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# Community Health Assessment – 2014

## Purpose

A thorough Community Health Assessment is a customary practice and core function of public health. Every Minnesota Community Health Board (CHB) must submit its Ten Most Important Community Health Issues to the Minnesota Department of Health.

## Partners

- Local Policy Makers
- Hospital & Clinic Staff
- Public Health and Human Services
- Local Advisory Committees
- Social Workers and School Nurses
- Foundations and Civic Groups

## Data Sources

The Kandiyohi-Renville Health Assessment was prepared under a partnership between the Center for Small Towns at the University of Minnesota, Morris and the Kandiyohi-Renville CHB. The Health Assessment was organized into sections similar to the format used by the Minnesota Department of Health in 2012 MN Statewide Health Assessment:

- People and Place
- Water, Weather and the Air
- Roads, Highways and Bridges
- Healthy Living
- Opportunity for Health
- Chronic Diseases/Conditions
- Obesity
- Infectious Diseases
- Tick/ Mosquito Transmitted Disease
- Food/ Waterborne Illness, and
- Injury and Violence.

## Process

### Phase 1: Initial Planning Meetings

The Kandiyohi-Renville Public Health Advisory Committee established a data subcommittee to work with the Center for Small Towns to compile, find gaps and critique data. The subcommittee helped developed other parameters for surveys and data gathering for community input from Kandiyohi and Renville Counties.

### Phase 2: Public Opinion Surveys

Community residents completed an opinion survey that provided a snapshot of the community's perceptions and opinions regarding health issues. The respondents were a representative mixture of age, race, income, and education in the counties.

### Phase 3: Other Community Input

The Public Health Advisory Committee compiled a Strength and Assets Analysis of our communities. A diverse set of stakeholders in both counties engaged in a "Forces of Change" analysis.

### Phase 4: Identify Top Issues

The Public Health Advisory Committee, Public Health and Human Services staff, and other stakeholders reviewed the results of the Health Assessment, Opinion Surveys, Strengths and Assets, and Forces of Change Analysis to identify the top 10 health issues.

## Next Steps

The Kandiyohi-Renville CHB will be developing a Community Health Improvement Plan to address the top health issues.

# Top Ten Health Issues 2014



## **Priority: Adolescent Sexual Activity**

Sexual activity among teens continues to be a concern. There is an increasing number of youth engaging in sexual activity with decreased use of preventive behaviors, leading to sexually transmitted infections. The teen birth rate has consistently remained above the state average in Kandiyohi and Renville Counties. Teen mothers are less likely to receive prenatal care or graduate, and are more likely to live in poverty, have large families, and remain on government assistance.

## **Priority: Aging Population / Chronic Diseases**

By 2035, the projected over 60 year old population in Kandiyohi County is expected to be 32% of the total population while for Renville County, the projection is over 40%. This shift in demographics will slow the work force growth and increase the demand for government and other support services. Even though aging brings with it cumulative effects of chronic diseases, there are also prevention opportunities to improve or maintain health in this population.

## **Priority: Alcohol, Tobacco & Other Drugs**

While the rates for binge drinking in teenagers has shown a decline, there is still concern about teenage alcohol use and adult abuse. Smoking remains the leading cause of death in the nation and state, thus efforts need to continue to reduce smoking rates across all populations. Marijuana use and prescription drug abuse are emerging issues.

## **Priority: Growing Diversity (Kandiyohi)**

There is growing diversity, especially in Kandiyohi County. These cultural changes can create a climate of apprehension and fear within the community. Racial and ethnic disparities in health status are well documented. One reason for the differences is the language barrier between patients and health care providers. Discrimination on the grounds of culture, ethnicity and religion affects health and wellbeing, particularly mental health.

## **Priority: Lack of Physical Exercise**

People of all ages from early childhood to elders are less active than recommended for optimal physical and mental health. When less physically active, individuals are more likely to develop heart disease, diabetes, high blood pressure, high cholesterol, and increased risk of a stroke. A unique barrier for residents are our extended winters. Regular physical activity can produce long term health benefits including adequate sleep, more energy, stronger muscles and bones, and less depression.

## **Priority: Mental Health Problems**

Both Kandiyohi and Renville Counties have a higher rate of adults and children receiving mental health services than the state as a whole. Mental and emotional health struggles can place significant strains on relationships, affect the ability to learn, work and be physically active, and can lead to self-harm. There remains some stigma associated with these diagnoses.

## **Priority: Motor Vehicle Injury (Renville)**

Over the period from 2007-2013, there was a statistically significant disparity between Kandiyohi and Renville Counties concerning traffic fatalities per capita. Kandiyohi ranks in the top best 15 of Minnesota counties, whereas Renville County ranked 84<sup>th</sup> out of 87 counties. Renville County has an abnormally high traffic fatality per capita rate. Distracted driving is a recognized emerging issue.

## **Priority: Obesity / Overweight**

Obesity and overweight rates of adults and children have increased. Obesity leads to long-term health complications (heart disease, diabetes, depression, arthritis, some cancers, etc.) Nearly 60% of pregnant WIC participants in both counties are overweight or obese, along with 32% of WIC children age 2-5. Preventing obesity in children helps adolescents maintain a healthy weight into adulthood.

## **Priority: Poor Nutrition**

Poor nutrition affects our residents. Diets lacking adequate nutrients can lead to diseases, illnesses, and health problems. A large proportion of food consumed is high in added sugars, sodium, and fats and is not prepared from scratch. Food shelf usage has increased in recent years. About 43% of food shelf patrons have children and 60% are from households with at least one working adult. Minnesota Kids Count data shows that 49% of children in Kandiyohi and 47.5% of children in Renville received free or reduced lunch at school. Barriers to food access exist throughout our counties.

## **Priority: Poverty**

Income is one of the strongest and most consistent predictors of health and disease. Research finds that people with higher incomes generally enjoy better health and live longer than people with lower incomes. People in poverty face conditions that lead to poor health including unsafe housing, lack of access to nutritious foods, less leisure time for physical activity, poorer education and more overall stress.

## **Priority: Violence**

As a health issue, violence affects all aspects of life. Physical and mental health are nurtured and allowed to flourish in families and communities that are violence free. Acts of violence include child maltreatment, domestic and intimate partner violence, sexual violence, and youth violence. While overall crime rates remain fairly constant in the counties, the impact of interpersonal violence extends its reach across multiple generations of families, communities, and systems. Bullying was also cited as a growing concern.