find. The high cost of renting makes it more difficult to save for a down payment on a house.

Health insurance and access to affordable care

Carver County has higher health insurance coverage (97%) compared to Minnesota overall (95.5%) in part due to a higher overall employment rate.³ For most people insurance is tied to full-time employment. People with part-time, contract, or low-paying jobs may not have access to health insurance or may lack adequate coverage, causing difficulties for them or their families to get needed care. People who are uninsured or underinsured tend to get sicker before seeing a doctor, and have a harder time recovering. Even though the rate of uninsurance is low in the county (3%), there are disparities by income. In Carver, those that are below 138 percent of the federal poverty level are nine times more likely to be uninsured than those above 400 percent FPL.



Source: U.S. Census Bureau, 2013-2017 ACS 5-year Estimates

Residents with limited income stated that they could not afford necessities like healthcare for both their mental and physical conditions; including prescriptions, dental care, and vision care. In some cases it was due to a lack of insurance because of premium costs, and in others it was because of very high deductibles and co-payments with their insurance coverage.

“Without health insurance there is constant concern for getting ill or being in an accident.”

-Marnita’s Table participant

Even with insurance, many people do not get the care they need because it is too expensive. In 2013, 31 percent of private-sector employees in Minnesota were enrolled in high deductible insurance, which often carry a deductible of at least \$1,500. In 2017, the number of high deductible insurance plans nearly doubled to 60 percent.⁴

There is a shortage of providers who accept appropriate insurance and are in-network.”

-Focus group participant

Carver County has a shortage of mental health providers, with 770 residents per one provider.⁵ Minnesota’s overall ratio is 430 residents to one provider. 15 percent of the county reported delaying mental health care, reporting their issue wasn’t serious enough, they didn’t know where to go, or they were too nervous or afraid. Lack of insurance was not a large barrier for residents when accessing mental health care.

Nature

How we understand and feel about nature, how we treat our surroundings, and our access to natural spaces are shaped by our families, jobs, culture, and society. Our CHA findings indicated that people in Carver County value connections with the natural environment, as well as maintaining the quality of that environment. Some

² Carver County Health and Human Services Coordinated Entry, 2018

³ <http://statehealthcompare.shadac.org/map/11/health-insurance-coverage-type-by-total#1/24/21>

⁴ <http://statehealthcompare.shadac.org/trend/172/percent-of-privatesector-employees-enrolled-in-high-deductible-health-insurance-plans-by-total#0/1,25/a/5,6,7,8,15,24/205>

⁵ <http://www.countyhealthrankings.org/app/minnesota/2019/rankings/carver/county/outcomes/overall/snapshot>

expressed concern over our collective investment in maintaining healthy, high quality water, land, and air; particularly with the continued growth and development of the county, as well as the effects of climate change.

Outdoor Recreation

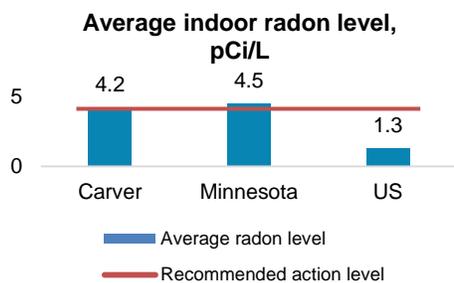
Some individuals interviewed felt that access to local amenities by those with limited income is sometimes an issue due to geographical location and cost barriers. The CHA findings also indicated that transportation issues impact healthy connections to the natural environment. Some people expressed concerns about accessing the outdoors through more active modes of transportation such as walking or biking, due to safety or infrastructure concerns. Residents from Western Carver were more likely to report a lack of access to public space for no-cost recreational use (44.0%) than those from Eastern Carver (27.4%).

Air quality

Outdoor air pollution includes ozone and fine particles, which can trigger asthma and contribute to pneumonia, bronchitis, and heart attacks. Top contributors to outdoor air pollution in Carver are motor vehicles followed by agricultural equipment and home heating. Carver County residents expressed concerns about how things like motorized transportation is impacting air quality, road salt impacting water quality, and how the impact of a variety of transportation issues are impacting animal, bird, insect, and fish habitat.

“Unhealthy air and water is a problem for everyone, but then it leads to an inability to provide a healthy food source.”

-Focus group participant



Source: Minnesota Department of Health Indoor Air Unit Radon Test Data, 2010-2016

Indoor air pollutants and allergens include asbestos, carbon monoxide, dust mites, formaldehyde, lead dust, mold, fine particles, radon, tobacco smoke, and volatile organic compounds. About 40 percent of Carver County homes have elevated levels of radon. The average radon level in Carver soil is more than three times higher than the average U.S. radon level. Statewide, 500-700 lung cancer deaths are caused by exposure to radon annually, four times as many deaths as homicides (2015).

Food

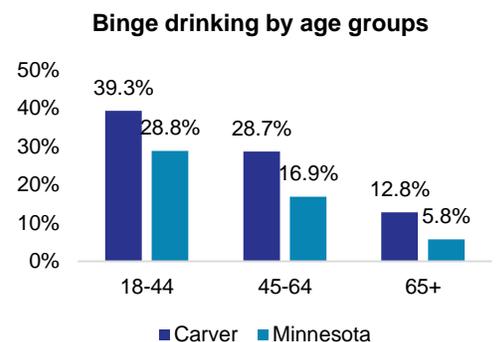
Food is connected to the ways that people choose to use land and water and the effects these decisions have on the natural environment. Food also connects people. Residents with limited income spoke about their lack of opportunity to obtain food, especially healthy food, which is affordable. This is especially true in communities with limited food distribution locations (from grocery stores, to food shelves, and more). Western Carver County residents report purchasing food from gas stations or convenience stores more often (29%) than Eastern Carver residents (17%).

Belonging

When people feel that they belong, they can use their voices to help shape the conditions in the community that affect their lives and their health. Healthy, positive relationships and lifelong inclusion in society interact to prevent disease, disability, injury, and premature death. They also create a high quality of life.

Excessive Drinking

People binge drink for many reasons, including to feel they belong, to feel more self-confident, to forget their problems, and to avoid negative emotions. Family history and the availability of alcohol are also factors



Source: 2018 Carver County Adult Health Survey

in binge drinking. Problematic drinking or alcoholism among a household member can be an adverse experience for children. For men, binge drinking is defined as having five or more drinks in a sitting; for women it is four or more.

“This is a drinking town... it’s part of the culture.”
-Focus group participant

The percent of Carver County residents who report excessive drinking (26%) exceeds the statewide average (23%) and is more prominent in higher income households. Many focus group participants noted a pervasive culture of drinking in the county.

Isolation

People who are physically or socially isolated are at greater risk of abuse, loneliness, depression, and injury. As people grow older and lose life partners or family members they may become more isolated. The proportion of older persons who are expected to be living alone is anticipated to increase significantly among baby boomers, partly because they have fewer children than preceding generations. In 2010, almost 10 percent of Minnesotans aged 65+ lived alone. This number is expected to rise to over 13 percent by 2030. For rural elders in the western side of the county, the risk of isolation is compounded by distances to family, communities, or needed services. A disability at any age also increases the potential for physical and social isolation.

“People suffer socially, emotionally, and physically when they do not have access to interaction with others, opportunities for affordable recreation and physical activity.”

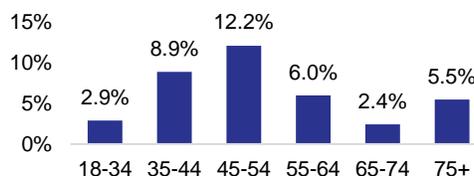
-Focus group participant

Immigrants and refugees who lack English language skills and cultural knowledge face additional hurdles to belonging. The loss of a shared culture, lack of access to familiar foods, and missing the companionship of friends and loved ones contributes to isolation. Focus group participants noted the importance of having a culturally-relevant food retailer in the community, along with events to create a sense of community.

Suicide

Suicide can reflect a deep sense of hopelessness and lack of belonging. Historical trauma, experiences of racial and other prejudice, physical, sexual, or emotional abuse, being addicted to drugs or alcohol, chronic pain, mental illness, or an immediate crisis can all lead to suicidal thoughts or actions. In Carver County those who have considered suicide is highest among residents aged 45-54 years. Numbers of suicides have slightly increased over time, with 17 occurring in 2017. Mental health was identified as a top health concern by Carver County residents, along with e-cigarette use and distracted driving.

Seriously considered attempting suicide in last year by age group



Source: 2018 Carver County Adult Health Survey

Tobacco

Tobacco use is the primary cause of preventable disease in Carver County, causing one in seven deaths. 11,220 adults (11.2%) smoke cigarettes in the county, costing \$32 million in excess medical costs, or \$753 per household.⁶

Adverse experiences in childhood increase the risk of adolescents turning to nicotine, alcohol, and drugs. Use of e-cigarettes is on a very dramatic rise – primarily among teens and young adults, both statewide and in Carver County. In 2018, half of Minnesota high school seniors reported having tried e-cigarettes at least once.⁷

⁶ <https://www.health.state.mn.us/communities/tobacco/data/docs/profiles/carver.pdf>

⁷ Carver County school district-level data from the Minnesota Student Survey will be available fall of 2019

Students who use tobacco are more likely to also binge drink, experience economic hardship, and have suicidal thoughts.⁸

Communicating and Connecting

The CHA findings brought to light many situations where a lack of awareness, enlightenment, and understanding created barriers for people to attain the opportunities needed to pursue optimal health for themselves and their families.

“There are a lack of avenues to be heard, perpetuating the continuation of unmet needs.”

-Focus group participant

We heard from many people who stated that a lack of understanding around specific needs, by service and resource providers, lead to missed opportunities to meet those needs. This included issues around physical, mental, or financial capacity, as well as race, culture, language, or faith. We also heard of instances where different providers of services and resources are not having efficient communication between themselves, leading to opportunities to effectively serve the public not being realized.

“People don’t know who to call or where to go to get help.”

-Marnita’s Table participant

While we heard from some people of color or people with disabilities feeling welcomed in their community, we also heard of many cases where a lack of understanding about their differences from the mainstream population lead to exclusion from opportunities.

What’s next?

This community health assessment looked at a broad range of indicators of health and conditions that shape health. The assessment is the first in a series of steps within a process that identifies key issues, prioritizes among those issues, and then develops a community wide plan of action (Community Health Improvement Plan or CHIP) to address the county’s most pressing health concerns. At its most basic level, the assessment provides the foundation for the Public Health Advisory Council to develop a five-year strategic plan to improve the health of Carver County. At another level, the assessment provides a framework for anyone in the county to identify issues of concern and focus their own efforts on those areas where they can make a difference, individually or collectively.

No single person or organization can possibly address all the health concerns identified in this assessment. Collective action, focused on policies and systems, can lead to multiple avenues of change.

References

Minnesota Department of Health. (2017). *2017 Minnesota Statewide Health Assessment*. Produced in collaboration with the Healthy Minnesota Partnership. St. Paul, MN. Available at <https://www.health.state.mn.us/statewidehealthassessment>

Contact

For more information about the community health assessment process, see our website <https://www.co.carver.mn.us/departments/health-human-services/public-health/about-us/community-health-assessment> or contact: public-health@co.carver.mn.us.

⁸ <https://www.health.state.mn.us/communities/tobacco/data/docs/profiles/carver.pdf>