SOUTHWEST HEALTH & HUMAN SERVICES

"Committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner."

Board Agenda
Wednesday December 18, 2024
Marshall Government Center
Commissioners Room – 2nd Floor
9:00 a.m.

HUMAN SERVICES

A. Call to Order

B. Pledge of Allegiance

C. Consent Agenda
   1. Amend/Approval of Agenda
   2. Identification of Conflict of Interest
   3. Approval of 11/20/2024 Board Minutes

D. Introduce New Staff
   - Kerry Aberle, Social Worker- Primary Commitment Specialist, Pipestone

E. Employee Recognition
   - Christine Harmon, Public Health Nurse, Redwood Falls 1 Year
   - Amy Johnson, Adult Services Social Worker, Pipestone 1 Year
   - Elizabeth Pitzl, OSS Sr., Marshall 1 Year
   - Jenna Stephenson, Public Health Educator, Slayton 1 Year
   - Kristi St. Aubin, Eligibility Worker, Marshall 10 years
   - Jennifer VanderSchaaf, MnCHOICES Lead Worker, Luverne 20 Years

F. Financial

HUMAN SERVICES (Cont.)

G. Caseload

	11/24	11/23	10/24	9/24
Social Services	3,624	3,841	3,648	3,646
Licensing	381	389	385	384
Out-of-Home Placements	157	159	168	173
Income Maintenance	13,191	14,219	13,283	13,307
Child Support Cases	2658	2,686	2,673	2,674
Child Support Collections	$711,023	$661,701	$668,069	
Non IV-D Collections	$193,329	$112,170	$183,522	$107,637

H. Discussion/Information
   1. Local Advisory Council- Elaine Herrick

I. Decision Items

COMMUNITY HEALTH

J. Call to Order

K. Consent Agenda
   1. Amend/Approval of Agenda
   2. Identification of Conflict of Interest
   3. Approval of 11/20/2024 Board Minutes

L. Financial

M. Caseloads

	11/24	10/24	09/24
WIC	N/A	2054	2035
Family Home Visiting	24	22	26
PCA Assessments	10	14	10
Managed Care	184	231	194
Dental Varnishing	0	0	0
Refugee Health	6	6	0
Latent TB Medication Distribution	1	1	4
Water Tests	109	131	125
FPL Inspections	37	53	40
Immunizations	175	69	11
Car Seats	16	26	21

COMMUNITY HEALTH (Cont.)

N. Discussion/ Information

O. Decision Items
1. Child & Teen Check Up Outreach Supplies – Kristin Deacon
2. Response Sustainability Grant Go-kits for WIC families-Tyler Looft
3. Jurisdictional Risk Assessment-Tyler Looft
4. Community Health Assessment and Implementation Plan-Ann Orren, Michelle Salfer

GOVERNING BOARD

P. Call to Order

Q. Consent Agenda
1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 11/20/2024 Board Minutes

R. Financial

S. Human Resources Statistics

	11/24	11/23	10/24	9/24
Number of Employees	244	238	243	242
Separations	7	3	1	3
New Hires	1	2	2	3

Current Open Positions	15
Public Health Nurse	4
Health Services Program Aide	1
Social Worker LADC	1
Social Worker Adult Mental Health	1
Social Worker Restorative Practices	1
Social Worker Child Protection	1
Social Worker- Long Term Care	1
Eligibility Worker	2
Fraud Prevention Investigator	1
Information Technology Specialist Sr	1
Case Aide Parenting Time Specialist	1

GOVERNING BOARD (Cont.)

T. Discussion/Information
   1. 2024 MCIT Dividend
   2. 2025 Board Member Per Diem and Mileage Reimbursement
   3. IT Update

U. Decision Items
   1. Natalie Teal, County Agency Social Worker- Child Protection, probationary appointment (12 months), $25.60 hourly, effective 12/23/2024 – Marshall Office
   2. Reese Guillund, County Agency Social Worker- Children's Welfare, probationary appointment (12 months), $25.60 hourly, effective 12/23/2024 – Marshall Office
   3. Tylor Veldhuizen, Public Health Educator-DFCC, probationary appointment (12 months), $26.09 hourly, effective 12/23/2024 – Pipestone Office
   4. Mariah Talsma, Public Health Educator- SHIP, probationary appointment (12 months), $26.09 hourly, effective 12/30/2024 – Slayton Office
   5. Amber Enstad, Eligibility Worker, probationary appointment (12 months), $20.07 hourly, effective 12/30/2024 – Ivanhoe Office
   6. Sydney Zieske- County Agency Social Worker- Child Protection, probationary appointment (12 months), $25.60 hourly, effective 12/30/2024
   7. New job classification – Licensed Practical Nurse $20.62 - $35.98 per hour
   8. Reclassification Mavis Salfer to Licensed Practical Nurse probationary period (6 months) $30.50 hourly 12/16/2024 – Redwood Office
   9. Reclassification
   10. Resolution for Human Resources to Refill Replacement Positions in 2025
   11. SWHHS Accounting Policies and Procedures Handbook 2025
   12. SWHHS Resolution of Signature Authority 2025
   13. SWHHS Resolution to Designate Depositories 2025
   14. Request for Remote Support Software
   15. Request for Phishing and Compliance Training Software
   16. Donations
       - Donation from Superior Stell Supply of thirty two duffle bags for children in foster care. Each bag contains a blanket, stuffed animal, coloring book, crayons and a toothbrush.
       - Donation from Kary DeVlieger of three Christmas gifts for foster children.

   17. Contracts

V. Adjournment

Next Meeting Dates:

Wednesday, January 15, 2025 – Marshall
Wednesday, February 19, 2025 – Marshall
Wednesday, March 19, 2025 – Marshall

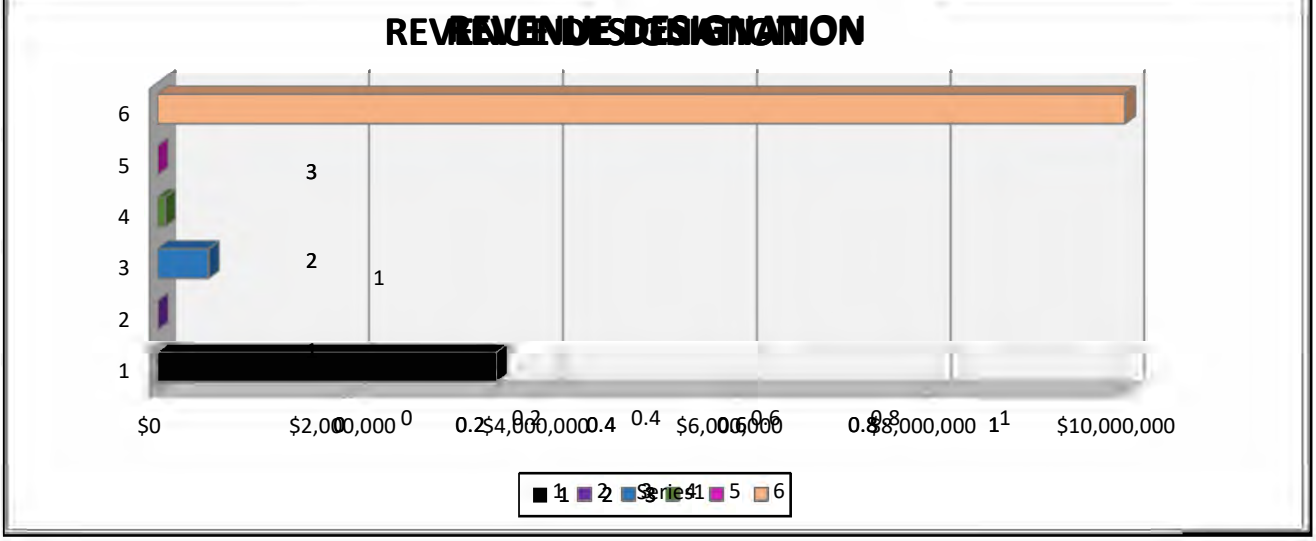
SOUTHWEST HEALTH & HUMAN SERVICES

Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: **November 30, 2024**

* Income Maintenance * Social Services * Information Technology * Health *

Description	Month	Running Balance	
BEGINNING CHECKING BALANCE		**$2,399,720**	
RECEIPTS			
Monthly Receipts	2,715,472		
County Contribution	2,237,566		
Interest on Savings	47,111		
TOTAL MONTHLY RECEIPTS		5,000,149	
DISBURSEMENTS			
Monthly Disbursements	3,905,560		
TOTAL MONTHLY DISBURSEMENTS		3,905,560	
ENDING CHECKING BALANCE		**$3,494,309**	
REVENUE			
Checking/Money Market	***$3,494,309***		
SS Benefits Checking	***$3,000***		
Bremer Savings	***$526,360***		
First Interstate Bank Savings	***$77,458***		
CD/Term Investment - Magic Fund	***$0***		
Investments - MAGIC Fund	***$9,984,496***		
			November 2023 Ending Balance
ENDING BALANCE		**$14,085,623**	**$13,827,986**
DESIGNATED/RESTRICTED FUNDS			
Opioid Settlement		**$1,112,309**	**November 2023 Ending Balance**
Agency Health Insurance		**$1,485,520**	**$862,791**
Private Purpose Trust Fund		**$10,289**	
LCTS Lyon Murray Collaborative		**$173,501**	
LCTS Rock Pipestone Collaborative		**$52,776**	
LCTS Redwood Collaborative		**$85,962**	
Local Advisory Council		**$556**	**November 2023 Ending Balance**
AVAILABLE CASH BALANCE		**$11,164,709**	**$12,091,413**



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

November 2024

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				2,399,720.26
11/01/24	11390 - 11410	Payroll		170,215.47	2,229,504.79
11/01/24	92005 - 92264 ACH	Payroll		606,281.90	1,623,222.89
11/01/24	135397-135424	Disb		4,669.88	1,618,553.01
11/01/24	24912-24922 ACH	Disb		1,734.57	1,616,818.44
11/01/24	135425-135455	Disb		34,299.89	1,582,518.55
11/01/24	24923-24942 ACH	Disb		9,013.05	1,573,505.50
11/01/24	10595	Disb		1,474.75	1,572,030.75
11/04/24	10596	Disb		15,880.67	1,556,150.08
11/04/24	10597	Disb		5,225.63	1,550,924.45
11/05/24	10598	Disb		2,073.70	1,548,850.75
11/06/24	10599	Disb		3,981.70	1,544,869.05
11/07/24	10600	Disb		31,202.78	1,513,666.27
11/08/24	135456-135466	Disb		1,354.32	1,512,311.95
11/08/24	24943-24951 ACH	Disb		704.37	1,511,607.58
11/08/24	135467-135523	Disb		163,190.92	1,348,416.66
11/08/24	24952-25027 ACH	Disb		172,914.14	1,175,502.52
11/08/24	58617-58677	Deposit	733,491.25		1,908,993.77
11/12/24	58678-58689	Deposit	195,232.00		2,104,225.77
11/14/24	10601	Disb		30,568.18	2,073,657.59
11/15/24	11411 - 11428	Payroll		169,877.86	1,903,779.73
11/15/24	92265 - 92514 ACH	Payroll		604,553.51	1,299,226.22
11/15/24	135524-135555	Disb		3,446.80	1,295,779.42
11/15/24	25028-25040 ACH	Disb		1,558.41	1,294,221.01
11/15/24	135556-135612	Disb		86,893.01	1,207,328.00
11/15/24	25041-25080 ACH	Disb		111,508.72	1,095,819.28
11/15/24	58690-58735	Deposit	1,038,728.91		2,134,548.19
11/15/24	10602	Disb		1,474.75	2,133,073.44
11/18/24	10603	Disb		15,879.97	2,117,193.47
11/18/24	10604	Disb		5,225.63	2,111,967.84
11/18/24	VOID 135290	Disb		(328.02)	2,112,295.86
11/18/24	VOID 135371	Disb		(900.00)	2,113,195.86
11/18/24	VOID 134811	Disb		(350.00)	2,113,545.86
11/19/24	58736-58760	Deposit	94,776.43		2,208,322.29
11/20/24	10605	Disb		12,887.70	2,195,434.59
11/21/24	10606	Disb		30,508.00	2,164,926.59
11/22/24	135613-135615	Disb		2,844.04	2,162,082.55
11/22/24	25081 ACH	Disb		15.84	2,162,066.71
11/22/24	135616-135666	Disb		252,673.66	1,909,393.05
11/22/24	25082-25110 ACH	Disb		262,250.62	1,647,142.43
11/22/24	135667-135707	Disb		8,625.60	1,638,516.83
11/22/24	25111-25152 ACH	Disb		7,420.70	1,631,096.13
11/22/24	135708-135766	Disb		35,938.11	1,595,158.02
11/22/24	25153-25292 ACH	Disb		81,649.02	1,513,509.00
11/22/24	58761-58801	Deposit	559,503.22		2,073,012.22
11/25/24	VOID 135636	Disb		(189.00)	2,073,201.22
11/25/24	VOID 135440	Disb		(521.27)	2,073,722.49
11/25/24	VOID 135067	Disb		(292.50)	2,074,014.99
11/25/24	10607	Disb		714.25	2,073,300.74
11/26/24	Transfer from SS Acct	Transfer	7,125.00		2,080,425.74
11/27/24	11429 - 11432	Payroll		3,398.13	2,077,027.61
11/27/24	92515 - 92768 ACH	Payroll		657,472.11	1,419,555.50
11/27/24	135767-135812	Disb		5,155.80	1,414,399.70
11/27/24	25293-25312 ACH	Disb		3,423.83	1,410,975.87
11/27/24	135813-135844	Disb		180,264.90	1,230,710.97
11/27/24	25313-25328 ACH	Disb		55,456.42	1,175,254.55
11/27/24	58802-58844	Deposit	2,371,292.03		3,546,546.58
11/29/24	10608	Disb		52,237.27	3,494,309.31
					3,494,309.31
	balanced on 12/3/24 TCB	**TOTALS**	**5,000,148.84**	**3,905,559.79**	

Checking - SS Beneficiaries	3,000.00
Savings - Bremer	526,359.55
Savings - First Interstate Bank	77,458.07
Investments - Magic Fund	9,984,495.62
TOTAL CASH BALANCE	**14,085,622.55**

SWHHS TREND ANALYSIS

Total Cash and Investment Balance by Month

ALL FUNDS

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	$4,721,044.88	$4,333,938.53	$2,935,770.10	$1,965,449.62	$2,570,090.71	$5,977,407.40	$6,033,326.24	$5,731,633.62	$4,391,517.44	$3,775,199.56	$5,252,398.36	$6,085,906.40	$4,481,140.24
2019	$5,468,300.08	$5,390,753.05	$3,560,027.40	$2,614,293.54	$4,269,080.30	$7,062,814.89	$7,420,076.79	$6,778,561.83	$5,219,902.01	$4,511,324.16	$5,788,830.92	$7,097,094.23	$5,431,754.93
2020	$5,612,100.09	$5,244,836.41	$3,999,085.28	$3,557,399.16	$3,544,281.51	$8,279,950.83	$8,206,914.72	$8,087,152.70	$7,320,202.93	$6,302,908.56	$6,288,111.05	$8,688,761.65	$6,260,975.41
2021	$8,213,250.83	$7,755,540.60	$6,331,255.58	$4,926,907.49	$5,077,191.48	$10,354,544.54	$9,823,063.10	$9,696,380.41	$8,596,377.19	$7,380,331.30	$7,918,904.38	$10,090,463.28	$8,013,684.18
2022	$9,063,232.17	$9,669,188.89	$8,757,032.95	$7,551,267.96	$7,600,154.97	$11,926,913.67	$11,759,179.93	$11,073,388.31	$9,901,872.00	$9,446,009.83	$10,477,101.38	$11,454,718.79	$9,890,005.07
2023	$11,060,333.16	$11,548,890.82	$10,317,240.69	$9,301,999.20	$10,138,948.20	$13,789,129.14	$14,781,337.63	$14,708,502.17	$13,461,381.69	$12,826,934.47	$13,827,985.91	$14,612,668.79	$12,531,279.32
2024	$12,990,412.51	$13,407,987.82	$11,788,426.03	$10,210,044.11	$10,134,674.15	$14,479,546.19	$15,771,391.01	$16,034,651.70	$14,484,828.29	$12,943,922.71	$14,085,622.55		

PUBLIC HEALTH

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	$1,962,214.72	$1,943,637.75	$1,780,622.98	$2,023,315.56	$1,870,382.57	$1,633,344.06	$1,816,127.45	$1,643,850.72	$1,584,218.99	$1,914,793.23	$1,842,417.33	$1,743,836.48	$1,813,230.15
2019	$1,851,277.80	$1,972,764.31	$1,918,434.61	$2,063,608.18	$2,039,616.86	$1,918,780.30	$2,044,401.82	$2,039,261.99	$1,915,329.19	$2,036,424.83	$1,985,685.37	$1,910,997.42	$1,974,715.22
2020	$1,967,807.21	$2,029,158.92	$2,191,628.66	$2,443,036.94	$2,039,616.86	$1,918,780.30	$2,044,401.82	$2,039,261.99	$2,236,196.53	$2,383,533.05	$2,377,097.32	$2,458,002.48	$2,177,376.84
2021	$2,686,372.79	$2,595,490.74	$2,483,393.31	$2,394,881.79	$2,704,232.84	$2,797,102.25	$2,854,166.91	$2,927,270.22	$2,887,651.14	$2,943,305.87	$3,062,913.28	$3,061,698.33	$2,783,206.62
2022	$3,188,143.70	$3,522,705.99	$3,489,931.37	$3,750,709.18	$3,760,049.78	$3,637,055.84	$3,801,847.69	$3,792,898.70	$3,701,291.30	$3,780,582.03	$4,015,468.97	$3,958,921.27	$3,699,967.15
2023	$4,092,369.86	$4,485,621.04	$4,522,574.88	$4,317,365.64	$4,392,590.53	$4,413,234.48	$4,329,419.65	$4,465,577.48	$4,276,687.45	$4,346,328.21	$4,280,939.44	$3,969,889.82	$4,324,383.21
2024	$4,038,252.01	$4,221,609.24	$4,063,656.33	$4,222,559.23	$4,145,900.32	$4,122,413.31	$4,351,861.01	$4,363,581.38	$4,131,454.41	$4,130,140.57	$4,006,178.88		

HUMAN SERVICES

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	$2,027,812.89	$1,484,259.33	$191,366.90	-$965,731.97	-$501,975.29	$2,490,788.49	$3,357,738.65	$3,035,839.30	$1,833,134.33	$948,482.40	$2,542,047.76	$3,397,063.22	$1,653,402.17
2019	$2,581,063.09	$2,265,158.91	$405,973.82	-$661,408.85	$934,705.49	$3,904,218.27	$4,115,284.54	$3,342,408.83	$1,895,296.62	$1,080,003.92	$2,347,069.20	$3,881,423.66	$2,174,266.46
2020	$2,332,934.55	$1,794,776.37	$446,580.09	-$301,075.40	-$322,039.73	$4,477,838.46	$4,384,474.68	$4,260,536.62	$3,518,651.39	$2,410,104.32	$2,492,480.39	$4,846,662.00	$2,528,493.65
2021	$4,187,134.17	$3,427,813.26	$2,563,120.41	$1,286,019.28	$934,705.49	$3,904,218.27	$4,115,284.54	$3,342,408.83	$4,305,643.19	$3,134,667.60	$3,557,047.37	$5,699,958.61	$3,371,501.75
2022	$4,620,423.53	$4,781,219.71	$3,878,657.09	$2,403,835.75	$2,505,036.95	$7,134,523.44	$6,827,202.31	$6,300,253.90	$5,236,120.79	$4,373,885.31	$5,527,904.49	$6,555,357.85	$5,012,035.09
2023	$6,052,424.45	$6,081,720.18	$4,666,308.71	$3,354,346.73	$4,090,366.08	$7,797,583.18	$8,821,277.15	$8,602,178.45	$7,457,835.03	$6,724,760.36	$7,810,473.46	$8,528,878.75	$6,665,679.38
2024	$6,839,001.71	$7,235,453.39	$5,532,685.68	$3,788,842.32	$3,831,588.73	$8,238,989.43	$9,073,694.44	$9,105,465.52	$7,668,104.26	$6,177,710.77	$7,158,530.28		

HEALTH INSURANCE

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	$547,461.08	$661,779.26	$734,590.83	$705,226.64	$998,994.04	$688,218.46	$693,431.75	$820,833.21	$742,653.73	$690,065.54	$709,870.88	$736,904.37	$727,502.48
2019	$830,786.86	$898,632.50	$996,671.64	$973,046.88	$1,015,393.62	$1,046,007.99	$1,064,138.10	$1,127,623.68	$1,189,707.87	$1,200,976.08	$1,195,846.02	$1,051,604.82	$1,049,203.01
2020	$1,070,978.00	$1,108,164.79	$1,071,726.42	$1,126,237.51	$1,216,443.58	$1,252,789.13	$1,289,386.59	$1,328,430.70	$1,343,792.01	$1,297,527.65	$1,206,581.80	$1,132,234.63	$1,203,691.07
2021	$1,103,507.67	$1,443,581.40	$1,012,036.66	$973,311.22	$1,025,293.31	$970,211.29	$957,506.41	$1,089,406.61	$1,075,654.66	$1,043,092.63	$1,036,496.53	$1,025,248.14	$1,062,945.54
2022	$954,094.74	$996,914.99	$1,020,096.29	$1,046,274.83	$933,827.04	$843,343.19	$833,162.73	$700,529.94	$684,754.43	$988,223.72	$662,283.75	$623,422.50	$857,244.01
2023	$612,668.68	$678,479.43	$767,125.93	$804,622.27	$763,093.34	$779,663.23	$844,301.69	$833,854.87	$909,715.53	$929,036.75	$862,791.28	$1,271,163.67	$838,043.06
2024	$1,275,154.66	$1,119,962.06	$1,263,826.05	$1,277,248.67	$1,198,181.49	$1,246,485.98	$1,323,462.62	$1,412,742.21	$1,455,894.60	$1,327,744.15	$1,485,520.34		

Fund			Beginning Balance	This Month	YTD	Current Balance
1	Health Services Fund					
			3,969,983.30			
	Receipts			320,639.29	3,969,716.31	
	Disbursements			52,525.06-	734,186.52-	
	Payroll			392,075.92-	3,201,792.87-	
	Journal Entries			0.00	2,458.66	
	Fund Total			**123,961.69-**	**36,195.58**	**4,006,178.88**
2	Opioid Settlement					
			541,414.68			
	Receipts			196,173.95	680,241.14	
	Disbursements			17,877.81-	108,349.61-	
	Payroll			652.31-	997.42-	
	Fund Total			**177,643.83**	**570,894.11**	**1,112,308.79**
5	Human Services Fund	**410**	General Administration			
			966,127.41-			
	Receipts			72,166.53	795,983.48	
	Disbursements			82,589.95-	737,651.67-	
	Payroll			10,082.38-	108,645.12-	
	Journal Entries			0.00	1,230.25	
	Dept Total			**20,505.80-**	**49,083.06-**	**1,015,210.47-**
5	Human Services Fund	**420**	Income Maintenance			
			5,589,707.22			
	Receipts			1,426,404.68	10,051,347.95	
	Disbursements			348,637.22-	4,207,993.34-	
	Payroll			531,338.47-	4,513,606.31-	
	Journal Entries			0.00	320.05	
	Dept Total			**546,428.99**	**1,330,068.35**	**6,919,775.57**
5	Human Services Fund	**431**	Social Services			
			8,129,449.12			
	Receipts			2,601,763.98	17,657,517.26	
	Disbursements			113,080.64-	1,248,198.72-	

Fund		Beginning Balance		This Month	YTD	Current Balance
	SSIS			767,648.65-	8,632,740.50-	
	Payroll			1,239,134.90-	10,203,307.43-	
	Journal Entries			0.00	2,911.11-	
	Dept Total			**481,899.79**	**2,429,640.50-**	**5,699,808.62**
5	Human Services Fund		**461**	Information Systems		
		4,227,244.05-				
	Receipts			11,666.97	72,427.07	
	Disbursements			155.44-	4,934.01-	
	Payroll			38,515.00-	286,092.45-	
	Dept Total			**27,003.47-**	**218,599.39-**	**4,445,843.44-**
5	Human Services Fund		**471**	LCTS Collaborative Agency		
		0.00				
	Receipts			52,865.00	274,411.00	
	Disbursements			52,865.00-	274,411.00-	
	Dept Total			**0.00**	**0.00**	**0.00**
	Fund Total	**8,525,784.88**		**980,819.51**	**1,367,254.60-**	**7,158,530.28**
61	Agency Health Insurance					
		1,271,163.67				
	Receipts			305,589.23	3,141,391.05	
	Disbursements			147,813.04-	2,927,034.38-	
	Fund Total			**157,776.19**	**214,356.67**	**1,485,520.34**
71	LCTS Lyon Murray Collaborative Fund		**471**	LCTS Collaborative Agency		
		175,720.21				
	Receipts			29,216.00	132,673.00	
	Disbursements			62,500.00-	134,892.00-	
	Dept Total			**33,284.00-**	**2,219.00-**	**173,501.21**
	Fund Total	**175,720.21**		**33,284.00-**	**2,219.00-**	**173,501.21**
73	LCTS Rock Pipestone Collaborative Fund		**471**	LCTS Collaborative Agency		
		46,144.81				

Fund			Beginning Balance	This Month	YTD	Current Balance
		Receipts		8,389.00	46,781.00	
		Disbursements		40,000.00-	40,150.00-	
		Dept Total		**31,611.00-**	**6,631.00**	**52,775.81**
		Fund Total	**46,144.81**	**31,611.00-**	**6,631.00**	**52,775.81**
75	Redwood LCTS Collaborative	**471**	LCTS Collaborative Agency			
			78,858.51			
		Receipts		15,260.00	100,295.00	
		Disbursements		0.00	93,192.00-	
		Dept Total		**15,260.00**	**7,103.00**	**85,961.51**
		Fund Total	**78,858.51**	**15,260.00**	**7,103.00**	**85,961.51**
77	Local Advisory Council	**477**	Local Advisory Council			
			598.34			
		Disbursements		0.00	42.00-	
		Dept Total		**0.00**	**42.00-**	**556.34**
		Fund Total	**598.34**	**0.00**	**42.00-**	**556.34**
78	Private Purpose Trust Fund	**431**	Social Services			
			3,000.39			
		Receipts		7,125.00	101,630.00	
		Disbursements		8,068.00-	94,341.00-	
		Dept Total		**943.00-**	**7,289.00**	**10,289.39**
		Fund Total	**3,000.39**	**943.00-**	**7,289.00**	**10,289.39**
All Funds			14,612,668.79			
		Receipts		5,047,259.63	37,024,414.26	
		Disbursements		926,112.16-	10,605,376.25-	
		SSIS		767,648.65-	8,632,740.50-	
		Payroll		2,211,798.98-	18,314,441.60-	
		Journal Entries		0.00	1,097.85	
		Total		**1,141,699.84**	**527,046.24-**	14,085,622.55

Southwest Health and Human Services

RM-Stmt of Revenues & Expenditures

As Of 11/2024 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2024 BUDGET	% OF BUDG	% OF YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	116,004.00-	883,692.00-	883,692.00-	100	92	
INTERGOVERNMENTAL REVENUES	580.00-	164,119.00-	168,500.00-	97	92	
STATE REVENUES	102,316.60-	1,170,651.29-	1,320,150.00-	89	92	
FEDERAL REVENUES	20,433.55-	1,203,959.14-	1,399,913.00-	86	92	
FEES	38,695.30-	417,651.02-	457,605.00-	91	92	
EARNINGS ON INVESTMENTS	8,479.94-	89,924.08-	29,850.00-	301	92	
MISCELLANEOUS REVENUES	33,660.78-	34,516.83-	7,550.00-	457	92	
TOTAL REVENUES	**320,170.17-**	**3,964,513.36-**	**4,267,260.00-**	**93**	**92**	1% over
EXPENDITURES						
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	92	
PAYROLL AND BENEFITS	392,075.92	3,195,852.83	4,007,394.00	80	92	
OTHER EXPENDITURES	52,055.94	732,464.95	652,006.00	112	92	
TOTAL EXPENDITURES	**444,131.86**	**3,928,317.78**	**4,659,400.00**	**84**	**92**	8% under

Southwest Health and Human Services

RM-Stmt of Revenues & Expenditures

As Of 11/2024 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2024 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	2,121,561.96-	10,304,117.71-	13,305,205.00-	77	92	
INTERGOVERNMENTAL REVENUES	0.00	101,989.00-	123,841.00-	82	92	
STATE REVENUES	511,666.96-	5,476,122.35-	5,973,027.00-	92	92	
FEDERAL REVENUES	1,042,779.41-	8,071,181.05-	7,697,964.00-	105	92	
FEES	169,830.90-	2,170,020.45-	2,306,164.00-	94	92	
EARNINGS ON INVESTMENTS	38,630.85-	409,654.02-	149,100.00-	275	92	
MISCELLANEOUS REVENUES	197,166.85-	1,443,966.91-	1,546,600.00-	93	92	
TOTAL REVENUES	**4,081,636.93-**	**27,977,051.49-**	**31,101,901.00-**	**90**	**92**	2% under
EXPENDITURES						
PROGRAM EXPENDITURES	1,066,744.11	11,800,969.40	11,791,540.00	100	92	
PAYROLL AND BENEFITS	1,829,494.17	15,067,030.20	16,512,609.00	91	92	
OTHER EXPENDITURES	204,579.14	2,476,307.60	2,797,752.00	89	92	
TOTAL EXPENDITURES	**3,100,817.42**	**29,344,307.20**	**31,101,901.00**	**94**	**92**	2% over

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
1 FUND	Health Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		**Revenue**					**92**
			Expend.	**7,226.00**	**31,902.39**	**0.00**	**0**	**92**
			Net	**7,226.00**	**31,902.39**	**0.00**	**0**	**92**
910 PROGRAM	CHA/CHIP		**Revenue**	**0.00**	**6,023.54-**	**4,170.00-**	**144**	**92**
			Expend.	**4,645.41**	**37,091.95**	**70,907.00**	**52**	**92**
			Net	**4,645.41**	**31,068.41**	**66,737.00**	**47**	**92**
915 PROGRAM	CDC Infrastructure Grant		**Revenue**	**0.00**	**39,582.74-**	**57,702.00-**	**69**	**92**
			Expend.	**7,715.83**	**37,134.64**	**59,954.00**	**62**	**92**
			Net	**7,715.83**	**2,448.10-**	**2,252.00**	**109-**	**92**
919 PROGRAM	PH Foundational		**Revenue**	**0.00**	**130,078.69-**	**172,800.00-**	**75**	**92**
			Expend.	**23,021.38**	**188,636.36**	**152,507.00**	**124**	**92**
			Net	**23,021.38**	**58,557.67**	**20,293.00-**	**289-**	**92**
930 PROGRAM	Administration		**Revenue**	**126,375.92-**	**1,151,825.85-**	**1,036,704.00-**	**111**	**92**
			Expend.	**78,955.25**	**767,126.63**	**928,689.00**	**83**	**92**
			Net	**47,420.67-**	**384,699.22-**	**108,015.00-**	**356**	**92**
410 DEPT	General Administration	**Totals:**	**Revenue**	**126,375.92-**	**1,327,510.82-**	**1,271,376.00-**	**104**	**92**
			Expend.	**121,563.87**	**1,061,891.97**	**1,212,057.00**	**88**	**92**
			Net	**4,812.05-**	**265,618.85-**	**59,319.00-**	**448**	**92**
481 DEPT	Nursing							
100 PROGRAM	Family Health		**Revenue**	**1,665.00-**	**17,607.92-**	**15,445.00-**	**114**	**92**
			Expend.	**1,326.22**	**18,879.40**	**20,341.00**	**93**	**92**
			Net	**338.78-**	**1,271.48**	**4,896.00**	**26**	**92**
103 PROGRAM	Follow Along Program		**Revenue**	**0.00**	**15,178.43-**	**20,117.00-**	**75**	**92**
			Expend.	**2,351.04**	**27,635.40**	**46,791.00**	**59**	**92**
			Net	**2,351.04**	**12,456.97**	**26,674.00**	**47**	**92**
110 PROGRAM	TANF		**Revenue**	**0.00**	**99,406.99-**	**130,240.00-**	**76**	**92**
			Expend.	**16,458.97**	**134,875.41**	**96,564.00**	**140**	**92**
			Net	**16,458.97**	**35,468.42**	**33,676.00-**	**105-**	**92**
125 PROGRAM	Asthma Program		**Revenue**					**92**
			Expend.	**939.57**	**6,582.99**	**0.00**	**0**	**92**
			Net	**939.57**	**6,582.99**	**0.00**	**0**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
130 PROGRAM	WIC		**Revenue**	**159.00-**	**536,635.00-**	**514,577.00-**	**104**	**92**
			Expend.	**65,988.60**	**555,111.12**	**679,605.00**	**82**	**92**
			Net	**65,829.60**	**18,476.12**	**165,028.00**	**11**	**92**
210 PROGRAM	CTC Outreach		**Revenue**	**0.00**	**106,592.46-**	**179,962.00-**	**59**	**92**
			Expend.	**8,650.10**	**108,140.25**	**177,866.00**	**61**	**92**
			Net	**8,650.10**	**1,547.79**	**2,096.00-**	**74-**	**92**
265 PROGRAM	Strong Foundations FHV		**Revenue**	**27,716.26-**	**128,128.49-**	**182,218.00-**	**70**	**92**
			Expend.	**9,367.60**	**93,021.93**	**177,476.00**	**52**	**92**
			Net	**18,348.66-**	**35,106.56-**	**4,742.00-**	**740**	**92**
270 PROGRAM	Maternal Child Health - Title V		**Revenue**	**3,041.22-**	**119,456.04-**	**180,373.00-**	**66**	**92**
			Expend.	**12,382.57**	**113,518.50**	**265,729.00**	**43**	**92**
			Net	**9,341.35**	**5,937.54-**	**85,356.00**	**7-**	**92**
280 PROGRAM	MCH Dental Health		**Revenue**	**0.00**	**0.00**	**1,000.00-**	**0**	**92**
			Expend.	**0.00**	**1,175.84**	**7,081.00**	**17**	**92**
			Net	**0.00**	**1,175.84**	**6,081.00**	**19**	**92**
285 PROGRAM	MCH Blood Lead		**Revenue**					**92**
			Expend.	**1,046.56**	**5,504.40**	**16,644.00**	**33**	**92**
			Net	**1,046.56**	**5,504.40**	**16,644.00**	**33**	**92**
295 PROGRAM	MCH Car Seat Program		**Revenue**	**1,819.41-**	**18,164.90-**	**11,000.00-**	**165**	**92**
			Expend.	**4,659.84**	**54,887.11**	**75,086.00**	**73**	**92**
			Net	**2,840.43**	**36,722.21**	**64,086.00**	**57**	**92**
300 PROGRAM	Case Management		**Revenue**	**29,492.04-**	**462,876.38-**	**336,212.00-**	**138**	**92**
			Expend.	**38,255.16**	**388,057.22**	**353,928.00**	**110**	**92**
			Net	**8,763.12**	**74,819.16-**	**17,716.00**	**422-**	**92**
330 PROGRAM	MNChoices		**Revenue**	**30,570.00-**	**185,649.95-**	**203,974.00-**	**91**	**92**
			Expend.	**30,121.09**	**221,219.83**	**244,193.00**	**91**	**92**
			Net	**448.91-**	**35,569.88**	**40,219.00**	**88**	**92**
603 PROGRAM	Disease Prevention and Control		**Revenue**	**32,379.80-**	**59,376.90-**	**199,158.00-**	**30**	**92**
			Expend.	**18,056.05**	**171,065.18**	**192,911.00**	**89**	**92**
			Net	**14,323.75-**	**111,688.28**	**6,247.00-**	**1,788-**	**92**
660 PROGRAM	MIIC		**Revenue**					**92**
			Expend.	**0.00**	**575.99**	**3,746.00**	**15**	**92**
			Net	**0.00**	**575.99**	**3,746.00**	**15**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
481 DEPT	Nursing	**Totals:**	**Revenue**	**126,842.73-**	**1,749,073.46-**	**1,974,276.00-**	**89**	**92**
			Expend.	**209,603.37**	**1,900,250.57**	**2,357,961.00**	**81**	**92**
			Net	**82,760.64**	**151,177.11**	**383,685.00**	**39**	**92**
483 DEPT	Health Education							
500 PROGRAM	Direct Client Services		**Revenue**	**0.00**	**5,847.29-**	**5,112.00-**	**114**	**92**
			Expend.	**112.00**	**11,721.20**	**18,292.00**	**64**	**92**
			Net	**112.00**	**5,873.91**	**13,180.00**	**45**	**92**
510 PROGRAM	SHIP		**Revenue**	**41,740.37-**	**205,745.81-**	**224,631.00-**	**92**	**92**
			Expend.	**26,114.93**	**219,402.82**	**293,888.00**	**75**	**92**
			Net	**15,625.44-**	**13,657.01**	**69,257.00**	**20**	**92**
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads L		**Revenue**	**1,712.31-**	**4,735.26-**	**16,598.00-**	**29**	**92**
			Expend.	**1,551.64**	**6,113.19**	**16,322.00**	**37**	**92**
			Net	**160.67-**	**1,377.93**	**276.00-**	**499-**	**92**
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads LP		**Revenue**	**0.00**	**5,223.72-**	**16,458.00-**	**32**	**92**
			Expend.	**2,309.39**	**7,633.77**	**16,703.00**	**46**	**92**
			Net	**2,309.39**	**2,410.05**	**245.00**	**984**	**92**
551 PROGRAM	Pipestone Drug Free Communities		**Revenue**	**0.00**	**110,381.90-**	**125,000.00-**	**88**	**92**
			Expend.	**8,971.80**	**124,805.28**	**125,475.00**	**99**	**92**
			Net	**8,971.80**	**14,423.38**	**475.00**	**3,037**	**92**
565 PROGRAM	Cannabis		**Revenue**	**0.00**	**0.00**	**50,000.00-**	**0**	**92**
			Expend.	**4,219.18**	**6,020.70**	**0.00**	**0**	**92**
			Net	**4,219.18**	**6,020.70**	**50,000.00-**	**12-**	**92**
570 PROGRAM	Regional Health Equity Network Grant		**Revenue**	**0.00**	**41,215.09-**	**0.00**	**0**	**92**
			Expend.	**0.00**	**40,097.31**	**0.00**	**0**	**92**
			Net	**0.00**	**1,117.78-**	**0.00**	**0**	**92**
900 PROGRAM	Emergency Preparedness		**Revenue**	**0.00**	**73,162.73-**	**93,761.00-**	**78**	**92**
			Expend.	**8,705.36**	**84,571.84**	**94,885.00**	**89**	**92**
			Net	**8,705.36**	**11,409.11**	**1,124.00**	**1,015**	**92**
903 PROGRAM	Response Sustainability-PHEP		**Revenue**	**19,978.84-**	**71,810.15-**	**173,110.00-**	**41**	**92**
			Expend.	**15,602.31**	**75,524.32**	**175,478.00**	**43**	**92**
			Net	**4,376.53-**	**3,714.17**	**2,368.00**	**157**	**92**
905 PROGRAM	COVID-19 Pandemic		**Revenue**	**0.00**	**32,978.24-**	**0.00**	**0**	**92**
			Expend.	**5,543.71**	**36,531.75**	**0.00**	**0**	**92**
			Net	**5,543.71**	**3,553.51**	**0.00**	**0**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
907 PROGRAM	Crisis Response Workforce Grant (COVII		**Revenue**	**0.00**	**27,341.54-**	**0.00**	**0**	**92**
			Expend.	**0.00**	**26,370.86**	**0.00**	**0**	**92**
			Net	**0.00**	**970.68-**	**0.00**	**0**	**92**
483 DEPT	Health Education	**Totals:**	**Revenue**	**63,431.52-**	**578,441.73-**	**704,670.00-**	**82**	**92**
			Expend.	**73,130.32**	**638,793.04**	**741,043.00**	**86**	**92**
			Net	**9,698.80**	**60,351.31**	**36,373.00**	**166**	**92**
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		**Revenue**	**580.00-**	**247,256.30-**	**226,858.00-**	**109**	**92**
			Expend.	**31,176.24**	**243,827.41**	**251,407.00**	**97**	**92**
			Net	**30,596.24**	**3,428.89-**	**24,549.00**	**14-**	**92**
809 PROGRAM	Environmental Water Lab		**Revenue**	**2,940.00-**	**62,231.05-**	**90,080.00-**	**69**	**92**
			Expend.	**8,658.06**	**82,454.74**	**96,932.00**	**85**	**92**
			Net	**5,718.06**	**20,223.69**	**6,852.00**	**295**	**92**
830 PROGRAM	FDA Standardization Grant		**Revenue**					**92**
			Expend.	**0.00**	**1,100.05**	**0.00**	**0**	**92**
			Net	**0.00**	**1,100.05**	**0.00**	**0**	**92**
485 DEPT	Environmental Health	**Totals:**	**Revenue**	**3,520.00-**	**309,487.35-**	**316,938.00-**	**98**	**92**
			Expend.	**39,834.30**	**327,382.20**	**348,339.00**	**94**	**92**
			Net	**36,314.30**	**17,894.85**	**31,401.00**	**57**	**92**
1 FUND	Health Services Fund	**Totals:**	**Revenue**	**320,170.17-**	**3,964,513.36-**	**4,267,260.00-**	**93**	**92**
			Expend.	**444,131.86**	**3,928,317.78**	**4,659,400.00**	**84**	**92**
			Net	**123,961.69**	**36,195.58-**	**392,140.00**	**9-**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		**Revenue**					**92**
			Expend.	**20,505.80**	**49,084.17**	**33,605.00**	**146**	**92**
			Net	**20,505.80**	**49,084.17**	**33,605.00**	**146**	**92**
410 DEPT	General Administration	**Totals:**	**Revenue**					**92**
			Expend.	**20,505.80**	**49,084.17**	**33,605.00**	**146**	**92**
			Net	**20,505.80**	**49,084.17**	**33,605.00**	**146**	**92**
420 DEPT	Income Maintenance							
0 PROGRAM	...		**Revenue**					**92**
			Expend.	**51.19**	**149.81**	**0.00**	**0**	**92**
			Net	**51.19**	**149.81**	**0.00**	**0**	**92**
600 PROGRAM	Income Maint Administrative/Overhead		**Revenue**	**764,813.18-**	**3,807,091.73-**	**4,209,520.00-**	**90**	**92**
			Expend.	**160,869.05**	**1,582,365.68**	**1,491,047.00**	**106**	**92**
			Net	**603,944.13-**	**2,224,726.05-**	**2,718,473.00-**	**82**	**92**
601 PROGRAM	Income Maint/Random Moment Payroll		**Revenue**					**92**
			Expend.	**319,985.07**	**2,747,287.24**	**3,019,158.00**	**91**	**92**
			Net	**319,985.07**	**2,747,287.24**	**3,019,158.00**	**91**	**92**
602 PROGRAM	Income Maint FPI Investigator		**Revenue**	**27,774.00-**	**96,576.00-**	**210,256.00-**	**46**	**92**
			Expend.	**6,595.46**	**110,047.69**	**200,109.00**	**55**	**92**
			Net	**21,178.54-**	**13,471.69**	**10,147.00-**	**133-**	**92**
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		**Revenue**	**376.42-**	**39,784.21-**	**50,000.00-**	**80**	**92**
			Expend.	**4,274.66**	**62,453.47**	**50,000.00**	**125**	**92**
			Net	**3,898.24**	**22,669.26**	**0.00**	**0**	**92**
610 PROGRAM	TANF(AFDC/MFIP/DWP)		**Revenue**	**25.00-**	**8,200.97-**	**8,400.00-**	**98**	**92**
			Expend.	**0.00**	**2,239.94**	**5,040.00**	**44**	**92**
			Net	**25.00-**	**5,961.03-**	**3,360.00-**	**177**	**92**
620 PROGRAM	General Asst(GA)/Final Disposition		**Revenue**	**17,617.14-**	**120,044.83-**	**37,000.00-**	**324**	**92**
			Expend.	**7,525.00**	**206,502.95**	**301,000.00**	**69**	**92**
			Net	**10,092.14-**	**86,458.12**	**264,000.00**	**33**	**92**
630 PROGRAM	Food Support (FS)		**Revenue**	**144,046.00-**	**811,654.27-**	**635,500.00-**	**128**	**92**
			Expend.	**170.98**	**5,202.61**	**2,500.00**	**208**	**92**
			Net	**143,875.02-**	**806,451.66-**	**633,000.00-**	**127**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
640 PROGRAM	Child Support (IVD)		**Revenue**	**103,144.00-**	**853,348.50-**	**1,597,558.00-**	**53**	**92**
			Expend.	**105,706.10**	**895,779.54**	**1,231,801.00**	**73**	**92**
			Net	**2,562.10**	**42,431.04**	**365,757.00-**	**12-**	**92**
650 PROGRAM	Medical Assistance (MA)		**Revenue**	**368,281.50-**	**4,310,312.14-**	**4,620,000.00-**	**93**	**92**
			Expend.	**274,470.74**	**3,107,287.37**	**3,345,000.00**	**93**	**92**
			Net	**93,810.76-**	**1,203,024.77-**	**1,275,000.00-**	**94**	**92**
680 PROGRAM	Refugee Cash Assistance (RCA)		**Revenue**	**0.00**	**2,372.00-**	**0.00**	**0**	**92**
			Expend.					**92**
			Net	**0.00**	**2,372.00-**	**0.00**	**0**	**92**
420 DEPT	Income Maintenance	**Totals:**	**Revenue**	**1,426,077.24-**	**10,049,384.65-**	**11,368,234.00-**	**88**	**92**
			Expend.	**879,648.25**	**8,719,316.30**	**9,645,655.00**	**90**	**92**
			Net	**546,428.99-**	**1,330,068.35-**	**1,722,579.00-**	**77**	**92**
431 DEPT	Social Services							
0 PROGRAM	...		**Revenue**					**92**
			Expend.	**65.48**	**801.37**	**0.00**	**0**	**92**
			Net	**65.48**	**801.37**	**0.00**	**0**	**92**
700 PROGRAM	Social Service Administrative/Overhead		**Revenue**	**1,901,575.65-**	**10,214,976.88-**	**11,980,137.00-**	**85**	**92**
			Expend.	**395,081.49**	**3,532,269.35**	**3,279,379.00**	**108**	**92**
			Net	**1,506,494.16-**	**6,682,707.53-**	**8,700,758.00-**	**77**	**92**
701 PROGRAM	Social Services/SSTS		**Revenue**					**92**
			Expend.	**931,448.30**	**7,843,052.78**	**9,269,397.00**	**85**	**92**
			Net	**931,448.30**	**7,843,052.78**	**9,269,397.00**	**85**	**92**
710 PROGRAM	Children's Social Services Programs		**Revenue**	**106,809.16-**	**1,673,195.18-**	**1,993,256.00-**	**84**	**92**
			Expend.	**441,436.58**	**4,603,303.85**	**4,439,251.00**	**104**	**92**
			Net	**334,627.42**	**2,930,108.67**	**2,445,995.00**	**120**	**92**
711 PROGRAM	YIP Grant (Circle)-Dept of Public Safety		**Revenue**	**7,685.57-**	**17,443.51-**	**0.00**	**0**	**92**
			Expend.	**3,833.80**	**23,904.45**	**0.00**	**0**	**92**
			Net	**3,851.77-**	**6,460.94**	**0.00**	**0**	**92**
712 PROGRAM	CIRCLE Program		**Revenue**	**0.00**	**5,000.00-**	**5,000.00-**	**100**	**92**
			Expend.	**2,317.75**	**20,042.33**	**13,000.00**	**154**	**92**
			Net	**2,317.75**	**15,042.33**	**8,000.00**	**188**	**92**
713 PROGRAM	STAY Program Grant (formerly SELF)		**Revenue**	**10,125.00-**	**52,728.00-**	**45,000.00-**	**117**	**92**
			Expend.	**4,200.52**	**30,278.20**	**45,000.00**	**67**	**92**
			Net	**5,924.48-**	**22,449.80-**	**0.00**	**0**	**92**

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
714 PROGRAM	PrimeWest Reinvestment Grant		**Revenue**					92
			Expend.	**802.96**	**55,541.45**	**0.00**	**0**	92
			Net	**802.96**	**55,541.45**	**0.00**	**0**	92
715 PROGRAM	Children Waivers		**Revenue**	**7,062.88-**	**96,642.18-**	**110,000.00-**	**88**	92
			Expend.	**0.00**	**559.86**	**0.00**	**0**	92
			Net	**7,062.88-**	**96,082.32-**	**110,000.00-**	**87**	92
716 PROGRAM	FGDM/Family Group Decision Making		**Revenue**	**16,032.98-**	**104,615.60-**	**123,032.00-**	**85**	92
			Expend.	**10,648.00**	**72,414.33**	**123,032.00**	**59**	92
			Net	**5,384.98-**	**32,201.27-**	**0.00**	**0**	92
717 PROGRAM	Family Assmt Response Grant/Discr Fund		**Revenue**	**9,472.08-**	**38,042.74-**	**37,888.00-**	**100**	92
			Expend.	**1,822.23**	**26,829.14**	**37,888.00**	**71**	92
			Net	**7,649.85-**	**11,213.60-**	**0.00**	**0**	92
718 PROGRAM	PSOP/Parent Support Outreach Program		**Revenue**	**7,512.00-**	**46,694.50-**	**30,113.00-**	**155**	92
			Expend.	**430.00**	**26,630.14**	**30,113.00**	**88**	92
			Net	**7,082.00-**	**20,064.36-**	**0.00**	**0**	92
719 PROGRAM	CCIP/Comm.Crime Intervention&Prevent		**Revenue**	**0.00**	**32,707.79-**	**0.00**	**0**	92
			Expend.	**8,108.60**	**48,557.57**	**0.00**	**0**	92
			Net	**8,108.60**	**15,849.78**	**0.00**	**0**	92
720 PROGRAM	Child Care/Child Protection		**Revenue**	**1,700.00-**	**10,993.10-**	**20,500.00-**	**54**	92
			Expend.	**600.00**	**13,225.70**	**2,500.00**	**529**	92
			Net	**1,100.00-**	**2,232.60**	**18,000.00-**	**12-**	92
721 PROGRAM	CC Basic Slide Fee/Cty Match to DHS		**Revenue**	**1,960.00-**	**20,476.00-**	**46,194.00-**	**44**	92
			Expend.	**3,809.00**	**43,560.00**	**43,365.00**	**100**	92
			Net	**1,849.00**	**23,084.00**	**2,829.00-**	**816-**	92
726 PROGRAM	MFIP/SW MN PIC		**Revenue**	**832.00-**	**9,157.00-**	**7,000.00-**	**131**	92
			Expend.					92
			Net	**832.00-**	**9,157.00-**	**7,000.00-**	**131**	92
730 PROGRAM	Chemical Dependency		**Revenue**	**11,663.25-**	**215,310.01-**	**207,500.00-**	**104**	92
			Expend.	**11,450.81**	**102,342.79**	**233,500.00**	**44**	92
			Net	**212.44-**	**112,967.22-**	**26,000.00**	**434-**	92
740 PROGRAM	Mental Health (Both Adults & Children)		**Revenue**	**0.00**	**45.60-**	**0.00**	**0**	92
			Expend.					92
			Net	**0.00**	**45.60-**	**0.00**	**0**	92

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
741 PROGRAM	Mental Health - Adults Only		**Revenue**	**150,809.96-**	**1,149,071.41-**	**1,299,626.00-**	**88**	**92**
			Expend.	**140,875.18**	**2,076,102.61**	**1,862,749.00**	**111**	**92**
			Net	**9,934.78-**	**927,031.20**	**563,123.00**	**165**	**92**
742 PROGRAM	Mental Health - Children Only		**Revenue**	**85,962.96-**	**867,687.94-**	**884,553.00-**	**98**	**92**
			Expend.	**96,852.06**	**959,560.82**	**1,069,265.00**	**90**	**92**
			Net	**10,889.10**	**91,872.88**	**184,712.00**	**50**	**92**
750 PROGRAM	Developmental Disabilities		**Revenue**	**88,361.82-**	**806,719.93-**	**774,144.00-**	**104**	**92**
			Expend.	**17,551.28**	**219,624.97**	**257,169.00**	**85**	**92**
			Net	**70,810.54-**	**587,094.96-**	**516,975.00-**	**114**	**92**
760 PROGRAM	Adult Services		**Revenue**	**117,131.97-**	**1,474,397.26-**	**1,284,724.00-**	**115**	**92**
			Expend.	**11,632.16**	**102,085.64**	**85,200.00**	**120**	**92**
			Net	**105,499.81-**	**1,372,311.62-**	**1,199,524.00-**	**114**	**92**
765 PROGRAM	Adult Waivers		**Revenue**	**66,330.44-**	**744,924.14-**	**844,000.00-**	**88**	**92**
			Expend.	**26,161.73**	**209,781.92**	**198,500.00**	**106**	**92**
			Net	**40,168.71-**	**535,142.22-**	**645,500.00-**	**83**	**92**
431 DEPT	Social Services	**Totals:**	**Revenue**	**2,591,027.72-**	**17,580,828.77-**	**19,692,667.00-**	**89**	**92**
			Expend.	**2,109,127.93**	**20,010,469.27**	**20,989,308.00**	**95**	**92**
			Net	**481,899.79-**	**2,429,640.50**	**1,296,641.00**	**187**	**92**
461 DEPT	Information Systems							
0 PROGRAM	...		**Revenue**	**11,666.97-**	**72,427.07-**	**41,000.00-**	**177**	**92**
			Expend.	**38,670.44**	**291,026.46**	**433,333.00**	**67**	**92**
			Net	**27,003.47**	**218,599.39**	**392,333.00**	**56**	**92**
461 DEPT	Information Systems	**Totals:**	**Revenue**	**11,666.97-**	**72,427.07-**	**41,000.00-**	**177**	**92**
			Expend.	**38,670.44**	**291,026.46**	**433,333.00**	**67**	**92**
			Net	**27,003.47**	**218,599.39**	**392,333.00**	**56**	**92**
471 DEPT	LCTS Collaborative Agency							
702 PROGRAM	LCTS		**Revenue**	**52,865.00-**	**274,411.00-**	**0.00**	**0**	**92**
			Expend.	**52,865.00**	**274,411.00**	**0.00**	**0**	**92**
			Net	**0.00**	**0.00**	**0.00**	**0**	**92**
471 DEPT	LCTS Collaborative Agency	**Totals:**	**Revenue**	**52,865.00-**	**274,411.00-**	**0.00**	**0**	**92**
			Expend.	**52,865.00**	**274,411.00**	**0.00**	**0**	**92**
			Net	**0.00**	**0.00**	**0.00**	**0**	**92**
5 FUND	Human Services Fund	**Totals:**	**Revenue**	**4,081,636.93-**	**27,977,051.49-**	**31,101,901.00-**	**90**	**92**
			Expend.	**3,100,817.42**	**29,344,307.20**	**31,101,901.00**	**94**	**92**
			Net	**980,819.51-**	**1,367,255.71**	**0.00**	**0**	**92**

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2018	2683	617	3299
2019	2651	589	3241
2020	2623	572	3195
2021	2694	560	3254
2022	2729	567	3295
2023	2820	575	3395
2024			

2024	Adult Services	Children's Services	Total Programs
January	2770	638	3408
February	2783	652	3435
March	2765	637	3402
April	2714	624	3338
May	2729	609	3338
June	2710	558	3268
July	2716	534	3250
August	2745	508	3253
September	2754	508	3262
October	2709	554	3263
November	2688	555	3243
December			0
Average	**2735**	**580**	**3315**

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019	9	319	13	0	261	58	887	17	295	542	339	2651
2020	10	328	12	0	270	61	869	15	287	453	319	2623
2021	9	362	13	0	272	50	926	14	299	446	303	2609
2022	8	387	12	0	260	72	996	16	230	448	303	2671
2023	8	406	10	0	246	83	1065	17	228	450	306	2757
2024												

*Note: CADI name change and there is a new category (Adult Essential Community Supports)

2024	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	11	398	10	0	242	93	1026	22	194	470	304	2770
February	11	396	10	0	240	97	1004	23	227	470	305	2783
March	10	395	10	0	233	94	992	22	230	471	308	2765
April	10	396	10	0	221	103	968	21	204	471	310	2714
May	10	391	10	0	220	92	964	23	237	470	312	2729
June	10	389	10	0	226	101	945	24	219	469	317	2710
July	9	393	12	0	231	104	953	17	212	467	318	2716
August	9	392	12	0	228	121	953	20	225	468	317	2745
September	9	401	12	0	232	134	955	20	216	459	316	2754
October	9	394	12	0	225	138	973	19	182	448	309	2709
November	9	393	12	0	228	130	974	18	171	447	306	2688
December												0
	10	**394**	**11**	**0**	**230**	**110**	**973**	**21**	**211**	**465**	**311**	**2773**

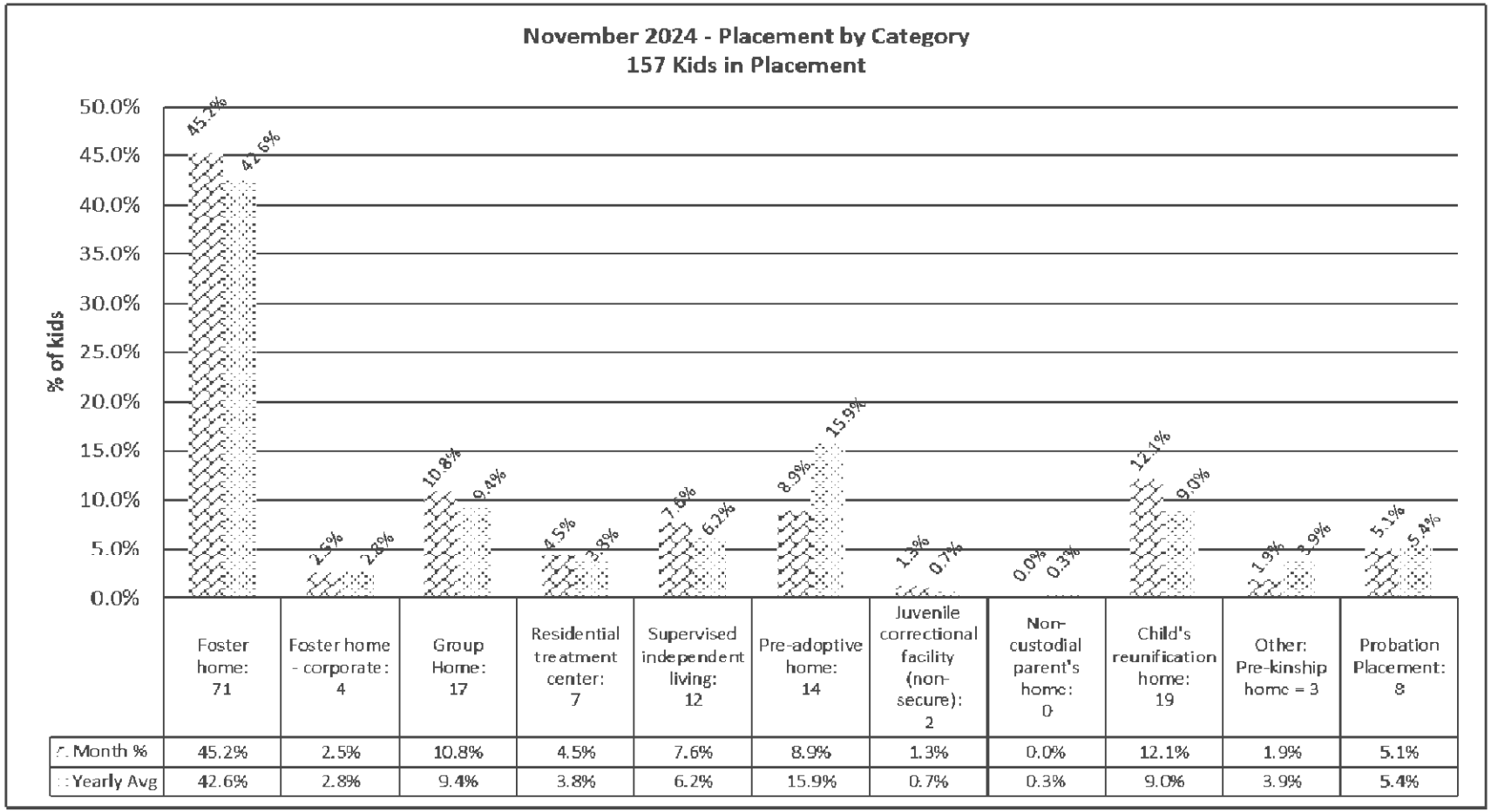
Children's - Social Services Caseload

Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2018	46	23	0	11	40	180	182	110	0	0	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020	30	29	0	12	48	163	178	82	0	0	32	572
2021	21	33	0	13	59	165	155	85	0	0	31	591
2022	23	30	0	13	64	176	145	78	0	0	38	592
2023	22	31	0	12	64	166	158	86	0	0	37	584
2024												

2024	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	23	26	0	12	65	189	178	99	0	0	46	638
February	23	25	0	12	65	202	184	104	0	0	37	652
March	23	25	0	12	65	188	192	107	0	0	25	637
April	23	23	0	12	65	168	189	114	0	0	30	624
May	23	24	0	12	65	166	174	115	0	0	30	609
June	19	24	0	12	64	144	150	112	0	0	33	558
July	19	17	0	10	63	142	151	103	0	0	29	534
August	19	16	0	9	64	134	143	97	0	0	26	508
September	19	13	0	9	63	139	138	99	0	0	28	508
October	18	11	0	9	63	156	167	99	0	0	31	554
November	18	11	0	9	63	158	166	104	0	0	26	555
December												0
	21	**20**	**0**	**11**	**64**	**162**	**167**	**105**	**0**	**0**	**31**	**642**

2024 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Average	2023 Average
Lincoln	5	5	4	4	4	4	4	4	7	7	8		**5**	**5**
Lyon	69	69	70	74	70	71	75	70	74	72	74		**72**	**51**
Murray	14	16	16	17	17	19	19	19	19	17	17		**17**	**14**
Pipestone	22	20	21	21	19	19	20	21	21	20	12		**20**	**21**
Redwood	43	41	38	45	45	47	47	44	38	39	33		**42**	**53**
Rock	10	7	7	7	7	7	8	11	14	13	13		**9**	**10**
Monthly Totals	**163**	**158**	**156**	**168**	**162**	**167**	**173**	**169**	**173**	**168**	**157**	**0**		



	Foster home: 71	Foster home - corporate: 4	Group Home: 17	Residential treatment center: 7	Supervised independent living: 12	Pre-adoptive home: 14	Juvenile correctional facility (non-secure): 2	Non-custodial parent's home: 0	Child's reunification home: 19	Other: Pre-kinship home = 3	Probation Placement: 8
Month %	45.2%	2.5%	10.8%	4.5%	7.6%	8.9%	1.3%	0.0%	12.1%	1.9%	5.1%
Yearly Avg	42.6%	2.8%	9.4%	3.8%	6.2%	15.9%	0.7%	0.3%	9.0%	3.9%	5.4%

November 2024: Total kids in placement = 157

Total of 4 Children entered placement

1	Lincoln	Residential Treatment Center
3	Lyon	Foster Home

Total of 15 Children were discharged from placement (discharges from previous month)

1	Lyon	Probation
5	Pipestone	Child's Reunification Home
2	Pipestone	Foster Home
1	Pipestone	Group Home
4	Redwood	ADOPTED
1	Redwood	Pre-kinship Home
1	Redwood	Probation

NON IVD COLLECTIONS

November 2024

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	376
TANF (MFIP/DWP/AFDC)	05-420-610.5803	25
GA	05-420-620.5803	10,772
GA Final Disposition Recovery	05-420-620.5804	6,845
FS	05-420-630.5803	355
CS (PI Fee, App Fee, etc)	05-420-640.5501	315
MA Probate Fees	05-420-650-5501	0
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	139,854
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	14,802
OOH/FC Recovery	05-431-710.5803	11,064
CHILDCARE		
Licensing	05-431-720.5502	0
Corp FC Licensing	05-431-720.5505	1,700
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	2,280
CD Assessments	05-431-730.5519	1,625
Detox Fees	05-431-730.5520	1,540
SUD Treatment	05-431-730.5523	1,776
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	0
TOTAL NON-IVD COLLECTIONS		**193,329**

2024 SWMN-LAC
Annual Report

The SWMN-LAC (Local Advisory Council); serving, Lincoln, Lyon, Pipestone, Murray, Redwood, Rock, and Yellow Medicine Counties; is pleased to report on its activities during 2024.

Purpose

The purpose of the SWMN-LAC is to use knowledge from a broad range of people, who utilize or provide mental health services, to find ways to improve local mental health services. LAC believes in promoting independence and safety of people with mental illness.

Meeting Date / Location

LAC meetings are held via zoom and in-person on the 2nd Monday of January, March, May, July, September, and November. Zoom link: https://swmhhs.zoom.us/j/89624409874 at SWHHS Lyon County Office located at 607 W. Main Street, Suite 100, Marshall, MN 56258.

Participants

The LAC is comprised of members who have mental health diagnosis, community partners, as well as representatives from SWHHS children and adult social service programs. During 2024, 22+ community partners and individuals or loved ones with lived experiences attended our meetings. LAC and members continue to share information about the LAC meetings, stipend, etc. in hopes of attracting new members.

Presenters

We continue to have presenters at our meetings to share about their programs and raise awareness. These speakers are crucial as the availability and presence of providers is ever changing. We strive to have our LAC be an informational outlet for both our consumers and providers. Our presenters this year included United Community Action, Minnesota Disability Law Center, Western Mental Health Center, Greater Minnesota, Senior Life Solutions, and WRAP.

Gaps Identified

- Transportation: Lack of public transportation. Lack of available bus routes in communities that have public transportation. Lack of volunteer drivers. Volunteer drivers are not reimbursed for unloaded (where the person is not in the vehicle) miles.
- Housing: Lack of available housing, low-income, and income-based housing. Difficulties finding affordable housing. Lack of livable and safe housing.
- Staffing issues: Challenging to access services they qualify for due to staffing shortages. Delays in being able to receive mental health care. Staffing issues are affecting adult foster care homes, personal care attendants, homemaker services, mental health services, etc. Lack of in-home providers for family therapy and family skills. Longer wait times for needed services.
- Mental Health Beds: Both private Behavioral Health Units and State Operated Services has a lack of beds and long-wait lists for inpatient bed placements.
- Difficulties with insurance changes due to income guideline changes post Covid-19 emergency.
- Services: Lack of services available in smaller rural communities. This results in people needing to travel to larger communities to receive services.
- Increase in cost of living: People are having to choose between basic living expense and needed services such as therapy and medications.

- Medications: Not all pharmacies carry all prescribed medications. Individuals who need injectable antipsychotic medication have a difficult time finding a pharmacy that carries it and a nurse to administer the injection. People are required to have prior authorization before taking a medication. This applies to both new and current medications. With having to wait on a prior authorization and being unable to access the medications, a person's mental health may decline.
- School settings: For some people there are no alternative school settings available when the traditional school setting does not meet the child's needs.
- Medical Assistance: There is an asset limit. This affects people who have assets such as land, home, rentals, etc. Not having MA limits there access to providers, services, and medications.

SOUTHWEST HEALTH & HUMAN SERVICES

2024 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats	COVID Vaccine Admin
'12 Avg	1857	48	15	187	81							
'13 Avg	2302	37	21	211	90							
'14 Avg	2228	60	25	225	112	6	30					
'15 Avg	2259	86	23	238	112	12	36					
'16 Avg	2313	52	22	265	97	12	27					
'17 Avg	2217	47	22	290	56	9	25					
'18 Avg	2151	50	22	324	23	4	18	128	48	57	19	
'19 Avg	2018	31	10	246	18	4	10	131	47	63	20	
'20 Avg	2008	27	8	224	-	-	6	129	34	21	7	
'21 Avg	1921	19	8	195	-	1	4	132	41	24	9	633
'22 Avg	1984	35	9	189	-	1	17	171	47	41	12	4
'23 Avg	2096	33	11	175	-	4	2	133	41	57	16	-

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
11/23	2091	30	4	186	0	0	4	97	43	103	18
12/23	2106	24	8	214	0	11	5	95	37	52	32
1/24	2102	26	13	261	0	0	0	113	31	19	19
2/24	2092	42	11	281	0	9	4	110	27	63	8
3/24	2081	33	17	299	0	2	1	104	31	64	18
4/24	2104	36	14	292	0	10	1	103	38	70	19
5/24	2077	30	14	264	0	26	18	109	26	57	18
6/24	2042	43	10	220	0	15	2	133	60	23	18
7/24	2063	42	12	190	0	1	5	140	65	25	20
8/24	2045	28	15	205	0	5	4	146	41	35	30
9/24	2035	26	10	194	0	0	4	125	40	11	21
10/24	2054	22	14	231	0	6	1	131	53	69	26
11/24		24	10	184	0	6	1	109	37	175	16
12/24											

Child and Teen Check Up Outreach Supplies
Authorization Summary
December 18, 2024 SWHHS Board Meeting

Vendor	Description	Quantity	Quote
Channing Bete	A Healthy Home	2500	$3,275.00
Henle	Letterhead	10,000	$720.29
Henle	Periodicity Magnets	1000	$783.89
Henle	CTC Stickers	6030	$423.07
		TOTAL	**$5,202.25**

- These items will be utilized in the Child & Teen Check Up program. **ALL COSTS** will be covered by the Child & Teen Check Up Grant and have been approved in our work plan. This supply will last for approximately one year, depending on the number in children enrolled in medical assistance.

- Specific brochures have been used in the past, are not offered by any other vendors, and the cost has been deemed reasonable. Price breaks are offered depending on quantity. Shipping costs are not included but will be added to costs. At this time, some shipping costs are not available until the payment information is added to the order. **Requesting approval for the costs listed above plus applicable shipping.**

- The particular vendors have been checked on the SAM System and have no active exclusion records.

1

MY CART (1)

A Healthy Home -- Keeping Tabs® On Household Hazards

Item: CBC1186

Language: English

REMOVE | EDIT

~~$4.94~~ $1.31

− 2500 +

$3,275.00

Subtotal (2500 items): $3,275.00

Continue Shopping | Email Cart | Continue to Checkout

LOGIN

Login to Restore a Saved Basket:

Log In

MARKETS

Health Care

Public Health

Schools (PreK-12)

Human Services

Public Safety and Preparedness

Military

Colleges

Utilities

Employee Safety and Development

Religion

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Customized Promotional Products

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Henle
printing company
Making first impressions for three generations

Estimate

No: 39125

reprint: #-1

Date: 12/3/24

Stark Printing Inc
dba Henle Printing
601 Jewett Street
Marshall, MN 56258
507-532-4493

STEPHANIE HOLWERDA
SOUTHWEST HEALTH & HUMAN SERVICES
607 W. MAIN
SUITE 100
MARSHALL MN 56258
Phone: 507-532-1275
Fax:

Quantity	Description	Amount
10,000	10,000 LETTERHEAD (BLACK INK ON PASTEL GREEN PAPER) "CHILD AND TEEN CHECK UPS", 8.5 x 11 Color Offset 60lb. Domtar Color 34021124,Cole,Business Papers,11 x 17,8.5 x 11,17 x 22	$ 720.29

10,000 LETTERHEAD (BLACK	SUBTOTAL	$ 720.29
	SHIPPING	
	TOTAL	$ 720.29
	AMOUNT DUE	$ 720.29

Henle
printing company
Making first impressions for three generations

Estimate

No: 39122

reprint: #-1

Date: 12/3/24

Stark Printing Inc
dba Henle Printing
601 Jewett Street
Marshall, MN 56258
507-532-4493

STEPHANIE HOLWERDA
SOUTHWEST HEALTH & HUMAN SERVICES
607 W. MAIN
SUITE 100
MARSHALL MN 56258
Phone: 507-532-1275
Fax:

Quantity	Description	Amount
1,000	1,000 (4x4) "C&TC" FULL COLOR (.019) MAGNET	$ 783.89

1,000 (4x4) "C&TC" FULL

SUBTOTAL	$ 783.89
SHIPPING	$ 120.00
TOTAL	$ 903.89
AMOUNT DUE	$ 903.89

Henle printing company
Making first impressions for three generations

Estimate

No: 39124

reprint: #-1

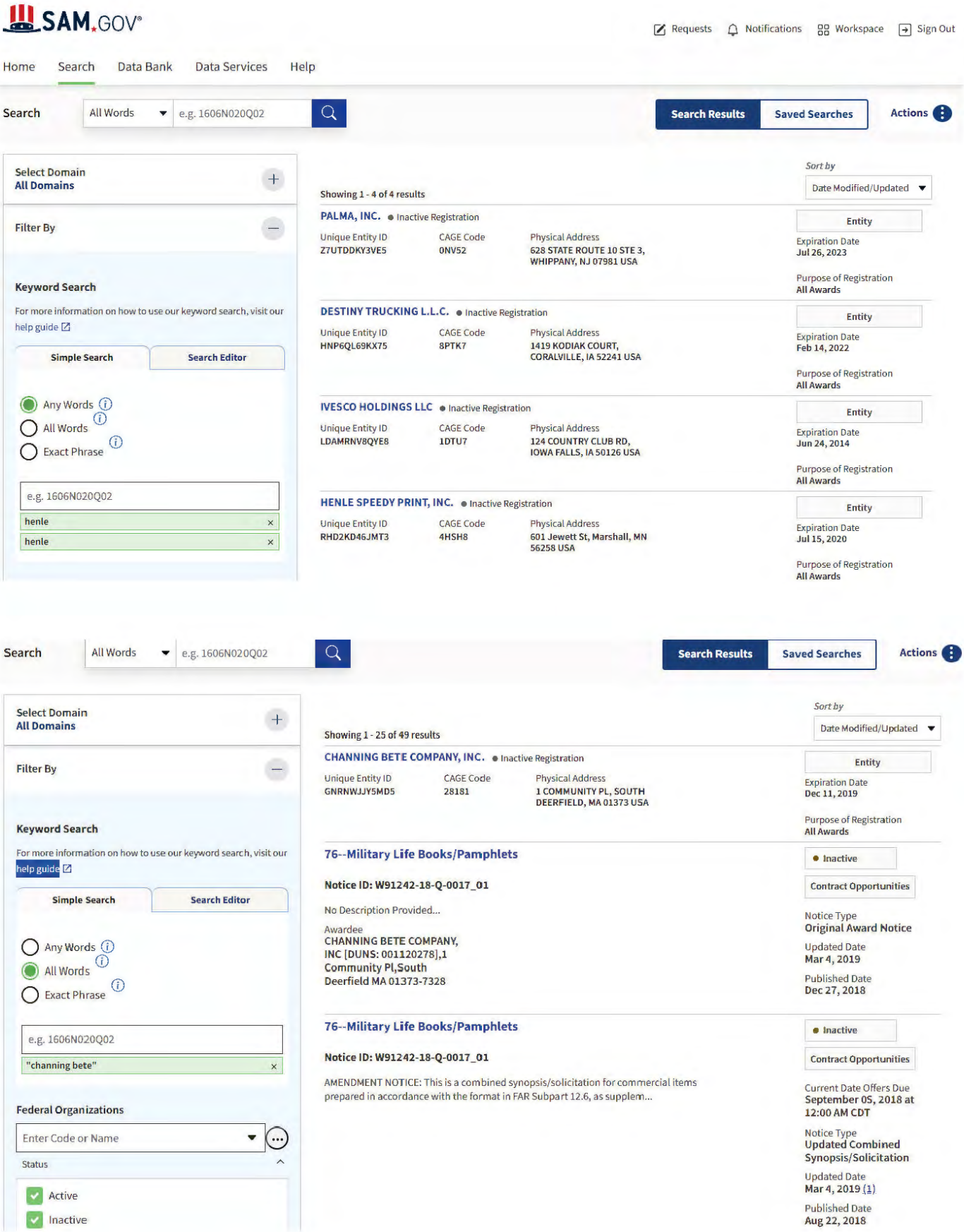
Date: 12/3/24

Stark Printing Inc
dba Henle Printing
601 Jewett Street
Marshall, MN 56258
507-532-4493

STEPHANIE HOLWERDA
SOUTHWEST HEALTH & HUMAN SERVICES
607 W. MAIN
SUITE 100
MARSHALL MN 56258
Phone: 507-532-1275
Fax:

Quantity	Description	Amount
6,030	6,030 (3X1) LABELS: SW HHS LOGO & NUMBER | FULL COLOR SHEETS (18 PER SHEET, 335 SHEETS REQUESTED)	$ 423.07

	SUBTOTAL	$ 423.07
	SHIPPING	
Attn: Kristin Deacon	TOTAL	$ 423.07
	AMOUNT DUE	$ 423.07
6,030 (3X1) LABELS: SW HHS		


SAM.GOV
Requests
Notifications
Workspace
Sign Out
Home
Search
Data Bank
Data Services
Help
Search
All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
henle
henle
Showing 1 - 4 of 4 results
Sort by
Date Modified/Updated
PALMA, INC. Inactive Registration
Unique Entity ID
Z7UTDDKY3VE5
CAGE Code
0NV52
Physical Address
628 STATE ROUTE 10 STE 3,
WHIPPANY, NJ 07981 USA
Entity
Expiration Date
Jul 26, 2023
Purpose of Registration
All Awards
DESTINY TRUCKING L.L.C. Inactive Registration
Unique Entity ID
HNP6QL69KX75
CAGE Code
8PTK7
Physical Address
1419 KODIAK COURT,
CORALVILLE, IA 52241 USA
Entity
Expiration Date
Feb 14, 2022
Purpose of Registration
All Awards
IVESCO HOLDINGS LLC Inactive Registration
Unique Entity ID
LDAMRNV8QYE8
CAGE Code
1DTU7
Physical Address
124 COUNTRY CLUB RD,
IOWA FALLS, IA 50126 USA
Entity
Expiration Date
Jun 24, 2014
Purpose of Registration
All Awards
HENLE SPEEDY PRINT, INC. Inactive Registration
Unique Entity ID
RHD2KD46JMT3
CAGE Code
4HSH8
Physical Address
601 Jewett St, Marshall, MN
56258 USA
Entity
Expiration Date
Jul 15, 2020
Purpose of Registration
All Awards
Search
All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
"channing bete"
Federal Organizations
Enter Code or Name
Status
Active
Inactive
Showing 1 - 25 of 49 results
Sort by
Date Modified/Updated
CHANNING BETE COMPANY, INC. Inactive Registration
Unique Entity ID
GNRNWJJY5MD5
CAGE Code
28181
Physical Address
1 COMMUNITY PL, SOUTH
DEERFIELD, MA 01373 USA
Entity
Expiration Date
Dec 11, 2019
Purpose of Registration
All Awards
76--Military Life Books/Pamphlets
Notice ID: W91242-18-Q-0017_01
No Description Provided...
Awardee
CHANNING BETE COMPANY,
INC [DUNS: 001120278],1
Community Pl,South
Deerfield MA 01373-7328
Inactive
Contract Opportunities
Notice Type
Original Award Notice
Updated Date
Mar 4, 2019
Published Date
Dec 27, 2018
76--Military Life Books/Pamphlets
Notice ID: W91242-18-Q-0017_01
AMENDMENT NOTICE: This is a combined synopsis/solicitation for commercial items prepared in accordance with the format in FAR Subpart 12.6, as supplem...
Inactive
Contract Opportunities
Current Date Offers Due
September 05, 2018 at
12:00 AM CDT
Notice Type
Updated Combined
Synopsis/Solicitation
Updated Date
Mar 4, 2019 (1)
Published Date
Aug 22, 2018

Emergency Preparedness Supplies

Authorization Summary

November 2024 SWHHS Board Meeting

- **All costs** will be covered by the Response Sustainability Grant.
- Price breaks are offered depending on quantity for some items. Shipping costs are not included but will be added to the costs. Requesting approval for the costs listed above plus applicable shipping
- These supplies will be used to create starter emergency kits to hand out to families at WIC appointments.
- All vendors have been checked on the SAM system and have no active exclusion records.

Preferred option

Item	Vendor/Supplier	Price/Each	Quantity	Items per quantity	Sub Total	Price per item per kit
Drawstring bags	4Imprint	$2.11	300	1	$633.00	$2.11
Mini First Aid Kit	Amazon	$5.98	300	1	$1,794.00	$5.98
Flashlights	Amazon	$15.99	50	6 per box	$799.50	$2.66
NotePad	Amazon	$51.99	2	170 per box	$103.98	$0.30
Emergency blanket	Amazon	$39.99	6	50 per box	$239.94	$0.80
Glow Sticks	Amazon	$45.99	7	96 per box	$321.93	$0.48
Ponchos	Amazon	$100.00	2	250 per box	$200.00	$0.66
Pens	4Imprint	$0.38	300	1	$114.00	$0.38
Hand sanitizer	4imprint	$1.35	300	1	$405.00	$1.35
Total					$4,611.35	$14.72

Secondary Option

Item	Vendor/Supplier	Price/Each	Quantity	Items per quantity	Sub Total	Price per item per kit
Drawstring bags	Custom Ink	$3.42	300	1	$1,026.00	$3.42
Mini First Aid Kit	Amazon	$5.98	300	1	$1,794.00	$5.98
Flashlights	Amazon	$14.99	50	6 per box	$749.50	$2.50
NotePad	Amazon	$57.99	3	100 per box	$173.97	$0.58
emergency blanket	Amazon	$83.99	2	150 per box	$167.98	$0.56
Glow Sticks	Amazon	$32.99	6	100 per box	$197.94	$0.66
ponchos	Amazon	$112.99	1	300 per box	$112.99	$0.38
Pens	Custom Ink	$0.69	300	1	$207.00	$0.69
Hand sanitizer	Custom Ink	$2.15	300	1	$645.00	$2.15
Total					$5,074.38	$16.91

Order Summary

Etched Pocket Drawstring Sportpack **$633.00**
Extra Charge ? $35.00
Royal Blue/Charcoal
Qty: 300

Subtotal (1 products)	**$668.00**
Shipping	$0.00
Tax	$0.00

Tax Exempt?

Enter Coupon Code

Total **$668.00**

Corporate

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Your All-Inclusive Price

~~$3.78 each | $1,134.00 total~~
$3.42 each | **$1,026.00** total
You saved $108.00 (10%) with the Volume Discount.

What's Included:

- **300** Robin Zipper Drawstring Bag in Navy
- Printing with **1** Color Front
- FREE 10-day delivery to Marshall, Minnesota (56258) *
- Professional Design Review
- All Printing and Artwork Set-up
- Money-Back Guarantee

Email yourself this quote

Edit Quote

40

Roll over image to zoom in

Small First Aid Kit -98 Piece First Aid Kit, Small Travel First Aid Kit Treat and Protect Most Injuries,Mini First Aid Kit Ready for Emergency at Home, Outdoors, Car, Camping, Workplace, Hiking.

Brand: Ancestress

4.6 92 ratings | Search this page

300+ bought in past month

-14% $5.97 ($5.97 / Count)

List Price: $6.98

Get **Fast, Free Shipping** with Amazon Prime
FREE Returns

Get $60 off instantly: Pay $0.00 upon approval for Amazon Visa.

Brand	Ancestress
Special Feature	Portable, Waterproof, Lightweight, Compact
Number of Pieces	98
Age Range (Description)	Adult
Included Components	CPR kit, Gloves, Tweezer

About this item

- Small First Aid Kit For Backpack : This kit First Aid Kit great addition to any home, office or car as it contains such a comprehensive set of supplies. Small Travel First Aid Kit Water resistant nylon case and waterproof pouches protect your medical supplies.Small First Aid Premium zipper is rated for thousands of closures.
- Versatile Ready to Go First Aid Kit Mini:Mini First Aid Small, Lightweight , compact right size 1st Aid pouch fit for car ,RV, atv, yacht, boat, jeep, bike or motorcycle. You can store it in your bug out bag, backpack, vehicle glove box, diaper handbag, purse or med cabinet for quick access.
- Comprehensive Care: This ultimate survival kit consists of everything that you need to clean and dress minor wounds in a convenient mini pouch . Our first aid bag also includes a premium selection of emergency-

Roll over image to zoom in

First Aid Kit - 97 Piece - Small Travel First Aid Kit, Ideal for Cars, Schools, Sports, Homes, Travel, Camping, Hiking

Brand: Msccea

4.7 184 ratings | Search this page

400+ bought in past month

-15% $5.95 ($5.95 / Count)

List Price: ~~$6.97~~

Get **Fast, Free Shipping** with Amazon Prime
FREE Returns

Get $60 off instantly: Pay $0.00 upon approval for Amazon Visa.

Pattern Name: **style one**

Brand	Msccea
Special Feature	Camping
Number of Pieces	97
Recommended Uses For Product	Traveling
Age Range (Description)	Adult

About this item

- 【VARIOUS USES】The first aid kit can be stored in your university, outdoor activities, hiking, mountain biking and hiking backpack, kitchen, wilderness, road trip, boating, camping, fishing, enough to deal with various emergencies Happening.
- 【WATERPROOF AND MOISTUREPROOF】This lightweight, compact, and portable kit comes in a waterproof, The surface is made of premium waterproof material, which can protect all internal items from moisture exceeding all standards of the first aid kit.
- 【FIRST AID SUPPLIES】The first aid kit is equipped with various standardized and necessary tools, such as stainless steel tweezers, scissors,

Roll over image to zoom in

EverBrite 9-LED Flashlight 6-Pack Compact Handheld Torch Assorted Colors with Lanyard 3AAA Battery Included (Hurricane Supplies, Camping), Gift to Halloween, Christmas

Visit the EverBrite Store

4.7 16,055 ratings | Search this page

Amazon's Choice

10K+ bought in past month

-11% $15.99 ($2.67 / Count)

List Price: ~~$17.99~~

Get **Fast, Free Shipping** with Amazon Prime
FREE Returns

Coupon: Apply 5% coupon

Shop items › | Terms

Available at a lower price from other sellers that may not offer free Prime shipping.

Returnable until Jan 31, 2025

Color: **White Light**

$13.99 ($2.33 / Count)

$15.99 ($2.67 / Count)

Bundles with this item

EverBrite 6-Pack LED Flashlight and 2-Pack…
-3% $24.99
Was: ~~$25.98~~

Headlamp
-3% $24.99
Was: ~~$25.98~~

Special Feature	Durable,Lightweight,Resistant
Color	White Light
Power Source	Battery Powered
Light Source Type	LED
Material	Plastic

Roll over image to zoom in

EverBrite 6-Pack Mini Flashlight Set, Small Multicolor Flashlights with Lanyard, 1W Led for Camping, Hiking, Emergencies, 18 AAA Batteries Included, Gift for Christmas Birthday Anniversary

Visit the EverBrite Store

4.5 564 ratings | Search this page

Amazon's Choice

500+ bought in past month

-6% $14.99 ($2.50 / count)

List Price: ~~$15.99~~

Get **Fast, Free Shipping** with Amazon Prime
FREE Returns
Available at a lower price from other sellers that may not offer free Prime shipping.

Returnable until Jan 31, 2025

Bundles with this item

EverBrite 10-Pack Mini LED Flashlight Set	EverBrite 6-Pack Black Light Flashlight and 6…	Flashlight Set
-12% $26.98	-3% $27.98	-9% $29.95
List: ~~$30.98~~	List: ~~$28.98~~	List: ~~$32.98~~

Special Feature	Durable,Lightweight
Color	Red, Gray, Pink, Blue, Orange, Green
Power Source	Battery Powered
Light Source Type	LED
Material	Plastic

Roll over image to zoom in

feela 170 Pack Blank Kraft Notebooks, Unlined Sketchbook Mini Cute Note Pad for Drawing Writing, Journal Bulk For Kids Students Office School Supplies, A6, 48 Pages, 4.25" X 5.5", Black

Visit the feela Store

4.6 50 ratings | Search this page

50+ bought in past month

$51.99

FREE Returns

Color: **170 Black**

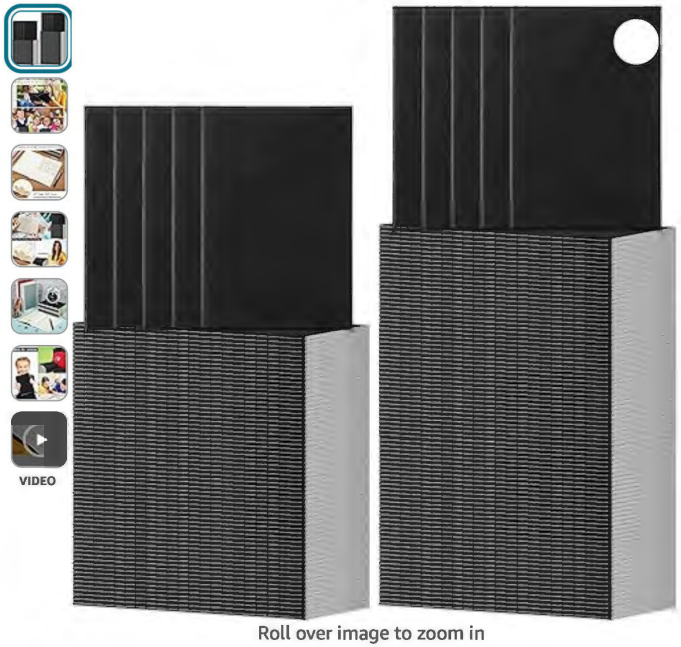
$51.99 $51.99 $51.99

Brand	feela
Color	170 Black
Theme	Book
Sheet Size	A6
Pages	48
Cover Material	Engineered Wood
Style	Sturdy

See more

About this item

- Feela Kraft Notebooks contains 170 Black unlined kraft cover blank notebooks. Each of them measures 4.25" x 5.5", which is perfect to carry in bag and easily held by hand.
- Each notebook has a sturdy cover and tight stitching. It can lay wide open on the desk. The paper is thick enough to write and draw on, not easy to fall apart.
- These kraft travel journals are all blank inside with 48 unlined pages (24 sheets), which would be convenient for daily usage. You can use it as a reminder to help you remember those important dates and memories.
- Feela kraft notebooks would be perfect for many people and lots of occasions. Small girls or boys can use it as the start of doodling and writing. Students of primary school and college can use it to



Roll over image to zoom in

Handepo 100 Pack Composition Notebooks 60 Pages Ruled Lined Kraft Notebooks Bulk Soft Cover Journals Travel Diary Memo for Students Classroom Office Supplies(Black,A5)

Visit the Handepo Store

4.6 14 ratings | Search this page

50+ bought in past month

$57.99

FREE Returns

Available at a lower price from other sellers that may not offer free Prime shipping.

Color: **Black**

$57.99 $56.99 $58.99 $58.99 $62.99 $69.99

Size: **A5**

- Package Includes: you will receive the package contains 100 notebooks with black cover, which are vibrant and attractive; Sufficient quantity will meet your needs for use of different subjects and replacement, and you can share them with your friends or colleagues
- Nice Writing Experience: the journals notebooks inner pages are made of paper which can keep ink from seepage, and the cover is made from sturdy kraft paper to offer nice protection for inner pages, smooth surface and soft, so ideal for you to write with pens, pencils and markers
- Suitable Size: the A5 size diary journals measure in approximately 5.8 x 8.3 inches/ 14.8 x 21 cm, along with 60 lined pages (30 sheets), portable and suitable size for school, work, and more; You can put one into your backpack, to record your feelings or inspiration in a moment at any time
- Product Material: our A5 Kraft Notebooks are made of kraft paper, and these kraft paper travel diaries are filled with blank horizontal lines, the edge is reliable, which is not easy to loose and beautiful, soft cover kraft paper notebook is suitable for many people and many occasions
- Versatile Usages: the travel journal is ideal for travel journals, reading notes, daily diaries, study notes, making plan, as a study gift or classroom reward, you can also DIY the cover or inner pages with colorful pens, they are also nice for scripture study, and small kids can use it as the start of doodling and writing

Roll over image to zoom in

Altland 50 Pack of Emergency Blankets - Individually Packaged Silver Mylar Blankets

Visit the Altland Store

4.7 433 ratings

Amazon's Choice

50+ bought in past month

$39.99

FREE Returns

Coupon: Apply 5% coupon Shop items › | Terms

Get $60 off instantly: Pay $0.00 upon approval for Amazon Visa.

Size: **50 Pack**

25 Pack	50 Pack	100 Pack
$24.99	$39.99	$59.99

Material	Mylar
Color	Silver
Brand	Altland
Special Feature	Waterproof
Style	Emergency

About this item

- EXCEPTIONAL THERMAL INSULATION: Our silver foil emergency blankets are designed to help reflect up to 90% of your body's radiated heat, providing vital warmth and protection in harsh conditions. With generous dimensions of 52" x 82", each blanket provides ample coverage, ensuring individuals can wrap themselves comfortably for maximum warmth.
- COMPACT AND LIGHTWEIGHT: These foil blankets are incredibly compact and lightweight, making them easy to carry in your backpack, glove compartment, or emergency kit. Each blanket is folded and packaged in a resealable plastic bag, which provides excellent accessibility for emergency situations.
- DURABLE AND WEATHERPROOF: Constructed from high-quality aluminized foil material, these reflective thermal blankets are tear-resistant, windproof, and waterproof. By offering a crucial layer of

Roll over image to zoom in

Emergency Blanket Bulk Mylar Survival Thermal Blankets Pack Silver Foil Reflective Blankets for Cold Outdoors Camping Hiking First Aid Shelter Space Emergency Supplies Blanket Set

Visit the Macarrie Store

4.8 27 ratings | Search this page

Amazon's Choice

100+ bought in past month

$83.99

FREE Returns

Get $60 off instantly: Pay $23.99 upon approval for Amazon Visa.

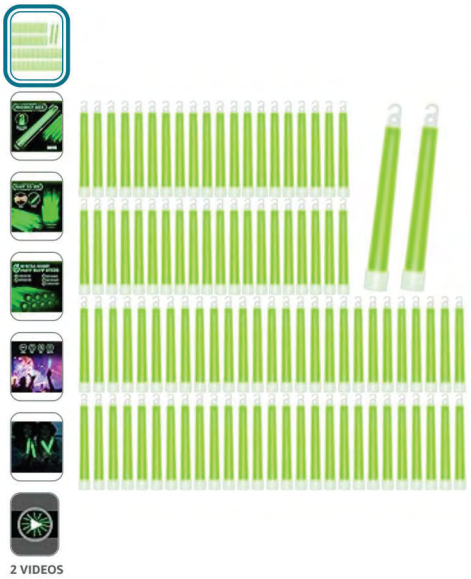
Item Package Quantity: **150**

150	200
$83.99	$109.99

Material	aluminized plastic film
Color	Silver
Brand	Macarrie
Special Feature	Lightweight,Portable,Waterproof
Style	Modern

About this item

- Mylar
- Emergency Supplies: this camping emergency blanket can help you to prevent hypothermia and shock by retaining up to 90% of the user's body temperature, ideal for emergency rescue or outdoor survival use, as well as homeless or rescue kits
- Quality Material: these emergency thermal blankets are made of quality silver aluminized polyethylene film, waterproof and weatherproof, can be folded and stored for repeated use, and can also be cut as needed, is an integral part of your survival gear



Roll over image to zoom in

Sotiff 96 Pcs Bright 6 Inch Large Glow Sticks Bulk Light Stick Green Emergency Glow in The Dark Sticks with 12 Hour Duration for Camping Hiking Outdoor Parties Activities Survival Storms Blackouts

Visit the Sotiff Store

4.3 32 ratings | Search this page

50+ bought in past month

$45.99 ($4.79 /10 Items)

FREE Returns

Get $60 off instantly: Pay $0.00 upon approval for Amazon Visa.

Number of Items: **96**

48	96	144
$28.99 ($6.04 / 10 Items)	$45.99 ($4.79 / 10 Items)	$54.99 ($0.38 / Count)

- Safe and Reliable: our glow sticks emergency are made of industrial grade construction and quality plastic material, non toxic and waterproof, not easy to break or deform, safe for most people to play for a long time
- Bright and Serviceable: our emergency glow sticks green are bright and large enough that can easily get people's attraction from a long distance, and can last for at least 12 hours, satisfying your lighting demands; You can use them anytime
- Quick Illumination: these camping glow sticks with a snap button are convenient to use, just gently bend the sticks until you hear a snap, and they can glow at 360 degrees, providing you with instant illumination
- Multiple Purposes: the thick glow sticks bulk are practical and suitable to use at most occasions and situations, such as camping, hiking, parties, earthquakes, hurricanes and outside survival and more, can glow in the dark area and make others notice your presence
- Party Favors: these emergency light sticks are great for some glowing themed parties, can be applied as party decorations, party souvenirs, bag fillers and more, adding a charming, jubilant and exciting atmosphere

Report an issue with this product or seller

Frequently bought together

Roll over image to zoom in

VIHOSE 100 Pcs 4" Glow Sticks Bulk Emergency Light Sticks Survival Glow in The Dark Sticks for Camping Hiking Earthquake Activities Supplies Party Favors

Visit the VIHOSE Store

4.6 10 ratings | Search this page

$32.99 ($3.30 /10 Items)

Get **Fast, Free Shipping** with Amazon Prime
FREE Returns

Get $60 off instantly: Pay $0.00 upon approval for Amazon Visa.

Color: **Green**

$32.99 ($3.30 / 10 Items)

$31.99

- Adequate to Meet Your Needs: you will receive 100 pieces of our camping glow sticks, abundant in quantity, sufficient to satisfy your daily use, replacing and sharing demands, and you can share them with your families, friends, neighbors and more
- Safe and Easy to Use: using the most innovative industrial grade construction technology, our glow stick is made of nontoxic chemical components, plastic and fluorescent fluid, just bend hard, and it can provide chemiluminescence, safe, waterproof and no fire hazard; It designed with hooks, which can be easily hung in most places, making campsites easily identifiable in the dark
- Applicable to Multiple Occasions: our fishing glow sticks are suitable for wedding, party, camping, hiking, night fishing, outdoor adventure, music festival, carnival, diving lighting, transportation, mining and more, versatile and multifunctional
- Appropriate Size to Use: the length of green glow sticks is about 4 inches/ 10 cm, compact in size, which can illuminate the face of the guests and add a touch of mystery to festivals and parties, increasing festive atmosphere
- Ideal Gifts: our glow sticks for fishing are practical, which can be given to your parents, neighbors, colleagues, relatives, friends and more, letting them have such good party supplies and enhancing your relationship

Tools & Home Improvement › Safety & Security › Emergency Kits & Supplies › Emergency Survival Kits

Roll over image to zoom in

Wesiti 250 Pcs Adults Rain Ponchos Bulk Disposable Rain Ponchos Emergency Ponchos with Hood Individually Wrapped Waterproof Clear Ponchos Rain Gear for Man Women Traveling Camping Hiking Watching Game

Visit the Wesiti Store

5.0 3 ratings

| Search this page

$99.99

FREE Returns

Get $60 off instantly: Pay $39.99 upon approval for Amazon Visa.

- Package Includes: you will get 250 pieces of adults disposable rain ponchos, each rain poncho is individually packaged for convenience and portability, sufficient quantity to meet usage and replacement needs, stock up for the rainy season with our travel rain poncho bulk, you can also share these clear rain ponchos with your family and friends
- Quality Material: the disposable rain ponchos bulk are made of soft and thicker PE plastic material, waterproof and thicker, durable and environmentally, not easy to tear or stick to your clothes when you're walking, offers nice coverage
- Suitable Size: the emergency raincoat with hood is suitable for both men and women, with long sleeves and a loose shape, and will not hinder your movements regardless of your body type, you do not have to worry about getting wet or affecting your actions, each poncho is easy to carry with you wherever you go
- Lightweight and Easy to Carry: the rain ponchos are foldable, each raincoat is individually packaged, which can be carried in a bag or luggage easily for a rainy day or emergency, these clear rain ponchos are lightweight and do not cause any burden, providing you with security and convenience
- Wide Application: our emergency ponchos with hood for women and men are ideal for many outdoor activities, such as camping, outdoor outings, hiking, sports events, travel

Roll over image to zoom in

Wesiti 300 Pcs Adults Rain Ponchos Bulk Disposable Rain Ponchos Emergency Ponchos with Hood Waterproof Rain Ponchos Rain Gear for Man Women Traveling Camping Hiking Watching

Visit the Wesiti Store

4.1 6 ratings

| Search this page

$112.99

FREE Returns

Get $60 off instantly: Pay $52.99 upon approval for Amazon Visa.

Color: **Clear**

- plastic
- Imported
- Package Includes: you will get 300 pieces of disposable rain ponchos for adults, each raincoat is individually packaged for convenience and portability, sufficient quantity to meet usage and replacement needs, you can also share these rain ponchos with your family and friends
- Quality Material: the disposable rain ponchos bulk are made of soft and thicker PE plastic material, waterproof and durable, not easy to tear, not easy to stick to your clothes when you're walking, protecting you from wind, snow and rain, keeping you stay comfortable and dry, these disposable rain ponchos for adults with quality material are also reusable, will serve you for a long time
- Lightweight and Easy to Carry: adults disposable rain poncho pack use individual package, the packing size is about 6 x 4 inches, lightweight rain poncho for easy storage and easy to carry with you, nice for amusement parks, camping, hiking, tailgating, and any other occasions
- Suitable Size: the emergency raincoat with hood is about 47.24 inches/ 120 cm in whole length, about 66.14 inches/ 168 cm in waist circumference, about 18.9 inches/ 48 cm in wrist circumference, suitable for both man and woman, with long sleeves and a loose shape, will not hinder your movements regardless of your body type, you don't have to worry about getting wet or affecting your

Order Summary

Javelin Pen **$114.00**
Extra Charge ? $15.00
Blue/White
Qty: 300

Subtotal (1 products) **$129.00**
Shipping $0.00
Tax $0.00

Tax Exempt?

Enter Coupon Code

Total **$129.00**

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Your All-Inclusive Price

$0.69 each | **$207.00** total

What's Included:

- **300** Cougar Promotional Pen (black ink) in White / Black
- Printing with **1** Color Front
- FREE 10-day delivery to Marshall, Minnesota (56258) *
- Professional Design Review
- All Printing and Artwork Set-up
- Money-Back Guarantee

Email yourself this quote

Edit Quote

For 1-week Rush Delivery, add 15%.
For 3-day Super Rush Delivery, add 30%.
The upcoming Thanksgiving holiday may affect your delivery date. Please see the daily delivery schedule for more information.
Applicable tax will apply during checkout.

54

Order Summary

Clip N Go Hand Sanitizer - 1 oz. **$405.00**
Extra Charge ? $55.00
Clear/Royal Blue
Qty: 300

Subtotal (1 products) **$460.00**
Shipping $0.00
Tax $0.00

Tax Exempt?

Enter Coupon Code

Total **$460.00**

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Your All-Inclusive Price

~~$2.39 each | $717.00 total~~
$2.15 each | **$645.00** total
You saved $72.00 (10%) with the Volume Discount.

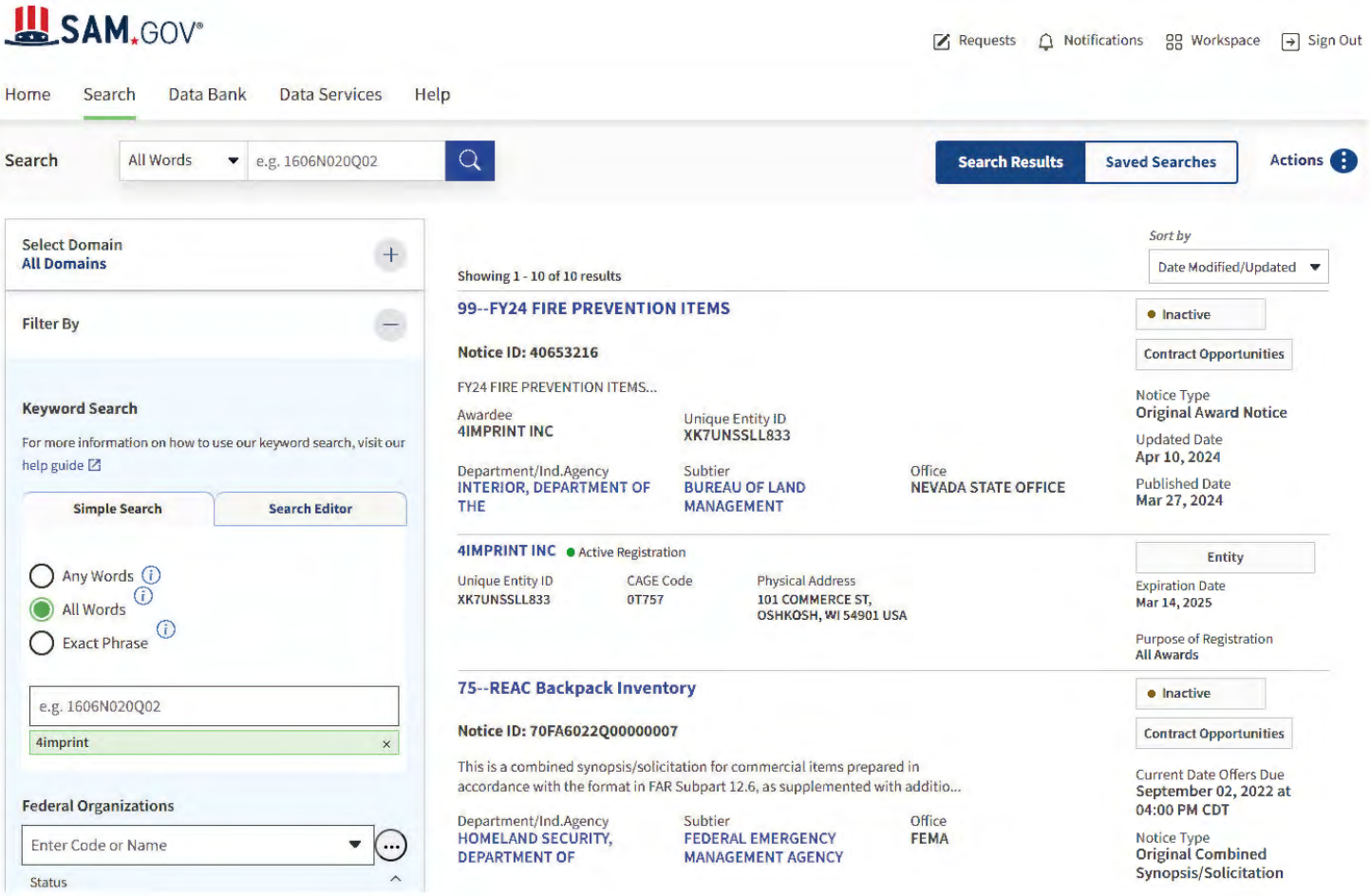
What's Included:

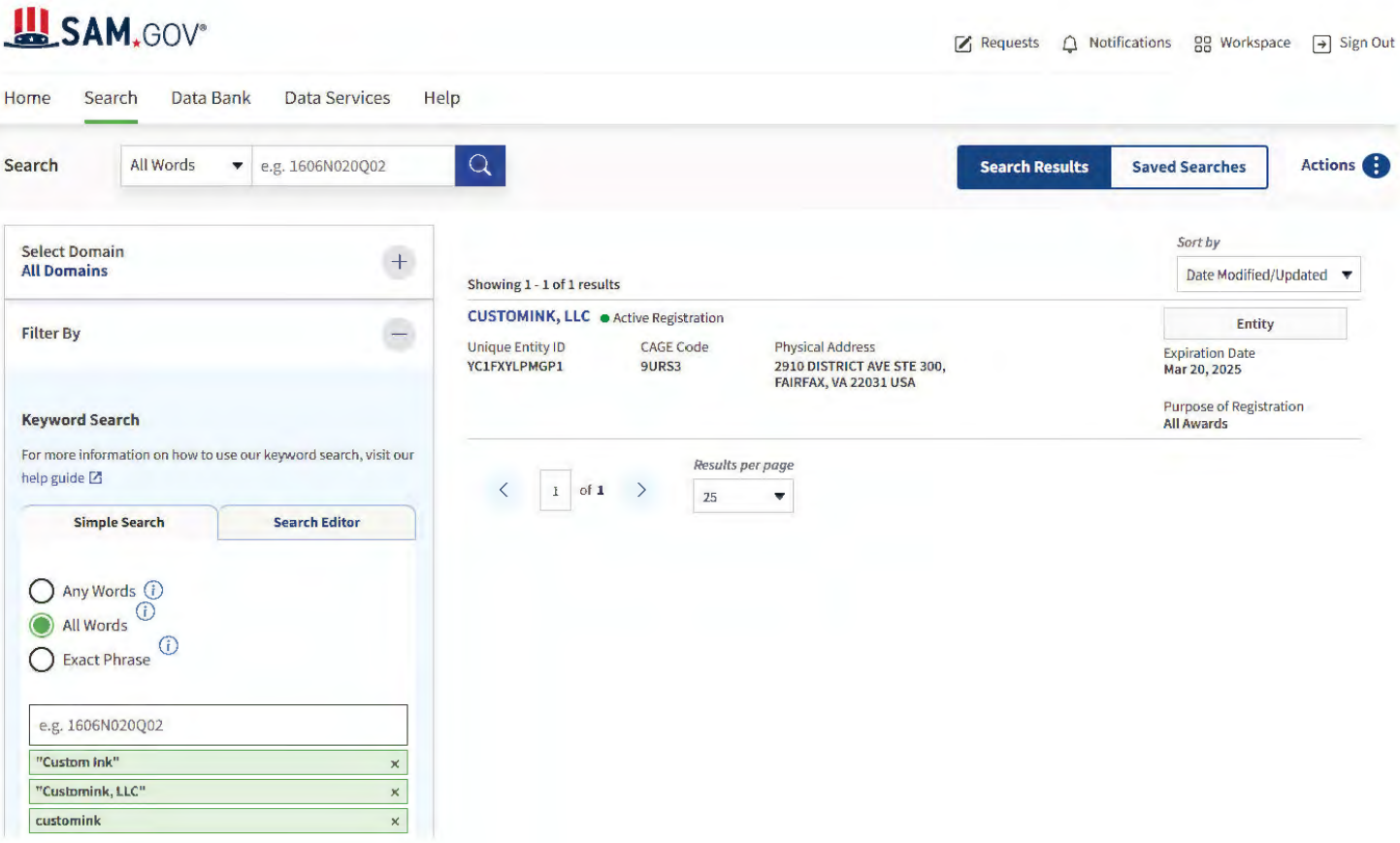
- **300** 1 oz. Clip-N-Go Hand Sanitizer in Clear
- Printing with **1** Color Front
- FREE 10-day delivery to Marshall, Minnesota (56258) *
- Professional Design Review
- All Printing and Artwork Set-up
- Money-Back Guarantee

Email yourself this quote

Edit Quote

56


SAM.GOV
Requests
Notifications
Workspace
Sign Out
Home
Search
Data Bank
Data Services
Help
Search
All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
4imprint
Federal Organizations
Enter Code or Name
Status
Showing 1 - 10 of 10 results
Sort by
Date Modified/Updated
99--FY24 FIRE PREVENTION ITEMS
Inactive
Notice ID: 40653216
Contract Opportunities
FY24 FIRE PREVENTION ITEMS...
Awardee
4IMPRINT INC
Unique Entity ID
XK7UNSSLL833
Department/Ind.Agency
INTERIOR, DEPARTMENT OF THE
Subtier
BUREAU OF LAND MANAGEMENT
Office
NEVADA STATE OFFICE
Notice Type
Original Award Notice
Updated Date
Apr 10, 2024
Published Date
Mar 27, 2024
4IMPRINT INC
Active Registration
Entity
Unique Entity ID
XK7UNSSLL833
CAGE Code
0T757
Physical Address
101 COMMERCE ST,
OSHKOSH, WI 54901 USA
Expiration Date
Mar 14, 2025
Purpose of Registration
All Awards
75--REAC Backpack Inventory
Inactive
Notice ID: 70FA6022Q00000007
Contract Opportunities
This is a combined synopsis/solicitation for commercial items prepared in accordance with the format in FAR Subpart 12.6, as supplemented with additio...
Department/Ind.Agency
HOMELAND SECURITY, DEPARTMENT OF
Subtier
FEDERAL EMERGENCY MANAGEMENT AGENCY
Office
FEMA
Current Date Offers Due
September 02, 2022 at 04:00 PM CDT
Notice Type
Original Combined Synopsis/Solicitation


SAM.GOV
Requests
Notifications
Workspace
Sign Out
Home
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Data Bank
Data Services
Help
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All Words
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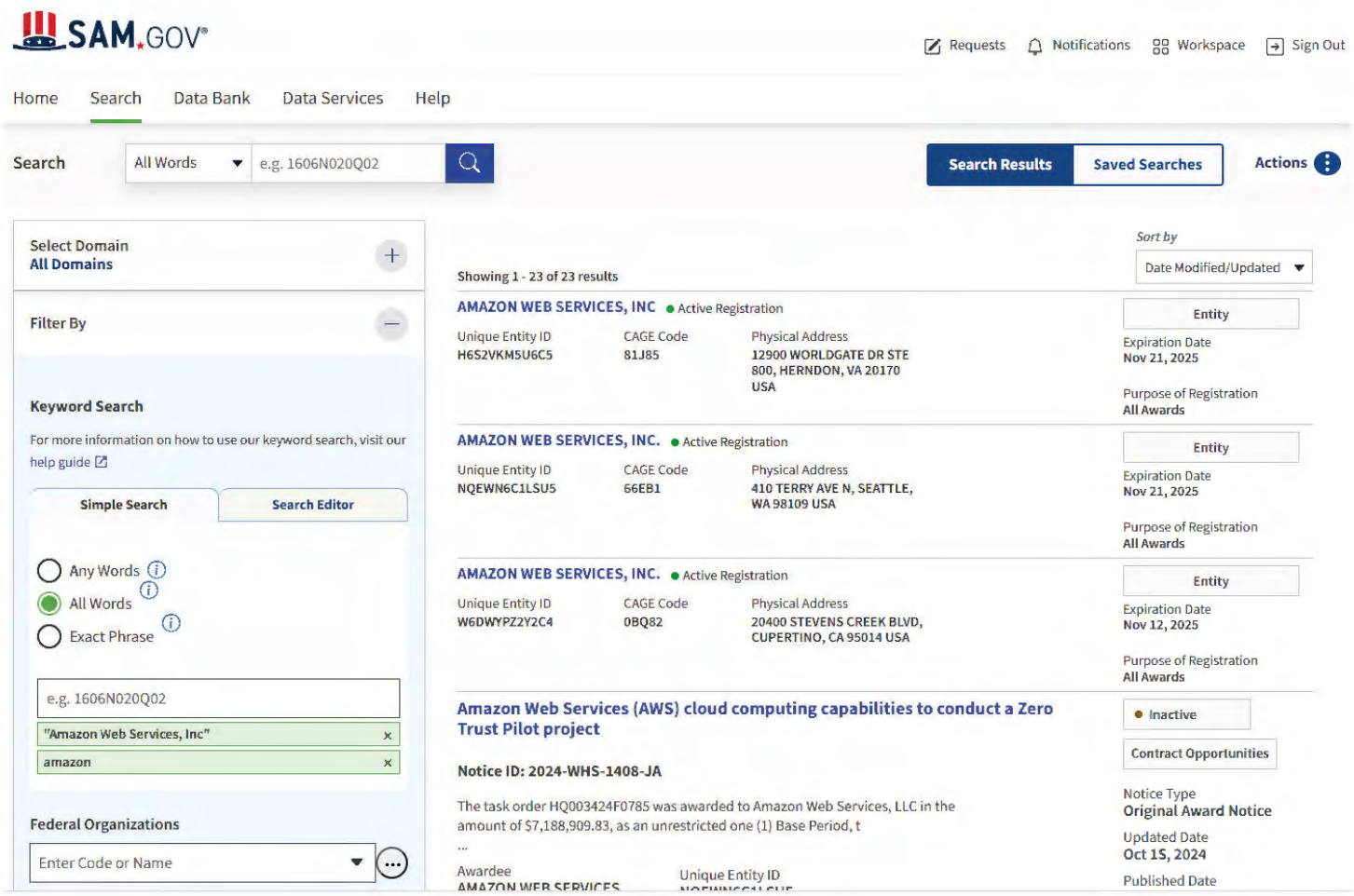
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
"Custom ink"
"Customink, LLC"
customink
Showing 1 - 1 of 1 results
Sort by
Date Modified/Updated
CUSTOMINK, LLC
Active Registration
Entity
Unique Entity ID
YC1FXYLPMGP1
CAGE Code
9URS3
Physical Address
2910 DISTRICT AVE STE 300,
FAIRFAX, VA 22031 USA
Expiration Date
Mar 20, 2025
Purpose of Registration
All Awards
1
of 1
Results per page
25


SAM.GOV
Requests
Notifications
Workspace
Sign Out
Home
Search
Data Bank
Data Services
Help
Search
All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
"Amazon Web Services, Inc"
amazon
Federal Organizations
Enter Code or Name
Showing 1 - 23 of 23 results
Sort by
Date Modified/Updated
AMAZON WEB SERVICES, INC
Active Registration
Unique Entity ID
H6S2VKM5U6C5
CAGE Code
81J85
Physical Address
12900 WORLDGATE DR STE 800, HERNDON, VA 20170 USA
Entity
Expiration Date
Nov 21, 2025
Purpose of Registration
All Awards
AMAZON WEB SERVICES, INC.
Active Registration
Unique Entity ID
NQEWN6C1LSU5
CAGE Code
66EB1
Physical Address
410 TERRY AVE N, SEATTLE, WA 98109 USA
Entity
Expiration Date
Nov 21, 2025
Purpose of Registration
All Awards
AMAZON WEB SERVICES, INC.
Active Registration
Unique Entity ID
W6DWYPZ2Y2C4
CAGE Code
0BQ82
Physical Address
20400 STEVENS CREEK BLVD, CUPERTINO, CA 95014 USA
Entity
Expiration Date
Nov 12, 2025
Purpose of Registration
All Awards
Amazon Web Services (AWS) cloud computing capabilities to conduct a Zero Trust Pilot project
Inactive
Contract Opportunities
Notice ID: 2024-WHS-1408-JA
The task order HQ003424F0785 was awarded to Amazon Web Services, LLC in the amount of $7,188,909.83, as an unrestricted one (1) Base Period, t
...
Awardee
AMAZON WEB SERVICES
Unique Entity ID
Notice Type
Original Award Notice
Updated Date
Oct 15, 2024
Published Date

SOUTHWEST HEALTH & HUMAN SERVICES

2024 Jurisdictional Risk Assessment

- Pandemic
  Localized Infectious Disease
- Extreme Weather/
  Temperature Extremes
- Hazardous Material Release

Four hazards were identified which pose the greatest risk to public health, citizens and communities within the SWHHS coverage area.

- Older Adults
- Limited English Proficiency and Non-English Speakers
- Children
- People of Low Socioeconomic Status

The risk assessment identified the four most at-risk populations within the six county area:

1. **Limited English proficiency**
2. **Older adults**
3. **Children**
4. **People at or below the poverty line**

Planning Recommendations

1. **Engage and strengthen community partnerships**
2. **Reach out and understand the needs of at-risk populations**
3. **Provide education and skills training for more resilient citizens and communities**

Southwest Health & Human Services
Public Health

2024 Jurisdictional Risk Assessment

0

Table of Contents

Plan Approval

This JRA will be reviewed and approved every three years or following a significant public health event by the Chairperson SWWHS SWHHS Director & SWHHS Public Health Director

The undersigned concur with the jurisdictional risk assessment for Southwest Health and Human Services.

Chairperson, Southwest Health & Human Services Date

Director, Southwest Health & Human Services Date

Public Health Director, Southwest Health & Human Services Date

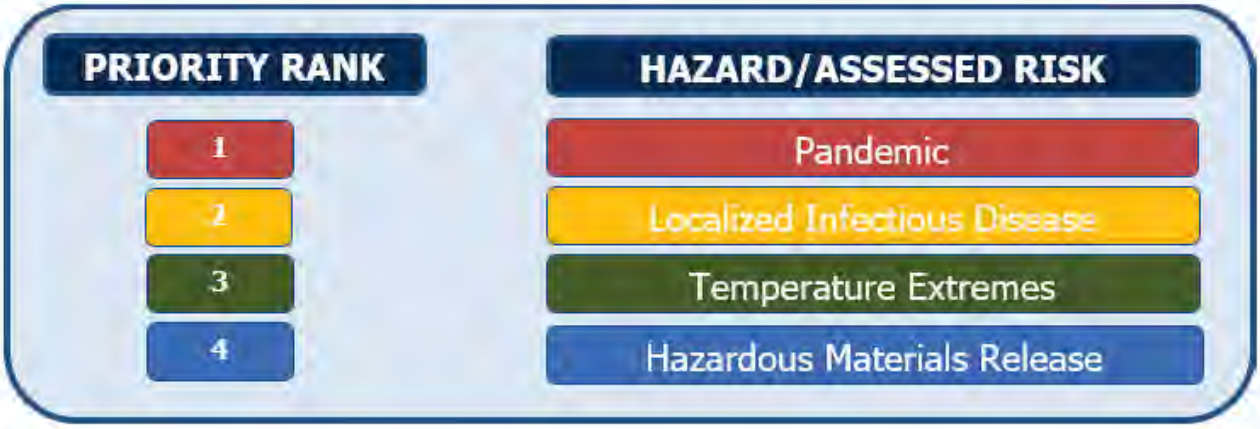
Record of Revision

Revision Completed	JRA Completed Date	Author
Reassessment	**9/15/2019**	
Reassessment	**9/15/2024**	**Tyler Looft**

Executive Summary

Risk is a function of the probability of impact and the overall consequence of that impact. The Southwest Health and Human Services (SWHHS) Jurisdictional Risk Assessment focuses the risk analysis on the most vulnerable assets and resources predicted to impact the six-county area. In the case of people, "higher consequence" means that populations less able to adapt to hazards are affected. This type of analysis is intended to help focus resources where planning and response intervention is needed most. In the case of infrastructure, "higher consequence" means that more people were affected by its failure. For example, if a SWHHS office and a local power station had equal vulnerability to a winter storm, the power station would rank as higher risk because the consequences of it failing would be far more severe (utility disruption).

This assessment reviews potential disasters and the higher consequences for the health of the population within Southwest Health and Human Services coverage area. SWHHS reviewed 20 possible hazards and assigned priorities for those most likely to affect the population in the six-county area. The four hazards that have the greatest probability and impact to the six counties and communities are:



17 hazards were identified as possible events meriting public health attention:

Active Shooter	Drought	Temperature Extremes
Biological Terrorism	Flood	Tornado
Chemical Terrorism	Hazardous Materials Release	Utility Interruption/Disruption
Civil Disturbance	Localized Infectious Disease	Wildfire
Conventional Explosive	Pandemic	Winter Storm
Cyber Terrorism	Radiation Dispersal Device	

Consequences following a public health emergency may be direct or indirect and can affect SWHHS servicing area's health and its health infrastructure.

Direct consequences of a public health disaster are counted in the number of injuries and fatalities occurring because of the incident. Among the disaster scenarios deemed most probable, SWHHS anticipates high fatality rates only during a pandemic influenza. Within all prioritized hazard scenarios, incident-related injuries are expected to overburden local hospitals, primary care providers, pharmacies, and emergency medical services operating capacities.

Indirect consequences of a public health emergency can include exacerbation of mental and chronic health conditions (such as asthma, chronic heart disease, depression, and diabetes) or injuries sustained while recovering from an incident. Public health emergencies can also strain at risk populations, increase social isolation, and jeopardize the communities within the SWHHS area to receive critical services.

Introduction

Southwest Health and Human Services provides public health services to the following counties within Southwest Minnesota: Lincoln, Lyon, Murray, Pipestone, Redwood and Rock. The total population of the six counties is 73,099 covering 3,782 Square miles of primarily rural agricultural land. The population for each county is unaggregated in Table 1 below.

Table 1

COUNTY	POPULATION
LINCOLN	5,640
LYON	25,269
MURRAY	8,179
PIPESTONE	9,424
REDWOOD	15,425
ROCK	9,704

Within Redwood county, lies the Lower Sioux Indian Community. It is the only federally recognized American Indian Tribe in the six SWHHS counties. There are 982 tribal members living in a ten-mile service area. There are 1,743 acres of tribal lands remaining after multiple treaties ceded native lands to the United States government. Although the Lower Sioux Indian Community resides within the coverage area for SWHHS, they have their own emergency preparedness team due to being their own separate entity. A Memorandum of Understanding between SWHHS and Lower Sioux Indian Community exists if additional resources/assistance is needed from SWHHS.

Hazards that affect the SWHHS area may come in the form of natural disasters, the unintentional result of human activities, or through intentional acts of violence or destruction. Although the public health consequences of each of these hazards may be significant, they can be moderated through preparedness and response planning.

To ensure inclusion of all potential hazards, SWHHS Planners selected a tool that includes considerations of current health indicators, data on injuries and illness related to specific hazards, and the SWHHS health care system's ability to absorb the increased demand for resources during and after a public health emergency.

Results from this risk assessment will be used to develop and modify existing priorities, and plans and procedures, with the overarching goal to increase capability and capacity to respond to any incident.

Method

Scope

This assessment integrates hazard rankings from a qualitative analysis of public health consequences relating to potential hazards that may affect the six-county population. The baseline data for the assessment was aggregated to highlight the cumulative risk within the SWHHS coverage area. It was not specific to one county or geographic area.

Approach

SWHHS Preparedness Planners used Pennsylvania's Public Health Risk Assessment Tool (PHRAT), which was developed in cooperation with the Centers for Disease Control and Prevention (CDC) to help jurisdictions identify and prioritize planning efforts for potential public health emergencies. To inform these decisions, the Pennsylvania tool guided planners through an analysis of health-related impacts of various hazards that have the potential for occurring in the coverage area.

The PHRAT assessed public health risks that result from each specific hazard through a measurement in five major domains: human health, healthcare services, inpatient healthcare infrastructure, community health, and public health services. The tool took a quantitative approach to impact assessment, measuring baseline levels of morbidity, services, and activities, and comparing them to the morbidity, service impacts, and activities that result from specific hazard incidents.

SWHHS Planners used the tool to generate a calculated estimate of hazard-specific risk, based on the probability and impact severity identified for each hazard. In addition to simply prioritizing hazards based on probability, the tool generated an "adjusted risk," which incorporates an assessment of the additional planning required to reduce a hazard's impact on at-risk populations.

The adjusted risk is calculated by assessing the size of SWHHS at-risk populations and the special planning required to address the needs of these populations in relation to each specific hazard. A preparedness score was generated using the current capacity in each of the 15 CDC Public Health Emergency Preparedness and Response Capabilities and the 8 ASPR Healthcare Preparedness and Response Capabilities, as well as the relevance of each capability to specific hazards. The final output of the tool is rendered by a Planning Priority Score, which reflects both adjusted risk and county's overall preparedness.

Key Findings

At-risk Populations

- At-risk populations and individuals will be affected by any hazard/incident and will require additional communication, transportation, supervision and medical care needs. Individuals who may need additional response assistance should include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency (LEP) or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.
- Leaders at all levels of government throughout the SWHHS service area should be aware of the needs and locations of at-risk individuals in the county; likewise, stakeholders and leaders of at-risk communities should be informed about emergency preparedness and response.
- Communications plans must include guidelines and steps to make communications available in a variety of languages and formats for various at-risk populations, including LEP persons and persons with disabilities. Communication delivery mechanisms must be adapted to reach at-risk populations as well.

Response Planning

- Revise/develop response plans to ensure a response proportionate to meet the differing demands of hazards rather than focusing on worst case planning assumptions.
- Engage the six county emergency managers to ensure proper integration into their preparedness and response plans. This will allow for a coordinated prioritization of efforts and continuity of services for all populations.

Priority Capabilities & Planning Recommendations

1. Community Preparedness
    a. Engage community partners to identify populations that may be at-risk.
    b. Collaborate with emergency management and community and faith-based partners to identify and implement strategies for public health, medical and mental/behavioral health service planning priorities identified within the jurisdictional risk assessment.
    c. Engage with the multiple communities within the SWHHS coverage area to host readiness trainings/information.
    d. Utilize staff communication specialist to disseminate information about emergency preparedness.
2. Community Recovery
    a. Identify the services that can be provided by the public health agency and by community and faith-based partners that are identified prior to an incident, as well as by new community partners, which may arise during an incident response.

    b. In conjunction with healthcare organizations and based upon recovery operations, determine the community's health service priorities and goals, which are the responsibility of public health.
3. Emergency Operations Coordination
    a. Establish good working relationships between public health and the county emergency managers.
    b. Determine the expectations of the county emergency managers for public health.
    c. Establish a quarterly meeting with county emergency managers for continued relationships.
4. Emergency Public Information
    a. Utilize social media when and if possible for public health messaging.
    b. Disseminate information to the public using pre-established message maps in languages and formats that consider jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation.
    c. Determine if public health messaging can be broadcast using the CodeRed system.
5. Information Sharing
    a. Prior to and as necessary during an incident, identify intra-jurisdictional stakeholders across public health, public safety, private sector, law enforcement, and other disciplines to determine information-sharing needs.
    b. Prior to and as necessary during an incident, work with elected officials, identified stakeholders (both inter- and intra-jurisdictional) and private sector leadership to promote and ensure continual connection (e.g., ongoing standing meetings, to define and redefine information-sharing needs.
6. Non-pharmaceutical Interventions
    a. Prior to an incident, engage healthcare organizations, government agencies, and community sectors (e.g., education, social services, faith-based, business, and legal) in determining their roles and responsibilities in non-pharmaceutical interventions. Use multidisciplinary meetings on an ongoing basis for information sharing.
    b. At the time of an incident, assist community partners with coordinating support services (e.g., medical and mental health care) to individuals included in non-pharmaceutical intervention(s).
7. PH Surveillance and Epidemiological Investigation
    a. Determine the current resources available needed for PH Surveillance and Epidemiological Investigation.
    b. Verify the Minnesota Department of Health as the lead agency for Surveillance and Epidemiological Investigations.
8. Responder Safety and Health

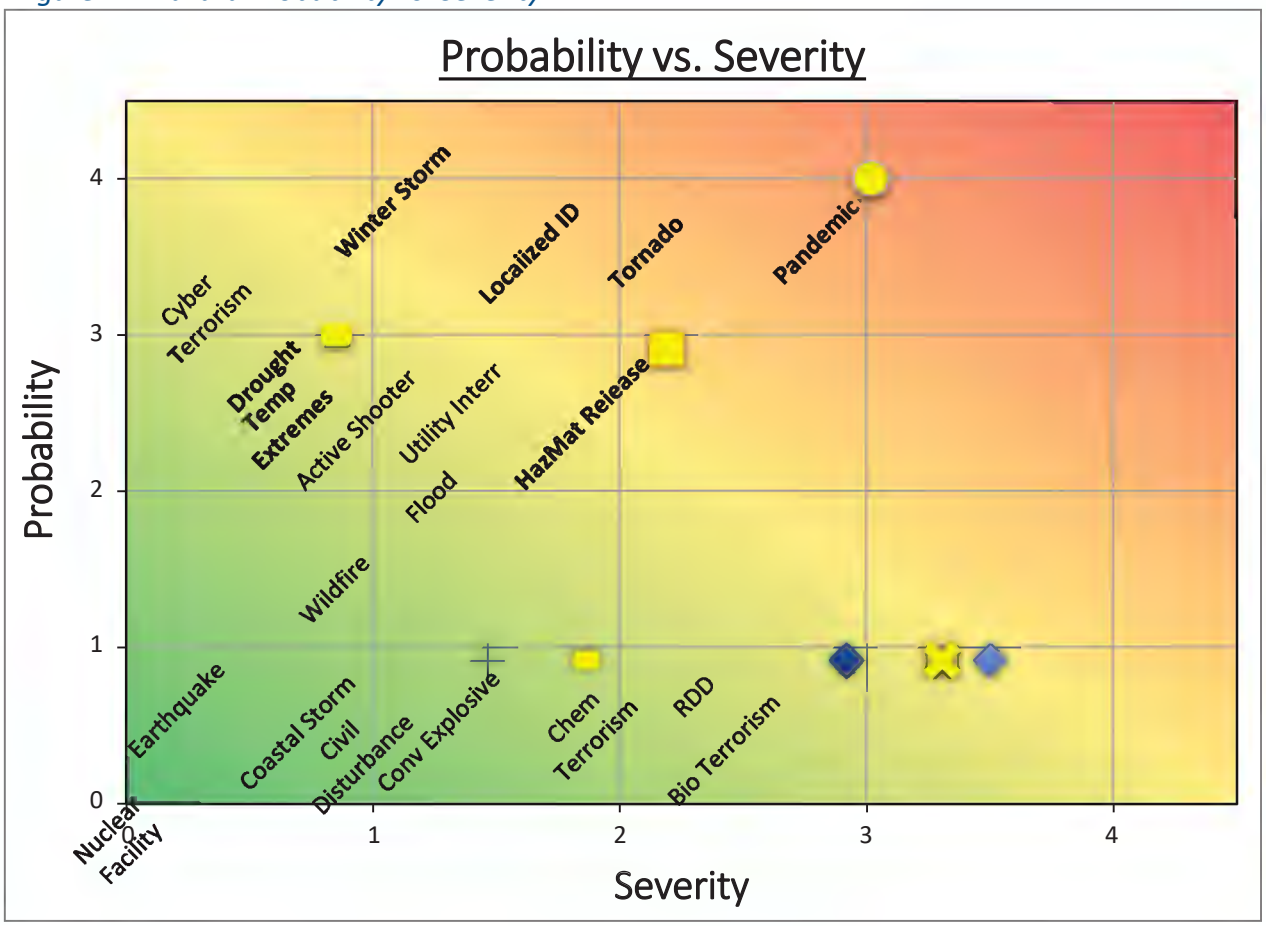
a. Conduct or participate in exposure, mental/behavioral health, and medical surveillance of public health incident responders before, during, and after an incident.
b. Coordinate with healthcare partners to facilitate access to and promote the availability of medical and mental/behavioral health services for responders, either on-site or off-site as applicable to the incident.
c. Provide guidance to partner organizations to help conduct monitoring of any responder staff for medical/mental/behavioral incident-related health outcomes.

Hazard Priorities

SWHHS risk assessment indicates a probability that the six-county area will experience another pandemic, severe weather/temperature extremes (drought, temperature extremes, tornados and winter storms), a local infectious disease outbreak or a hazardous material release.

Figure 1 shows hazards (bolded) that public health expects to experience in the near future and their associations with public health and health system consequences, as assessed by Public Health Emergency Preparedness Planners who coordinated this assessment.

Figure 1 – Hazard Probability vs. Severity



Identified Hazards

Data from the risk and vulnerability assessment indicates that SWHHS Public Health should prepare communities for:

Pandemics – Pandemics occur when a global outbreak of new (novel) viruses occur, which are able to infect people easily and spread from person to person in an efficient and sustained way.

Pandemics received the primary level of risk due to:

- The immediacy of the threat;
- The high risk of death or serious long-term disability of the population,
- The substantial risk of exposure, due to the disease's high level of contagion or the method by which the disease is transmitted.

Additionally, lessons learned from the SARS/Covid-19 pandemic highlighted significant risk areas where public health was limited in effective response.

Localized infectious disease outbreak – a sudden increase in occurrences of a disease in a particular time and place. A localized infectious disease outbreak may affect a small and localized community or impact thousands of people across the SWHHS coverage area.

Localized infectious disease outbreak receives a secondary level of risk due to:

- Significantly reduced herd immunity/lower vaccination rates of preventable diseases.
- The probability of an infectious disease outbreak due to historical incidents in the SWHHS coverage area.
- The potential for death or serious long-term disabilities. Example: In the case of measles, hospitalizations occur due to pneumonia, encephalitis, and respiratory and neurological complications.

Extreme weather incidents/temperature extremes – weather incidents may include high winds, tornados, excessive rainfall, excessive snow, hail, and extreme levels of temperature.

Extreme weather/temperature extremes receive a tertiary level of risk due to:

- The high probability of extreme weather/temperature reoccurrences due to historical incidents.
- Heat/cold related illnesses, utility/transportation disruption, and the resulting extreme weather/temperature extreme impact on vulnerable populations.

Climate change has increased the chances of extreme weather and excessive heat events in the state of Minnesota. The average annual temperature across the state has increased nearly 3^{o}F

since the late 1800s[1], with Minnesota outpacing the average rate of warming globally. These changes will affect the macro and micro environments within the SWHHS coverage area.

The environmental changes caused by climate change will result in an increase in public health issues such as: worsening air quality, water quality, and heat related injuries[2].

Hazardous Materials Release – A hazardous materials release can occur at a fixed facility or as hazardous materials are in transit. This can include toxic chemicals, infectious substances, biohazardous waste, or any materials that are explosive, corrosive, flammable, or radioactive.

Hazardous materials release receives the fourth risk rating due to:

- Three biofuel plants within the SWHHS coverage area:
    - ADM – Marshall, MN
    - Gevo – Luverne, MN
    - Highwater Ethanol – Lamberton, MN
- Major rail lines throughout the six-county area hauling biofuels and other hazardous materials.
- Major state highways throughout the six-county area hauling biofuels and other hazardous materials.
- SWHHS coverage area is primarily rural agriculture.
    - Farmers transport large amounts of nitrogen, pesticides, insecticides and fungicides during the growing season.
- Crop dusters – add info

Secondary hazards were identified as significant concerns, but as less immediate threats. These include:

1. Active Shooter
2. Utility Disruption
3. Cyber Terrorism

[1]Changing Temperature | University of Minnesota Climate Adaptation Partnership (umn.edu)

[2]Human Health | University of Minnesota Climate Adaptation Partnership (umn.edu)

Hazard Priority #1 – Pandemic Outbreak

Figure 2 – Pandemic Severity Analysis

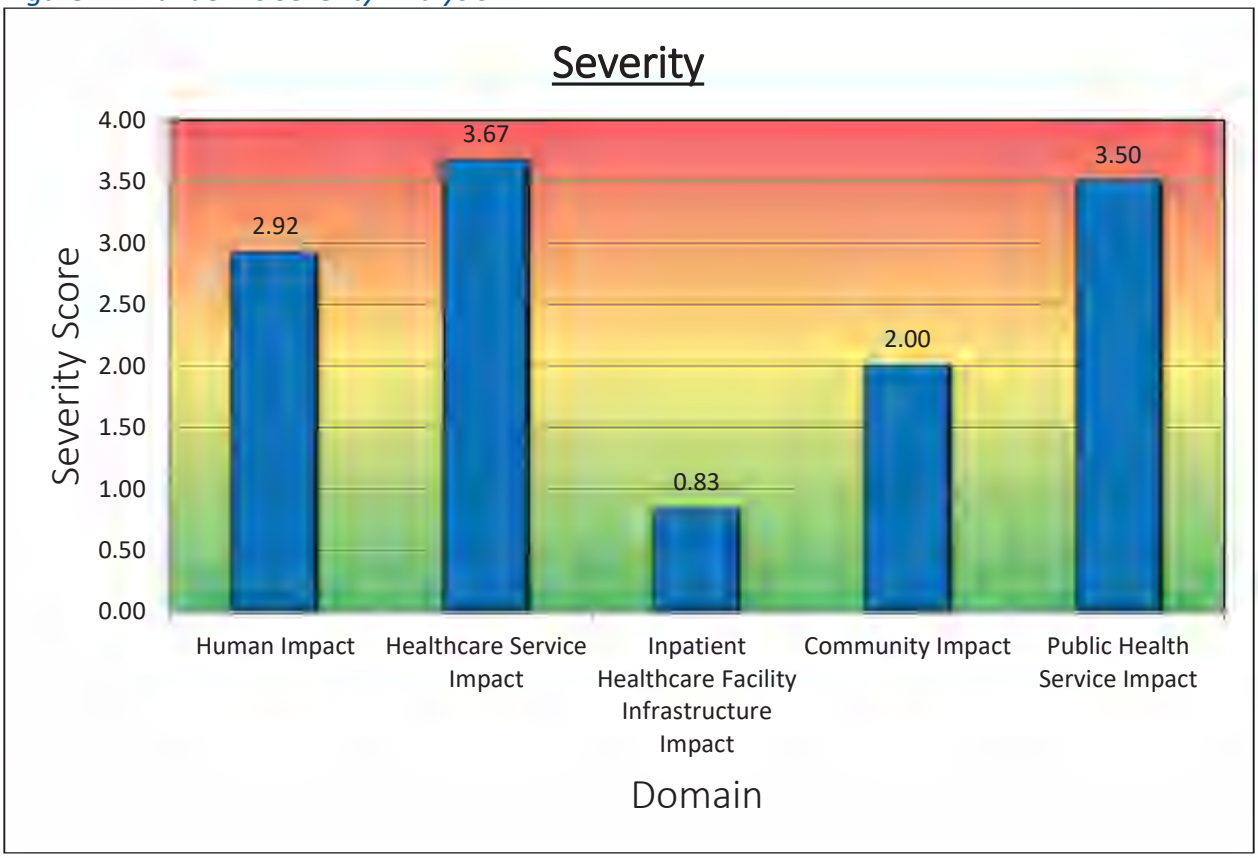


Figure 2 demonstrates that Healthcare Services and Public Health Services will be most affected by a pandemic incident.

Healthcare Service Impact	Outpatient Services	PCPs supply/demand
	Emergency Department Services	ED bed supply/demand
	Ancillary Services	Pharmacist supply/demand
	Ancillary Services / Trauma Units	Functioning OR supply/demand
	Hospital Beds	Bed supply/demand
	Trauma Units / Mental Health Services	Mental Health provider supply/demand
	Mental Health Services	Duration

Figure 3 – Pandemic Preparedness Analysis

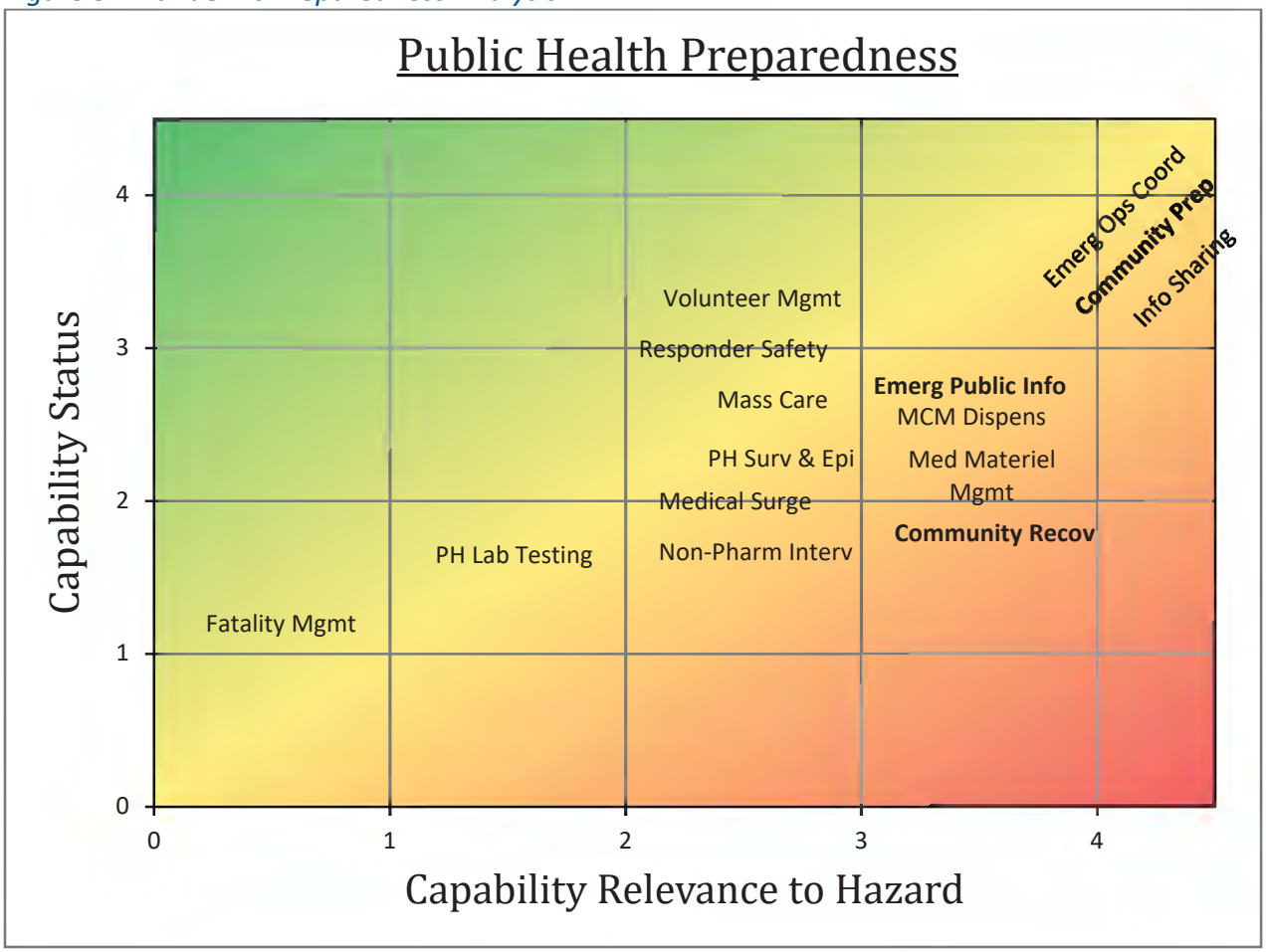


Figure 3 demonstrates SHHS current planning ability relevant to a pandemic influenza outbreak. Priority planning elements indicate that dedicated planning resources are required in the following capabilities:

1. Community Preparedness
2. Community Recovery
3. Emergency Public Information

Figure 4 – Pandemic At-Risk Population Analysis

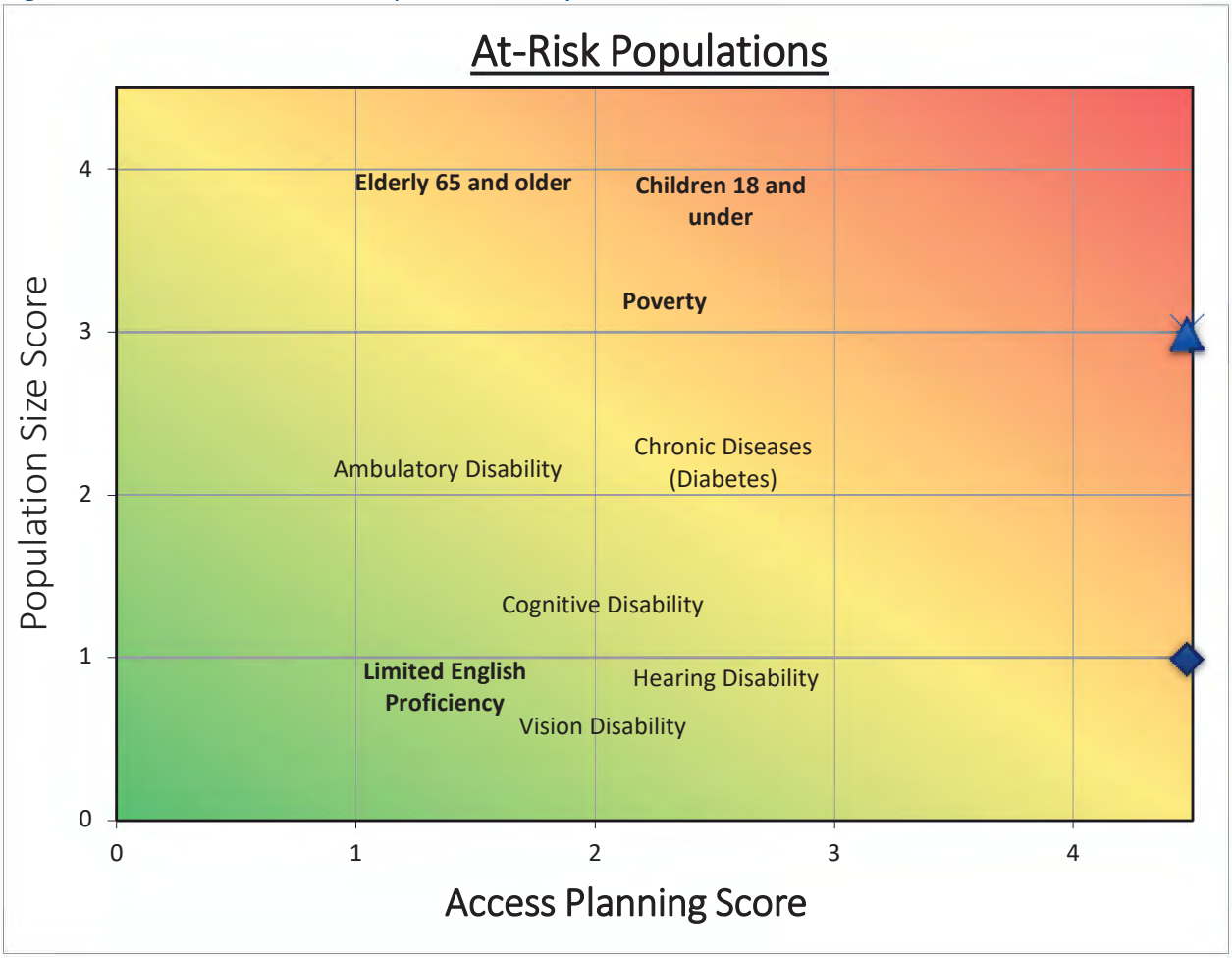


Figure 4 demonstrates SWHHS Public Health's planning capability relevant to a pandemic outbreak. In the above graph, the population size score is represented on the y-axis, and the access planning score is represented on the x-axis. Populations that appear in the upper-right quadrant are both large populations by size and population that require a large number of plans and procedures to be in places.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Populations at or below the poverty level
4. Limited English proficiency

Hazard Priority #2 – Localized Infectious Disease

Figure 5 – Localized Infectious Disease Severity Analysis

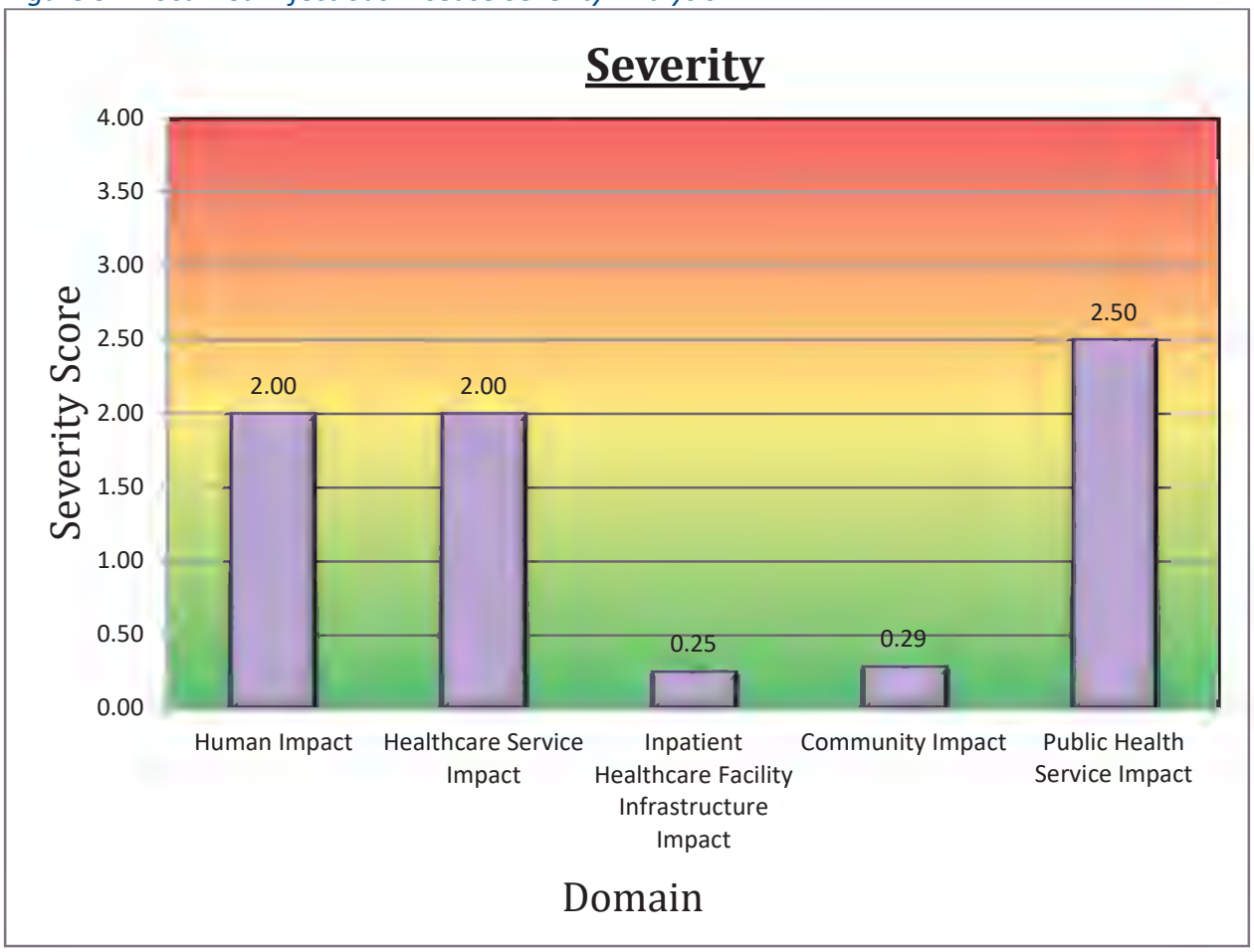


Figure 5 demonstrates that SWHHS Public Health Service Impact will be most heavily affected by a localized infectious disease outbreak.

Figure 6 – Localized Infectious Disease Preparedness Analysis

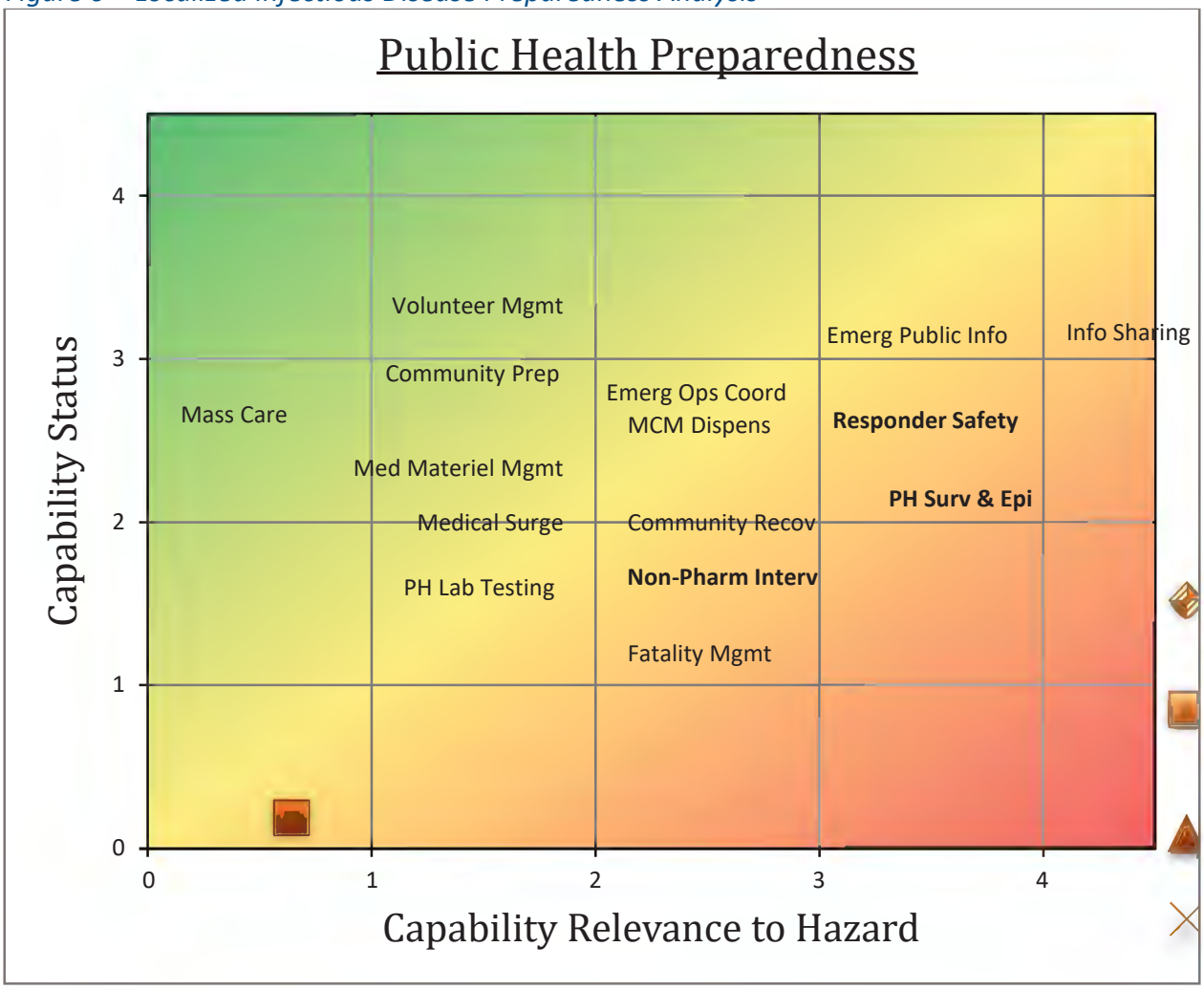


Figure 6 demonstrates SWHHS Public Health's current planning capability to a localized infectious disease outbreak. Priority planning elements indicate a need for dedicated planning resources in the following capabilities:

1. PH Surveillance and Epidemiological Investigation
2. Responder Safety and Health
3. Non-pharmaceutical interventions

Figure 7 – Localized Infectious Disease At-Risk Population Analysis

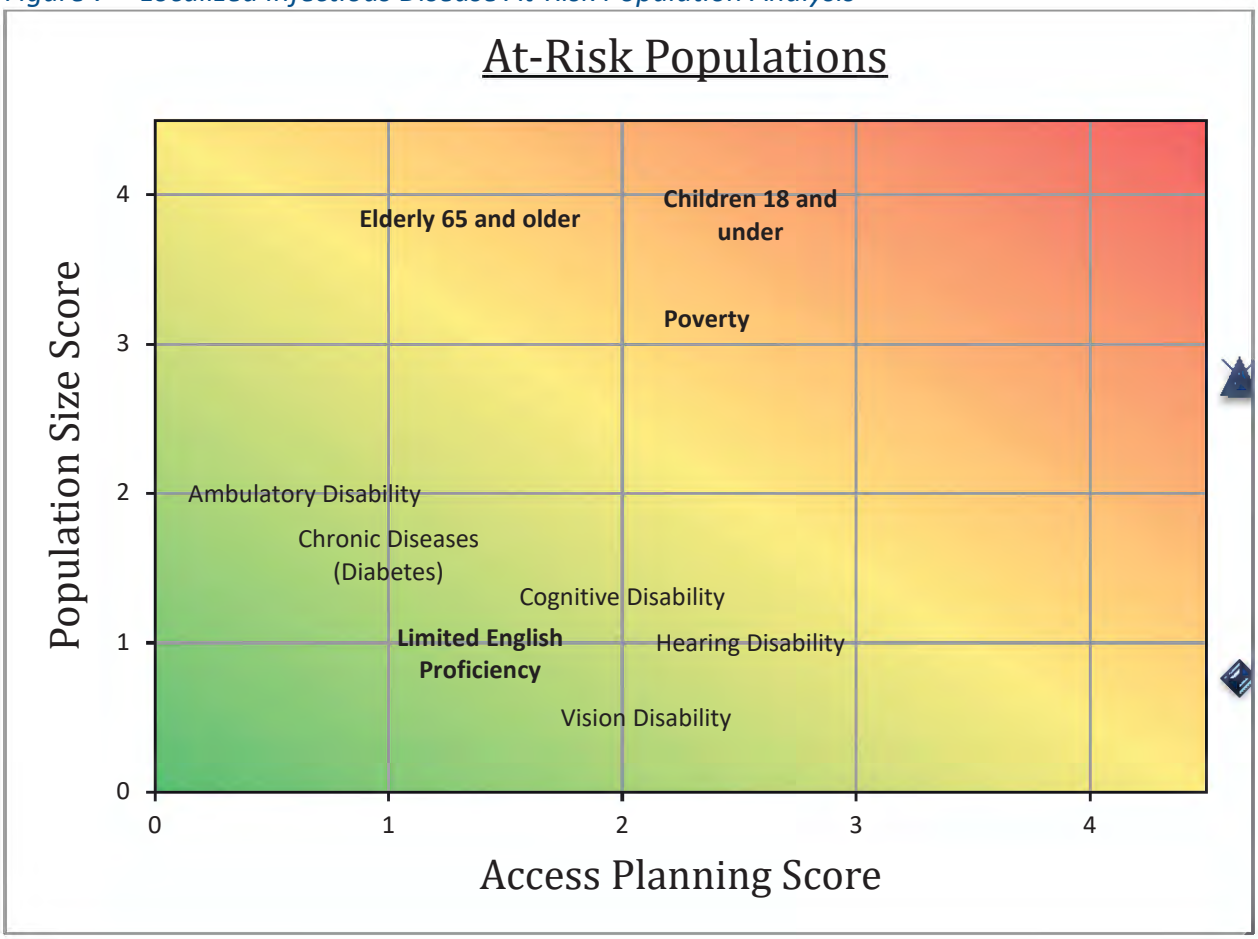


Figure 7 demonstrates SWHHS Public Health's planning capability relevant to a localized infectious disease. In the above graph, the population size score is represented on the y-axis, and the access planning score is represented on the x-axis. Populations that appear in the upper-right quadrant are both large populations by size and population that require a large number of plans and procedures to be in places.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Populations at or below the poverty level
4. Limited English proficiency

Hazard Priority #3 – Extreme Weather/Temperature Extremes

Extreme weather/temperature extremes include hazard associated with tornados, winter storms, and temperature extremes.

Figure 8 – Tornado Severity Analysis

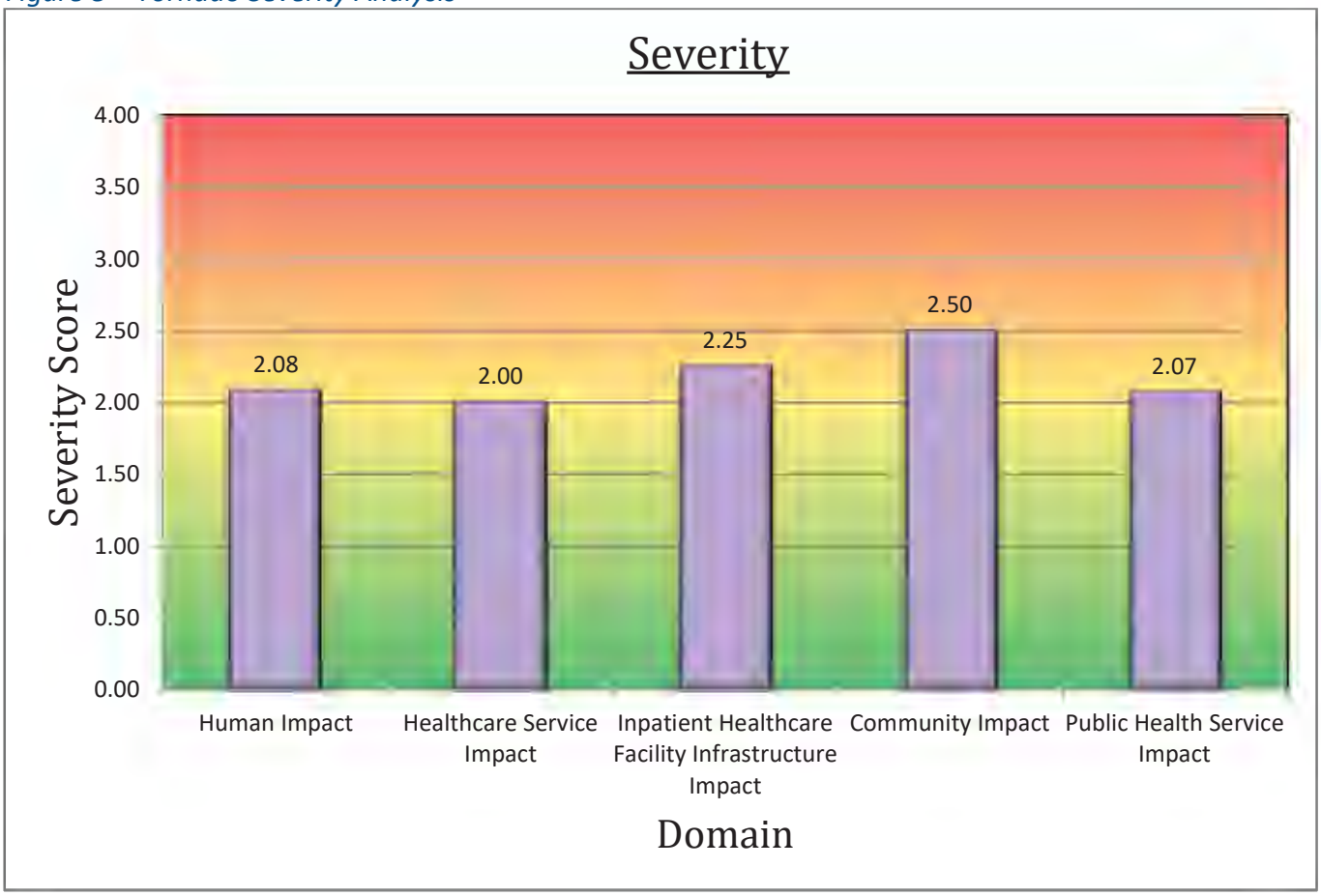


Figure 8 demonstrates that community impact will be most heavily affected by a tornado. Community Impact includes the following elements:

Community Impact	Water Supply	Percent of population with water outage or mandatory boil water order
	Sanitation/Sewage System	Percent with sanitation/sewage system disruption
	Public Utilities	Percentage of population with no access to electricity
	Transportation	Duration that at least ONE major transportation corridor is closed
	Business Continuity	Percent of businesses that are closed
	Population Displacement	Number of persons evacuated from or to the jurisdiction
	Environmental Contamination	Radius of area required environmental safety assessment, remediation, or decontamination

Figure 9 – Tornado Preparedness Analysis

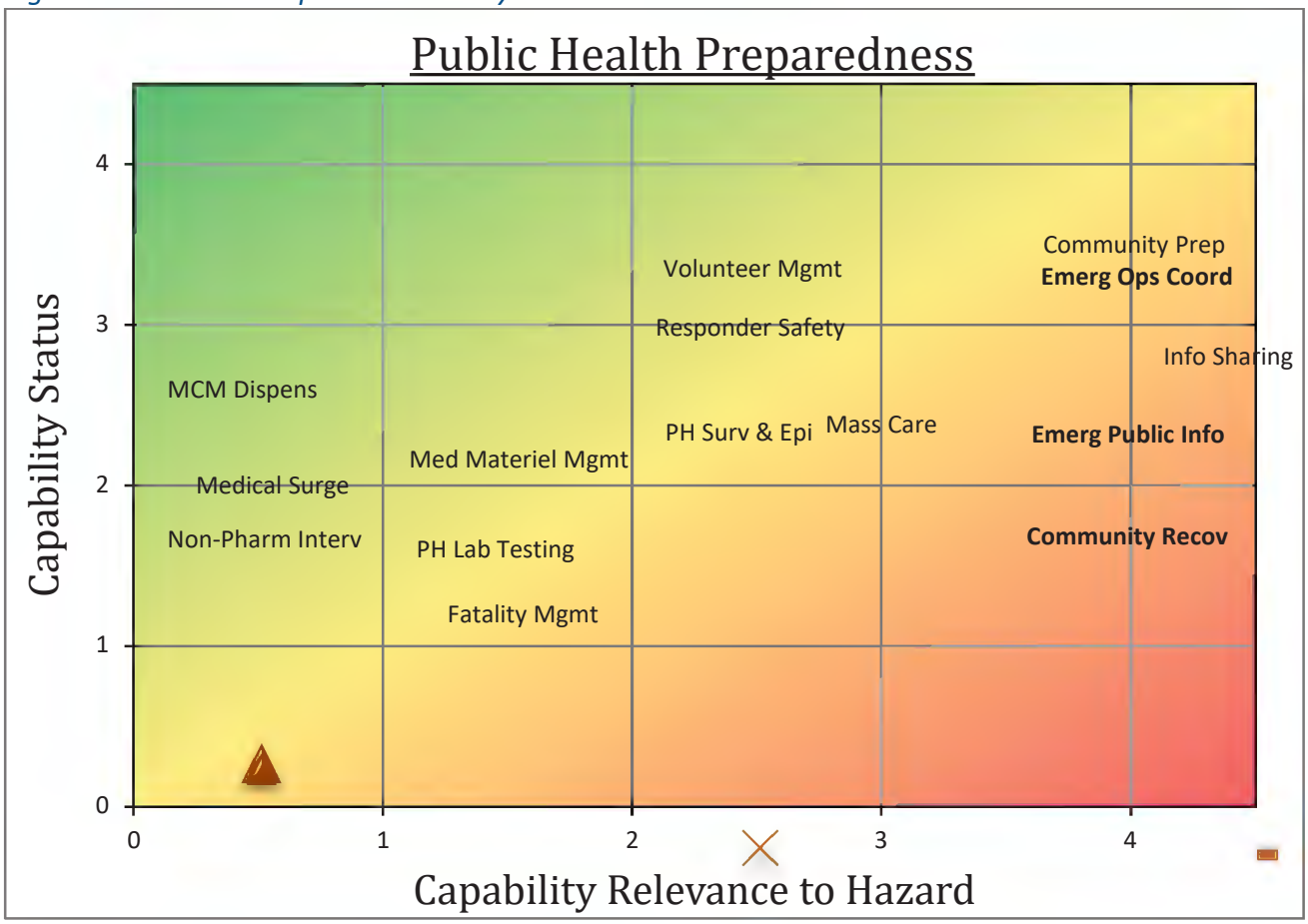


Figure 9 demonstrates SWHHS Public Health's current planning capability relevant to a tornado. Priority planning elements indicate that dedicated planning resources are required in the following capabilities:

1. Community Recovery
2. Emergency Public Information
3. Emergency Operations Coordination

Figure 10 – Tornado At-Risk Population Analysis

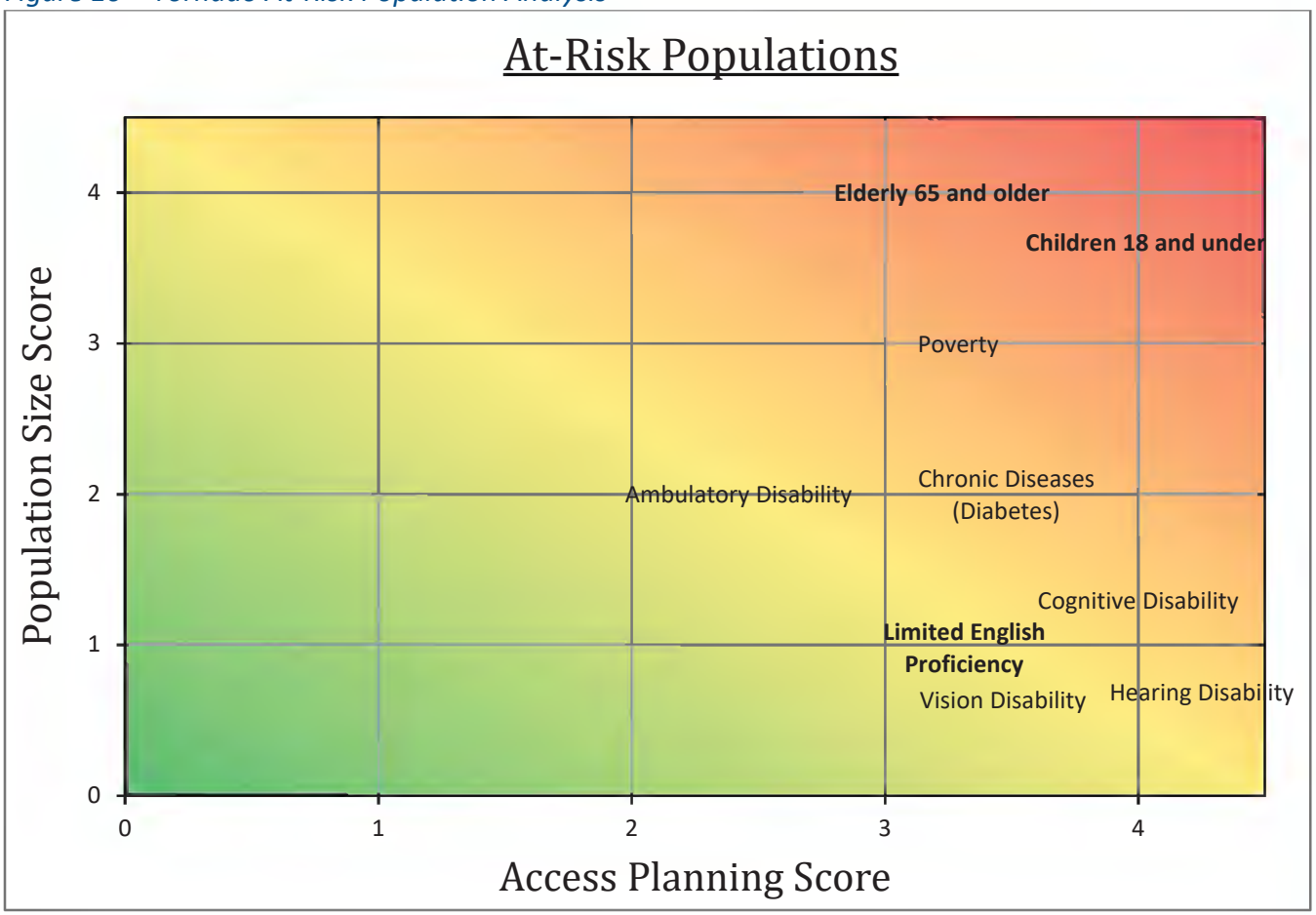


Figure 10 demonstrates SWHHS Public Health's planning capability relevant to a tornado.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Limited English proficiency

Figure 11 – Winter Storm Severity Analysis

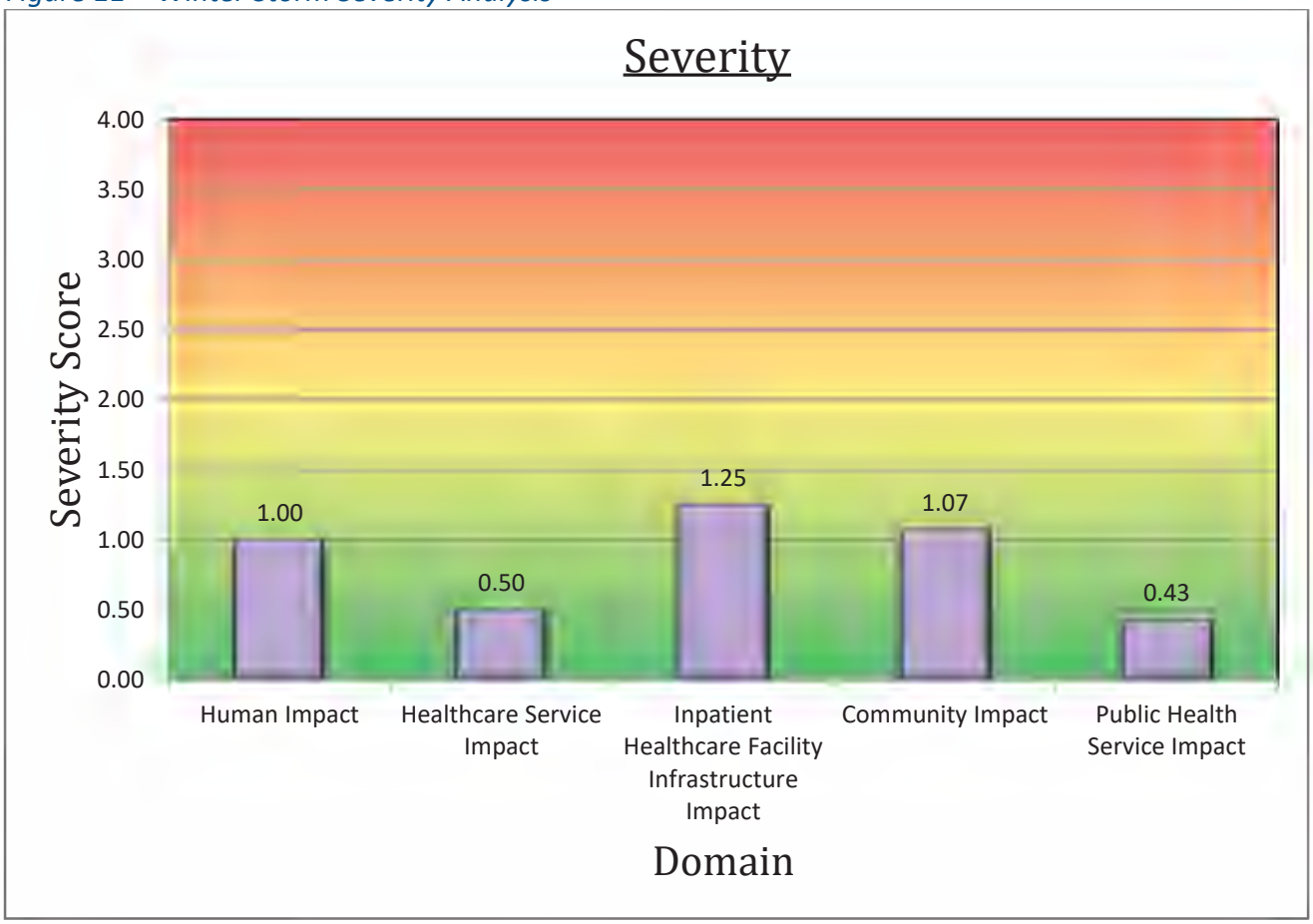


Figure 11 demonstrates that community impact will be most heavily affected by a winter storm Community impact includes the following elements:

Community Impact	Water Supply	Percent of population with water outage or mandatory boil water order
	Sanitation/Sewage System	Percent with sanitation/sewage system disruption
	Public Utilities	Percentage of population with no access to electricity
	Transportation	Duration that at least ONE major transportation corridor is closed
	Business Continuity	Percent of business that are closed
	Population Displacement	Number of persons evacuated from or to the jurisdiction
	Environmental Contamination	Radius of area required environmental safety assessment, remediation, or decontamination

Figure 12 – Winter Storm Preparedness Analysis

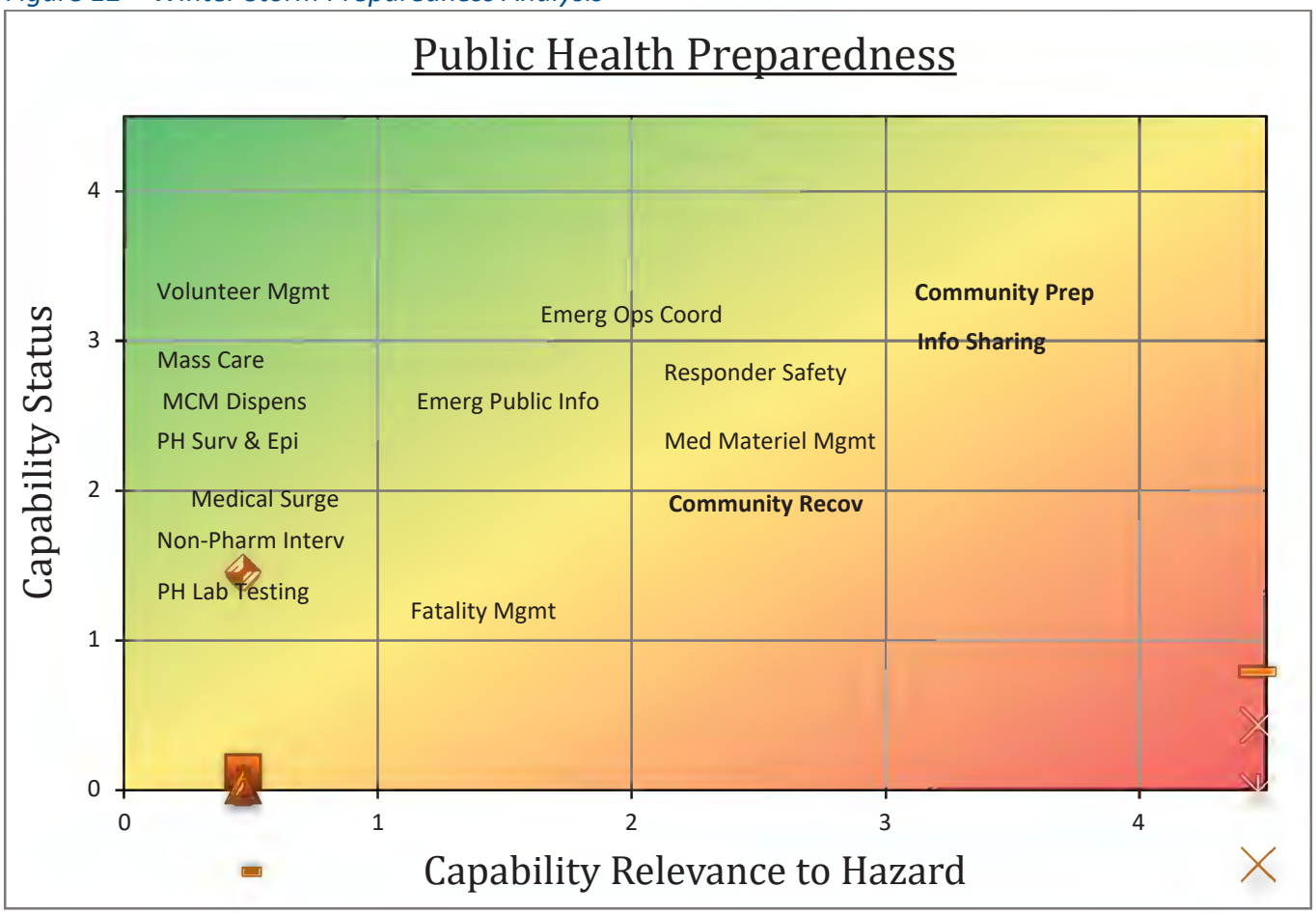


Figure 12 demonstrates SWHHS Public Health's current planning capability relevant to a winter storm. Priority planning elements indicate that dedicated planning resources are required in the following capabilities:

1. Community Recovery
2. Community Preparedness
3. Information Sharing

Figure 13 – Winter Storm At-Risk Population Analysis

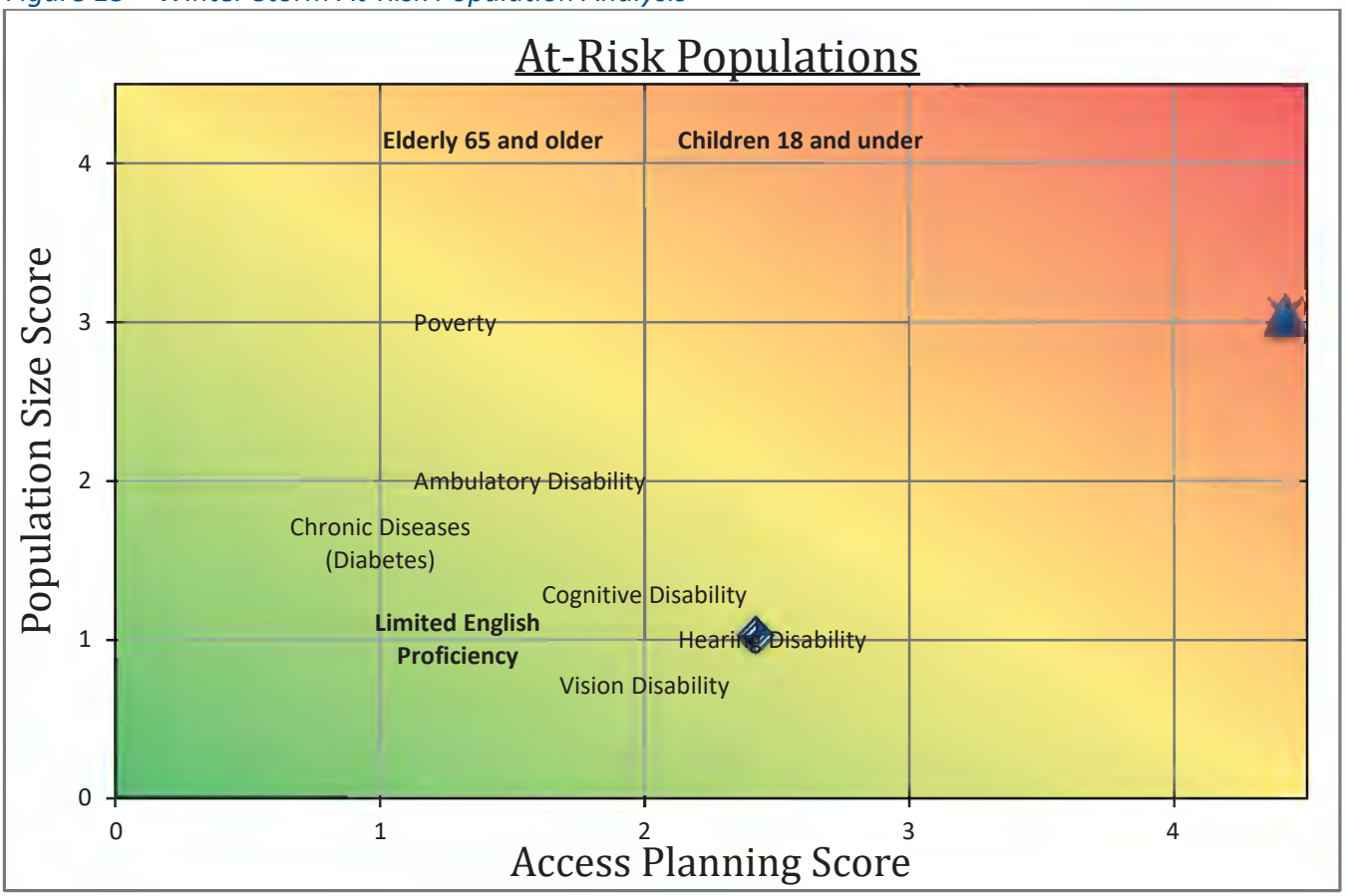


Figure 13 demonstrates SWHHS Public Health's planning capability relevant to a winter storm.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Limited English proficiency

Figure 14 – Temperature Extremes Severity Analysis

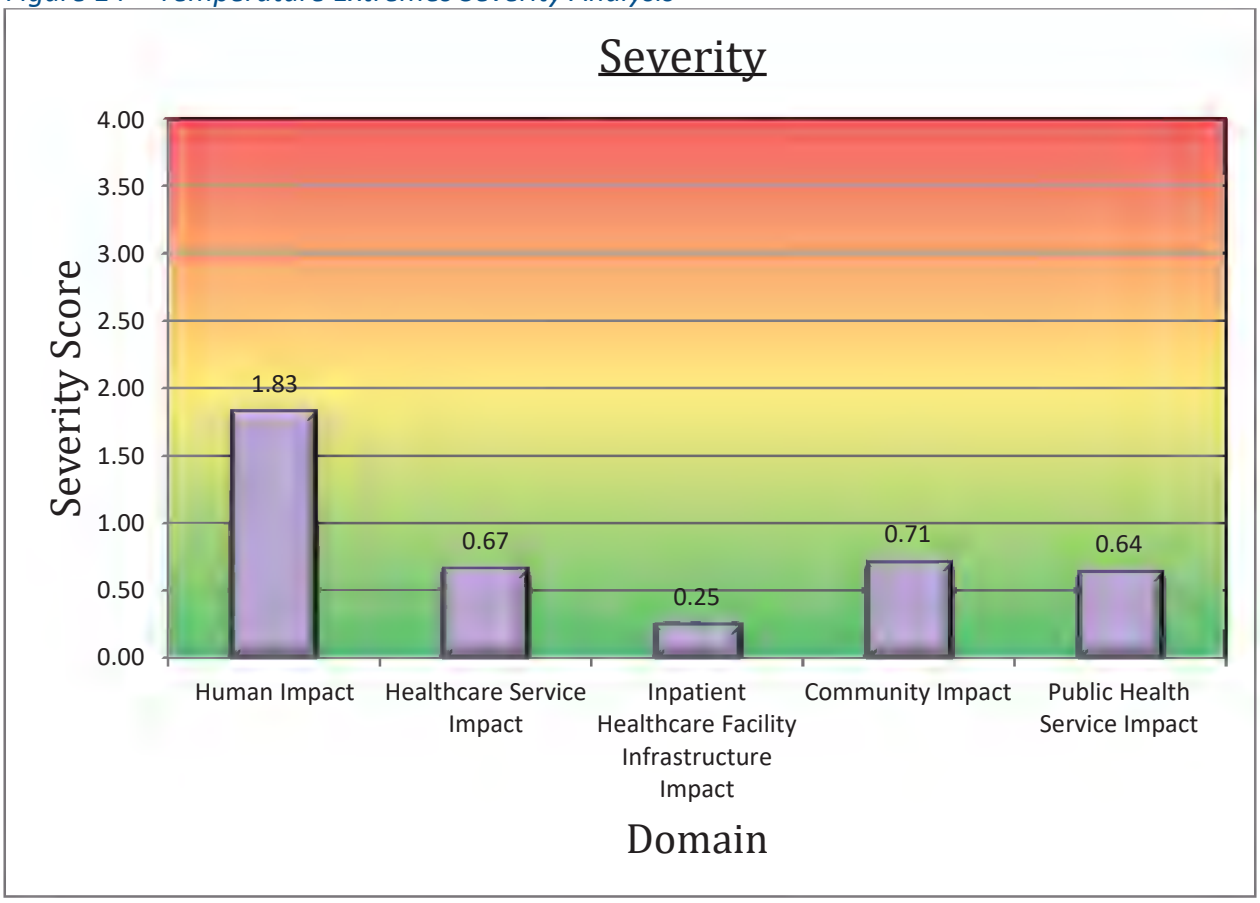


Figure 14 demonstrates that Human Impact will be most heavily affected by temperature extremes. Human Impact includes the following elements:

Human Impact	Mortality	Deaths/day
	EMS Transports	Transports/day
	ED Visits	ED Visits/day
	Outpatient Visits	Visits/day
	Trauma Center Injuries	Trauma center injuries/day
	Mental Health Impact	Percent of population developing psychopathology and behavioral changes after the incident, including PTSD, depression, anxiety, alcohol and substance abuse, domestic violence, and loss of social functions

Figure 15 – Temperature Extremes Preparedness Analysis

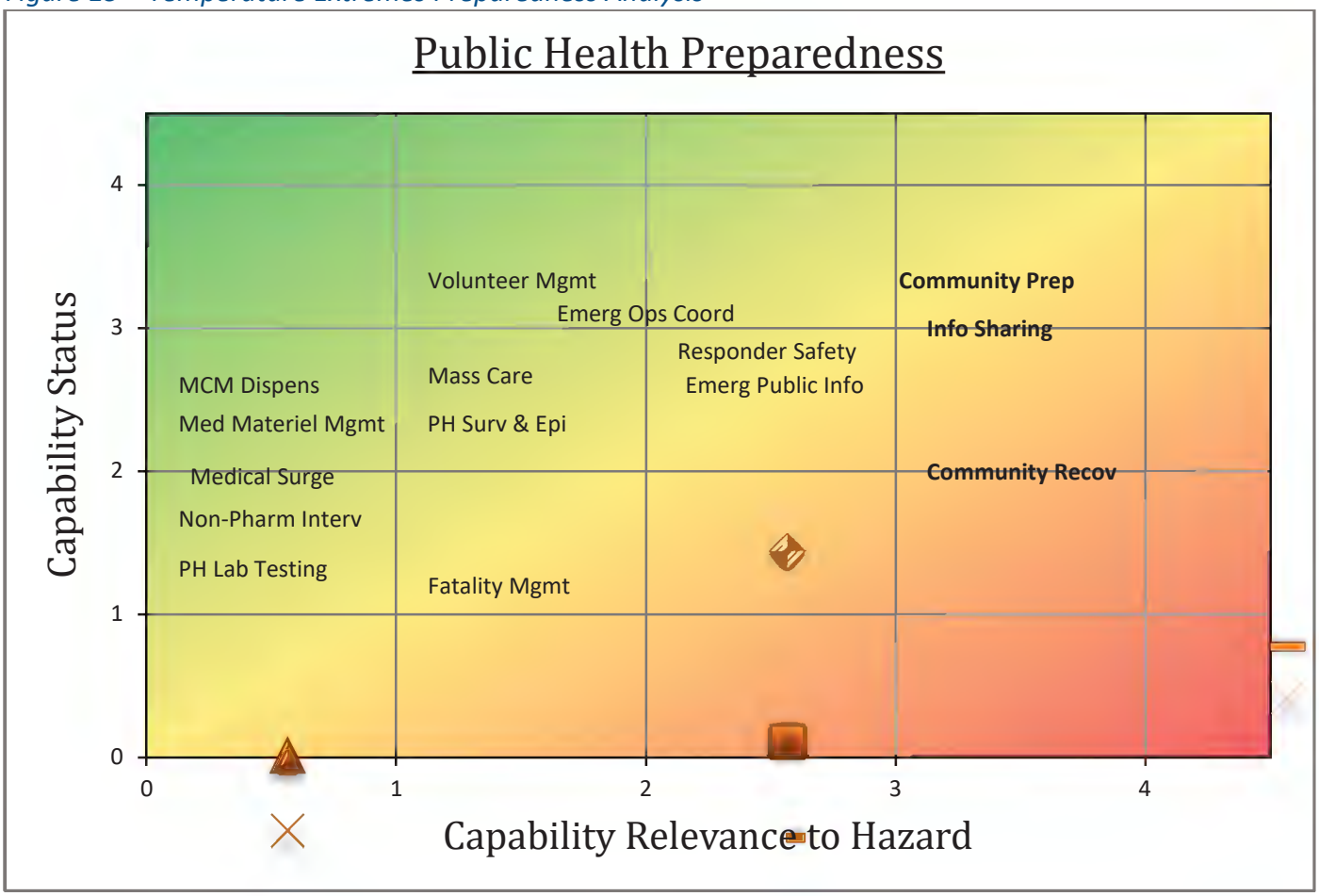


Figure 15 demonstrates SWHHS Public Health's current planning capability relevant to temperature extremes. Priority planning elements indicate that dedicated planning resources are required in the following capabilities:

1. Community Recovery
2. Community Preparedness
3. Information Sharing

Figure 16 – Temperature Extremes At-Risk Population Analysis

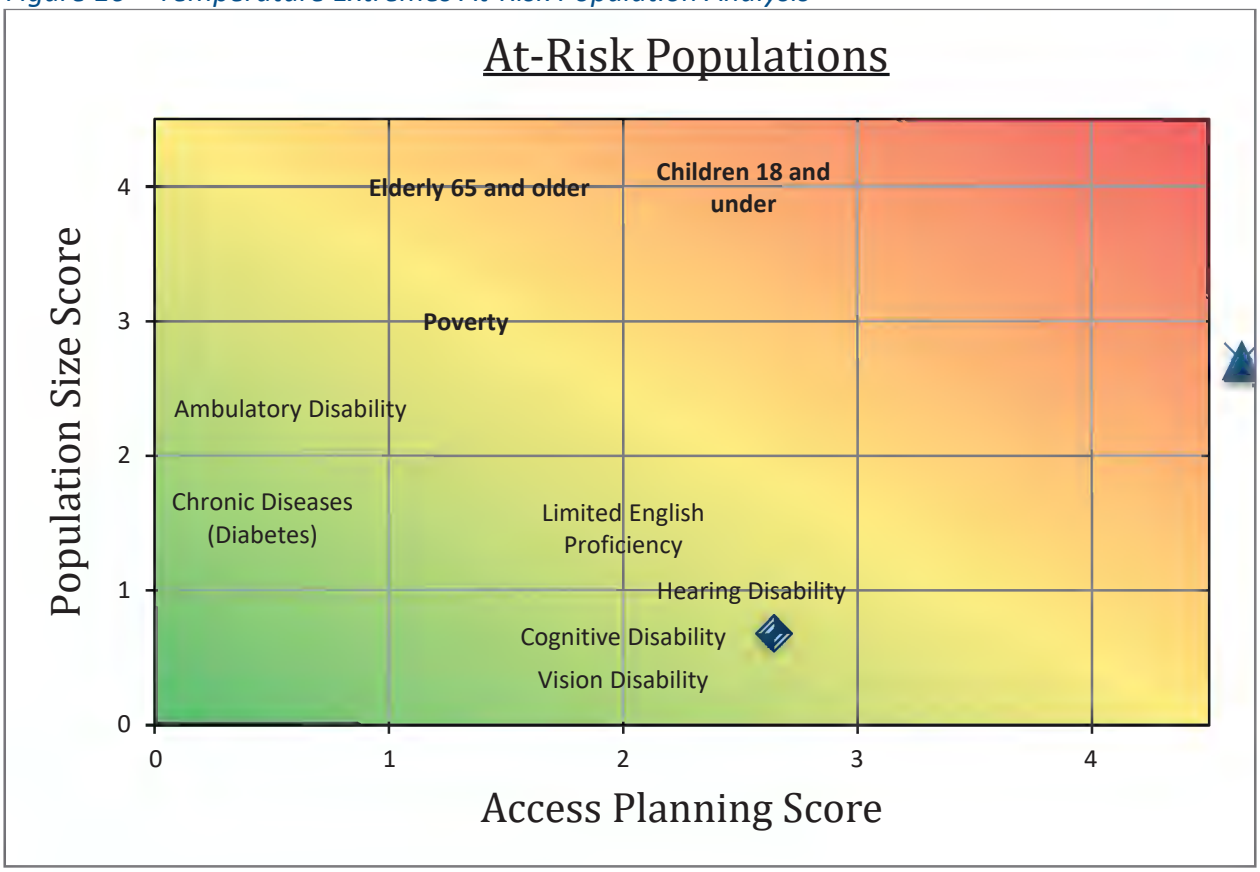


Figure 16 demonstrates SWHHS Public Health's planning capability relevant to temperature extremes.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Populations at or below the poverty level

Hazard Priority #4 Hazardous Material Release

Figure 17 – Hazardous Material Release Severity Analysis

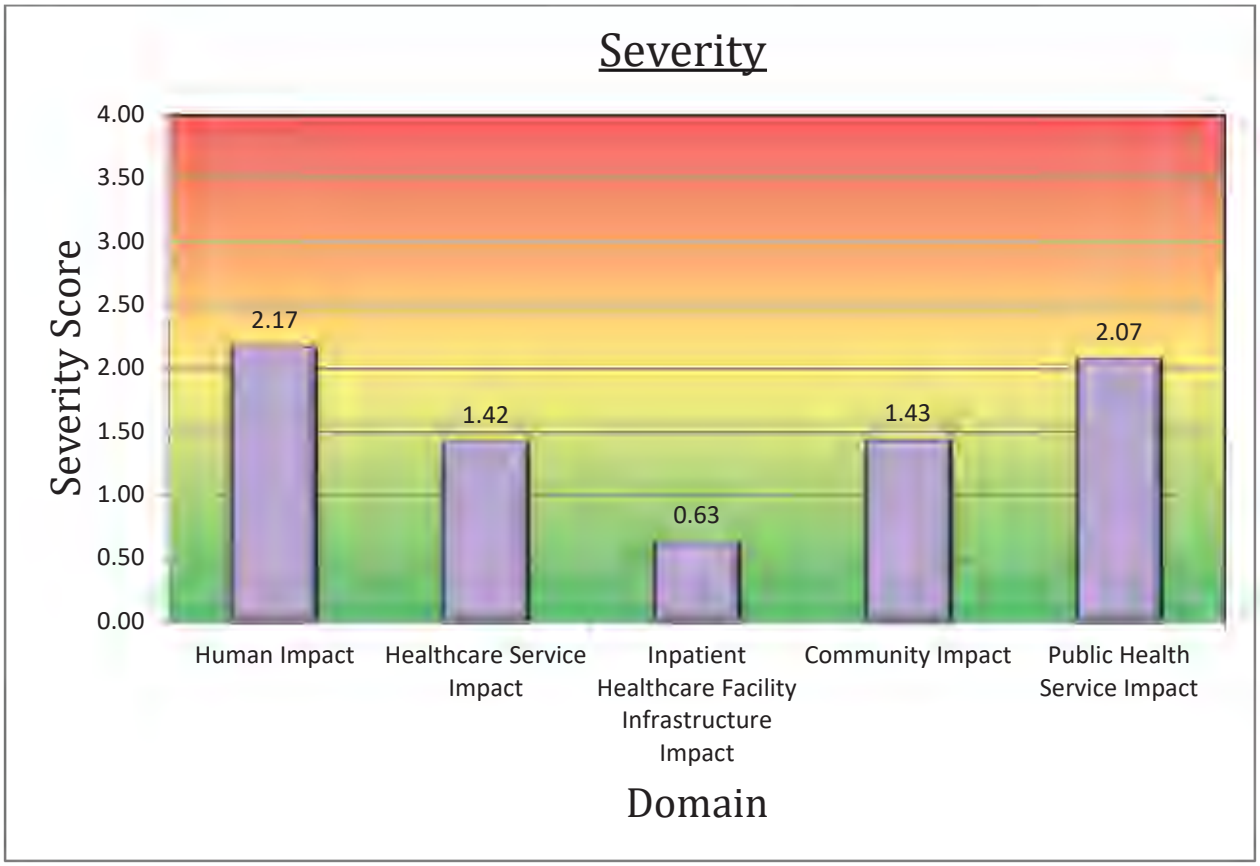


Figure 17 demonstrates that Human Impact will be most heavily affected by a hazardous material release. Human Impact includes the following elements:

Human Impact	Mortality	Deaths/day
	EMS Transports	Transports/day
	ED Visits	ED Visits/day
	Outpatient Visits	Visits/day
	Trauma Center Injuries	Trauma center injuries/day
	Mental Health Impact	Percent of population developing psychopathology and behavioral changes after the incident, including PTSD, depression, anxiety, alcohol and substance abuse, domestic violence, and loss of social functions

Figure 18 – Hazardous Material Release Preparedness Analysis

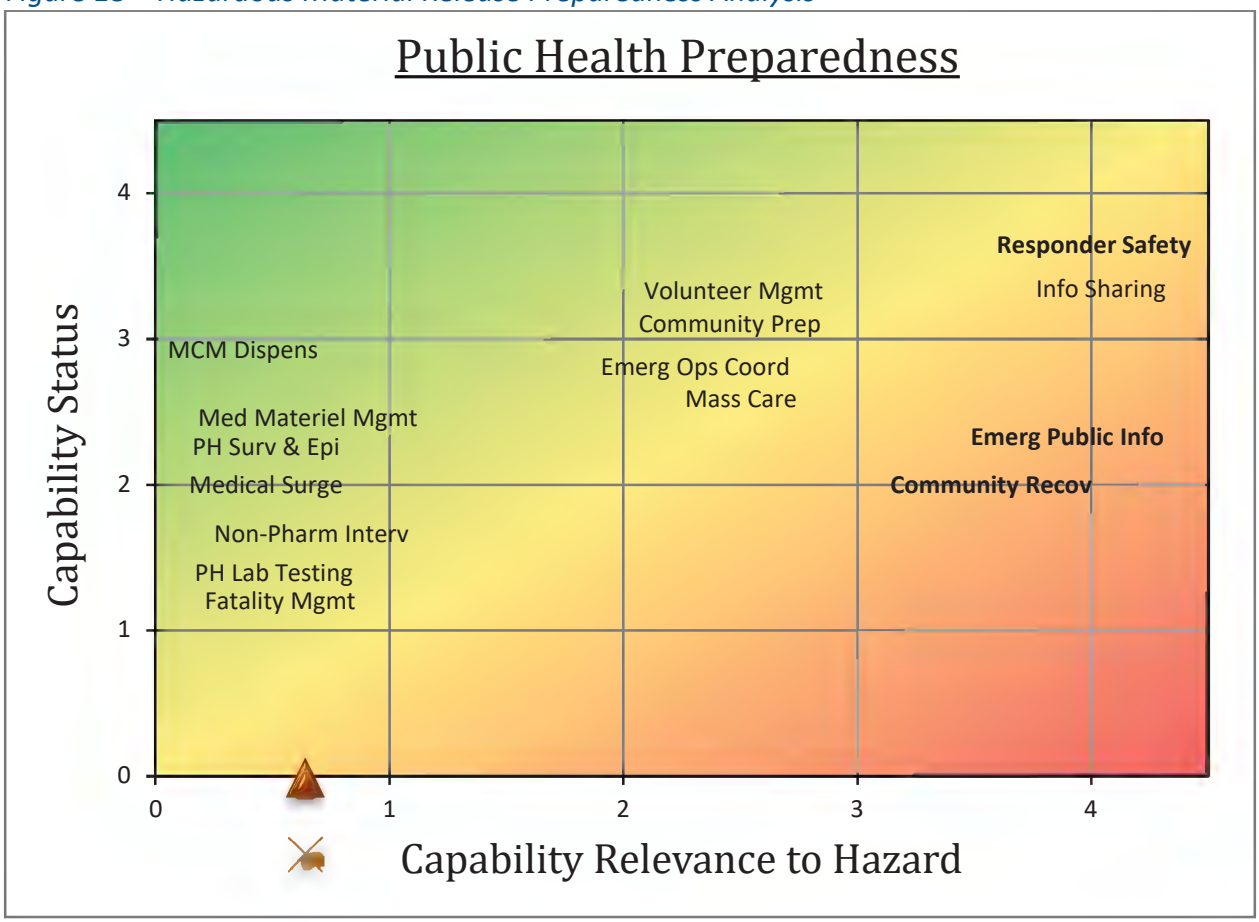


Figure 18 demonstrates SWHHS Public Health's current planning capability relevant to hazardous material release. Priority planning elements indicate that dedicated planning resources are required in the following capabilities:

1. Community Recovery
2. Emergency Public Information
3. Responder Safety and Health

Figure 19 – Hazardous Material Release At-Risk Population Analysis

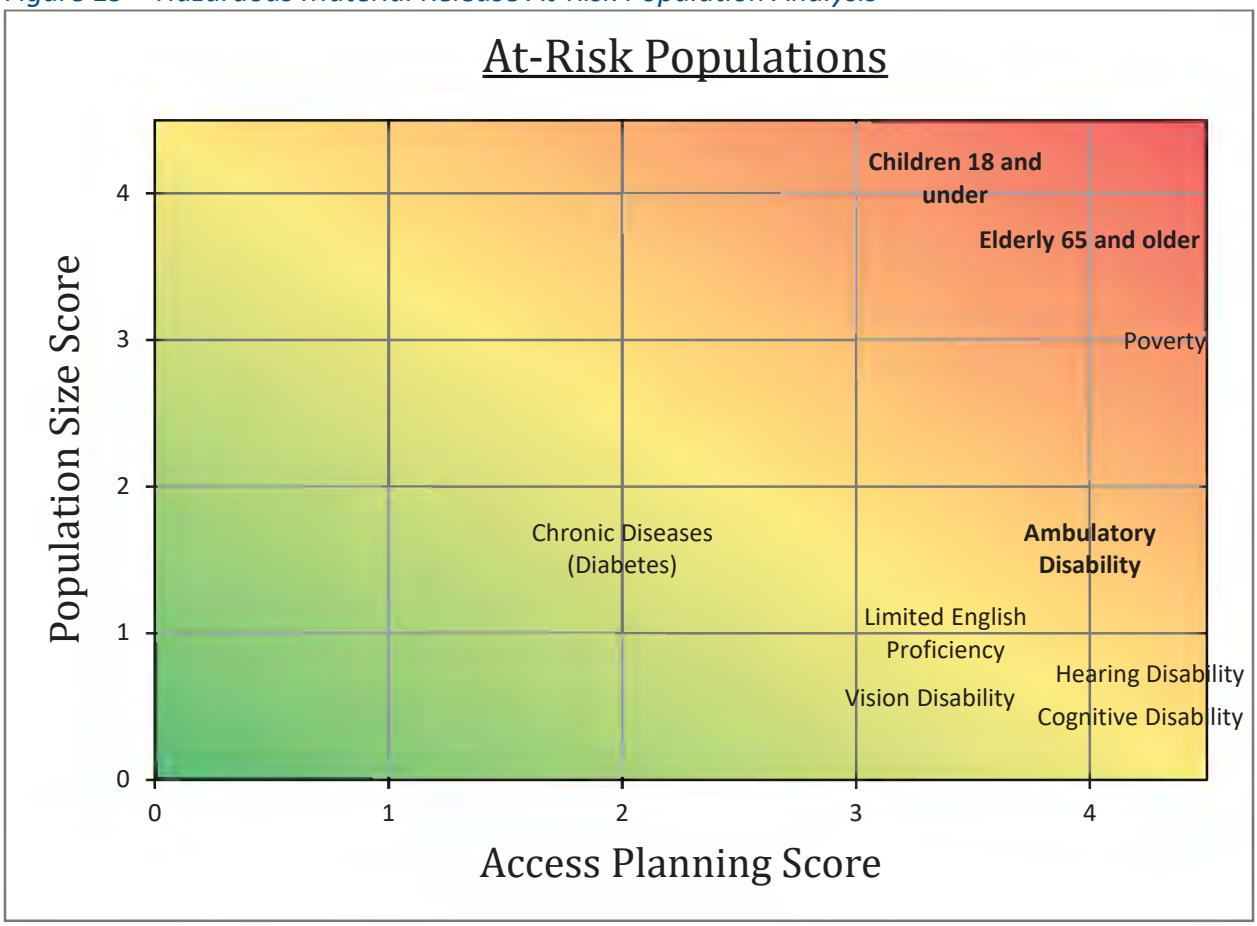


Figure 19 demonstrates SWHHS Public Health's planning capability relevant to hazardous material release.

At-Risk population planning priorities:

1. Elderly 65 and older
2. Children 18 and under
3. Ambulatory disability

Conclusion

Although each identified hazard requires its own unique preparedness and planning, the identified capabilities that need improvement for each hazard were aggregated into one finding. Any improvement in the identified capabilities raises the entire readiness of that capability. This risk assessment has allowed the SWHHS Public Health Emergency Preparedness Planners the ability to analyze each hazard and the effects it would have on the six-county coverage area.

Sensitivity to harm from hazards was ranked based on disabilities, limited English proficiency, income, chronic diseases, and age. People living below the poverty level, young children, and elderly adults living alone were assumed to be the most affected by significant disease outbreak and severe weather events. Ability to adapt to hazards contributed to the priority ranking based on income, education level, and physical and language isolation.

Public Health Capabilities and At-Risk Populations analysis showed a cross-cutting theme within each hazard, a need to better understand and meet the unique vulnerabilities of at-risk populations in our communities. Increased collaboration is necessary to engage and strengthen the partnerships with these populations. Investments that SWHHS make now will result in stronger, more resilient, and better prepared communities in response to any public health emergency.

Process!


Gather Data
Community Input
Implement
Create Improvement Plan

SOUTHWEST HEALTH & HUMAN SERVICES

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Prevent. Promote. Protect.

2024 Community Health Assessment

Serving Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties

Southwest Health and Human Services

607 W Main St, Suite 200

Marshall, MN 56258

507-537-6713

Contents

Message to the Community

I am pleased to present the Southwest Health and Human Services (SWHHS) 2024 Community Health Assessment. Every five years, Local Public Health Departments conduct a Community Health Assessment to determine local health priorities. The process includes gathering data from a variety of resources as well as input from community members. Community input is sought in a number of ways, including surveys, focus groups and guided discussions with community members across southwest Minnesota.

Health is defined by the World Health Organization as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This kind of health is central to creating environments where all families, communities and systems thrive. This kind of health is a shared responsibility and it begins where we live, learn, work, and play.

Thank you to the residents who took the time to fill out surveys, participate in community conversations or join focus group interviews. Your input has been invaluable in gaining insights into health concerns within our communities. We believe that everyone deserves access to good health, regardless of their location, education, or income level. We urge you to utilize this data when working with communities in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties.

In partnership with the community, SWHHS Public Health will now turn its attention to focus on the development of the Community Health Improvement Plan, our roadmap to create community-driven solutions to elevate health and well-being.

Carol Biren
Public Health Director, SWHHS

Acknowledgements

The Southwest Health and Human Services Community Health Assessment Committee Members:

Carol Biren, Public Health Director	
Ann Orren, Community Public Health Supervisor	Jen Nelson, Community Public Health Supervisor
Michelle Salfer, Public Health Program Specialist	Deann Holland, Emergency Preparedness Planner
Wendy Crawford, Public Health Program Specialist	Caitlyn Schultz, Communications Specialist

A special thank you to Bob Kuziej, Senior Research Scientist at the Minnesota Department of Health for assistance throughout the CHA and CHIP development process and Michelle Kiefer, CentraCare Health for assistance with the Redwood Falls Community Meeting.

Additional thank you to the Community Leadership Teams that assisted with determining what data should be reviewed.

Publication Date: December 31, 2024

Introduction

In 2013, Southwest Health and Human Services (SWHHS) became the first and largest joint-powers health and human services agency in Minnesota. The model of this agency, at its core, is a sustainable local government that provides continuity of service across a six-county region of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

In 2016, staff reviewed our mission statement and, in the end, did not change it. The mission of SWHHS is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring and cost-effective manner.

County Commissioners from each of the member counties serve on the Human Services, Public Health and Governing Board. One layperson from each of the member counties also serves on the Human Services Board.

SWHHS is divided into five divisions: Public Health, Human Services, Business Management, Information Technology, and Human Resources/Financial Assistance. Each division has a Lead that is overseen by the Agency Director. There are separate fund accounts for public health and human services.

The Healthy Southwest Health and Human Services Partnership

Every five years public health agencies are required to assess the health of their community to determine if interventions and programs are on target for the population the public health agency serves. Planning is done for the next five years based on the data collected about the service area.

Since public health services are not provided in a bubble, community input on health priorities and concerns from residents, community leaders, and service organizations is key to developing plans that are a focus for the implementation period to come. Where data is lacking, local surveys have helped fill the void.

Public Input

The Health of Southwest Health and Human Services was made available to community members for review. Any comments and additional data provided by the community were reviewed and incorporated as needed.

Limitations

The data collected in this document does not represent a total picture of the health of SWHHS. It was meant to be a snapshot of where the health of citizens in the six-county area is and to help focus decision-makers as to where to place limited resources. Data collection was limited by the availability of county-level data or lack of study or survey in an area. Not all areas of health were covered due to the sheer volume of topics and the time limitations of this assessment process.

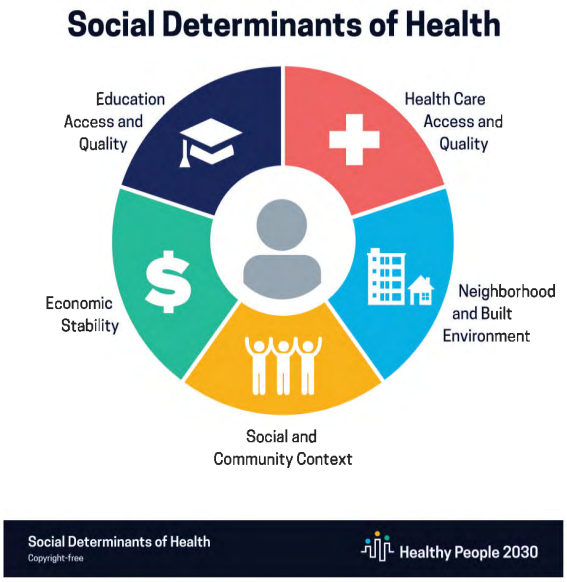
Community Health Assessment data was collected from various local, state, and federal data sources. Some of these resources include the 2023 Southwest Minnesota Healthy Communities Survey, the Minnesota Student Survey (1998 through 2022), Minnesota Center for Health Statistics, Atlas of Minnesota Online, Minnesota State Demographer, Minnesota Department of Economic and Employment Development, Minnesota Department of Public Safety, Minnesota Court System,

Minnesota Department of Natural Resources, various departments at Minnesota Department of Health, Minnesota Electronic Record Consortium, various disease foundations, Behavioral Risk Factor Surveillance System, Environmental Protection Agency, U. S. Census Bureau, U.S. Department of Agriculture, and Centers for Disease Control.

A Framework for Assessing Health

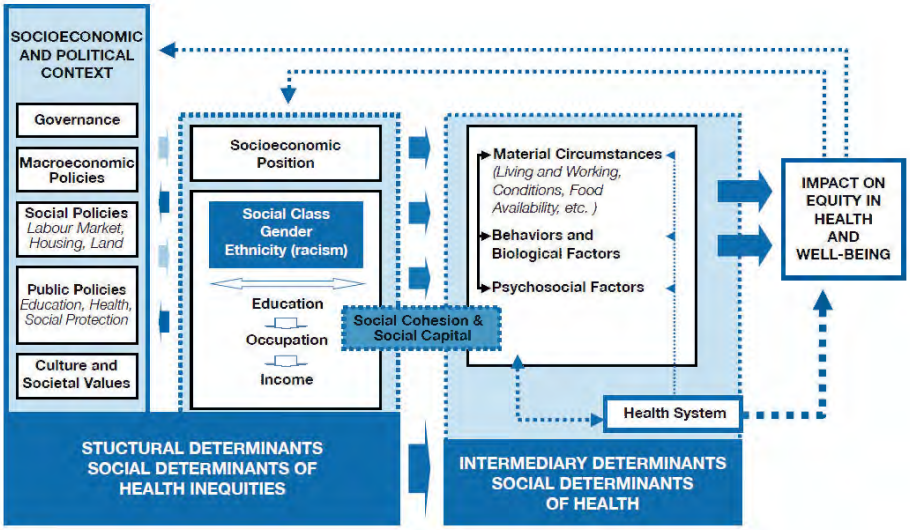
Social determinants of health are the nonmedical factors that influence the health of people and communities. These conditions are ones that people are born, live, grow up, learn, work, play, worship, and age, and the wider set of forces and systems shaping the conditions of daily life. These conditions are economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. (1)

These determinants can be extended to the population in the form of five determinants of health of a population; education access and quality, economic stability, social and community context, neighborhood and built environment, and health care access and quality. (2)



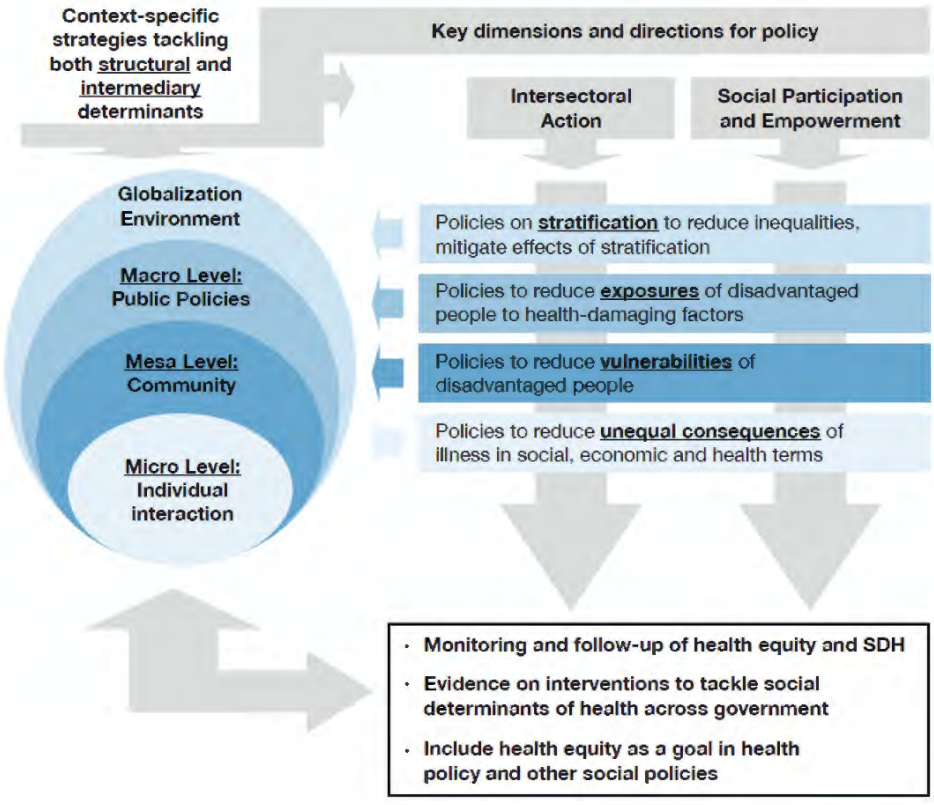
Source: U.S. Department of Health and Human Services. (2)

In 2010, the World Health Organization published a report on how to influence social determinants of health in order to reduce health inequities. In the figure below structural mechanisms in the socio-economic and political context of policies, governance, and culture give rise to a socioeconomic position where people are stratified by how much money they have, the color of their skin, education attainment, gender, occupation, and other factors. These factors shape the intermediary determinants, which include where people are in social hierarchies. Social status determines how vulnerable a person is to experiencing a negative health condition and exposure level. Once a person becomes ill, you will see that impact feedback through the system influencing structural determinants. (3)



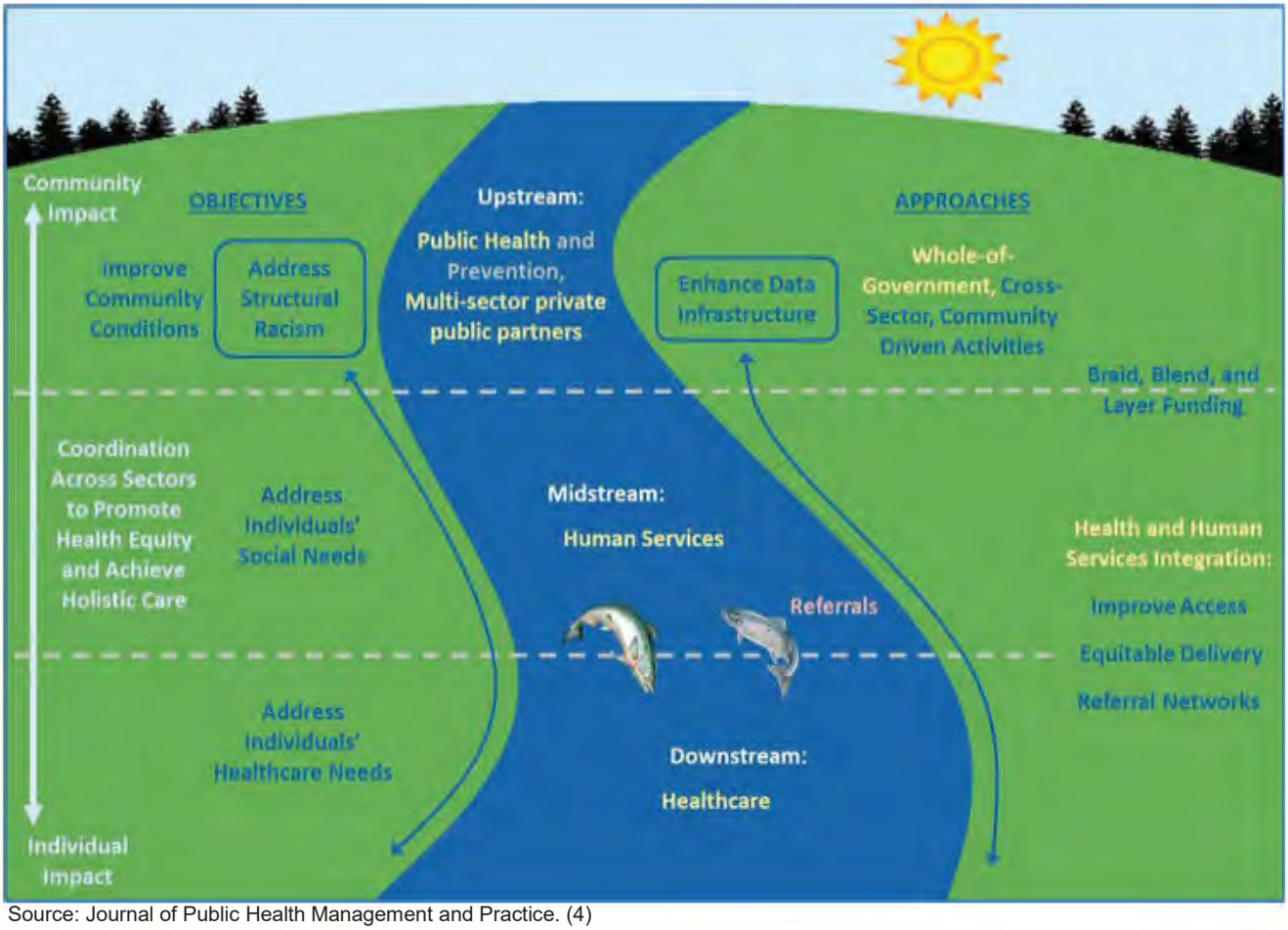
Source: World Health Organization, 2010 (3)

The reason this community health assessment is looking at these various determinants is to ensure that programs that are put in place to address health needs that are identified by community input and data collection have a health equity component to them. As populations of color increase in the six-county area, SWHHS staff can be mindful of how to eliminate health disparities. Education on how current systems, policies, and environments have worked to limit health in low-income populations and populations of color will bring about needed policy changes at all levels of structural and intermediary determinants as described in the figure below. (3)



Source: World Health Organization, 2010 (3)

SWHHS community health assessment is designed to look at upstream factors that influence health and downstream results. Having a basis in social determants of health give a systematic strategy for improving health. The challenge is to leverage categorical and disease focused funding to address the underlying economic and social conditions. New approaches to public health delivery and partnerships with key community organizations are needed to work in the upstream arena. (4)



Source: Journal of Public Health Management and Practice. (4)

Organization

The organization of this document is in eight main sections. The next seven sections are factors that influence health. The eight sections are:

Demographics and Community Characteristics: Explores the population, aging, race and ethnicity changes within SWHHS.

Economic Stability: Explores food security, housing, employment and income/poverty factors.

Neighborhood and Built Environment: Explores housing quality, violence, crime/public safety, environment, healthy workplaces, schools and transportation within SWHHS.

Education Access and Quality: Explores language and literacy, educational attainment and early childhood development with in SWHHS.

Food Access and Quality: Explores access to healthy food options, availability, quality, and hunger.

Social and Community Context: Explores social support, social cohesion, civic engagement, and incarceration within SWHHS.

Health Care Access and Quality: Explores access to primary, specialty, emergency care, affordability, health literacy, quality of care and insurance coverage within SWHHS.

Health Behavior: Explores personal health practices and behaviors such as eating, exercise, sexual practices, etc.

General Health Status

What does health mean to you? In the six-county region that make up Southwest Health and Human Services, being healthy is the balance of physical, mental, emotional, and spiritual health and how these things connect. (5) Community members from various groups explained being healthy in this way:

It's a mixture of being mentally, physically and socially being healthy. Having all those aspects meet each other. ***- LGBTIQA group*** (5)

Being able to be balanced between emotions, physically, and spiritually. If you're down emotionally your body will eventually follow that. It's good to maintain a good energy and be with others that are. ***- Native American group*** (5)

Being healthy means to me in my community is access to health care and both physical/ mental, good education, good human services, good employment, and housing opportunities. Those basic needs are very important to being healthy and not just mental and physical health. If you don't have good housing it effects your mental health. If you don't have good credit it's hard to get a home as a newcomer since you have to build credit scores to purchase a home. It is all related to one person. Having employment and a good job to pay rent. ***- Karen group*** (5)

It's a balance of physical and mental health. **- Veterans group** (5)

It's being both physically and emotionally healthy. It can be complicated to talk about mental health because it is hidden, but it is also important because mental health impacts not just the individual, but their work and the other people they are with. **– Somali Refugees and Immigrants group** (5)

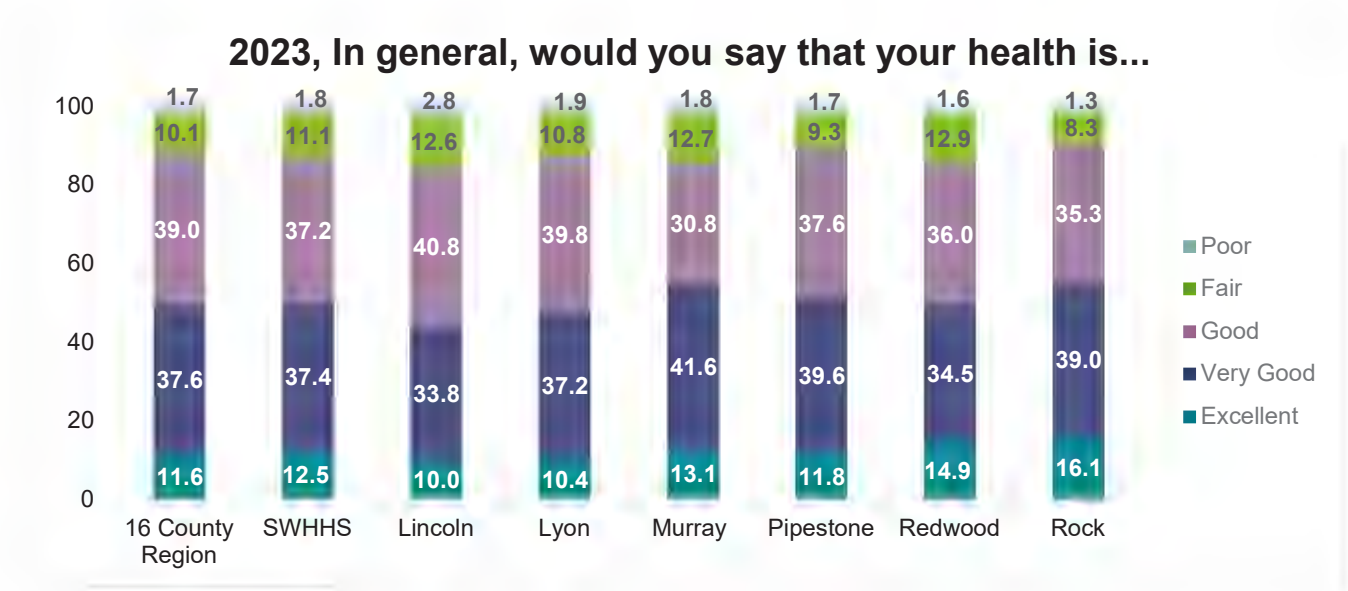
Health is really important because we don't have health insurance, so we have to be extra careful to not get sick or injured. **– Spanish-speaking group** (5)

Health is being physically healthy, having a good diet, and being mentally and spiritually in a good spot. It is a feeling of being taken care of and maintaining a balance in life. – **People with disabilities group** (5)

In 2023, Southwest Health and Human Services participated in a regional adult health survey. Because of limited funding, 16 counties joined with Wilder Research and the Minnesota Department of Health to complete the Southwest Minnesota Healthy Communities Survey.

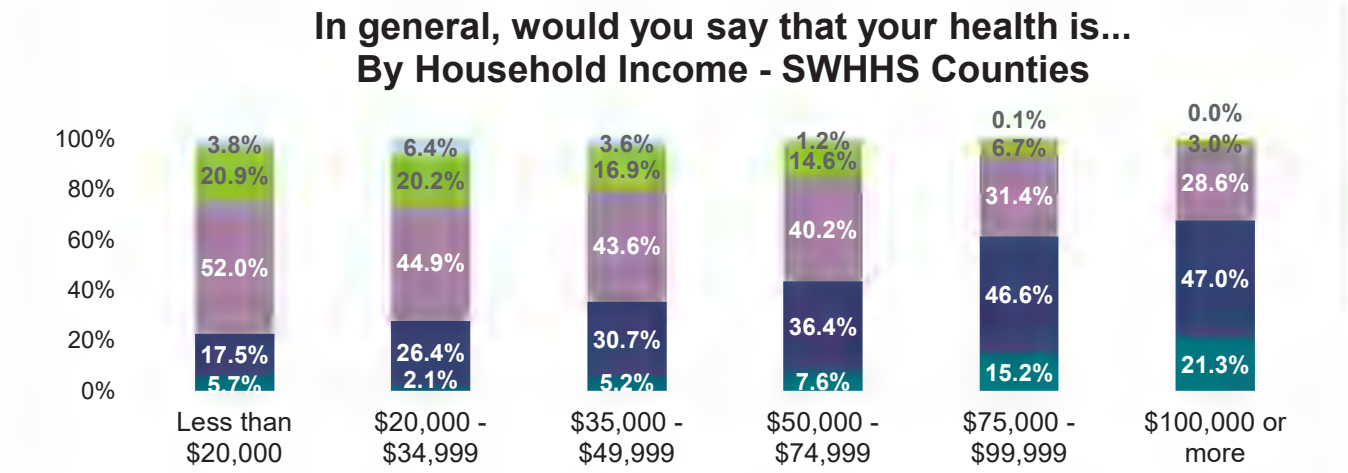
Overall, the data obtained from this survey has been valuable for determining a snapshot of adult health in the SWHHS coverage area. The 2023 survey results showed SWHHS residents felt their overall general health status was similar to the rest of the citizens in the 16-county region. 12.5% of residents in the SWHHS counties ranked their health as "excellent" in comparison with the regional 11.6%. This was also the case for the percent of residents who ranked their health as "very good"

with SWHHS at 37.4% vs. Region at 37.6%. When compared to 2015 survey results, there has been a slight decrease in “excellent” responses for SWHHS by 1.3% and the Region by 1.6%. Responses for “very good” have also seen a slight decrease for SWHHS by 2.4% and the Region by 2.6%. The “good” response increased for SWHHS by 1.3% and the Region by 3.5%, “fair” response increased for SWHHS by 1.9% and the Region by 0.6%, “poor” response increased for SWHHS by 0.4%. (6)



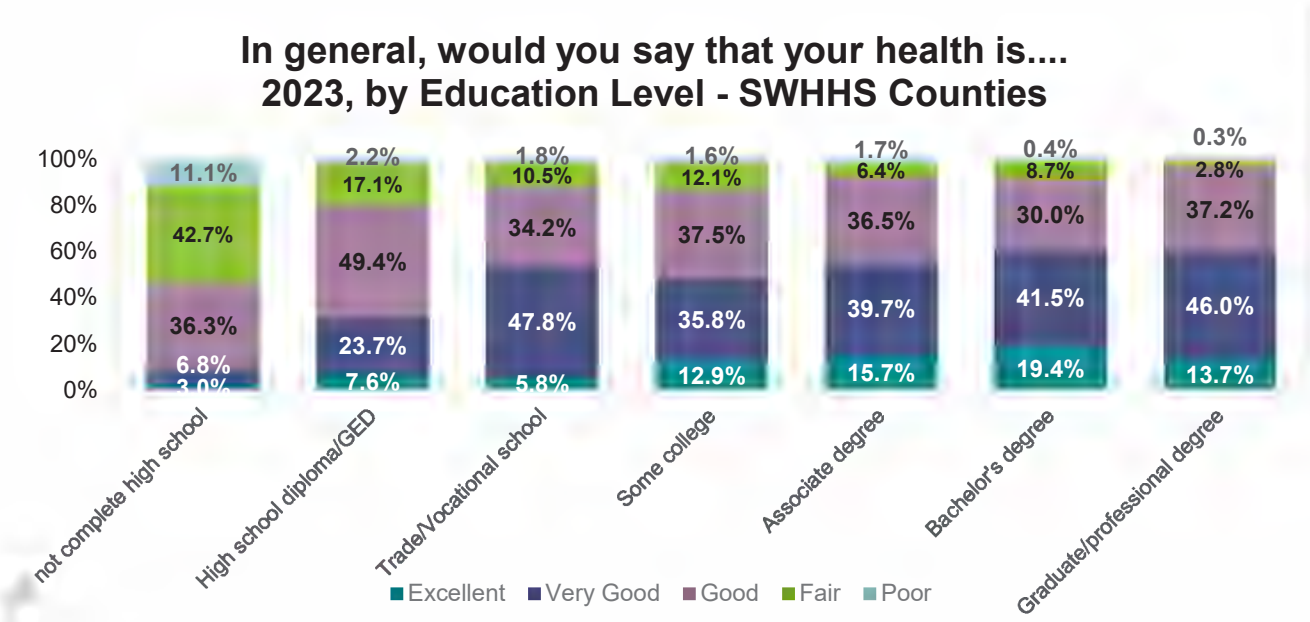
Source: Wilder Research, 2023 Southwest Minnesota Healthy Communities Survey. (6)

A comparison of overall health status and household income for SWHHS residents showed that the higher an individual’s household income was, the more likely they would rank their health as “excellent” or “very good.” The difference between “less than $20,000” and “$100,000 or more” for “excellent” and “very good” combined was 45.1 percentage points. (6)



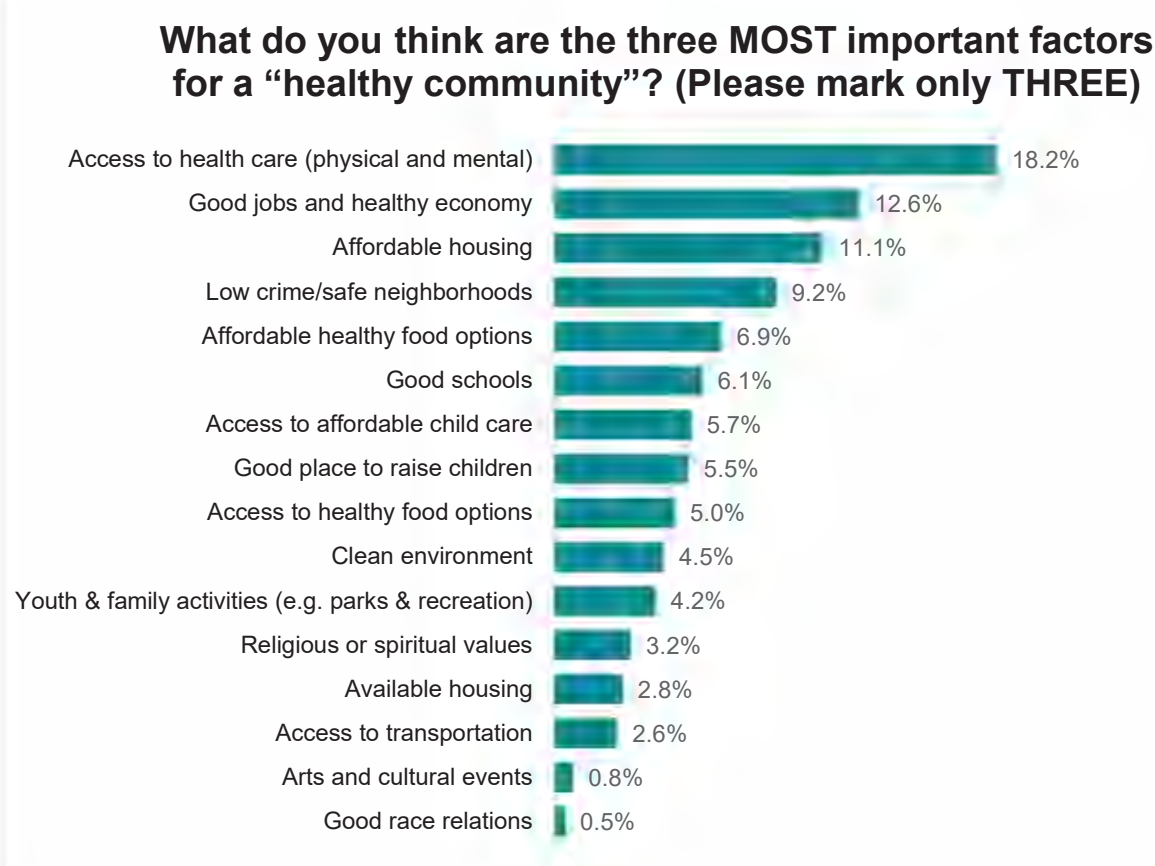
Source: Wilder Research, 2023 Southwest Minnesota Healthy Communities Survey (6)

Similar trends were seen with residents who obtained a higher educational degree: residents who lived in the SWHHS counties with a bachelor's degree or higher were more likely to rank their overall general health in the “excellent” or “very good” range. The difference between “Did not complete high school” and “Graduate/professional degree” for “excellent” and “very good” combined was 49.9%. (6)



Source: Wilder Research, 2023 Southwest Minnesota Healthy Communities Survey (6)

SWHHS conducted 2024 Quality of Life Survey, a convenience sample survey, to determine perception of the community on various topics. There were 312 survey respondents from all six SWHHS counties. The survey respondents reported the three most important factors for a "healthy community" are access to health care (physical and mental health) at 18.2%, Good Jobs and health economy at 12.6% and affordable housing at 11.1%. (7)



Source: 2024 Quality of Life Survey. (7)

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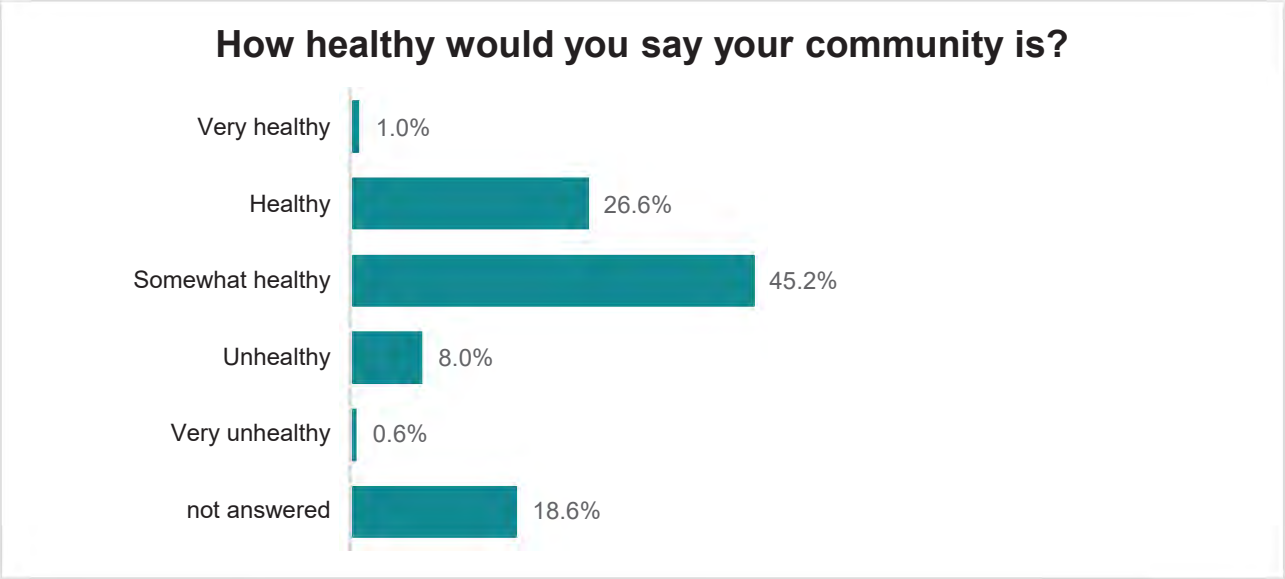
The 2024 Quality of Life Survey respondents were asked “How healthy would you say your community is?”, with 45.2% of respondent answering “Somewhat Healthy”, 26.6% “Healthy”, 8.0% “Unhealthy”, 1.0% “Very Healthy” and 0.6% Very Unhealthy”. There were 18.6% of survey respondents that did not answer. (7)



Source: 2024 Quality of Life Survey. (7)

Demographics and Community Characteristics

Counties SWHHS Serves

Southwest Health and Human Services serves a largely rural area with rolling farmland in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock. This primarily agricultural area produces corn, soybeans, winter wheat, hogs, feeder cattle, dairy products, and in Pipestone County, lambs, and sheep.

Lincoln County was organized in 1873. It includes the cities of Arco, Hendricks, Ivanhoe, Lake Benton, and Tyler and the unincorporated communities of Marshfield, Thompsonburg, Verdi, and Wilno. (8) The majority of people in Lincoln County are Polish, Danish, Norwegian, and Icelandic heritage. Ivanhoe is the home of the county seat. Lincoln County is 100% rural and is one of a small number of counties in the state without a traffic light. The county’s population was the eighth smallest in Minnesota in the 2020 Census. Lake Benton is home to the Lake Benton Opera House, which is on the National Registry of Historic Buildings, and Heritage & Wind Power Learning Center. In Hendricks, you will find the Lincoln County Pioneer Museum where you can see a one-room schoolhouse, an Icelandic church, a train depot and a Sears’s house furnished with turn of the century décor.

Lyon County is the largest of the six counties and was established 1869. It includes the cities of Balaton, Cottonwood, Florence, Garvin, Ghent, Lynd, Marshall, Minneota, Russell, Taunton, and

Tracy along with unincorporated communities of Amiret, Burchard, Dudley, and Green Valley. The majority of people in Lyon County are of Icelandic, Belgian, Swedish, and Norwegian heritage. (8) Lynd was the county seat, but it is now Marshall. Marshall is the largest city in the county and in Southwest Minnesota. Marshall is the home of The Schwan's Company, an international food processing and distribution company; ADM, a corn processing plant; and Turkey Valley Foods, a turkey processing plant. Due to the availability of jobs in these companies, Lyon County is the home of several minority populations, including Hispanics, Somalis, Hmong, and Karen. Marshall is also the home of Southwest Minnesota State University (SMSU).

Murray County was created in 1857 through a bill passed by the Minnesota legislature. The first city established in Murray County was Currie in 1872 followed by Fulda, Hadley, Avoca, Iona, Slayton, Lake Wilson, Chandler, and Dovray. Unincorporated communities in Murray County are Current Lake, Kelley, Lime Creek, Mason, Owanka and Wirrock. (8) The majority of people in the county are of Irish Catholic, Norwegian, and Dutch heritage. The county seat is Slayton; however, Currie and Slayton competed for the county seat. Murray County is also home to Lake Shetek and Lake Shetek State Park providing water and trail recreational opportunities. End-O-Line Railroad Park and Museum is located in Currie, which is next to the Casey Jones Bike Trail. Murray County is host to Fenton Wind Farm; Minnesota's largest wind farm project located on the Buffalo Ridge.

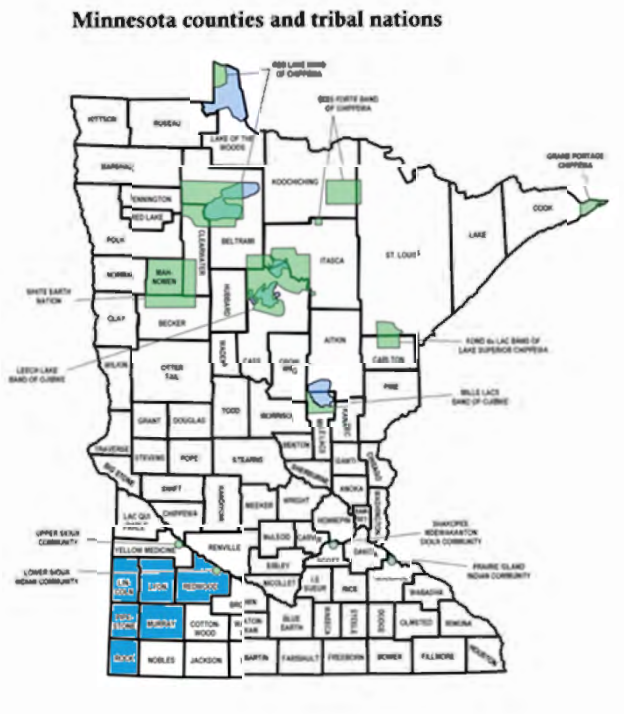
Pipestone County was established in 1857- although the City of Pipestone, the largest city in Pipestone County and county seat, was established in 1874. Pipestone County includes the cities of Edgerton, Woodstock, Trosky, Jasper, Holland, Hatfield, Ruthton, and Ihlen along with the unincorporated communities of Airlie and Cazenovia. (8) The majority of people in the county are of Norwegian and Dutch heritage. Pipestone National Monument is located in Pipestone, which is the "Home of the Peace Pipe", because of its rock formation that yielded the stone used by Native Americans to make peace pipes. Edgerton is the home of the Dutch Festival in July. Split Rock Creek State Park is located north of Jasper and has amenities such as boating, fishing, swimming, and walking trails available to the public.

Redwood County was established in 1862 and settled by German, Norwegian, Irish, English, Swedish, and Danish immigrants. Unincorporated communities include Gilfillan and Rowena and cities include Belview, Clements, Delhi, Lamberton, Lucan, Milroy, Morgan, Redwood Falls, Revere, Sanborn, Seaforth, Vesta, Wabasso, Wanda, and Walnut Grove, which is the childhood home of Laura Ingalls Wilder and hosts pageant weekends in July. (8) Walnut Grove is also home to a large Hmong community. The Lower Sioux Indian Community, who is part of the Mdewakanton Band of Dakota, calls the northeast portion of Redwood County home. Redwood County has the Minnesota River as its northeastern border. Redwood Falls is the county seat and home to Minnesota's largest municipal park, Alexander Ramsey Park, which contains a beautiful waterfall, trail system, and camping. Each August, Minnesota Farmfest calls the historic Gilfillan Farm Estate home, which is located between Redwood Falls and Morgan.

The Original Act of 1857 established Rock County. You will find Rock County in the southwest corner of Minnesota bordering South Dakota on the west and Iowa to the south. Rock County was named for the immense quantities of rock within its borders. Cities included in Rock County are Jasper, Hardwick, Kenneth, Beaver Creek, Luverne, Magnolia, Hills, and Steen with unincorporated communities of Ash Creek, Kanaranzi, and Manley. (8) The majority of people in the county are of German, Dutch and Norwegian heritage. Blue Mounds State Park is located near the town of Luverne and is named after a linear formation of Sioux Quartzite bedrock, which is said to have appeared blue in the distance to early settlers. The park contains 100-foot cliffs for rock climbing, campsites, prairie-hiking trails, and a state-owned bison herd, which grazes on one of the state's largest prairie remnants. The county seat of Luverne has the Verne Drive-In Theater, the only drive-in theater for hundreds of miles and hosts the Tri-State Band Festival in September, which has taken place for over 60 years.

Population

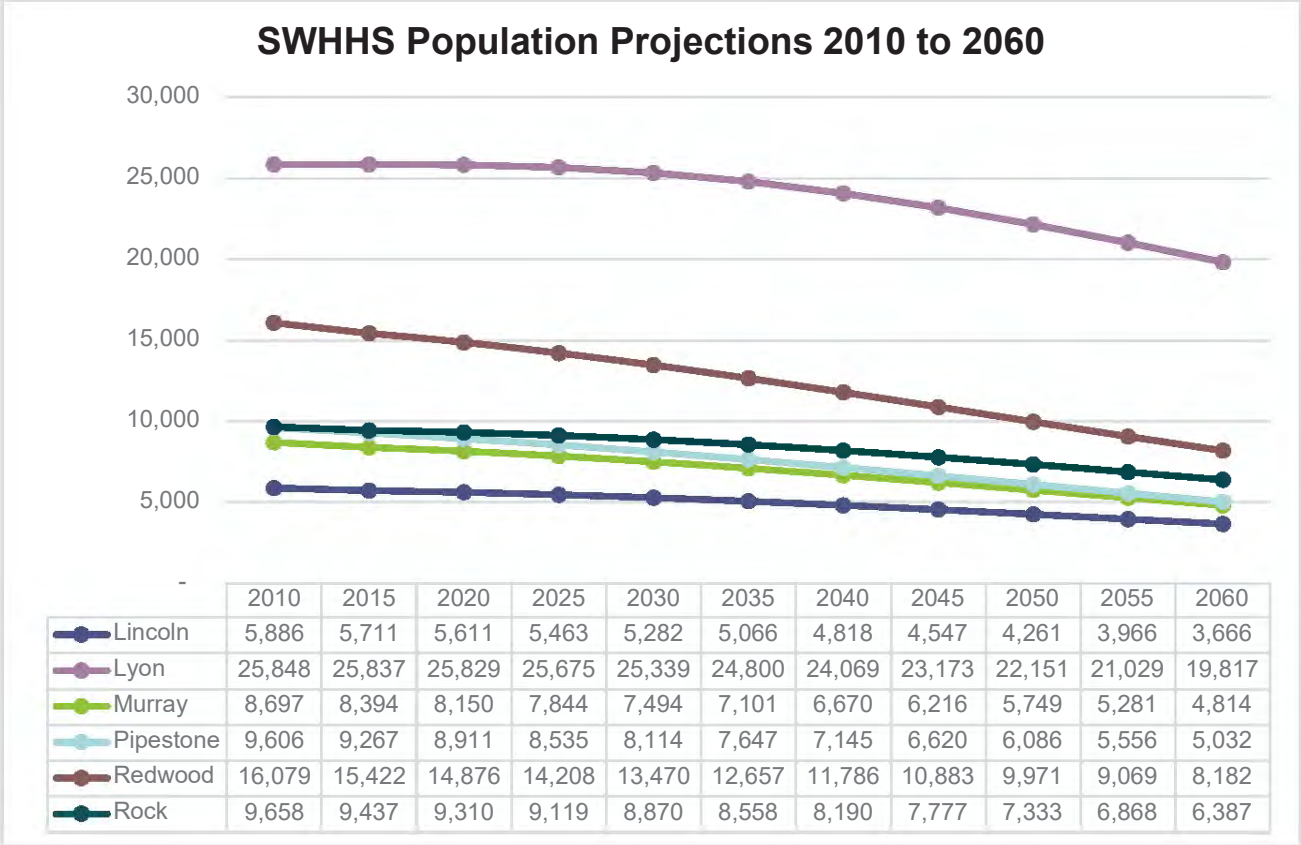
The current population estimate as of 2021 in the six-county area is 73,099. (9) The largest city within the service area is Marshall with a population of 13,618 followed by Redwood Falls, 5,067; Luverne, 4,937; Pipestone, 4,138; Tracy, 2,065; Slayton, 1,996; Fulda, 1,361; Minneota, 1,360; Edgerton, 1,247; Cottonwood, 1,145; Tyler, 1,121. These eleven cities represent 52% of the total population in the SWHHS counties. All the rest of the cities in the six-county region each have a population of under 1,000 people with Florence being the smallest with an estimated population of 28 people. (10)



Lower Sioux Indian Community in Redwood County is the only federally recognized American Indian Tribe in six SWHHS counties. There are 982 tribal members living in a ten-mile service area. There are 1,743 acres of tribal lands remaining after multiple treaties ceded native lands to the United States government. (11)

Population Change

Demographic projections for SWHHS population show a decline in all six counties. The projected percentage of decline from 2020 to 2060 ranges from 23.3% in Lyon County to 45.0% in Redwood County. (12)



	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060
Lincoln	5,886	5,711	5,611	5,463	5,282	5,066	4,818	4,547	4,261	3,966	3,666
Lyon	25,848	25,837	25,829	25,675	25,339	24,800	24,069	23,173	22,151	21,029	19,817
Murray	8,697	8,394	8,150	7,844	7,494	7,101	6,670	6,216	5,749	5,281	4,814
Pipestone	9,606	9,267	8,911	8,535	8,114	7,647	7,145	6,620	6,086	5,556	5,032
Redwood	16,079	15,422	14,876	14,208	13,470	12,657	11,786	10,883	9,971	9,069	8,182
Rock	9,658	9,437	9,310	9,119	8,870	8,558	8,190	7,777	7,333	6,868	6,387

Source: Minnesota State Demographic Center. (12)

Population Per Square Mile of Land Area

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Land Area	79,631.6	3,782.1	536.8	714.4	704.7	465.1	878.6	482.5
Persons	71.8	19.5	10.5	35.7	11.7	20.1	17.6	20.1
Population	5,717,184	73,879	5,655	25,477	8,224	9,370	15,435	9,718

Source: United States Census Bureau. (13)

Immigration and Growing Diversity

The population within Southwest Health and Human Services is largely white. The region saw a shift in the distribution of populations of color from 98.6% white in 1990 to 92.6% in 2010 to 87.3% in 2020. Population of color increased by 5.3 percentage points from 2010 to 2020.

Economic Development Region 8 consists of the six SWHHS counties plus Cottonwood, Jackson, and Nobles Counties. The table below shows projected changes in race and ethnicity in Region 8 less Nobles County. The race and ethnicity make up of Nobles County is far more diverse than the other eight counties in Region 8. Non-Hispanic, White alone is projected to be at 49.0% in Nobles County by 2028 while the other eight counties in Region 8 is projected to be 77.2%, a 28.2

percentage point difference. In order to obtain a clearer picture into race and ethnicity trends, Nobles was removed from the dataset. (12)

Non-Hispanic White alone is expected to decrease by 48.8% or 40,486 people by 2075. All of the other non-Hispanic and Hispanic race/ethnicity are projected to increase by 13,647 people with Hispanic of any race gaining nearly half of the overall increase. (12)

Projected Change in Race and Ethnicity in Region 8 without Nobles County 2020-2053

	non-Hispanic, White alone	non-Hispanic, Black or African American alone	non-Hispanic, American Indian or Alaska Native alone	non-Hispanic, Asian alone	non-Hispanic, Native Hawaiian and other Pacific Islander alone	non-Hispanic, two or more races	Hispanic of any race
2020 Count	**82,901**	**1,439**	**1079**	**2,553**	**72**	**1,373**	**5,512**
2020 Percentage	87.3%	1.5%	1.1%	2.7%	0.1%	1.4%	5.8%
2050 Count	**60,893**	**2,625**	**1,230**	**4,221**	**251**	**2,216**	**9,717**
2050 Percentage	75.0%	3.2%	1.5%	5.2%	0.3%	2.7%	12.0%
2050-2020 Count Change	-22,008	1,186	151	1,668	179	843	4,205
2050-2020 Percentage Change	-26.5%	82.4%	14.0%	65.3%	248.6%	61.4%	76.3%
2075 Count	**42,415**	**3,029**	**1,208**	**4,775**	**318**	**2,460**	**11,184**
2075 Percentage	64.9%	4.6%	1.8%	7.3%	0.5%	3.8%	17.1%
2075-2020 Count Change	-40,486	1,590	129	2,222	246	1,087	5,672
2075-2020 Percentage Change	-48.8%	110.5%	12.0%	87.0%	341.7%	79.2%	102.9%

Source: Minnesota State Demographic Center. (12)

Percent of Foreign Born Population

	1990	2000	2008-2012	2013-2017	2018-2022
Lincoln	0.8%	0.7%	1.5%	0.7%	0.8%
Lyon	1.2%	4.5%	5.2%	6.4%	7.0%
Murray	0.7%	1.4%	2.0%	2.7%	3.5%
Pipestone	1.0%	1.4%	2.5%	6.1%	3.8%
Redwood	0.5%	0.7%	2.2%	2.4%	2.5%
Rock	1.2%	1.1%	1.6%	1.9%	1.7%

Source: United States Census Bureau. (14)

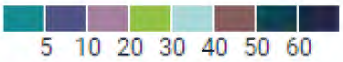
Percent of Persons age 5 Years and Older Where Language Other than English is Spoken at Home, 2012-2016, 2018-2022

	2012-2016 Other Than English	2018-2022 Other Than English
Minnesota	11.1	12.2
SWHHS	5.1	6.9
Lincoln	1.3	2.3
Lyon	10.7	11.0
Murray	4.5	7.2
Pipestone	6.1	5.8
Redwood	4.6	4.9
Rock	3.5	3.3

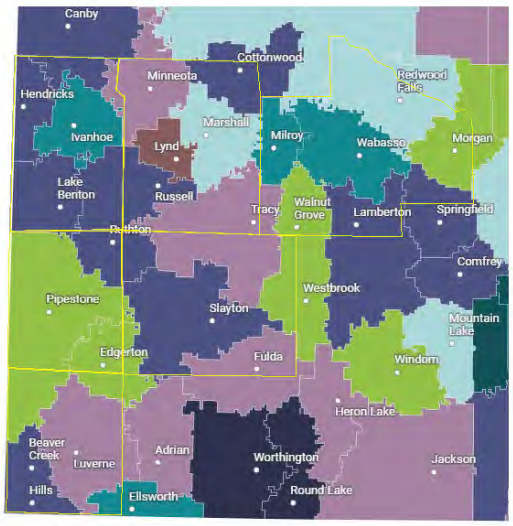
Source: United States Census Bureau. (14)

In the last seven years, school districts have continued to become more racially diverse. In 2016-2017, Lynd School had 43.1% minority student population; three SWHHS school districts had 30.1% to 40.0% minority student population; four districts had 20.1% to 30.0% of the minority student population. In 2023-2024, Marshall school district had 45.1% minority student population; six SWHHS school districts had 30.1% to 40.0% higher minority student population; four districts had 20.1% to 30.0% of the minority student population. (15)

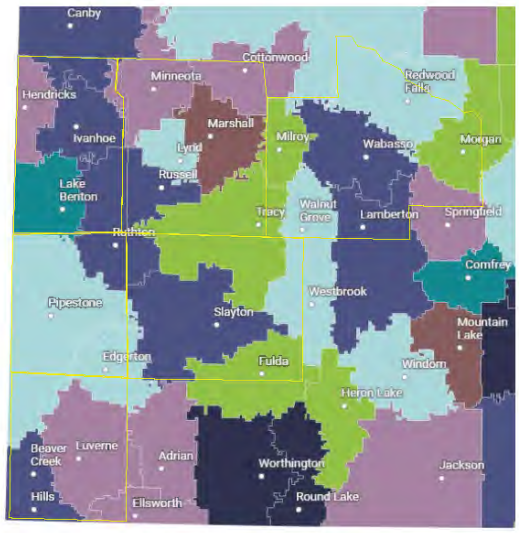
Students of Color Percentage by School District



2016-2017 Enrollment



2023-2024 Enrollment

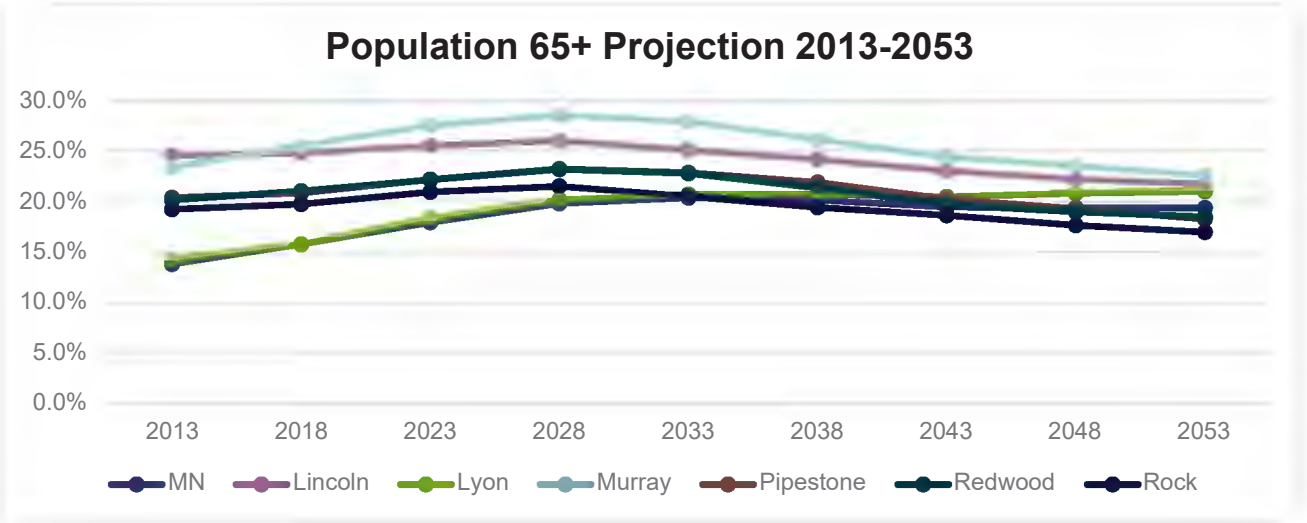


Source: Minnesota Department of Education. (16) Created with Datawrapper

Aging

Demographics for the SWHHS counties show that the population is continuing to get older. From 2010 to 2020, there was an increase of 2,186 people in the 55-79 age ranges and a decrease of 480 people in the 80 and up age groups.

Projections in the graph below show five SWHHS counties will have their highest percentage of population age 65 and older in 2028 ranging from 21.6% in Rock County to 28.6% in Murray County. Minnesota is projected to be at 19.9% with a 1.7 to 8.7% decrease in 2028. Lyon County will continue to increase in percentage of those 65 and older through 2053 reaching 21.1%. Minnesota will have the highest projected level in 2033 at 20.5% and then slowly decrease to 19.5% by 2053. (9)



Source: Minnesota State Demographic Center. (12)

Veterans

Veterans make up 7.2% of the population of SWHHS. Five of the six counties have estimated veteran population levels that are higher than Minnesota as a whole. The majority of the veterans are estimated to be from the Vietnam War at 54.2% while World War II veterans make up 4.9%, Korean War 16.5%, Gulf War I (8/1990-8/2001) 10.0% and Gulf War II 14.4%. (17)

Percent of Population that are Veterans, 5 Year Est, 2021

	Veterans	Non-veterans
Minnesota	6.5	93.5
SWHHS	7.3	93.1
Lincoln	9.2	90.8
Lyon	5.7	94.3
Murray	8.0	92.0
Pipestone	7.8	92.2
Redwood	7.2	92.8
Rock	6.8	93.2

Source: United States Census Bureau. (17)

Veterans in SWHHS service area on average are 17.0 percentage points more likely to be a high school graduate or equivalent than other Minnesota veterans are. A bachelor's degree or higher has been earned by 15.4% of SWHHS veterans while 28.0% of Minnesota veterans have earned the degree, which is a 12.6 percentage point difference. (17)

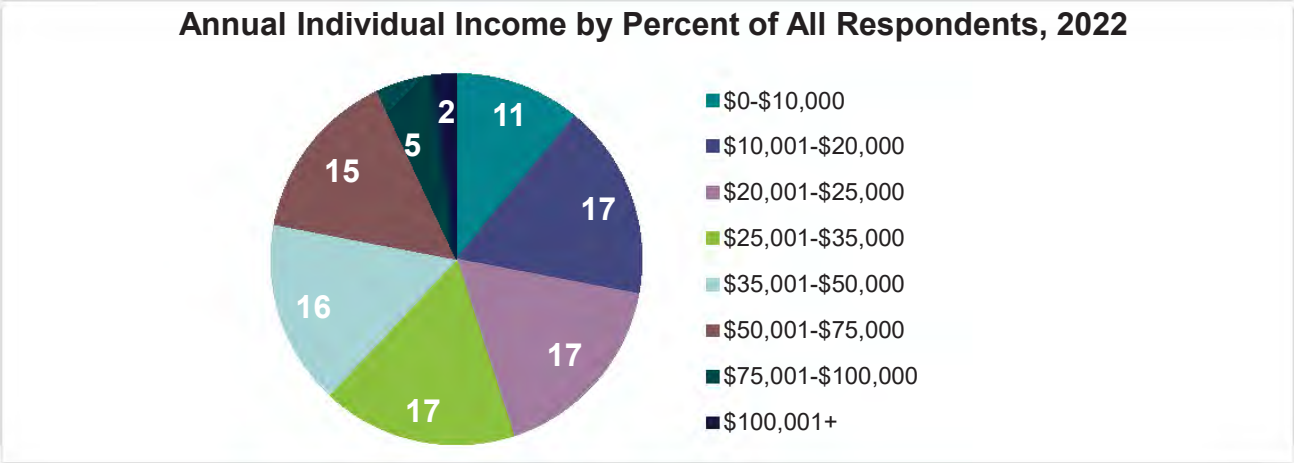
Percent of Veteran by Educational Attainment, 5 year Est., 2021

	Less than high school graduate	High school graduate (includes equivalency)	Some college or associate's degree	Bachelor's degree or higher
Minnesota	5.0	30.3	36.6	28.0
SWHHS	7.0	47.3	30.2	15.4
Lincoln	8.3	54.4	25.7	11.6
Lyon	7.2	45.8	26.0	20.9
Murray	9.5	47.3	29.0	14.1
Pipestone	3.2	49.0	32.0	15.9
Redwood	6.7	48.2	30.9	14.1
Rock	7.8	41.5	41.3	9.4

Source: United States Census Bureau. (17)

LGBTQ+

Since 2010, The Rainbow Health Initiative has conducted an annual convenience sampling survey across Minnesota to better understand the needs and challenges faced by the LGBTQ+ community. In the 2022 survey, 1,330 people responded from across Minnesota. The Twin Cities had 44%, Twin Cities 7 county metro area had 17%, and Greater Minnesota had 38% of the respondents. A variety of challenges were found in the LGBTQ+ community, which in many instances were consistent with past surveys. (18)



Source: Rainbow Health. (18)

Food Security: 43% of respondents reported they worried their food would run out before they had money to buy more at least once in the past year. 36% had their food run out before they had money to buy more.

Homeless: 40% of respondents reported they had been homeless at least once in their lifetime.

Mental Health: 62% of respondents were experiencing moderate mental distress at the time of the survey.

23% were experiencing severe mental distress at the time of the survey.

Tobacco Use: 23% of LGBTQ respondents smoke every day or some days per week.

40% of LGBTQ respondents have smoked 100 cigarettes (5 packs) or more in their lifetime.

Sexual Violence: 49% of LGBTQ respondents had experienced any unwanted sexual contact during their lifetime.

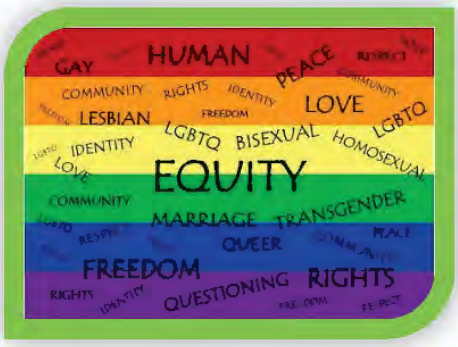
Access to Care: 39% of LGBTQ respondents reported they postponed care when injured or sick because they could not afford it, in the last year.

33% of LGBTQ respondents reported that there was a time in the past year they needed to see a doctor but did not because they thought they would be disrespected or mistreated as an LGBTQ person.

13% of LGBTQ respondents reported their doctor refused care because I am LGBTQ, in the last year.

20% of LGBTQ respondents reported they had to teach their doctor about LGBTQ people to receive proper care, in the last year.

84% of LGBTQ respondents reported they are “out” to their doctor or primary care provider. (18)



SWHHS focus group with LGBT community reported they are having a difficult time finding gender affirming care with local medical providers. One participant said their provider was not current on their specific medication treatment protocol to manage their disease. Homophobia and transphobia was reported while in the process of receiving care and in the community at large. One participant said homophobia and transphobia in the community at large greatly impacts mental health and well-being. (5)

SWHHS asked about gender in the 2023 Southwest Adult Health Survey with numbers too small to report replying transgender, non-binary or other.

In the 2022 Minnesota Student Survey (MSS), surveyors asked about LGBTQ+ sexual orientation, gender identity, and gender expression. Minnesota ninth-grade students, who identify as agender, transgender, gender fluid, gender non-conforming or genderqueer, non-binary, two spirit, questioning/unsure or identity not listed make up 14% of the state student population. SWHHS rates are not available since Rock County school district did not participate in MSS. (16)

2022 Ninth-grade Students: What is your gender identity? (Mark ALL that apply)

	Agender	Cisgender	Transgender	Gender fluid, gender non-conforming, or genderqueer	Non-binary	Two spirit	Questioning/ unsure	Identity not listed
Minnesota	1%	91%	3%	3%	3%	0%	3%	1%
SWHHS	*	*	*	*	*	*	*	*
Lincoln	0%	88%	5%	0%	7%	0%	2%	0%
Lyon	1%	98%	1%	0%	1%	0%	1%	1%
Murray	3%	92%	0%	0%	2%	0%	3%	3%
Pipestone	0%	94%	1%	2%	3%	0%	3%	1%
Redwood	5%	89%	2%	3%	1%	0%	3%	0%
Rock	*	*	*	*	*	*	*	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Department of Health. Minnesota Student Survey. (16)

2022 Ninth-grade Students: How do you describe your sexual orientation?

	Straight (heterosexual)	Asexual	Bisexual	Gay or Lesbian	Questioning/ Not sure	Pansexual	Queer	I don't describe myself in any of these ways	I am not sure what this question means
Minnesota	76%	1%	8%	3%	3%	3%	1%	2%	1%
SWHHS	*	*	*	*	*	*	*	*	*
Lincoln	80%	0%	2%	2%	5%	7%	0%	0%	5%
Lyon	88%	1%	4%	2%	1%	1%	1%	1%	2%
Murray	84%	2%	6%	2%	2%	2%	0%	2%	2%
Pipestone	78%	1%	4%	1%	4%	3%	1%	4%	2%
Redwood	79%	0%	9%	4%	1%	4%	1%	1%	1%
Rock	*	*	*	*	*	*	*	*	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Department of Health. Minnesota Student Survey. (16)

Persons with Disabilities

The American Community Survey has used a consistent definition to collect disability data since 2008 where functional difficulties are measured rather than specific conditions. Six functional difficulties are considered disabilities:

- **Hearing:** Those who are deaf or have serious difficulty hearing.
- **Vision:** Those who are blind or have serious difficulty seeing, even when wearing glasses.
- **Cognitive:** Because of a physical, mental, or emotional problem, those who have difficulty remembering, concentrating, or making decisions.
- **Ambulatory:** Those who have serious difficulty walking or climbing stairs.
- **Self-care:** Those who have difficulty bathing or dressing.
- **Independent living:** Because of a physical, mental, or emotional problem, those who have difficulty doing errands alone such as visiting a doctor's office or shopping. (19)

Causes of disability can range from disorders in singles genes (ex. Duchenne muscular dystrophy) or chromosomes (ex. Down Syndrome), maternal exposure during pregnancy to alcohol, drugs, cigarettes or infections (ex. rubella), developmental conditions that appear during childhood (ex. autism spectrum disorder or ADHD), related to injury, chronic conditions (ex. diabetes, heart disease), progressive disease (ex. Alzheimer's disease) or intermittent disease (ex. some forms of multiple sclerosis). (20)

In Minnesota in 2022, it is estimated 630,528 people have one or more of the above-listed disabilities, which is about 11.2% of the population. In SWHHS counties people with disabilities are estimated to be 8,843 or 12.2% of the population. Of those SWHHS that said they have any disability; 44% have also said they have two or more disabilities. As SWHHS residents age, disabilities also increase from 6.0% for ages 5-17; 9.5% for ages 18-64; 20.4% for ages 65-74; 42.5% for ages 75 and over. Minnesotan disabled males make up 11.3% of the population while females make up 11.1%. (21)

Number and Percent of People with Disabilities, by County, Minnesota, 2017-2022

	People with a disability	People with a disability, Margin of error (+/-)	Percent with a disability	Percent with a disability, Margin of error (+/-)
Minnesota	630,528	6,112	11.2%	0.1%
SWHHS	8,843	918	12.2%	1.3%
Lincoln	720	66	13.2%	1.2%
Lyon	3,054	306	12.2%	1.2%
Murray	1,013	94	12.5%	1.2%
Pipestone	1,231	190	13.4%	2.1%
Redwood	1,714	139	11.3%	0.9%
Rock	1,111	123	11.8%	1.3%

Source: United States Census Bureau. (21)

Estimate Percent of People with Disabilities by Age, by County, Minnesota, 2017-2022

	All Ages Combined	Under 5 Year	5 to 17 Years	18 to 34 Years	35 to 64 Years	65 to 74 Years	75 Years & Over
Minnesota	11.2	0.8	5.1	7.3	10.2	20.1	43.0
SWHHS	12.2	0.4	6.0	6.5	11.1	20.4	42.5
Lincoln	13.2	0.0	7.5	5.3	9.6	21.4	44.3
Lyon	12.2	0.4	5.2	6.8	10.6	17.5	36.4
Murray	12.5	0.0	10.5	8.9	10.9	15.4	47.8
Pipestone	13.4	0.0	2.9	4.6	10.3	21.0	40.2
Redwood	11.3	0.7	5.4	6.3	12.3	24.7	43.7
Rock	11.8	0.0	3.8	7.9	11.1	18.4	47.0

Source: United States Census Bureau. (21)

The most common disability reported by Minnesotans was ambulatory, cognitive, hearing, independent living, self-care, and vision. Cognitive is the leading cause of disability in ages 5-17 and 18-64, while ages 65 and older were ambulatory followed by hearing and independent living. (21)

Estimated Most Common Disability Reported by Number of People, by County, Minnesota, 2018-2022

	Ambulatory	Cognitive	Hearing	Independent Living	Self-Care	Vision
Minnesota	263,412	258,268	190,217	215,793	110,584	88,657
Lincoln	345	247	242	220	92	90
Lyon	1,518	1066	830	1249	717	459
Murray	463	255	414	350	210	136
Pipestone	570	435	359	322	230	25
Redwood	849	652	497	650	351	227
Rock	504	421	401	330	210	139

Source: United States Census Bureau. (21)

Disabilities in the American Indian/Alaska Native population are 7.9 percentage points higher than in the White population in Minnesota. (21)

Estimated Percent of People with Disabilities by Race, Minnesota, 2018-2022

	White	Black or African American	American Indian/Alaska native	Asian	Native Hawaiian/Other Pacific Islander	Some Other Race	Two or More Races
Minnesota	11.5	11.0	19.4	7.5	10.5	8.4	9.6

Source: United States Census Bureau. (21)

People with a disability are much more likely to be unemployed than the general population age 20 to 64 years. (21)

Estimated percent of People with Disabilities Who are Unemployed, by County, Minnesota, 2018-2022

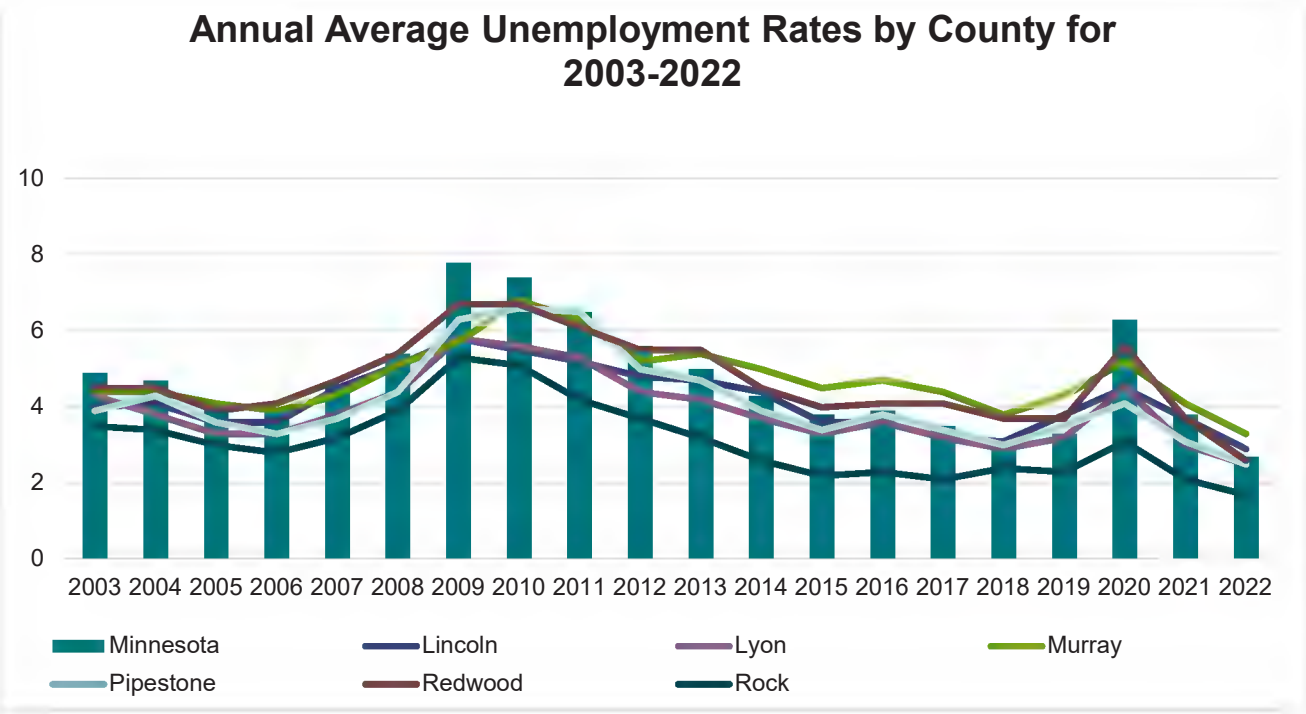
	Minnesota	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Unemployed Disabled	10.2	9.0	6.1	10.9	15.5	4.6	6.8
All abilities 20 to 64 years	3.7	2.1	2.8	2.2	3.2	1.8	2.7

Source: United States Census Bureau. (22)

Economic Stability

Employment

Employment that provides a living wage can decrease overall stress in a person's life. In addition, employee benefits, especially medical insurance, provide medical care access and necessary care to improve health. From 2003 to 2022, unemployment rates in the SWHHS counties had remained below the State of Minnesota's unemployment rates. From 2013 to 2019, Murray and Redwood counties started trending above Minnesota's annual average by 0.2 to 1.0 percentage points. In 2022, Lincoln and Murray counties were 0.2 and 0.6 percentage points above Minnesota's annual average. (23)



Source: Minnesota Employment and Economic Development (23)

Labor Force

From 2013 to 2022, SWHHS counties saw a 1,461 (3.5%) net loss of labor force while Region 8 saw a 2.1% or 1,362 decrease. Rock County saw a 379 (6.7%) net gain of labor force. Lincoln County had the largest decline of workers with an 8.6% (284) loss. (24)

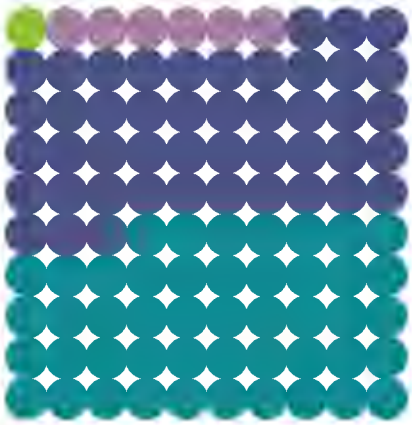
Labor Force Trends by County

	2022 Annual Average Labor Force	2020 Annual Average Labor Force	2013 Annual Average Labor Force	3-Year 2020-2022 Percent Change	10-Year 2013-2022 Percent Change	3-Year 2020-2022 Count Change	10-Year 2013-2022 Count Change
Minnesota	3,077,500	3,134,161	2,961,729	(1.8%)	3.9%	(56,661)	115,772
Region 8 EDR	63,539	65,199	64,901	(2.5%)	(2.1%)	(1,660)	(1,362)
SWHHS	40,372	41,239	41,833	(2.1%)	(3.5%)	(867)	(1,461)
Lincoln	3,029	3,162	3,313	(4.2%)	(8.6%)	(133)	(284)
Lyon	14,421	14,721	15,295	(2.0%)	(5.7%)	(300)	(874)
Murray	4,654	4,898	4,842	(5.0%)	(3.9%)	(244)	(188)
Pipestone	4,662	4,729	4,693	(1.4%)	(0.7%)	(67)	(31)
Redwood	7,596	7,840	8,059	(3.1%)	(5.7%)	(244)	(463)
Rock	6,010	5,889	5,631	2.1%	6.7%	121	379

Region 8 Economic Development Region includes Cottonwood, Jackson, Nobles and SWHHS counties of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.
Source: Minnesota Employment and Economic Development. (24)

The 2024 Quality of Life Survey respondents were asked if they felt there were jobs available in their community where the pay meets their monthly bills with 47% responding yes and 46% responded no.

Do you feel there are jobs available in your community where the pay meets your monthly bills?



47%

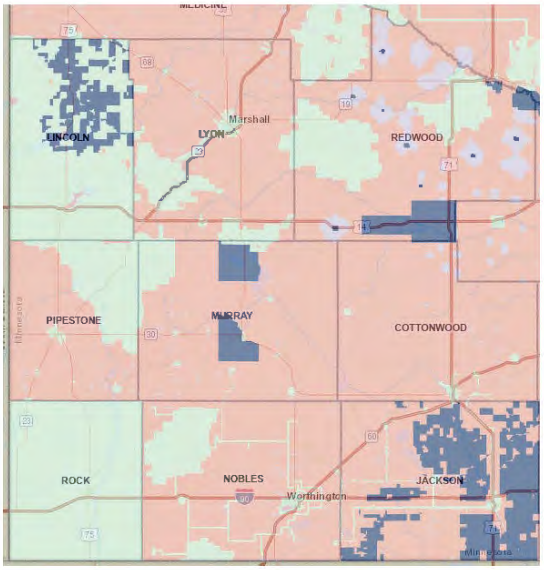
Feel there are jobs available where the pay meets monthly bills.
N=312
No
Not Applicable
Declined to answer

Source: 2024 Quality of Life Survey. (7)

Broadband Service

One of the lessons learned from the pandemic is the need for equal access to broadband. News stations around Minnesota featured people trying to attend online school lessons or work from home without reliable access to a high-speed internet connection. In addition, if the region is wanting to increase population through people migrating to rural areas, the region will need to increase broadband capabilities so those that can work remotely with their current jobs can do so. (25)

2023 Provider Broadband Service Inventory



Existing Commitment Areas to be Built

Wireline Broadband of at Least 100M/20M

Underserved Area (Wireline Broadband of at Least 25M/3M but Less Than 100M/20M)

Unserved Area (No Wireline Broadband of at Least 25M/3M)

County Boundary

Minnesota Employment and Economic Development, Office of Broadband Development. (26) 5/22/2023

Income and Poverty

Income

The income you have determines the access you have to healthy food, medical care, transportation, the type of housing you live in, and your ability to participate in physical activity. The less income you have, the fewer choices you have. From 2017-2022, the per capita income for the SWHHS counties was, on average, under the state average. The income per capita for SWHHS counties in 2022 was $3,647 below Minnesota. (27)

Estimate Per Capita Income – Adjusted to 2022 Dollars

	2017	2018	2019	2020	2021	2022
Minnesota	$ 53,832	$ 56,205	$ 57,874	$ 61,278	$ 66,846	$ 68,840
SWHHS	$ 46,944	$ 48,257	$ 49,405	$ 56,341	$ 61,618	$ 65,193
Lincoln	$ 44,010	$ 43,396	$ 45,616	$ 50,715	$ 57,383	$ 60,496
Lyon	$ 47,173	$ 48,141	$ 48,667	$ 54,014	$ 58,409	$ 60,291
Murray	$ 47,410	$ 50,242	$ 51,675	$ 61,289	$ 63,830	$ 67,739
Pipestone	$ 50,543	$ 52,014	$ 51,582	$ 56,510	$ 63,518	$ 67,463
Redwood	$ 44,975	$ 47,362	$ 51,317	$ 59,845	$ 68,997	$ 74,117
Rock	$ 47,555	$ 48,384	$ 47,573	$ 55,672	$ 57,570	$ 61,054

Source: Bureau of Economic Analysis. (27)

SWHHS median household income are lower than Minnesota. Lincoln County is $19,563 lower than Minnesota while Rock County is $9,253 lower. (23)

Median Household Income in the Past 12 Months (In 2022 Inflation-Adjusted Dollars)

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Household Income	$84,313	$69,031	$64,750	$68,919	$71,500	$68,341	$65,617	$75,060

Source: Minnesota Employment and Economic Development. (23)

Poverty

Choices are limited for people who live in poverty. Limited incomes hinder a person's ability to have reliable transportation, to purchase high-quality healthy food, live in safe housing, have health insurance and medical care, the ability to get a college education, and choose their type of employment. Poverty also causes chronic stress, which can lead to health problems. Health Economist, Evelyn Forget, stated, "As a health economist, you become aware very quickly that we use the healthcare system to treat the consequences of poverty, and we do it in an inefficient and expensive way," she says. "We wait until people live horrible lives for many years, get sick as a consequence, and then we go in all guns blazing to make things better." (28)

United States Federal Poverty guidelines were developed to determine financial eligibility for certain federal programs. Poverty guidelines are updated annually based off the prior year price changes. (29)

2024 Federal Poverty Guidelines

Size of family unit	100% Yearly income guidelines	200% Yearly income guidelines	200% Monthly Income
1	15,060	$30,120	$2,510
2	20,440	$40,880	$3,407
3	25,820	$51,640	$4,303
4	31,200	$62,400	$5,200
5	36,580	$73,160	$6,097
6	41,960	$83,920	$6,993
7	47,340	$94,680	$7,890
8	52,720	$105,440	$8,787

Source: United States Health and Human Services. (29)

First quarter 2024 saw the median hourly wage at $22.81. The highest wage group was management occupations at $46.14 per hour and the lowest were food preparation and serving related jobs at $14.46. In Southwest Economic Development Region 8, the hourly wage to meet basic needs cost of living for a single adult was $13.55 per hour or $28,188 annually and a two adult with one child working 1.5 jobs is $21.85 per hour or $68,172 annually.

2023 Basic Needs Cost of Living Estimates: Single Adult Age 19-50, 0 Children

	Single Yearly Cost of Living	Hourly Wage Required	Child Care per Mo.	Food per Mo.	Health Care per Mo.	Housing per Mo.	Transportation per Month	Other per Mo.	Tax per Mo.
Minnesota	$34,704	$16.68	$0	$419	$160	$1,021	$572	$345	$375
EDR 8-SW	$28,188	$13.55	$0	$414	$160	$676	$551	$261	$287
Lincoln	$29,350	$14.11	$0	$420	$161	$670	$625	$261	$309
Lyon	$27,087	$13.02	$0	$413	$161	$643	$518	$253	$269
Murray	$28,488	$13.70	$0	$423	$161	$639	$600	$254	$297
Pipestone	$28,654	$13.78	$0	$416	$161	$705	$545	$268	$293
Redwood	$28,650	$13.77	$0	$417	$161	$698	$551	$267	$294
Rock	$28,362	$13.64	$0	$412	$161	$679	$560	$261	$291

EDR 8-SW: Economic Development Region 8 includes SWHHS counties and Cottonwood, Jackson and Nobles County.
Source: Minnesota Employment and Economic Development (30) (31)

2023 Basic Needs Cost of Living Estimates:

2 Adults Age 19-50, (1 working full-time, 1 working part-time), 1 Child

	Family Yearly Cost of Living	Hourly Wage Required	Child Care per Mo.	Food per Mo.	Health Care per Mo.	Housing per Mo.	Transportation per Month	Other per Mo.	Tax per Mo.
Minnesota	$67,320	$21.58	$544	$955	$574	$1,285	$977	$536	$739
EDR 8-SW	$68,172	$21.85	$395	$1,490	$591	$1,168	$964	$636	$437
Lincoln	$57,167	$18.32	$281	$958	$576	$853	$1,114	$433	$549
Lyon	$52,079	$16.69	$273	$942	$576	$853	$844	$430	$422
Murray	$56,281	$18.04	$279	$965	$576	$853	$1,053	$435	$529
Pipestone	$53,448	$17.13	$275	$949	$576	$853	$914	$431	$456
Redwood	$53,756	$17.23	$276	$950	$576	$853	$929	$432	$464
Rock	$55,137	$17.67	$276	$940	$576	$909	$952	$443	$499

Source: Minnesota Employment and Economic Development (30) (31)

Poverty levels in SWHHS counties, on average between 2016-2022, were above Minnesota poverty levels all seven years. Poverty levels in SWHHS counties are higher than Minnesota by 0.8 percentage points for all ages in 2022. The highest percentage of poverty can be found in Pipestone County with 13.0%. This is 3.7 percentage points higher than Minnesota. Murray County, over the last seven years, has the lowest poverty levels in SWHHS counties and is lower than Minnesota poverty levels. In 2022, Lincoln County also has lower poverty levels than Minnesota. (32)

Percent of All Ages Living in Poverty, 5 Year Estimates by Year

	2016	2017	2018	2019	2020	2021	2022
Minnesota	10.8	10.5	10.1	9.7	9.3	9.2	9.3
SWHHS	11.6	11.3	10.6	10.5	10.1	9.8	10.1
Lincoln	11.6	11.4	10.4	10.9	11.2	9.6	9.1
Lyon	13.9	13.7	13.6	14.1	12.9	12.3	12.4
Murray	9.2	8.2	7.4	7.1	7.1	6.3	7.4
Pipestone	12.7	11.8	11.3	11.7	10.3	11.5	13.0
Redwood	11.6	11.8	11.4	10.1	9.4	9.8	10.1
Rock	10.7	11.0	9.7	9.0	9.5	9.2	8.8

Source: United States Census Bureau. (32)

The highest percentage of poverty can be found in Pipestone County's under age 18 population with 19.1%. This is 8.2 percentage points higher than Minnesota's under 18 population. Lyon County has the highest 18-64 year old poverty rate and is 3.1 percentage points. Lyon County has the highest 65+ year old poverty rate and is 5.6 percentage points. (32)

Percent of People Whose Income in the Past 12 Months is Below the Poverty Level 200%, 2022 ACS 5 Year Est.

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
All Ages	9.3	10.1	9.1	12.4	7.4	13.0	10.1	8.8
Under 18	10.9	11.1	7.8	12.2	7.4	19.1	10.2	9.6
18-64	9.0	9.5	7.9	12.1	6.6	11.9	10.3	7.9
65+	7.9	10.5	13.4	13.5	9.1	7.5	9.4	10.3

Source: United States Census Bureau. (32)

SWHHS students that are eligible for free or reduced priced meals are higher than Minnesota for the last seven years. In 2024, SWHHS was 2.4 percentage points higher than Minnesota. Lyon County

had the highest percentage of students eligible and was higher than Minnesota by 6.7 percentage points. Rock County had the lowest percentage of students eligible and was under Minnesota by 9.7 percentage points. (15)

Percent of Students Eligible for Free or Reduced Priced Meals

	2018	2019	2020	2021	2022	2023	2024
Minnesota	37.2	36.4	35.8	32.2	31.6	43.4	42.4
SWHHS	40.5	40.3	38.5	34.5	33.4	47.1	44.8
Lincoln	40.4	33.9	30.1	27.6	27.6	39.8	37.0
Lyon	42.6	43.0	41.4	35.7	36.2	50.6	49.1
Murray	33.2	31.1	31.6	34.4	32.2	44.2	43.2
Pipestone	44.8	46.5	41.6	35.9	41.3	50.2	48.2
Redwood	44.2	44.2	43.4	38.1	34.9	49.7	45.5
Rock	28.9	27.5	26.0	26.4	18.9	35.0	32.7

Source: Minnesota Department of Education. (15)

Neighborhood and Built Environment

Housing

	2021 Rental Households	2021 Owner Households
Lincoln	471 – 19% of households 2022 Eviction filings: 3 % of rental units built before 1970: 45% 2022 multi-family units permitted: 0 Median rent: $647 = ↓ -2% over 5 years Cost-burdened Households: 134 Shortage of affordable/available homes: 60	1,967 – 81% of Households % of houses built before 1970: 63% 2022 single-family units permitted: 12 Median home value: $116,800 = ↑ 15% over 5 years Cost-burdened Households: 379
Lyon	3,131 – 32% of households 2022 Eviction filings: 88 % of rental units built before 1970: 32% 2022 multi-family units permitted: 43 Median rent: $689 = ↓ -1% over 5 years Cost-burdened Households: 1,420 Shortage of affordable/available homes:445	6,718 – 68% of Households % of houses built before 1970: 56% 2022 single-family units permitted: 38 Median home value: $160,300 = ↑ 5% over 5 years Cost-burdened Households: 942
Murray	583 – 17% of households 2022 Eviction filings: 8 % of rental units built before 1970: 54% 2022 multi-family units permitted: 3 Median rent: $658 = ↑ 3% over 5 years Cost-burdened Households: 145 Shortage of affordable/available homes: 60	2,857 – 83% of Households % of houses built before 1970: 62% 2022 single-family units permitted: 35 Median home value: $150,800 = ↑ 27% over 5 years Cost-burdened Households: 413
Pipestone	913 – 23% of households 2022 Eviction filings: 30 % of rental units built before 1970: 40% 2022 multi-family units permitted: 0 Median rent: $588 = ↓ -7% over 5 years Cost-burdened Households: 276 Shortage of affordable/available homes: 55	3,044 – 77% of Households % of houses built before 1970: 69% 2022 single-family units permitted: 2 Median home value: $112,300 = ↑ 8% over 5 years Cost-burdened Households: 381
Redwood	1,347 – 22% of households 2022 Eviction filings: 20 % of rental units built before 1970: 51% 2022 multi-family units permitted: 0 Median rent: $695 = ↑ 2% over 5 years Cost-burdened Households: 463 Shortage of affordable/available homes:155	4,793 – 78% of Households % of houses built before 1970: 63% 2022 single-family units permitted: 16 Median home value: $119,700 = ↑ 9% over 5 years Cost-burdened Households: 679
Rock	877 – 22% of households 2022 Eviction filings: 7 % of rental units built before 1970: 55% 2022 multi-family units permitted: 56 Median rent: $651 = ↓ -14% over 5 years Cost-burdened Households: 343 Shortage of affordable/available homes: 65	3,044 – 78% of Households % of houses built before 1970: 64% 2022 single-family units permitted: 8 Median home value: $165,900 = ↑ 11% over 5 years Cost-burdened Households: 380

Source: Minnesota Housing Partnership. (33)

In 2022, SWHHS counties saw evictions increase at or above the Minnesota rate for five of the six counties. Lincoln County saw a zero percent increase while Pipestone County saw a 200% increase in evictions. The number of evictions nearly doubled in SWHHS counties from 84 in pre-pandemic 2012-2019 to 156 in 2022.

Evictions

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Increase in Eviction	33.0%	85.7%	0.0%	87.2%	60.0%	200.0%	33.3%	75.0%
2022 Eviction Filings	22,455	156	3	88	8	30	20	7
Average Pre-pandemic Monthly Filings (2012-2019)	16,884	84	3	47	5	10	15	4

Source: Minnesota Housing Partnership. (33)

Housing Sales Overview by County, 2022

	Closed Sales	Change from 2021	Percent of Foreclosures	Percent of Short Sales	Percent of Traditional Sales	Days on Market Until Sale	Percent of Original Price Received
Minnesota	77,723	-17.6%	0.8%	0.1%	99.1%	33	100.0%
Southwest Region 8	1,066	-13.4%	1.1%	0.1%	98.8%	50	95.3%
Lincoln	35	-40.7%	2.9%	0.0%	97.1%	64	89.4%
Lyon	254	-23.3%	0.8%	0.4%	98.8%	44	97.8%
Murray	84	47.4%	2.4%	0.0%	97.6%	46	94.3%
Pipestone	81	-11.0%	1.2%	0.0%	98.8%	56	93.1%
Redwood	167	-7.7%	0.6%	0.0%	99.4%	60	94.4%
Rock	54	-14.3%	0.0%	0.0%	100.0%	73	95.7%

Source: Minnesota Realtors. (34)

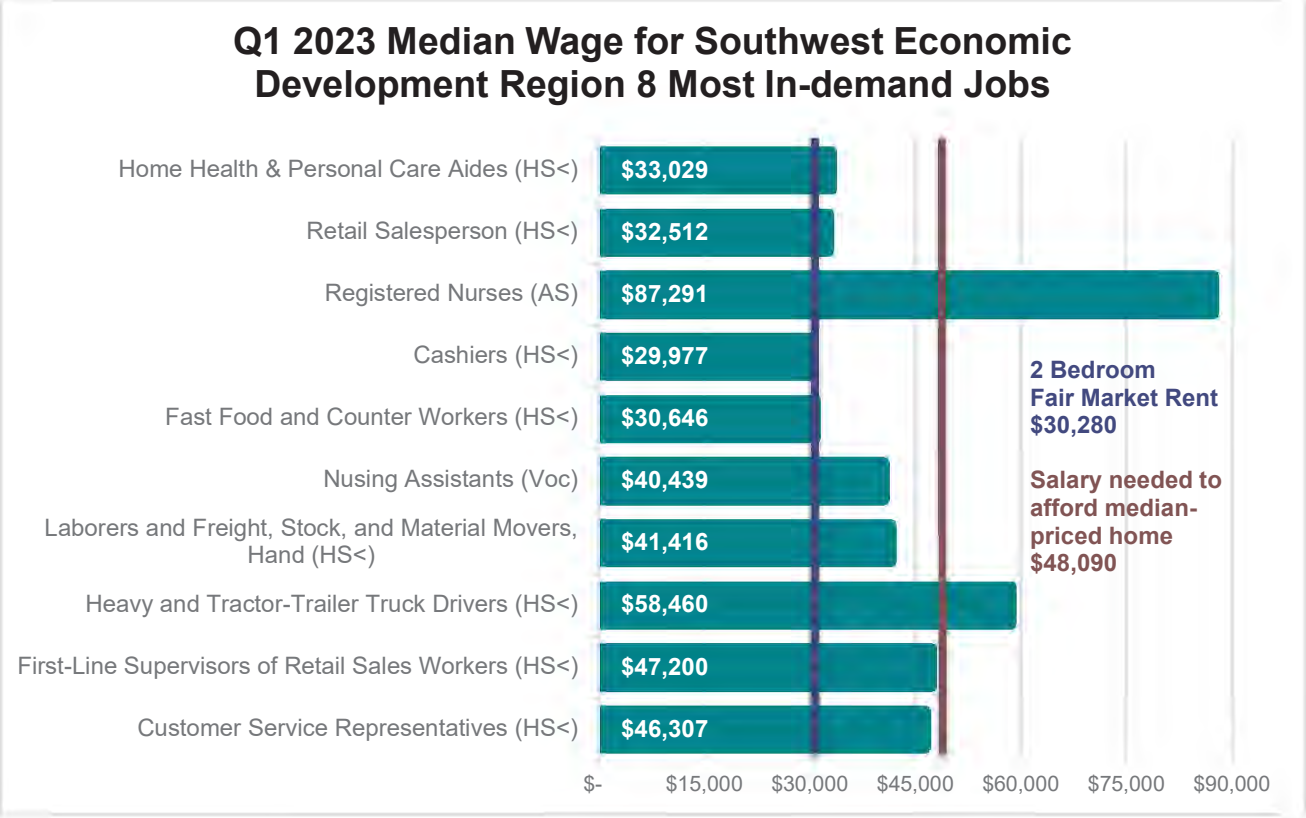
In the past four years, median housing sales prices have risen 36.0% in Minnesota and an average of 35.6% in Southwest Region 8. Rock County has seen a 70.7% increase with Murray County showing a 24.7% increase in median housing sales prices. The mortgage payments are calculated based on a thirty-year, 20% down and a 7% interest rate. They also include estimated costs for property taxes and housing insurance. The annual income needed to afford median housing prices is based on the annual mortgage payment total divided by 25%. Experts recommended a mortgage payment be no more than 25% of a person's monthly take-home pay. (35)

Historical Median Housing Sales Prices by County and Annual Pay Needed to Pay 30 Year Mortgage at 7% Interest Rate*

	2018 Median Housing Sales Price	2022 Median Housing Sales Price	Percent of Change - Median Housing Sales 2018 to 2022	2022 Monthly Mortgage Payment*	Annual Income Needed to Afford Median Housing Prices
Minnesota	$239,900	$326,300	36.0%	$2,161	$103,728
Southwest Region 8	$118,000	$160,000	35.6%	$1,123	$53,904
Lincoln	$81,375	$133,700	64.4%	$959	$46,032
Lyon	$148,750	$187,500	26.1%	$1,295	$62,160
Murray	$113,300	$141,250	24.7%	$1,006	$48,288
Pipestone	$86,000	$132,500	54.1%	$952	$45,696
Redwood	$90,500	$131,250	45.0%	$944	$45,312
Rock	$110,000	$187,750	70.7%	$1,296	$62,208

Source: Minnesota Realtors. (34) Region Eight consists of SWHHS counties along with Cottonwood, Jackson, and Nobles counties.
*Payment includes principal, interest, property taxes and home insurance.
Source: Ramsey Solutions. (35)

When you look at the annual income needed to afford a median priced home (listed in the above table) you see three out of ten in-demand jobs in the Southwest Economic Development Region 8 can afford a median priced home. Seven out of ten in-demand jobs can afford the $30,280 annual rent for a two-bedroom fair market apartment.



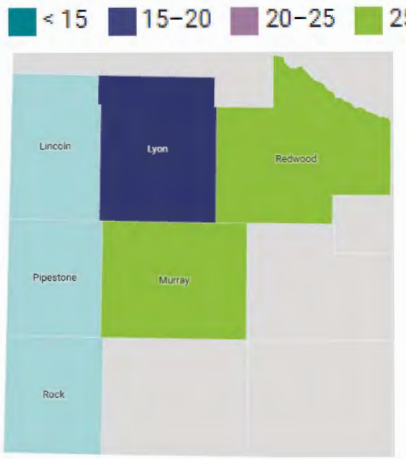
(HS<) = High School or Less, (Voc) = Vocational Training, & (AS) = Associate Degree
Source: Minnesota Department of Employment and Economic Development. Labor Market Information: Occupations In Demand 2023 (36)

Lead

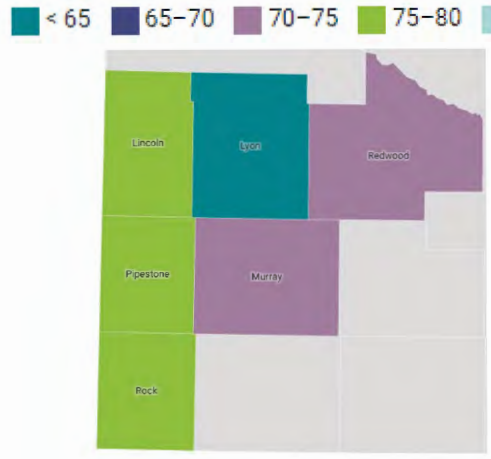
Lead is an environmental factor that can be seen in both the indoor and outdoor environments. The main cause of contamination is lead paint, which was banned in residential use in 1978. There are other ways of being exposed to lead; contaminated soil from lead gasoline, hobbies like stain glass or jewelry making, some imported products, traditional remedies, etc. Because of the variety of ways one can be exposed to lead, it is the most common environmental threat to children. Exposure to lead can result in lowered IQ, behavioral problems, and learning difficulties.

As of 2022, SWHHS counties' median house was built in the 1960s, with three of the six counties having between 30% and 31.9% of their houses built 1939 or earlier. With 64.6% to 78.5% of houses in SWHHS having been built in 1979 or earlier, a large percentage of the child population is at risk for lead poisoning. (37)

Percent of Structures Built 1939 or Earlier



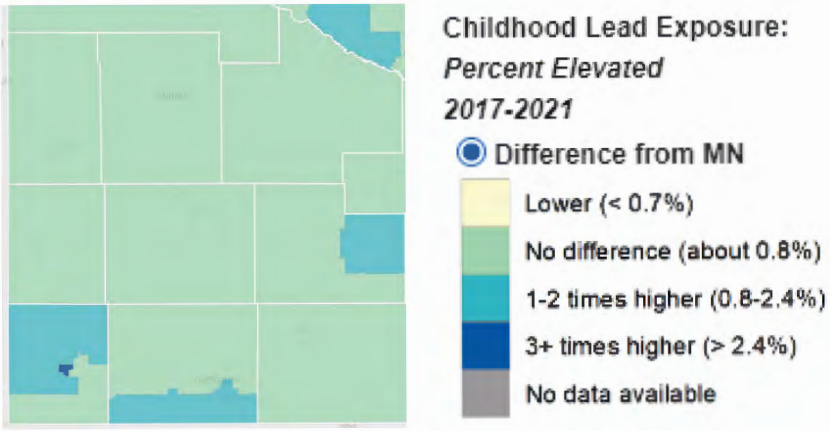
Percent of Structures Built 1979 or Earlier



Source: United States Census Bureau. B25035. S2504. (37) Created with Datawrapper

Because of this high risk to the SWHHS child population, lead testing is promoted. In 2012, testing levels ranged from 96% in Lyon County to 67.7% in Lincoln County. Testing rates have decreased to a range of 79.9% in Redwood County to 16.4% in Pipestone County for children in the 2018 birth year. (38)

Percent with Elevated Childhood Lead Exposure Difference from MN by Census Tract, 2017-2021



Source: Minnesota Department of Health. Minnesota Public Health Data Access. (38)

Childhood Lead Exposure Percent Tested 2018 Birth Year

Source: Minnesota Department of Health. Minnesota Public Health Data Access. (38) Created with Datawrapper

Transportation

Transportation is the lifeblood of rural America. Roads and train tracks connect farm and industry to other markets across the United States and Internationally. It is also how residents connect with jobs, food, and health care. Low-income residents struggle to have reliable transportation. Without transportation it can be difficult to maintain a job, purchase quality food, or attend health care appointments.

There are very few, if any, public transit options in the SWHHS counties outside the larger communities. Options for transit focus on coordinated rides with as many passengers based on when and where passengers need to be transported. Formal ride share options have a limited weekday operation period. If a resident that does not have a car, needs transportation to and from a job on weekends or after hours they are reliant on friends and neighbors.

In 2023, United Community Action Partnership (UCAP) provided volunteer drivers and bus services to 149,077 passengers. In 2019, UCAP provided approximately 205,000 rides. The decrease has been attributed to several factors. During the beginning of COVID-19 monthly ridership dropped from 20,000 trips in February 2020 to 5,400 trips in April 2020. The biggest factor was a large number of drivers took early retirement. This forced UCAP to suspend some services across several areas. (39)

United Community Action Partnership 2023 Bus Ridership

Passenger Types	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Disabled	35,502	1,325	17,011	1,439	5,715	5,089	4,923
55 Plus	17,211	188	7,390	1,189	2,382	3,089	2,973
18-54 years old	42,878	310	25,447	1,051	6,310	7,413	2,347
6-17 years old	15,390	11	5,198	660	5,461	366	3,694
0-5 years old	28,611	23	8,174	6,559	6,387	469	6,999
Total	139,592	1,857	63,220	10,898	26,255	16,426	20,936

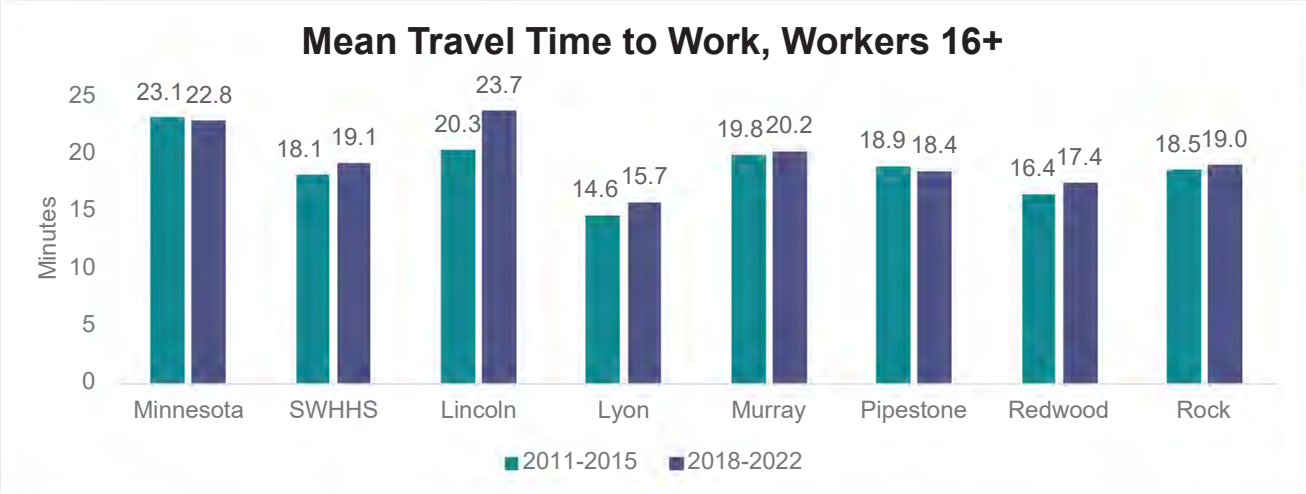
Source: United Community Action Partnership. (39)

United Community Action Partnership 2023 Volunteer Driver

Passenger Types	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Disabled	2,453	219	965	568	334	214	153
55 Plus	1,884	162	596	199	326	437	164
18-54 years old	3,736	191	1600	233	606	898	208
6-17 years old	810	117	376	49	90	159	19
0-5 years old	602	80	219	56	55	190	2
Total	9,485	769	3,756	1,105	1,411	1,898	546

Source: United Community Action Partnership. (39)

The mean travel to work has gone up by one minute in the 2018-2022 ACS five-year average compared to 2011-2015 18.1 minutes. (40) On average 25,350 miles are driven by households in Greater Minnesota. (41)



Source: United States Census Bureau. (40)

The health of our road and bridge system can influence the health of our community. Transportation can be more difficult if roads and bridges are not in good working order. Transportation also takes a significant amount of money to maintain. Local route system bridges in 2022 in the SWHHS counties are 1.8 percentage points higher of being in poor condition compared to those in Minnesota as a whole. When one looks at the individual counties in SWHHS, Redwood and Lincoln are significantly higher than the Minnesota percentage with the other four counties being under. (42)

2022 Local Route Systems Bridge Structures 10 Ft and Over, Average Age and Poor Rating Count

	Bridge count over 10 Ft.	Average Age	Bridge Structures in Poor Condition	Percent of Bridge Structures in Poor Condition
Minnesota	15258	35.3	836	5.5%
SWHHS	1572	33.5	114	7.3%
Lincoln	174	29.9	19	10.9%
Lyon	294	37.3	9	3.1%
Murray	194	37.1	8	4.1%
Pipestone	285	25.1	15	5.3%
Redwood	286	39.5	54	18.9%
Rock	339	31.9	9	2.7%

Source: Minnesota Department of Transportation. (42)

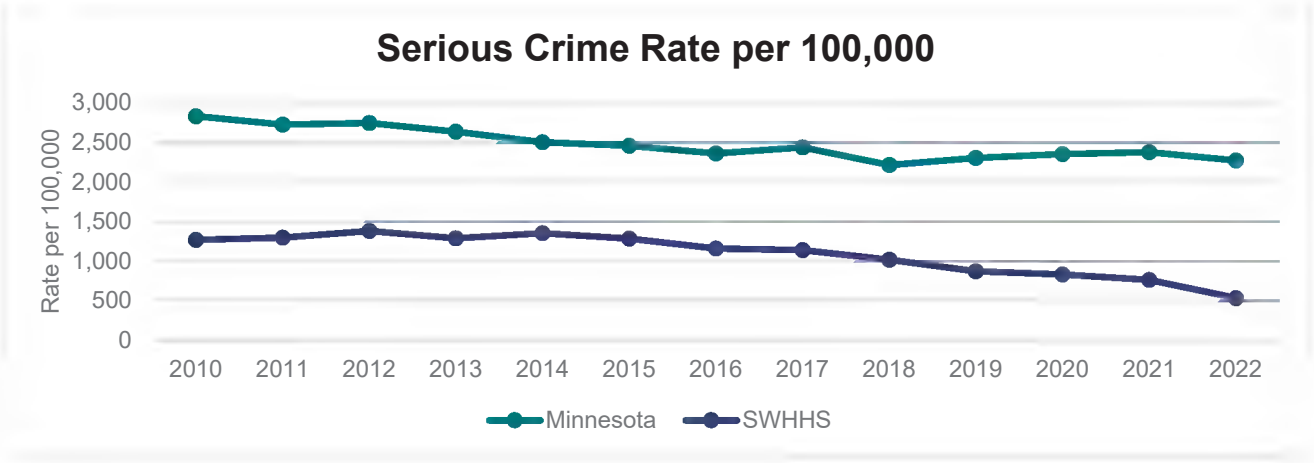
2018-2022 Traffic Crash Facts Count

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Unbelted Serious Injuries	1053	22	1	10	4	2	4	1
Unbelted Traffic Fatalities	471	16	3	5	3	2	1	2
Impaired/Alcohol Serious Injuries	1880	43	1	15	10	7	8	2
Impaired/Alcohol .08 Fatalities	471	6	1	3	0	0	0	2
Speed Factors Serious Injuries	1976	38	3	14	5	4	10	2
Speed Factors Traffic Fatalities	611	15	2	4	2	2	1	4
Inattentive/Distraction Serious Injuries	778	8	0	1	0	2	4	1
Inattentive/Distraction Traffic Fatalities	144	3	0	1	0	1	0	1
Total Serious Injuries	8383	138	11	51	15	20	26	15
Total Traffic Fatalities	2071	40	4	12	7	4	6	7

Source: Minnesota Department of Public Safety. (43)

Safety

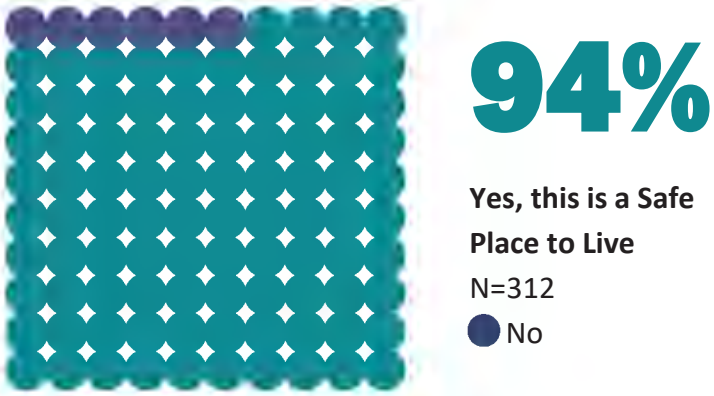
Serious crime rates in Minnesota during 2022 were at 2,273 per 100,000. In 2010 the rate per 100,000 was 2,831, a 558 point decrease. SWHHS 2022 rate has dropped to 536 per 100,000 in 2022, a 481-point drop in five years. There was a 1,737-point difference between Minnesota and SWHHS serious crime rate. (44)



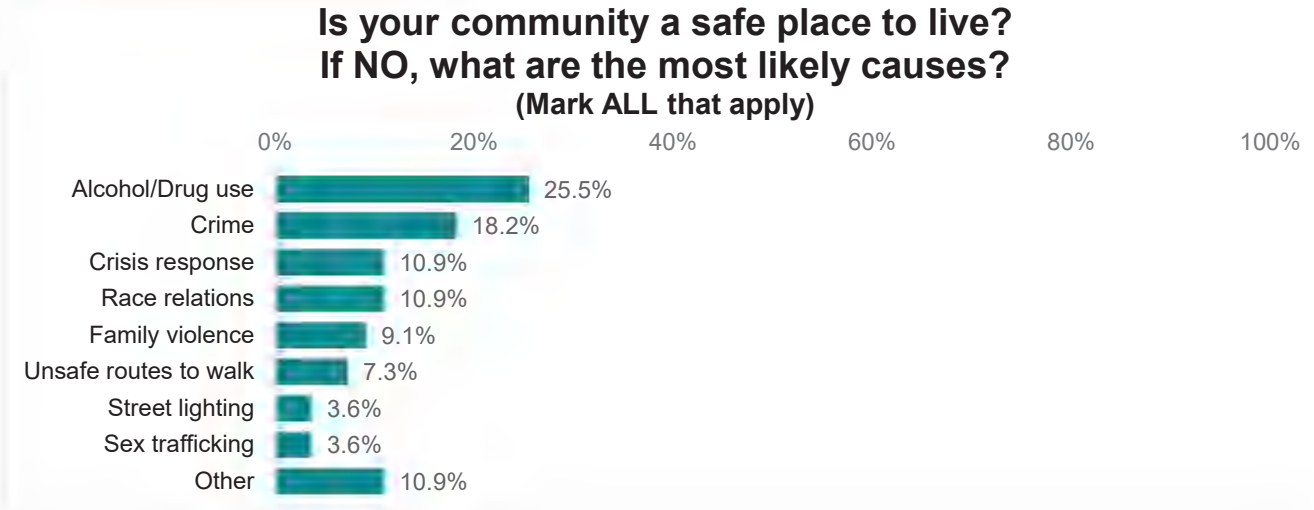
Source: Bureau of Criminal Apprehension. (44)

A question was asked in the 2024 Quality of Life Survey whether the respondents felt their community was safe with 94% responding yes, this is a safe place to live. The six percent that responded no were asked what the most likely causes are. Alcohol/Drug Use was listed by 25.5% of respondents, crime 18.2%, crisis response 10.9%, race relations 10.9%, family violence 9.1%, unsafe routes to walk 7.3%, street lighting 3.6%, sex trafficking 3.6%, and other 10.9%.

Is your community a safe place to live?

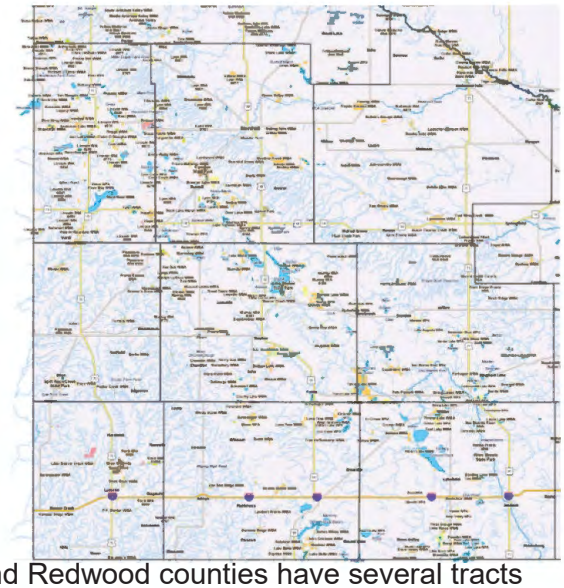


Source: 2024 Quality of Life Survey. (7)



Source: 2024 Quality of Life Survey. (7)

Parks and Playgrounds

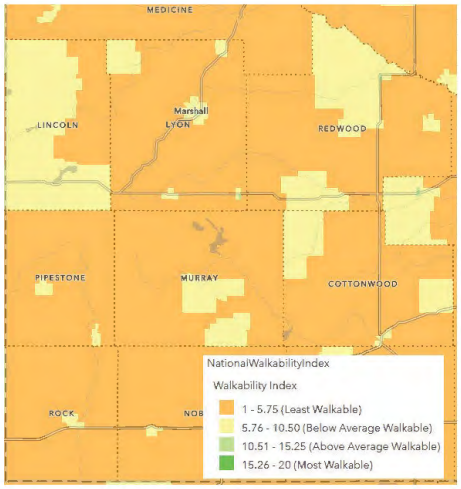


Parks and playgrounds in communities, if well maintained, provide ways for people to be physically active on a regular basis. There are four state parks, over 75 county and city parks and 259 state wildlife management areas in the SWHHS counties. (45) (46)

Walkability

Walkability of a geographic area depends on characteristics of the built environment that entice residents to walk as their mode of travel. The index is calculated from the Smart Location Database using four weighted variables for each of the 2019 census blocks. As you can see from the map below much of the six-county region is in the least walkable category. Lincoln and Redwood counties have several tracts that are in the below average walkable category. There are three small areas in the six counties that are in the above average walkable category. One is in the City of Marshall south of East College Drive, east of Bruce Street, west of Highway 23 and north of East Main Street around the Independence Park area; the second is in Tracy between county road eleven and 29; and the third is in Redwood Falls west of Highway 71, south of East Bridge Street, west of Halverson street and north of 327th Street. (47)

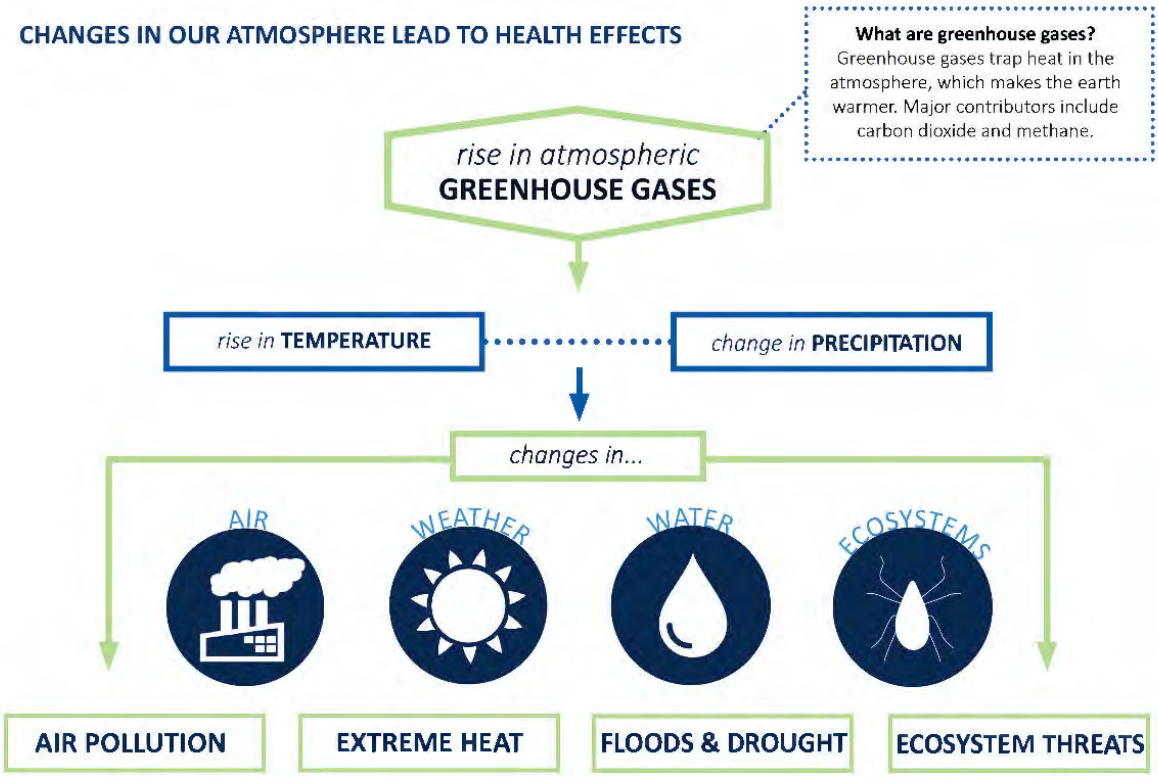
National Walkability Index Map 2019 by Census Tract



Source: United States Environmental Protection Agency. (48)

Climate

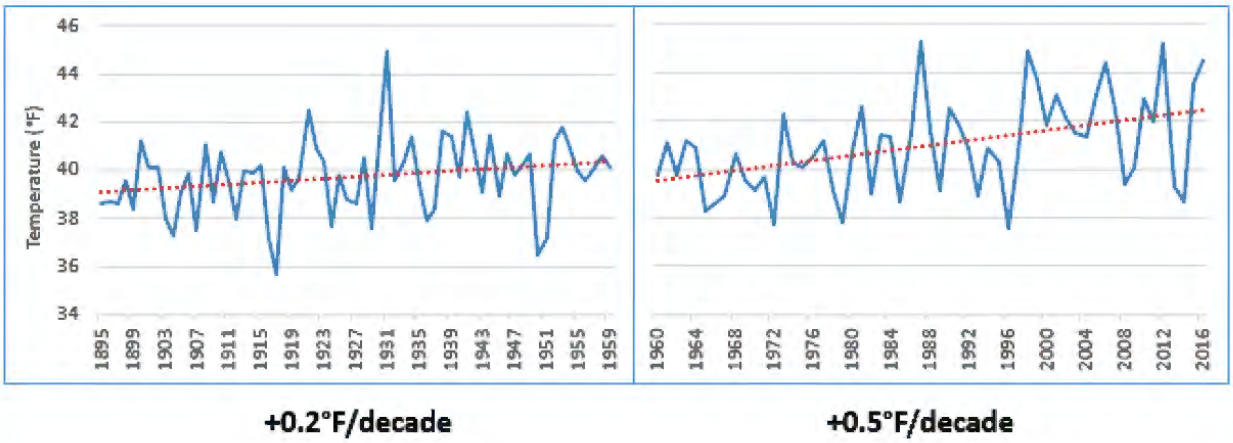
Changes in climate can lead to a variety of issues like air pollution, extreme heat, floods and droughts, and ecosystem threats. The changes to the climates and their direct and indirect ramifications are listed in the diagram below.



Source: Minnesota Department of Health. (49)

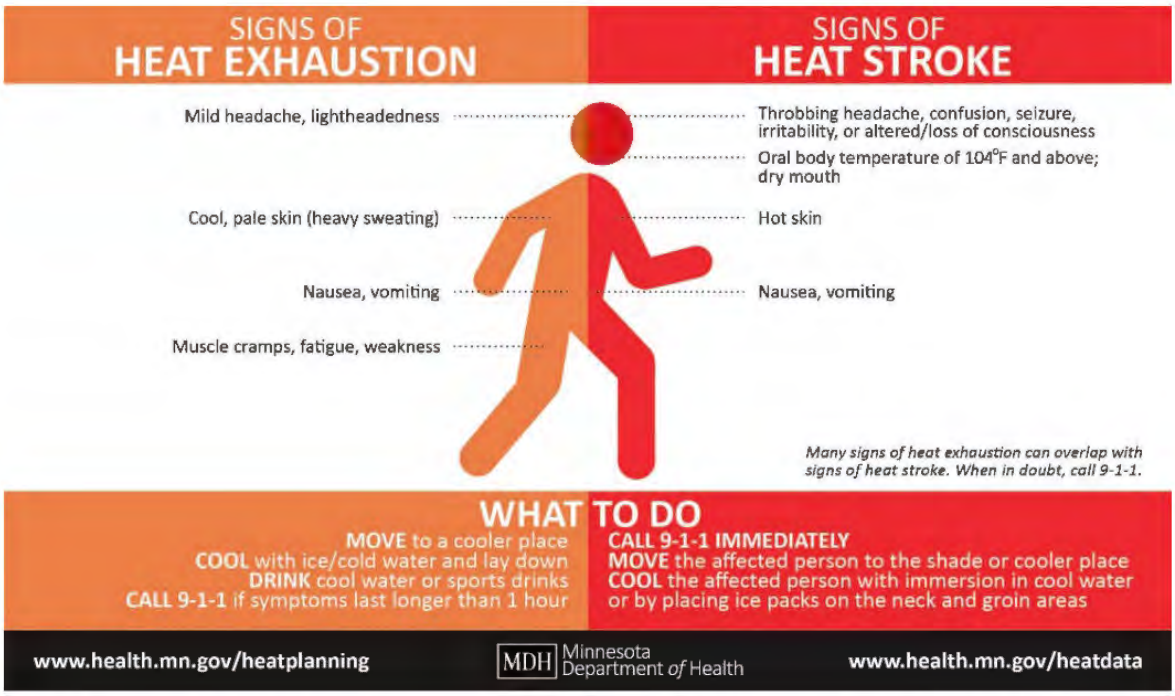
Minnesota has gotten warmer. Over the last century, Minnesota has gotten over 2°F warmer. Over the last 50 years, this trend has sped up. From 1960 to 2016 the rate has increased to over 0.5°F per decade. These changes will affect ice cover, soil moisture, bird migration, insect behavior, and plant growth. It will also affect the health of people from heat waves to poor air quality from Canadian forest fires.

Minnesota Average Annual Temperature, 1895-2016



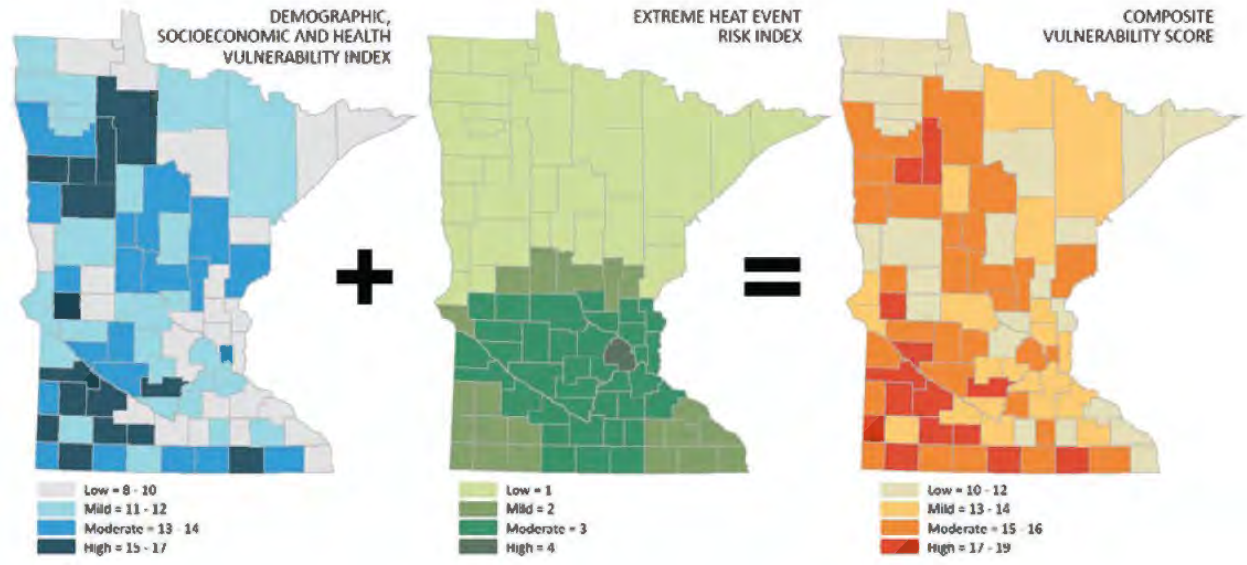
Source: Minnesota Department of Health. (49)

Extreme heat events can cause heat-related illnesses and exacerbate existing illnesses and health conditions.



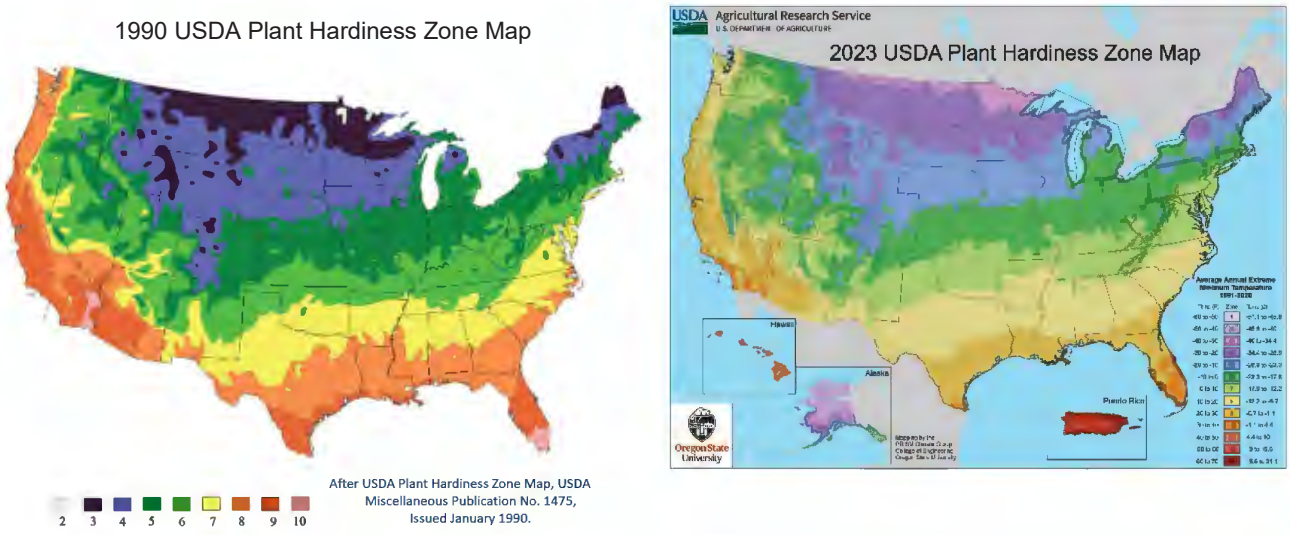
Source: Minnesota Department of Health. (50)

A composite vulnerability score combines population vulnerability indicators and historic occurrences of the climate hazard. Three of the six counties score high in the composite vulnerability score. Two of the six counties score high in the composite vulnerability score. (49)



Source: Minnesota Department of Health (49)

One can also see the change in temperature by looking at USDA Plant Hardiness Zone Map (PHZM). SWHHS counties had been in zone 4 until 2015 when much of the area moved to zone 5. The 1990 PHZM was taken from the 1974-1986 weather data. The 2023 PHZM was taken from the 1991-2020 weather data. (49)

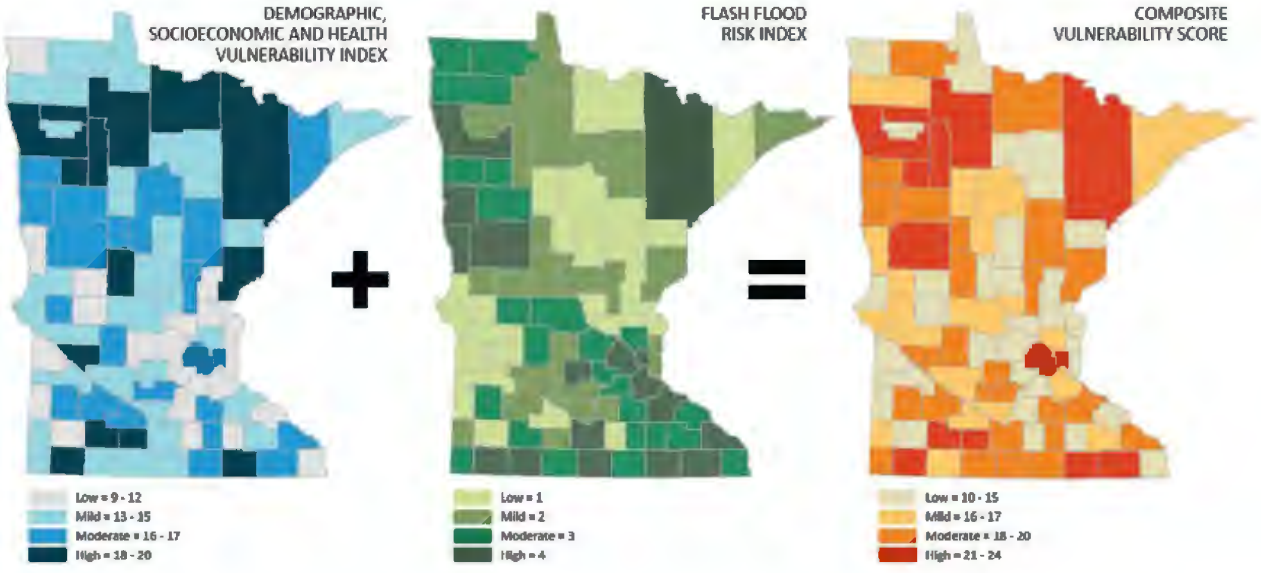


Source: Minnesota Department of Health (49)

Precipitation amounts have been changing. From 1973-2021 Minnesota has had 16 mega-rain events. Eleven of those events have happened during 2000-2021. This change in occurrence shows mega-rain events are 2.5 times more common. (51) Flooding from mega-rain events and spring thaw can cause public infrastructure and electric utility damage. Water damage to homes and businesses can cause mold growth. Tourism can also be impacted by flooding.

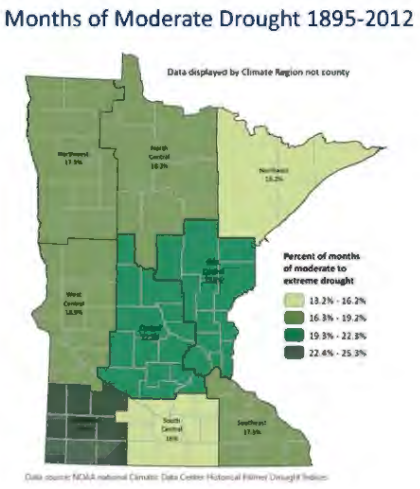
With the increase in standing water from rain and flooding, mosquito populations also increase. Mosquito-borne or arboviruses endemic to Minnesota include West Nile Virus, La Crosse Encephalitis, Jamestown Canyon Virus, Western Equine Encephalitis, and Eastern Equine Encephalitis. These diseases can cause mild febrile illness, encephalitis or brain swelling. (52)

Three of the SWHHS counties are in the moderate risk composite vulnerability score. (49)



Source: Minnesota Department of Health (49)

In the southwest region of Minnesota, there has been more drought. The Southwest region has seen 25.3% of months of moderate to extreme drought during the 1895-2012 timeframe. Drought can affect water quality by lowering lake and underground water levels and concentrating pollution in water. Agricultural crops, livestock and dairy production can be negatively impacted by drought. Mental health can decrease from the stress of potential crop failure. Wildfire risk can increase. The last few summers, wildfires in Canada have caused air quality challenges across Minnesota. (49)



Water Quality

Arsenic

Clean and safe water is essential for good health. There are a variety of contaminants that occur naturally in the ground, like arsenic, and those that are man-made that can get into well water, like volatile organic chemicals. August 2008 to December 2021 showed that new wells in SWHHS counties had 10.1 percentage points more arsenic in the ten micrograms per liter or above range than Minnesota. The lower detection limit for arsenic used by most laboratories is two micrograms per liter (µg/L), while ten µg/L is the Maximum Contaminant Level (MCL) for arsenic, which is the national enforceable standard for community water supplies. (53)

Arsenic Levels in New Private Wells, Tested 2008-2021

	Number of Wells Tested	Number of Wells < 2µg/L	Percent of Wells < 2µg/L	Number of Wells > 10µg/L	Percent of Wells > 10µg/L	Median Arsenic Value
Minnesota	71,831	34,920	48.6%	8,264	11.5%	≤ 2.0
SWHHS	802	455	56.7%	173	21.6%	-
Lincoln*	25	16	64.0%	4	16.0%	4.0
Lyon	143	84	58.7%	31	21.7%	3.4
Murray	200	129	64.5%	49	24.5%	4.1
Pipestone	67	39	58.2%	16	23.9%	5.2
Redwood	299	163	54.5%	65	21.7%	2.7
Rock	68	24	35.3%	8	11.8%	≤ 2.0

Source: Minnesota Department of Health. (53)

In SWHHS counties, there are a number of private wells that need to be tested regularly to ensure water quality. Some of the issues that need to be tested for are coliform bacteria (annually or if you notice a change to the taste, color or odor), nitrate (one to every two years and always test before giving to an infant), lead (once), and an overabundance of naturally occurring fluoride.

Testing is even more important if young children drink the water.

Nitrate

Nitrate compounds naturally occur in levels usually less than three mg/L. Levels higher than three mg/L come from runoff or leakage of man-made sources such as fertilized soil, wastewater, landfills, animal feedlots, septic systems, or urban drainage.

The Maximum Contaminant Level (MCL) is ten milligrams of nitrate per liter of drinking water (mg/L). Anything under ten mg/L is considered safe to drink. Drinking water with above ten mg/L can cause methemoglobinemia or blue baby syndrome in babies that are bottle-fed. Babies under six months old are especially at high risk. Adult health impacts are a more recent area of focus. There is a growing body of evidence that nitrate/nitrite exposure is associated with increase heart rate, nausea, headaches, and abdominal cramps. There may be an increased risk of gastric cancer according to some studies, but there is not scientific consensus as of the date of this publication. (54)

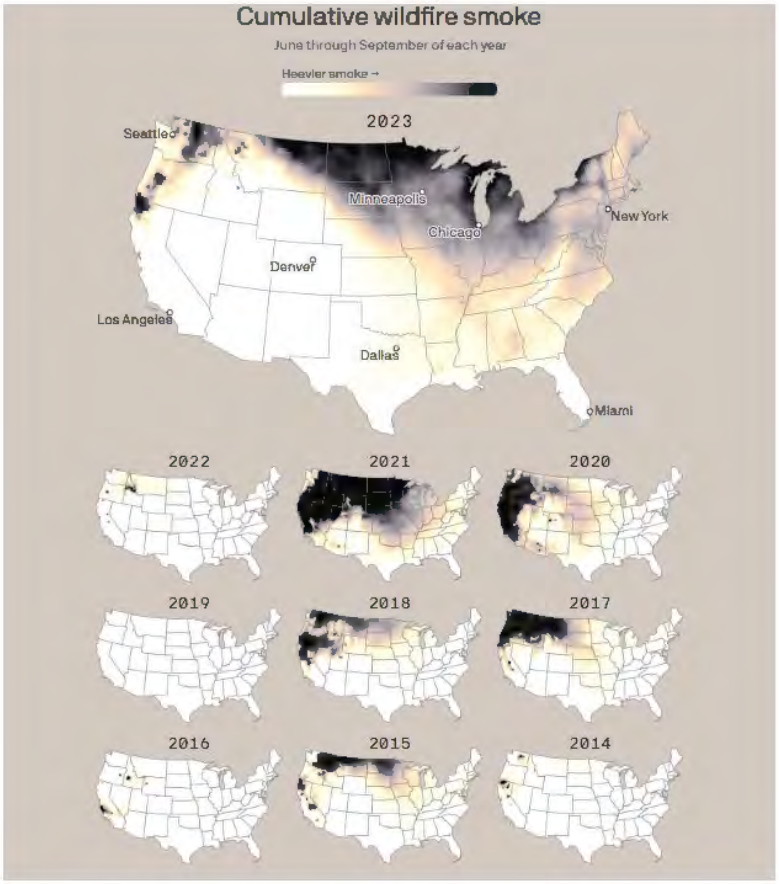
Average of Community Water System Mean Nitrate Levels, 2009-2022

	2009	2010	2011	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Lincoln	3.36	2.80	3.45	3.33	3.38	3.49	4.83	4.81	4.42	5.03	4.80	4.21	6.05
Lyon	2.26	1.89	2.22	2.18	2.28	2.31	3.16	3.00	2.64	3.00	2.86	2.47	3.47
Murray	1.46	1.55	1.52	1.36	1.04	1.09	1.48	1.35	1.40	1.53	1.41	1.03	0.88
Pipestone	2.83	2.65	3.15	2.92	2.77	2.95	3.87	3.67	3.48	3.68	3.71	3.74	4.53
Redwood	0.65	0.60	0.88	0.85	0.92	0.97	1.13	1.11	0.96	1.07	1.14	1.02	1.31
Rock	4.29	4.00	3.45	3.47	3.30	1.75	4.40	4.23	4.46	5.18	3.00	2.30	3.54

Source: Minnesota Department of Health. (54)

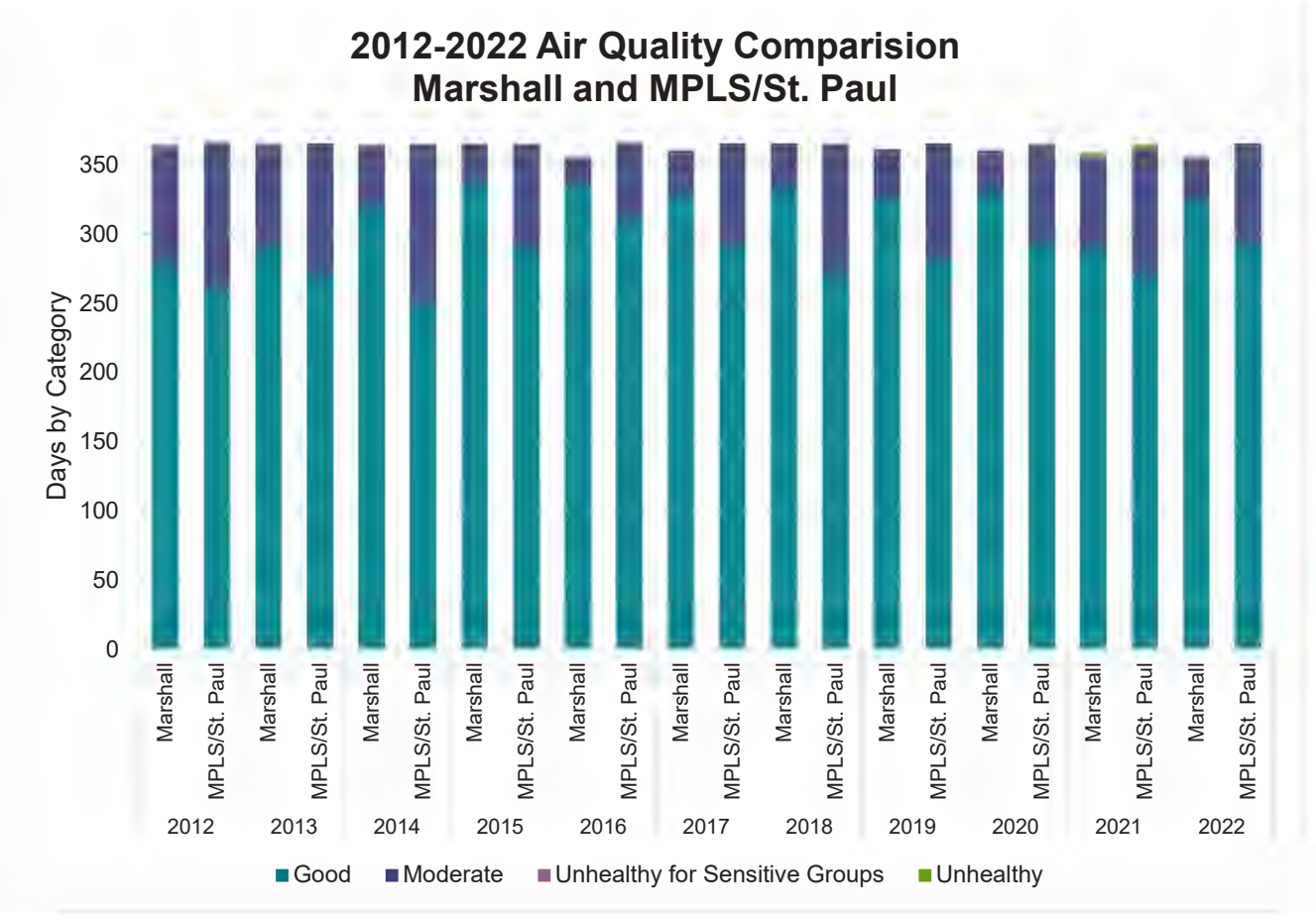
Air Quality

Air quality, if heavy with ground-level ozone, air particulate pollution, sulfur dioxide, and carbon monoxide can make it hard for people to breathe and cause illness. Some of the causes of ground-level ozone and air particulate pollution are combustion from motor vehicles, power plants, residential wood burning, forest and agricultural fires, and some industrial processes. Unhealthy air can irritate your respiratory system, reduce your lung function, damage and inflame the lining of your lungs, make your lungs more susceptible to infections, aggravate other chronic lung diseases like asthma, chronic bronchitis, COPD, emphysema, and cause permanent lung damage. (55)



Data: NASA GEOS-FP. Map: Erin Davis/Axios Visuals

From 2006-2022, the Marshall area averaged 1.13 unhealthy air days for sensitive groups per year and .24 unhealthy days per year while the Minneapolis/St Paul area averaged 2.55 unhealthy air days for sensitive groups and .31 unhealthy days per year. Marshall had two unhealthy days in 2021 and 2022. It was the first time in the last 17 years that Marshall had any unhealthy days. Forest fires in the United States and Canada have been affecting air quality in Marshall and other areas across the state. (56) (57)



Source: Minnesota Pollution Control Agency. (56)

In the chart above each category corresponds to a different level of health concern:

- **Good.** The Air Quality Index (AQI) value for your community is between zero and 50. Air quality is satisfactory and poses little or no health risk.
- **Moderate.** The AQI is between 51 and 100. Air quality is acceptable; however, pollution in this range may pose a moderate health concern for a very small number of individuals. People who are unusually sensitive to ozone or particle pollution may experience respiratory symptoms.
- **Unhealthy for Sensitive Groups.** When AQI values are between 101 and 150, members of sensitive groups may experience health effects, but the general public is unlikely to be affected.
    - Ozone: People with lung disease, children, older adults, and people who are active outdoors are considered sensitive and therefore at greater risk.
    - Particle pollution: People with heart or lung disease, older adults, and children are considered sensitive and therefore at greater risk.
- **Unhealthy.** Everyone may begin to experience health effects when AQI values are between 151 and 200. Members of sensitive groups may experience more serious health effects.
- **Very Unhealthy.** AQI values between 201 and 300 trigger a health alert, meaning everyone may experience more serious health effects.
- **Hazardous.** AQI values over 300 trigger health warnings of emergency conditions. The entire population is even more likely to be affected by serious health effects. (56)

Radon

Radon is a colorless and odorless radioactive gas that naturally occurs in air and drinking water environments. The leading cause of lung cancer in non-smokers is radon. According to the EPA map of Radon Zones, all of the counties in SWHHS are in the highest potential category for predicted average indoor radon screening level greater than four pCi/L (picocuries per liter). (58) Because of this, SWHHS has been offering short radon testing at a nominal price to citizens in the SWHHS catchment area.

Radon Testing Results 2010-2020

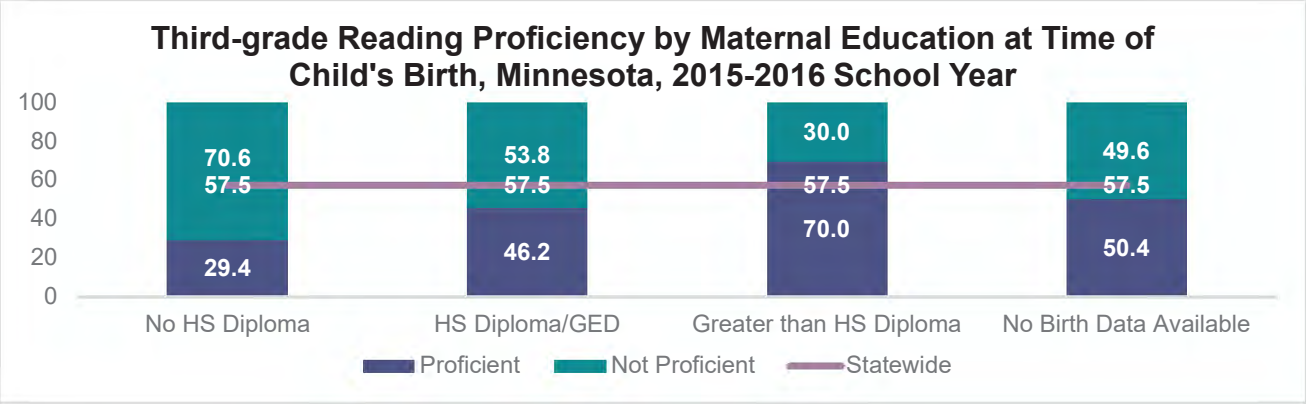
	Properties Tested Per 10,000	Percent of Properties Tested ≥ 2 pCi/L	Percent of Properties Tested ≥ 4 pCi/L	Average (Arithmetic) Radon Value pCi/L
Minnesota	93.5	71.2%	40.3%	4.2
Lincoln	53.1	88.1%	69.8%	8.7
Lyon	81.7	81.6%	63.8%	7.3
Murray	67.4	92.7%	79.7%	9.2
Pipestone	57.2	90.8%	68.2%	8.6
Redwood	65.9	88.5%	69.3%	7.2
Rock	50.7	91.6%	78.6%	8.9

Source: United States Environmental Protection Agency. (58)

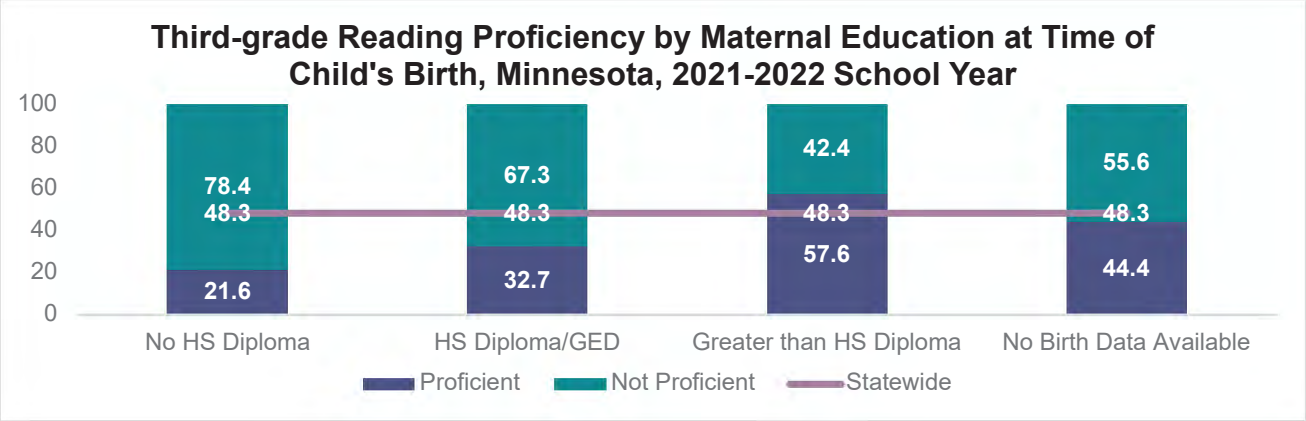
Education Access and Quality

Language and Literacy

When the data is looked at with a health equity lens to determine what impacts education, research points toward the education of the mother as a determinant of her child's third-grade reading proficiency. Statewide reading proficiency in third-grade averaged 57.5% in 2015-2016. Reading proficiency after the pandemic has dropped statewide to 48.3% over 2021-2022. The difference is 9.2%. The difference between third-grade children with mothers who have education at greater than high school diploma versus high school diploma or GED is 23.8 percentage points in 2015-2016 and 24.9 percentage points in 2021-2022. The gap widens to 40.6 percentage points if the mother has no high school diploma in 2015-2016 and 36.0 percentage points in 2021-2022. (59)



Source: Minnesota Department of Education. (59)



Source: Minnesota Department of Education. (59)

Percentage of Third-grade Reading Proficiency by Maternal Education at Time of Child's Birth, Minnesota, 2021-2022 School Year

	No HS Diploma	HS Diploma/GED	Greater than HS Diploma	No Birth Data Available
Minnesota	21.6	32.7	57.6	44.4
SWHHS	CTSTR	CTSTR	57	51.4
Lincoln	CTSTR	CTSTR	47.8	56.1
Lyon	36.7	33.3	52.8	39.4
Murray	CTSTR	CTSTR	50	48.3
Pipestone	CTSTR	CTSTR	70.8	51.7
Redwood	CTSTR	40	59.1	46.4
Rock	CTSTR	CTSTR	61.5	66.2

CTSTR: Counts too small to report - when results are less than 10.
Source: Minnesota Department of Education. (59)

Educational Attainment

Education is a key component to social determinates of health, as it is a predictor of the quality and longevity of a person's life. It has been determined through research that the more education a person has, the more likely they are to have a higher income and have better health outcomes. (60)

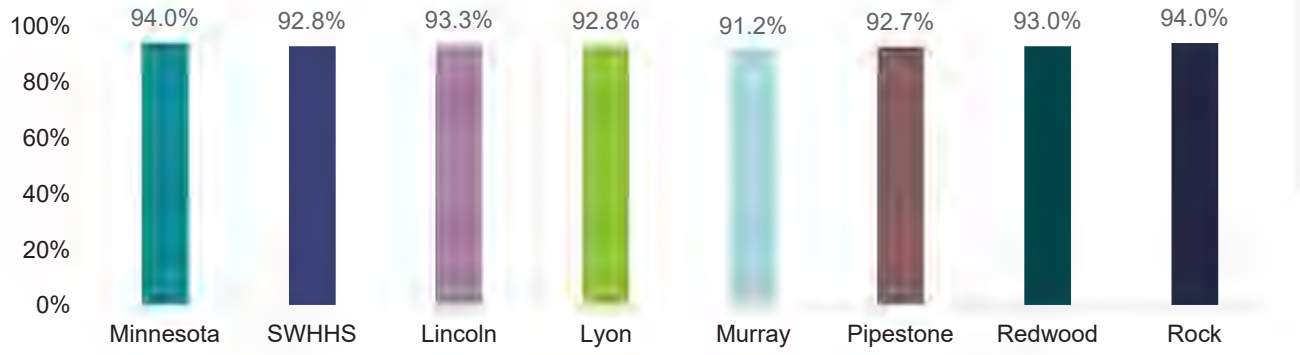
Percent of High School Students Graduating On Time, Four-Year Average, By County, 2012-2022

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Minnesota	78.4	80.4	81.4	82.1	82.5	82.7	83.2	83.7	83.8	83.3	83.6
SWHHS	86.3	87.4	87.1	89.8	88.8	89.6	86.2	89.8	91.3	89.1	89.0
Lincoln	81.8	86.7	87.8	87.3	79.2	85.7	87.5	93.2	84.4	83.1	79.5
Lyon	86.0	89.5	86.1	90.6	87.2	86.0	83.3	87.5	91.7	87.1	90.2
Murray	92.7	95.7	93.5	96.0	90.8	97.6	89.3	96.0	96.3	92.0	92.3
Pipestone	86.8	83.9	88.8	87.7	92.3	86.4	78.3	85.0	87.8	88.5	85.2
Redwood	88.5	88.4	86.9	88.2	89.9	92.9	91.6	94.3	92.1	92.6	91.4
Rock	81.4	76.9	84.1	87.7	92.5	93.9	90.2	90.3	91.5	91.4	89.7

Source: United State Census Bureau. (61)

Minnesota's high school graduation rate is higher than SWHHS by 1.2 percentage points. (61)

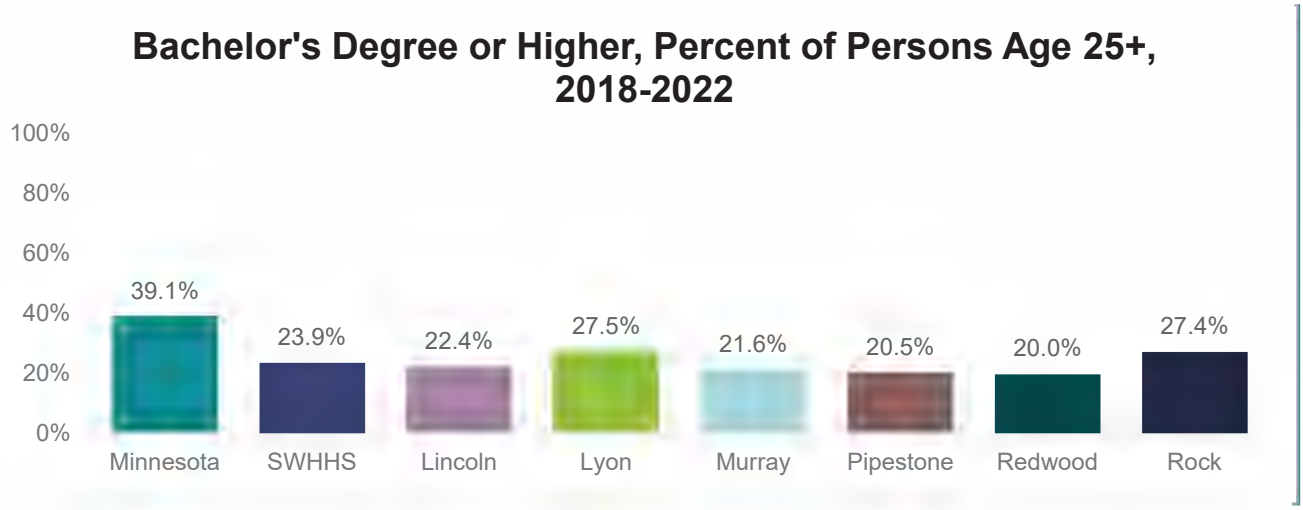
High School Graduate or Higher, Percent of Persons Age 25+, 2018-2022



Source: United State Census Bureau. (61)

Minnesota's bachelor degree or higher rate is higher than SWHHS by 15.2 percentage points. Lyon county, home to Southwest Minnesota State University, has the highest rate of the six counties with 27.5% of adults age 25+ having a bachelor's degree or higher. (61)

Bachelor's Degree or Higher, Percent of Persons Age 25+, 2018-2022



Source: United State Census Bureau. (61)

Early Childhood Development

When we invest in education and developmental resources starting in early childhood, society sees a return on that investment in increased cognitive and social skills. These skills result in citizens that are more capable, productive and will influence the earning potential of the individual. (62)

Preschool programs can vary depending on where you live in Minnesota. In Minnesota, 21.8% of kindergarteners attend one year of preschool and 9.8% attend 2 years of preschool. The southwest economic development region saw 35.8% of kindergarteners attend one year of preschool and 19.6% attend 2 years of preschool. Redwood County has the highest level of kindergarteners who attended one and two years of preschool with 48.8% and 46.9% for two year. (59)

Percent of Kindergartners Who Participated in School District Preschool by Number of Years, 2021

	+4 Years Prior	3 Years Prior	2 Years Prior	1 Year Prior
Minnesota	0.1	1.2	9.8	21.8
Southwest EDR	CTSTR	2.3	19.6	35.8
Lincoln	CTSTR	CTSTR	15.1	25.8
Lyon	CTSTR	4.3	22.6	44.3
Murray	CTSTR	CTSTR	40.8	44.9
Pipestone	CTSTR	CTSTR	19.6	33.6
Redwood	CTSTR	CTSTR	46.9	48.8
Rock	CTSTR	CTSTR	CTSTR	CTSTR

CTSTR: Counts Too Small To Report - when results are less than 10.
Southwest EDR: Region 8 Economic Development Region includes Cottonwood, Jackson, Nobles and SWHHS counties of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.
Source: Minnesota Department of Education. (59)

Public early care and education includes Child Care Assistance (CCAP), Early Childhood Family Education (ECFE), Early Childhood Special Education (ECSE) or School District Preschool (MN District Preschool) prior to kindergarten entry. Many children attend private childcare and early learning programs prior to kindergarten and are not included in these counts. Minnesota's kindergarteners attend public early care and education at 50.3% with Southwest Economic Development Region at 57.2%. Murray County's rate was 74.5%. Rock County has the lowest rate at 34.7%.

Percent of Kindergarteners that Participation in Public Early Care and Education, 2022

	Minnesota	SW EDR	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Kindergartners	50.3	57.2	41.9	67.4	74.5	58.7	69.6	34.7

Southwest EDR: Region 8 Economic Development Region includes Cottonwood, Jackson, Nobles and SWHHS counties of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.
Source: Minnesota Department of Education. (59)

Child Care

Child care that is reliable and affordable allows families to participate in the workforce and support their families. Parents that do not have adequate child care struggle to remain in the workforce leading to financial instability and potential skill loss. (63)

Child care access has been in decline since 2010 in Minnesota and 2009 nationally. Minnesota regulatory changes started in 2014. From 2014 to 2018 there has been a 20% decrease in licenses family child care. (64) In December 31, 2019, there were 251 family child care homes in SWHHS. By August 31, 2024, 18.7% of those homes were closed. (65)

2024 Number of Licensed Family Child Care through 8/31/2024

	Count Jan 1	Newly Licensed	Closed	Count August 31	Family Child Cares +/- Since 2019	2024 Child Slots +/- as of 8/31/2024	Aug 31 Total Child Slots
Lincoln	16	1	1	16	-4	-2	190
Lyon	66	5	7	64	-23	-34	758
Murray	20	1	1	20	-2	0	254
Pipestone	30	1	0	31	-5	12	384
Redwood	44	3	1	47	-2	18	528
Rock	26	2	2	26	-11	-4	314
SWHHS	**202**	**13**	**12**	**204**	-47	-10	2,428

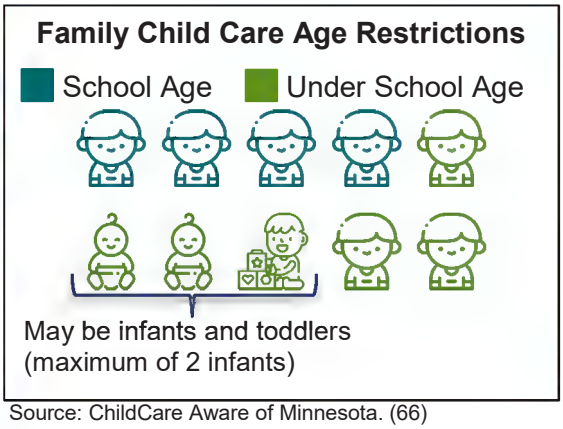
Source: Minnesota Department of Human Services. (65)

A family child care provider may care for up to six children under school-age, with a maximum of two infants (6 weeks to 11 months), or three infants and toddlers (12-24 months). Ratios are lower for group family child care, or for two adults. Minnesota licensing limits are in line with national recommendations. (66) SWHHS five-year average births are at 917. If all were attending family based child care, there would be 204 to 408 infant slots based on August 31, 2024 provider counts and current licensing requirements.

Annual Births by County

	2016	2017	2018	2019	2020	2021
Lincoln	67	74	70	59	64	68
Lyon	380	358	356	346	338	334
Murray	104	87	81	90	72	79
Pipestone	118	130	140	127	122	142
Redwood	197	184	199	196	191	194
Rock	114	108	97	90	85	104
SWHHS	980	941	943	908	872	921

Source: Minnesota Department of Health. (67)



Source: ChildCare Aware of Minnesota. (66)

The percent of households that have two parents with children under 6 that are both in the labor force is 70.7% in SWHHS counties. If all were attending family based child care, it is estimated 602 infant slots would be needed, 602 toddler slots would be needed and 1,806 under school age slots would be needed. Based on family child care licensing counts, it is estimated SWHHS is 796 infant and toddler slots short depending on how family child cares filled their slots. (65)

There are 1,005 licensed slots in 23 child care centers. Of these licensed slots, there 10 child care centers with 236 preschool only slots, two child care centers with 85 preschool & school-age slots, one child care centers with eight toddler slots. The rest of the ten licensed child care centers with 676 slots are mixed ages from infants through school-age. The number of slots by age are not disclosed on the child care center licenses.

Child Care Center Ratios and Group Sizes by Age Category

Age Category	Minimum Staff-to-Child Ratio	Maximum Group Size
Infant	1:4	8
Toddler	1:7	14
Preschooler	1:10	20
School-age Child	1:15	30

Source: ChildCare Aware of Minnesota. (66)

Children Under 6: Living with Both Parents in Labor Force or Living with Single Parent in Labor Force, 5-Year Estimate 2018-2022

	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Count of Children Under 6	403	2005	497	796	1187	645
Both Parents in Labor Force	251	1102	292	386	609	370
Living with 2 Parents-Father in Labor Force	64	242	77	118	289	75
Living with 2 Parents-Mother in Labor Force	8	136	51	30	35	51
2 Parents – Neither Parent in Labor Force	7	0	0	57	0	7
Living with 1 Parent: Father in Labor Force	21	261	15	93	89	43
Living with 1 Parent: Mother in Labor Force	35	178	26	104	89	55

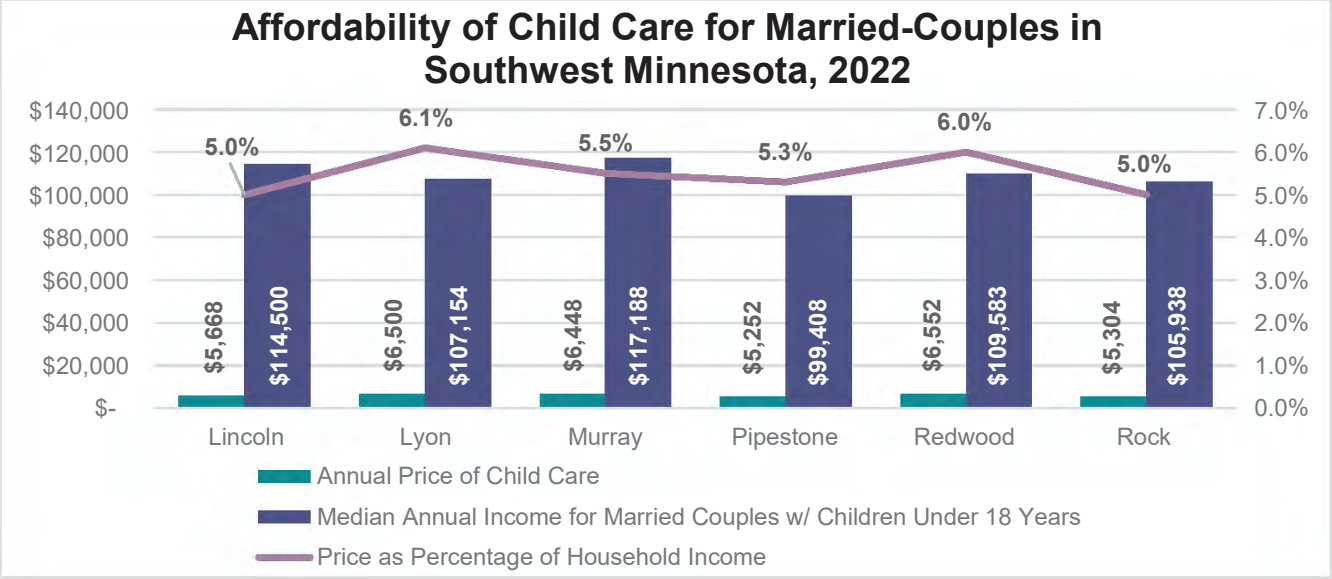
Source: US Census Bureau. B23008 (68)

The Department of Health and Human Services (HHS), in the preamble of the 2016 Child Care and Development Fund (CCDF) Final Rule, established 7 percent as the Federal benchmark as an affordable co-payment for families receiving CCDF. (69) An infant in family child care cost $8,590.40 annually and $14,401.92 for an infant in a child care center. A family of three 100% poverty guideline is $25,820 annually. If the child in the family of three were an infant they would be paying 33% of their income for family child care and 56% of their income for a child care center. At 7% of income, a family of three would need to make $122,720 have an infant in family child care and $205,742 for a child care center.

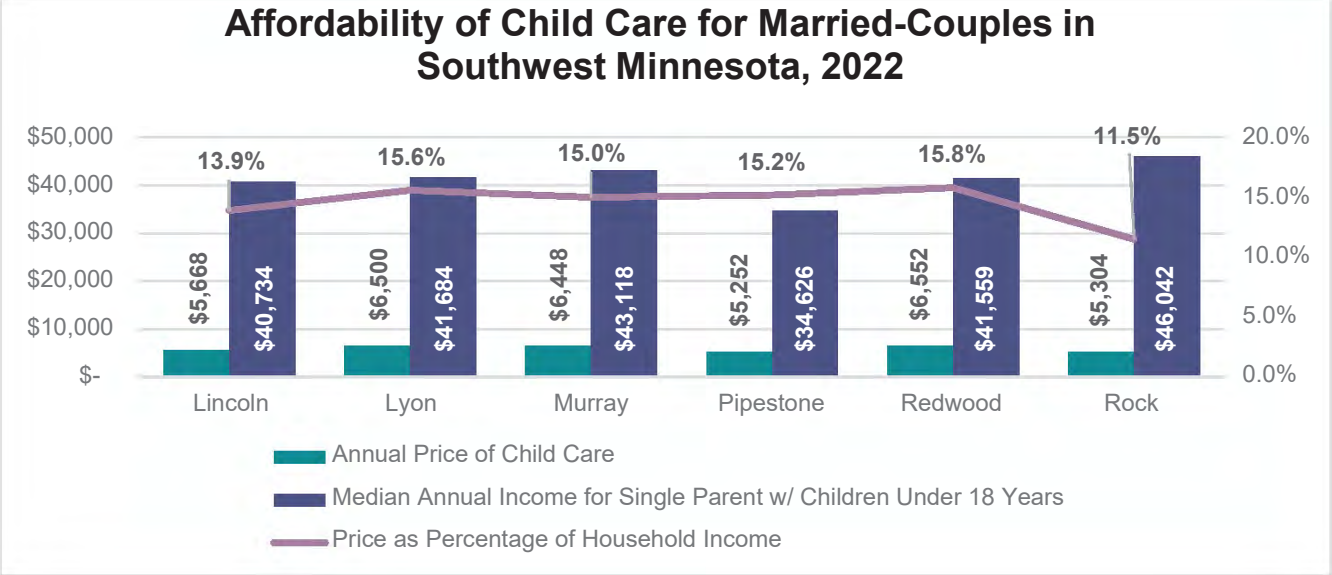
Average Weekly Rates for Child Care Programs in Greater Minnesota, April 2024

	Child Care Centers	Family Child Care
Infant	$ 276.96	$ 165.20
Toddler	$ 251.49	$ 159.48
Preschool	$ 229.32	$ 152.75
School-Age	$ 196.46	$ 137.19

Source: ChildCare Aware of Minnesota. (70)



Source: Minnesota Employment and Economic Development. (63)



Source: Minnesota Employment and Economic Development. (63)

Children with Special Health Care Needs

Children with special health care needs are defined as, “Those who have, or who are at increased risk for a chronic physical, developmental, behavioral, or emotional condition. They also require health and related services of a type or amount beyond that generally required.” (71) According to the 2022 National Survey of Children with Special Health Care Needs, it is estimated that 21.5% of all Minnesota children ages 0-17 have special health care needs while nationally 20.8% do. (72)

Percent of Prevalence by Conditions, 2022

	United States	Minnesota
ADD or ADHD (3-17 YO)	10.5	13.0
Anxiety (3-17 YO)	10.6	14.1
Asthma	6.5	5.3
Autism (3-17 YO)	3.6	4.3
Behavioral or Conduct Problems (3-17 YO)	7.5	7.7
Depression (3-17 YO)	4.6	6.9
Developmental Delay (3-17 YO)	5.8	5.7
Speech or other language disorder (3-17 YO)	6.4	7.2
Learning Disability (3-17 YO)	7.8	10.1

Source: Maternal and Child Health Bureau. (72)

It is unclear what percentage of children in the SWHHS counties have special health care needs, as this data is not collected at a county level. Special education enrollment is tracked at a school district and county level, which can give a glimpse at the size of the population since not every child that has a special health care need will qualify to be enrolled in special education during the IEP process. In the 2023-2024 school year, SWHHS counties saw 18.6% of students enrolled in special education, which was higher than Minnesota's rate of 18.5%. This rate, which was 12.6% in the 2005-2006 school year, has steadily increased along with overall enrollment 11,877 in 2005-2006 to 12,563 in the 2023-2024 school year. It is unclear why more children need special education. One thought is with the emphasis on early intervention more children are being identified earlier. Another thought is children are, overall, unhealthier than past generations. (15)

Percent of K-12 Special Education Students Enrollment

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Minnesota	15.1	15.4	15.7	16.2	16.7	16.7	16.9	17.6	18.5
SWHHS	15.4	15.6	15.7	16.6	16.7	16.8	17.4	17.3	18.6
Lincoln	16.2	16.6	14.6	16.4	15.8	13.4	14.3	16.2	16.7
Lyon	15.5	16.1	15.8	16.8	16.5	15.8	16.4	17.8	17.8
Murray	15.7	16.4	15.9	16.7	16.8	16.3	16.9	14.9	19.1
Pipestone	14.8	14.0	14.2	14.6	15.5	15.6	17.9	17.3	18.5
Redwood	16.2	16.6	17.3	18.7	18.9	22.1	21.7	19.2	21.3
Rock	14.4	13.6	15.4	15.0	15.2	14.7	14.8	15.6	17.3

Source: Minnesota Department of Education. (2017). (15)

Food Access and Quality

Hunger

United Community Action Partnerships services food shelves in Marshall, Tracy, Westbrook and Heron Lake. The Marshall and Tracy food shelf service residents in the SWHHS counties. Marshall services clients from Lincoln, Lyon, Pipestone, Redwood and Yellow Medicine counties. Tracy services Lyon, Murray and Redwood counties. Unique individuals and pounds of food given out decreased from 2019 to 2021, then went back up in 2022. New families in Marshall decreased until 2022 when it went back up. Tracy new families decreased all five years.

Unique Individuals that Received Food at Food Shelf by Year

	2018	2019	2020	2021	2022
Marshall	2,785	2,365	1,943	1,374	1,731
Tracy	357	359	323	192	263

Source: United Community Action Partnership. (73)

New Families that Received Food at Food Shelf by Year

	2018	2019	2020	2021	2022
Marshall	348	277	210	147	237
Tracy	31	31	27	24	22

Source: United Community Action Partnership. (73)

Homeless Individuals that Received Food at Food Shelf by Year

	2018	2019	2020	2021	2022
Marshall	28	23	39	27	26
Tracy	0	0	0	*	*

*Counts under 20 are suppressed.
Source: United Community Action Partnership. (73)

Pounds of Food Given Out at Food Shelf

	2018	2019	2020	2021	2022
Marshall	397,704	339,041	377,639	195,150	251,936
Tracy	43,103	42,821	49,624	30,495	40,171

Source: United Community Action Partnership. (73)

Food Insecurity

According to The United States Department of Agriculture (USDA), “Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” (74)

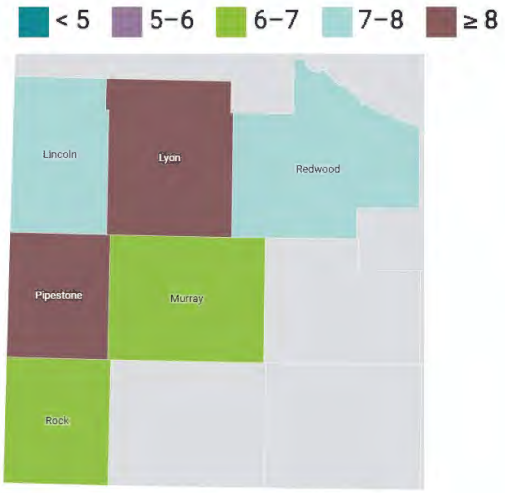
The percent of overall food insecurity in Minnesota for 2021 is 6.8%. The average food insecurity of the six SWHHS counties for 2021 was 6.5%. Four of the counties are below the state rate. Pipestone County 2021 rate was 7.6% and Lyon County was 7.1%. (75)

Percent of Overall Food Insecurity 2021

Source: Feeding America. (75) Created with Datawrapper

The percent of child food insecurity in Minnesota for 2021 is 9.2%. The average food insecurity of the six SWHHS counties for 2021 was 7.7%. Five of the counties are below the state rate. Pipestone County 2021 rate is 10.1%. (75)

Percent of Child Food Insecurity 2021

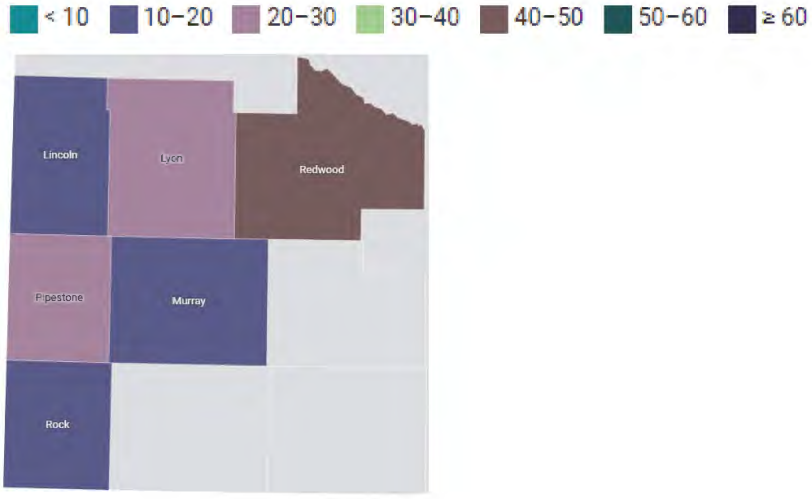


Source: Feeding America. (75) Created with Datawrapper

Access to Healthy Food Options

The USDA defines a food desert as a low-income area (census tract), where a significant number of residents live more than 10 miles from a big grocery store in rural areas or one mile in urban ones. (74)

Percent of Population with Low Access to Supermarket/Large Grocery Stores, 2015

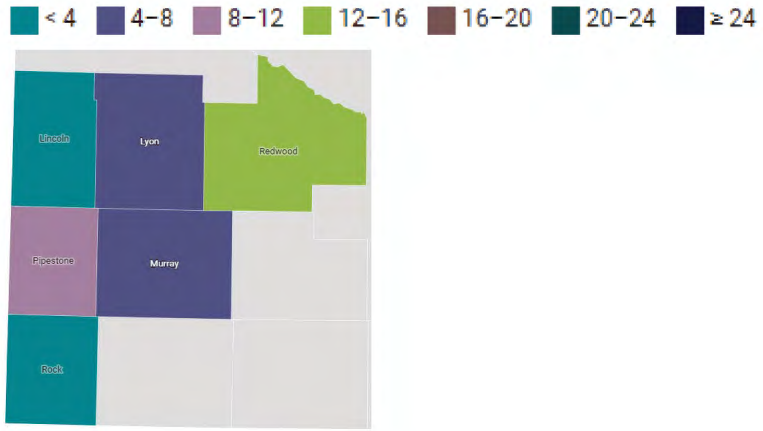


Source: U.S. Department of Agriculture (USDA) (74) Created with Datawrapper

Low access to the store is defined as living more than 10 miles from a supermarket or large grocery store if living in a rural area, or more than one mile from a supermarket or large grocery store in an urban area. Supermarkets/large grocery stores are food retailers reporting at least $2 million in

annual sales and containing all the major food departments found in a typical supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. (74)

Percent of Low-income Households with Low Access to Supermarket/ Large Grocery Store, 2015



Source: U.S. Department of Agriculture (USDA) (74) Created with Datawrapper

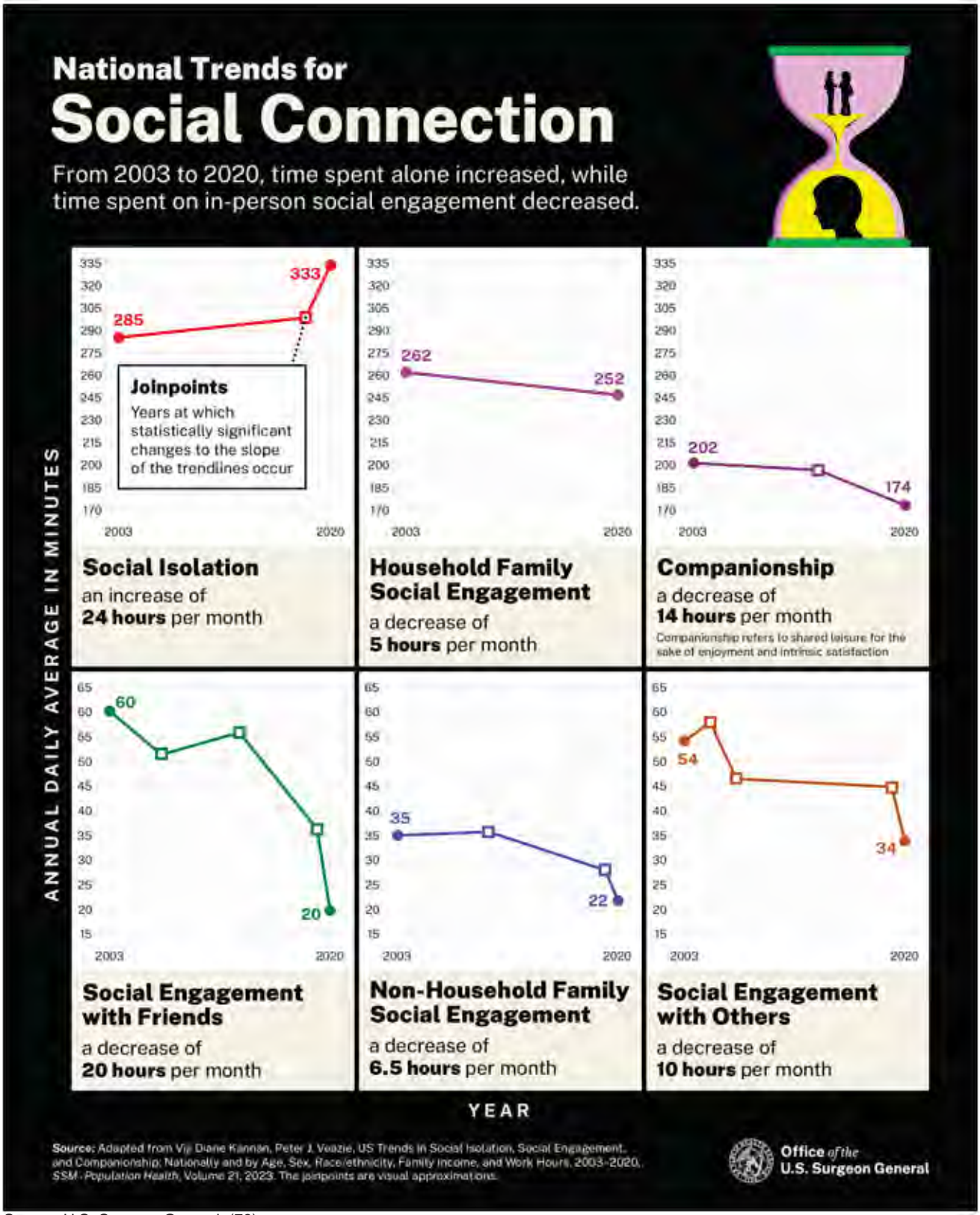
Low-income is defined as 200% of Poverty Level. (74)

Social and Community Context

Social Connection

Social connection according to the US Surgeon General's *Our Epidemic of Loneliness and Isolation* report is "A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities."

From 2003 to 2020, time spent alone increased, while the time spent on in-person social engagement decreased. Social isolation has increased by 24 hours per month nationally. Social engagement with friends has decrease by 20 hours per month nationally. (76)

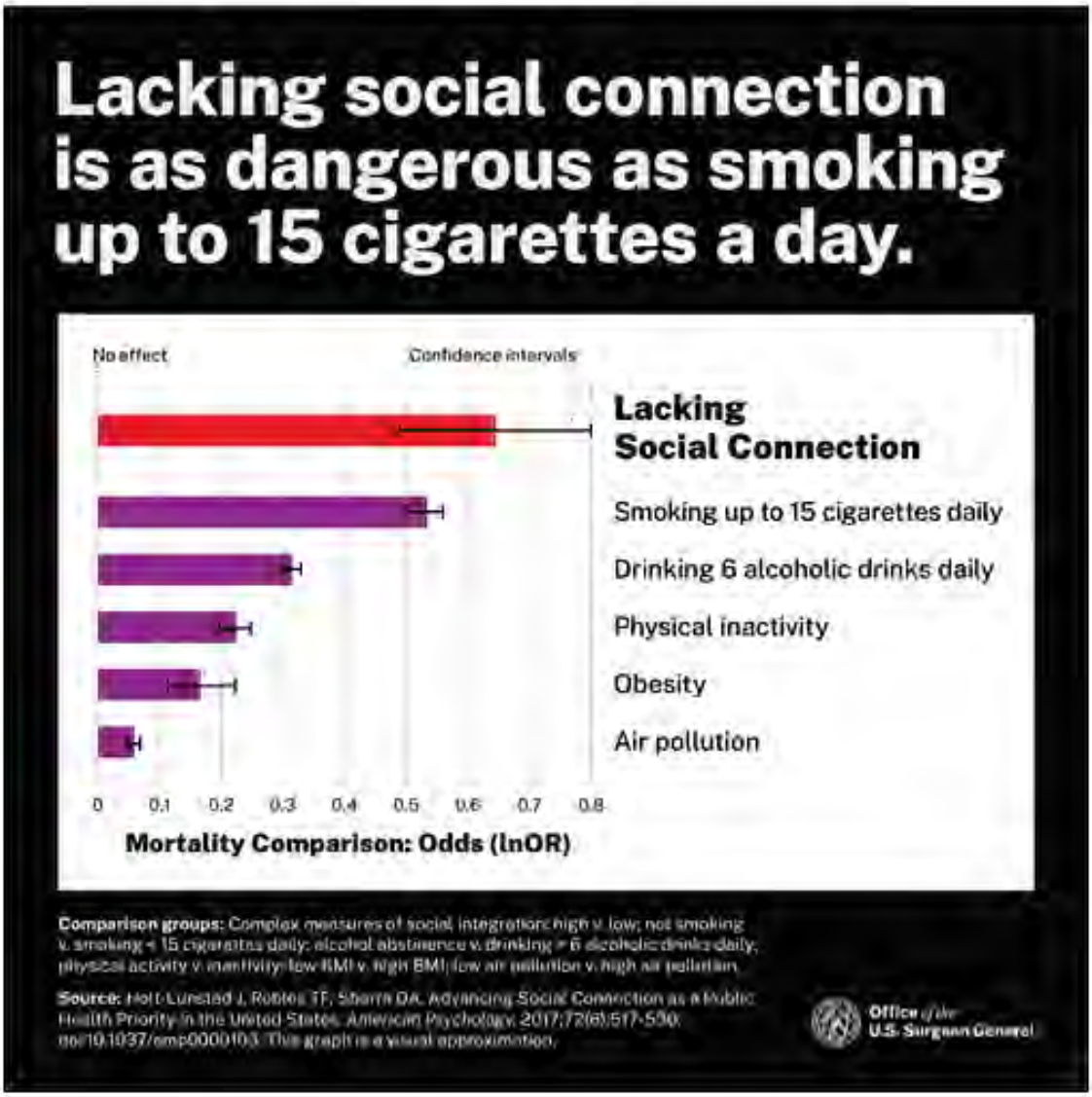


Source: U.S. Surgeon General. (76)

When social connection is missing in a person's life, health outcomes can decrease.

- Studies have indicated people living in isolation increases the risk for premature death by 29%. (76)

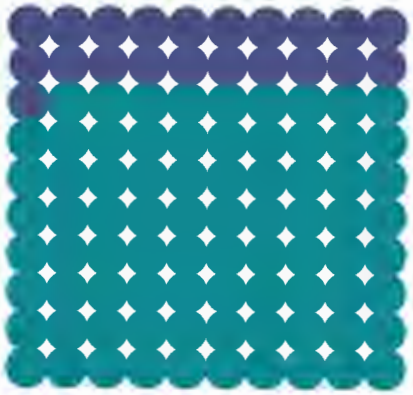
- Social support from family and friends is associated with improved diabetes management (32%), hypertension (29%), and risk of developing dementia (50%). (76)
- Unemployed individuals that participate in community-based volunteering increase the likelihood of becoming employed. (76)
- Adults that report feeling lonely are more than twice as likely to develop depression as adults that report rarely feeling alone. (76)
- Social isolation or the perception of isolation can increase inflammation in the body at a similar degree as physical inactivity. (76)
- Children and adolescents who enjoy positive relationships with parents, peers and teachers experience improved academic outcomes. (76)
- People with strong perceptions of community belongingness are 2.6 times more likely to report good or excellent health than people with a low sense of belongingness. (76)
- Being more socially connected can improve stress responses and minimize the negative health effects of stress. (76)



Source: U.S. Surgeon General. (76)

SWHHS conducted a convenience sample survey to determine perception of the community on various topics. Several of the questions elude to social connection by asking about quality of life, how welcoming our community is, and if our community is good place raise children and grow old in.

Are you happy with the quality of life in your community?



79%

Yes, happy with the quality of life in their community

N=312

No

Source: Southwest Health and Human Services. (7)

Is your community a welcoming community?

74%

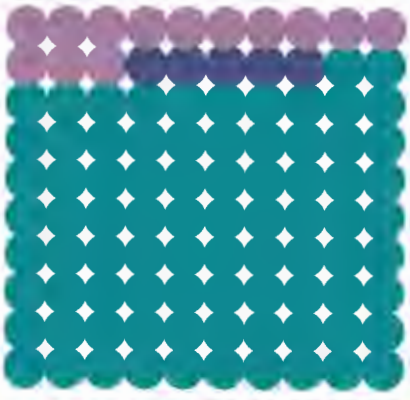
Yes, the community is welcoming

N=312

No

Source: Southwest Health and Human Services. (7)

Is your community a good place to raise children?



82%

Yes, this is a Good Place to Raise Children

N=312

No

Do not know

Source: Southwest Health and Human Services. (7)

Is your community a good place to grow old?

66%

Yes, this is a Good Place to Grow Old

N=312

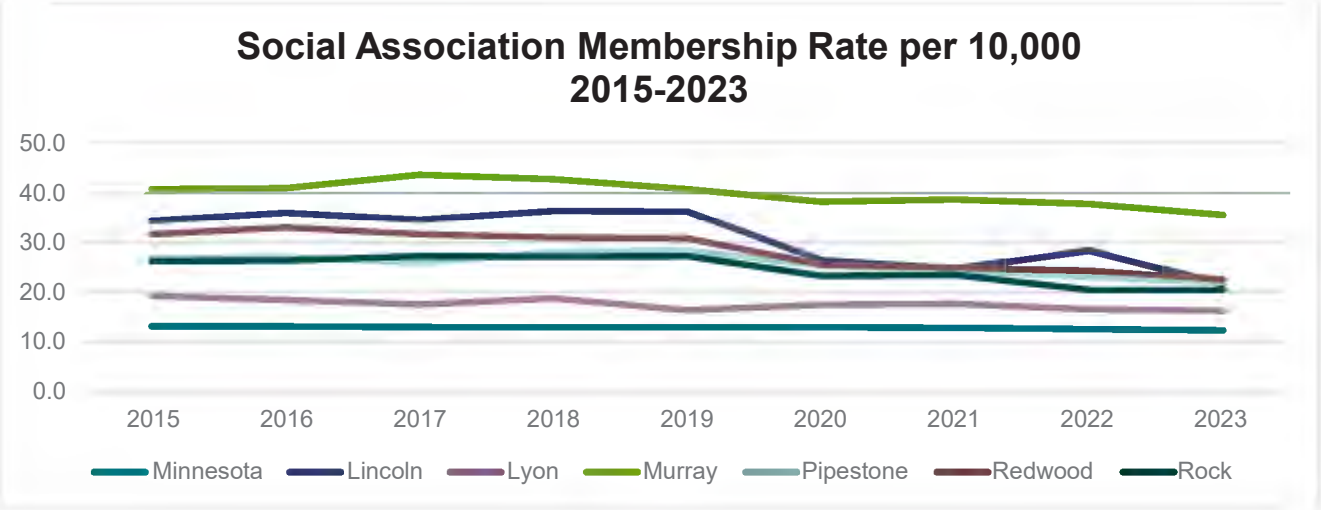
No

Do not know

Decline to answer

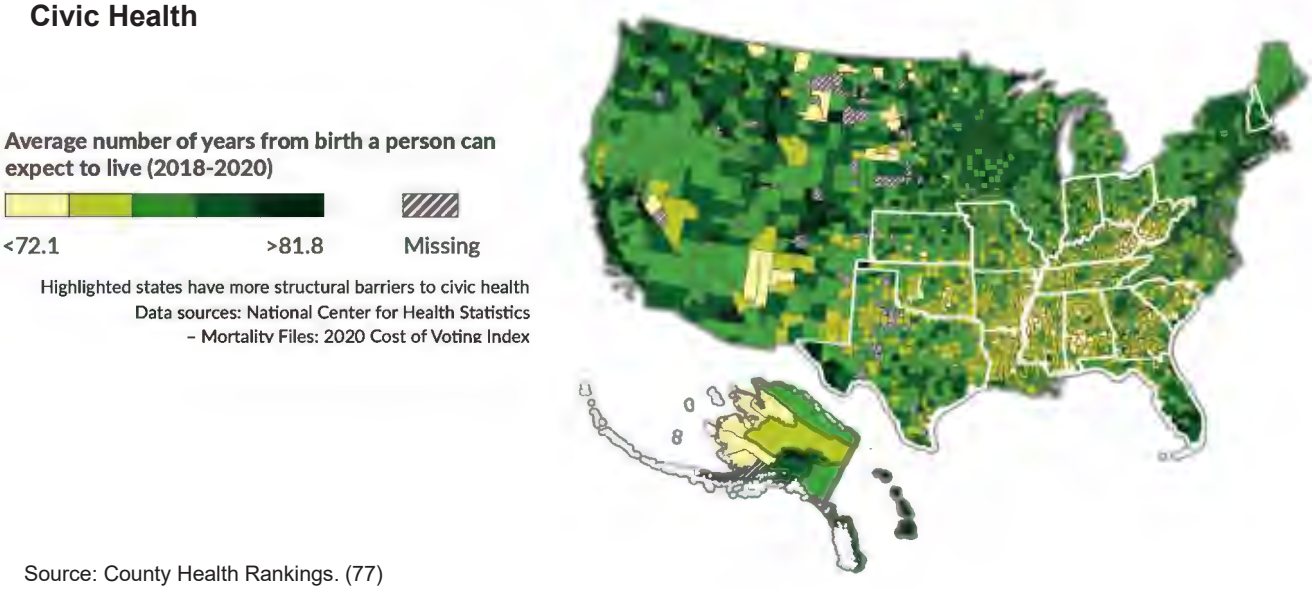
Source: Southwest Health and Human Services. (7)

Civic Engagement



Source: United State Census Bureau. (61)

Life Expectancy Across US Counties and Among States with More Structural Barriers to Civic Health



Source: County Health Rankings. (77)

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Incarceration

Jails and prisons are commonly interchangeable. For report purposes, jails are considered locally run facilities that primarily hold people who are arrested and are awaiting a resolution to their case. Prisons are defined as state or federal institutions where people who have been convicted of crimes are sent to serve sentences of imprisonment. Over the last ten years there have been a significant increase in local jail incarceration. Redwood County has seen a 62% increase in jail incarceration. (78)

2020 Jail and Prison Incarceration Count, Rate Per 100,000 and Net Ten Year Change

	Jail Incarceration			Prison Incarceration		
	Jail Total	Jail Per 100,000	Jail Ten Year Change	Prison Total	Prison Per 100,000	Prison Ten Year Change
Minnesota	3863	106	--	8148	224	--
Lincoln	2	64	-39%	4	127	-16%
Lyon	36	229	23%	65	413	19%
Murray	10	217	21%	5	109	-6%
Pipestone	10	191	8%	12	229	1%
Redwood	29	330	62%	58	660	23%
Rock	19	345	15%	7	127	18%

Source: Vera. (78)

Incarceration rates are much higher in populations of color than in white populations across Minnesota and the United States. The Vera Institute of Justice data shows the difference of incarcerated population by race verses the total population by race. In many cases, the percentage of incarcerated by race is higher than the racial group's share of the general resident total population.

Racial Disparities in Incarceration, 2020

	Minnesota	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Incarcerated Asian American/Pacific Islander	*	*	6	11	*	*	5
Asian American/Pacific Islander, % of Total Population	6	<1	5	2	1	2	<1
Incarcerated Black/African American	*	*	6	11	4	20	5
Black/African American, % of Total Population	8	<1	3	<1	1	1	1
Incarcerated Latinx	*	*	13	11	6	22	22
Latinx, % of Total Population	6	2	7	5	7	3	3
Incarcerated Native American	*	25	3	*	8	25	5
Native American, % of Total Population	1	<1	<1	<1	1	5	<1
Incarcerated White	*	74	70	66	80	31	61
White, % of Total Population	79	95	83	90	88	87	93

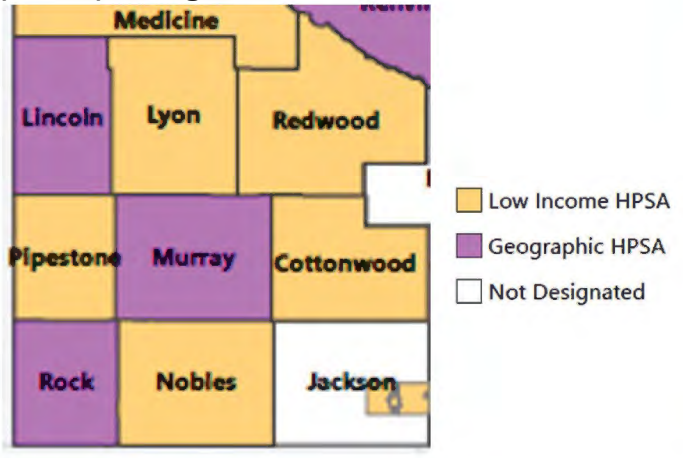
Source: Vera. (78)

Health Care Access and Quality

Access to Primary, Specialty and Emergency Care

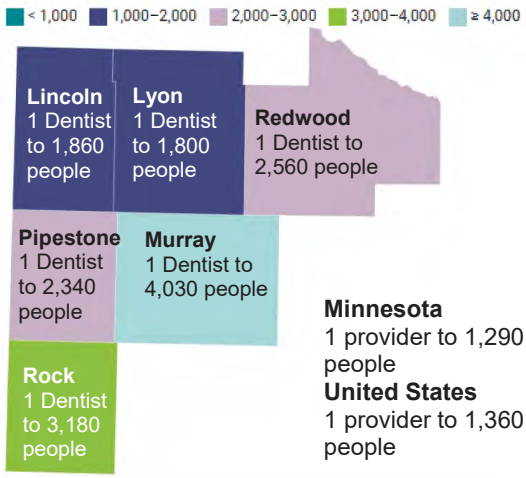
Rural areas of Minnesota struggle with the recruitment and retention of dentists, physicians, and mental health workers. In addition to a medical shortage, SWHHS counties also have been designated as underserved in dental and mental health.

Dental Health Professional Shortage Area (HPSA) Designations, 2024



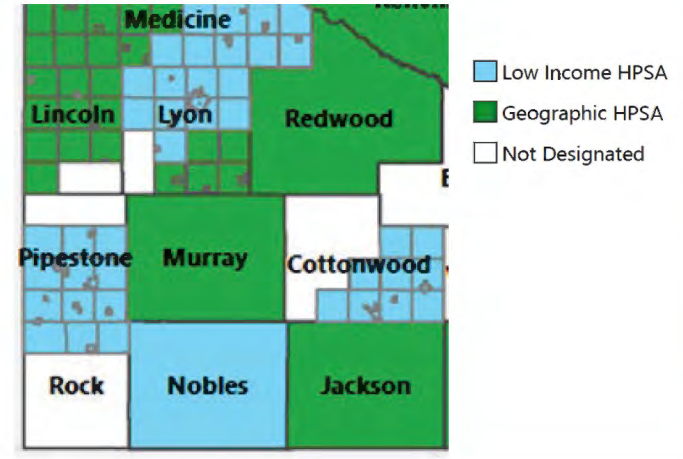
Source: Minnesota Department of Health. (79)

2022 Dentist Ratio



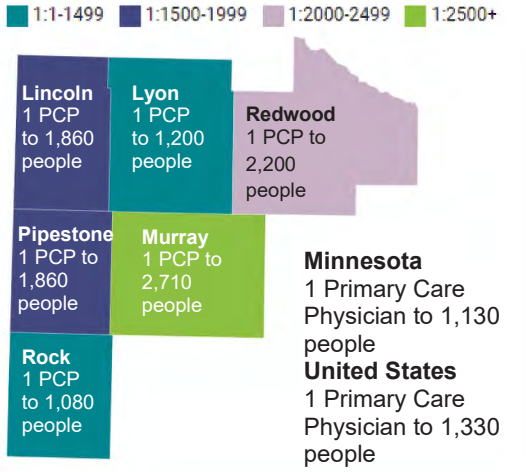
Source: County Health Rankings. (80)

Health Professional Shortage Areas-Primary Care, 2024



Source: Minnesota Department of Health. (79)

2021 Primary Care Physicians (PCP)



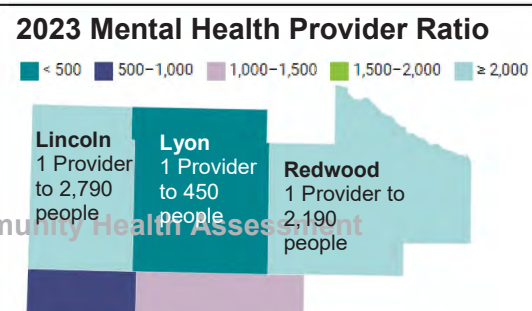
Source: County Health Rankings. (80)

Mental Health Region Eight was designated a Geographic Health Professional Shortage Area (HPSA). Mental Health Region Eight includes SWHHS counties. (79)

Mental Health Geographic and Low Income HPSA Designation

Southwest Region was designated a mental health geographic and

2023 Mental Health Provider Ratio



Murray
1 Provider to 1,150 people

Minnesota
1 provider to 330 people
United States
1 provider to 320 people

Source: Minnesota Department of Health. (79)

Source: County Health Rankings. (80)

For people that are low income across the SWHHS counties, the dental shortage is at a crisis level, as many dental providers will not take clients that have Medical Assistance or Prepaid Medical Assistance. Adults and children that have these payment sources are forced to go without dental care or travel long distances and wait several months for care. Many end up in the emergency room looking for relief from dental pain because primary preventative dental care was not available to them. It is estimated $50 million per year is wasted in Minnesota emergency rooms for preventable dental emergencies. In 2021, Minnesota invests a total of $2 million in dental care. (81)

Affordability

Minnesota ranks 46 out of 50 states and DC with inpatient/outpatient private payer prices at 297% of Medicare prices. Minnesota healthcare spending per person grew by 27% between 2013 and 2021 totaling $8,687 in 2021. The 2022 Healthcare Affordability State Policy Scorecard ranks Minnesota 8th out of 50 States and DC related to policy and outcome scores. (82)

Health Literacy

Health literacy is the ability to find, understand and use health information. Health literacy and literacy are not the same thing, but they are related. The 2006 US Department of Education study on health literacy found that those who self-reported the worst health also have the most limited, numeracy, and health literacy skills. By looking at literacy and numeracy data, one can get an idea of what health literacy may look like for an area. (83)

Minnesota ranks second in the nation for average literacy and numeracy scale scores for 2012/2014/2017. All six counties are under the estimated literacy and numeracy scores for Minnesota but above the United States scores. Lyon County literacy score ranked 46th in Minnesota and 537th in the nation. Rock County numeracy score ranked 50th in Minnesota and 562nd in the nation. (84)

Average Literacy Scale Scores of Counties in Minnesota: 2012/2014/2017

	Estimated Score	MN Rank
United States	263.5	--
Minnesota	278.8	2nd
Lincoln	269.6	57th
Lyon	272.0	46th

Murray	269.4	59th
Pipestone	266.7	73rd
Redwood	265.8	77th
Rock	271.0	50th

Source: Institute of Education Sciences. (84)

Average Numeracy Scale Scores of Counties in Minnesota: 2012/2014/2017

	Estimated Score	MN Rank
United States	249.1	--
Minnesota	267.7	2nd
Lincoln	257.2	58th
Lyon	258.9	49th
Murray	258.4	54th
Pipestone	255.1	67th
Redwood	253.1	77th
Rock	259.1	48th

Source: Institute of Education Sciences. (84)

Quality of Care

The World Health Organization defines quality of care as effective, safe, people-centered, timely, equitable, integrated and efficient. It is evidence-based in knowledge and increases the likelihood that individuals and populations will have the desired health outcomes. (85)

In 2008, Minnesota passed a health reform law initiative that would establish a standardized set of quality measures for health care providers. The standardized quality measure set is called the Minnesota Statewide Quality Reporting and Measurement System. (86) These tables provide medical group and/or clinic level performance rates for each measure, including a comparison to the statewide average (i.e., rating). Measures are ranked based on the following rating system:

Above: Clinic's actual rate is significantly above its expected rate (for risk adjusted measures) or the statewide average (for unadjusted measures)

Average: Clinic's actual rate is not significantly different than its expected rate (for risk adjusted measures) or the statewide average (for unadjusted measures)

Below: Clinic's actual rate is significantly below its expected rate (for risk adjusted measures) or the statewide average (for unadjusted measures)

Source: Minnesota Community Measurements. (87)

2022 Clinical Quality Measures-Acute and Chronic Conditions

Clinic Name	Optimal Diabetes Care^ (18-75 YO)	Diabetes Eye Exam (18-75 YO)	Adults with Vascular Disease (18-75 YO)	Adults with High Blood Pressure (18-85 YO)	Osteoporosis Mgmt in Women Who Had a Fracture (67-85 YO)
Minnesota Average	44.6	61.5	55.3	73.6	29.1
Hendricks-Hendricks Clinic	37.7	58.8	39.4	*	*

Ivanhoe-Ivanhoe Clinic	*	*	*	*	*
Luverne- Sanford Clinic	39.8	57.2**	48.2	80.4**	26.2**
Marshall- Avera Medical Group	46.6	54.4	51.9	93.7	*
Pipestone-Avera-Pipestone County Medical Center	38.2	52.3	46.3	57.3	*
Redwood Falls-CentraCare Clinic	45.5	67.6**	51.4	76.6**	32.8**
Slayton-Murray County Clinic	*	63.0	*	*	*
Tracy-Sanford Tracy Clinic	38.5	57.2**	38.4	80.4**	26.2**
Tyler-Tyler Medical Clinic-Avera	45.8	51.9	49.5	72.6	*

*Clinic not assigned to measure or did not have results. ^Risk adjusted measure **Rate listed by Medical Group not clinic location
Source: Minnesota Community Measurements. (87)

2022 Clinical Quality Measures-Acute and Chronic Conditions

Clinic Name	Follow-up Care for Children Prescribed ADHD Medication (6-12 YO)	Optimal Asthma Control-Adult (18-50 YO)	Optimal Asthma Control-Children (5 -17 YO)	Avoidance of Antibiotic Treatment in Acute Bronchitis/ Bronchiolitis (3 mo + YO)	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (40+ YO)
Minnesota Average	39.4	50.3	53.5	66.8	29.6
Hendricks-Hendricks Clinic	*	*	*	*	*
Ivanhoe-Ivanhoe Clinic	*	*	*	*	*
Luverne- Sanford Clinic	37.2**	24.5	29.8	71.6**	34.6**
Marshall- Avera Medical Group	25.9**	0.0	0.0	70.7	*
Pipestone-Avera-Pipestone County Medical Center	25.9**	0.0	*	89.5	*
Redwood Falls-CentraCare Clinic	33.9**	55.5	46.5	78.3**	30.1
Slayton-Murray County Clinic	*	*	*	*	*
Tracy-Sanford Tracy Clinic	37.2**	55.8	*	71.6**	34.6**
Tyler-Tyler Medical Clinic-Avera	25.9**	0.0	*	93.5	*

*Clinic not assigned to measure or did not have results. ^Risk adjusted measure **Rate listed by Medical Group not clinic location
Source: Minnesota Community Measurements. (87)

2022 Clinical Quality Measures-Adult Prevention

Clinic Name	Breast Cancer Screening in Women (50-74 YO)	Cervical Cancer Screening (21-64 YO)	Colorectal Cancer Screening (45-75 YO)	Chlamydia Screening In Women (16-24 YO)	Adult Depression Screening (18+ YO)
Minnesota Average	80.2	75.9	67.8	50.3	76.5
Hendricks-Hendricks Clinic	75.8	*	59.7	32.5	*
Ivanhoe-Ivanhoe Clinic	*	*	54.2	*	*

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Luverne- Sanford Clinic	83.6**	74.6**	69.8	32.4**	32.4
Marshall- Avera Medical Group	80.8	*	68.7	31.3	*
Pipestone-Avera-Pipestone County Medical Center	69.5	77.0	56.8	35.9	*
Redwood Falls-CentraCare Clinic	84.9**	80.5**	71.8	55.0**	96.6
Slayton-Murray County Clinic	75.7	*	*	23.3	*
Tracy-Sanford Tracy Clinic	83.6**	74.6**	70.8	32.4**	82.9
Tyler-Tyler Medical Clinic-Avera	72.1	*	66.0	30.5	*

*Clinic not assigned to measure or did not have results. ^Risk adjusted measure **Rate listed by Medical Group not clinic location
Source: Minnesota Community Measurements. (87)

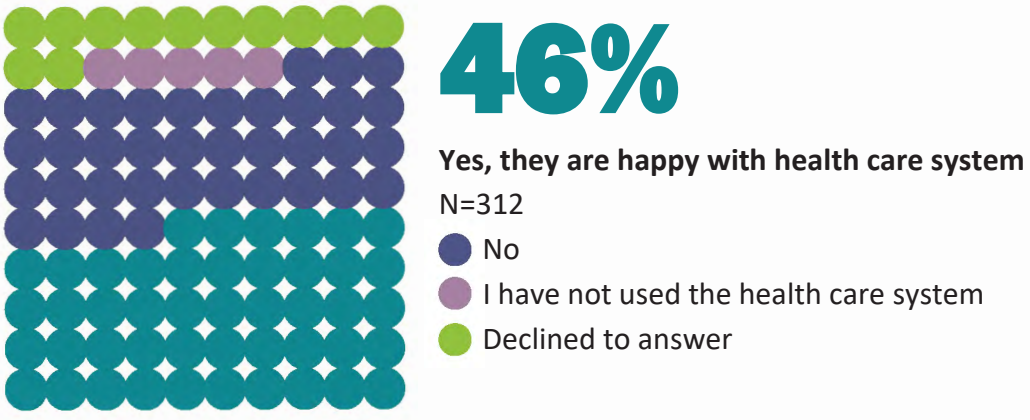
2022 Clinical Quality Measures-Childhood and Adolescent Prevention

Clinic Name	Adolescent Mental Health and/or Depression Screening (12-17 YO)	Provide Adolescents Immunizations (13 YO)	Provide Childhood Immunizations (2 YO)
Minnesota Average	92.0	42.0	51.8
Hendricks-Hendricks Clinic	86.1	*	*
Ivanhoe-Ivanhoe Clinic	*	*	*
Luverne- Sanford Clinic	81.1	54.1**	62.7**
Marshall- Avera Medical Group	57.7	*	58.8
Pipestone-Avera-Pipestone County Medical Center	50.7	*	*
Redwood Falls-CentraCare Clinic	96.7	45.0**	46.2**
Slayton-Murray County Clinic	*	*	*
Tracy-Sanford Tracy Clinic	95.9	54.1**	62.7**
Tyler-Tyler Medical Clinic-Avera	40.0	*	*

*Clinic not assigned to measure or did not have results. ^Risk adjusted measure **Rate listed by Medical Group not clinic location
Source: Minnesota Community Measurements. (87)

In the 2024 Quality of Health Survey, 46% said yes, they were happy with their health care system. Five percent of the respondents reported “I have not used the health care system.”, 12% declined to answer, and 37% of respondent answered no.

Are you happy with the health care system in your community?



Source: Southwest Health and Human Services. (7)

Those that answered “No” or “I have not used the health care system” report that 36.5% had an unsatisfactory experience, 13.5% have not needed it, 13.5% prefer to use Sioux Falls or a different health care system not in their community, 11.5% lack or physicians or prefer not to go to PA, 9.6% have limited or no service in their community, 7.7% too expensive, 5.8% lack of specialist, and 1.9% health care not covered by insurance.

Insurance Coverage

According to HealthCare.gov in 2024, a job-based health plan is considered affordable if your share of the monthly premium in the lowest-cost plan offered by the employer is less than 8.39% of your household income.

- The lowest-cost plan must also meet the minimum value standard.
- If you are the employee, affordability is based on only the premium you would pay for self-only (individual) coverage.
- For coverage starting January 1, if you are offered job-based coverage through a household member’s job, affordability is based on the premium amount to cover everyone in the household.
- Total household income includes incomes from everybody in the household who is required to file a tax return.

If the premiums are not considered affordable for the employee and the household, they may qualify for savings in a Marketplace Plan. However, if the premium is considered affordable for the employee, but not for other members of the household, then only the other household members may qualify for savings. (88)

Cost of Care

High local health care costs can be a deterrent to residents that need care. Below is a list of 2022 health care costs for both 15 and 25-minute office visits from the 2022 average cost per procedure. There is a wide range of cost per system. Both CentraCare Health and Sanford Health are above the average cost per procedure for Minnesota Commercial Market Average.

Average Cost per Office Visit Procedure Codes 2022

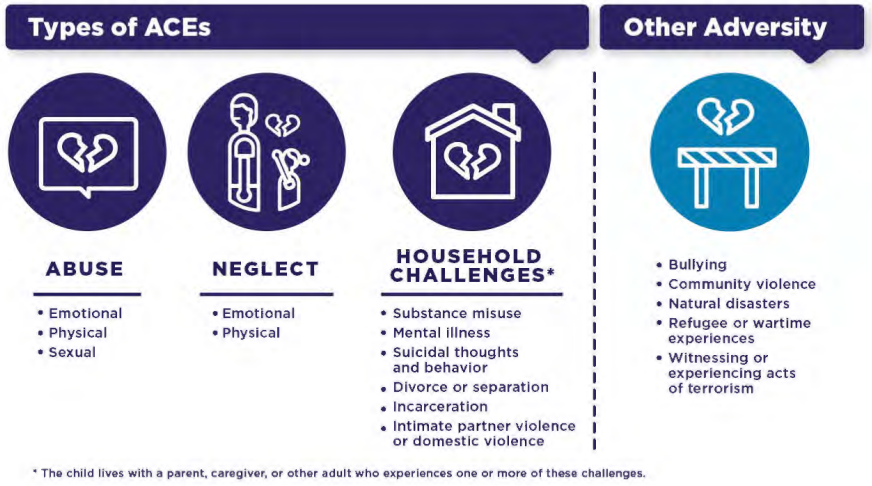
Fee Schedule	Office visit, established patient, 15 minutes (99213)	Office visit, established patient, 25 minutes (99214)
Minnesota Commercial Market Average	$ 191	$ 279
Medicare Standard Physician Fee Schedule	$ 90	$ 128
Medicaid Standard Physician Fee Schedule	$ 66	$ 93
Clinic Name		
Avera Medical Group - Pipestone	$ 108	$ 163
Avera Medical Group - Marshall	$ 132	$ 195
Avera Medical Group - Tyler Medical Clinic	$ 138	$ 197
CentraCare Health	$ 214	$ 303
Hendricks Community Hospital Association	$ 130	$ 184
Murray County Clinic	$ 145	$ 208
Sanford Health	$ 194	$ 279

Commercial rates based on 2022 administrative claims from BCBSMN, HealthPartners, Medica and PreferredOne. Claims adjudicated as of 5/1/2023.
Source: Minnesota Community Measurements. (87)

Health Behavior and Outcomes

Adverse Childhood Experiences

As a child grows to become an adult, it is experiences that a person has had in childhood that can influence the trajectory of the adult's life. Studies around adverse childhood experiences (ACE) that look at traumatic events in a child's life before they are 18 years old are finding the more ACEs an adult has the more likely they will rate their health as fair or poor compared to those with no ACEs.



Source: U.S. Centers for Disease Control and Prevention (89)

There are three categories of ACEs that have been split into multiple subcategories that generally have been studied:

Abuse: physical abuse, sexual abuse, emotional abuse;

Household Challenges: witnessing domestic violence towards a parent, problematic drinking or alcoholism of a household member, illegal street or prescription drug use by a household member, mental illness of a household member, divorce or separation of a parent, and incarceration of a household member;

Neglect: Emotional neglect and physical neglect.

Studies have found the more ACEs a person has the more likely a person is at risk for health issues as an adolescent and adult, like obesity, diabetes, depression, suicide, sexually transmitted infections, heart disease, cancer, stroke, COPD and broken bones. The more ACEs a person has the more likely they are to smoke, abuse alcohol and drugs and miss work, and they are less likely to exercise. People with six or more ACEs die on average twenty years sooner than people without ACEs. Findings also suggest teens from low-income families, LGBT teens, and American Indian teens are the most likely to experience four or more ACEs.

Source: U.S. Centers for Disease Control and Prevention (89)

The Minnesota Student Survey has incorporated adverse childhood experience questions into the 2022 survey tool. It is a glimpse of where our ninth-grade students, who are ages fourteen and fifteen, are at in the ACEs spectrum. Lincoln and Lyon students with zero ACEs are seven percentage points higher than Minnesota. The other three counties that reported are 6 to 12 percentage points lower than Minnesota. (16)

2022 Percent of Ninth-grade Students that have Adverse Childhood Experiences (ACE)

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
0 ACE	53	*	60	60	45	47	41	*
1 ACE	24	*	21	19	30	30	25	*
2 ACEs	11	*	5	13	11	8	9	*
3 ACEs	6	*	7	3	5	8	7	*
4 or More ACEs	7	*	7	6	7	8	17	*

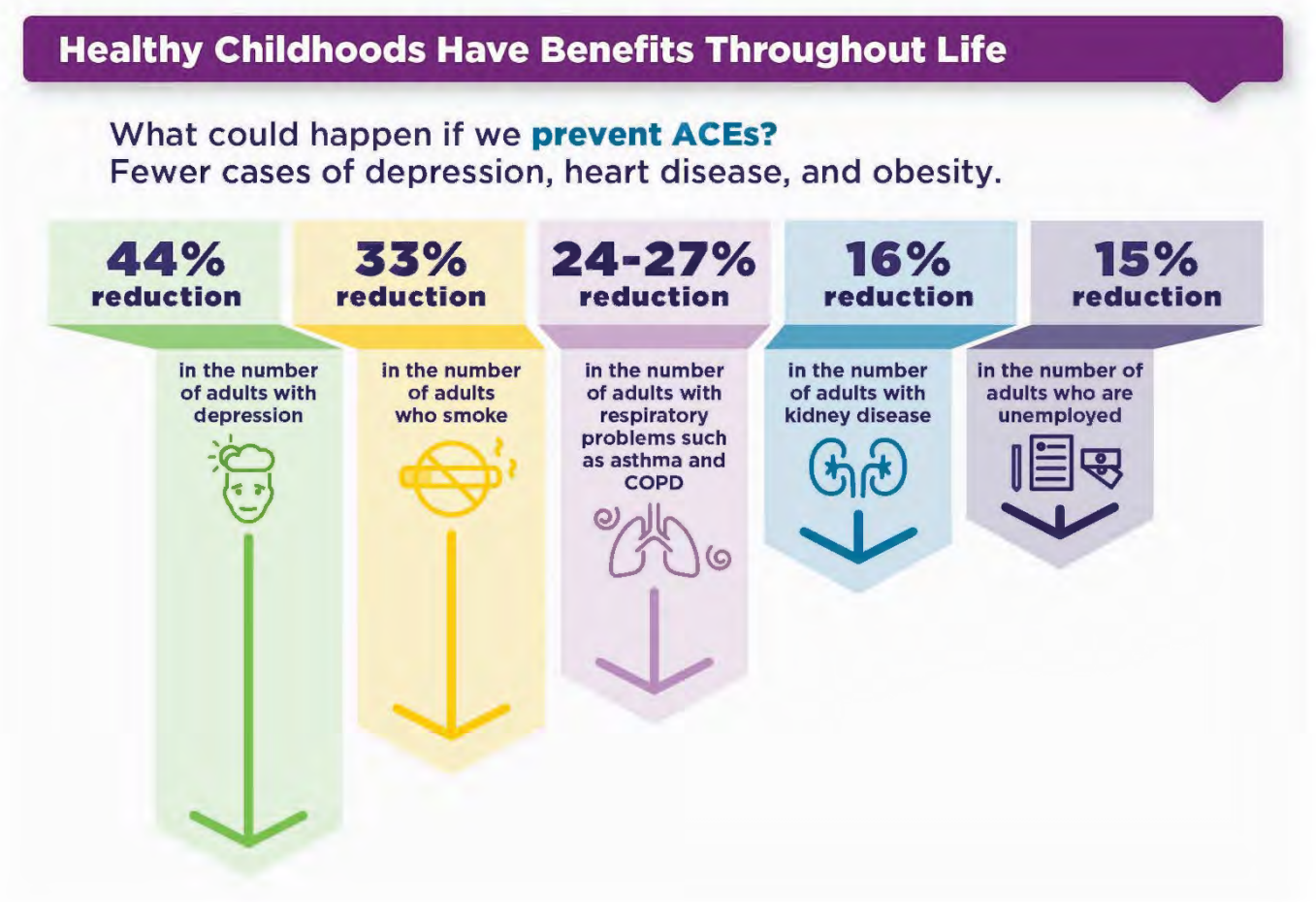
* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2022 (16)

The most common ACEs a child may have is living with a person with mental health issues and a parent or guardian being or has been in jail or prison. In the five counties that reported there were between 20 to 27% of students living with a person with mental health issues. When current and past jail or prison activity are combined, ninth-grade students said yes to a parent or guardian living there from 15 to 30%. (16)

2022 Percent of Ninth-grade Students that Answered Yes to ACE Questions

	Minnesota	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Do you live with anyone who drinks too much alcohol?	10	9	7	8	12	19	*
Do you live with anyone who uses illegal drugs or abuses prescription drugs?	4	2	3	2	2	5	*
Do you live with anyone who is depressed or has any other mental health issues?	29	20	25	23	26	27	*
Does a parent or other adult in your home regularly swear at you, insult you or put you down?	14	16	13	9	19	25	*
Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?	10	16	7	10	11	24	*
Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?	6	5	5	15	7	16	*
Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?	6	5	6	10	3	8	*
Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?	3	2	1	3	5	8	*
Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?	1	0	0	3	1	3	*
Have any of your parents or guardians ever been in jail or prison? Currently	2	2	2	2	6	4	*
Have any of your parents or guardians ever been in jail or prison? Past	15	20	13	24	24	19	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Student Survey 2022 (16)



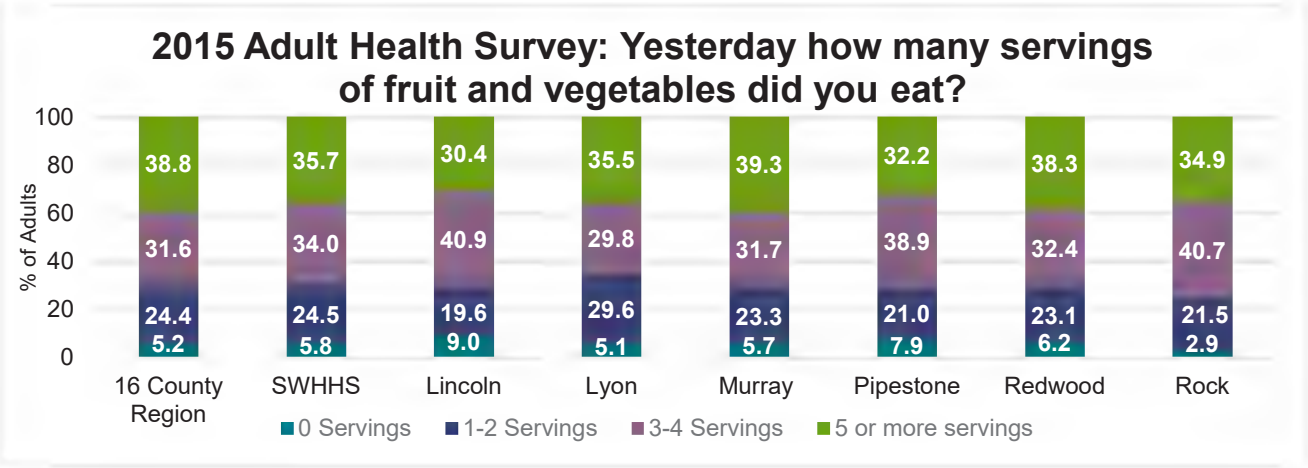
Source: U.S. Centers for Disease Control and Prevention (89)

Personal Health Practices and Behaviors

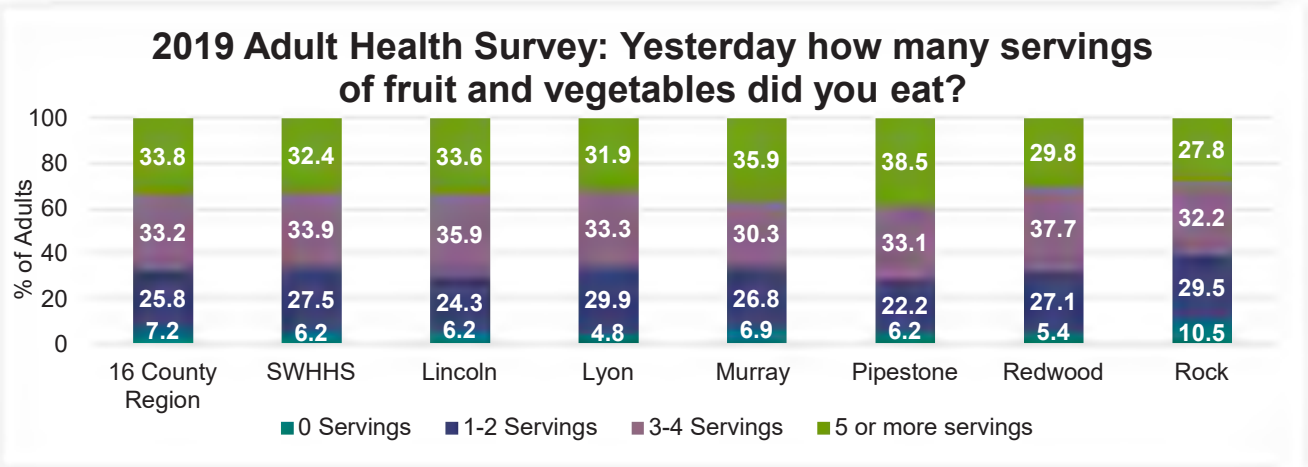
Eating

Food plays a big role in how healthy a person is. Dairy, grains, proteins, fruits, and vegetables that are recommended by the United States Department of Agriculture on “ChooseMyPlate.gov” are important for the nutrients that they provide. (90) Healthy eating helps people to live longer. It lowers the risk of heart disease, type 2 diabetes, and some cancers and strengthens bones. It keeps teeth, skin, and eyes healthy. Healthy pregnancies, breastfeeding, digestive systems, and muscles are better supported. Healthy eating helps achieve and maintain a healthy weight and boosts immunity. (91)

In the 2019 Southwest Minnesota Healthy Communities Survey, there were decreases in the percent of people that responded eating three or more servings yesterday. SWHHS and the 16 county region in 2019 saw a decrease of 3.4 percentage points in those that ate three or more servings. (6)

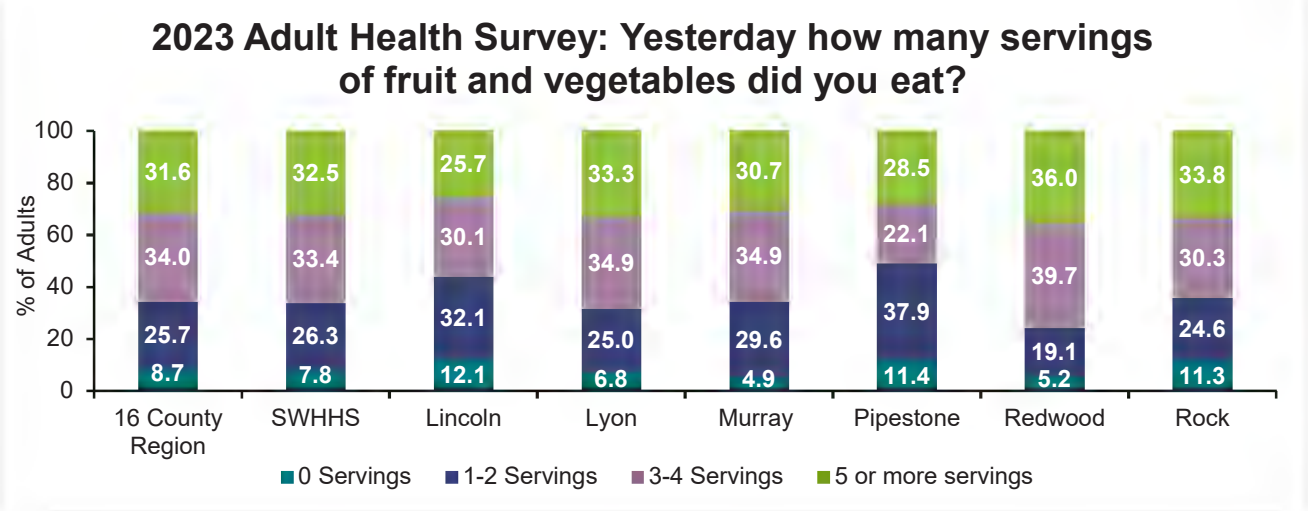


Source: Amherst H. Wilder Foundation. 2015 Southwest Minnesota Healthy Communities Survey. (92)



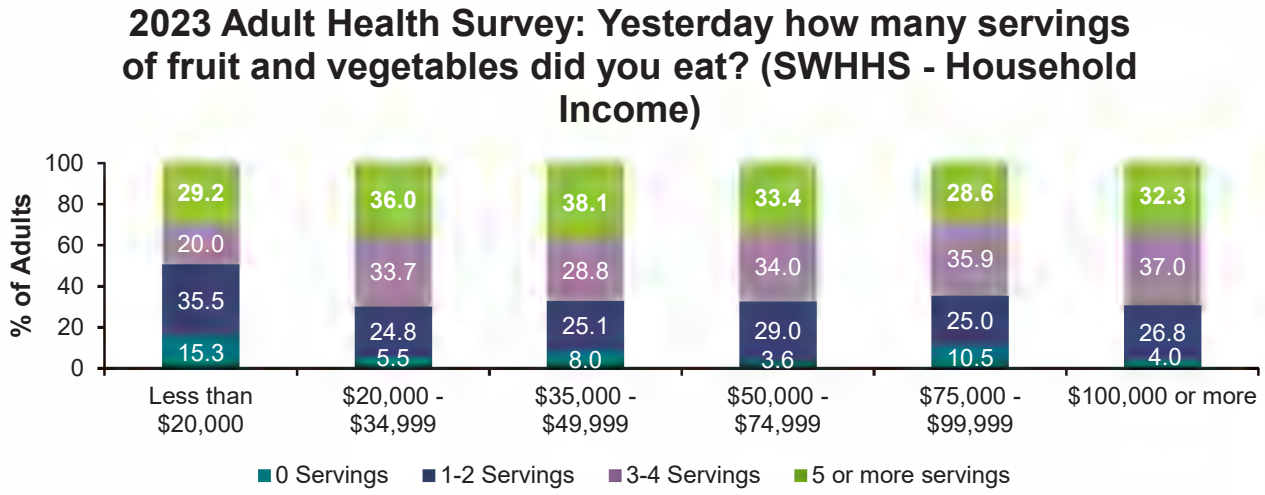
Source: Amherst H. Wilder Foundation. 2019 Southwest Minnesota Healthy Communities Survey. (93)

SWHHS saw another slight decrease between 2019 and 2023 of 0.4 percentage points. The 16 county region during the same timeframe saw a decrease of 1.4 percentage points. (6)



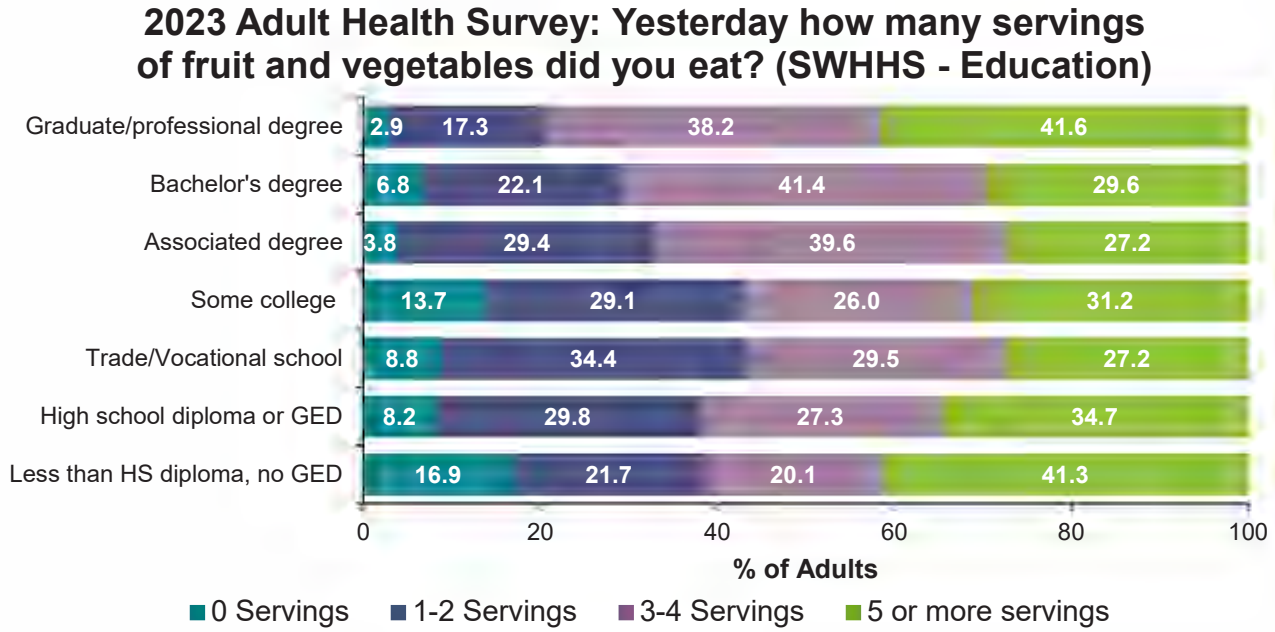
Source: Amherst H. Wilder Foundation. 2023 Southwest Minnesota Healthy Communities Survey. (6)

The challenge is how to move 34.1 percent of the population that eats two or fewer servings to eating more fruits and vegetables. When the data is looked at from a household income perspective, the data shows that some of the challenge is with how much a household makes. The difference between people that responded eating two or fewer servings yesterday that make less than $20,000 and people that make $100,000 or more is 20.1 percentage points. (6)



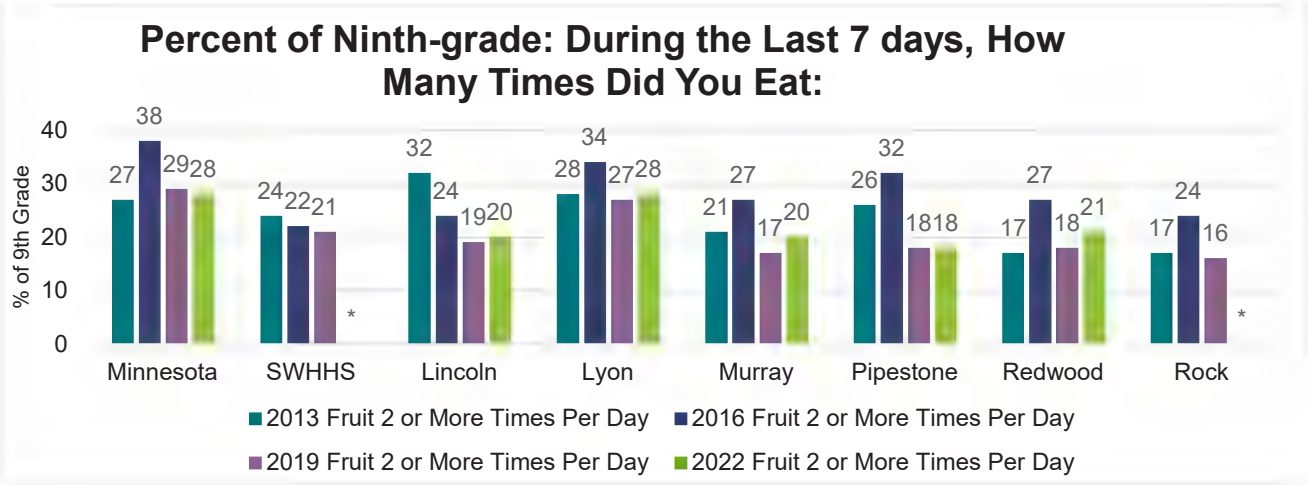
Source: Amherst H. Wilder Foundation. 2023 Southwest Minnesota Healthy Communities Survey. (6)

A similar pattern is seen when looking at the education level of the people that eat two or fewer servings yesterday. The difference between those with High School diploma or GED and graduate/professional degree is 17.8 percentage points. (6)



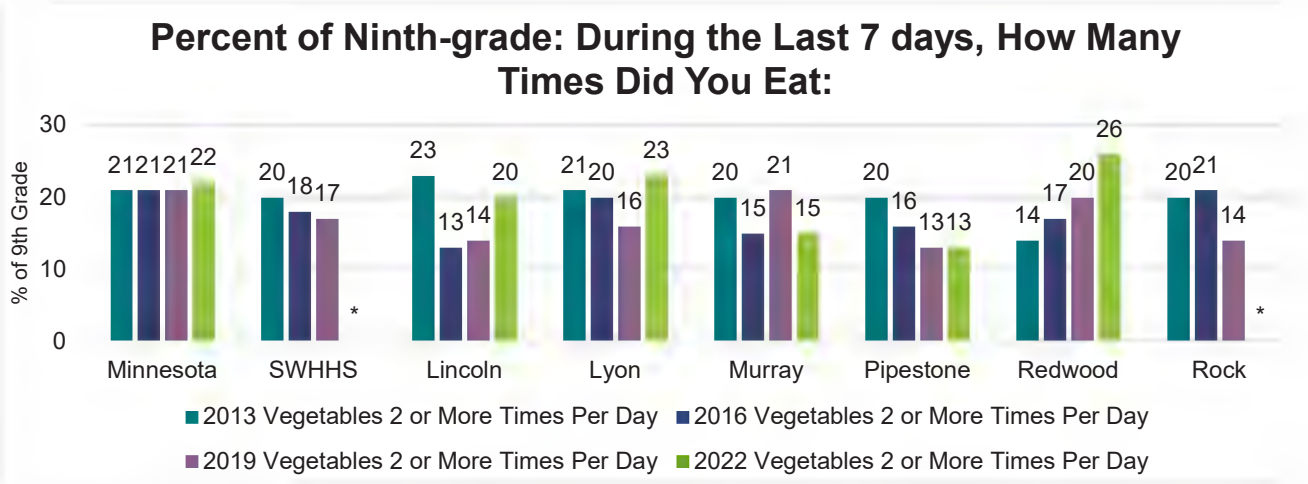
Source: Amherst H. Wilder Foundation. 2023 Southwest Minnesota Healthy Communities Survey. (6)

In 2022, 28% of ninth-grade students in Lyon County were eating two or more fruit servings per day. Minnesota ninth-grade students were at 28%. The other ninth-grade students in the four counties had 18 to 21% that were eating two or more fruit servings per day. In most counties, ninth-grade students either maintained or increased by one to three percentage points over 2019 rates. (6)



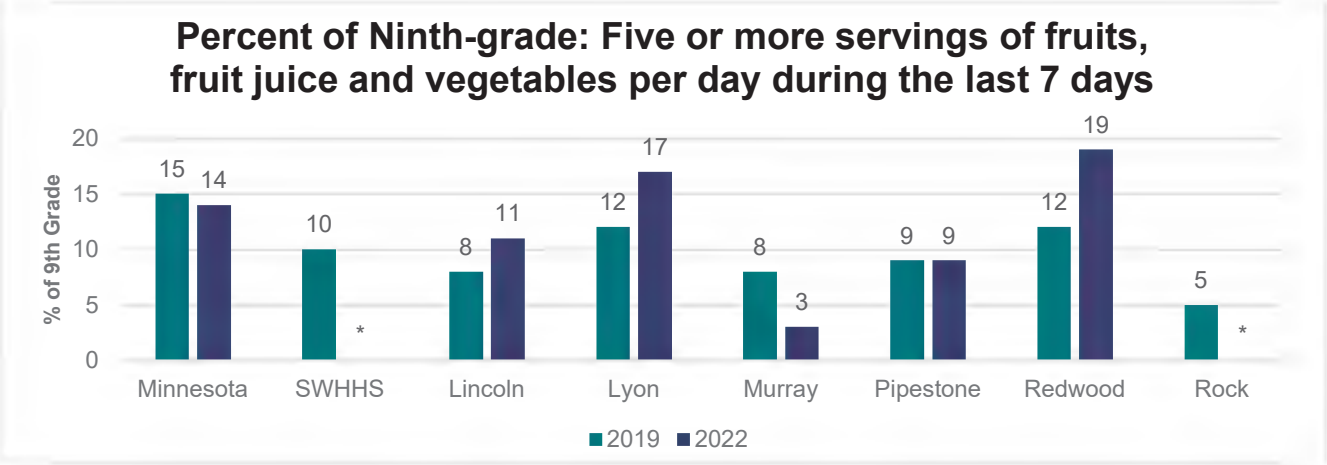
* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Student Survey. (16)

Two of the five SWHHS counties reported eating two or more vegetable servings per day. Redwood County had 26% and Lyon County had 23%. Minnesota had 22% of ninth-grade students eating two or more fruit servings per day. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Student Survey. (16)

Two of the five SWHHS counties reported eating five or more fruits, fruit juices, and vegetable servings per day in the last 7 days. Redwood County had 19% and Lyon County had 17%. Minnesota had 14% of ninth-grade students eating two or more fruit servings per day. The lowest was ninth-grade students in Murray County with 3% report they ate five or more fruits, fruit juices, and vegetable servings per day in the last 7 days. Murray County had a five-percentage point drop from 2019. (16)

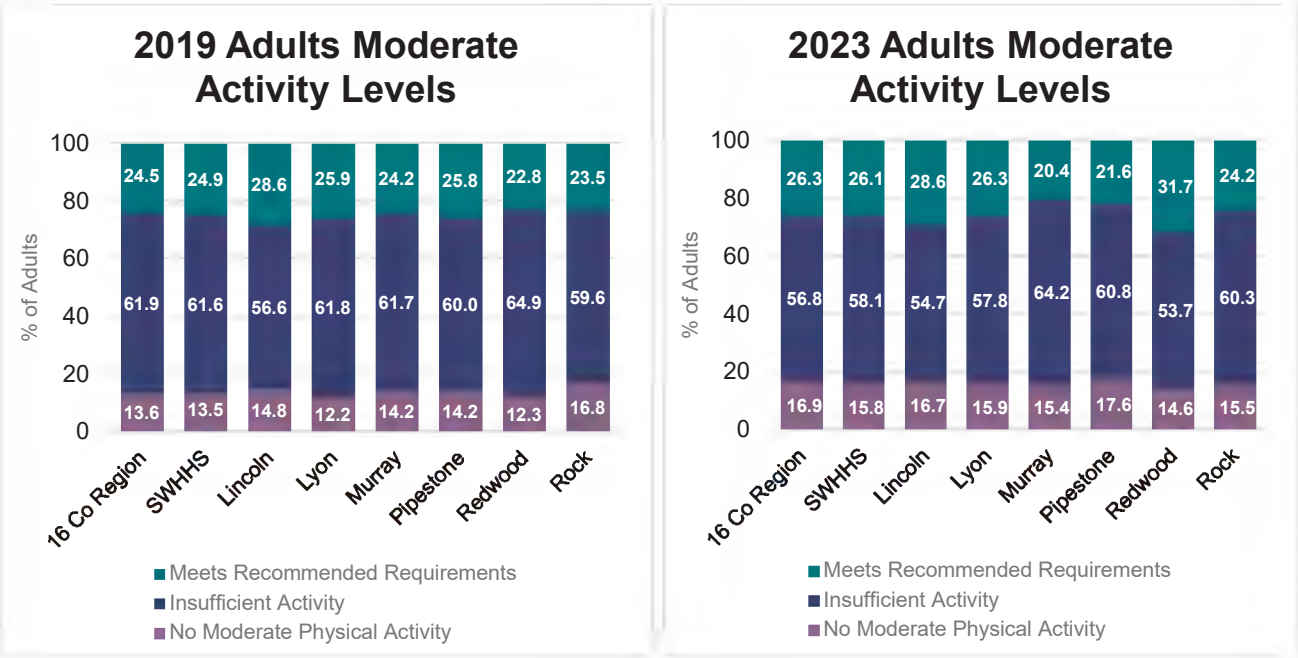


* Rock county school districts did not participate in 2022 Minnesota Student Survey.
Source: Minnesota Student Survey. (16)

Exercise

Being physically active is important at any age for overall health and wellbeing. National physical activity guidelines recommend that youth participate in 60 minutes of moderate and vigorous physical activity throughout the day. Adults are recommended to participate in 150 minutes of moderate physical activity per week. (94)

In 2023, the adults that participated in the Southwest MN Healthy Communities Survey meet recommended activity level requirements 26.1%, an increase of 1.2% over 2019. There was also an increase of 2.3 percentage points in “no moderate physical activity” level between 2019 and 2023. (6)

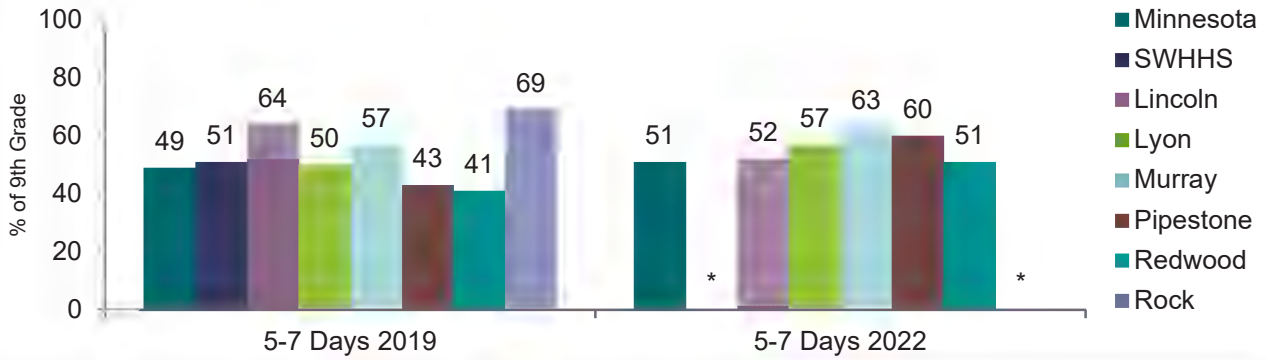


Source: 2019, 2023 Southwest MN Healthy Communities Survey. (6)

All but Lincoln County ninth-grade students saw an increase in physical activity in the 2022 Minnesota Student Survey. Lincoln County dropped by 12 percentage points. Pipestone County

ninth-grade students saw a 17-percentage point increase. Redwood County saw a 10-percentage point increase. (16)

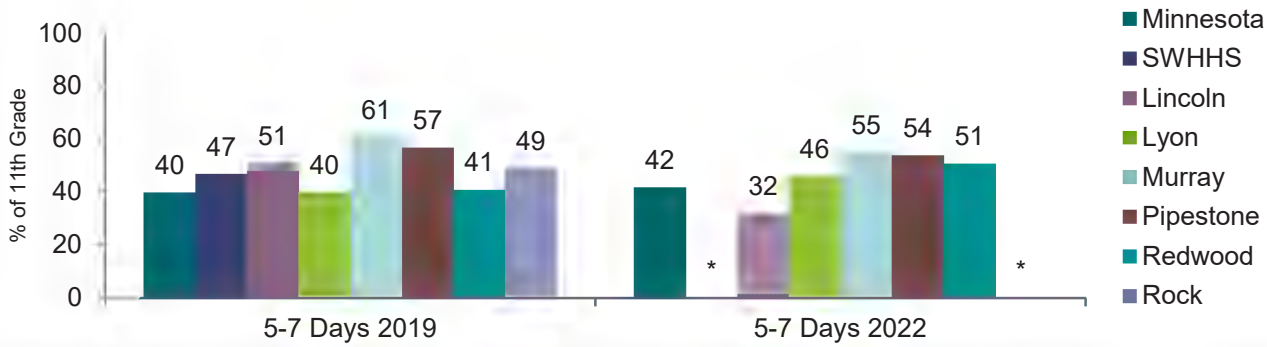
Ninth-grade: During the Last 7 Days, on How Many Days Were You Physically Active for a Total of at Least 60 Minutes per Day?



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2019, 2022 (16)

Minnesota eleventh-grade students was at 42%. Four of the five SWHHS counties were above Minnesota's rates. Lincoln County eleventh-grade students' physical activity dropped by 19 percentage points. Redwood County eleventh-grade students saw a 10-percentage point increase. Lyon County saw a 6-percentage point increase. (16)

Eleventh-grade: During the Last 7 Days, on How Many Days Were You Physically Active for a Total of at Least 60 Minutes per Day?



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2019, 2022 (16)

Obesity

Obesity is a risk factor in many of the chronic disease conditions like diabetes, heart disease, cancer, and stroke, and affects all sectors of the population. Healthy eating habits and physical activity are the primary ways a person can maintain a healthy weight. (95)

Body mass index (BMI) is a fairly strong indicator a person is overweight or obese. Body fat levels can vary between two people with the same BMI. For adults, it is calculated by using height and weight measurements to calculate a score. Adults that score between 25.0 and 29.9 are considered overweight; scores of 30.0 and higher are considered obese. For children, the formula also takes

into account age and gender to calculate BMI-for-age percentiles. Overweight children fall in the 85th to less than the 95th percentile, and obese children are equal to or greater than 95th percentile. (95)

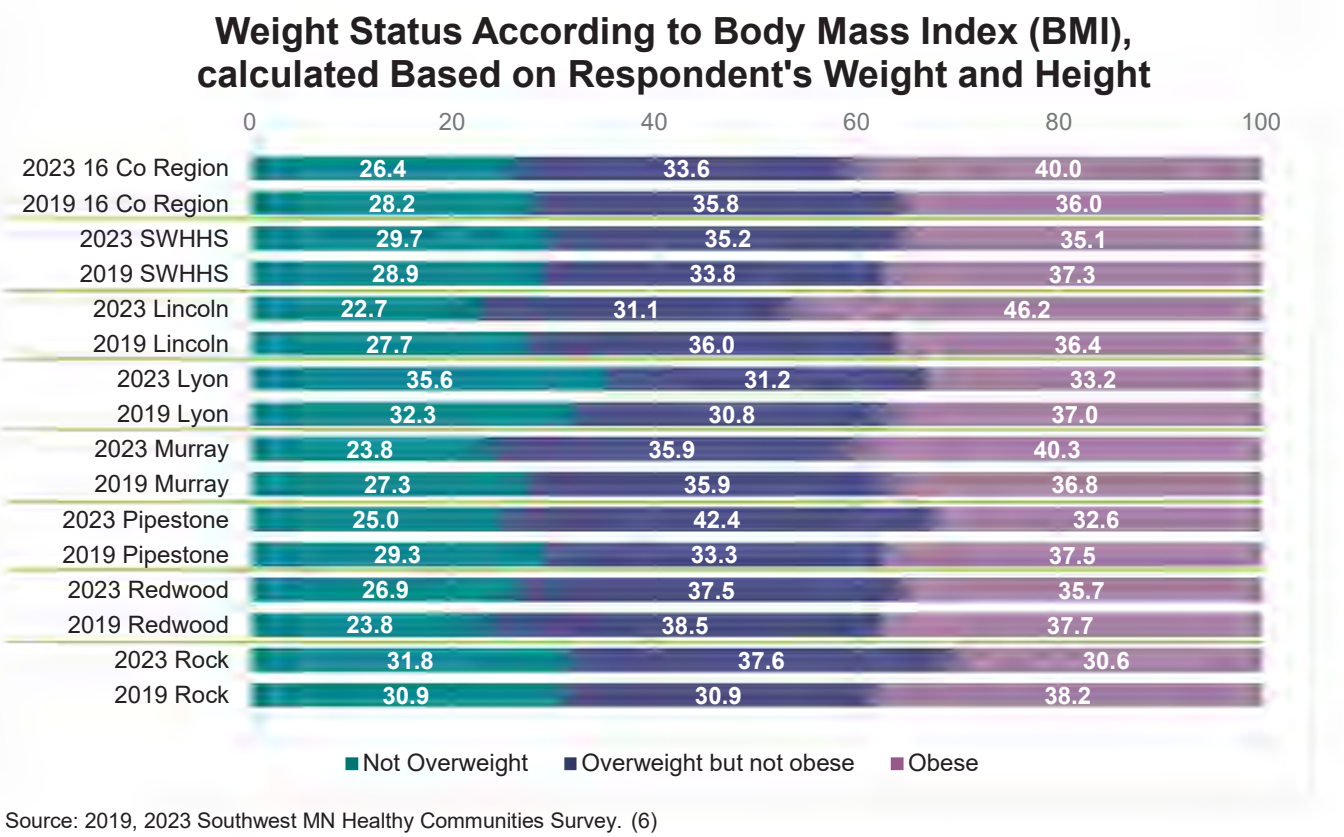
Body mass index has been tracked through the Minnesota Student Survey since 2007. The number of ninth-grade students who are overweight or obese according to body mass index seems to be going up in most counties between 2019 and 2022. The exception was in Murray and Pipestone counties, which saw a 10 percent and 6 percent decrease. The five SWHHS counties that participated in 2022 averaged 29% and Minnesota was at 28% for ninth-grade students who were overweight or obese according to BMI. (16)

Percent of Ninth-grade Who Are Overweight OR Obese According to Body Mass Index

	2007	2010	2013	2016	2019	2022
Minnesota	22	22	23	24	25	28
SWHHS	25	27	29	24	26	*
Lincoln	34	44	32	47	28	30
Lyon	21	28	26	21	20	30
Murray	25	10	16	19	31	21
Pipestone	24	32	35	26	38	32
Redwood	27	29	28	26	27	30
Rock	25	17	37	27	25	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2007- 2022 (16)

SWHHS adult obesity rate went down from 2019 to 2023 by 2.2 percentage points. SWHHS overweight category increased by 1.4 percenatge points. Those not overweight incresed by 0.8 percentage points for SWHHS adults. The 16 county region saw obesity increase by 4.0 percentage points with 2.2 percentage points coming from the overweight but not obese category and 1.8 coming from the not overweight category. The largest overall increase in obesity happened in Lincoln county where 46.2% reporting being obese, a 9.8 percentage point increase. Rock County saw the most decrease in their obesity rate with 30.6% reporting they were obese, a 7.6 percentage point decline. Lyon County reported the higher overall percentage of adults reporting they were not overweight with 35.6%. (6)



Source: 2019, 2023 Southwest MN Healthy Communities Survey. (6)

Reproductive Health

Minnesota schools are required to teach sex education. Curriculum requirements include teaching about sexually transmitted infections (STI) and abstinence from sexual activity until marriage. Education requirements do not include contraception or condom use. Education is also required to be “technically accurate” but does not require it to be medically accurate or culturally responsive to the needs of young people of color. Curriculum must be available for parental review and parents may remove a child from the class. Minnesota curriculum does not require instruction on sexual orientation or gender identity. It also does not require students be taught about consent or healthy relationships. Minnesota did pass HF 174 in 2023 where the commissioners of education and health work together to develop a comprehensive sex education model for elementary and secondary students. The comprehensive model will even out the patchwork of education that is currently happening locally. (96)

Delaying sexual activity is one tool in preventing the spread of sexually transmitted infections and decreasing the teen birth rate. In 2016, SWHHS ninth-grade students, on average, had a higher percentage of ever having had sexual intercourse than the Minnesota Students by two percentage points, while SWHHS eleventh-grade students were four percentage points lower than Minnesota students were. Data on eleventh-grade students were not collected prior to the 2013 survey. Pipestone County ninth-grade students were 17 percentage points higher than Minnesota students were. The five SWHHS county school districts that participated in 2022 had ninth-grade students participating in sexual intercourse on average three percentage points higher than Minnesota. Eleventh-grade students in 2022 on average were six percentage points higher than Minnesota. (16)

Percent of Ninth-grade Students that said yes: Have you ever had sexual intercourse ('had sex')?

State/CHB/County	1998	2001	2004	2007	2010	2013	2016	2019	2022^
Minnesota	23	19	19	19	20	15	11	12	9
SWHHS	23	22	18	18	15	18	13	12	*
Lincoln	21	16	14	24	13	11	16	18	2
Lyon	21	22	18	14	13	17	8	7	13
Murray	31	19	15	31	17	17	11	12	11
Pipestone	20	32	21	18	18	28	28	11	12
Redwood	18	13	10	16	24	23	16	13	20
Rock	26	17	24	14	20	12	8	19	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing. ^ 2022 Question changed to “Have you ever had sex?”
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

Percent of Eleventh-grade Students that said yes: Have you ever had sexual intercourse ('had sex')?

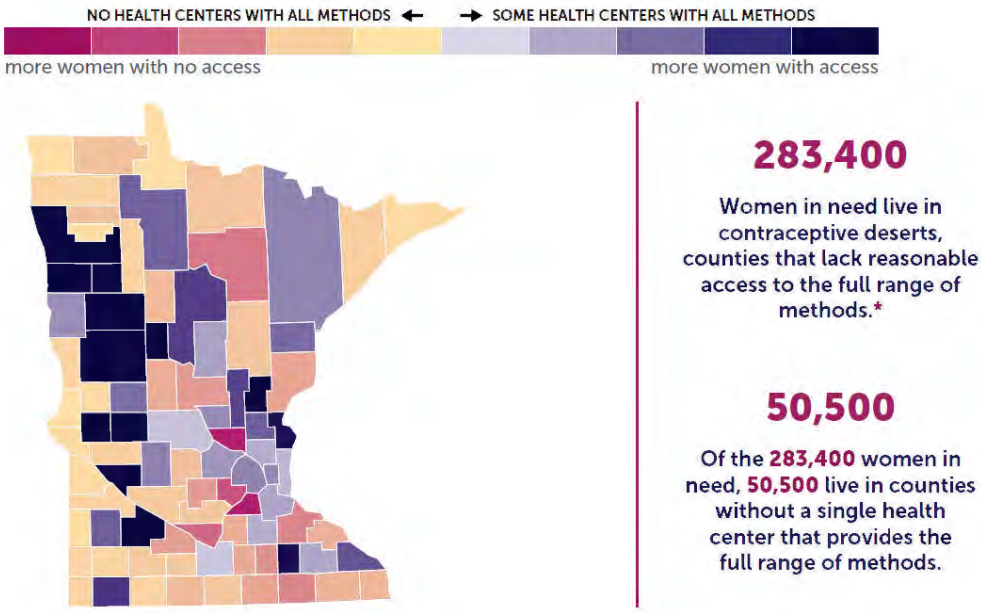
	2013	2016	2019	2022^
Minnesota	37	35	34	29
SWHHS	38	31	32	*
Lincoln	50	43	32	40
Lyon	22	28	30	20
Murray	54	28	26	33
Pipestone	57	32	27	44
Redwood	46	38	37	38
Rock	33	26	44	*

* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing. ^ 2022 Question changed to “Have you ever had sex?”
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

The legal age of consent in Minnesota is age 16 with limitations as to how old an adult can be. (97) Minnesota State Board of Trustees who is responsible for colleges and universities policy adopted affirmative consent for sex through “words or clear, unambiguous action” in February 2018. (98)

Contraception access can depend on where you live in Minnesota. Health centers that provide the full range of methods are those that offer IUDs, implants, and most other FDA-approved methods such as birth control pills, the shot, the ring, the patch, cervical caps, diaphragms and emergency contraception on site. Contraceptive deserts are defined as counties where the number of health centers offering the full range of methods is not enough to meet the needs of the county’s number of women eligible for publicly funded contraception, defined as at least one health center for every 1,000 women in need of publicly funded contraception. Those counties with one health center per 1,000 women are shown by the darkest purple, counties with one health center per 2,000 women are shown by the middle purple shade, and those with one health center per 5,000 are shown by the lightest purple. Counties that appear in the darkest shade of purple are not contraceptive deserts, as they have reasonable access. Counties with lighter shades of purple have less reasonable access. Counties with red or peach shades have no access. (99) Four of the six counties are in a contraceptive desert.

Contraceptive Deserts by Minnesota County

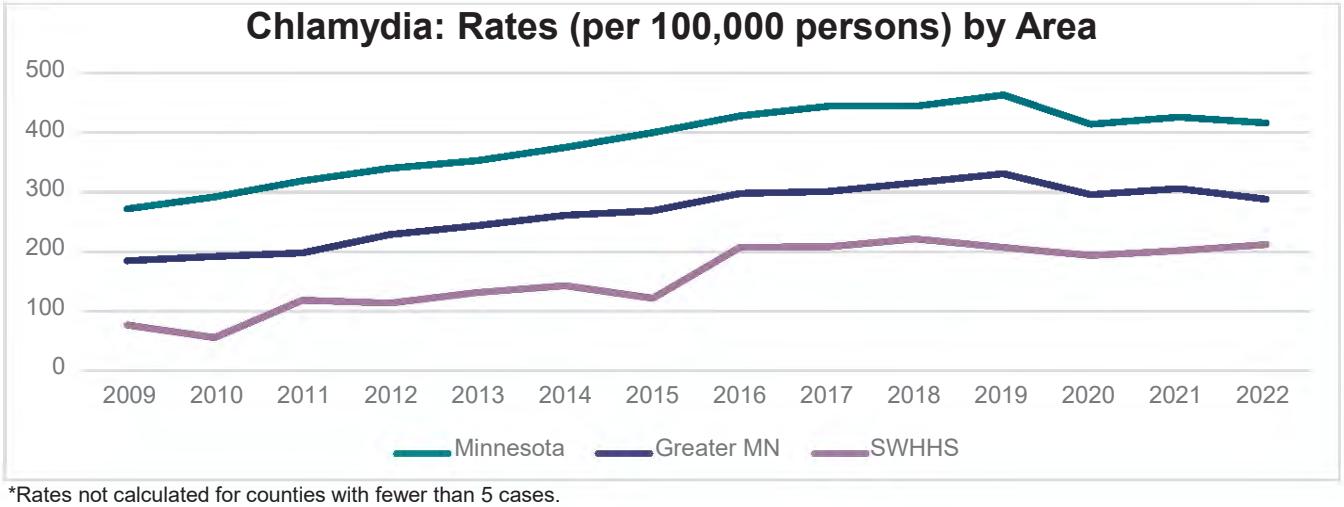


Source: Power to Decide. (99)

Minnesota passed a law in May 2020 to allow pharmacists to prescribe contraception to those 18 and older. A Pharmacist who prescribes and dispenses an initial Rx however, cannot provide a refill if patient has no evidence of a clinical visit within preceding three years. On December 30, 2020, the state Board of Pharmacy approved a standardized protocol for pharmacists to follow. Minnesota was the thirteenth state to pass this type of law. (99)

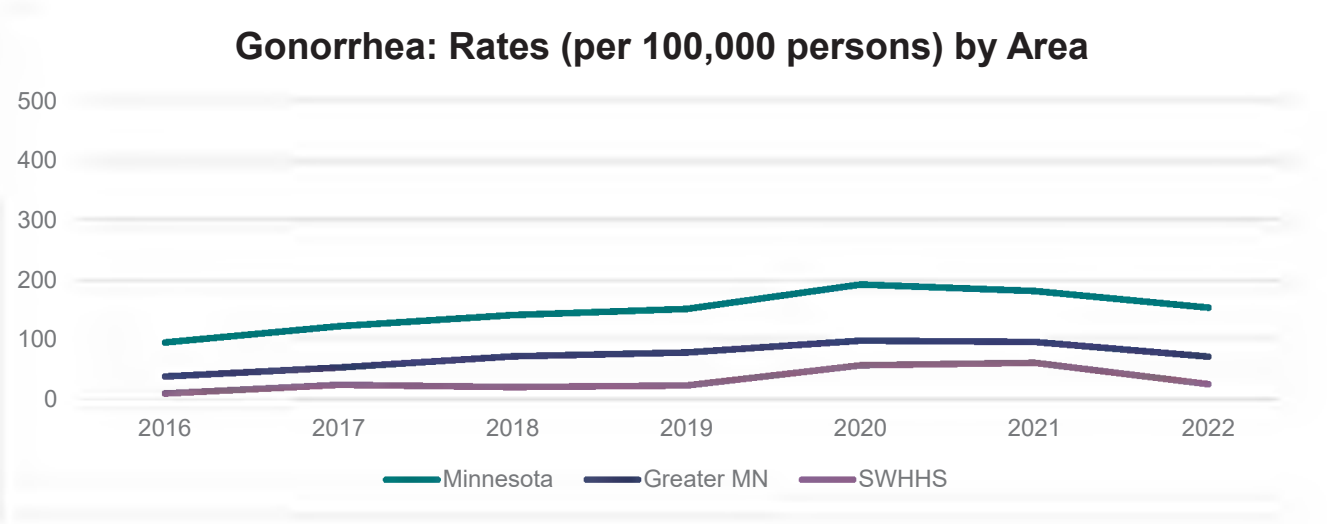
Sexually Transmitted Infections

After chlamydia rates nearly tripling from 2009 to 2016, rates in SWHHS have stabilized to an average of 208 per 100,000 from 2016 to 2022. Rates in 2022 were 212 per 100,000. Minnesota rates were 416, which is 204 points higher than SWHHS and 128 points higher than greater Minnesota. (100)



*Rates not calculated for counties with fewer than 5 cases.
Source: Minnesota Department of Health. (100)

Gonorrhea infection rates, like chlamydia rates have increased. The average 5-year rate for SWHHS was 38 per 100,000. Rates in 2022 were 26 per 100,000. Minnesota rates were 154 per 100,000, which is 128 points higher than SWHHS and 82 points higher than greater Minnesota. (100)



*Rates not calculated for counties with fewer than 5 cases.
Source: Minnesota Department of Health. (100)

Rates of syphilis across Minnesota have been increasing. In the last five years, Minnesota rates increased by 7.2 points. In greater Minnesota, rates per 100,000 have increased by 4.6 point. In the SWHHS counties there were six cases in 2022. (100)

Primary/Secondary Syphilis Rate per 100,000

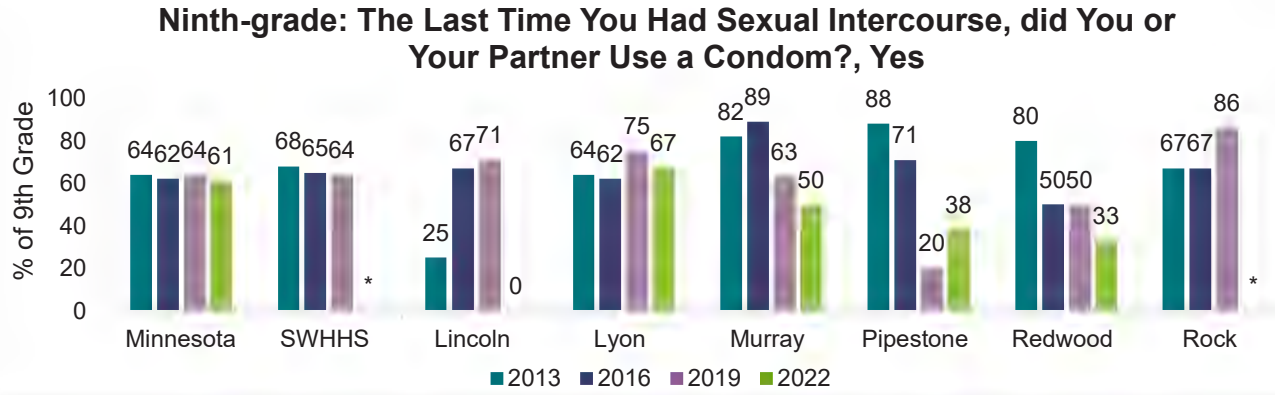
	2018	2019	2020	2021	2022
Minnesota	5.5	7.3	7.8	10.6	12.7
City of Minneapolis	29.0	30.8	37.6	49.7	62.7
City of St Paul	10.5	15.1	13.0	28.4	29.5
Suburban*	4.2	4.7	4.8	6.7	8.3
Greater Minnesota	2.4	4.9	5.3	5.9	7.0

*7-county metro area, excluding the cities of Mineapolis and St Paul
Source: Minnesota Department of Health. (100)

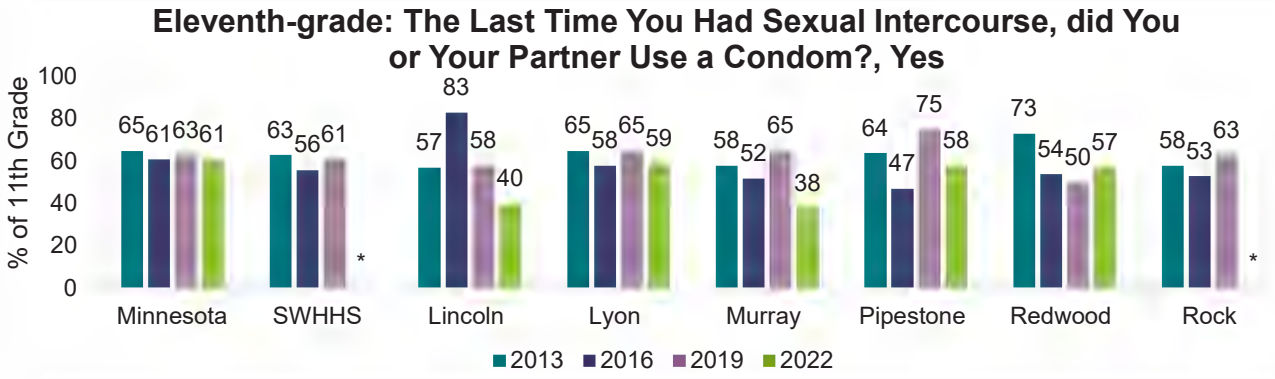
To stop the rising tide of STIs in Minnesota and SWHHS counties, sustainable and sufficient funding needs to be provided for education, media campaigns, screening and treatment of STIs. Teachers providing sexual health education in middle and high school settings need to be kept current on best practices. Communities need to be engaged to help support sexual health education and continue the conversation with vulnerable youth in our communities. (101)

Condom use is another effective way to prevent sexually transmitted infections. When condoms are used with another method of birth control like birth control pills, pregnancy prevention increases.

In 2022, SWHHS ninth-grade students were below Minnesota average of 61% in four of the five counties in all five counties that participated, while eleventh-grade students were below the state average of 61% in all five counties. Lyon County ninth-grade students were at 67%. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

Birth and Pregnancy

Early prenatal care is the building block of a healthy pregnancy and prevents low birth weight and premature babies, which in turn decreases infant mortality and reduces health care costs. Prenatal care can be delayed by a number of factors, which include inadequate insurance, a misunderstanding of the importance of prenatal care in the first trimester, etc. Since 2020, 60.6% of mothers across the six SWHHS counties sought prenatal care in the first trimester, which was lower than the state average of 79.2% by 18.6 percentage points.

Percent of Mothers Who Seek Prenatal Care in 1st Trimester, 2016-2020 Births

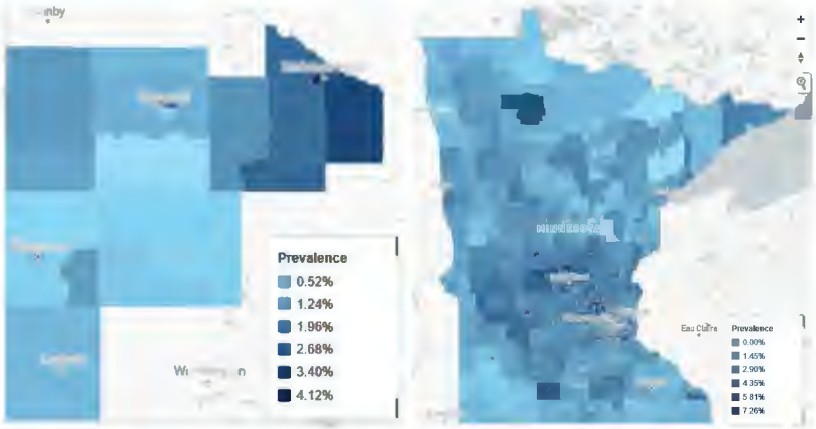
	2016	2017	2018	2019	2020
Minnesota	81.4	77.7	77.9	79.4	79.2
SWHHS	84.3	66.6	66.4	63.1	60.6
Lincoln	90.3	50.0	35.7	42.4	40.6
Lyon	85.5	74.6	78.4	72.5	67.8
Murray	84.0	72.4	61.7	58.9	62.5
Pipestone	82.7	59.2	52.9	61.4	57.4
Redwood	80.4	81.5	85.4	76.0	69.6
Rock	92.3	30.6	28.9	--	29.4

Source: Minnesota Department of Health. (67)

The prevalence data presented below are from the new Health Trends Across Communities in Minnesota (HTAC-MN) hosted by MN EHR Consortium. The data set consists of summary electronic health record data from eleven health systems providing encounter and diagnosis data. HTAC-MN represents about 90% of Minnesota residents. Locally Allina Health, Mayo Clinic, Sanford, CentraCare, North Memorial Health, and Department of Veteran Affairs participate in the MN EHR Consortium. (102)

Pregnancy prevalence of 1.8% in the six SWHHS counties is 1.4 percentage points lower compared to 3.2% in Minnesota. (102)

Pregnancy Prevalence



Source: Minnesota Electronic Record Consortium. (102)

The number of the birth in SWHHS has decrease by 108 birth between 2016 and 2020.

Count of Births by Year

	2016	2017	2018	2019	2020
Minnesota	69746	68599	67341	66022	63451
SWHHS	980	941	943	908	872
Lincoln	67	74	70	59	64
Lyon	380	358	356	346	338
Murray	104	87	81	90	72
Pipestone	118	130	140	127	122
Redwood	197	184	199	196	191
Rock	114	108	97	90	85

Source: Minnesota Department of Health. (67)

Birth rate for 18-19 year olds of 32.8 in SWHHS counties is 14.9 points higher than Minnesota at 17.9. Birth rate for 15-19 year olds of 14.5 in SWHHS counties is 5.4 points higher than Minnesota at 9.1.

2020 Teen Birth Pregnancy Rates by 1,000

	15-17 Year Olds	18-19 Year Olds	15-19 Year Olds
Minnesota	3.5	17.9	9.1
SWHHS	*	32.8	14.5

*Percentages/rates not calculated for < 20 events.

Source: Minnesota Department of Health. (67)

SWHHS had slightly fewer unmarried mothers 31.9% versus Minnesota 32.6% with a 0.7 percentage point difference. Preterm singleton births prior to 37 weeks gestation were at 5.7% in SWHHS which is lower by 1.5 percentage points than Minnesota at 7.2%. SWHHS had slightly fewer babies born with a weight of 5.5 pound or less 3.9% while Minnesota was at 4.3% a 0.4 percentage point difference.

2020 Select Birth Characterics

	Minnesota	SWHHS
% Births to unmarried mothers	32.6	31.9
% with No Father Documented	11.1	11.2
% Preterm Singleton (prior 37 weeks gestation)	7.2	5.7
% Low Birth Weight Singleton (<5.5lbs)	4.3	3.9
# of Infant Deaths 2015-2019	1593	17

Source: Minnesota Department of Health. (67)

Oral Health

All of the eight 2024 focus group communities discussed significant barriers to dental services. Several participants across the groups said there are very few dentists available in their communities, and dentists who are available often do not take Medicaid insurance or have very long waiting times. Lack of access to routine dental care and especially emergency dental care was a concern across all groups. (5)

C&TC Eligible Children (1 to 20 years) Dental Service Use, Federal Fiscal Year 2020

21.8 to 33.7%
33.8 to 36.9%
37.0 to 40.0%
40.1 to 53.0%

Categories above are based on quartiles.

County	Percent
Minnesota	36.3%
SWHHS	30.5%
Lincoln	33.6%
Lyon	31.9%
Murray	36.9%
Pipestone	21.8%
Redwood	33.7%
Rock	23.5%

Source: Minnesota Department of Health. (103)

Percent of Dental Services for Children Through Child & Teen Check-up Program For the period of 10/01/2021 through 09/30/2022

	MN	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Total Receiving Any Dental Services	37.9	32.3	36.2	35.1	32.4	30.7	31.0	24.1
Total Receiving Preventive Dental Services	33.7	28.8	33.1	30.6	29.8	29.7	26.9	21.8
Total Receiving Dental Treatment Services	19.5	16.7	15.5	20.4	17.9	12.6	14.7	12.2
Total Receiving Sealant on a Permanent Molar	5.1	3.7	5.0	3.9	4.5	3.4	3.7	2.3
Total Receiving Diagnostic Dental Services	35.5	30.4	35.4	32.8	30.9	30.4	28.2	23.2
Total Rec Oral Health Services by Non-Dentist	13.9	6.1	8.4	5.4	6.4	11.0	3.8	5.7
Total Receiving any Dental/Oral Health Service	43.6	33.4	38.4	34.4	35.2	37.9	29.7	26.9

Source: Minnesota Department of Health. (103)

Mental Health

In the 2019 Community Health Assessment, mental health was considered the highest priority health challenge in SWHHS. It has not gotten better. COVID-19 pandemic contributed to an increase in people that are struggling with mental health. In 2023 adult survey, 26.8% of SWHHS adults said COVID-19 pandemic had a negative impact on their mental health. SWHHS adults also reported negative mental health impact in households with children 0-17 years was 10.3%. Since 2019, SWHHS has seen a 3.8 percentage point increase in adults answering yes to "Have you ever been told by a doctor or other health care professional that you had any mental health condition?". Since 2015, SWHHS has seen an 8.3 percentage point increase when compared to 2023 rates. Anxiety or panic attacks in SWHHS is up 9.1 percentage point form 2015. Depression in SWHHS is up 2.1 percentage point form 2015. (92) (93) (6)

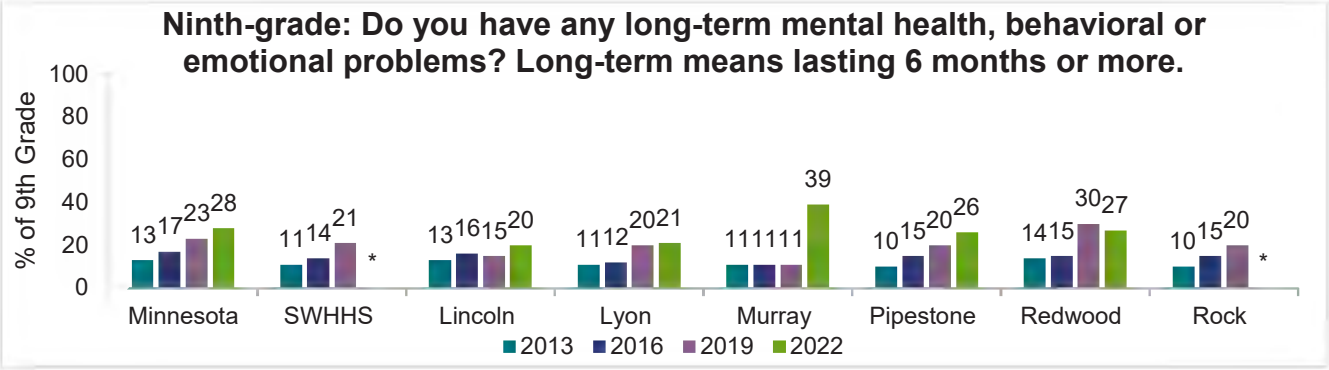
Percent of Adults: Have you ever been told by a doctor or other health care professional that you had_____? Yes

	Any Mental Health Condition			Depression			Anxiety or Panic Attacks			Other Mental Health Condition		
	2015	2019	2023	2015	2019	2023	2015	2019	2023	2015	2019	2023
16 Co. Region	22.3	24.4	32.0	17.0	18.2	21.6	13.8	16.3	22.6	4.1	5.5	6.5
SWHHS	20.7	25.2	29.0	16.1	17.5	18.2	13.0	17.3	22.1	3.3	5.6	7.6
Lincoln	23.6	26.7	29.0	17.2	15.8	18.8	17.1	19.6	23.5	6.6	7.7	9.0
Lyon	23.3	27.0	32.4	18.1	18.7	21.1	16.3	19.3	24.0	3.6	7.0	9.2
Murray	18.7	25.1	29.9	13.9	19.3	17.2	10.9	14.1	21.7	3.8	3.7	9.6
Pipestone	20.7	21.9	28.2	15.0	13.5	19.1	14.4	14.9	21.5	4.3	4.9	5.0
Redwood	16.2	25.0	26.7	13.0	17.1	18.1	8.4	17.5	21.9	1.3	5.0	7.4
Rock	21.4	23.1	23.3	19.1	18.1	10.6	10.0	15.5	17.4	2.4	4.5	3.6

Source: 2015, 2019, 2023 Southwest MN Adult Health Survey. (92) (93) (6)

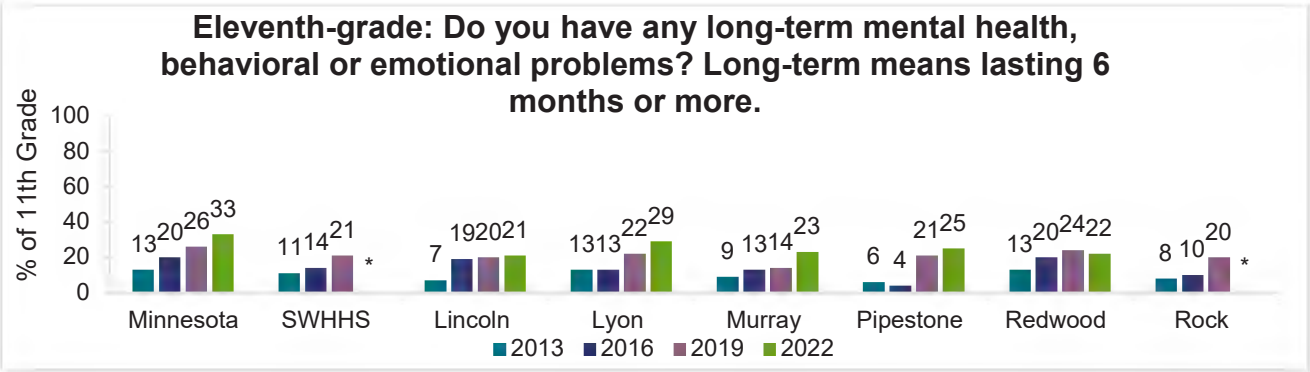
Everyday functioning can be affected by mental and emotional health from relationships, physical activity, and the ability to work. Physical and medical conditions can also affect one's mental and emotional health. As people struggle with pain management, depression can become an issue. Depression is reported present in more than 65% of adults with a medical disorder. (104)

Poor mental health can also strike youth. In the 2019 Minnesota Student Survey, 21% of SWHHS ninth-grade students reported having long-term mental health, behavioral, or emotional problems, which increased seven percentage points from the 2016 Minnesota Student Survey. In 2022, the five SWHHS counties that participated were on average at 27%. Minnesota was at 28% for 2022, which was a five-percentage point increase. Murray County ninth-grade students had 39% report long-term mental health, behavioral or emotional problems. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

Eleventh-grade students also saw an increase in long-term mental health, behavioral or emotional problems. In 2022, Minnesota report 33% of students with long-term mental health, behavioral or emotional problems, a seven-percentage point increase over 2019. (16)

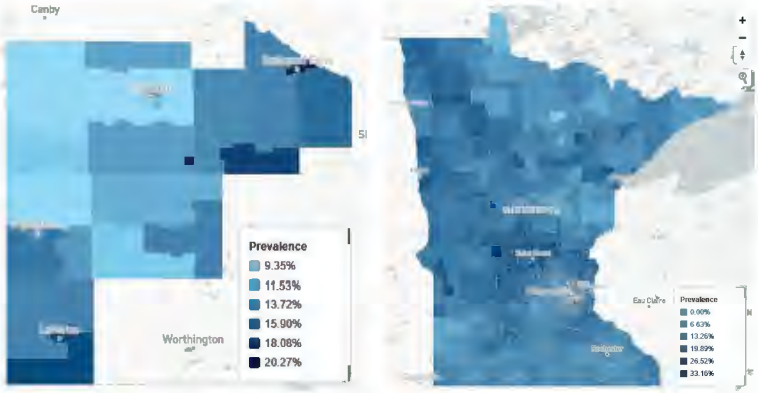


* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

Mental health problems in youth often coincide with high-risk behaviors like drug use, violence, and higher risk sexual behaviors. Health behaviors and habits are developed in adolescence and carry into adulthood. (105)

Anxiety prevalence in the six SWHHS counties (1.2%) is 15.1 percentage points lower compared to 16.3% in Minnesota. (102)

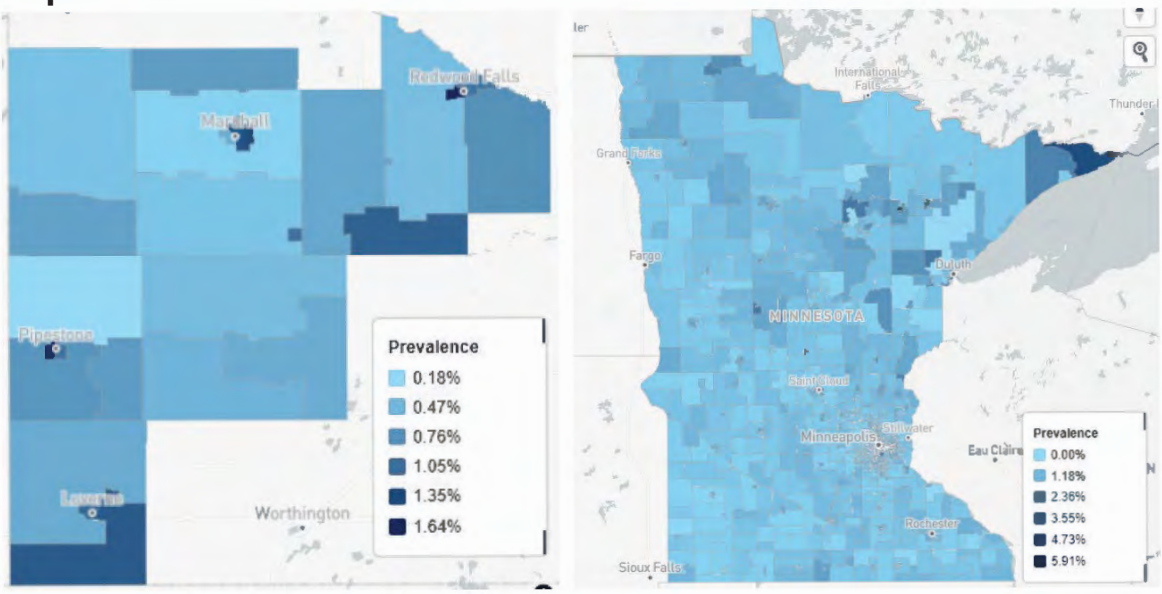
Anxiety Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Bipolar Disorder prevalence in the six SWHHS counties (0.2%) is 0.8 percentage points lower compared to 1.0% in Minnesota. (102)

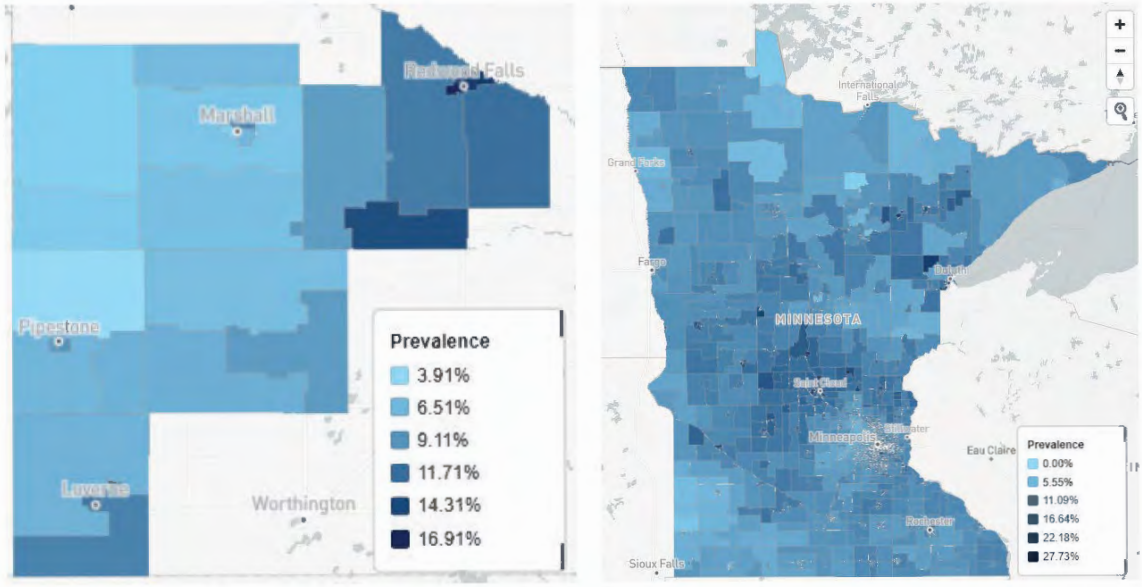
Bipolar Disorder 2023



Source: Minnesota Electronic Record Consortium. (102)

Depression prevalence in the six SWHHS counties (9.4%) is 2.6 percentage points lower compared to 12.0% in Minnesota. (102)

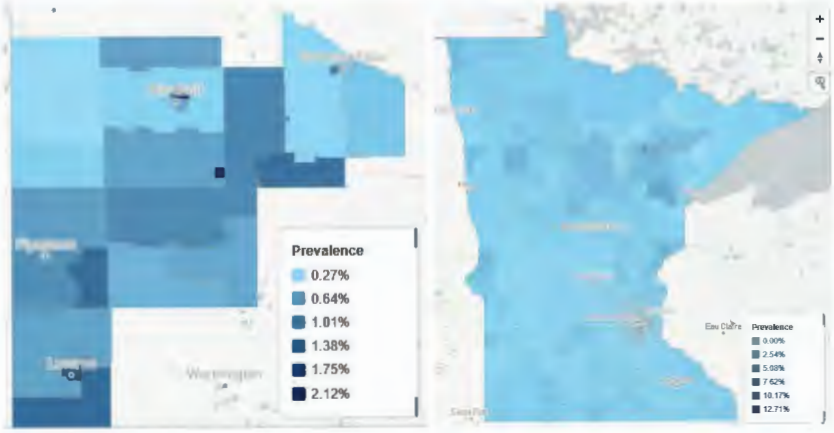
Depression Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Psychotic Disorder prevalence in the six SWHHS counties (1.0%) is 0.2 percentage points lower compared to 1.2% in Minnesota. (102)

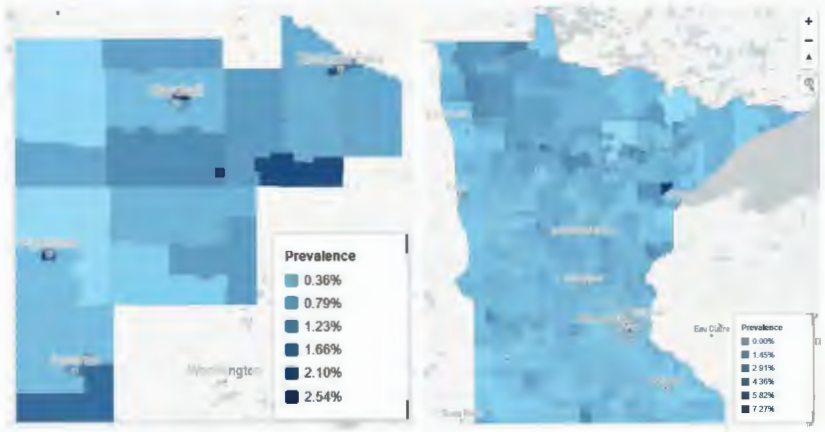
Psychotic Disorder Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Post-Traumatic Stress Disorder (PTSD) prevalence in the six SWHHS counties (1.2%) is 0.3 percentage points lower compared to 1.5% in Minnesota. (102)

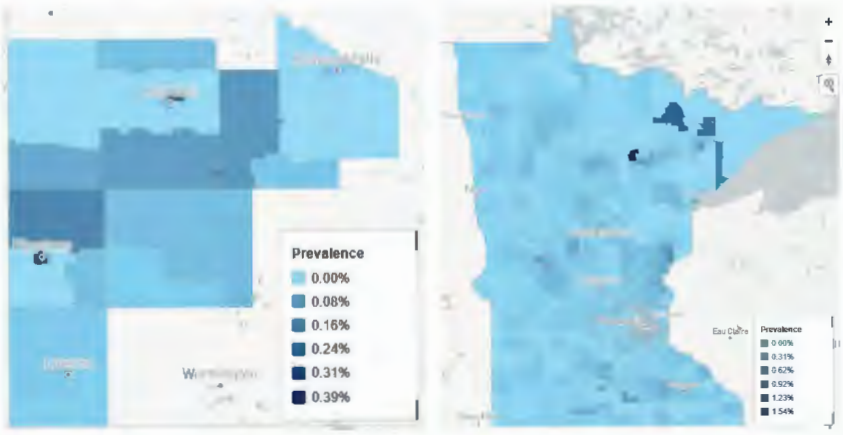
PTSD Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Sedatives prevalence in the six SWHHS counties (0.1%) is the same percentage as compared to 0.1% in Minnesota. (102)

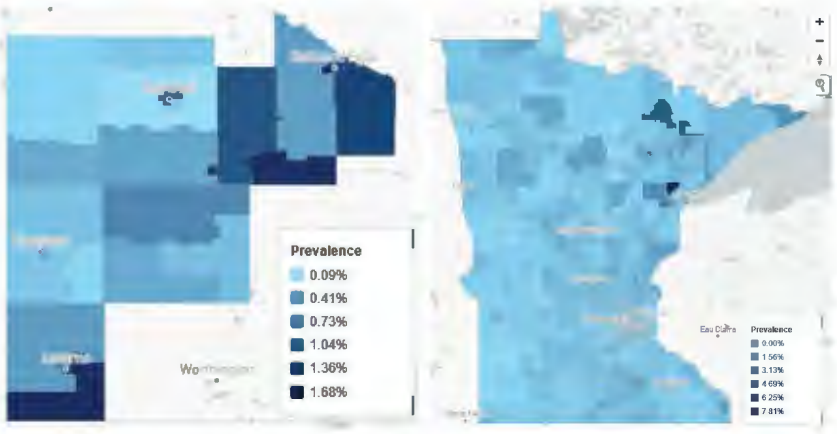
Sedatives Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

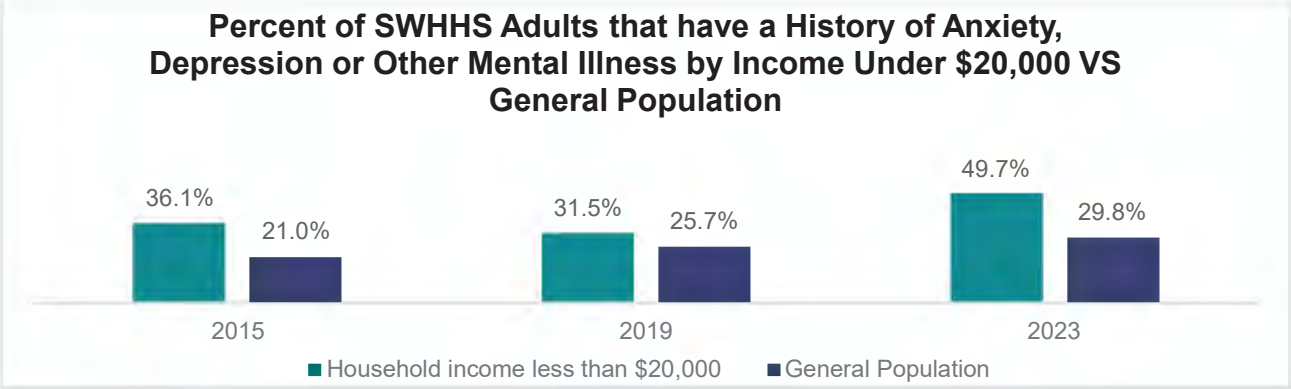
Suicide prevalence in the six SWHHS counties (0.9%) is 0.4 percentage points lower compared to 1.3% in Minnesota. (102)

Suicide Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

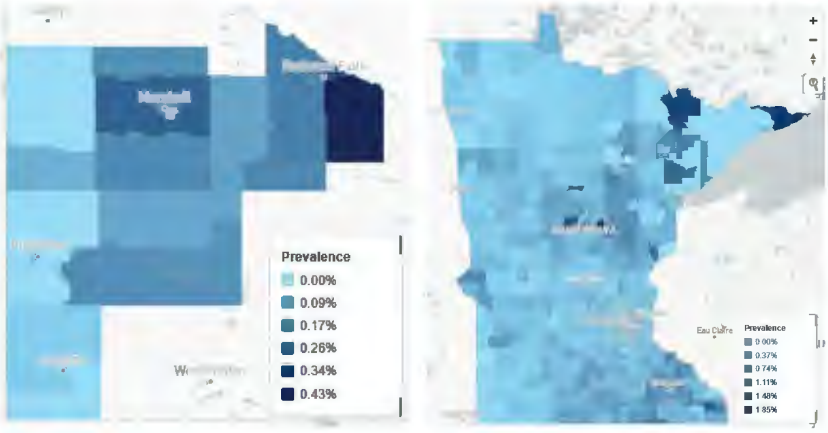
Adults with income under $20,000 are more likely to have a history of anxiety, depression, or other mental illness than the general population.



Tobacco and Electronic Cigarettes

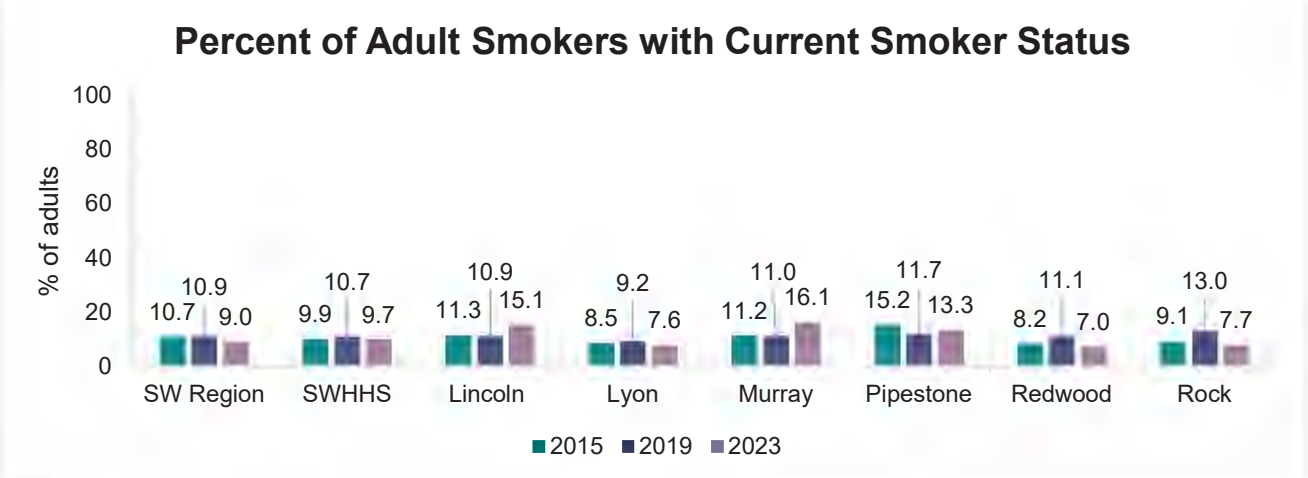
Lung Cancer prevalence in the six SWHHS counties (0.2%) is the same percentage as compared to 0.2% in Minnesota. (102)

Lung Cancer Prevalence 2023



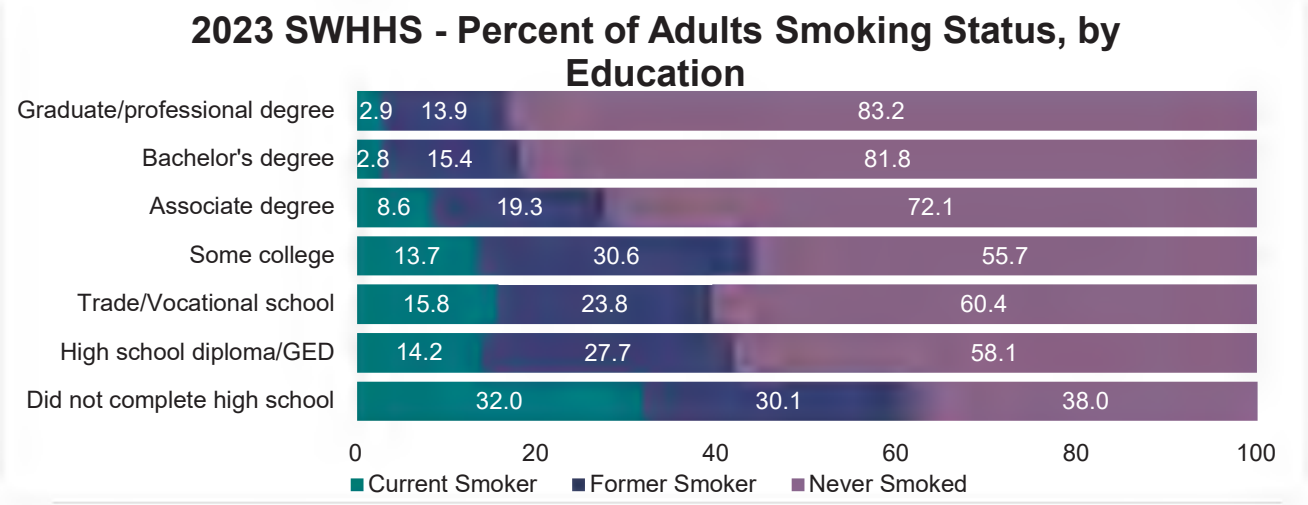
Source: Minnesota Electronic Record Consortium. (102)

Current adult smoker rates in SWHHS adults have decreased by 1.0 percentage points. SWHHS is 0.7 percentage points higher than the 16 county region. Murray County saw a 5.1 percentage point increase in current smoking rates. Lincoln County saw a 4.2 percentage point increase and Pipestone County saw a 1.6 percentage point increase. Rock County saw a 5.3 percentage point decrease. (6)



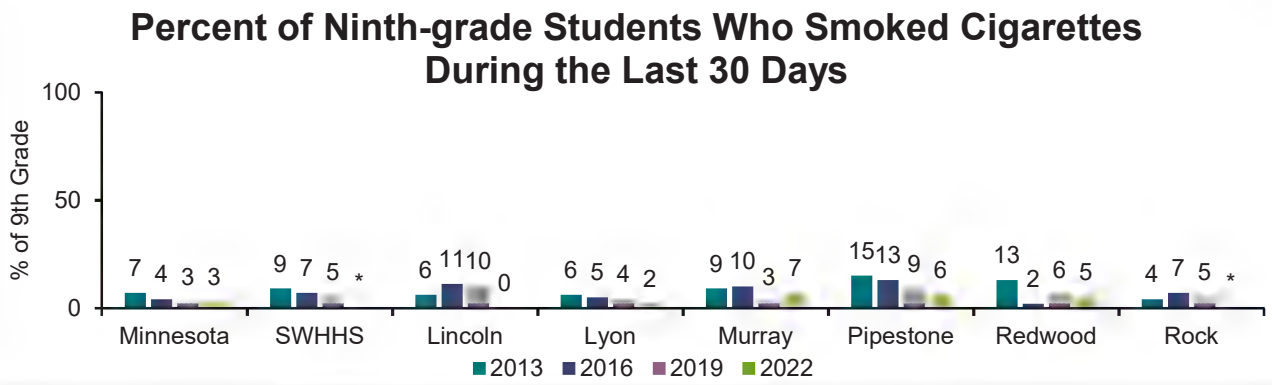
Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (92) (93) (6)

SWHHS adults are much more likely to have not smoked depending on their level of education. Graduate/Professional degree adults reported 83.2% had never smoked compared to High School diploma/GED adults at 58.1%, a 25.1 percentage point difference.



Source: 2023 Southwest MN Healthy Communities Survey. (6)

Minnesota ninth grade students who smoked cigarettes during the last 30 days was at 3%. Three of the five SWHHS counties were above Minnesota's rates. Lincoln County ninth grade students' rates dropped by 11 percentage points to 0%. Redwood County ninth grade students saw a 3-percentage point increase. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

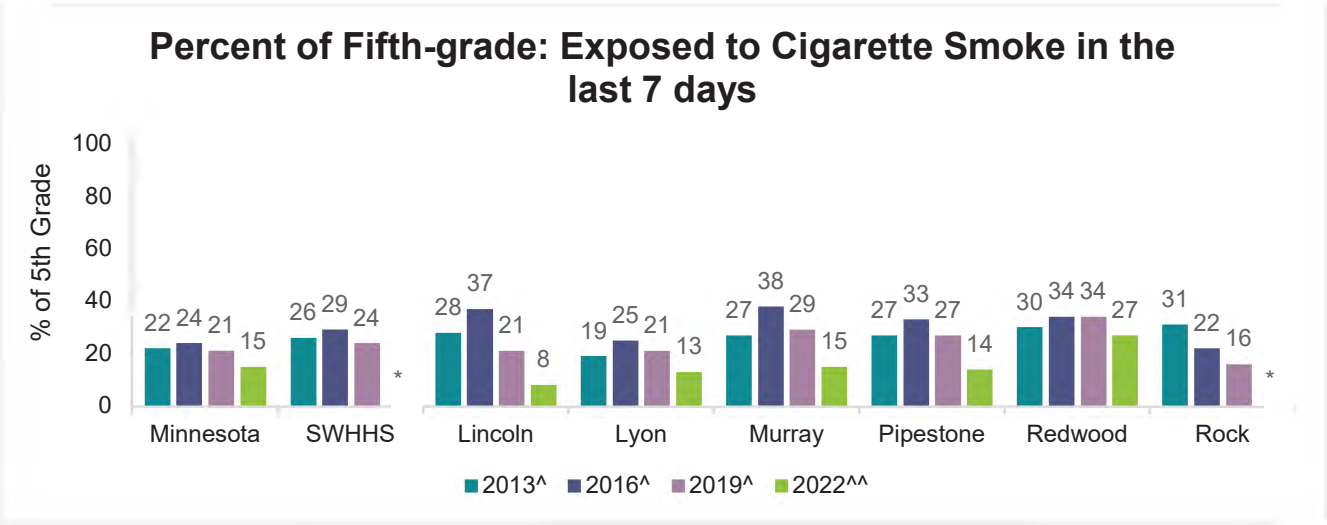
The percent of pregnant women that smoked during 2020 was higher than the state average in four of the six counties. SWHHS was 0.9 percentage points higher than Minnesota. Murray County pregnant women rates have decreased by 9.6 percentage points between 2016 and 2020. Lincoln County pregnant women rates have decreased by 7.3 percentage points. (67)

Percent of Women Who Smoked During Pregnancy

	2016	2017	2018	2019	2020
Minnesota	8.8	8.1	7.4	7.1	6.7
SWHHS	10.2	9.7	10.1	9.4	7.6
Lincoln	10.4	10.8	5.7	5.1	3.1
Lyon	5.8	7.5	8.1	8.7	6.8
Murray	16.5	17.2	16.0	11.1	6.9
Pipestone	12.7	8.5	10.7	10.2	11.5
Redwood	14.8	11.4	12.6	11.2	9.9
Rock	8.8	8.3	9.3	7.8	3.5

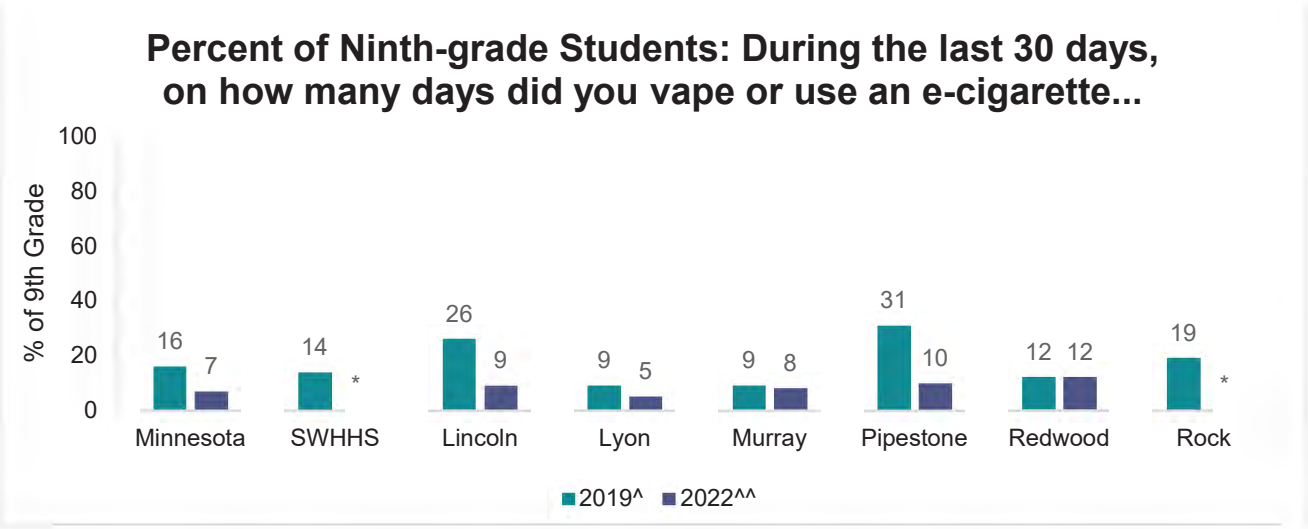
Source: Minnesota Department of Health. County Health Tables. (67)

In 2022, the question about secondhand smoke changed in the survey from “During the last 7 days, on how many days were you in the same room as someone who was smoking cigarettes?” to “During the last 7 days, have you been in the same room as someone who was smoking cigarettes?” Because of this change, data changes between past years may not be reliable. In 2022, three of the counties are below Minnesota rate. Redwood County rates are 12 percentage points higher than Minnesota. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
^2013, 2016, 2019 question language: ^During the last 7 days, on how many days were you in the same room as someone who was smoking cigarettes?
^^2022 Question language change: ^^During the last 7 days, have you been in the same room as someone who was smoking cigarettes?^^
Source: Minnesota Student Survey 2013, 2016, 2019, 2022 (16)

In the 2019 student survey, three of the SWHHS counties were higher than the state average. In 2022, four of the SWHHS counties were higher than the state average. Four of the five counties saw drops in e-cigarette use. Pipestone County saw a decline of 21-percentage points. Lincoln County saw a decline of 17-percentage points. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
^ 2019...vape or use an e-cigarette like JUUL, suorin, blu, VUSE, or logic?
^^2022...vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick? Source: Minnesota Student Survey 2019, 2022 (16)

E-cigarette use in adults has been a vehicle for smoking cessation. Use in our six counties ranges from 1.3% in Redwood County to 8.0% in Pipestone County. SWHHS is 0.9 percentage points higher than the 16 County Region. SWHHS percentages have increased from 3.0% in 2015 to 4.1% in 2023. (16)

Percent of Adults with Current User E-cigarette Status

	2015	2019	2023
16 Co Region	2.7	2.3	3.2
SWHHS	3.0	3.1	4.1
Lincoln	4.3	1.3	4.6
Lyon	2.7	3.5	4.7
Murray	3.1	2.5	5.3
Pipestone	2.2	2.5	8.0
Redwood	4.4	4.6	1.3
Rock	0.8	1.6	2.1

Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (92) (93) (6)

Alcohol Use

Alcohol use is the most socially acceptable form of substance use. Adults in the SWHHS counties report drinking any alcohol in the last 30 days at 63.3%. (6)

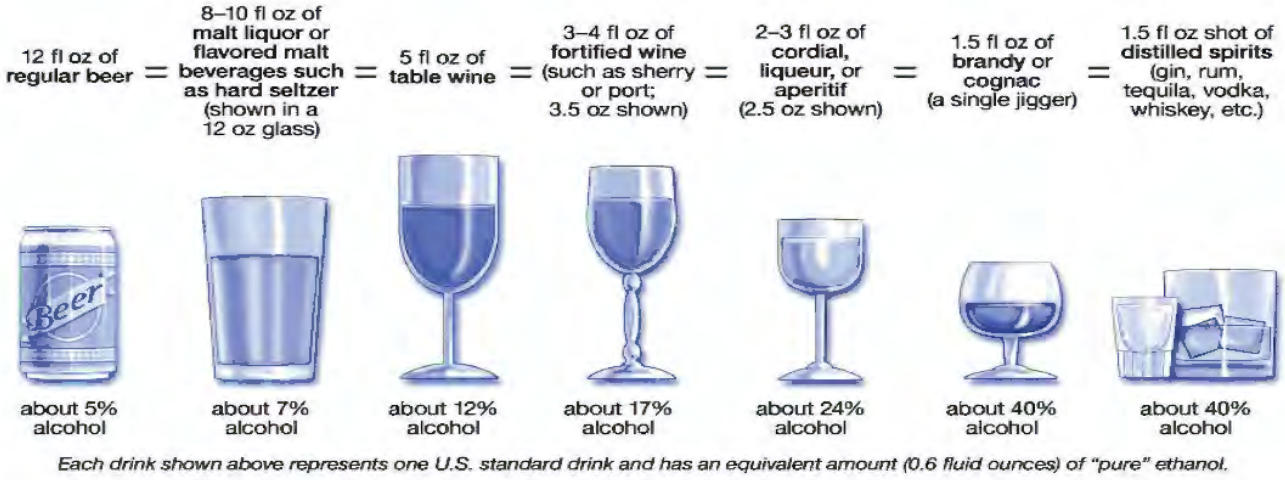
Alcohol use does not come without risks to a person's health. Research has indicated the level of alcohol use can increase the risk of developing cancer. Alcohol becomes acetaldehyde in the body. Acetaldehyde is a known carcinogen that builds up in the body. The buildup can cause mistakes in DNA, chromosome rearrangements, and DNA to bind and form clumps leading to cells growing out of control. In some cases, this can lead to cancerous tumors.

There are other potential cancer-causing associations:

- Contaminants that are introduced during fermentation and production can be linked to cancer
- Heavy alcohol consumption can cause liver cirrhosis, which increases the risk for cancer
- Alcohol increases levels of estrogen, which contribute to breast cancer risk
- Alcohol can increase the absorption of other cancer-causing agents in, for example, tobacco, which is also a known carcinogen
- Alcohol can affect the absorption and metabolism of other nutrients, for example, folate, which can contribute to cancer. (106)

Type of cancer	Absolute Risk for Cancer Development per the National Cancer Institute	Light drinker (≤1 drinks/day) vs. non-drinker Relative Risk (95 CI)	Moderate drinker (1- 4 drinks/day) vs. non-drinker Relative Risk (95 CI)	Heavy drinker (>4 drinks/day) vs. non-drinker Relative Risk (95 CI)
Mouth & Throat	1.1	1.13 (1.0-1.26)	1.83 (1.62-2.07)	5.13 (4.13-6.10)
Esophageal	0.5	1.26 (1.06-1.50)	2.23 (1.87-2.65)	4.95 (3.86-6.34)
Voice Box	0.3	0.87 (0.65-1.11)	1.44 (1.25-1.66)	2.65 (2.19-3.19)
Liver	1.0	1.0 (0.85-1.18)	1.08 (0.97-1.20)	2.07 (1.66-2.58)
Breast (female)	12.4	1.04 (1.01-1.07)	1.23 (1.19-1.28)	1.61 (1.33-1.94)
Colon & Rectum	4.3	0.99 (0.95-1.04)	1.17 (1.11-1.24)	1.44 (1.25-1.65)

Source: Minnesota Department of Health. (106)



Source: National Institute of Alcohol Abuse and Alcoholism (107)

Moderate drinking is one drink per day for women and two drinks per day for men, among legal drinking-aged adults. Binge drinking is a drinking pattern that roughly brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. That is about four or more drinks on one occasion for women, or five or more drinks for men in the span of about 2 hours. (108) In 2020, American adults have a 15.7% binge drinking rate compared to 18.4% for Minnesota. In comparison, Minnesota has one of the highest binge drinking rates in America. SWHHS counties have an even higher rate of binge drink than the state average at 22.8%. (106)

Costs associated with binge drinking can be divided into three categories: health care, lost productivity, and societal costs. Total costs in the three categories to SWHHS counties is $63,355,000 with it split between health care $46,627,000; other societal $11,201,000; productivity loss $5,527,000. (106)

Binge drinking rates and estimated costs due to excessive drinking, 2019

	Binge drinking prevalence	Total Cost	Cost per Resident
Minnesota	18.4	$ 7,851,447,000	$ 1,383
SWHHS	22.8	$ 63,355,000	$ 745
Lincoln*	23.3	$ 1,614,000	$ 286
Lyon	21.4	$ 27,899,000	$ 1,095
Murray	23.3	$ 5,152,000	$ 629
Pipestone	22.1	$ 5,791,000	$ 635
Redwood	23.3	$ 15,234,000	$ 1,004
Rock	23.5	$ 7,665,000	$ 823

* The estimates could be unstable because of the small county population size (7,500 or fewer in 2019).

Source: Minnesota Department of Health (106)

Adults that had at least one drink in the last 30 days in SWHHS have gone down by 1.5 percentage points. Lyon County did see an increase of 4.4 percentage points. SWHHS rate is 0.1 percentage points higher than the 16 county region. Pipestone County saw the most dramatic reduction of 22 percentage points. (6)

Percent of Adults: During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

	2015	2019	2023
16 County Region	67.4	65.8	63.2
SWHHS	67.7	64.8	63.3
Lincoln	69.9	68.1	66.2
Lyon	68.9	59.3	63.7
Murray	68.2	70.3	68.3
Pipestone	65.6	82.6	60.6
Redwood	66.8	67.9	59.1
Rock	66.6	66.6	65.7

Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (6)

Adults that are considered heavy drinkers in SWHHS have gone down by 0.7 percentage points. SWHHS is also 1.4 percentage points lower than the 16 county region. (6)

Percent of Adults that Engaged in Heavy Drinking in the Past 30 Days (60+ drinks in past 30 days for males, 30+ for females)

	2015	2019	2023
16 County Region	8.3	9.8	9.4
SWHHS	8.1	8.7	8.0
Lincoln	9.5	13.5	14.9
Lyon	4.7	6.7	7.1
Murray	10.5	11.1	7.2
Pipestone	3.4	6.8	11.2
Redwood	14.0	11.3	5.7
Rock	8.2	6.0	8.2

Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (6)

Adults that are considered binge drinkers in SWHHS have gone up by 1.1 percentage points in 2023. SWHHS is also 1.8 percentage points higher than the 16 county region. Murray, Pipestone and Redwood counties saw 3.6 to 4.4 percentage point higher levels of binge drinking in 2023 than 2019. (6)

Percent of Adults: How Many Times During the Past 30 Days Have You Engaged in Binge Drinking?; 2015, 2019, 2023

	2015	2019	2023
16 County Region	38.7	23.6	21.3
SWHHS	35.4	22.0	23.1
Lincoln	38.3	28.2	27.2
Lyon	30.9	23.0	23.2
Murray	40.7	23.7	27.3
Pipestone	28.3	16.9	21.1
Redwood	39.0	21.2	19.4
Rock	41.6	20.2	24.6

Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (6)

Binge drinking is more prevalent in the 18-34 and 35-44 age groups with SWHHS 35-44 age group being the highest.

Percent How Many Times During the Past 30 Days Have You Engaged in Binge Drinking?, Age, 2023

	18-34	35-44	45-54	55-64	65-74	75 or older
16 Co Region	29.6	26.6	22.2	20.7	14.7	5.3
SWHHS	32.0	34.7	21.9	21.2	13.7	5.1
Lincoln	42.8	45.2	20.7	30.2	14.2	5.5
Lyon	35.9	24.4	11.9	25.6	11.6	8.2
Murray	33.2	34.9	52.1	22.8	21.0	3.3
Pipestone	29.1	30.3	25.2	22.2	11.2	2.3
Redwood	23.6	47.8	17.7	10.1	10.9	4.8
Rock	28.5	42.0	29.1	20.6	17.6	3.8

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Binge drinking is more prevalent in the $100,000 income group with SWHHS at 33.5%. This is 6.4 percentage points higher than the 16 County Region.

Percent How Many Times During the Past 30 Days Have You Engaged in Binge Drinking?, Income, 2023

	Less than $20,000	$20,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
16 Co Region	9.6	12.6	17.6	25.1	27.1	27.1
SWHHS	8.4	15.9	19.0	23.1	26.4	33.5
Lincoln	36.2	18.7	20.2	34.6	21.3	32.4
Lyon	1.4	13.9	13.6	30.7	26.4	33.3
Murray	16.8	10.9	20.7	24.9	28.4	46.9
Pipestone	6.2	8.2	6.4	26.9	27.1	33.1
Redwood	1.3	23.8	25.4	7.4	16.8	33.5
Rock	18.6	18.6	34.7	16.2	37.7	21.6

Source: 2023 Southwest MN Healthy Communities Survey. (6)

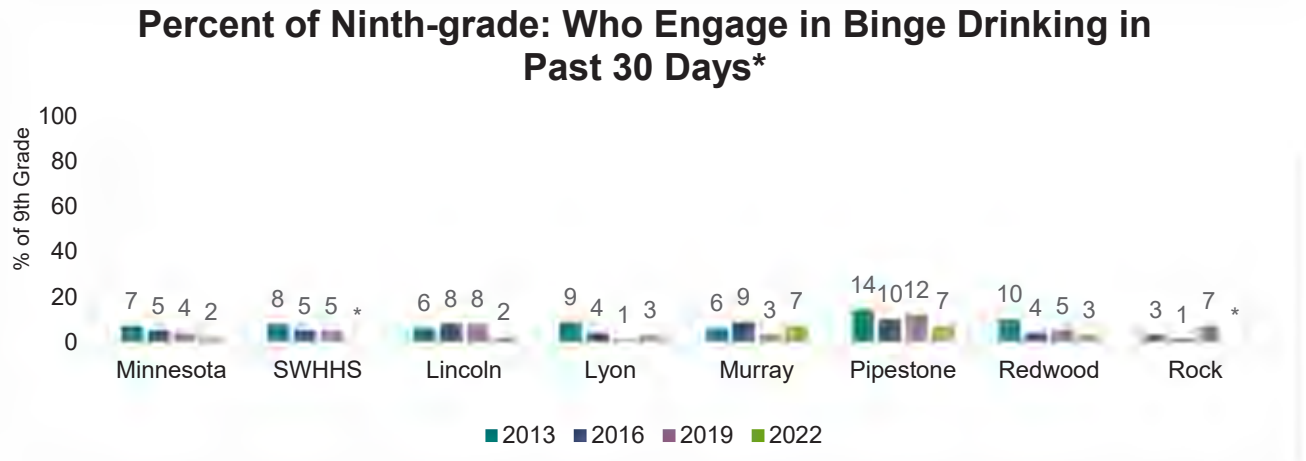
Binge drinking is more prevalent in the graduate/professional degree group with SWHHS at 29.1%. This is 9.5 percentage points higher than the 16 County Region.

Percent How Many Times During the Past 30 Days Have You Engaged in Binge Drinking?, Education, 2023

	Did not complete high school	High school diploma/ GED	Trade/ Vocational school	Some college	Associate degree	Bachelor's degree	Graduate/ professional degree
16 Co Region	12.5	14.8	22.8	22.9	24.4	25.8	19.6
SWHHS	19.0	18.7	23.0	19.9	15.6	28.2	29.1
Lincoln	66.7	26.9	13.1	17.1	27.2	32.0	21.5
Lyon	5.4	13.9	25.9	14.6	4.1	28.1	39.1
Murray	9.0	22.6	40.6	18.9	33.2	24.9	37.6
Pipestone	10.6	20.7	18.0	39.3	28.5	16.4	23.5
Redwood	14.5	10.9	16.9	22.3	14.7	30.7	6.4
Rock	0	27.7	22.0	19.4	13.1	34.8	18.8

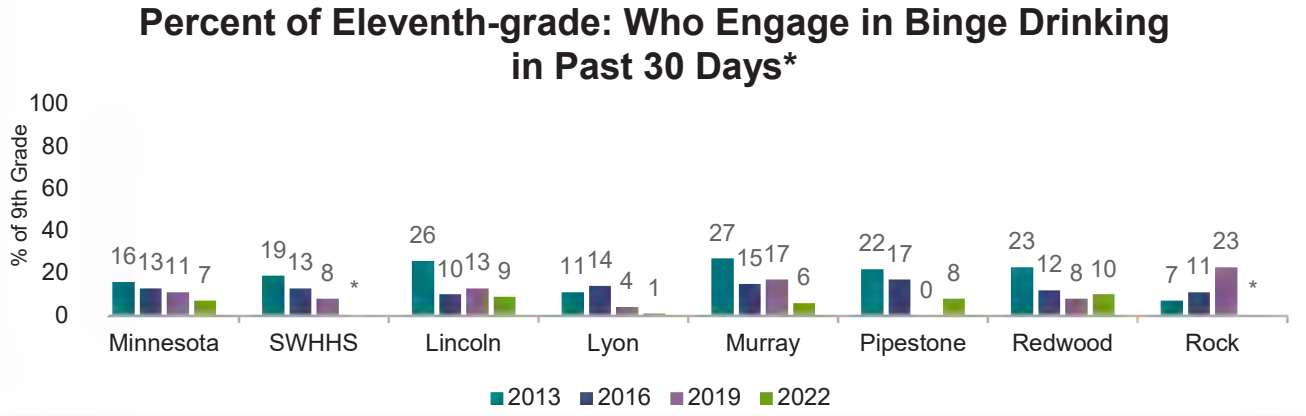
Source: 2023 Southwest MN Healthy Communities Survey. (6)

Minnesota's ninth-grade binge drinking rate has dropped to 2% in 2022. Four of the five counties have higher rates than Minnesota. Lyon and Redwood counties are at 3% and Murray and Pipestone counties are at 7%. Murray and Pipestone counties are five percentage points higher than Minnesota rates. (6)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2019, 2022 (16)

Minnesota's eleventh-grade binge drinking rate has dropped to 7% in 2022. Three of the five counties have higher rates than Minnesota. Lyon County's rate is at 1% and Murray County's rate is at 6%. Pipestone, Lincoln, and Redwood counties are one to three percentage points higher than Minnesota. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2019, 2022 (16)

Residents of SWHHS counties have a higher percentage of population with impaired driving incidents on their driving record at 12% than the state average of 10.6%. (43)

2022 Percentage of Residents with Impaired Driving Incidents on Record

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Population	5,742,036	72,987	5,562	25,092	8,014	9,373	15,236	9,710
DWIs %	10.6	12	8	13.6	8.4	15.5	12	9.6

Source: Minnesota Department of Public Safety. (43)

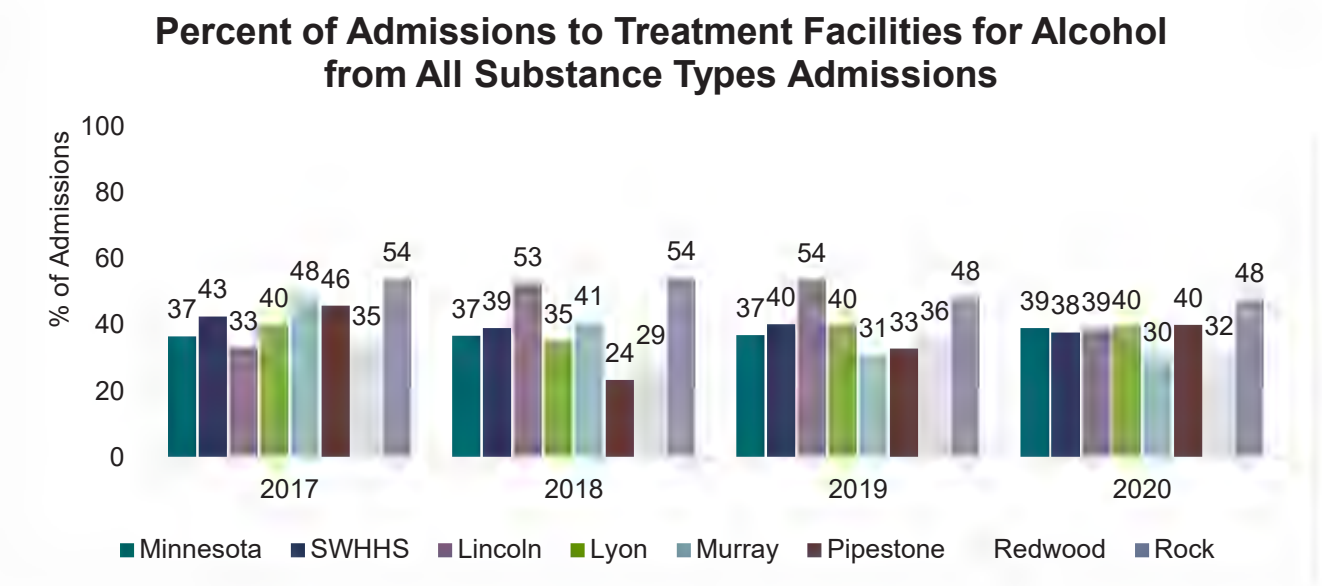
Impaired driving rates over the last five years have been decreasing slightly. Three of the five years saw SWHHS rates under Minnesota rates by .10 to .39. The five-year average has SWHHS rate under Minnesota's by 0.08. (43)

Impaired Driving Incidents Rate Per 1,000 by Year

	2018	2019	2020	2021	2022	5 Year Avg
Minnesota	4.55	4.70	3.75	4.01	4.37	4.28
SWHHS	4.45	4.97	3.96	3.62	4.00	4.20
Lincoln	4.31	5.21	2.70	3.06	2.70	3.60
Lyon	4.42	4.14	3.43	3.19	4.26	3.91
Murray	2.12	2.50	1.75	1.37	2.37	2.00
Pipestone	7.79	9.28	7.57	7.15	8.00	8.00
Redwood	3.87	5.58	4.20	3.74	3.35	4.13
Rock	4.22	3.91	4.02	3.30	2.57	3.60

Source: Minnesota Department of Public Safety. (43)

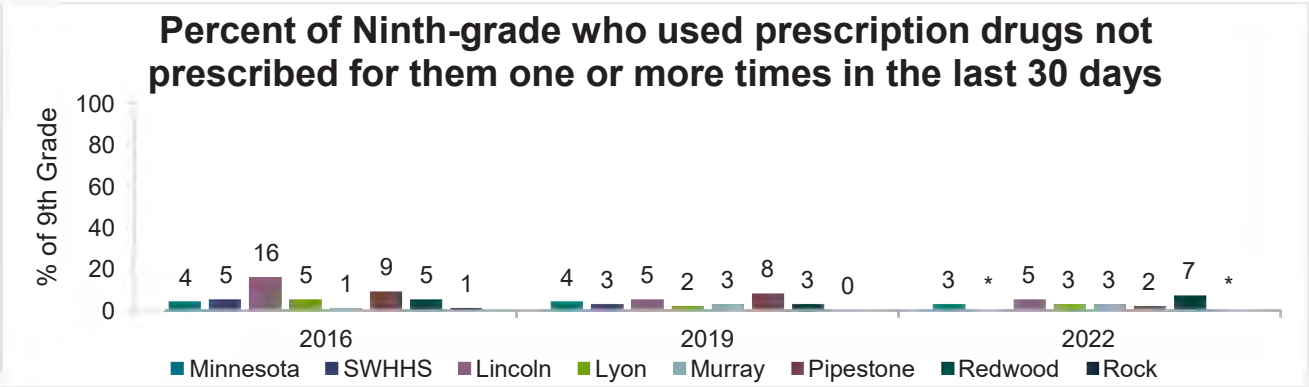
Alcohol treatment in admissions from 2017 to 2020 have been higher than Minnesota in three of the last four years. Rock County admissions have been nine to 17 percentage points higher than Minnesota. (109)



Source: Substance use of Minnesota. (109)

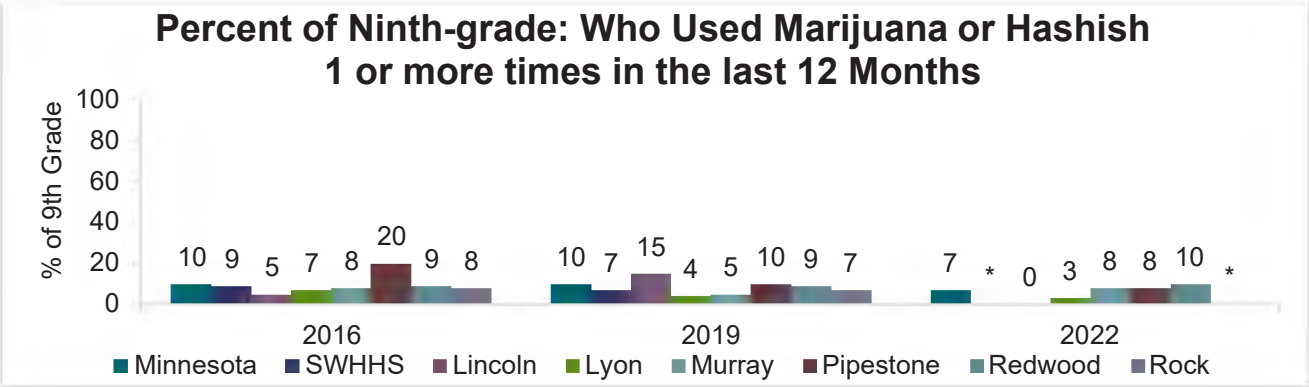
Drug Use

Prescription drug use among SWHHS ninth-grade students was lower than the state average by one percentage point in 2019 but one percentage point higher in the 2016 Minnesota Student Survey. Lincoln County was two percentage points higher than the State average and Redwood County was four percentage points higher than the state average in the 2022 survey. (16)



* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing.
Source: Minnesota Student Survey 2019, 2022 (16)

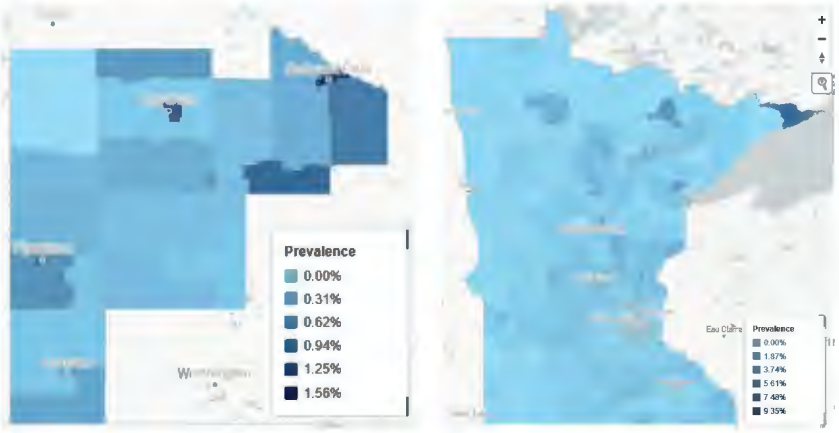
Marijuana or hashish use in SWHHS ninth-grade students was lower than the state by three percentage points in Minnesota in 2019. In 2022, three of the counties were higher than Minnesota by one percentage point for Murray and Pipestone County and three percentage points for Redwood County. (16)



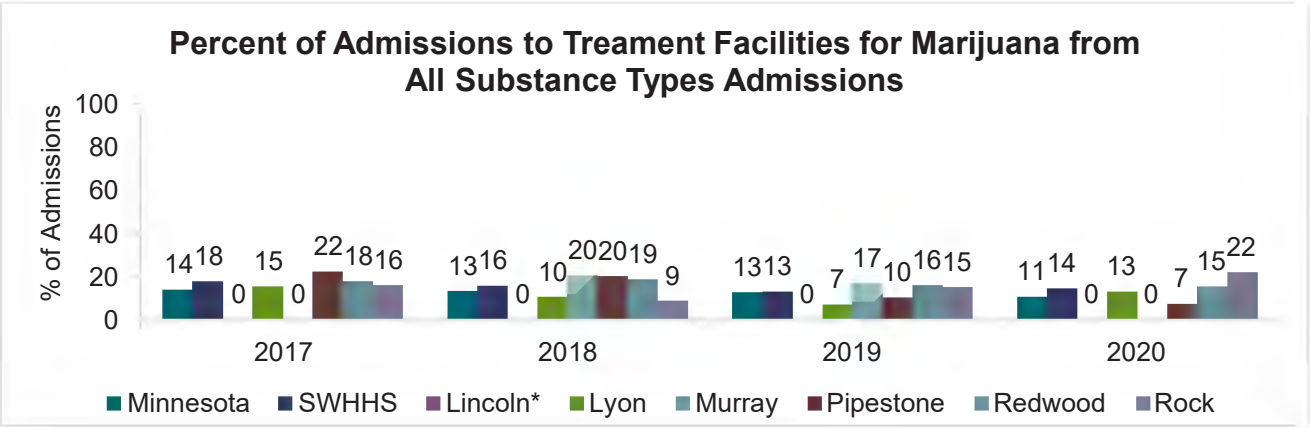
* Rock county school districts did not participate in 2022 Minnesota Student Survey. SWHHS was not calculated since one county was missing. 2016- During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor) ^
Source: Minnesota Student Survey 2016, 2019, 2022 (16)

Cannabis prevalence in the six SWHHS counties (0.6%) is 0.4 percentage points lower compared to 1.0% in Minnesota. (102)

Cannabis Prevalence 2023



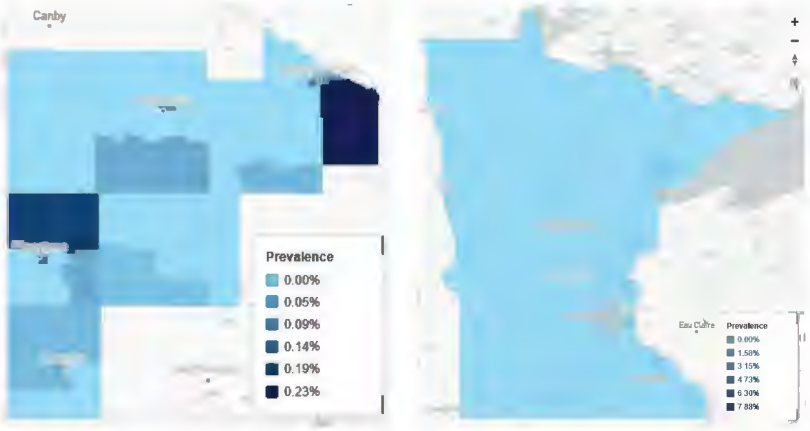
Source: Minnesota Electronic Record Consortium. (102)



* Indicates numbers are between 5 and 1
Source: Substance Use in Minnesota. (109)

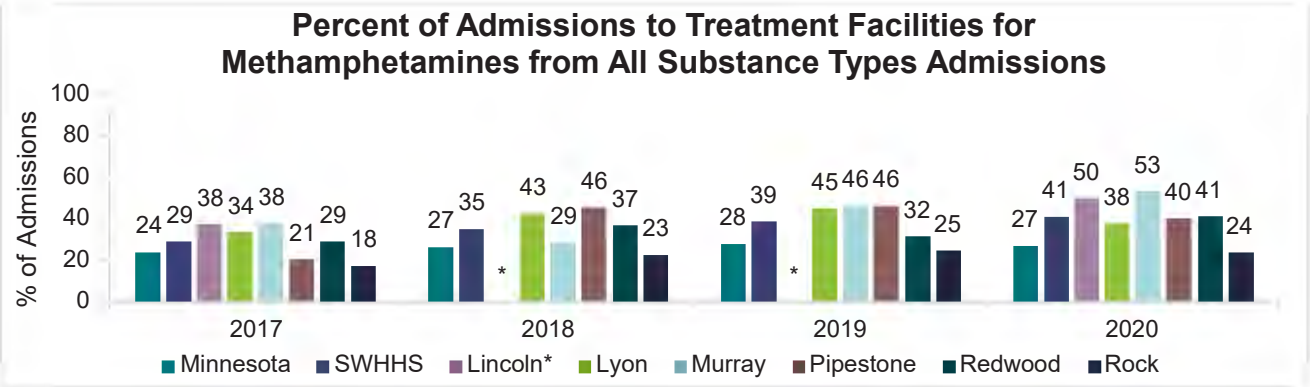
Cocaine prevalence in the six SWHHS counties (0.1 %) is 0.1 percentage points lower compared to 0.2% in Minnesota. (102)

Cocaine Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

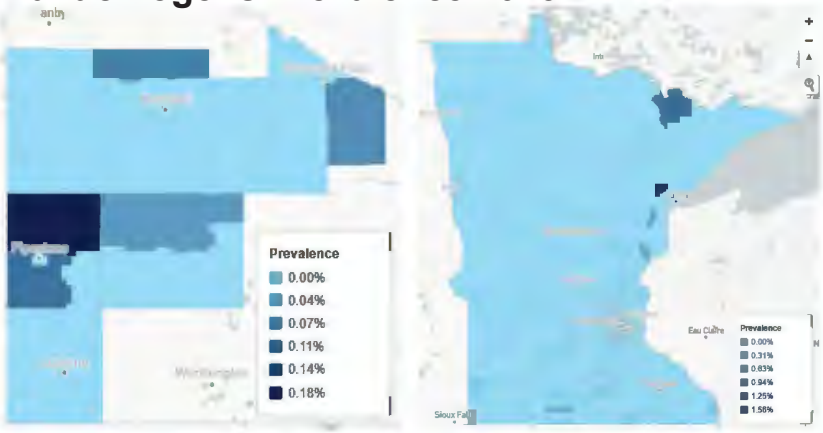
From 2017 through 2020, data showed methamphetamine treatment at higher rates for SWHHS residents than for Minnesota as a whole. (109)



* Indicates numbers are between 5 and 1
Source: Substance Use in Minnesota. (109)

Hallucinogens prevalence in the six SWHHS counties (0.0 %) is the same percentage as compared to 0.0% in Minnesota. (102)

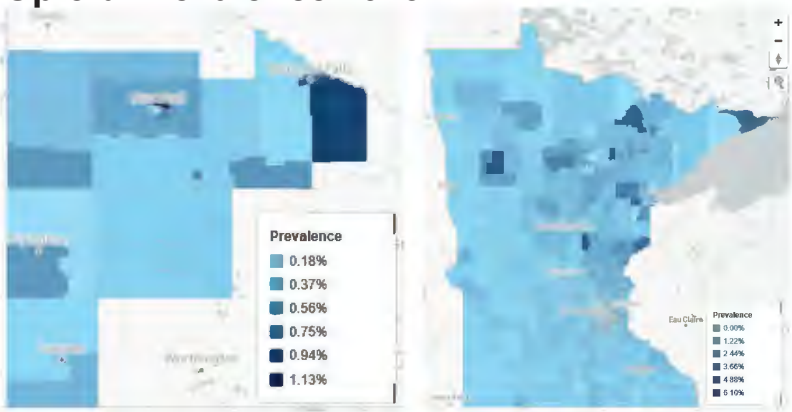
Hallucinogens Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Opioid prevalence in the six SWHHS counties (0.4%) is 0.5 percentage points lower compared to 0.9% in Minnesota. (102)

Opioid Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

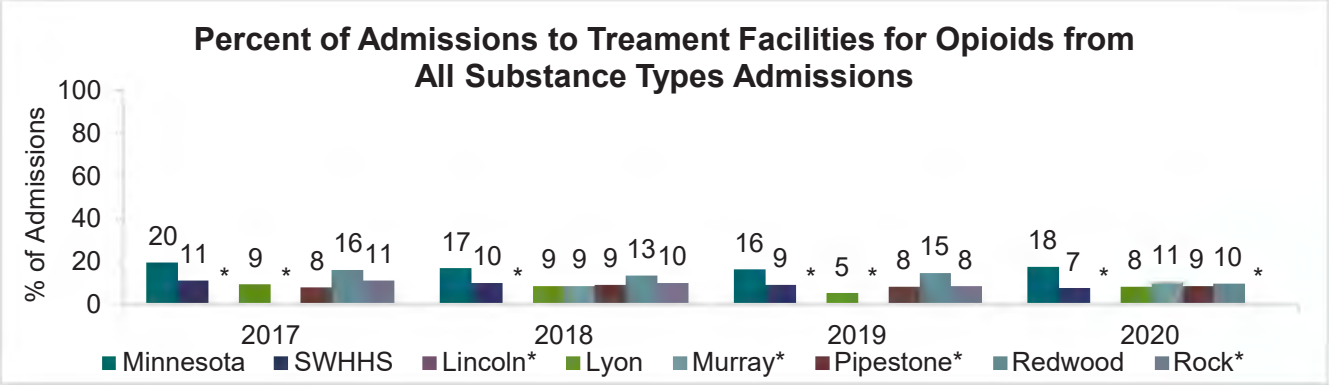
Opioid prescriptions rates have been decreasing since 2016 in Minnesota and SWHHS. Minnesota prescription of opioid rates when compared to 2022 rates, have gone down by 245.5 points while SWHHS rates have gone down 214.6 points since 2016. SWHHS residents receive more prescriptions for opioids than the Minnesota average by 25.6 points. (110)

Crude Rate of Opioids Dispensed per 1,000 Population by MN Recipient Residence County

	2016	2017	2018	2019	2020	2021	2022
Minnesota	615.6	550.1	482.2	438.4	397.7	386.9	370.1
SWHHS	610.3	571.1	528.3	490.9	444.3	422.8	395.7
Lincoln	567.3	586.6	537.8	501.5	432.1	413.0	376.9
Lyon	516.3	472.3	444.5	418.7	391.1	361.5	336.7
Murray	591.6	563.5	493.0	457.9	414.6	415.4	365.8
Pipestone	784.7	778.8	760.6	638.1	519.5	450.7	400.7
Redwood	639.0	560.8	477.7	449.2	434.6	424.2	417.7
Rock	696.3	656.7	640.4	634.8	564.1	565.3	548.1

Note: The prescription rate is measured as the number of prescriptions dispensed based on patient's county divided by the total number of people living in a county to create a rate per 1,000 people.
Source: Minnesota Pharmacy Prescription Monitoring Program (110)

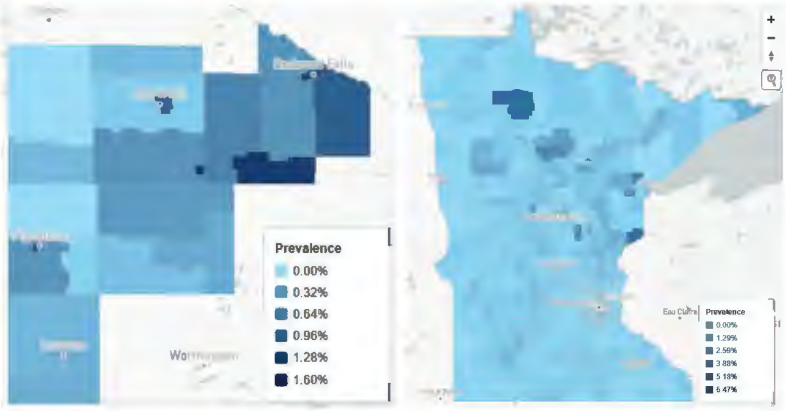
While other areas of the United States and Minnesota are seeing increases in opioid treatment, SWHHS counties are under Minnesota average by five to eleven percentage points for each of the year from 2017 to 2020.



* Indicates numbers are between 5 and 1
Source: Substance Use in Minnesota. (109)

Psychostimulants prevalence in the six SWHHS counties (0.7%) is 0.2 percentage points higher compared to 0.5% in Minnesota. (102)

Psychostimulants Prevalence 2023



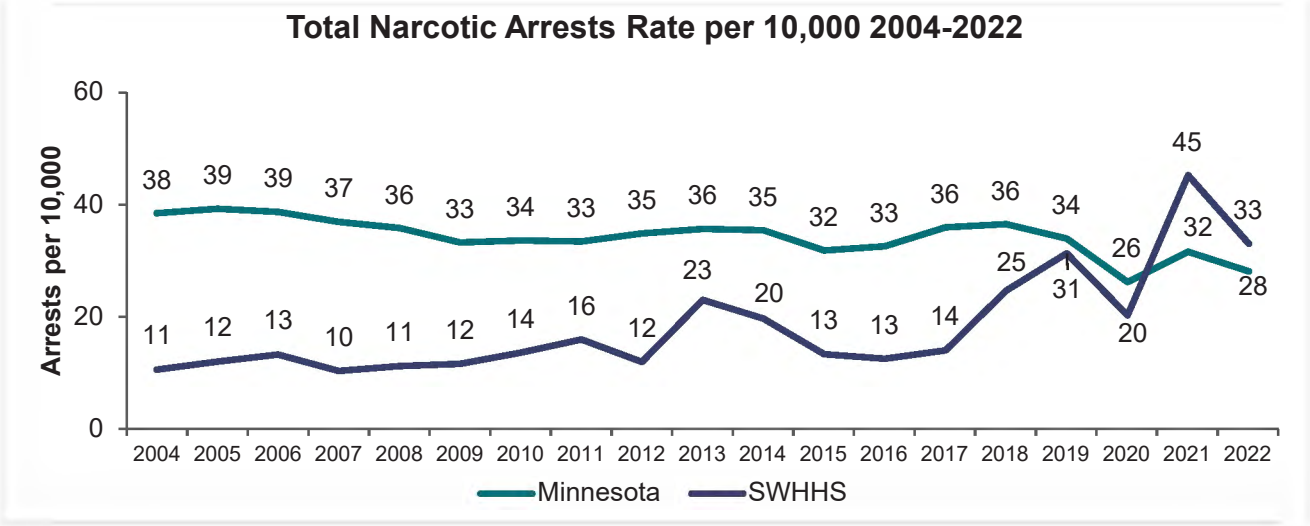
Source: Minnesota Electronic Record Consortium. (102)

Inhalants prevalence in the six SWHHS counties (0.0%) is the same percentage as compared to 0.0% in Minnesota. (102)

Inhalants Prevalence 2023

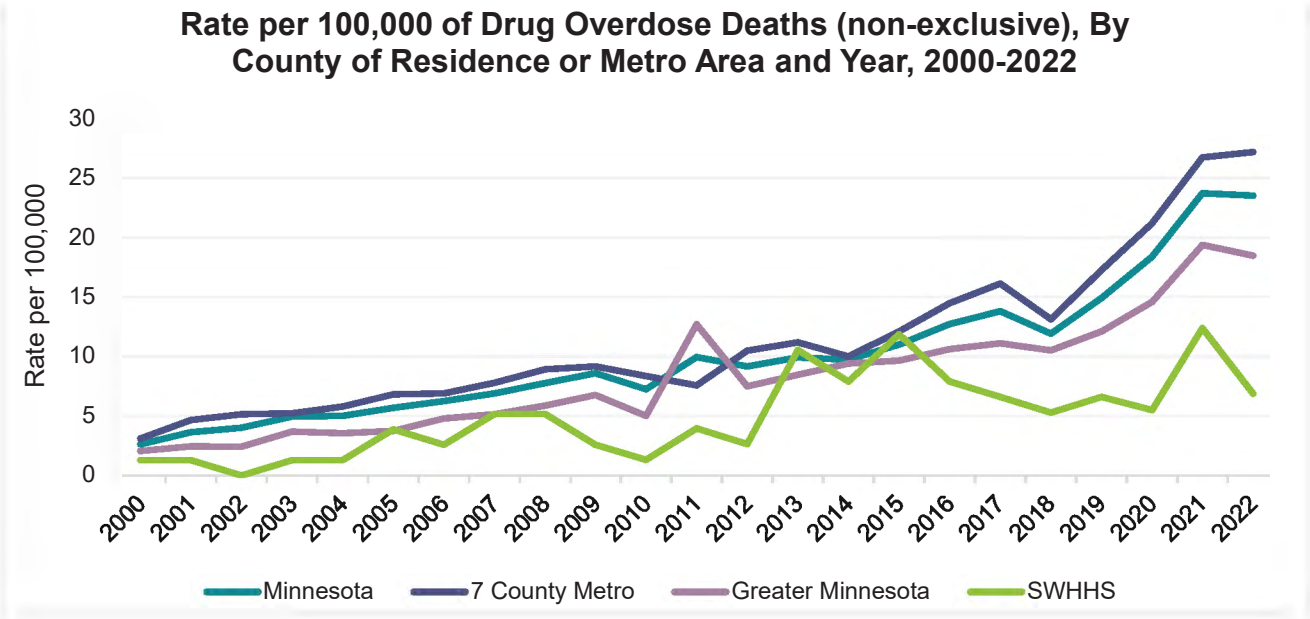
Source: Minnesota Electronic Record Consortium. (102)

Arrests per 10,000 individuals for narcotics in SWHHS counties are below the state rate by nearly half or more in most years. The top narcotic to be arrested for in the SWHHS counties and Minnesota is marijuana, followed by other (includes meth). From 2007 to 2016, overall narcotic arrests in the SWHHS counties totaled between 78 and 175 arrests per year, with marijuana making up 56.0 percent of the arrests on average. (44)

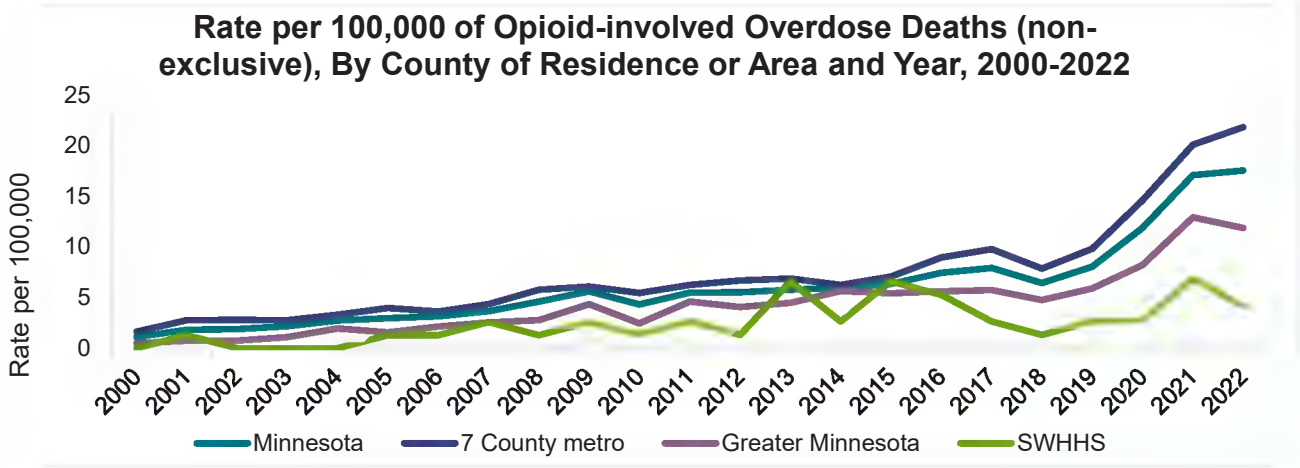


Source: Bureau of Criminal Apprehension. (44)

Drug overdose deaths in SWHHS counties were very few between 2000 and 2004. In 2005, deaths began to trend upward slightly, with 2013, 2015, and 2021 having some of the highest total numbers of overdose deaths in SWHHS. SWHHS drug overdose death rate was higher than Minnesota's in 2013 and 2015. SWHHS drug overdose death rate was higher than Greater Minnesota in 2005 and 2007. Overall, SWHHS drug overdose death rates over the last 23 years have been under most areas of the state 18 years out of 23. The opioid involved overdose deaths were 60% of the 2022 drug overdose deaths. (111)



Rate per 100,000 for 2000-2009 based on 2000 US Census Numbers, 2010-2016 based on 2010 US Census Numbers, 2020-2022 based on 2020 US Census Numbers.
Source: Minnesota Department of Health. (111)



Rate per 100,000 for 2000-2009 based on 2000 US Census Numbers, 2010-2016 based on 2010 US Census Numbers, 2020-2022 based on 2020 US Census Numbers.
Source: Minnesota Department of Health. (111)

Immunizations

Immunizations that one person receives protects the community as a whole. They also protect those who are unable to be immunized, like children that are too young, those with medical conditions that cannot be immunized, or those that have not developed an immunity.

In 2023, SWHHS counties' children 24-35 month immunization rates with the average of 65.7% were higher than the state average of 63.0%. SWHHS counties have had consistently higher immunizations rates than Minnesota. Rates have fallen off since the COVID-19 Pandemic started in 2020. Most of the SWHHS counties had its highest rates in 2019 and 2020. From 2020 to 2023, immunization rates for the seven vaccination series in SWHHS counties have decreased by 12.9 percentage points. Rock County saw the largest decrease from 2020 to 2023 with 32.6 percentage point drop. (112)

Percent of Children 24-35 Months with Recommended Immunizations (series)*

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Minnesota	59.0	60.1	60.9	67.8	69.2	69.6	63.2	63.3	63.0
SWHHS	72.6	69.2	69.1	75.8	76.2	78.5	67.7	72.0	65.7
Lincoln	71.6	80.0	66.2	77.6	82.1	81.3	75.0	80.0	77.1
Lyon	75.4	74.9	75.8	78.6	76.3	80.1	73.3	72.6	70.5
Murray	73.3	62.7	74.7	79.0	71.6	79.8	71.6	73.6	73.9
Pipestone	64.4	62.6	62.4	71.3	71.2	69.0	61.8	60.6	53.3
Redwood	83.4	74.4	75.0	74.2	79.4	77.7	70.2	77.1	68.5
Rock	67.5	60.3	60.6	74.2	76.6	83.3	54.3	67.9	50.7

*Recommended # of doses by 19 months Series of recommended vaccines for children between 24 and 35 months old: 4+ DTaP (Diphtheria, tetanus and acellular pertussis), 3+ polio, 1+ MMR (Measles, mumps, and rubella), Completed Hib (Haemophilus influenza type b), 3+ Hep B (Hepatitis B), 1+ varicella (chickenpox), and Completed Prevnar (Pneumococcal conjugate vaccine by brand name).
Note: Vaccination coverage among children ages 24-35 months in MIIC. 2023 includes children born July 2020 through June 2021 who were up to date at 24 months. Analyzed as of July 2023.
Source: Minnesota Public Health Data Access. Childhood Immunization Data. MIIC. (112)

Immunizations are a lifelong practice to keep not only yourself healthy, but also others around you healthy. Adolescents receive another series of immunization when they are 11 to 12 years old. This

series consists of human papillomavirus (HPV), meningococcal (MenACWY), and Tdap (tetanus, diphtheria, and pertussis) booster. From 2019 to 2023, SWHHS average rates are below Minnesota's rates. In 2023, 5.7 percentage points separated SWHHS (22.3%) and Minnesota (28.0%). The rates of the three vaccinations show HPV is most likely to be excluded by parents of adolescent children, with SWHHS' 2023 HPV rate at 23.2% and Minnesota's rate at 29.2%. Meningococcal rates in 2023 were 63.2% for SWHHS and 69.5% for Minnesota. Tdap rates in 2023 were 65.6% for SWHHS and 71.1% for Minnesota. (112)

Percent of 13-year-olds Immunized with the 11-12 year old with Recommended Immunizations (series)*

	2018	2019	2020	2021	2022	2023
Minnesota	20.3	24.2	26.5	27.3	27.5	28.0
SWHHS	20.8	23.7	21.3	26.0	27.8	22.3
Lincoln	22.2	23.1	26.4	25.4	33.3	29.6
Lyon	29.5	31.5	30.0	30.7	27.1	25.4
Murray	22.2	22.1	20.4	34.5	34.5	22.1
Pipestone	11.9	14.1	14.2	20.6	18.9	18.3
Redwood	17.5	21.1	18.5	25.2	28.8	22.5
Rock	21.5	30.5	18.5	19.8	23.9	15.9

*Series includes: tetanus, diphtheria, and pertussis (Tdap) vaccine; meningococcal (MenACWY) vaccine; and series completion of the human papillomavirus (HPV) vaccine. Analyzed as of July 2023.
Source: Minnesota Public Health Data Access. Childhood Immunization Data. MIIC. (112)

Human papillomavirus (HPV) is the most common sexually transmitted infection, accounting for nearly all of the 12,000 cervical cancer occurrences each year in the United States. Sexually active males and females are at high risk of contracting the infection with nearly half contracting HPV at some point in their lives. HPV is a vaccine-preventable infection, with two vaccines on the market for females and one for males. Vaccination is recommended for females age 11 and 12 years old, and for those that missed the first vaccination window, it is recommended for 13 through 26-year-olds, while males are recommended to receive the vaccine between nine through 26 years of age. (104)

Unfortunately, the stigma around giving a child a vaccine to prevent a sexually transmitted infection prevents many parents from giving this vaccination. If the parents are counting on abstinence from sexual intercourse as a safeguard, they may want to consider all types of sexual experimentation. During a study of young women ages 13 to 21 years old, of those that were considered sexually inexperienced, 11.6% had contracted HPV through hand-genital or genital-skin contact. It only takes one interaction with an infected partner to contract HPV infection and increase the risk of cancer. (113)

Chronic Disease

Leading cause of death

In 2020, the leading causes of death across the SWHHS counties were heart disease, cancer, COVID-19, unintentional injury, chronic lower respiratory disease (CLRD), stroke, Alzheimer's disease, diabetes, hypertension, and chronic liver disease. That same year, the State of Minnesota saw cancer, heart disease, COVID-19, unintentional injury, Alzheimer's disease, stroke, chronic lower respiratory disease, diabetes, chronic liver disease and hypertension as the overall leading causes of death. Heart disease and cancer remain the top two causes of death in SWHHS. (67)

Minnesota and SWHHS's 10 Leading Causes of Death by All Ages By State and County, 2020

	Minnesota		SWHHS		Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
	All Ages		All Ages		All Ages	All Ages	All Ages	All Ages	All Ages	All Ages
Cause	Rank	Count	Rank	Count	Rank	Rank	Rank	Rank	Rank	Rank
Cancer	1	9,940	2	164	1	2	1	2	1	2
Heart Disease	2	8,562	1	177	1	1	2	1	2	1
COVID-19	3	5,214	3	83	6	3	3	2	3	3
Unintentional Injury	4	3,308	4	47	4	4	6	6	5	4
Alzheimer's	5	2,587	6	34	3	7	4	5	7	5
Stroke	6	2,316	6	34	7	6	5	3	6	5
CLRD	7	2,211	5	39	4	6	7	4	4	5
Diabetes	8	1,492	7	25	2	5	7	7	9	6
Chronic Liver Disease	9	895	9	12	8	6	7	8	10	6
Hypertension	10	841	8	17	5	7	6	9	8	6

Source: Minnesota Department of Health. (67)

Cancer

Cancer Incidence Rates by 100,000 for Selected Cancers by County, Minnesota, 2015-2019

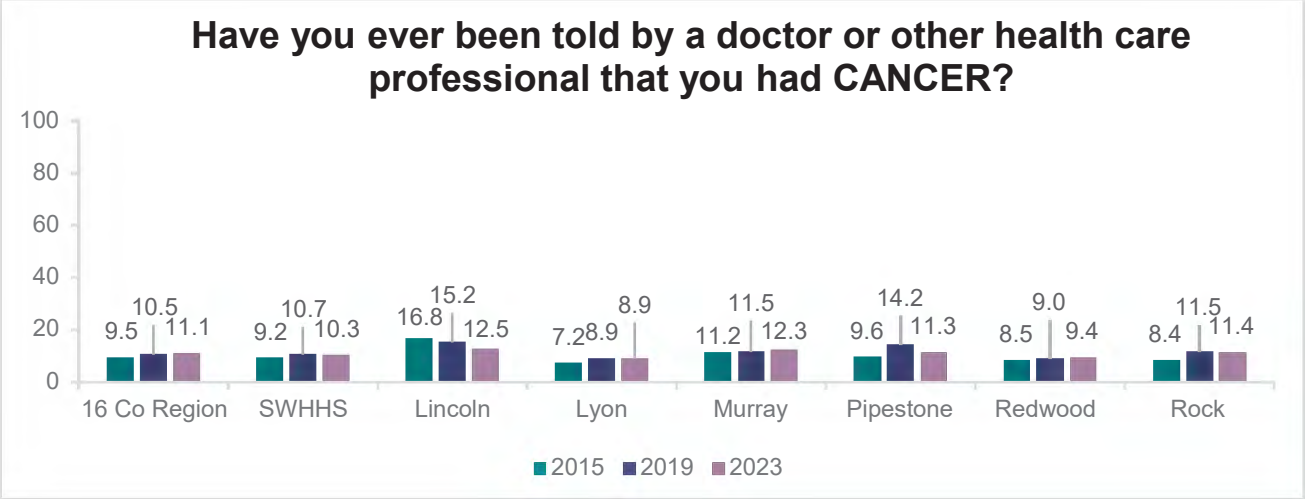
	Minnesota	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
All Cancer Types Combined	**463.8**	**561.3**	**469.7**	**449.4**	**519.2**	**449.7**	**451.6**
Lung and bronchus	55.6	75.4	64.5	49.6	53.3	46.2	42.8
Colorectal	37.1	63.0	39.0	48.1	48.9	38.2	47.8
Melanoma	35.0	46.7	36.5	25.1	31.1	38.0	41.3
Bladder	21.3	33.3	16.5	27.6	33.3	22.0	14.4
Non-Hodgkin lymphoma	21.5	24.6	19.9	11.4*	22.3	17.7	22.6
Kidney	17.7	10.9*	18.7	14.6*	18.6	21.9	16.7*
Leukemia	16.2	20.5*	17.9	12.9*	17.2	19.4	9.8*
Pancreas	13.8	21.7 *	16.6	5.7*	17.2	14.2	12.0*
Oral and pharyngeal	12.4	20.8*	9.4	18.6	13.2*	10.3	14.8*
Thyroid	12.3	15.5*	12.4	14.3*	5.4*	7.3*	17.8*
Brain and other nervous system	7.0	5.4*	10.0	11.2*	15.1*	5.9*	9.8*
Chronic lymphocytic leukemia	6.2	2.9*	6.9*	4.0*	8.7*	12.1	6.9*
Liver and bile duct	7.9	1.6*	6.4*	2.6*	11.0*	6.4*	6.1*
Esophagus	4.9	4.8*	3.6*	2.3*	9.6*	5.5*	2.8*
Acute myeloid leukemia	5.0	15.6*	4.3*	1.4*	6.4*	3.2*	0.0*
Larynx	2.5	0.0*	1.5*	6.6*	0.0*	0.8*	1.2*
Mesothelioma	1.2	null*	0.7*	null*	2.1*	0.8*	1.7*
Breast-Female	135.7	161.7	121.1	156.1	135.7	134.3	122.8

* Rate should be interpreted with caution. Unstable rate based on small counts and a relative standard error greater than 30%.
Source: Minnesota Department of Health. (114)

Cancer rates are higher than the state in three of the six counties. Lincoln County has the second and Pipestone County has the seventh highest rates of all cancer types combined in Minnesota. The

most common cancer in SWHHS is breast cancer followed by lung and bronchus, colorectal, and melanoma. (114)

Adult survey participants in SWHHS had a lower percentage of cancer than the 16 County Region by 0.8 percentage points in 2023. Three of the six counties saw slight decreases in responses to having cancer. (6)



Source: Southwest MN Healthy Communities Survey. (92) (93) (6)

Heart Disease

Heart attack hospitalization rates have gone down in Minnesota by 3.5 points. All but Redwood County have seen declines in heart attack hospitalizations. Redwood County at 29.8% saw its highest rate since the 2013-2015 timeframe. (115)

Heart Attack Hospitalizations, Ages 35+ Combined, Ager Adjusted Rate per 10,000

	2011-2013	2013-2015	2015-2017	2016-2018	2017-2019	2018-2020
Minnesota	29.2	26.1	26.5	26.4	26.7	25.7
Lincoln	16.7	24.7	*	*	10.5	16.5
Lyon	25.8	27.1	9.9	4.1	9.8	15.6
Murray	28.0	29.5	14.4	*	7.0	14.7
Pipestone	29.9	32.9	*	*	9.4	19.6
Redwood	27.2	28.6	19.1	21.1	23.4	29.8
Rock	30.1	22.8	*	*	13.5	23.5

UR = Unstable Rate. Rates based on numerators less than or equal to 20 may be unstable and should be interpreted with caution.
*To protect an individual's privacy hospitalizations and ED visit counts from 1 to 5 are suppressed if the underlying population is less than or equal to 100,000.
Source: Minnesota Department of Health. Minnesota Public Health Data Access. (2024) (115)

Heart trouble and angina in Southwest MN Healthy Communities Survey participants has gone down from 11.2% to 8.7%. Murray County rates have gone up since 2015, while Lyon County rates have gone down by 4.2 percentage points. SWHHS rates were 0.3 percentage points lower than the 16 County Region. (92) (93) (6)

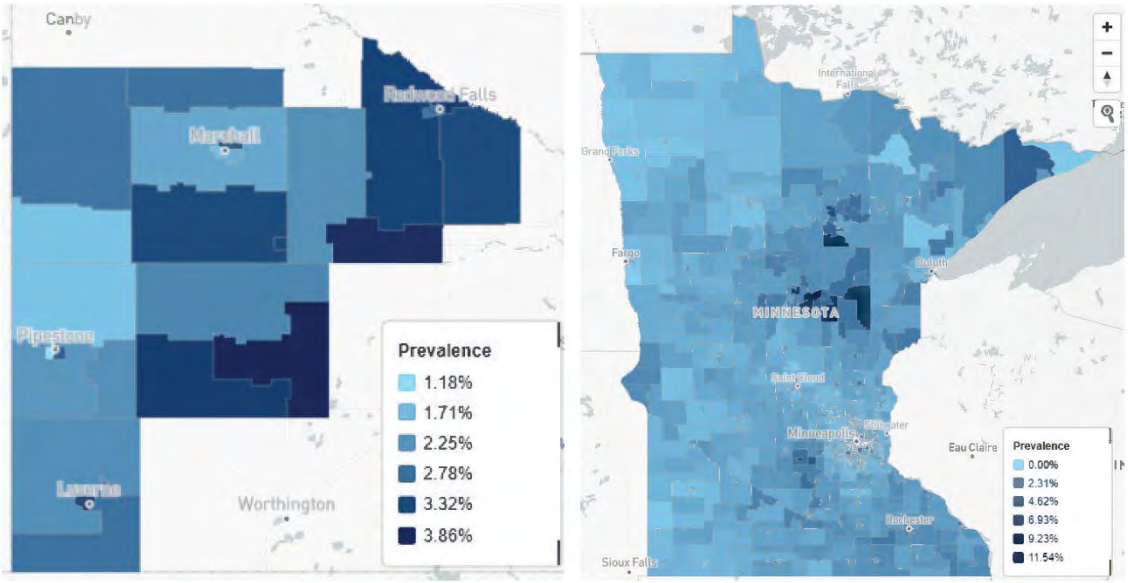
Have you ever been told by a doctor or other health care professional that you had Heart Trouble or Angina?

	2015	2019	2023
16 County Region	10.3	9.3	9.0
SWHHS	11.2	9.5	8.7
Lincoln	12.5	11.9	11.4
Lyon	11.0	9.2	6.8
Murray	9.6	10.9	10.6
Pipestone	10.0	8.5	10.4
Redwood	12.0	9.1	8.6
Rock	12.0	9.2	11.4

Source: 2015, 2019, 2023 Southwest MN Healthy Communities Survey. (92) (93) (6)

Heart failure prevalence in the six SWHHS counties (2.9%) is 0.2 percentage points higher compared to 2.7% in Minnesota. (102)

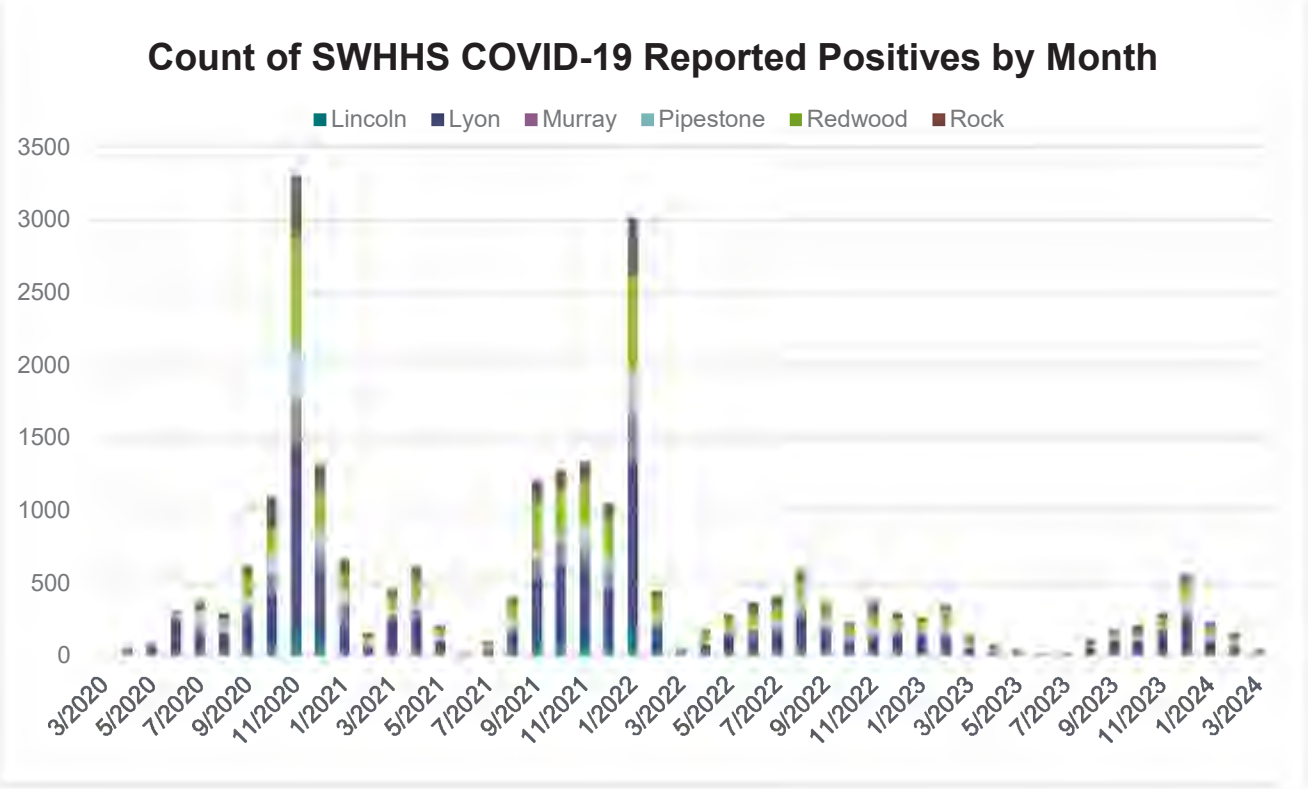
Heart Failure Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

COVID-19

In 2020, COVID-19 was responsible for the deaths of 83 people in SWHHS, making it the third leading cause of death that year. At-home COVID-19 testing started to become available in October 2020. Positives test results from at-home testing is missing in the chart below. The higher number of infections occurred in November 2020. (116)



Source: Minnesota Department of Health. (116)

In order to have a sense of unreported positives, the adult health survey asked “Have you ever tested positive for COVID-19?”. Survey participants had a lower percentage of COVID-19 than the 16 County Region by 2.4 percentage points in 2023. All but Lincoln County had a lower rate than the 16 County Region. (6)

Percent of “Have you ever tested positive for COVID-19?” Yes, 2023

	Yes but was NOT hospitalized	Yes and WAS hospitalized	No
16 Co Region	49.6	1.6	48.8
SWHHS	46.8	2.0	51.3
Lincoln	47.5	4.0	48.5
Lyon	49.0	2.0	49.0
Murray	49.5	1.2	49.2
Pipestone	40.8	1.9	57.3
Redwood	46.1	1.8	52.1
Rock	44.6	1.5	53.9

Source: 2023 Southwest MN Healthy Communities Survey. (6)

When those reporting they have tested positive for COVID-19 are compared to those that were told by a doctor or other health professional they had COVID-19, there is a difference of 12.2 percentage point for SWHHS and 13.6 percentage point for the 16 County Region. At the county level, Lincoln County had a 16.8 percentage point difference while Rock County had a 7.7 percentage point difference. (6)

Regional rates of long COVID are 0.4 percentage points higher than the SWHHS rate. The county with the highest rate of self-reported long COVID is Lincoln County with 5.2%.

Percent of "Have you ever been told by a doctor or other health professional that you had...?" Yes, 2023

	COVID-19	Long COVID
16 Co Region	37.6	2.5
SWHHS	36.5	2.1
Lincoln	34.7	5.2
Lyon	38.2	2.3
Murray	41.0	0.8
Pipestone	30.7	1.8
Redwood	33.8	2.1
Rock	38.4	1.2

Source: 2023 Southwest MN Healthy Communities Survey. (6)

SWHHS adult survey participants had a lower percentage of having had the COVID-19 shot in the last year than the 16 County Region by 3.1 percentage points in 2023. SWHHS adults that never had the COVID-19 shot were just slightly higher than the 16 County Region with 0.5 percentage point difference. Pipestone County had the highest rate of adults that never had the COVID-19 shot with 28.6% while Murray County had the lowest with 18.3%. (6)

Substance use during the COVID-19 pandemic changed depending on the substance a person was using.

Alcohol used saw a net increase of 2.5 percentage point of SWHHS adult survey respondents. This was calculated by taking the percent that increased use and subtracting the percent that decreased use to determine the net percentage of change. The 16 County Region saw a 0.7 percentage point increase. Murray County reported a 3.4 percentage point decrease in alcohol use.

Percent of "Has your...alcohol use changed since the COVID-19 pandemic began?", 2023

	Yes, increased	No, remained the same	Yes, decreased	Net Increase/ Decrease
16 Co Region	9.1	82.4	8.5	0.7
SWHHS	9.6	83.4	7.1	2.5
Lincoln	10.1	85.5	4.5	5.6
Lyon	11.2	81.1	7.6	3.6
Murray	8.4	79.7	11.9	(3.4)
Pipestone	9.1	85.5	5.4	3.7
Redwood	8.8	86.8	4.4	4.4
Rock	7.4	84.0	8.6	(1.2)

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Marijuana use saw a net increase of 0.6 percentage point of SWHHS adult survey respondents. The 16 County Region saw a 0.6 percentage point increase. Murray County reported a 3.1 percentage point decrease in marijuana use.

Percent of "Has your marijuana use changed since the COVID-19 pandemic began?"

	Yes, increased	No, remained the same	Yes, decreased	Net increase/ Decrease
16 Co Region	3.1	94.3	2.5	0.6
SWHHS	2.3	96.0	1.7	0.6
Lincoln	6.4	92.7	0.9	5.5
Lyon	2.0	96.9	1.1	0.9
Murray	1.9	93.0	5.1	(3.1)
Pipestone	4.8	93.6	1.6	3.2
Redwood	0.5	97.7	1.8	(1.2)
Rock	2.2	97.1	0.8	1.4

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Other drug use saw a net decrease of 1.0 percentage point of SWHHS adult survey respondents. The 16 County Region saw a 1.5 percentage point decrease. Lincoln County reported a 4.5 percentage point increase in other drug use.

Percent of "Has your other drug use (opioids, stimulants, hallucinogens, inhalants, or any other substance for non-medical purposes) changed since the COVID-19 pandemic began?"

	Yes, increased	No, remained the same	Yes, decreased	Net increase/ Decrease
16 Co Region	1.2	96.0	2.8	(1.5)
SWHHS	0.8	97.3	1.9	(1.0)
Lincoln	5.5	93.5	1.0	4.5
Lyon	0.0	98.7	1.3	(1.3)
Murray	1.2	93.3	5.5	(4.3)
Pipestone	0.9	97.6	1.5	(0.5)
Redwood	0.4	98.3	1.3	(0.9)
Rock	0.7	97.5	1.8	(1.1)

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Tobacco use saw a net decrease of 1.1 percentage point of SWHHS adult survey respondents. The 16 County Region saw a 1.0 percentage point decrease. Lincoln and Rock counties reported a 1.3 percentage point increase in tobacco use.

Percent of "Has your...tobacco use (cigarettes, e-cigarettes, pipes, snus, chewing tobacco, or others) changed since the COVID-19 pandemic began?"

	Yes, increased	No, remained the same	Yes, decreased	Net increase/ Decrease
16 Co Region	2.7	93.7	3.7	(1.0)
SWHHS	2.4	94.1	3.5	(1.1)
Lincoln	4.7	91.9	3.4	1.3
Lyon	1.9	95.7	2.4	(0.4)
Murray	2.9	91.3	5.7	(2.8)
Pipestone	3.9	91.2	4.9	(1.0)
Redwood	0.9	94.8	4.3	(3.4)
Rock	3.2	94.8	2.0	1.3

Source: 2023 Southwest MN Healthy Communities Survey. (6)

The reasons given for increasing substance use by those that reported an increase of use sighted stress at 67.1%, boredom at 50.5%, and poor mental health at 35.7% as the top three contributing factors to the increase.

Percent of "If use increase for any substance: Which of the following describes your level of concern about your increase in substance use since the COVID-19 pandemic began?", 2023

	Boredom	Stress	Poor Mental Health	Loneliness	Other
16 Co Region	46.2	57.1	30.5	21.8	21.7
SWHHS	50.5	67.1	35.7	32.6	16.2
Lincoln	73.4	76.6	44.7	44.9	15.7
Lyon	52.2	61.6	28.5	31.5	24.1
Murray	30.1	70.0	34.0	38.8	13.3
Pipestone	64.2	79.5	48.3	48.0	16.5
Redwood	42.7	86.2	27.4	23.6	4.1
Rock	38.2	33.9	58.8	16.9	4.8

Source: 2023 Southwest MN Healthy Communities Survey. (6)

The COVID-19 pandemic affected people in many different ways. Some people lost jobs, death of a family member or friend, or connections with family and friends. In order to measure the negative impact of COVID-19, the Southwest MN Healthy Communities Survey asked about the ways a person's life had been negatively impacted. There was 37.9% of the SWHHS population that felt COVID-19 did not have a negative impact on their lives. The 16 County Region had just slightly less than SWHHS with 37.4% indicating their life had not been negatively impacted. The highest impact was connection to family and/or friends with 35.0 of SWHHS participants indicating an impact. The second way a person was impacted was mental health with 26.8% of SWHHS participant being impacted. Physical health was third in the list with 20.5% of SWHHS participant being impacted.

Percent of "Check the ways your life has been negatively impacted by the COVID-19 pandemic", 2023

	16 Co Region	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
My life has not been negatively impacted	37.4	37.9	46.3	32.8	45.1	42.3	36.2	39.6
Connection to family and/or friends	35.5	35.0	32.0	34.8	39.3	34.7	35.1	34.1
Mental Health	26.4	26.8	23.9	28.5	17.5	28.5	27.9	28.6
Physical Health	22.0	20.5	17.7	25.5	16.6	12.0	22.8	16.4
Job and/or income	18.6	16.8	12.6	17.0	15.2	20.3	14.6	20.2
Death of family and/or friends	16.5	16.2	13.9	16.5	15.1	14.6	17.2	18
Housing	3.3	1.9	6.4	1.1	1.2	3.2	2.0	0.9
Education access and quality	4.9	5.8	4.8	6.5	4.1	2.2	6.5	8.3
Other	4.9	4.0	6.2	3.9	5.0	4.0	2.6	4.3

Source: 2023 Southwest MN Healthy Communities Survey. (6)

The SWHHS adults survey respondents were asked about COVID-19 impacts on children age 0 to 17 in their household. SWHHS adult survey respondents that indicated there were no children in their household was 63.0%, which is similar to the 16 County Region with 63.4%. Those that did have children in the household indicated 14.9% had not been negatively impacted. Connection with

family and friends was the most common negative impact identified, with 15.1% of SWHHS adult respondents. The second most common negative impact identified was education access and quality with 13.5% of SWHHS respondents. The third negative impact identified was mental health with 10.3% of SWHHS respondents indicating an issue. Regional percentages indicated a similar trend to SWHHS.

Percent of "Check the ways children (age 0 to 17) in your household have been negatively impacted by the COVID-19 pandemic", 2023

	16 Co Region	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
There are no children age 0 to 17 in this household	63.4	63.0	63.8	60.3	64.3	63.6	62.7	69.1
My child's life has not been negatively impacted	12.5	14.9	15.6	15.2	16.6	14.2	15.3	11.8
Connection to family and/or friends	13.8	15.1	14.3	17.9	10.7	15.8	14.2	12.7
Education access and quality	13.1	13.5	15.3	13.9	5.7	17.4	15.8	10.8
Mental Health	11.5	10.3	11.5	11.8	9.5	14.6	8.7	4.3
Physical Health	5.6	4.6	7.4	5.9	2.0	3.6	5.6	0.6
Child care access and quality	2.7	3.5	6.0	3.9	6.1	0.8	2.0	3.5
Other	1.3	0.8	2.2	0.0	2.0	1.2	0.9	0.6

Source: 2023 Southwest MN Healthy Communities Survey. (6)

The 2023 Southwest MN Healthy Communities Survey also asked reasons why respondents delayed health care in the past 12 months. SWHHS adult respondents indicated concern surrounding COVID-19 and going to a medical care appointment was 4.7%, dental care appointment was 4.8% and mental health appointment was 3.6%.

Percent of, "During the past 12 months, was there a time when you thought you needed (Medical, Dental, or Mental Health Care) but did not get it or delayed getting it? Concerns surrounding COVID-19", 2023

	Medical Care	Dental Care	Mental Health Care
16 Co Region	4.4	3.1	2.0
SWHHS	4.7	4.8	3.6
Lincoln	24.0	21.3	42.0
Lyon	0.0	2.9	0.0
Murray	3.1	1.7	1.0
Pipestone	8	5.8	0.9
Redwood	5.3	3.2	0.7
Rock	0.6	0.7	0.0

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Unintentional Injury

Injury rates in SWHHS were lower than Minnesota from 2016 to 2019. Injury rates in Pipestone County in 2019 were above Minnesota by 240 points. Murray County rates in 2016 were above Minnesota by 168 points. (117)

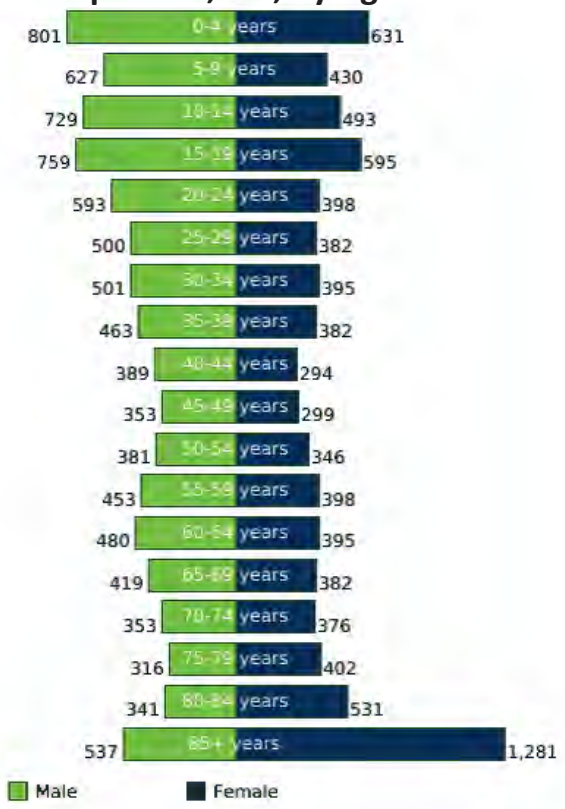
Age-adjusted Injury Rates- Emergency Department Rate per 100,000

	2016	2017	2018	2019
Minnesota	6,168	6,399	6,314	6,382
SWHHS	5,407	5,710	5,659	5,834
Lincoln	4,946	5,030	5,788	4,752
Lyon	5,027	5,211	5,894	5,678
Murray	6,336	5,627	5,063	5,333
Pipestone	5,534	5,565	5,266	6,622
Redwood	4,350	5,376	4,160	4,957
Rock	5,767	5,459	5,790	5,152

Source: Minnesota Department of Health. (117)

Unintentional injuries made up 95.4% of the SWHHS total injuries in 2019. Falls made up 40% of 2019 injuries. Of the 17,407 SWHHS people that were injured, 39 people died from their injuries during 2016-2019. (117)

2016-2019 SWHHS Age-adjusted Injury Rates per 100,000, by Age and Gender



Source: Minnesota Department of Health. (117)

Injury Intent by Emergency Department Visit 2016-2019

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Assault	4.3%	2.0%	2.1%	1.9%	2.0%	2.3%	2.0%	2.1%
Legal/War	0.1%	0.1%	0.1%	0.0%	0.2%	0.1%	0.1%	0.0%
Self-harm	2.6%	2.1%	1.8%	2.2%	1.7%	2.1%	2.6%	2.1%
Undetermined	0.5%	0.4%	0.3%	0.4%	0.3%	0.3%	0.5%	0.2%
Unintentional	92.5%	95.4%	95.7%	95.5%	95.9%	95.2%	94.9%	95.5%

Source: Minnesota Department of Health. (117)

Total Number of Emergency Department Visits by Injury Mechanism 2019

	Minnesota	SWHHS	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
TOTAL INJURIES	359,923	4,437	302	1,655	466	639	880	511
Fall	36.4%	40.0%	39.1%	39.2%	42.1%	35.1%	43.3%	40.7%
Struck by/Against	14.3%	12.8%	10.6%	12.7%	12.2%	12.5%	12.5%	15.1%
Unspecified	9.6%	9.6%	11.3%	10.6%	4.9%	12.7%	8.4%	7.2%
Cut/Pierce	8.9%	9.5%	10.9%	8.8%	10.7%	9.9%	8.6%	10.6%
Motor Vehicle Traffic-Occupant	5.4%	3.9%	3.0%	3.9%	3.9%	4.9%	3.5%	4.3%

Overexertion	4.8%	5.3%	6.3%	7.3%	2.6%	4.2%	3.1%	5.7%
Poisoning, Drug	3.3%	2.4%	1.7%	2.4%	1.7%	2.2%	2.7%	2.9%
Bites and Stings, Nonvenomous	3.1%	2.2%	3.0%	2.0%	1.7%	2.0%	2.3%	0.0%
Other Specified, Classifiable	2.3%	3.3%	2.6%	3.2%	4.9%	3.4%	3.0%	2.5%
Other Specified, Foreign Body	1.5%	1.1%	1.0%	0.0%	1.1%	2.7%	2.3%	0.6%
Poisoning, Non-drug	1.4%	0.9%	1.0%	0.8%	1.9%	1.1%	0.5%	0.6%
Hot Object/ Substance	1.0%	0.8%	0.3%	1.0%	0.2%	1.1%	0.5%	1.2%
Pedal Cyclist, Other	1.0%	1.0%	0.0%	1.5%	0.0%	0.6%	0.6%	2.0%
Machinery	0.9%	1.3%	2.3%	1.3%	1.1%	1.7%	1.0%	0.6%
Natural/Environmental, Other	1.0%	1.6%	1.3%	1.3%	2.8%	1.4%	1.3%	2.3%
Motor Vehicle-Non-traffic	0.8%	1.4%	0.7%	1.5%	2.8%	1.1%	1.1%	0.8%
Other Land Transport	0.6%	0.1%	2.0%	0.4%	0.6%	0.9%	1.1%	0.6%
Bites and Stings, Venomous	0.6%	0.5%	0.3%	0.4%	0.4%	0.3%	1.0%	0.0%
Other Specified, NEC	0.5%	0.5%	0.0%	0.2%	1.1%	0.6%	0.9%	0.4%
Motor Vehicle Traffic-Motorcyclist	0.4%	0.3%	0.0%	0.5%	0.2%	0.2%	0.2%	0.0%
Other Specified, Child/Adult Abuse	0.4%	0.2%	1.0%	0.2%	0.0%	0.0%	0.3%	0.2%
Fire/Flame	0.3%	0.5%	0.0%	0.2%	1.3%	0.6%	0.2%	1.2%
Pedal Cyclist	0.3%	0.2%	0.3%	0.2%	0.4%	0.2%	0.3%	0.2%
Suffocation	0.3%	0.1%	0.0%	0.0%	0.0%	0.2%	0.6%	0.0%
Motor Vehicle Traffic-Pedestrian	0.3%	0.1%	0.0%	0.1%	0.0%	0.2%	0.2%	0.0%
Firearm	0.3%	0.3%	1.3%	0.1%	0.6%	0.0%	0.2%	0.4%
Pedestrian, Other	0.1%	0.1%	0.0%	0.2%	0.4%	0.2%	0.0%	0.0%
Other Transport	0.1%	0.1%	0.0%	0.1%	0.2%	0.0%	0.1%	0.0%
Drowning/ Submersion	0.0%	0.1%	0.0%	0.1%	0.0%	0.2%	0.1%	0.0%
Motor Vehicle Traffic-other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Motor Vehicle Traffic-Unspecified	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Source: Minnesota Department of Health. (117)

Alzheimer's Disease

A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics lists Lincoln County with the highest Alzheimer's disease prevalence of 13.2% followed by Pipestone County at 13.0%. Five of the six counties are in the top 20 of prevalence estimates. (118)

Percent of Adults 65 years and older with Alzheimer's Disease Dementia, 2020 Estimate

	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Prevalence	13.2	11.7	11.9	13	12.1	12.1

Source: Alzheimer's and Dementia. (118)

Stroke

Stroke rates have gone down in Minnesota and SWHHS since 1997-2001. SWHHS saw a reduction of 30.5 points from 1997-2001 to 2016-2020. Four of the counties have rates that are higher than Minnesota's 2016-2020 rate. The highest is Pipestone with a 2016-2020 rate of 55.0. This rate is 22.6 points higher than Minnesota.

Stroke Age Adjusted* Mortality Rates, All Ages, Per 100,000 1997-2020

	1997-2001	2002-2006	2007-2011	2012-2016	2016-2020
Minnesota	57.4	45.0	35.4	32.7	32.4
SWHHS	69.3	50.5	42.4	35.7	38.8
Lincoln	45.0	89.8	60.5	44.7	29.8
Lyon	26.8	74.4	49.2	40.3	23.8
Murray	38.5	58.9	29.4	32.0	42.5
Pipestone	36.9	57.6	55.7	53.6	55.0
Redwood	39.6	60.6	51.2	39.2	48.9
Rock	34.5	79.4	61.5	46.3	40.9

*Age adjusted death rate - the total number of deaths per 100,000 persons, age adjusted to the 2000 U.S standard population.
-- Rates not calculated for fewer than 20 deaths in the 5-year period.
NOTE: Due to small numbers of events for some of the specific causes, age-adjusted rates are based on 5 years of cause-specific data for each geography
Source: Minnesota Department of Health. County Health Tables. (67)

Percent of "Have you ever been told by a doctor or other health professional that you had...stroke or stroke-related health problems?", By Age, 2023

	18-34	35-44	45-54	55-64	65-74	75 or older
16 Co Region	0.6	1.3	1.1	2.5	6.8	9.4
SWHHS	0.4	0	2.4	1.3	7	9.1
Lincoln	0	0	2.8	1.3	7.7	14.1
Lyon	0	0	3.8	0.6	7.8	9.2
Murray	0	0	0	0.9	7	15.5
Pipestone	0	0	0	2.5	3.8	7.1
Redwood	0	0	4.2	2.7	6.9	3.3
Rock	3.1	0	0	0	7.6	9.4

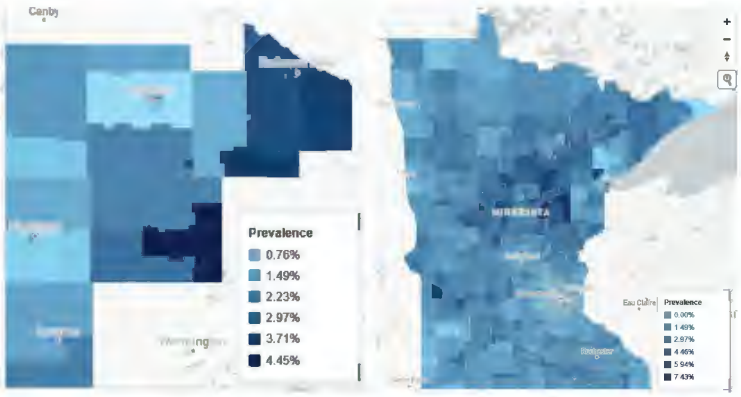
Source: 2023 Southwest MN Adult Health Survey. (6)

Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease is a group of four-lung disease: chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma.

COPD prevalence in the six SWHHS counties (2.6%) is 0.4 percentage points higher compared to 2.2% in Minnesota. (102)

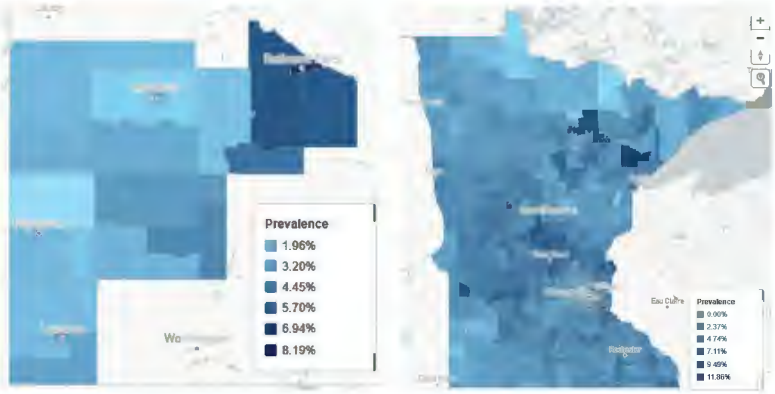
COPD Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

Asthma prevalence in the six SWHHS counties (4.6%) is 1.1 percentage points lower compared to 5.7% in Minnesota. (102)

Asthma Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

The percetnage of adults with asthma does not seem to increase with age. SWHHS adult ages 18-34 have the highest percentage of asthma with 15.4%. There is an 8.4 percentage point difference between the highest and lowest percentage groups. The group with the lowest response to having asthma was the 35-44 year old age group with 7.0%. (6)

Percent of "Have you ever been told by a doctor or other health care professional that you had ASTHMA?", by Age, 2023

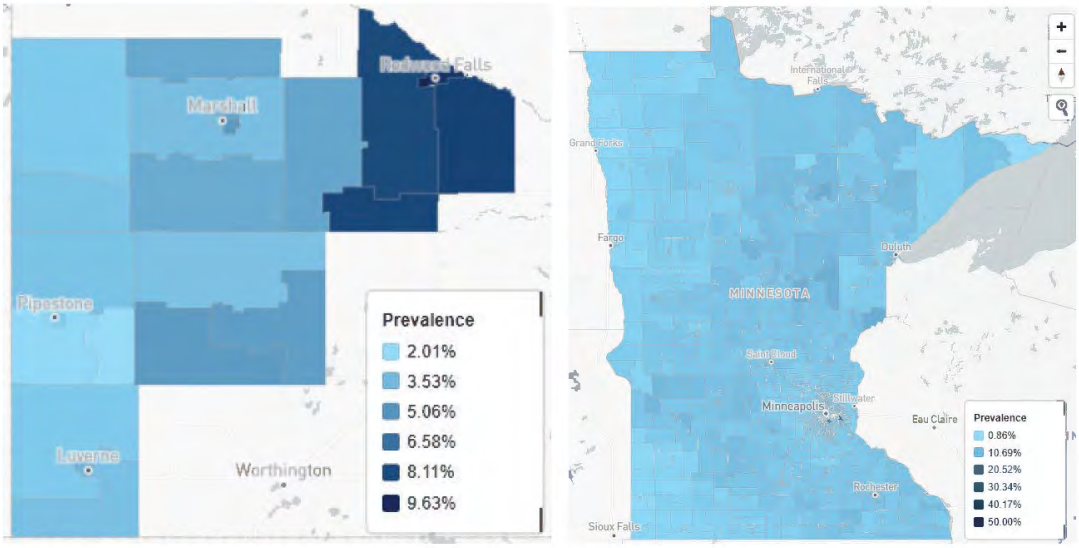
	18-34	35-44	45-54	55-64	65-74	75 or older
16 Co Region	14.7	8.2	12.4	8.6	8.9	8.7
SWHHS	15.4	7.0	10.0	8.2	10.6	9.7
Lincoln	22.7	0	5	4.2	5.8	7.5
Lyon	12.7	8.3	8.5	8.7	11.4	13.7
Murray	17.0	15.6	5.0	12.3	10.4	7.3
Pipestone	16.6	5.1	3.8	4.1	7.9	12.7
Redwood	27.6	2.1	19.1	10.2	10.9	7.8
Rock	0	8.9	12.6	5.8	13.9	5.5

Source: 2023 Southwest MN Adult Health Survey. (6)

Diabetes

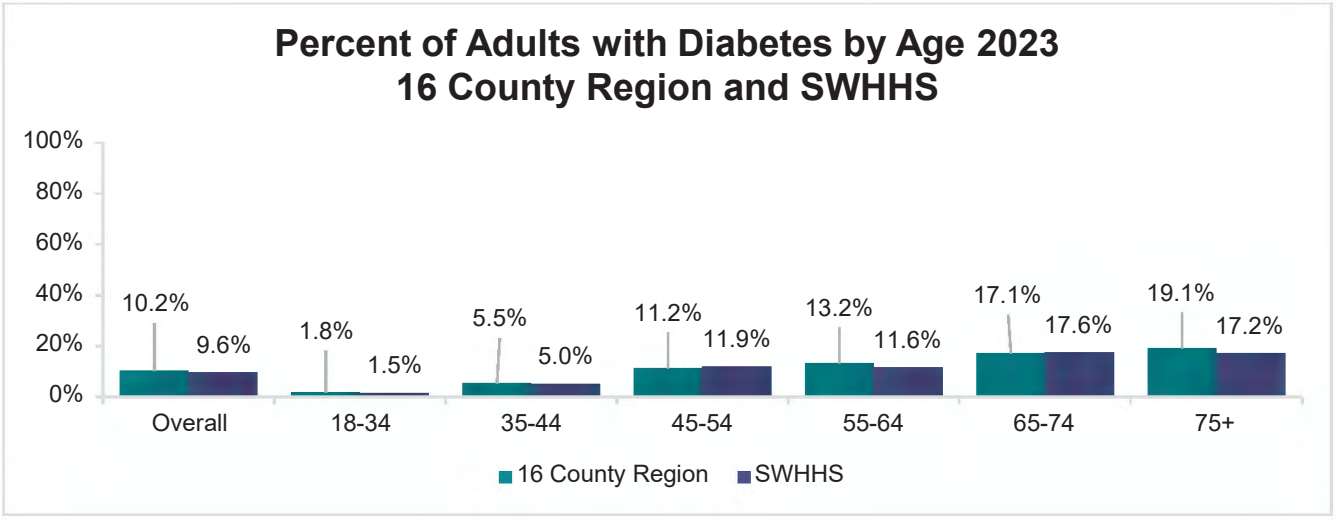
Type II Diabetes prevalence in the six SWHHS counties (5.0%) is 1.2 percentage points lower compared to 6.2% in Minnesota. (102)

Type II Diabetes Prevalence 2023



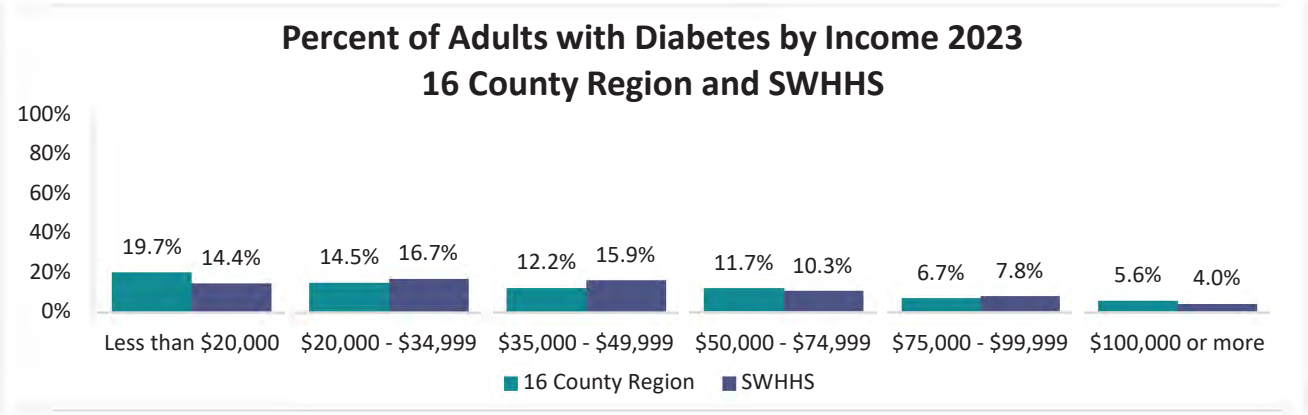
Source: Minnesota Electronic Record Consortium. (102)

The percentage of adults with diabetes increased as age increased. The 16 County Region had 19.1% of 75 year old or greater with diabetes while SWHHS had 17.2%. (6)



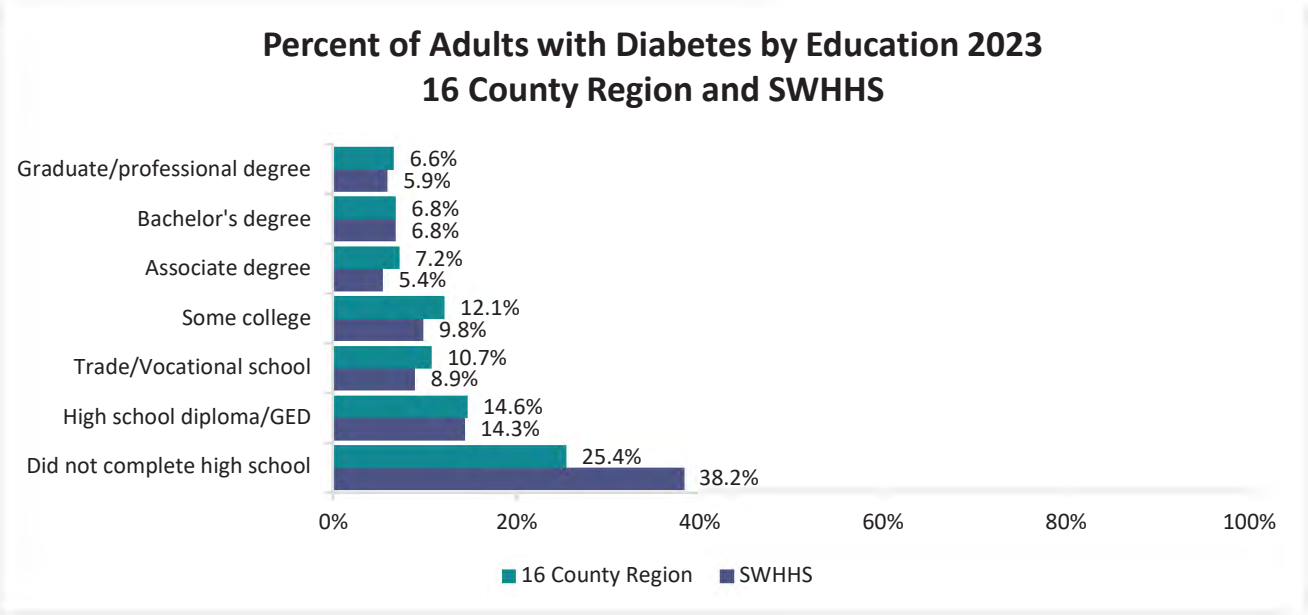
Source: 2023 Southwest MN Healthy Communities Survey. (6)

Diabetes percentages in adults decrease the more income the respondents had. SWHHS saw a 10.4 percentage point difference between $100,000 or more and less than $20,000 groups. (6)



Source: 2023 Southwest MN Healthy Communities Survey. (6)

Diabetes percentages in adults decrease the more education the respondents had. SWHHS saw a 32.3 percentage point difference between graduate/professional degree and those that did not complete high school. (6)



Source: 2023 Southwest MN Healthy Communities Survey. (6)

Chronic Liver Disease

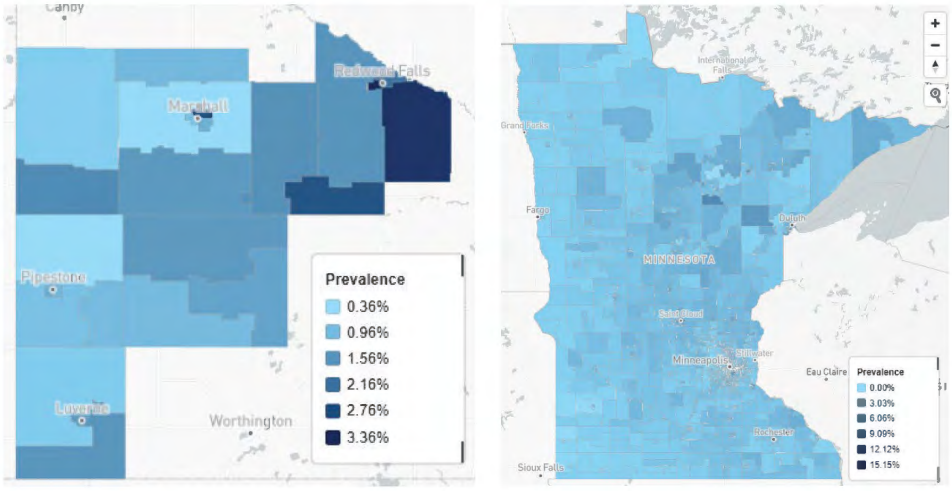
Chronic liver disease affects 1.8% of the United States population. It can have several different causes such as excessive use of alcohol, viral hepatitis, autoimmune disease, obesity, along with other causes not listed here. It was the ninth leading cause of death in SWHHS counties in 2020.

Metabolic dysfunction-associated steatotic liver disease (MASLD), previously known as nonalcoholic fatty liver disease happens when fat levels in the liver exceed five to ten percent of the liver's weight. If left untreated, the liver will become inflamed and cause a scar buildup called cirrhosis. (119)

Alcohol-related liver disease can occur when a person drinks in excess over a period. Alcohol-associated fatty liver develops in most heavy drinkers. The alcohol causes extra fat to build up in the liver cells. The condition can be reversed if a person stops drinking. Alcohol-associated hepatitis is inflammation or swelling of the liver. The swelling can destroy liver cells and cause scarring. This scarring is called cirrhosis. (119)

Alcohol prevalence in the six SWHHS counties (1.6%) is 0.8 percentage points lower compared to 2.4% in Minnesota. (102)

Alcohol Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

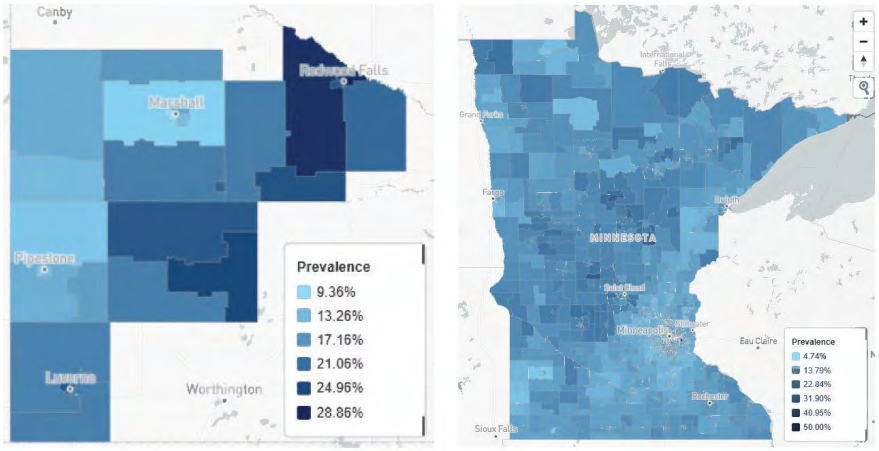
Viral hepatitis is another cause of chronic liver disease. The most common strains of hepatitis are hepatitis A (HAV), hepatitis B (HBV), and hepatitis C (HCV). (119)

The leading cause of liver failure is hepatitis C (HCV) in the United States. Often, people that have contracted HCV do not know that they have it. It is estimated between 3.2 million Americans are infected with 75% not knowing they have contracted the virus. The Centers for Disease Control and Prevention recommend being tested at least once if a person is at low risk for contracting the virus. (119)

Hypertension

Hypertension prevalence in the six SWHHS counties (20.3%) is 3.6 percentage points higher compared to 16.7% in Minnesota. (102)

Hypertension Prevalence 2023



Source: Minnesota Electronic Record Consortium. (102)

In the 2023 Southwest Minnesota Healthy Communities Survey, participating SWHHS counties reported a slightly lower rate of physician-diagnosed hypertension/high blood pressure 33.4% than the 16-county region as a whole with 33.7%.Hypertension rates between 2015 and 2023 surveys have increased by 1.5 percentage points. (6)

Percent of "Have you ever been told by a doctor or other health professional that you had...high blood pressure/hypertension?"

	2015	2019	2023
16 County Region	32.2	31.2	33.7
SWHHS	30.8	30.2	33.4
Lincoln	47.1	39.7	39.5
Lyon	25.0	24.7	32.0
Murray	34.1	36.6	38.8
Pipestone	35.6	32.7	36.3
Redwood	30.8	30.3	30.2
Rock	28.5	30.6	31.2

Source: Southwest MN Healthy Communities Survey. (92) (93) (6)

Age does have a factor when it comes to hypertension. By age 75 or older 63.8% of adult respondents said they had hypertension while 9.7% of ages 18-34 did. (6)

Percent of "Have you ever been told by a doctor or other health professional that you had...high blood pressure/hypertension?", By Age, 2023

	Overall	18-34	35-44	45-54	55-64	65-74	75+
16 County Region	33.7	7.0	17.4	31.8	45.1	56.1	66.3
SWHHS	33.4	9.7	18.7	28.4	42.7	57.9	63.8
Lincoln	39.5	30.8	23.0	28.4	38.1	58.3	57.8
Lyon	32.0	8.5	17.5	33.1	49.1	62.8	59.1
Murray	38.8	16.4	27.0	27.6	38.2	56.9	69.3
Pipestone	36.3	0.0	27.7	39.1	43.9	61.1	66.1
Redwood	30.2	6.0	12.0	20.5	37.0	55.0	66.6
Rock	31.2	12.8	15.4	18.6	42.0	49.4	65.5

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Income can play a role in hypertension. There is some evidence when hypertension is cross-tabulated against the income categories. The $100,000 or more category is the lowest at 20.8% while the less than $20,000 is 30.3%. (6)

Percent of "Have you ever been told by a doctor or other health professional that you had...high blood pressure/hypertension?", By Income, 2023

	Less than $20,000	$20,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
SWHHS	30.3	50.0	45.0	34.2	29.9	20.8

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Education level can play a role in hypertension. There is some evidence when hypertension is cross-tabulated against the education categories. Bachelor's degree category is the lowest at 21.5% while

the “did not complete high school” is 68.0%. Graduate/professional degree was slightly higher than bachelor’s degree by 0.5 percentage points. (6)

Percent of “Have you ever been told by a doctor or other health professional that you had...high blood pressure/hypertension?”, By Education, 2023

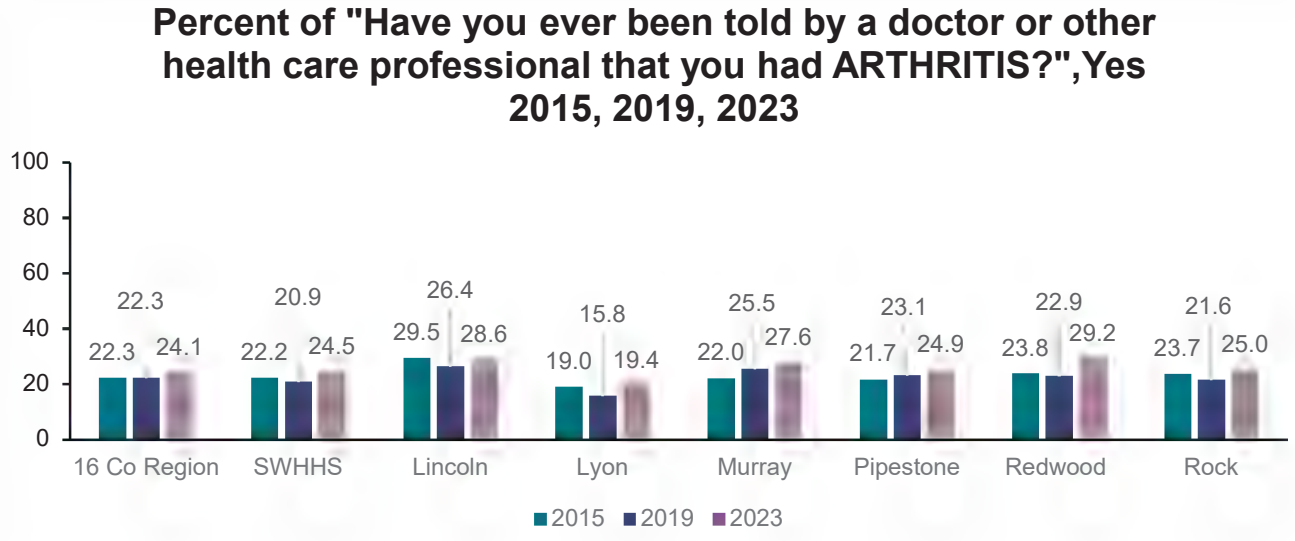
	Did not Complete High School	High school Diploma/ GED	Trade/ Vocational School	Some college	Associate degree	Bachelor's degree	Graduate/ professional degree
SWHHS	68	45	40.4	41	26.6	21.5	22

Source: 2023 Southwest MN Healthy Communities Survey. (6)

Arthritis

Over 100 medical conditions affecting the musculoskeletal system are considered to be in the arthritis family of disease like osteoarthritis, rheumatoid arthritis, gout, fibromyalgia and juvenile arthritis. Arthritis conditions affect the joints and are a major cause of disability in Minnesota with 45.5% reporting an arthritis related disability. People age 18-64 who have been diagnosed with arthritis, report 34.3% have limitations to the type of work they can do or in the ability to work, which can limit income. In Minnesota in 2017, 19.7% or 830,000 adults were living with arthritis. Of those living with arthritis, 43 percent have activity limitations. (120)

In the 2023 Southwest Minnesota Healthy Communities Survey, 24.5 percent of SWHHS adults surveyed said a doctor or other health care professional had told them that they had arthritis. Of those that said yes to being diagnosed with arthritis, there is a 20.6 percentage point difference in those with income less than $20,000 than those with income greater than $100,000. When those diagnosed with arthritis are looked at by education level, there is a 16.4 percentage point difference between those with a high school education/GED compared to those with a graduate/professional degree. (6)



Source: Southwest MN Healthy Communities Survey. (92) (93) (6)

Percent of "Have you ever been told by a doctor or other health care professional that you had ARTHRITIS?", Yes by Income, 2023

	Less than $20,000	$20,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
16 Co Region	37.1	28.8	27.2	25.6	20.3	16.5
SWHHS	32.6	34.3	32.2	26.2	20.6	14.8

Source: Southwest MN Healthy Communities Survey. (6)

Percent of "Have you ever been told by a doctor or other health care professional that you had ARTHRITIS?", Yes by Education, 2023

	Did not complete high school	High school diploma/ GED	Trade/ Vocational school	Some college	Associate degree	Bachelor's degree	Graduate/ professional degree
16 Co Region	25.0	32.2	31.9	30.4	21.6	16.2	15.2
SWHHS	25.9	33.9	27.0	37.1	19.4	15.2	17.5

Source: Southwest MN Healthy Communities Survey. (6)

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SOUTHWEST HEALTH & HUMAN SERVICES

Community Health Improvement Plan

2025-2029

Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties

Southwest Health & Human Services
607 W Main St, Ste 200
Marshall, MN 56258
507-537-6713

Southwest Health and Human Services (SWHHS) Community Health Improvement Plan was approved and adopted on December 19, 2024 by the Southwest Health and Human Services Community Health Board.

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SWHHS Community Health Board Chair, Commissioner Dennis Welgraven

Contents

Executive Summary

The Southwest Health and Human Services (SWHHS) Community Health Improvement Plan (CHIP) is a long-term plan that identifies health priorities, goals, strategies and action steps to improve the health of our communities. A Community Health Assessment (CHA) was completed in early 2024. That information, in addition to a regional Quality of Life Survey and input from SWHHS staff and community partners, helped us devise the CHIP.

In Minnesota, CHIPs are developed for the geographic regions covered by Community Health Boards (CHBs). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years. SWHHS covers six counties in Southwest Minnesota: Lincoln, Lyon, Murray, Pipestone, Redwood and Rock. SWHHS serves the following demographic:

73,879 *Population*

41.6 *Median Age*

Income

10.6% - Residents living below 100% of the Federal Poverty Level ($13,590 for 1st person + $4,720 for each additional person)

$69,031 - Median Household Income

28.7% - Population below 200% of Federal Poverty Level ($27,180 for 1st person + $9,440 for each additional person) (1) (2)

Education Among Residents Ages 25+

7.2% - No high school diploma

33.1% - High school diploma (include GED)

35.8% - Some college or Associate's degree

17.4% - Bachelor's degree

6.5% *- Advanced degree (2)*

Language

6.4% - Language other than English spoken at home (2)

Race

1.3% - Non-Hispanic American Indian and Alaska Native Alone

2.6% - Non-Hispanic Asian Alone

1.5% - Non-Hispanic Black or African American Alone

3.0% - Non-Hispanic Two or More Races

89.4%- Non-Hispanic White Alone (2)

Ethnicity

5.4% - Hispanic Origin of any Race (2)

National Origin

4.4% - Foreign Born (2)

Gender

49.6% - Male

50.4% - Female (2)

*Other genders not available in US Census Data

SWHHS Mission: We are a multi-county agency committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.

Planning Process

Purpose

Community Health Assessment (CHA) is a process where various perspectives, stories and data is gathered by a variety of means to take a snapshot of health conditions in SWHHS. The information that is gathered is used to help community members determine the top ten health issues. The information can also be used by public health professionals, policymakers and community members to formulate policy, system and environmental changes that will impact health.

The Community Health Improvement Plan (CHIP) takes the top health issues and puts a plan of action together to address those health issues. The goal is to improve the top health issues for those living in SWHHS counties.

Structure

Portions of the process *Mobilizing for Action through Planning and Partnership* (MAPP) framework were utilized to tease out what health issues most impacted SWHHS communities. This process includes community partners in the identification and development of the community health assessment and planning that leads to development of goals and strategies around identified health issues.

Methods

Multiple methods were used to identify the top health issues in the SWHHS counties. SWHHS staff identified health concerns by topic area through data collection and review. This information was pulled from local, county, regional and state-level data for all six counties along with comparison data from state or region as available and compiled into the SWHHS Community Health Assessment (CHA) report. Additional data was gathered from hospital community health needs assessments at Avera Marshall, Avera Tyler, CentraCare Redwood, Sanford Tracy, Sanford Luverne, Hendricks Hospital and Murray County Medical Center. Also included was information from the United Community Action Partnership 2022 Community Needs Assessment and city comprehensive plans in Luverne, Redwood Falls, and Marshall and county comprehensive plans.

In the summer of 2023, SWHHS contracted with Wilder Research to conduct focus groups to identify the health needs and assets of under-reported communities in the six-county region. Wilder Research conducted focus groups with eight communities including people with disabilities, Karen, Spanish-speaking, gay, lesbian, bisexual, and transgender (LGBT) people, Native American (Lower Sioux), Somali, veterans, and elders.

Wilder Research was also contracted by 16 counties in the southwest corner of Minnesota to conduct the Southwest Minnesota Healthy Communities Survey. Adults age 18 and over were asked questions about overall health, physical activity, healthy eating, tobacco use and exposure,

mental health and questions on the impact of COVID in our communities through a random sample survey process. There were 12,000 surveys sent out to SWHHS households with 2,368 adults responding to the survey.

In addition to the Southwest Minnesota Healthy Communities Survey, SWHHS conducted a 24-question convenience sample Quality of Life survey in SWHHS counties. The survey was launched in December 15, 2023 and concluded on February 15, 2024 with 311 people participating. This survey asked recipients if their community was welcoming and if people were happy with the quality of life in their community. The survey also asked about the top three factors for a healthy community and the top three health problems in their community.

Once all the data was reviewed, a list of top 20 health priorities were identified, three community meetings were held in Pipestone, Redwood Falls, and Marshall with a total of 34 community members participating. At these meetings, round table discussion about the data associated with the top twenty priorities was presented in an effort to narrow down the number to the top ten health priorities. After the discussion, ten votes per person were given out in the form of green dots. The green dots were placed by the health issue the community member felt had the highest priority. Those with the most dots became the top ten health priorities for SWHHS. In addition, ten red dots were given out so community member could indicate healthy issues that should not be addressed. The Top Ten Public Health Concerns are very similar to 2020-2024 Community Health.

SWHHS Statewide Health Improvement Partnership (SHIP) Community Leadership Team (CLT) reviewed data and determined the top ten health concerns. SHIP CLT membership consists of: ACE of Lincoln County, ACE of Lyon County, ACE of Murray County, ACE of Pipestone County, ACE of Rock County, Deutz Heritage Farm, Luverne School District, CentraCare, Luverne Chamber, Minnesota Department of Health, Redwood Area Chamber and Tourism, Minnesota River Area Agency on Aging, Pipestone County Medical Center, University of Minnesota Extension, Lyon County Parks, Friends of Blue Mound Park, Choices Pregnancy Center, Second Harvest, Southwest Regional Development Commission, Redwood Area Food Shelf, Habitat for Humanity in Lyon/Redwood, Luverne Community Education, Sanford Health, Luv1LuvAll, New life Treatment Center, Marshall Area Dementia Network, City of Marshall, City of Tyler, City of Hardwick, Prairie Winds Counseling, Southwest Minnesota State University, Southwest Minnesota State University Vista, Southwest Health and Human Services-Social Worker, Minnesota West, Marshall Adult Community Center, Shetek Lutheran Ministries, Southern Minnesota Opportunity Council, Marshall Farmers Market, Project Food Forest, Redwood Falls Schools, Lutheran Social Services, Luverne School District, Pipestone Farmers Market, United Community Action Partnership, Lyon Co. 4-H, City of Edgerton, Western Mental Health Center, Child Care & Nutrition Inc., Healing Path, Southwest Center for Independent Living, City of Tyler, City of Lamberton, Rock Co. Opioid Group, and several other community members.

From these topic areas, several themes were developed:

1. Mental Health
- *a. Substance Misuse/Use*
- *b. Loneliness/Social Connection*

2. Health and Well-being Factors
- *a. Child Care*
- *b. Mental Health*
- *c. Dental Care*
- *d. Housing*
- *e. Healthy Foods*
- *f. Medical Care*
- *g. Transportation*
- *h. High-Speed Broadband Internet*

3. Chronic Disease and Aging Issues

Community Health Priority Areas

The SWHHS CHIP was developed over a period from August-December 2024 using findings from the CHA data, information provided during community meetings, key informant interviews and rankings. The SWHHS CHIP workgroup and program staff reviewed the 2020-2024 Community Health Improvement Plan comparing it to current rankings. During 2020-2024, little progress was made on top concerns due to COVID-19 and a nursing shortage stretching local public health and community resources beyond capacity. Multiple conversations throughout the community on what causes health and well-being continue to be needed. It was determined that the 2020-2024 priorities would remain in place with a slight refresh of updated knowledge.

Access and affordability of basic services was an additional priority that was added to the second priority since so many health services and other basic needs like childcare, transportation, housing, healthy food, and high-speed broadband internet are listed as a

shortage area in SWHHS. From there, the SWHHS CHIP team reviewed and developed specific objectives, strategies and action items for the priority areas.

Development of goals, objectives, strategies and action items included research into evidence-based programing and plans developed by state and national taskforces to address public health concerns. Healthy Minnesota 2022, Governor's Task Force on Mental Health 2016, Minnesota State Oral Health Plan 202-2023, ChildCare Aware of Minnesota Policy Briefs, Healthy People 2023 and the National Prevention Strategy were reviewed so local goals aligned with state and national goals and to ensure utilization of evidence-based programming. [3] [4] [5] [6] [7]

Prevention starts with awareness and understanding. Anna Lynn, Mental Health Promotion Coordinator from the Minnesota Department of Health, was utilized as a topic expert in the area of mental health. She provided information on ongoing efforts and a list called *Minnesota Thrives* along with *Mental Health Promotion: "Is mental wellbeing and illness really distinct?"*. [8] [9]

State plans that focused on top public health concerns were reviewed and utilized to develop a plan of action regarding access and affordability. Additional plans reviewed were to address what creates health and well-being.

The CHA and CHIP documents are meant to help bring understanding, awareness and advocacy regarding health issues. In addition, the documents are to be utilized by community partners in their planning for resource allocation, program development, advocacy and strategic alignment of organizations, programs and services around what makes SWHHS healthy.

The insight of these documents in not possible without help from our community partners and community member. A special thank you goes out to the SWHHS SHIP Community Leadership Team members and those community members that distributed or participated in eight community focus groups, Quality of Life survey, Southwest Minnesota Healthy Communities Survey, and schools and their students that participated in Minnesota Student Survey. None of this would be possible without their participation.

A special thank you to Bob Kuziej, Minnesota Center for Health Statistics Senior Research Scientist and Anna Lynn, Minnesota Department of Health Mental Health Promotion Coordinator for assistance throughout the CHA and CHIP development processes.

SWHHS Community Health Assessment and Community Health Improvement Plan Team Members include:

- Carol Biren, Public Health Division Director
- Ann Orren, Community Public Health Supervisor
- Jennifer Nelson, Community Public Health Supervisor
- Michelle Salfer, Public Health Program Specialist
- Wendy Crawford, Public Health Program Specialist
- Caitlyn VanDamme, Communications Specialist

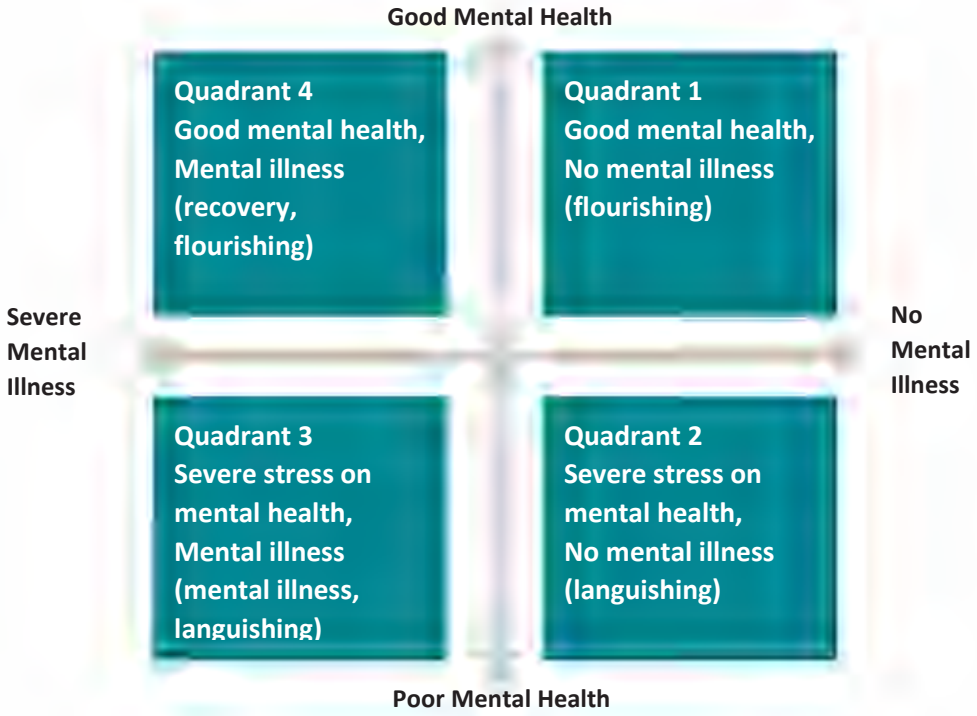
2020-2024 Priority Continuing in 2025-2029: Mental Health

Priority 1: Mental Health and Well-being

What can we do to improve awareness, reduce stigma and promote resiliency in our community around mental health and well-being?

Why Focusing On Mental Health and Well-being Is Important

We all have mental health. At any one time, depending on one's economic circumstances, environment, sleep, nutrition, physical activity, genetics and experiences our mental health can be anywhere on the spectrum from flourishing to recovery.



Minnesota Department of Health, [10]

1. **Flourishing** - Good mental health and no mental illness
2. **Languishing** - Poor mental health, no mental illness (e.g. socially isolated, feel disempowered, no sense of purpose, unemployment, high stressors- poor housing, poverty)
3. **Mental illnesses and poor mental health**
4. **Recovery** - Mental illness- symptoms of mental illness are managed. Also experiencing good mental health (e.g. strong support system, life satisfaction and purpose, a home, employment, sense of empowerment and positive identity). [10]

Why was this strategy selected?

Mental health was the number one health concern in 2020-2024 assessment cycle. Since COVID-19 started around the same time as the prior CHIP plan, partners and public health had limited capacity to address the issues that had been brought forward. Mental health was the number two health concern in the 2025-2029 assessment time frame. It was only second to access and affordability of child care which is at crisis levels in the southwest region. Due to this, community and public health staff determined the 2020-2024 CHIP plan should be looked at and adjusted to fit current conditions and opportunities.

The data in the community health assessment shows an increase in those that are struggling with mental health at all ages and stages of life. The plan will address ways to improve awareness, reduce stigma and promote resiliency in SWHHS communities.

> "The top three causes of child abuse in the SWHHS six counties are mental health of the parent, substance use of the parent and extreme poverty. "
>
> SWHHS Child Protection Social Worker

Priority #1: Mental Health and Well-being

Goal: Improve Awareness About Mental Health and Well-being

Objectives:

- **By December 31, 2029, decrease the percentage of 9th grade students that have long-term mental health, behavioral or emotional problems from 25.4% to 20%.**
- **By December 31, 2029, decrease the percent of SWHHS counties adults who delayed seeking mental health care in the past 12 months from 10.7% to 9.0%.**

Strategy 1.1: Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

- Action Plan 1.1.1: By December 31, 2029, develop a community partnership around mental health and well-being.
- Action Plan 1.1.2: By December 31, 2029, educate the community about mental health and well-being to improve mental wellness in the community.
- Action Plan 1.1.3: By December 31, 2029, educate the community about mental health stigma and awareness to improve mental wellness in the community.

Strategy 1.2: Maintain and make public a current resource list through a sponsored website.

- Action Plan 1.2.1: By December 31, 2029, develop and maintain a comprehensive resource directory that is updated annually and made public.

Strategy 1.3: Organize service delivery and referral systems so there is “no wrong door” in the community.

- Action Plan 1.3.1: By December 31, 2029, develop “no wrong door” service delivery and partnerships between community organizations.

Priority #2: Health and Well-being Factors

Priority 2: Improve awareness about health and well-being factors

What can we do to expand conversations on what is needed to promote health and well-being in our community through environment, policy and systems lenses?

Why talking about what impacts health is important?

Decisions made by leaders and government impacts our health in various ways. Where governments place roads and sidewalks can impact our physical activity. Passing a city ordinance about banning a front yard garden, can impact the health of property owners that do not have suitable land in their back yard. How education is paid for and the amount of education debt you pass on to a student, can impact health by leaving less income for good housing, healthy food, health insurance, and reliable transportation.

By looking at relevant data, it can help one understand why generational poverty exists. If a person has a low income, they may have difficulty meeting basic needs. There isn't enough money available to get an education. If a person doesn't get a good education, it is hard to make enough money to keep a person out of poverty.

> "As a health economist, you become aware very quickly that we use the healthcare system to treat the consequences of poverty, and we do it in an inefficient and expensive way. We wait until people live horrible lives for many years, get sick as a consequence, and then we go in all guns blazing to make things better."
>
> Evelyn Forget, Health Economist (11)

Why was this strategy selected?

During community conversation, similar themes from 2019 conversations were brought forward. There were many people that continued to question if policymakers and the general public understood the connections between poverty, education and good health and how policy, systems, and environment play a role. In our rural area, there is very much a "pull yourself up by the bootstraps" mentality and anyone that finds themselves needing assistance is considered to be freeloading off the taxpayers that work because of their bad decisions. There seems to be little acknowledgment or understanding that the environment, systems, or policies could be contributing to the challenges that people with low income or no education face. Social media platforms are inundated with calls for increased scrutiny of assistance recipients, often demanding that they prove their worthiness through employment or drug-free status. Those who oppose government aid programs also complain about the increasing cost of higher education and the resulting student debt crisis. People are not making the connection that maybe education was too expensive for the person getting assistance and had no choice in going to a community college or university. People are also not going to the next step and seeing how educational debt impacts health by reducing the amount of money available for healthy food, good housing, health insurance, and reliable transportation.

Priority #2: Health and Well-being Factors

Goal: Improve Awareness About Health and Well-being Factors

Objectives:

- **By December 31, 2029, 50 community leaders and policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.**
- **By December 31, 2029, annual poverty simulation will be made available to the public.**

Strategy 2.1: Communicate the impact of poverty on health.

- **Action Plan 2.1.1: By December 31, 2029, 50 community leaders or policymakers will have participated in activities to learn about what creates health or about poverty-related health disparities.**
- **Action Plan 2.1.2: By December 31, 2029, develop educational resources for what creates health policy for government leaders.**

Strategy 2.2: Organize service delivery and referral systems so there is "no wrong door" in the community.

- **Action Plan 2.2.1: By December 31, 2029, develop "no wrong door" service delivery and partnerships between community organizations.**

Strategy 2.3: Communicate the impact of access and affordability of key services on health.

- **Action Plan 2.3.1: By December 31, 2029, increase the number of child care providers in SWHHS communities.**
- **Action Plan 2.3.2: By December 31, 2029, develop, in partnership with other community stakeholders, a "Healthy Teeth. Healthy Baby." Program.**

Strategy 2.4: Encourage County and City Economic Development Authorities (EDA) to include access and affordability plans around broadband, child care, housing, transportation, food, and health care in their work plan.

- **Action Plan 2.4.1: By December 31, 2029, review EDA and comprehensive plans for access and affordability around broadband, child care, housing, transportation, food, and health care.**
- **Action Plan 2.4.2: By December 31, 2029, engage EDA and County boards on the need for access and affordability around broadband, child care, housing, transportation, food, and health care.**

Monitoring and Evaluation

The CHIP is meant to be a living document that expands and contracts based on community needs. The document reflects what is thought to be the best way to impact health issues over the next five years in the community. Many outside forces can impact the CHIP like changes in political climate, funding, stakeholder will and community partner focus, to name a few. Flexibility of the plan will be needed to accommodate these numerous factors.

Monitoring and evaluation of the CHIP will take place throughout the five-year process. In order for monitoring to happen, the plan needs to have SMART goals that are Specific, Measurable, Achievable, Relevant, and have a Time limit. Goals will be organized in the following manner:

Priority Underlying challenges that need to be addressed to achieve our vision

Goal Answers the question "What do we want to achieve by addressing this priority?"

Objective is a measurable outcome that the community wants to achieve by focusing on a particular goal.

Strategy Answers the question, "How do we want to achieve our goal? What action is needed?"

Action plan is a document that includes tactics that describe who, what, when, where, and how activities will take place to implement a strategy.

Baseline At the start of the project, data is collected to determine what difference has been made by measuring the same data set at the end of the project.

With the framework of the plan in place, data of various types will be needed to monitor and evaluate how the plan is progressing. This data could be qualitative or quantitative and in the form of a survey, interviews, focus groups, and other assessment tools. Baseline data will be taken at the beginning of the project in order to determine if the strategy if working effectively or if revisions to the action plan need to take place.

The CHIP will be part of a performance management and quality improvement process at SWHHS. An evaluation report that includes progress and challenges will be reported annually to SWHHS board and to community partners to promote accountability in the process.

This document represents an overview of the goals, strategies and action plans. A more detailed CHIP plan is available from SWHHS upon request.

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Appendix A: Priority

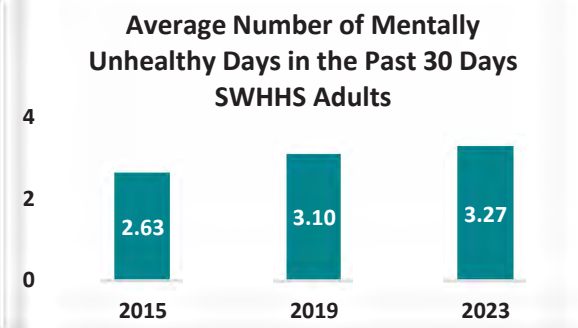
Priority 1: Mental Health and Well-being

Overall Goal: Improve awareness about mental health and well-being in the SWHHS counties.

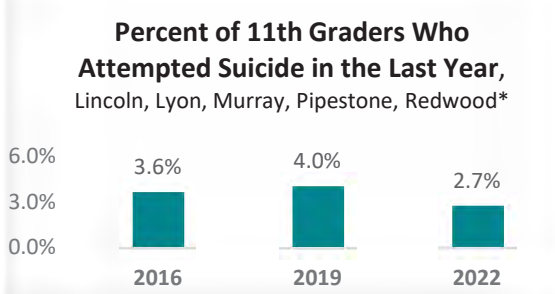
Community Objectives and Baselines

There is an expectation that rates would improve in the long term. As awareness grows and stigma is reduced, rates may be increased in some areas as more people seek help.

By December 31, 2029, decrease the average number of mentally unhealthy days in the past 30 days for SWHHS adults. (1)

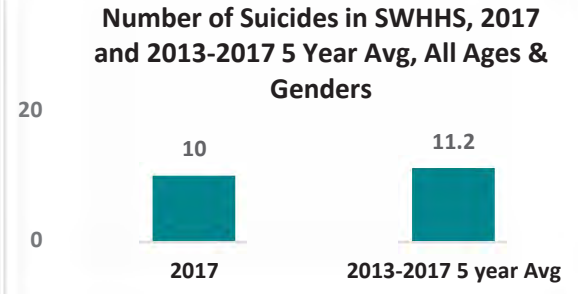


By December 31, 2029, decrease the percent of SWHHS counties 11th graders who attempted suicide in the last year. (2)

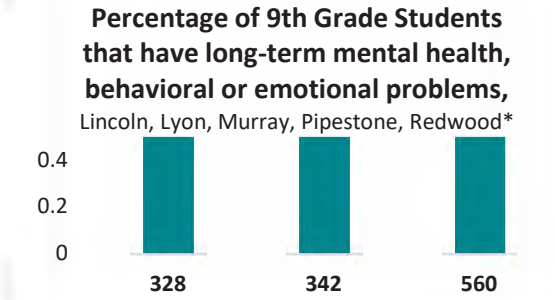


*Rock County schools did not participate in 2022 MSS and were removed from all 3 years presented

By December 31, 2029, decrease the number of suicides in SWHHS counties for all ages and genders. (3)

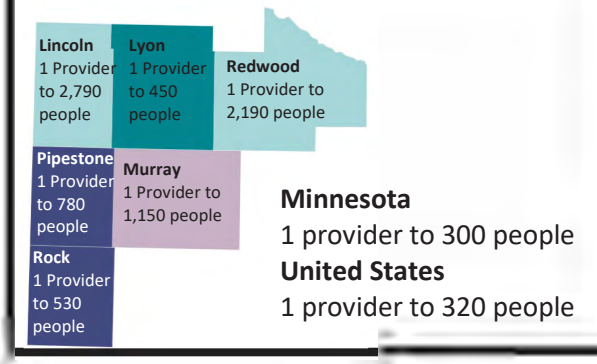


By December 31, 2029, decrease the percentage of 9th grade students that have long-term mental health, behavioral or emotional problems. (2)

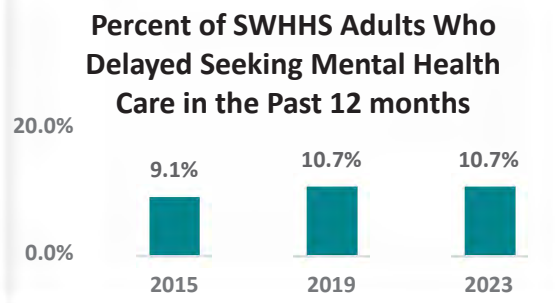


*Rock County schools did not participate in 2022 MSS and were removed from all 3 years presented

By December 31, 2029, decrease the ratio of population to mental health providers in SWHHS counties. (4)



By December 31, 2029, decrease the percent of SWHHS counties adults who delayed seeking mental health care in the past 12 months. (1)



Action Plan Objectives	Baseline
Between January 1, 2025, and December 31, 2029, participate in or provide 5 presentations, seminars, or events.	0, 2019
By December 31, 2029, reach 3,000 people though social media campaigns and other forms of communication.	0, 2019
By April 30, 2025, evaluate and integrate public health into a Mental Health Collaborative.	0, 2019
By December 31, 2029, maintain an active Mental Health Collaborative.	0, 2019

Vision for Future Strategy: Action Plan Objectives
Increase resiliency in the community.
Increase social connection in the community to foster flourishing mental health.

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone. (30)

Governor's Task Force on Mental Health (2016)

Recommendation #6: Promote Mental Health and Prevent Mental Illness. (31)

Healthy People 2030

Mental Health and Mental Disorders-General

MHMD-07: Increase the proportion of people with substance use and mental health disorders who get treatment for both.

MHMD-08: Increase the proportion of primary care visits where adolescents and adults are screened for depression.

Adolescents

*LHI-MHMD-06: Increase the proportion of adolescents with depression who get treatment

AH-D02: Increase the proportion of adolescents with depression with symptoms of trauma who get treatment

MHMD-D01: Increase the number of children and adolescents with serious emotional disturbance who get treatment

Children

EMC-04: Increase the proportion of children and adolescents with ADHD who get appropriate treatment

MICH-18: Increase the proportion of children with autism spectrum disorder who receive special services by age 4 years

MHMD-03: Increase the proportion of children with mental health problems who get treatment

EMC-D04: Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression

EMC-D05: Increase the proportion of children and adolescents who get appropriate treatment for behavior problems

EMC-D06: Increase the proportion of children and adolescents who get preventive mental health care in school

Health Care

MHMD-04: Increase the proportion of adults with serious mental illness who get treatment

MHMD-05: Increase the proportion of adults with depression who get treatment

MHMD-R01: Increase the proportion of homeless adults with mental health problems who get mental health services

Hospital and Emergency Services

MPS-02: Reduce emergency department visits related to nonmedical use of prescription opioids

Injury Prevention

*LHI-MHMD-01: Reduce the suicide rate

MHMD-02: Reduce suicide attempts by adolescents

LGBT

LGBT-06: Reduce suicidal thoughts in lesbian, gay, or bisexual high school students

LGBT-D02: Reduce suicidal thoughts in transgender students

Parents or Caregivers

DH-D01: Reduce anxiety and depression in family caregivers of people with disabilities

People with Disabilities

DH-01: Reduce the proportion of adults with disabilities who delay preventive care because of cost

DH-02: Reduce the proportion of adults with disabilities who experience serious psychological distress

Pregnancy and Childbirth

MICH-D01: Increase the proportion of women who get screened for postpartum depression

Schools

AH-R09: Increase the proportion of public schools with a counselor, social worker, and psychologist

Violence Prevention

IVP-19: Reduce emergency department visits for nonfatal intentional self-harm injuries (32)

National Prevention Strategy

Mental and Emotional Well-being Priority 1: Promote positive early childhood development, including positive parenting and violence-free homes. (33)

Mental and Emotional Well-being Priority 2: Facilitate social connectedness and community engagement across the lifespan. (33)

Mental and Emotional Well-being Priority 3: Provide individuals and families with the support necessary to maintain positive mental well-being. (33)

Mental and Emotional Well-being Priority 4: Promote early identification of mental health needs and access to quality services. (33)

Priority 1 Action Plan

Strategy 1.1 Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/ Organization	Progress Notes
1.1a Develop a community partnership around mental health and well-being.	Facilitate an assessment of what mental health consortiums and other partners are doing around mental health prevention.	February 2025	Adult and children's mental health advocates -Luv 1 Luv All Rock-Mental Health Team -SW MN Adult Mental Health Consortium	SWHHS PH CHIP team	
	Determine if mental health collaborative is needed and if yes, develop a list of people to invite to be part of mental health collaborative. If no, work to be at the table of the mental health collaboration.	February 2025	Greater Redwood Area Suicide Prevention, Western Mental Health, Sojourn, Saving & Protecting Our Youth, Lower Sioux, Circle, Luv 1 Luv All Rock-Mental Health Team, Canvas Health (5), NAMI Minnesota	SWHHS PH CHIP team	
	Convene Mental Health Collaborative to develop regional strategies and supports for flourishing mental health.	April 2025			
1.1b Educate the community about mental health and well-being to improve mental wellness in the community	Develop and launch CredibleMind mental health web-based platform that provides additional evidence-based community support for	January 2025	SWHHS adult & children's mental health units	SWHHS CredibleMind team	

	people that are languishing.				
	Develop media campaign to promote and drive traffic to CredibleMind mental health platform	January 2025	-SW MN Adult Mental Health Consortium, Area clinics and hospitals, SWHHS adult & children's mental health units, schools, faith community, employers	SWHHS Communications Team	
	Launch Media Campaign	February 2025		SWHHS Communications Team	
	Evaluate media campaign based on usage and website hits.	July 2025		SWHHS Communications Team	
1.1c Educate the community about mental health stigma and awareness campaign to improve mental wellness in the community	Review anti-stigma campaigns to find the right fit for SWHHS community.	October 2025	-SW MN Adult Mental Health Consortium, Area clinics and hospitals, SWHHS adult & children's mental health units, schools, faith community, employers	SWHHS PH CHIP team	
	Start anti-stigma media campaign implementation.	October 2025 to January 2026		SWHHS PH CHIP team	

Strategy 1.2 Maintain and make public a current resource list through a sponsored website.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/ Organization	Progress Notes
1.2a Maintain a comprehensive resource directory that is updated annually and made available to the public via a sponsored website.	Mental Health Consortium will look through the current list provided by SWHHS-C&TC program	Each October 2025-2029	Adult Mental Health Consortium, Mental Health Collaborative Members, SWHHS-C&TC program, adult & children's mental health units	SWHHS-C&TC program; Mental Health Collaborative	
	Add an annual update to CredibleMind website for	Each November 2025-2029	Mental Health Consortium, Mental Health Collaborative Members	SWHHS-C&TC staff; Mental	

	public consumption			Health Collaborative	

Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/ Organization	Progress Notes
1.3a By December 31, 2029, develop “no wrong door” service delivery and partnerships between community organizations.	Rebuild a 2GenACT Core Community Leadership Team	January 2025	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, CentraCare Redwood, Avera, Sanford	SWHHS PH CHIP team	
	Build vision and mission of 2GenACT approach (6) for our services area.	February 2025	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, CentraCare Redwood, Avera, Sanford	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	
	Map out service delivery between community partners. (7)	December 2025	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, CentraCare Redwood, Avera, Sanford	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to “no wrong door” approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, CentraCare Redwood, Avera, Sanford	2GenACT Core Community Leadership Team	
	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, CentraCare Redwood, Avera, Sanford	Key person in each partnering agency.	

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation • CHIP Workgroup team time • Staff time • Funding for campaign • Access to social media • Meeting space • Community support • Partnership with the local health system and mental health providers	
Participation of Stakeholders & Partnership Monitoring Implementation • The mental health collaborative will discuss the action plan and review performance measures at regularly scheduled meetings. • The CHIP Workgroup will receive updates at least annually on progress. • Annually report progress to Community Leadership Team and MDH as required.	
Process for Revising the Action Plan • Revisions will be reviewed at each mental health collaborative meeting and recorded in the minutes. • Revisions will be adopted by CHIP Workgroup.	

Priority 2: Health and Well-being Factors

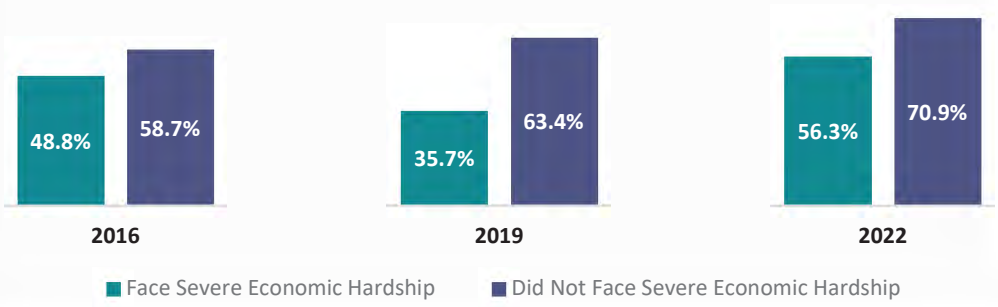
Overall Goal: Expand conversations on what is needed to be healthy and increase awareness regarding health disparities like geography, race, poverty, and lack of education as a root cause of health issues.

Community Objectives and Baselines

There is an expectation that rates would improve in the long term.

By December 31, 2024, increase the percent of SWHHS 11th grade students that say no to alcohol or marijuana or other drug use that face severe economic hardship[1] to similar levels as those that do not face severe economic hardship[1]. (2)

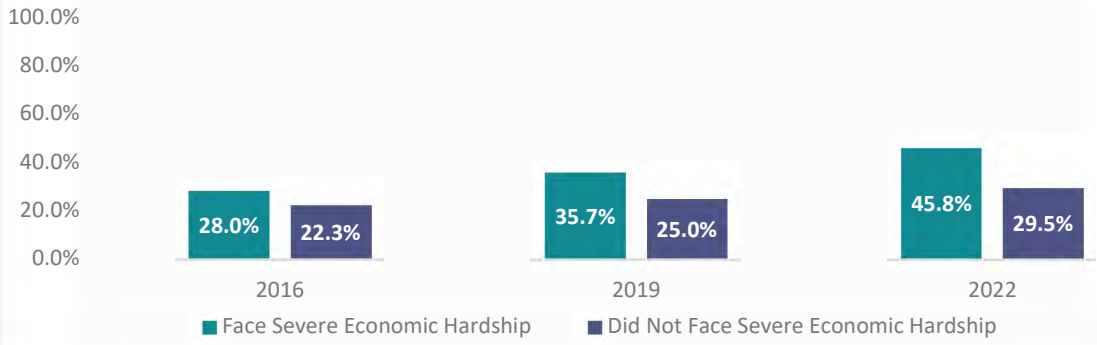
Percent of 11th Grade Students that Did Not Use Alcohol, Marijuana or Other Drug Use in the Past Year by Severe Economic Hardship, Lincoln, Lyon Murray, Pipestone, Redwood Counties*



1 Severe economic hardship is defined as either skipping meals in the past 30 days or being homeless at times in the past 12 months.
*Rock County schools did not participate in 2022 MSS and were removed from all 3 years presented
Source: Minnesota Department of Health. (27)

By December 31, 2024, decrease the percent of SWHHS 9th graders who are overweight or obese by severe economic hardship[1]. (2)

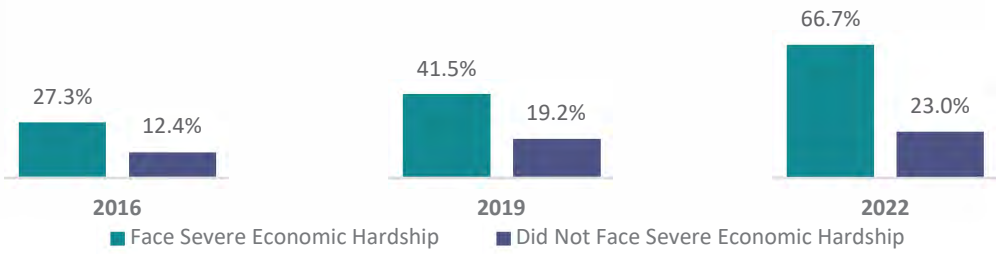
Percent of 9th Grade Students that were Overweight or Obese by Severe Economic Hardship, Lincoln, Lyon Murray, Pipestone, Redwood Counties*



1 Severe economic hardship is defined as either skipping meals in the past 30 days or being homeless at times in the past 12 months.
*Rock County schools did not participate in 2022 MSS and were removed from all 3 years presented
Source: Minnesota Department of Health. (27)

By December 31, 2024, decrease the percent of SWHHS 11th grade students that say they had any long-term mental health, behavioral, or emotional problems that have lasted six months or more, that face severe economic hardship[1] to similar levels of those that do not face severe economic hardship[1]. (2)

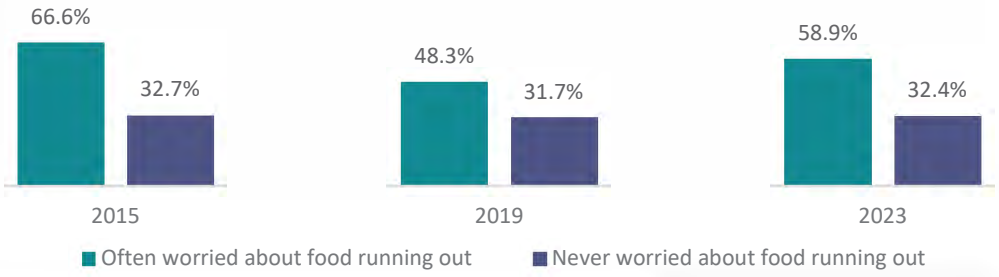
Percent of 11th Grade Students that had Any Long-term Mental Health, Behavioral, or Emotional Problems that Lasted Six Months or More by Severe Economic Hardship for Lincoln, Lyon, Murray, Pipestone, Redwood Counties*



1 Severe economic hardship is defined as either skipping meals in the past 30 days or being homeless at times in the past 12 months.
*Rock County schools did not participate in 2022 MSS and were removed from all 3 years presented
Source: Minnesota Department of Health. (27)

By December 31, 2024, decrease the percent of SWHHS adults who are obese that *often* worried about food running out before having money to similar levels of those who *never* worried about food running out. (1)

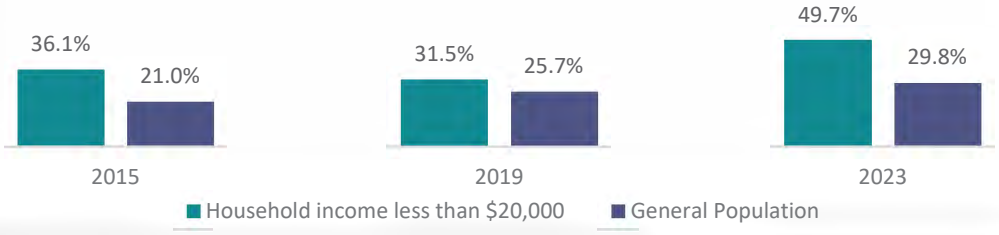
Percent of SWHHS Adults that are Obese by How Often They Worried About Running Out of Food



Source: Southwest Minnesota Healthy Communities Survey (26)

By December 31, 2024, decrease the percent of SWHHS adults that have a history of anxiety, depression, or other mental illness with a household income less than $20,000 to similar levels of those in the general adult population of SWHHS. (1)

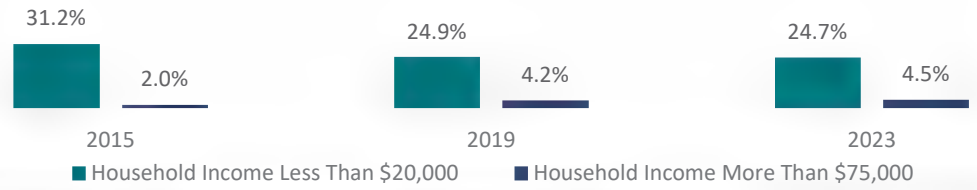
Percent of SWHHS Adults that have a History of Anxiety, Depression or Other Mental Illness by Income Under $20,000 VS General Population



Source: Southwest Minnesota Healthy Communities Survey (26)

By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with a household income less than $20,000 to similar levels of those making more than $75,000. (1)

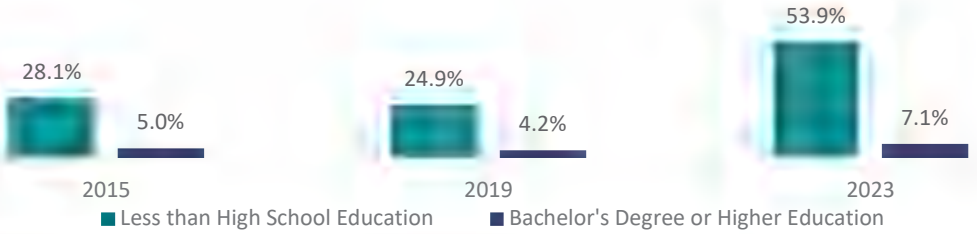
Percent of SWHHS Adults the Rate Their Health Fair or Poor By Income Difference



Source: Southwest Minnesota Healthy Communities Survey (26)

By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with less than high school education to similar levels of those with a Bachelor's degree or higher education. (1)

Percent of SWHHS Adults the Rate Their Health Fair or Poor By Education Difference



Source: Southwest Minnesota Healthy Communities Survey (26)

Action Plan Objectives	Baseline
By December 31, 2029, 50 community leaders and policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	0, 2019
By December 31, 2029, annual poverty simulation will be made available to the public.	1, 2019
Perform assessment of economic development plans in the six county area for access and affordability development around child care, dental care, mental health care, medical care, transportation, broadband, food, and housing.	0, 2024

Vision for Future Strategy: Action Plan Objectives
Community leaders and policymakers would attend a poverty simulation.
Organize services so that there is a "no wrong door" approach to serving people in need of economic, education or social services.
Economic Development plan will include improving access and affordability around child care, dental care, mental health care, medical care, transportation, broadband, food, and housing.

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone.

Priority 2: Places and systems are designed for health and well-being.

Priority 3: All can participate in decisions that shape health and well-being. (30)

Minnesota State Oral Health Plan 2020-2030

1 Oral Health Infrastructure: Strengthen, stabilize, and sustain Minnesota's oral health infrastructure.

2 Access to Oral Health Care: Increase access to timely, culturally appropriate, geographically suitable, and financially viable dental care.

3 Health Systems Integration: Improve integration of medical and dental care systems to provide more holistic care.

4 Disability, Special Care Needs, and Inclusion: Make oral health care is accessible, safe, respectful, and timely for all Minnesotans who seek it.

5 Data: Share oral health data and indicators to inform data driven strategies and actions.

Healthy People 2030

SDOH-01: Reduce the proportion of people living in poverty

SDOH-02: Increase employment in working-age people

SDOH-03: Increase the proportion of children living with at least 1 parent who works full time

SDOH-04: Reduce the proportion of families that spend more than 30 percent of income on housing

SDOH-05: Reduce the proportion of children with a parent or guardian who has served time in jail or prison (36)

AHS-02: Increase the proportion of people with dental insurance.

AHS-05: Reduce the proportion of people who can't get the dental care they need when they need it.

EMC-D01: Increase the proportion of child who are developmentally ready for school.

EMC-D03: Increase the proportion of children who participate in high –quality early childhood education programs. (36)

National Prevention Strategy

Empowered People Priority 1: Provide people with tools and information to make healthy choices.

Empowered People Priority 2: Promote positive social interactions and support healthy decision making.

Empowered People Priority 3: Engage and empower people and communities to plan and implement prevention policies and programs. (33)

Healthy and Safe Community Environments Priority 2: Design and promote affordable, accessible, safe, and healthy housing. (33)

Healthy and Safe Community Environments Priority 5: Enhance cross-sector collaboration in community planning and design to promote health and safety.

Empowered People Priority 3: Engage and empower people and communities to plan and implement prevention policies and programs. (33)

Healthy Eating Priority 1: Increase access to healthy and affordable foods in communities.

Priority 2 Action Plan

Strategy 2.1 Communicate the impact of poverty on health

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/ Organization	Progress Notes
By December 31, 2029, 50 community leaders or policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	Provide poverty simulation opportunities to community leaders/policy makers to provide education on how poverty impacts health.	On going	UCAP	SWHHS CHIP Team	
By December 31, 2029, develop educational resources for what creates health policy for government leaders.	Determine if education already exists. If not, develop education.	April 30, 2025	UCAP, Clinics & Hospitals	SWHHS prevention staff	Review Health Policy Partnership website for tools
	Implement education/ presentation to various levels of government and community leadership.			SWHHS prevention staff	

Strategy 2.2 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/ Organization	Progress Notes
1.3a By December 31, 2029, develop	Rebuild a 2GenACT Core Community	January 2025	UCAP, SWIF, Lower Sioux Head Start,	SWHHS PH CHIP team	

"no wrong door" service delivery and partnerships between community organizations.	Leadership Team		SWHHS, SWMNPIC, Clinics & Hospitals, MinnWest, SMSU *Attended 2GenACT training in Maryland: Michelle Salfer SWHHS, Deb Brandt, Mary Lockhart Findling, Angela Larson UCAP, Vanessa Goodthunder, Lower Sioux Head Start, Nancy Fasching, SWIF, and Jodi Maertens SWIF no longer with SWIF, Briana Mumme, Redwood EDA now at SWIF*		
	Build vision and mission of 2GenACT approach (6) for our services area.	February 2025	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Clinics & Hospitals, MinnWest, SMSU	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	

	Map out service delivery between community partners. (7)	December 2025	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Clinics & Hospitals, MinnWest, SMSU	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to "no wrong door" approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Clinics & Hospitals, MinnWest, SMSU	2GenACT Core Community Leadership Team	
	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Clinics & Hospitals, MinnWest, SMSU	Key person in each partnering agency.	

Strategy 2.3 Communicate the impact of access and affordability of key services on health

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
By December 31, 2029, increase the number of child care providers in SWHHS communities.	Perform an assessment of best practices to increase the number of child care providers.	December 31, 2025	SWHHS licensing, ChildCare Aware, family child care providers, Economic Development Association (EDA) leadership.	SWHHS CHIP Team	

By December 31, 2029, develop in partnership with other community stakeholders a "Healthy Teeth. Healthy Baby." Program. (11)	Develop a local "Healthy Teeth. Healthy Baby." program within public health programs such as WIC and Family Home Visiting and other community partners.	December 31, 2025	Local dental clinics, medical clinics, WIC, dental varnish, and Family Home Visiting (FHV) Staff	WIC, Dental Varnish & FHV supervisors	

Strategy 2.4 Encourage County and City Economic Development Authorities (EDA) to include access and affordability plans around broadband, child care, housing, transportation, food, and health care in their work plan

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
By December 31, 2029, review EDA and comprehensive plans for access and affordability around broadband, child care, housing, transportation, food, and health care.	Perform an assessment of county and city economic development plans for access and affordability around broadband, child care, housing, transportation, food, and health care.	July 31, 2025	County and City EDA	SWHHS SHIP Team, SWRDC	

By December 31, 2029, engage EDA**,** City, and County boards on the need for access and affordability around broadband, child care, housing, transportation, food, and health care.	Develop informational meeting with EDA, City, and County boards on health in all policies approach with access and affordability around broadband, child care, housing, transportation, food, and health care at the center.	December 31, 2025	County and City EDA	SWHHS SHIP Team, SWRDC	
	Engage EDA, City, and County boards on the need for access and affordability inclusion in EDA plans.	July 31, 2026	County and City EDA	SWHHS SHIP Team, SWRDC	

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation • United Way or United Community Action Poverty Simulation • EDA staff time • SWHHS CHIP Team staff Time • Staff time • Meeting space	
Participation of Stakeholders & Partnership Monitoring Implementation • CHIP Workgroup at SWHHS • 2GenACT core community leadership team	
Process for Revising the Action Plan • Revision will be made by CHIP team • Revision will be made by 2GenACT core team	

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13. **Healthy People 2030.** Mental Health and Mental Disorders. [Online] [Cited: September 5, 2024.] https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders.

MCIT
Minnesota Counties Intergovernmental Trust
100 Empire Drive, Suite 100, St. Paul, MN 55103-1885 • 651.209.6400 • 1.866.547.6516 • MCIT.org

November 15, 2024

Nancy Walker
Deputy Director
Southwest Health & Human Services
607 W Main St Ste 100
Marshall, MN 56258

RE: MCIT 2024 DIVIDEND PAYMENT

Dear Dividend Contact,

The Minnesota Counties Intergovernmental Trust Board of Directors is pleased to advise that your 2024 dividend in the amount of $10483 will be deposited into your entity's bank account by ACH later this week. This year your dividend is attributed solely to your workers' compensation coverage.

In July of 2024, the MCIT Board of Directors declared a $3.5 million dividend. This marks the 34rd consecutive year MCIT has returned a dividend to members and brings the total dividends paid to approximately $381.5 million.

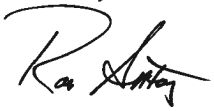
The Board of Directors is pleased to provide this dividend but reminds members that past dividends are no guarantee of future distributions. The decision to return fund balance and award a dividend is evaluated annually and considers several factors that have the potential of impacting the financial strength of the Trust including historical and projected return on investments, actuarial studies and financial analysis, changes in reserves due to loss trends, and significant increases in the cost of reinsurance.

The Board is committed to conservative fiscal management of MCIT as a means to ensure the program remains fully funded. Your efforts to manage risk and support the work of MCIT contribute to the fiscal health of the program.

MCIT's success is attributable to the long-term commitment of its membership. Members have been steadfast in their dedication to this venture often using dividend monies to invest in and enhance their own risk management and loss control efforts.

Thank you for your membership in MCIT.

Sincerely,



Ron Antony, Yellow Medicine County Commissioner
MCIT Board Chair

SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 4

EFFECTIVE DATE: 01/01/11
REVISION DATE: 03/18/15; 12/21/16; 2/15/17; 12/20/17;12/20/22
AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- ADMINISTRATIVE GENERAL POLICIES ---

Section 1 – Board Member Per Diem and Mileage Reimbursement

Board members of the Southwest Health and Human Services Governing Board, Community Health Board, and Human Services Board will be reimbursed per diem plus the current IRS mileage rate and expenses. Each year the Board will set the per diem rates. These amounts will be documented in the Board minutes.

a. Per Diem
- Board members shall be paid $ 75 for attending the monthly board meetings or $125 for multiple meetings when held the same day.

b. Mileage
- Board members shall be reimbursed for mileage at the current IRS standard mileage rate for business.

c. Documentation
- Administrative Voucher AG#121 must be completed for all claims. All administrative vouchers must be signed by the claimant as well as the chairperson or another member of the Executive Committee indicating the date of all meetings, purpose, number of miles and dollar amount claimed. After completion, the administrative voucher is to be submitted to the Accounting Department for payment.

Section 2 – Advocacy or Lobbying

a. Any and all legislative advocacy or lobbying on behalf of Southwest Health and Human Services must be presented to the Southwest Health and Human Services Governing Board for approval. Southwest Health and Human Services Governing Board approval is required before the Board or the Director of Southwest Health and Human Services can act on behalf of the agency.

Position Description

(Please use the arrow keys or mouse to navigate form)

Reviewed: October 18, 2024

Employee's Name: Click here to enter name.

Agency: Southwest Health and Human Services

Division/Unit: Public Health

Current Job Title: Licensed Practical Nurse

Prepared By: Amy Lueck

Previous Incumbent: Click here to enter previous incumbent.

Employee Signature: _____ Date: _____
(This position description reflects my current job.)

Supervisor's Signature: _____ Date: _____
(This position description reflects the employee's job.)

Director's Signature: _____ Date: _____
(I have reviewed this position description.)

Position Purpose: Deliver and coordinate services to maintain the health of inidviduals, families and communities. Functions individually or as part of the agency team to achieve agency goals.

Reporting Responsibilities:

Reports To: Public Health Nursing Supervisor

Supervises: None

Dimensions:

Budget: Functions within board approved budget for assigned programs.

Customers: Staff and those individuals and families receiving public health services.

Position Description

(Please use the arrow keys or mouse to navigate form)

Discretion	% of Time	Priority	Principle Responsibilities, Tasks and Performance Indicators
			1. To be responsible for the operations of assigned programs and staff so that the needs of clients are met in accordance with federal and state laws, and local policy, regulations, and procedures. A. Applies principles of public health to their practice. B. Provides public health services to individuals and families following professional standards and procedures within Minnesota's Nurse Practice Act. C. Identifies and utilizes community resources in meeting the needs of the clients. D. Identifies risks to the health of individuals, families and communities. E. Establishes and maintains constructive relationships with clients, families, colleagues and other organizations. F. Provides judgment within the scope of practice. G. Assists with the evaluation of the agency's public health programs. H. Serves as a resource to the agency and community groups regarding public health concerns when appropriate. I. Assumes responsibility to maintain current knowledge and practice in program areas, including but not limited to, webinars, in-services, trainings, and external meetings.
			2. Carry out duties of program areas assigned to by supervisory staff including, but not limited to: A. Dental Fluoride Varnish Program i. Provide education to families on fluoride varnishing. ii. Application of fluoride according to agency procedure. iii. Provide follow up as needed. iv. Monitor and coordinate dental supplies in all counties. v. Travel to all counties as needed B. Plan and implement promotional materials/events for WIC and Fluoride Varnishing. Outreach and scheduling of Children's Dental Services C. Women Infants and Children (WIC) i. Assist in the performance of program responsibilities and duties as indicated in the grant agreement with the Minnesota Department of Health document, the MN Operations Manual (MOM).

			ii. Provide outreach to eligible families during WIC and as applicable in other programs. iii. Assist with scheduling of appointments and provide follow up as necessary. D. Track trainings for staff as required through the Response Sustainability Grant E. Car Seat Education i. Provide education as a certified technician to families. ii. Provide car seat and/or instruct how to get a car seat. iii. Car seat safety during events and car seat clinics. iv. Car seat education to daycare providers. v. Responsible for inventory of car seats and ordering for Marshall location. F. Disease Prevention and Control/Immunizations i. Administer and read Mantoux tests given to clients ii. Administer immunizations to children and adults, who qualify under state regulations, following the parameters set forth in the standing orders signed by the agency's Medical Consultant iii. Provide DOT to clients diagnosed with active or latent TB iv. INH therapy follow up for LTBI cases v. Collaborate with regional epidemiologist to conduct investigations on other reportable diseases
			3. To provide assistance with clerical duties including but not limited to: A. Compile and hand out outreach material. B. Update program information in the waiting room. C. Attend training sessions, conferences, and staff meetings as required and authorized. D. Cover the front desk area as requested by position supervisor. E. Be knowledgeable of other community services and resources in order to give accurate information and referrals to the customers. F. Assist in other tasks as requested and qualified for. 4. Be knowledgeable of agency policies and procedures in the receptionist area.

			A. Have general knowledge of all programs in Health Services in order that all phones calls are directed to the appropriate person in the agency. B. Take messages for the workers when voice mail is not available.
			5. Work with other community services in maintaining services and programs, such as local hospitals, clinics and other facilities as appropriate. A. Represent the agency on committees, as assigned or directed. B. Report child protection or vulnerable adult concerns according to state and federal regulations. i. Attend child and/or adult protection meetings to provide public health expertise on children or adult issues.
			6. Public Health Public Health Preparedness Response. Complete required ICS Courses – IS700, IS100 and IS200. A. Participate in any tabletop exercises or drill, as determined necessary by the supervisory staff. B. Respond when called during an incident or event. 7. Be familiar with and follow all agency policies, comply with the MN Data Practices Act, adhere to the HIPAA Data Privacy and Security standards of practices. 8. Other Duties as assigned by supervision and/or administration A. Attend community partner meetings and/or give community presentations as assigned. B. Assist with Annual Reporting, and MN Local Public Health Assessment and Planning process, as requested C. Attend conferences and training to advance work in assigned program areas as budget allows and at the approval of your supervisor. D. Work cooperatively with other agency staff. E. Other related duties and responsibilities as assigned by applicable authority.

Position Description

(Please use the arrow keys or mouse to navigate form)

Employee's Name: Click here to enter name.

1. Machines or equipment used regularly in this position:
   Calculator, automobile, computer, copier, conference room tele-equipment, scanner, fax and telephone.

2. Freedom to act and problem solve:
   Works within the Minnesota Nurse Practice Act, following all applicable laws, rules and regulations. Works within the applicable programs' state and federal regulations.

3. Who reviews your work:
   Public Health Nursing Supervisor

4. Knowledge, skills and abilities:
   Experience in a healthcare setting or ability to demonstrate knowledge skills needed in healthcare. Knowledge of personnel, safety and administrative policies as appropriate to work assignment. Knowledge of programs that may be helpful to customers outside of the agency. Ability to work with diverse populations. Skill in verbal communication.

5. Essentials to this position (to be completed by supervisor):
   Be familiar with and follow all agency policies, comply with the MN Data Practices Act, and adhere to the HIPAA/Data Privacy standards of practices and typing is essential to this position.

Employee Comments: Click here to enter text.

Supervisor Comments: Click here to enter text.

Member _____ introduced the following Resolution and moved its adoption:

AUTHORIZATION FOR HUMAN RESOURCES TO FILL REPLACEMENT POSITIONS

WHEREAS, throughout the year there will be positions vacated at Southwest Health and Human Services,

and

WHEREAS, the Executive Team thoroughly vets each vacancy prior to recommending replacement.

NOW, THEREFORE, BE IT RESOLVED, the Southwest Health and Human Services Joint Governing Board appoints the authority to the Executive Team to refill replacement positions when a vacancy occurs in 2025 without additional approval from the Southwest Health and Human Services Joint Governing Board providing that the position is vetted by the Executive Team, is in the current year's budget and is not a new position.

BE IT FURTHER RESOLVED, this is an annual appointment to come before the Southwest Health and Human Services Joint Governing Board.

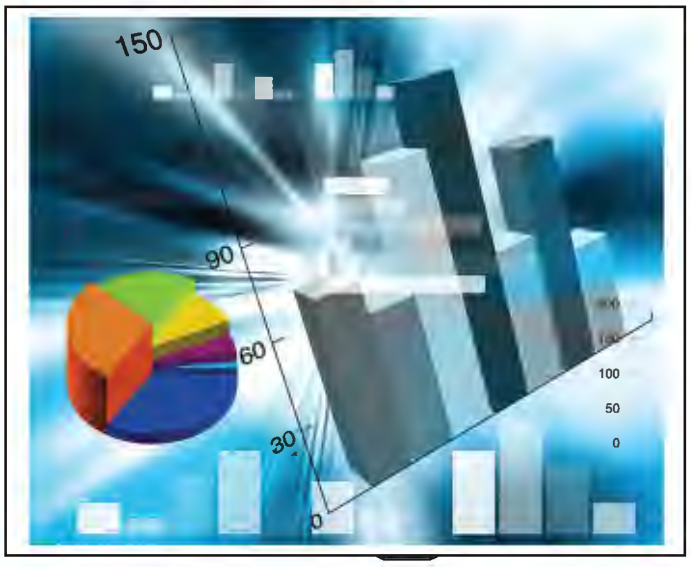
The motion for the adoption of the foregoing Resolution was duly seconded by _____ and upon a vote being taken thereon, the following voted in favor thereof:

and the following voted against the same:

Whereupon said Resolution was declared duly passed and adopted on _____.

Southwest Health and Human Services

Accounting Policies and Procedures Handbook



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Revised December 16, 2015……

Revised December 21, 2016…….....

Revised December 20, 2017……

Revised December 19, 2018……

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The County's financial statements are prepared in accordance with Generally Accepted Accounting Principles (GAAP). The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). Governments are also required to follow the pronouncements of the Financial Accounting Standards Board (FASB), (when applicable) that do not conflict with or contradict GASB pronouncements.

Financial Reporting Entity

Southwest Health and Human Services was formed pursuant to Minn. Stat. § 393.01, subd. 7, (joint powers agreement), by Lincoln, Lyon, Murray, and Pipestone Counties. Southwest Health and Human Services began official operation on January 1, 2011, and performs Board, Welfare, and Public Health functions. Rock County joined Southwest Health and Human Services 1/1/12. Pipestone County Human Services and Redwood County Human Services and Public Health joined Southwest Health and Human Services on 1/1/13. Local financing is provided by the six member counties for Public Health and Human Services. The county contribution for financing is based on a per capita cost for public health. The county contribution for financing is based on a formula considering population, tax capacity, and three year average of SEAGR expenditures. The joint powers are governed by a Human Services Board, a Community Health Board, and a Governing Board. (See JPA for specifics).

Southwest Health and Human Services is governed by a twelve-member Board. In addition, there are two program boards, Human Services and Community Health. Each Board is organized with a chair, vice chair, and secretary elected at the January meeting of each year.

Basic Financial Statements

Basic financial statements include information on the Human Services' non-fiduciary activities, Nursing Services, Agency Insurance, and information on the Special Fund of Public Health and General Fund of Human Services. These statements report general activities of the General Fund and reconcile it to "Governmental Activities". Governmental activities are reported on the full accrual, economic resources basis, which recognizes all long-term assets and receivables, as well as long term-debt and obligations. Southwest Health and Human Services net position is reported in two: (1) invested in capital assets and (2) unrestricted.

The Statement of Activities demonstrates the degree to which the direct expenses of each function of the County's governmental activities are offset by program revenues.

The Balance Sheet and Statement of Revenue, Expenditures, and Changes in Fund Balance for the General Fund are presented on the modified accrual basis and report current financial resources.

Assets, Liabilities, and Net Position

Deposits and Investments

Under the direction of the Investment Committee and the Board, most cash transactions are administered by the Lyon County Auditor/Treasurer.

Receivables and Payables

The financial statements for Southwest Health and Human Services contain allowances for uncollectible accounts. The allowances are estimated based on historical collection information. Uncollectible amounts due for receivables are recognized as bad debts at the time information becomes available that indicates the collectability of a particular receivable.

Prepaid Items

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

Capital Assets

Capital assets are reported in the governmental activities column in the government-wide financial statements. Depreciation is required to be recorded as an expense at the government-wide level in the Statement of Activities. Capital assets are defined by the government as assets with an initial, individual cost of $5,000 or more and an estimated useful life in excess of two years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

See Capital Assets section of Administrative Policy 2.

Compensated Absences

The liability for compensated absences reported in financial statements consists of unpaid, accumulated annual vacation and sick leave balances. The liability has been calculated using the vesting method, in which leave amounts for both employees who currently are eligible to receive termination payments and other employees who are expected to become eligible in the future to receive such payments upon termination are included. Compensated absences are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in the governmental funds only if they have matured, for example, as a result of employee resignations and retirements.

See Compensated Absences section of Administrative Policy 2.

Deferred Revenue

All County funds and the government-wide financial statements defer revenue for resources that have been received, but not yet earned. Governmental funds also report deferred revenue in connection with receivables for revenues not considered to be available to liquidate liabilities of the current period.

Long-Term Obligations

Long term liabilities are not reported in the fund. The General Fund reports only the liabilities expected to be financed with available, spendable financial resources. The statement of Net Position reports long term liabilities of the governmental activities.

Fund Equity

In the fund financial statements, governmental funds report reservations of fund balance for amounts that are not available for appropriation or are legally restricted by outside parties for use for a specific purpose. Designations of fund balance represent tentative management plans that are subject to change.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

FINANCIAL REPORTING

Monthly Working Trial Balance

Each month the "Treasurer's Cash Trial Balance" is printed from the IFSpi system. This report is presented to the governing Boards each month to show the financial status of the agency on a cash basis. The report properly breaks out each fund and department within the fund.

See Monthly Working Trial Balance Narrative for detailed procedures.

Chart of Accounts

The County follows COFARS (County Financial Accounting and Reporting Standards) with their chart of accounts. The chart of accounts are utilized to track revenue and expense in the appropriate fund, department and program. The accounts are also mapped to the proper line item in the working trial balance.
See Chart of Accounts Narrative for detailed procedures.

PUBLIC PURPOSE DOCTRINE

Public Funds

According to the interpretation and understanding of state law described as the "public purpose doctrine", public funds may be spent only if the purpose is a public one for which tax money (and all funds) may be used, there is authority to make sure the expenditure, and the use is genuine.

There is not a precise definition of what constitutes a "public purpose". However, the courts have interpreted it to mean "such an activity as will serve as a benefit to the community as a body and, at the same time, is directly related to the functions of government."

A declaration must be signed by vendors or other claimants, and employees and elected officials for reimbursable expenses, as included on the claim forms or on the check endorsement, which states:

On claim form:

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

_____
(Signature of Claimant)

Check Endorsement:

The undersigned payee, in endorsing this warrant check declares that the same is received in payment of a just and correct claim against Southwest Health and Human Services.

County Expenditures

Commentary by State Auditor Patricia Anderson

County officers and employees often ask the State Auditor's Office whether certain expenditures are allowed by law. In order to assist you in addressing such questions, this article will present some of the basic standards to consider when you are faced with an expenditure request.

First, consider the nature of a county's authority to expend funds. As a public entity, a county must have statutory or charter authority to make an expenditure. Such authority may be either expressly enumerated in a statute or in the county's charter, or "implied as necessary in aid of those powers which have been expressly conferred." *Mangold Midwest Co. v. Village of Richfield,* 143 N.W.2d 813, 820 (Minn. 1966). This is a county's main limitation in spending money. Counties can always ask for more authority from the legislature.

Second, make sure each expenditure is for a public purpose. The public purpose requirement originates in the Minnesota Constitution, which states that "taxes…..shall be levied and collected for public purposes." The Minnesota Supreme Court has explained that "public purpose" generally means "such an activity as will serve as a benefit to the community as a body and which, at the

same time, is directly related to the functions of government" *Visina v. Freeman*, 89 N.W.2d 635 (1958). It has also stated that public funds may be used by a public entity if the purpose is a public one for which tax money may be used, there is authority to make the expenditure, and the use is genuine. *Tousley v. Leach*, 180 Minn. 293, 230 N.W. 788 (1930). Generally, the main point is that a county's expenditure must ultimately benefit the county's citizens as a whole, although various citizens may benefit more or less directly.

Many of the specific questions we receive involve requests for donations by individuals, non-profit entities, charities, etc. Such donations are not permitted unless they are based on express statutory authority. The assumption is that a gift of public funds to an individual or private entity necessarily serves a private, rather than a public purpose. Attorney General opinions have stated that public entities have no authority to donate funds, even to groups like 4-H clubs, the Red Cross and the Boy Scouts. If a group is going to perform a function that the county has authority to perform, the county should set out the arrangement in a properly executed contract.

Counties, unlike private employers, must remember that public funds cannot be given away to public employees or officials as gifts. Public funds should not be used to purchase plants, flowers, birthday cakes, etc. for officers, employees or others. Likewise, unless express authority provides otherwise, employee social functions may not be paid for with public funds. Of course employees can informally pool their own money to purchase such things for each other. The Attorney General has stated that municipal corporations may not imply authority to appropriate public revenue for celebrations, entertainments, etc., or fund a Christmas party for employees. However, counties are expressly authorized to establish and expend funds for preventive health and employee recognition services. M.S. § 15.46 (2002).

The State Auditor's Office hopes that the information in this article helps you as you make decisions regarding county expenditures. If you have questions, feel free to contact the State Auditor's Legal Division at (651) 296-2551.

PAYMENT OF CLAIMS AND OTHER OBLIGATIONS

County Disbursement

Claims for payment are entered into the IFSpi System with the assigned budget line item code. The accounting staff enter the dollar amount, description, vendor account number, and invoice number in IFS based on invoices and information from supervisors if they are not sure of something on the claim. The warrant register is reviewed and signed off by the Director, Deputy Director, Social Services Division Director, or Public Health Division Director. Warrants are processed weekly and are approved at the board meetings. The Board reviews monthly, all transactions issued from the previous Board meeting through the current Board meeting. There will not be any warrants paid that are under $1.00, as it is not cost effective for the agency to do so.

See Check Processing Narratives for detailed procedures.

Accounts Payable

Payables are only recorded at year end. Invoices paid in January and February are reviewed and coded with an accrual code of AP (Accounts Payable) or DTG (Due to other Governments) in SSIS and IFSpi indicating the transaction as a payable.

See Accrual Codes Narratives for detailed procedures.

Retention Policy

Original claims with invoices, receipts, and other attachments are kept according to the General Record Retention Schedule (See current DHS Bulletin for Record Retention Schedule). SWHHS keeps current year plus 6 audited years in storage and/or imaging system.

W-9 Forms Required

A W-9 form is required to be completed by each new vendor whose payment qualifies for a 1099, where the Tax ID number or Social Security Number is required. See example of W-9 form located on the IRS website.

See Vendors Narratives for detailed procedures.

Replacement of Lost, Stolen or Destroyed Checks

If a request is received for replacement of lost, stolen or destroyed check, the payee or vendor will be provided Form Ac#019 Affidavit for Replacement Check. The form can be mailed, emailed, faxed or picked up in person, and then returned using any of these options. Before the replacement check is printed, 10 calendar days must have passed from the original check date and has not cleared our bank which is verified by one of the officers. The replacement check may be mailed or given directly to the vendor or assignee. In the case of a destroyed check that is returned to the Agency, waiting the 10 days is not necessary. A scan of the affidavit will be attached to the print voucher for the original check with void stamped on the print voucher.

Unclaimed Warrants / Funds

Routinely, the Lyon County Auditor/Treasurer's office will advise SWHHS of the outstanding checks that have not been cashed within a minimum of 6 months from the date of issuance. The "Lost/Stolen Warrant Affidavit" form is sent out to all vendors. Minnesota Statute 345.31 is followed for the unclaimed funds procedures. The Lyon County Auditor/Treasurer cancels the warrant(s) through Board action. Funds are then transferred to the MN Dept. of Commerce, Unclaimed Property Program each October.

GASB 34 Compliance Related and Procurement Policies

The following policies are presented and adopted in response to the accounting and reporting requirements of the Governmental Accounting Standards Board (GASB) Pronouncement 34 and later pronouncements. These policies provide the foundation for the collection and reporting of County financial information in accordance with these pronouncements.

“Fund Statements” refers to the individual fund year-end financial statements. These are essentially the same as previously published statements.

“Government Wide Statements” refers to the new Statement of Net Position, Statement of Activities, and the reconciliation required under GASB 34 reporting standards.

Budget

The SWHHS Budget is adopted annually by the SWHHS Joint Governing Board. The contribution by counties is determined at the August Board meeting and the final budget is approved at the November or December Board meeting.

Budget Level for Legal Control

Budget control is designated at the department level and administrative level. The use of budget dollars across line items within a department are at the discretion of the department management/administration, as long as federal, state, or other funding source use and reporting requirements are met.

See Budget Policy section of Administrative Policy 2.

See Budget Process Narrative for detailed procedures.

Use of Restricted Assets

Unassigned resources will only be used to pay restricted liabilities after appropriate restricted resources have been depleted, or the SWHHS Joint Governing Board takes specific action to appropriate those unassigned resources.

Identifying Special or Extraordinary Items

Items reported as Extraordinary Items are transactions that are both unusual in nature and infrequent in occurrence and are the result of events that may be beyond the control of SWHHS management.

Special Items are either unusual in nature or infrequent in occurrence and are under the control of SWHHS management.

Revenue Recognition in Governmental Fund Statements

Governmental Fund Statements, including the General Fund, are presented using modified accrual accounting. In order for a receivable to be recognized as a revenue within these statements, it must be considered available. The county considers a revenue available if it is collectable within 60 days of the date of the financial statement.

Procurement

Southwest Health and Human Services will procure the goods and services requested to meet its needs and fulfill its mission. The agency will procure goods and services as economically as feasible, in a manner that is efficient, straightforward, and equitable and which complies with all federal, state, and local laws and regulations and all other agency policies.

Anything purchased over $3,000 requires approval from the Board, anything purchased under $3,000 can be approved by the Director or Director Designee.

See Procurement Policy section 9 of Administrative Policy 2.

GASB 68

In June 2012, the Governmental Accounting Standards Board (GASB) issued new pension accounting and financial reporting requirements. GASB Statement No. 68 is effective for financial statements for fiscal periods beginning after June 15, 2014. The GASB is the authoritative standard-setting body for governmental accounting principles. The new requirements fundamentally change the way state and local governments and school districts account for public pension liabilities and expenses.

Governments will now report their proportionate share of PERA's unfunded pension liability, referred to as the net pension liability or NPL, on their government-wide financial statements. The NPL is the difference between the present value of future pensions benefit payments to employees and the amount of plan assets currently available to pay the future pension benefits. PERA will allocate the NPL to participating employers. PERA will calculate each employer's proportionate share of the NPL based on the employer's contributions to the pension plan as a percentage of the total of all employer's contributions to the plan.

Pension expenses will be equal to the change in the NPL from the prior year to the current year (with some adjustments for deferred amounts). Pension expense will be calculate by PERA's actuary, and similar to the allocation of the NPL, PERA will allocate pension expense and deferred amounts to participating employers each year.

Employers will include fairly extensive pension footnote disclosures and pension-related schedules as Required Supplementary Information. The GASB believes the additional pension information will better inform financial statement users how the pension liability changes over time and what economic events and assumptions impacted the changes in the liability.

It is important to note the NPL will not impact the fund balance of governmental operating funds. The new accounting standards require that the NPL only be reported on the government-wide financial statements, which are prepared on the accrual basis.

Governments will continue to pay off the unfunded pension liabilities in the same way that they always have. The timing of when pension plans will be funded does not change as a result of the new accounting and financial reporting requirements. They will not be solely responsible for

paying off those liabilities. Employers, employees, and retirees all share the responsibility to pay off unfunded pension liabilities. Investment earnings on contributions fund the majority of pension benefits in Minnesota.

Investment Policy

It is the intent of this policy to define and standardize procedures to be used in the investment of Southwest Health and Human Services funds. This policy shall apply to all financial assets of the agency. Any new funds created by the Southwest Health and Human Services Joint Governing Board shall be bound by this policy unless specifically exempted by the Southwest Health and Human Services Joint Governing Board through resolution. These funds are accounted for in the agency's annual financial report and include General Revenue Funds.

All investments by SWHHS will take into consideration investment objectives, ethics and conflict of interest, standards of prudence, delegation of authority and internal controls, reporting, authorized investment institutions and dealers, competitive selection of investment instruments and authorized investments and portfolio composition.

See Administrative Policy 7.

ELECTRONIC FUNDS TRANSFER POLICY

Minnesota Statute 385.071 states "…the county board shall establish policies and procedures for investment and expenditure transactions via electronic funds transfer."

To ensure the safety of county funds through controlling the electronic flow of these funds. The SWHHS Board of Commissioners delegates the authority to make electronic fund transfers to the Lyon County Auditor/Treasurer as SWHHS's fiscal agent.

Minnesota Statute 471.38 states "A local government may make an electronic funds transfer…"

In order for employee reimbursements to be paid via EFT the employees are to complete the AG #0246 form and submit it to accounting along with a copy of a voided check.

Other vendors are ~~also encouraged, but not~~ required to complete and submit to accounting a direct deposit authorization form along with a voided check to have their payment come via EFT.

All EFT's are signed off on by the authorized signors which are designated annually. EFT's are authorized along with the warrants weekly and can be identified on the reports provided to the board at the monthly meetings. See check processing narrative.

REVENUES

According to M.S. §385.05 Receipt and Payment of Money, “The county treasurer shall receive all money directed by law to be paid to the treasurer and pay them out only on the order of the proper authority.”

The Lyon County Auditor/Treasurer is the custodian of all receipts and revenue. SWHHS prepares all receipts. Actual income should be credited to budgeted revenue line items. Accounts and budget line items are setup according to COFARS (State Auditor “County Financial Accounting and Reporting Standards”) requirements and GASB34 Reporting. See the COFARS manual for a more detailed explanation.

Reimbursements for current year expenses should be credited to an expenditure line item in a budget. If the reimbursement is received in a new fiscal year, it will be credited to an income line item. There may be exceptions according to State rules and regulations.

See General Receipting and Recording Narrative for detailed procedures.

Classification of Program Revenues

Program revenues are revenues that apply directly to a program from revenue sources, not including tax collections. Program revenues include charges for services applicable to the program, specific grants, allocations and contributions to the program, and earnings of endowments or investments specifically restricted to that program. Those revenues not designated by rule, statute, or policy to a program, are considered General Revenues to SWHHS.

Other Acquisitions

Donations of property and goods to SWHHS must first be approved by the SWHHS Joint Governing Board as per the MN Statue 465.03. “Any city, county, school district or town may accept a grant or devise of real or personal property and maintain such property for the benefit of its citizens in accordance with the terms prescribed by the donor. Nothing herein shall authorize such acceptance or use for religious or sectarian purposes. Every such acceptance shall be by resolution of the governing body adopted by a two-thirds majority of its members, expressing such terms in full.”

Accounts Receivable

Billing customers for services provided is performed by the accounting or collections department depending on the service. Second notices or reminders are sent if payments are not received within a reasonable period.

During January, ~~and~~ February~~,~~ and March, any payments received for those outstanding invoices must be marked as Accounts Receivable.

Receivables are set up for year-end accrual entries. Receivables are set up just like regular cash receipts, but with an added step.

Receipts received in January, ~~and~~ February and March for any prior year are coded in IFSpi with an accrual code of AR (Accounts Receivable) or DFG (Due from other Governments) in IFSpi indicating the transaction as a receivable. It is the Accounting Technicians' responsibility to flag receivables. The Director of Business Management and Fiscal Officer reviews all receivables.

See Accrual Codes Narrative for detailed procedures.

Grants Accounting

All grant applications must be approved by the SWHHS Governing Board. Accounts are setup using COFARS for the correct Local, State or Federal grant category for income and expenses. The necessary information needed for financial reporting is included.

NSF Checks

The banks automatically return NSF checks to SWHHS after 2 attempts. The Lyon County Auditor/Treasurer is advised by SWHHS when documentation is received from the bank and has been verified via the online banking system. Once notified, SWHHS will contact the payer directly when possible, to make the check good.

Uniform Grant Reporting

According to M.S. §200.331 Requirements for pass-through entities, all pass-through entities of federal funds must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

1. Federal Award Identification.
2. All requirements imposed by the pass-through entity on the subrecipient so that federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
3. Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports.
4. An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).
5. A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part.

6. Appropriate terms and conditions concerning closeout of the subaward.

Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.

Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in §200.207 Specific conditions.

Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

Verify that every subrecipient is audited as required when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements.

Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

Consider taking enforcement action against noncompliant subrecipients as described in §200.338 Remedies for noncompliance of this part and in program regulations.

TRAVEL AND MEAL POLICY

MILEAGE AND PER DIEM EXPENSE

This policy shall be for employees incurring work related expenses.
Travel: When there are no agency vehicles available for use, the agency will pay the current IRS rate which is determined annually. ~~The rate of reimbursement,~~ ~~w~~When an~~an~~ agency vehicle is available, and you use ~~when using~~ your personal vehicle, ~~will be~~ the ~~agency~~ rate of reimbursement will be the current reduced agency determined rate ~~$0.23~~ per mile.

See Personnel Policy 5.

Meals: Meal expenditures are eligible for reimbursement when the situation meets public purpose criteria. Employees are encouraged to consider whether the same result can be obtained without the expenditure. Employees are not eligible to claim meals for agency business or training within counties covered by SWHHS.

See Personnel Policy 6.
If reimbursement is made after 60 days of original receipts, all reimbursable expenses become taxable, per IRS Regulations.

FRAUD POLICY

In broad terms, fraud refers generally to any intentional act committed to secure an unfair or unlawful gain. For the purposes of Southwest Health and Human Services' Fraud Policy, it is defined as an intentional act to deprive Southwest Health and Human Services, or any individual or entity related to Southwest Health and Human Services' business, of something of value, or to gain an unfair advantage through the use of deception, false suggestions, suppression of the truth, or some other unfair means, which are believed and relied upon.

All employees of Southwest Health and Human Services who have a reasonable basis for believing fraud or other wrongful acts have occurred have a responsibility to report such incidents to their immediate supervisor. If notifying the supervisor is not possible because of absence or because you believe your supervisor may be involved, you should notify the Director. All supervisory personnel informed of suspected fraud or other wrongful acts must immediately notify the Director. All information will be treated confidentially.

Minnesota Statute 609.456 Subd. 1, requires any employee or official, upon discovery of evidence of theft, embezzlement or unlawful use of public funds, to report it to law enforcement and in writing to the State Auditor a detailed description of the alleged incident or incidents.

See Administrative Policy 3.

MONTH END ACCOUNTING AND REPORTING

After all receipts and checks have been processed in the IFSpi System, the Treasurer's Cash Trial Balance is prepared and Funds are balanced. Monthly department budget reports are then emailed to Department Supervisor. This work is completed no later than the tenth day of each month, however, there may be extenuating circumstances which may cause a delay.

Southwest Health and Human Services has adopted Integrated Financial System pi (IFS) as our general ledger package.

CONFLICT OF INTEREST

Board members and administration/supervision have an obligation to act in the best interests of SWHHS. Outside financial interests and/or legal commitments should not be permitted to create conflicts of interest that interfere with the performance of such duties. A conflict of interest exists when a Board member or administration/supervision has an external financial interest or other legal obligation that reasonably could be seen as creating an incentive for the individual to modify the conduct of his or her duties or to influence the conduct of others.

Conflicts of interest can arise from stock ownership, board memberships, consulting relationships, and any activity from which an individual derives legal obligations or expects to receive remuneration from an entity outside of SWHHS. Conflicts can arise from many ordinary and appropriate activities; the existence of a conflict does not imply wrong doing on anyone's part.

When a conflict arises the individual must recognize and disclose it. Some relations may create an appearance of conflict; which shall also be disclosed so public confidence is maintained.

A Conflict of Interest Disclosure Questionnaire will be filed annually, by each Board member, Administrator, and Supervisor of SWHHS.

See Administrative Policy 12.

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General Agency Information

The agency is separated into the following units/programs: Social Services; Income Maintenance; Child Support/Fraud; Accounting/Collections; Office Support; Information Technology; Nursing; Health Education; and Environmental Health. The agency keeps staff well informed and has a system in place to communicate all information. The Director, Deputy Director, Public Health Division Director, Social Services Division Director, and Director of Business Management meet bi-weekly to discuss overall agency business and future topics for the supervisors meeting. The Director, the Deputy Director, Public Health Division Director, and Social Services Division Director meet monthly with the supervisors. Each unit supervisor holds meetings with their staff, but the frequency of those meetings are set by the unit supervisor and are determined by need. Staff meetings are held in each location following each monthly Board meeting and are recorded.

The Minnesota Department of Human Services (DHS) sends bulletins and other publications to the SWHHS. Most of these are sent electronically and are available through the Department of Human Service's website. Supervisors forward bulletins to staff and they are also discussed at individual unit meetings. Also, there are state-wide conferences that staff members have the opportunity to attend.

Monthly Working Trial Balance Process

On a rotating basis each month, the Fiscal Officers prints a "Treasurer's Cash Trial Balance" from the IFSpi system. This report is compared to the check registers to ensure receipts and disbursements balance for the month. If there are any differences, they are investigated and corrections are made.

The Governing Board is given a copy of the "Treasurer's Cash Trial Balance" and check register monthly. Director of Business Management balances this amount with the Lyon County Auditor/Treasurer's office. If there is a discrepancy, both offices work together to balance. In addition, the Governing Board is given the IFSpi report "statement of Revenues and Expenditures". This way the Governing Board is seeing figures directly from IFSpi and is directly approving the financial report.

General Fund Balance (Cash Basis)

The general fund balance fluctuates throughout the year based on the timing of the receipt of revenues. SWHHS receives more revenues in the third and fourth quarter, compared to the first and second quarter. This is directly reflected on the timing of payments from the six counties for tax levy monies. The general fund balance (cash basis) is monitored monthly and reported at each Board meeting. If the balance is below two million dollars the amount of expenses is closely monitored by the Director of Business Management. If at any time the Director of Business Management feels that the balance will become $500,000 or less, bills are held until the next check run. Before this happens, a couple of other things happen prior.

All Accounting Technicians report an approximate amount of bills owing in their possession. The payroll date and amount is taken into consideration. The check register balance is reviewed. Then the Director of Business Management discusses the issue with the Director and Deputy Director and they make a joint decision.

If bills are held, only bills that will not become past due or create fees or interest are held. All bills that are due within that check run time will be paid. This procedure will continue as long as the general fund in cash basis is low.

Chart of Accounts

Occasionally during the year, a new chart of account will need to be added to the IFSpi system. When an account is added, the Director of Business Management or a Fiscal Officer will check the COFARS manual to determine what the code should be and then will check the chart of accounts to make sure that number is available. The Director of Business Management or Fiscal Officer will add accounts to IFSpi and SSIS where appropriate. The Accounting Technicians use form AC#004 to request the element and chart of accounts title when they feel the need for an additional account or change to an existing account. Any Agency Supervisor may request a change or addition to the chart of accounts. The Director of Business Management will either approve or disapprove all requests. The account will then be added by the Director of Business Management or Fiscal Officer.

After the accounts are entered, they have to be mapped to the proper line item in the working trial balance. The Director of Business Managment and Fiscal Officer work together to ensure correct mapping for all accounts are completed. All accounts are reviewed through printing of the GASB 34 audit list from IFSpi on an annual basis or more frequently as needed.

Office Supplies/Administrative Expenses

When regular office supplies are needed the employees will notify the Office Support Supervisor. All purchases are made by the Office Support Supervisor. Major purchases ($200.00 or over) go through the Office Support Supervisor and the Director of Business Management. Supplies are ordered when needed.

The items are received from the vendor, along with an invoice. The invoice and the items received are compared to each other to verify that the department received all items. The supplies are then either placed in the supply cabinet, or they are distributed to the requesting party. The Office Support Supervisor approves all of these invoices and sends them to accounting for payment with the purchase order attached.

The supervisors, Director, Public Health Division Director, Social Services Division Director and the Deputy Director can also sign off approving the invoices for payment.

Administrative claims are received and examined for correctness by the Executive Committee, Director of Business Management, Office Support Supervisor, or Fiscal Officers, dated and signed off on and sent to accounting for payment. If there is a carry forward balance on a bill, the issue is investigated by Accounting Technician, Director of Business Management or Fiscal Officer who

verifies possible previous payments. Travel requests are signed when approved. They are not attached to the bills but are consulted when the bills come through. Agency cars are available for use and Microsoft Outlook is used to track the applicable information. For only the use of the Wright Express cards located in the agency vehicles, an itemized receipt is not needed. This information is available and retrievable via the website for the vendor, WEX. The appropriate Supervisor and Accounting Technician verifies information on the employee's requests for reimbursements with the information in Outlook. Fiscal Officers may sign off on routine bills at their respective office locations (bills that are consistent in amounts and do not vary). All other claims must be approved by a supervisor (indicated by initials, employee number and date.)

The Accounting Technician ensures mathematical accuracy of all claims. Any changes to the employee reimbursement forms are sent back to the appropriate supervisor to be discussed with the employee. Approved claims are coded by an Accounting Technician or Fiscal Officer and then entered by another Accounting Technician into IFSpi. Batch tape totals of the bills are compared to IFSpi totals for data entry accuracy.

It is the practice at year end to not prepay payables. If a bill comes in at year end for the next year it is held, and paid in the first check run for the next year.

The signature needed on any bill may be executed through the process of e-signature. This is equivalent to an original document. See Administrative Policy 21 – Electronic Signature Policy.

Social Services Expenses

For the Social Services program payments, a need is first determined by a social worker; a service arrangement is prepared for most Social Service costs and entered into Social Service Information System (SSIS) A service arrangement is created in SSIS by the social worker or case aide, approved by a Social Services Supervisor, and forwarded to the Accounting Department to be approved for payment. For the time frame of services on the service arrangement, pre-coded vouchers/invoices are printed and mailed to the vendor
When the vendor is requesting payment, they complete the SSIS voucher/invoice, sign & date it and return it to the accounting department. Some vendors also include a detailed bill from their own billing system. The accounting technician reviews it for accuracy and contacts the social worker or social service supervisor if the bill does not match the service arrangement or if the service arrangement does not have enough units to pay the entire bill. The service arrangement would either be corrected or amended. The supervisor can sign the voucher if it is decided to not use the service arrangement as the source of authorization or if the vendor filled in the blue form incorrectly. When a voucher/bill has service dates of more than the most recent month of services, SSIS payment history is checked for potential duplication. There also is an edit report in SSIS that is done before submitting a batch to IFSpi. That report also
shows potential duplicate payments for the same dates of service, same vendor, and/or same client. If there actually is a duplicated payment, then the current voucher/bill is pulled from the batch and not paid, and totals are adjusted accordingly.

In the case of social service bills from businesses that do not have a service arrangement authorizing payment, a supervisor can review, sign & date it, and list the proper chart of accounts

number. If it is more than $3000, a SSIS service arrangement must be created & the voucher/invoice must be signed by the vendor in addition to providing their detailed bill. In the case of receiving receipts from individuals requesting reimbursement, a SS 009 form is available to use for documentation. Both the individual & supervisor need to sign it, unless the individual signed each receipt. Some payments do not have SSIS service arrangements because they are for state "mandated services". Examples of these are for chemical dependent detoxification services, state-operated facilities or medical hospitals for mental health hold orders or Poor Relief services for inpatient clients, and various bills paid on behalf of clients. These bills are signed & dated by a Social Services Supervisor for payment approval, along with listing a chart of accounts number.

After entry of vouchers/bills, an Accounting Technician reviews the keyed-in vouchers and balances the computer control total to the total of the vouchers/bills. The payments are approved by the Accounting Technician, the batch is submitted and will wait for the SSIS process of interfacing with IFSpi. In IFSpi, the SSIS batches are merged with other administrative batches and will be a part of the check registers and the checks will be printed.

MA Transportation/Insurance Payments

The Accounting Technician receives the MA reimbursement requests from the Transportation Coordinator. They review the reimbursement form for proper approvals, and calculate the payment, recording corrections as is needed. The Accounting Technicians prepare payments for Medicare and Cost Effective Insurance reimbursements. Transportation is paid every Friday with the regular weekly check run and the monthly insurance premium reimbursements are paid the Friday following SWHHS's Board meeting. Claiming is billed per line and submitted through MN-IT's for claim reimbursement. This is done for each client for MA transportation and related expenses that are claimable. All claims are tracked to ensure SWHHS receives all funds due.

Credit Card

The agency has credit cards held by certain employees of SWHHS, per policy. These credit cards are utilized to make approved purchases. An itemized receipt is collected and given to accounting. Each month when the bill is received, the receipts are matched up to the bill and paid from the appropriate chart of account.

See Administrative Policy 5.

Check Processing

Accounting Technician do the steps to create the checks and ACH file. The check stock is kept in a file cabinet in the accounting department in the Marshall office, separate from the printer (the office is always locked when no one is present.) For each check run, the warrant register needs two signatures done in either order as described below. The checks and warrant register are reviewed by another Accounting Technician or Director of Business Management to ensure that the correct warrant and ACH numbers were chosen according to the check register and that all checks have printed clearly. The reviewing individual puts the date and their name on the bottom of the first page

of the warrant register using their electronic signature. The warrant register is emailed to the director who offered to authorize payments namely the Agency Director, Deputy Director, Social Services Division Director, or Public Health Division Director. That director uses their electronic signature and emails the register back to the accounting technician. The warrant register is scanned into imaging after the two signatures.

The abbreviated register is emailed to the Lyon County Auditor/Treasurer's office. The checks are dropped off to obtain the signature on each check of the Lyon County Auditor/Treasurer.

The checks are mailed to the vendors via USPS by the Accounting Technician. If a check/warrant is to be held a proper form is required (AC#003 Request to Pull Check/Warrant). The person scheduled for PP (positive pay) that week is required to submit the ACH through the Bremer Bank Online Banking. The transfer is completed, the confirmation page is printed and scanned to the back of the signed warrant register. An email is then sent to the accounting department stating that the check run is complete. The print vouchers are scanned in through the imaging program by check date. The Accounting Technician marks "reviewed by" on the appropriate print voucher after verifying all necessary documents have been scanned in through the imaging program.

The Audit List for Board is given to the Office Support Supervisor to provide to the Governing Board. The Governing Board reviews the report and if there is a concern, the claims are available for review in the accounting department. The listings are not signed by anyone.

Positive Pay

Positive pay is operated through the agency banking system (Bremer). The Positive Pay system allows users to create a file to upload to their bank for use with the bank's Positive Pay programs. Every check run is uploaded into the SWHHS Bremer account.

This is a Fraud Management service. With Positive Pay Management, SWHHS provides Bremer a list of checks issued. As checks are presented for payment, the dollar amount and check number fields are compared to our list of issued checks and an exception report is produced for any unmatched items. The following business day, we are able to view any exceptions or Paid Not Issued items and make "Pay" or "Return" decisions through the Positive Pay Management System.

This process is monitored via e-mails received from Bremer bank by the Director of Business Management, Fiscal Officers and the Lyon County Auditor/Treasurer.

Vendors

An Accounting Technician requests a new/change vendor be added/changed to IFSpi vendor file as needed, using form AC#002. All requests will be entered immediately by the assigned Fiscal Officer or a designated Accounting Technician. If the assigned Fiscal Officer or designated Accounting Technician is unavailable the Accounting Technician will then direct their request to another Fiscal Officer or the Director of Business Management. The vendor request form is sent

via e-mail. All vendor forms are signed and dated when vendors are entered/changed. The vendor information is then transferred into the vendor request log and saved in the accounting folder

When appropriate the Accounting Technician will send the new vendor a W-9 Request for Taxpayer Identification and Certification form to be completed and returned. ~~A cover letter and stamped, self-addressed envelope is included.~~ When the W-9 is received, it is scanned in and Form AC#002 is completed by the Accounting Technician to have that vendor information updated in IFSpi by the Fiscal Officer, designated Accounting Technician or Director of Business Management.

The Director of Business Management will complete periodic monthly reviews of the vendor added/changed listing. The Deputy Director runs the "Vendor Added/Change Report" from IFSpi quarterly. It is reviewed and any questions or concerns are addressed with the Accounting Technician and Fiscal Officer or Director of Business Management who added the vendor. When completely reviewed it is initialed and dated in the upper right hand corner.

Vendor Rebate or Reward Tracking

In the rare occurrence that a vendor offers a rebate or reward in response to a particular purchase or purchases, an employee must not gain personally from it. If the application to receive the award does not prohibit businesses from participating, forward the application and information to the Director of Business Management or Fiscal Officers for completion, along with any required proofs of purchase. The paperwork will be forwarded to the accounting department.

If the rebate is in the form of a check, it will be made payable to SWHHS. It will be receipted into the account that the expense was paid. If the rebate is in the form of a debit card, the bearer of the card will be determined by the Division Director of that program. The card must be used only for allowed business expenses and the receipts saved, which will be filed in the accounting department along with the application paperwork. In the case of a hotel which may offer a free night's stay or a restaurant which may offer a free meal, that reward must be used for an approved trip or meal during the course of business, not for personal gain.

Capital Assets

Additions to capital assets are normally initiated by the department heads involved and authorized by the Director to present for Board approval. For equipment valued over $50,000, sealed bids are solicited per Minnesota Statute. It is the primary responsibility of the Director of Business Management to document depreciation of capital assets.

Additions are supported with the vendor invoice, purchase order, and payment in IFSpi. The Director of Business Management keeps a spreadsheet updated with additions and removals of capital assets $5,000 or greater. Funds are listed separately for Human Services and Health Services. This is updated normally when the change happens and at the end of the year.

A Capital Asset expense report is run from the IFSpi system, all appropriate warrant vouchers and supporting documentation is copied and then added to the Capital Asset report by the Director of Business Management. The Director of Business Management Works with the IT Department to determine depreciation for equipment purchases. A physical inventory wlll be completed annually by comparing the capital assets to the asset listing.

Budget Process

The budget process for the year begins with submission from department heads to the Director usually by the end of May. IFSpi budget sheets with figures for the last 2 years, plus current based on revenue and expenditure accounts and the Allocation Bulletin are used to determine amounts for the proposed budget. Beginning in January and until the August Board meeting, the Director, Deputy Director, Public Health Division Director, Social Services Division Director, and the Supervisors analyze and prepare the proposed budget. During the August board meeting, the Board is presented with a proposed budget. The Board will normally approve the preliminary levy amounts in the budget at the August board meeting. In turn, this information is passed on to the respective County Boards for approval by mid-September. The process is completed within this timeframe to ensure the tax levy will be on the tax rolls for the proper year. The final budget is approved at the November or December Board. Once approved by the Board, the Director of Business Management approves the budget in IFSpi on the first working day in January, activating it to the working budget for the year.

Expenditure budgets are based on actual projected costs of operations. Inflating projected expenditures to provide a cushion for expenditures that may occur is strongly discouraged. Southwest Health and Human Services continually works to reduce expenditures and increase revenues during the year.

There have not been budget amendments in the past. Any overages in budget have been absorbed through the use of reserves.

The Director of Business Management enters the proposed and approved budget into SWHHS's system, Integrated Financial System (IFSpi). The department supervisors, Deputy Director, Public Health Division Director, Social Services Division Director and the Director review the information entered. Only the Director of Business Management or Fiscal Officer has security to update the budgetary information. The Director and Deputy Director have inquiry access to the budgetary information.

The Director, Deputy Director, Public Health Division Director, Social Services Division Director and Director of Business Management regularly compare budget to expense and revenue throughout the year. In addition, all Department Supervisors review their related program expenditures on a monthly basis. Any discrepancies are reported to the accounting department and any necessary adjustments/corrections are completed. The Governing Board is given monthly updates at the regularly scheduled Board meetings.

General Receipting and Recording

SWHHS receives money at all six locations (Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock) through various sources such as over the counter, US postal mail, and EFT.

All money received has a written receipt including whom the money was received from, the amount, a description, whether cash or check, and the GL account number it should be recorded to if known by an Office Support Specialist. A receipt copy is given to the client if received over the counter or attached to the money if received via USPS. An EFT report is pulled from the on-line banking system on a daily basis and given to the Accounting Technicians. The receipt amounts on the manual receipts are verified with what was received and are recorded directly into our cash register receipting program by an Accounting Technician or Fiscal Officer individually. A miscellaneous receipt is printed and signed by the Accounting Technician or Fiscal Officer as an indication of review.

Money received in Lincoln, Murray, Pipestone, Rock and Redwood County is transported to Lyon County for receipting into cash register. The money is prepared for transportation to Lyon County using form Ac#022.

When transporting money to Lyon County all money must be accounted for. Form Ac#022 is completed by the Office Support Specialist, Accounting Technician, or Fiscal Officer in that location. The staff that transports the money, verifies the amount on the form AC#022, then signs for it. The money is transported to Lyon County in an interoffice envelope. The money is then counted by the Office Support Specialist or Office Support Supervisor in Lyon County and again signed for. The money goes directly into a zipper envelope where it is locked up and the Accounting Technician will pick it up on a daily basis. The original Form Ac#022 is directed to the Accounting Department and scanned into the imaging system.

On Tuesday, Friday, and the last working day of the month, all batches with money in Lyon County are closed out and deposited into the SWHHS's bank account. The Accounting Technician prints a Bank Deposit/Cash reconciliation report from the cash register and verifies that amount with the actual money being deposited. The money/EFT and the report are taken to the Lyon County Auditor/Treasurer's office for them to receipt and transport to the bank for deposit. The Bank Deposit/Cash reconciliation report is given back to the Accounting Technician by the Lyon County Auditor/Treasurer's office with a receipt showing the dollars deposited. The amount is verified with the amount SWHHS's records show as being deposited. The amount is recorded in SWHHS's manual, electronic check register. All receipts, the receipt registers, and the report are uploaded or scanned into the imaging system.

Reimbursement for Services Monitoring

After monthly and quarterly reports have been submitted to DHS for reimbursement purposes, the EFT's are monitored to make sure reimbursements are received for all submissions processed.

Identifying State and Federal Dollars

All dollars received from DHS via EFT are receipted in based on the invoice code provided. All dollars that come into SWHHS from DHS are coded per the DHS Bulletin, "DHS Publishes

Standard Invoice Field Codes for Calendar Year 20__". This bulletin is updated annually. It indicates all intergovernmental, state, and federal dollars associated with Human Services.

All dollars that come into SWHHS from MDH are receipted into the appropriate grant. If there is no document from MDH or coding on check or EFT to indicate monies as intergovernmental, state, or federal dollars, SWHHS accounting department reaches out to the PH Program Specialist to determine what program and account theses dollars are receipted into. If necessary MDH is contacted directly to find the correct program coding.

MA Recoveries

When a payment is determined to be a MA recovery, it is receipted into the cash register and is deposited into the bank account. The Collections Officer will forward a copy of the form to the Fiscal Officer or Accounting Technician to process the MA recovery in MMIS, who will then upload completed form to scanning.

The Accounting Technician logs onto the "Medicaid Management Information System" (MMIS) using the assigned sign on and secure password. The appropriate county's sign on needs to be used according to the county of financial responsibility of the recovery. The Fiscal Officer or Accounting Technician reports receipt of funds 30 days from receiving the funds to allow for payment of all approved final expenses. The Fiscal Officer will also enter the payment portion of the form CL#033 into the MMIS System against MA Recovery monies as a negative amount.

The Director of Business Management or the Fiscal Officers monitor monthly the Health Care Invoice to ensure we are being billed regularly for the state's share of the recoveries. This is also monitored monthly through the budget spreadsheets.

Claiming Process:

Accounting Technicians process and claim for the following state programs; Waivers/AC and TCM/case management (TCM programs include MH-Adult, MH-Child, child welfare, relocation, VA/DD), Rule 5 and care coordination mainly for reimbursement of purchased items and direct time of case managers. Claims are processed through SSIS (clients on MA); Availity; Nightingale Notes and MN-IT's. The following programs are submitted by the following: MA Access Transportation (MN-IT's) TCM – CW, MH, VA/DD, DD-Screenings (SSIS); Care Coordination (Nightingale Notes) & TCM (Nightingale Notes & SSIS); and CD Assessments (Nightingale Notes).

Nightingale Notes claims are submitted to Accounting by case workers and pulled from SSIS, Social Services Supervisors, and Health Services for billing purposes. Claims submitted through Nightingale Notes have remittance advances from the Managed Care Organizations, available through Availity. These advices are saved showing reimbursements and denials.

Those claims submitted through SSIS and MN-IT's, have remittance advices from DHS. RA's (rejects/denials) are reviewed in SSIS. Supervisors and/or Social Workers are contacted to make

appropriate adjustments in MMIS, so claim can be re-submitted to DHS for reimbursement. Resubmission is done in SSIS or through MN-IT's. For claims that are denied through MN-IT's and Availity, they are reviewed and corrected appropriately for resubmission for payment.

The Accounting Technician processes Public Health claims produced through Nightingale Notes. Claims are then submitted through DHS MN-IT's and Availity and some statements are mailed to payers. Once payments are received, they are posted in Nightingale Notes to the appropriate client's account for the corresponding date(s) of service. For claims that are denied, they are reviewed and corrected for resubmission to the appropriate payer or written off when uncollectable.

For waivered service claims that are denied due to the patient not meeting their waiver obligation requirements at the time their insurance company received our claim, the information is sent to the Collections Officer so that the client is billed. Infrequent waiver obligations of $20 or less may be written off with the approval of the Director of Business Management. Unpaid bills will not be turned over to Collections.

Revenue regenerated through this reporting, is receipted into each program where appropriate.

Manual Journal Entries:

A manual journal entry is only used when an alternative method through IFSpi is not possible such as "manual warrant/void/correction". Manual journal entries are tracked through an electronic tracking form and are entered and posted by the Director of Business Management or Fiscal Officer.

All manual journal entries completed by the Director of Business Management are reviewed and signed off on by a Fiscal Officer. All manual journal entries completed by the Fiscal Officer are reviewed and signed off on by the Director of Business Management. The originals are scanned into the imaging system to be indexed appropriately.

When a check needs to be voided, an email is sent to the designated Fiscal Officer with a copy of the check, if available, and the reason for the action. The proper entry is completed and an email goes out to the accounting unit. If the check was created in SSIS, someone needs to do the proper cancellation in SSIS. The IFS register is attached to the print voucher in scanning with VOID typed on the print voucher itself. The check does not need to be receipted in, but if it is, the receipt should be voided. The Fiscal Officer sends the Lyon County Auditor's office an email explaining the void.

Receipt/Disbursement Adjustments

After balancing for the month is completed, the Fiscal Officer(s) and Public Health Program Specialist review the Accounting Activity Report for that month and notes any corrections that need to be made. The Fiscal Officer(s) or Public Health Program Specialist signs off on the changes and sends the corrections to be made to the Accounting Technician or Fiscal Officer on an Account Activity Report with the changes highlighted and the account information showing

account numbers. The Accounting Technician or Fiscal Officer enters the corrections into IFSpi using the “Receipt Batches” or M/V/C Batches”. The J/E Data Entry Listing report is printed. The completed corrections and documentation are scanned into imaging to be indexed appropriately.

On occasion there are changes needed per the request of a supervisor. The supervisor requesting the change or moving of receipts or expenses puts the request in writing, indicating what and the amount that is to be moved. This will also indicate where those funds are to be moved to. The supervisor signs off on the documentation and the Accounting Technician or Fiscal Officer makes the needed change to funds. Once completed, the documents are scanned into imaging to be indexed appropriately.

Accrual Codes

SSIS interfaces with IFSpi, accrual codes are added to social services payments in the IFSpi system. Accounting Technicians are responsible for the accrual codes. Accrual codes will be used January, ~~and~~ February and March of each year.

When a payment is made that has a service date from the previous year the payment is marked with one of the following accrual codes:

AP = Accounts payable
DTG = Due to other governments

When receipt money into the IFSpi system that is from the previous year the receipt is marked with one of the following accrual codes:

AR = Accounts receivable
DFG = Due from other governments

The Director of Business Management or Fiscal Officers will review all transactions (receipts/disbursements) to ensure they are properly coded. The IFSpi report “Account Activity with service dates” will be used. This report is signed and dated by the Director of Business Management or Fiscal Officer once completely reviewed and appropriate changes made as needed. All changes will be completed by the Director of Business Management or a Fiscal Officer.

Contracts with Providers

Our in-house contracts with providers are open ended with standard opt out language. Changes to the contracts are made through addendums or amendments. As of January 2014, model contracts for Home Community Based Services or waivered services (CAC, CADI, MRRC, BI) will be administered and maintained at the State level. EW and AC programs utilize our in-house contract that is renewed yearly. Rates for all the above programs are set by the State.

All contracts include HIPPA, EEOC, Fair hearing/grievance, and safeguard of data language. Liability limits for general and professional liability insurance policy are set as per Minn. Stat. 466.04.

Payroll

The SWHHS Joint Governing Board approves all starting rates of pay for all new employees. Southwest Health and Human Services payroll processing is performed at different levels. Upon board approval, for each new employee, the HR Specialist enters all employee information into the HR System and then interfaces that into the Payroll System. The Accounting Technician or Fiscal Officer proofs the information provided by the employee and employee's supervisor which determines the taxes to be withheld, his/her position, work comp code, PERA eligibility, and appropriate department based on the information on the Payroll Enrollment Form and Benefit Enrollment Form. The Accounting Technician or Fiscal Officer provides the IFSpi formula distribution when applicable for new staff (health services employees formula distribution is determined through an interface process), under the direction of the Deputy Director or Human Resource Specialist. This formula is used to interface the payroll PayLib system to the IFSpi System when the payroll is processed at the end of each pay period. The HR Specialist prepares a report containing any payroll changes and it is reviewed and entered into the payroll system by the Accounting Technician. Any payroll changes must be into payroll by Monday noon the week of payroll.

Payroll deductions for insurances are entered directly from a copy of the employee's Benefit Enrollment Form completed before the beginning of each year or as new employees become eligible. These forms are generated from a web-based human resource program with employee personnel insurance information listed on it.

Before a payroll is run, the Deputy Director or Human Resource Specialist and the Accounting Technician review and make necessary adjustments to the billings from the providers of insurance for health care, dental, life and disability. Note adjustments for medical/dental insurance cannot be made on the bill. They normally occur after the fact as an adjustment on a later bill. Real time adjustments can be made on the life insurance bill. Other deductions (such as garnishments and child support) are processed by the Accounting Technician or Fiscal Officer from official orders. The Deputy Director and Director of Business Management are the agency representatives served those orders normally via US postal mail.

All employees are paid bi-weekly. The Southwest Health and Human Services Governing Board members are paid bi-weekly following the receipt of their voucher. The Governing Board Per Diem pay is paid through payroll. All Governing Board mileage and other costs are paid through the administrative bill process.

At the end of each pay period, web based timesheets are created by each human services employee, by signing into the web based timesheet program created by Counties Providing Technology (CPT). The web based timesheets for all health services employees are created by an interface program pulling the data from Nightingale Notes Dailies into the web based timesheets. The interfacing program was created by CPT. The web based timesheet is accessed by the employee signing in by using their unique ID and password. This web based timesheet is approved by the employee and also by the employee's supervisor. Payroll Disclaimers appear on the screen when being approved. Any errors that are found are relayed back to the employee by

the supervisor. The Human Resource Specialist audits all Vacation, Sick, and Comp Time Balances. The Balances are shown on the Employee's pay stub.

Any overtime pay is prior authorized and requires supervisory and Director approval. Any concerns regarding payroll are referred to the HR Specialist, Deputy Director and/or Director.

At the end of the year, a report is generated that lists year-end balances in vacation, sick, and comp time banks and year-end rates of pay, which are used in calculating Compensated Absences Liability. The Payroll/HR Technician maintains a spreadsheet that calculates the compensated time absence liability based on the total accrued time to date and what has been paid out over the past few years.

A transaction edit is run on the computer in batches, which is then compared to the time sheets prepared by each employee. If incorrect, the errors are located and reconciled. The HR Specialist performs these tasks.

After the transaction edit has been deemed correct, the Accounting Technician or Fiscal Officer runs the payroll journal and then another Accounting Technician checks it for errors and signs off approval. (This register does not have any warrant numbers yet.) It also includes taxes, cafeteria contributions and recurring deductions, which are reconciled.

If no errors are located on the payroll journal, the HR/Payroll technician runs the check process which produces the files that print employee direct deposit stubs and vendor checks using direct deposit or electronic funds transfer (EFT). An EFT edit is printed and checked against the payroll journal and also against any new participant's authorization forms. If correct, the file is transferred to Bremer Bank via internet file transfer.

An HR/payroll technician prints the checks, direct deposit stubs, and the final payroll journal and all necessary reports. The final journal prints the check number and direct deposit number by each employee's net pay. The check stock is stored in a locked room. All Payroll reports are then uploaded to the Payroll imaging system for storage.

A a back up to the HR/payroll technician, a payroll process is completed quarterly by an Accounting Technician.

SWHHS uses a service from CPT, the office that provides support for the Payroll Paylib system, for accessing Payroll Pay stubs (web based timesheets) instead of printing individual pay stubs and sending them directly to the employee. The Accounting Technician or Fiscal Officer still prints out vendor checks and commissioner's checks when necessary. For any employees who are on extended leaves, their direct deposit stub is printed and mailed to each employee via US Postal mail at their home address. The Lyon County Auditor/Treasurer receives a check register listing all check and direct deposits. The Lyon County Auditor/Treasurer stamps the checks with the Auditor/Treasurer's signature. The Lyon County Auditor/Treasurer is the only authorized signatory and maintains custody of the signature plates. The Auditor/Treasurer's Office then emails the Marshall Office Accounting Technicians to come to pick up the signed checks. These checks are either mailed via USPS with proper itemized check remittances or receipted into the IFSpi system

and reissued when vendor invoice is received.

With each payroll, the Accounting Technician or Fiscal Officer runs certain reports. These include a Check Register, Payroll Journal, a summary total by employee, a PERA summary, deductions report by vendor, EFT listing showing trace numbers for the Employee Direct Deposit and various reports that are sent in with vendor checks. Some vendors also require other forms to be completed. A comprehensive checklist is used to assure that all vendors have been paid and all reports run in a timely manner. One of the reports, the PERA salary deduction report, requires routine maintenance and the production of a file transmitted electronically via the intranet into their computer system.

Federal and State withholding figures as shown on the grand total page of the payroll journal are transferred to the IRS and MN Dept. of Revenue, respectively. The State and Federal tax payment is transferred using an ACH debit, which becomes part of the file that includes the employees' pay, Nationwide Retirement Deferred Comp, Valic Deferred Comp, Investors Choice Deferred Comp and PERA. The file also includes the required addendums for the vendors.

A payroll distribution summary report is generated during the next step called "updating the master files". This process distributes wages and benefits for many employees to different funds and/or departments. All the figures are automatically posted to IFSpi as printed on the Payroll Distribution Account Summary. Using this report, the Accounting Technician or Fiscal Officer posts total payroll costs to the manual warrant register.

Authorizations for deductions are filed by the vendor for which the deduction is paid. The Deputy Director or Human Resource Specialist maintains files with all insurance changes and Flexible Benefits. Payroll advances are prohibited. The Accounting Technician or Fiscal Officer reports all Quarterly Federal, State and Unemployment insurance withholding and wage reports. The Accounting Technician or Fiscal Officer is also responsible for all year end payroll reporting and to process the end of the year W-2 forms. The 1099's are processed by a different Accounting Technician.

Due to unforeseen problems that may arise, it is always the goal to reach the step in the payroll process that prints the checks and direct deposits stubs and transmits the direct deposit information to Bremer Bank, one or two days before the payroll date. However, the payroll process must be completed by 5:00 pm Thursday of the payroll week to ensure that the EFT processes correctly and the employees receive their pay in a timely manner.

The Director of Business Management or Fiscal Officers transmits the check batch file to the Bremer Bank positive pay file on the day the payroll checks are mailed.

Agency Self-Insurance

January 1, 2014, Southwest Health and Human Services began offering employee health insurance through a self-funded account. All premiums are collected by SWHHS and claims are paid to the insurance company upon billing. This fund is monitored by the Deputy Director and reported on to the Governing Board on a monthly basis. A brief overview is provided to the

Governing Board each month at the regularly scheduled meetings. A Health Insurance Benefits committee has been formed to review and make recommendations to the Governing Board annually in regards to the plans, benefits, and premiums. Any reserves in the fund are addressed on an annual basis.

See Administrative Policy 22.

Child Care Payments

Child Care payments are entered in the MEC2 State Centralized Payment System by an Accounting Technician. The paper vouchers are entered by the Accounting Technician. The electronic payments are approved daily by the Accounting Technician. All manual payment requests are sent by an Eligibility Worker to the Accounting Technician to approve the payment. The State approves payments nightly. If the provider added notes as to why they added more hours than authorized the Accounting Technician will forward that information to the Eligibility Worker and wait for an answer before approving the voucher. A Child Care Eligibility Worker approves eligibility, and then enters service authorizations into the State System for all clients, which authorizes payment. Billing forms are generated by the State System and mailed out to the provider. The provider completes the billing form and mails the form to SWHHS for entry in the State System or the provider will enter their information into MECpro and submit electronically for payment. The paper forms are approved by an EW Supervisor prior to entry. All applications and verifications are filed in the case file in the case worker's office. Once the billing forms are entered in the State System, the System compares the billing form to the service authorization and then at this point it can accept or reject the payment request. Rejected billing forms are put on hold for review by caseworker. The State then makes the payment directly to the provider and the Income Maintenance Supervisor and CCAP workers can access this information. Once the paper voucher payments or any manual payments have been made the Accounting Technician will scan the forms into the imaging system.

County Collections Billing

The Collections Officer enters corrections and new accounts on monthly credit and debit spreadsheets. The Accounting Technician will enter these spreadsheets along with the recurring spreadsheet into the County Collection System (CCS). These services include daycare center visits, cobra or retiree insurance premiums, out of home placement fees, detoxification fees, SUD assessment fees and courtesy services for other counties.

Statements are prepared, printed and mailed once a month by the sixth of each month. Two Accounting Technicians work on preparing these statements. When statements are printed all statements for an entity, that have a credit balance, zero balance or have an administrative charge are reviewed by the Director of Business Management and/or Collections Officer. After the statements are mailed the Accounting Technicians prepare trial balances or activity reports that are given to the Collections Officer to review.

Nightingale Notes Billing

Public Health Claiming– The accounts receivable/claiming system for Public Health is one part of a larger time tracking system known as Nightingale Notes. Everyone in the Public Health Department is required to fill out an electronic service form. This form tracks all of their hours (worked, sick, vacation, etc.) along with what they worked on and/or what patients they saw that day. Nightingale Notes is used for billing nursing services to the appropriate insurance companies.

Once all the services are entered for the previous month and communicated to various employees, the Accounting Technician generates the billing cycle in Nightingale Notes. The Accounting Technician then reviews the claims for inconsistencies or errors. Some pay sources are reviewed for data entry error by generating a report built in Nightingale Note report system i.e. “BluePlus Services that should be Bridgeview”. Any questions are emailed to the staff person who entered the activity. Once reviewed and corrected, the Accounting Technician generates the claim file, handles those error messages and submits the batch through Availity for most pay sources and through MN-ITS for the Medical Assistance pay source. Availity will then send back three to four edit reports per batch submitted. MN-ITS posts a report which shows acceptance or rejection. The claim file is stored on the shared drive for record retention.

The first edit report is the acknowledgement report which shows if the entire file was accepted or rejected. Accounting staff assigned to that task depending on insurance company and/or type of claim researches the reason for rejection to see if something can be corrected at our end. If it is more complicated, the insurance company and/or Nightingale Notes Support is contacted to troubleshoot the issue. Once corrected the batch file is generated again and submitted through Availity.

The Accounting Technician must also view other edit reports found in Avility that are posted within 24 hours of the upload. These reports are the Immediate Batch Text Response (IBT), Electronic Batch Report (EBT), and the Delayed Payer Report (DPR). These reports will list some detail for each claim in the batch and state if it was accepted or if it was relected, along with the reason for the rejection.

Rejected claims shown in these edits are reviewed by the Accounting Technician who uploaded the claim file. The Accounting Technician determines the corrective action, makes the correction and resubmits the claim promptly. If Avality rejects a claim or batch, the insurance company has not received it from Availity. At this point, the Accounting Technician must not mark the claims as paid, remove the pay source or write it off.

Staff need to be aware of deadlines for submitting claims, which vary between insurance companies. A timely filing chart is available for reference and is updated as needed.

Once a claim has been processed by the insurance company, an Electronic Remittance Advice (ERA) or Explanation of Payment (EOP) is sent to the clearinghouse (MN-ITS, MN E Connect, or Availity). Some insurance companies mail these reports. These reports show the details of the payments made, partial payments or denial of the claim. The ERAs and EOPs are uploaded onto the share drive as they are only available on Availity for 30 days. These reports are saved for reference and proof. Once the payment has been coded for the person doing the receipts the ERA is uploaded to Nightingale Notes, so the detail of the payment or non-payment is linked to

the corresponding claim. Each payment is posted in Nightingale Notes to show the claim was paid or the next subscriber should be billed if necessary. Claims that were not paid are researched to determine if they can be corrected and rebilled. The NN system allows payments to be applied oer claim line so that if only one line was paid and aother was rejected, the rejected line can be resubmitted rather than adjusting it off. The Accounting Technician may call the insurance company for assistance and explanations.

Radon & Water Testing Kits Procedures

When the general public purchases either a short-term or long-term radon testing kit or a water testing kit at the front counter, they pay a nominal fee for any type of kit to the Office Support staff. The fee is charged to discourage misuse by customers, to recover part of the cost of offering the kits, and to encourage customers to actually use the kits. Office Support staff receipts the payment into the receipt book & gives the customer the yellow copy. The white copy goes with the cash or check and is given to the accounting unit.

Water testing bottles are supplied to regular customers, such as city and rural water systems and construction companies, at no charge.

The charge for the water test itself is based on which test or tests are performed with the prices listed on the test request form. The general public makes their payment when dropping off their request form and sample. When the water testing is performed for a regular customer as described previously, a bill will be sent to them by the sanitarian on a monthly basis. The sanitarian monitors the receipt of payments by referencing a list provided by the Director of Business Management on a monthly basis.

Store Card Procedure

Case managers will complete a Store Card Distribution form to request Supervisor approval for the purchase of a store card. Case Managers or their designee will purchase the store card. A tracking form is completed when multiples of the same card are purchased. The client will need to sign for the card agreeing to return the receipt if applicable. An accounting technician will complete an audit of the store cards on a monthly basis. The Director of Business Management or a Fiscal Officer will complete a random audit on an annual basis.

QUICK REFERENCES GUIDE

Policies

- Administrative Policy 2
- Administrative Policy 3
- Administrative Policy 4
- Administrative Policy 5
- Administrative Policy 7
- Administrative Policy 12
- Administrative Policy 21
- Administrative Policy 22
- Personnel Policy 5
- Personnel Policy 6

Forms

- Ac#002
- Ac#003
- Ac#022
- Ac#043
- Ag#100
- Ag#101
- Cl#033

DHS Bulletins (available on DHS website)
http://mn.gov/dhs/

COFARS Manual

SOUTHWEST HEALTH AND HUMAN SERVICES

Resolution of Signature Authority

The Governing Board, the Human Services Board and the Community Health Board (by virtue of its authority under Minnesota Statutes, Chapter 145A) of Southwest Health and Human Services authorizes the following people to sign all necessary contracts and forms needed to carry on the business of the agency.

Name	Beth Wilms	**Name**	Nancy Walker	**Name**	Carol Biren	**Name**	Cindy Nelson
Title	Director	**Title**	Deputy Director	**Title**	PH Division Director	**Title**	SS Division Director
Address	607 W Main Street, Suite 100 Marshall, MN 56258	**Address**	2 Roundwind Road Luverne, MN 56156	**Address**	607 W Main Street, Suite 200 Marshall, MN 56258	**Address**	607 W Main Street, Suite 100 Marshall, MN 56258
Phone	507.532.1248 – W 507.706.2198 – C	**Phone**	507.532.1256 – W 507.706.2200 - C	**Phone**	507.532.4136 – W 507.706.2202 - C	**Phone**	507.532.1260 – W 507.706.2201 - C

Resolution Adopted on December 18th, 2024

Southwest Health and Human Services – Governing Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services – Human Services Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services – Community Health Board

Signature: _____

Title: Chairperson

Date: _____

RESOLUTION TO DESIGNATE DEPOSITORIES AND AUTHORIZE LYON COUNTY AUDITOR/TREASURER TO MAKE INVESTMENTS

WHEREAS, Minnesota Statute § 118A.02, subdivision 1 (a) states "The governing body of each government entity shall designate, as a depository of its funds, one or more financial institutions";

WHEREAS, Minn. Stat. § 118A.02, subdivision. 1. (b) (2) allows the governing body to authorize the treasurer or chief financial officer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law;

THEREFORE, BE IT RESOLVED, that the Southwest Health and Human Services Governing Board designates as depositories the following financial institutions and designates the following as brokers and authorized investment holders:

- Bank of the West
- BNP Paribas
- Bremer Bank
- Bremer Investment Management and Trust
- First Interstate Bank
- MAGIC Fund, management by PFM Asset Management
- Multi-Bank Securities
- State Farm Bank
- Wells Fargo
- Wells Fargo Advisors

BE IT FURTHER RESOLVED, that the Governing Board authorizes the Lyon County Auditor/Treasurer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law at any one or more of the above based on direction provided by the Executive Committee;

BE IT FURTHER RESOLVED, the Lyon County Auditor/Treasurer is hereby authorized to act and serve as agent on any Southwest Health and Human Services accounts set up or active at any of the above financial institutions, brokers, or investment holders; and

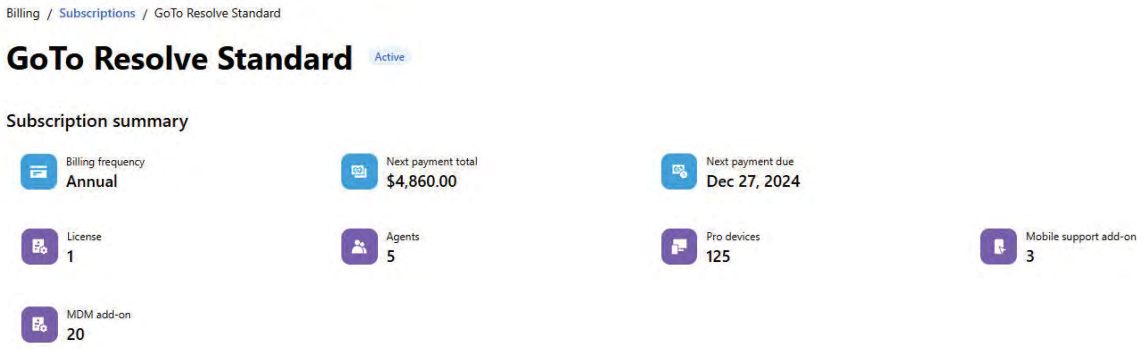
BE IT FURTHER RESOLVED, the above designations and authority conferred shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the financial institution, broker, or investment holder at each location where an account is maintained and the financial institution, broker, or investment holder shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution.

Passed and adopted by the Southwest Health and Human Services Governing Board this 18th day of December, 2024.

_____
Chairperson – Governing Board
Southwest Health and Human Services

_____
Director
Southwest Health and Human Services

Renewal pricing for current Go To Resolve Remote Support Subscription



Next Payment Total is $4,860 for one year

Status	Quoted	Bill To Name	Southwest Health and Human Services
		Bill To	607 West Main Street Suite 100 Marshall, Minnesota 56258 United States
Created Date	11/27/2024		
Prepared By	Jake Mackara		
Quote Expires On	1/10/2025		

Product Code	Product	Sales Price	Quantity	Discount (Percentage)	Total Price
SKU-GOV-OP-PRO-YE	Operator - Professional Edition - Yearly	USD 1,354.00	3.00	5.00%	USD 3,858.90

Description	30 day complimentary services in exchange for PO by December 31st. Complimentary training and 30 day free trial of EV Reach Cloud Service included with purchase	Grand Total	USD 3,858.90

Subject to applicable sales tax

EasyVista Disclaimer and Terms of Use

Client shall mention their taxable status for the sales tax and send the applicable percentage to the products and/or services along with the purchase order. If the products and/or services are taxable in the State where products and/or services are used or delivered, and the Client claims the sales tax is not applicable to them, they shall send an exemption form or resale certificate to the Supplier. If Supplier is not required to collect the sales tax in a specific State where the Client is located, it is the Client responsibility to self-assess the sales tax (use tax) in that State when required by State laws and regulations.

This Commercial Proposal for Software License and Associated Software Services Contract is subject to EasyVista's contractual documents listed in descending order of precedence : (i) this Commercial Proposal and the Delivery Email of the Software or the order's receipt of Software delivery acknowledgment, (ii) Specific Terms and Conditions of the Software License and Associated Software Services set forth hereinunder, (iv) EasyVista General Terms and Conditions.

Capitalized terms are defined in EasyVista terms and conditions.

EasyVista General and Specific Terms and Conditions are available for download on our website: legal (easyvista.com).

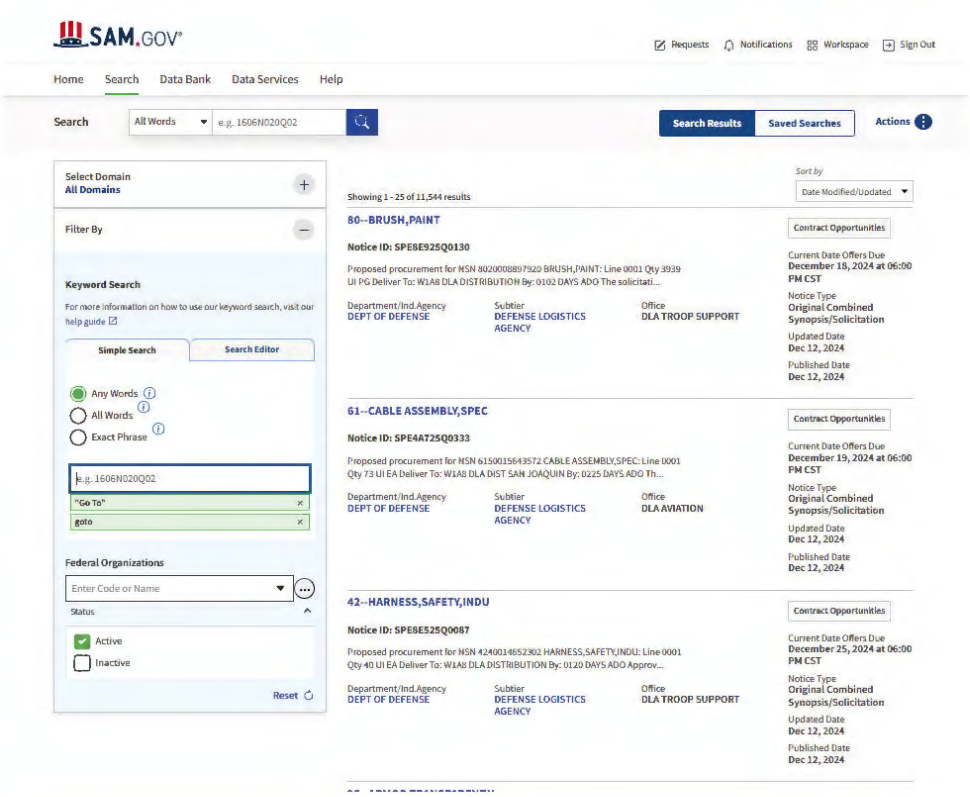
Please sign here to accept this quote, our terms, and order the above products

Name: _____ Signature: _____

Title: _____ Date: _____

* P A Y M E N T * I N S T R U C T I O N S * (NET 30 day terms)

1) **Make checks payable to EasyVista, Inc. (USD funds only)**
2) Credit Card - Enter card data in the Billing Section of your my.goverlan account (you must be a License or Billing Admin)
3) Bank Wire – See our bank details below.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For more information on how to use our keyword search, visit our help guide
Simple Search
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Federal Organizations
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Active
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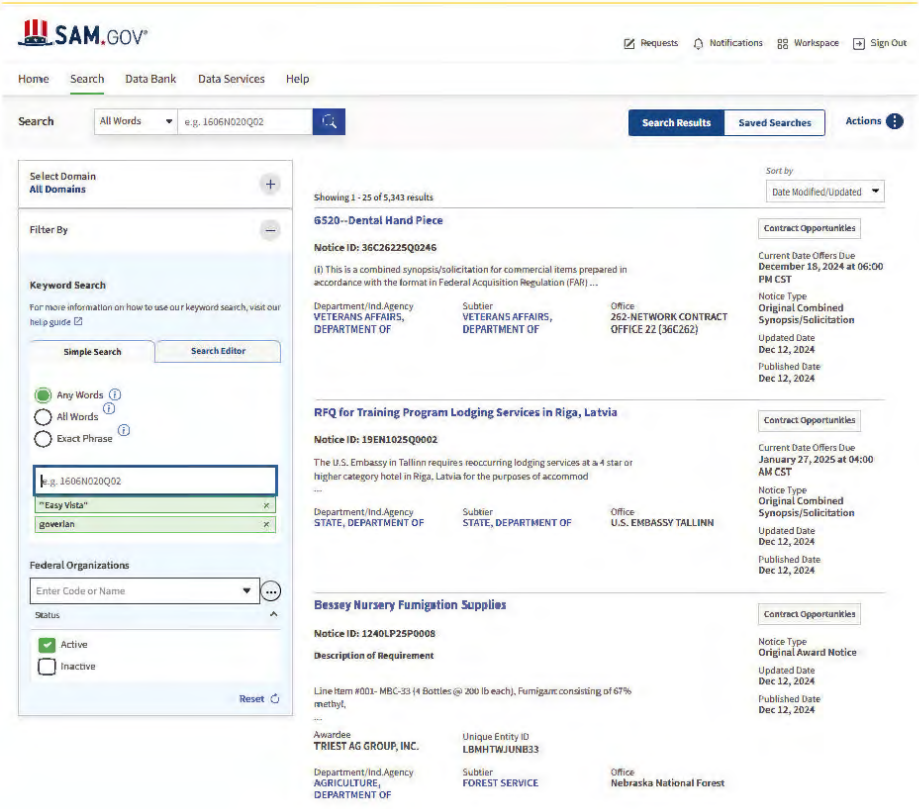
Showing 1 - 25 of 11,544 results
Sort by
Date Modified/Updated
80--BRUSH,PAINT
Notice ID: SPE8E925Q0130
Proposed procurement for NSN 8020008897920 BRUSH,PAINT: Line 0001 Qty 3939 UI PG Deliver To: W1AB DLA DISTRIBUTION By: 0102 DAYS ADO The solicitati...
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEFENSE LOGISTICS AGENCY
Office
DLA TROOP SUPPORT
Contract Opportunities
Current Date Offers Due
December 18, 2024 at 06:00 PM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
61--CABLE ASSEMBLY,SPEC
Notice ID: SPE4A725Q0333
Proposed procurement for NSN 6150015643572 CABLE ASSEMBLY,SPEC: Line 0001 Qty 73 UI EA Deliver To: W1AB DLA DIST SAN JOAQUIN By: 0225 DAYS ADO Th...
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEFENSE LOGISTICS AGENCY
Office
DLA AVIATION
Contract Opportunities
Current Date Offers Due
December 19, 2024 at 06:00 PM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
42--HARNESS,SAFETY,INDU
Notice ID: SPE8E525Q0087
Proposed procurement for NSN 4240014652302 HARNESS,SAFETY,INDU: Line 0001 Qty 40 UI EA Deliver To: W1AB DLA DISTRIBUTION By: 0120 DAYS ADO Approv...
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEFENSE LOGISTICS AGENCY
Office
DLA TROOP SUPPORT
Contract Opportunities
Current Date Offers Due
December 25, 2024 at 06:00 PM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024


SAM.GOV
Requests
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All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
"Easy Vista"
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Federal Organizations
Enter Code or Name
Status
Active
Inactive
Reset
Showing 1 - 25 of 5,343 results
Sort by
Date Modified/Updated
6520--Dental Hand Piece
Notice ID: 36C26225Q0246
(i) This is a combined synopsis/solicitation for commercial items prepared in accordance with the format in Federal Acquisition Regulation (FAR) ...
Department/Ind.Agency
VETERANS AFFAIRS, DEPARTMENT OF
Subtier
VETERANS AFFAIRS, DEPARTMENT OF
Office
262-NETWORK CONTRACT OFFICE 22 (36C262)
Contract Opportunities
Current Date Offers Due
December 18, 2024 at 06:00 PM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
RFQ for Training Program Lodging Services in Riga, Latvia
Notice ID: 19EN1025Q0002
The U.S. Embassy in Tallinn requires reoccurring lodging services at a 4 star or higher category hotel in Riga, Latvia for the purposes of accommod
...
Department/Ind.Agency
STATE, DEPARTMENT OF
Subtier
STATE, DEPARTMENT OF
Office
U.S. EMBASSY TALLINN
Contract Opportunities
Current Date Offers Due
January 27, 2025 at 04:00 AM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
Bessey Nursery Fumigation Supplies
Notice ID: 1240LP25P0008
Description of Requirement
Line Item #001- MBC-33 (4 Bottles @ 200 lb each), Fumigant consisting of 67% methyl,
...
Awardee
TRIEST AG GROUP, INC.
Unique Entity ID
LBMHTWJUNB33
Department/Ind.Agency
AGRICULTURE, DEPARTMENT OF
Subtier
FOREST SERVICE
Office
Nebraska National Forest
Contract Opportunities
Notice Type
Original Award Notice
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024

The Computer Man, Inc.
1105 Canoga Park Drive
Marshall, MN 56258
Phone (507) 532-7562
Fax (507) 532-2680
www.tcmi.com

12/9/2024

Quote # 623614

Quote

business partner

Microsoft Partner
Midmarket Solution Provider

Prepared For

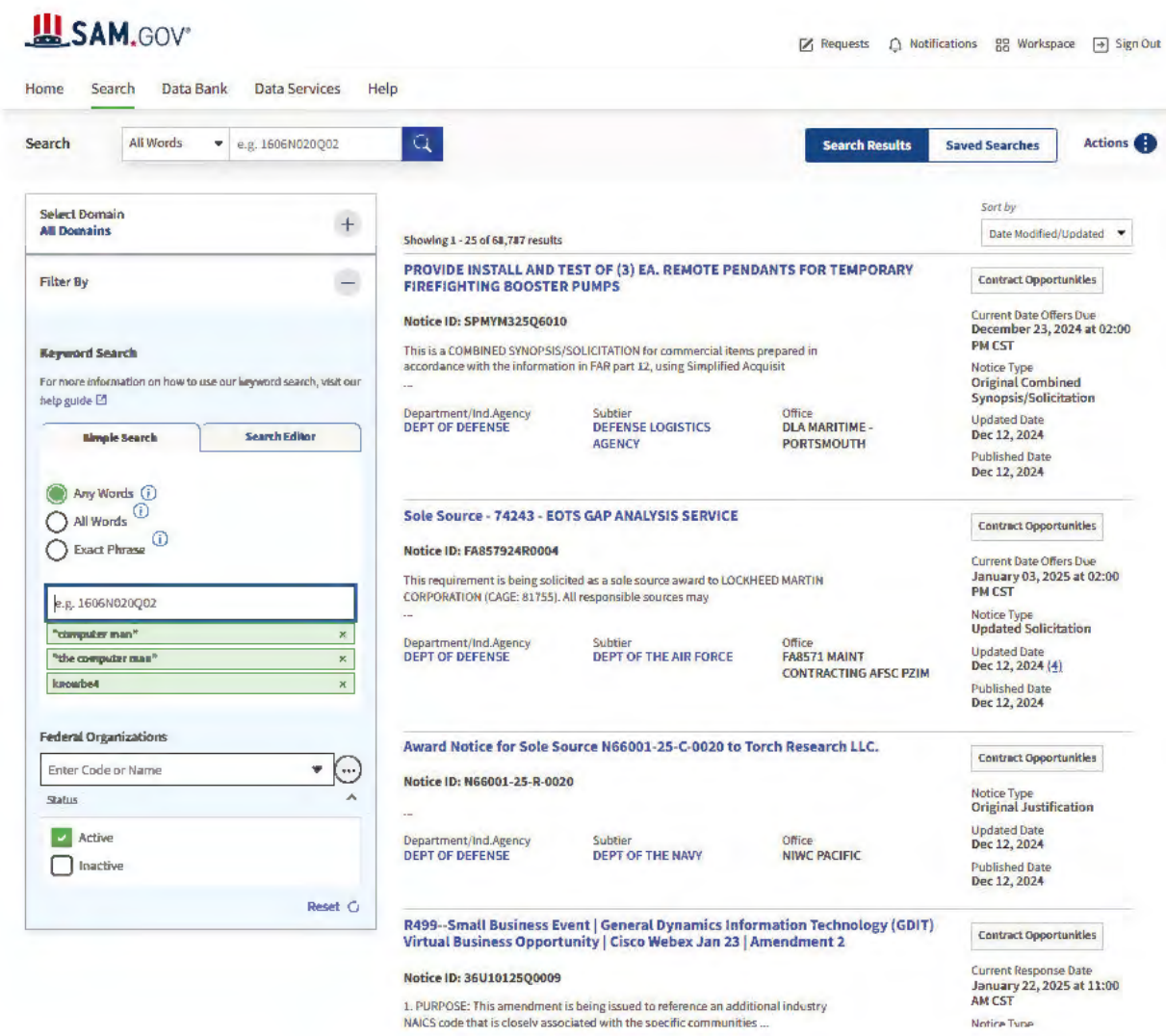
Southwest Health & Human Services
607 West Main Street Suite 100
Marshall, MN 56258

PO Number	Terms	Rep
	Net 10 Days	MWT

Description	Qty	Price	Extended Price
Budgetary KnowBe4 Renewal Diamond KMSAT / Compliance Plus 36 Month Term Discount Included To Accomodate Budget Subscription Start Date: 02/17/2025 Subscription End Date: 02/18/2028 Quote valid through 12/31/24			
KnowBe4 Security Awareness Training Subscription Diamond - 36 Months	240	38.75	9,300.00
KnowBe4 Compliance Plus Subscription - 36 Months	240	15.55	3,732.00
SUBTOTAL			13,032.00

Thank you for your business.

Subtotal	$13,032.00
Sales Tax (6.875%)	$0.00
Total	$13,032.00


SAM.GOV
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Search
All Words
e.g. 1606N020Q02
Search Results
Saved Searches
Actions
Select Domain
All Domains
Filter By
Keyword Search
For more information on how to use our keyword search, visit our help guide
Simple Search
Search Editor
Any Words
All Words
Exact Phrase
e.g. 1606N020Q02
"computer man"
"the computer man"
knowbe4
Federal Organizations
Enter Code or Name
Status
Active
Inactive
Reset
Showing 1 - 25 of 68,787 results
Sort by
Date Modified/Updated
PROVIDE INSTALL AND TEST OF (3) EA. REMOTE PENDANTS FOR TEMPORARY FIREFIGHTING BOOSTER PUMPS
Notice ID: SPMYM325Q6010
This is a COMBINED SYNOPSIS/SOLICITATION for commercial items prepared in accordance with the information in FAR part 12, using Simplified Acquisit
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEFENSE LOGISTICS AGENCY
Office
DLA MARITIME - PORTSMOUTH
Contract Opportunities
Current Date Offers Due
December 23, 2024 at 02:00 PM CST
Notice Type
Original Combined Synopsis/Solicitation
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
Sole Source - 74243 - EOTS GAP ANALYSIS SERVICE
Notice ID: FA857924R0004
This requirement is being solicited as a sole source award to LOCKHEED MARTIN CORPORATION (CAGE: 81755). All responsible sources may
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEPT OF THE AIR FORCE
Office
FA8571 MAINT CONTRACTING AFSC PZIM
Contract Opportunities
Current Date Offers Due
January 03, 2025 at 02:00 PM CST
Notice Type
Updated Solicitation
Updated Date
Dec 12, 2024 (4)
Published Date
Dec 12, 2024
Award Notice for Sole Source N66001-25-C-0020 to Torch Research LLC.
Notice ID: N66001-25-R-0020
Department/Ind.Agency
DEPT OF DEFENSE
Subtier
DEPT OF THE NAVY
Office
NIWC PACIFIC
Contract Opportunities
Notice Type
Original Justification
Updated Date
Dec 12, 2024
Published Date
Dec 12, 2024
R499--Small Business Event | General Dynamics Information Technology (GDIT) Virtual Business Opportunity | Cisco Webex Jan 23 | Amendment 2
Notice ID: 36U10125Q0009
1. PURPOSE: This amendment is being issued to reference an additional industry NAICS code that is closely associated with the specific communities ...
Contract Opportunities
Current Response Date
January 22, 2025 at 11:00 AM CST
Notice Type

DECEMBER 2024

GRANTS ~ AGREEMENTS ~ CONTRACTS

for Board review and approval

☐ **Avera Marshall d/b/a Avera Marshall Regional Medical Center (Marshall, MN)** – 01/01/25 to 12/31/25; Mental Health Hold Orders and Civil Commitment Beds and Services, not to exceed $1,495/day for hospital services (no increase) (renewal).
Fiscal Note: 2024: $5,200; 2023: $5,525; 2022 $5,470.75; 2021 $28,254; 2020 $28,198

☐ **Bud's Bus Service (Reading, MN)** – 01/01/25 – 12/31/25; Transportation for DD clients, $32 per one way trip (36% increase) (renewal).
Fiscal Note:2024 $16,454; 2023 $13,758; 2022 $15,794; 2021 $22,430; 2020 $19,780

☐ **Callens, Jean (Taunton, MN)** – 01/01/25 to 12/31/25; Client guardianship services, $20/hour plus expenses (no increase) (renewal).
Fiscal Note:2024 $353; 2023 $3,066; 2022 $2,126; 2021 $2,990; 2020 $1,335; 2019 $2,747

■ **Collective Medical (aka PointClickCare)** – 11/20/24 to ongoing; real time inpatient notification system for members of our managed care programs, no cost-DHS is covering costs (NEW).

■ **Collective Medical (aka PointClickCare)** – 11/20/24 to ongoing; business associates' agreement (NEW).

■ **Collective Medical (aka PointClickCare)** – 11/20/24 to ongoing; master service agreement (NEW).

■ **DHS Adult Mental Health Grant (CSP)** – 01/01/25 to 12/31/26; an agreement for allocating monies for the community support program, $650,902 (no change) (renewal).
Fiscal Grant Award: 2023-2024 $650,902; 2021-22 $650,902; 2019-20 $650,902

■ **DHS Child & Teen Check Up** – 01/01/24 to 12/31/26; First Amendment to the original grant agreement that provides C&TC administrative services to children birth through age 20 that are MA eligible, $26.50/child reimbursement; Amendment 1 $187,858 for CY2025 (renewal).
Fiscal Note: grant CY2021 $262,270, CY2022 $211,417, CY2023 $179,961, CY2024 $174,767

■ **DHS Family Group Decision Making (FGDM) Grant** – 07/01/22 to 06/30/26; Amendment to current grant to update reporting periods; $220,000 for SFY 25&26 ($110,000/SFY)
Fiscal Grant Award: 2024 $123,032; 2023 $123,032; 2022 $123,032; 2021 $39,780; 2020 $39,780

☐ **Ellison Center (St Cloud, MN) -** 01/01/25 – 12/31/25; contract to provide reflective consultation for home visits related to the MDH Strong Foundations FHV grant; $31,300/contract maximum (no hourly increase, contract maximum increased) (renewal).
Fiscal Note: 2024 $17,844; 2023 $17,020; 2022 $14,195

☐ **Hart, Ivonne (Marshall, MN)** – 01/01/25 to 12/31/25; contract to provide interpreting services at $10/15-min for face-to-face during office hours and $50/printed page for written document translation (no increase) (renewal).
Fiscal Note: 2024 $12,713; 2023 $15,866.40; 2022 $4880; 2021 $390; 2020 $50

☐ **Lamar (Sioux Falls, SD)** – 11/25/24 to 01/11/26; billboard display for Opioid campaign; Total Cost - $20,445 (NEW).
Fiscal Note: Funded through Opioid & Foundational funding

☐ **Linder Digital (Marshall, MN)** – 01/01/25 to 12/31/25; twelve-month targeted display campaign for child teen checkup, $17,700/annual (NEW).

☐ **Lutheran Social Services of MN (St Paul, MN)** – 01/01/25 to 12/31/25; Client guardianship services, $62.50/hour (2.5% increase) (renewal).
Fiscal Note: 2024 $11,576; 2023 $5,746; 2022 $3,130; 2021 $4,623; 2020 $5,640

☐ **Marshall Radio (Marshall, MN)** – 12/01/24 to 12/31/25; thirteen-month targeted display campaign for opioid campaign, $12,740/annual (NEW).
Fiscal Note: Funded through Opioid & Foundational funding

☐ **MDH Cannabis & Substance Use Prevention** – 11/21/24 to 06/30/26; Grant to local PH departments to create prevention and education programs focusing on cannabis and substance use prevention; BP1: $156,370 (NEW).

☐ **Morris Electronics Inc. (Morris, MN)** – 01/01/25 – 12/31/25; Contract to provide computer and technical support on as needed basis, $100/hour ($5/hour increase) (renewal).
Fiscal Note: 2024 $41,119; 2023 $20,060; 2022 $39,061.74; 2021 $45,308.19; 2020 $35,946.75

☐ **Murray County DAC (Slayton, MN) -** 01/01/25 – 12/31/25; Paper shredding services, $11.13/hour (increased to new minimum wage) (renewal).
Fiscal Note: 2024 $188; 2023 $222; 2022 $249; 2021 $126; 2020 $54

☐ **New Horizons Crisis Center (Marshall, Slayton, Redwood locations)** – 01/01/24 to 12/31/24; Amendment to increase 2024 parenting time contract by $30,000, Original 2024 contract amount was $120,000

☐ **New Horizons Crisis Center (Marshall, Slayton, Redwood locations)** – 01/01/25 to 12/31/25; Block grant payment for supervised parenting time services, $120,000 (no increase) (renewal).
Fiscal Note: 2024 $111,155; 2023 $85,263; 2022 $101,954; 2021 $73,525; 2020 $91,330; 2019 $101,802

☐ **Pipestone County (Pipestone, MN) -** 01/01/25 – 12/31/25; Office space lease, $58,000.00 annually at $4,833.33/month (no increase) (renewal).

☐ **Progress Inc. (Pipestone, MN) -** 01/01/25 to 12/31/25; Paper shredding and recycling services, $.90/pound shredding (6% increase) and $11.13/hr recycling pickup (increased to minimum wage) (renewal).
Fiscal Note: 2024 $1,657; 2023 $1,621; 2022 $3,653; 2021 $1,460.38; 2020 $1,301

☐ **Rock County Opportunities, Inc. (Luverne, MN)** – 01/01/25 to 12/31/25; day training and habilitation services, $134.43/full day rate, $103.82/service unity rate, $36.54/transportation rate (renewal).

☐ **Southwest Adult Basic Education** – 02/10/25 – 02/11/25; It Begins with Us Conference Sponsorship – offer conference scholarships & other conference expenses, $5000 (NEW).
Fiscal Note: reimbursed through PH Foundational Funding

☐ **Southwest Crisis Center (Luverne, MN) –** 01/01/25 to 12/31/25; Community Education and Prevention Services to bring awareness and acceptance of mental illness, chemical dependency, or other social problems as well identify availability of resources and services, $5,000 block grant (no increase) (renewal).
Fiscal Note: 2024 $5,000; 2023 $5,000; 2022 $5,000; 2021 $5,000; 2020 $5,000

☐ **United Community Action Partnership (Marshall, MN)** – 01/01/25 to 12/31/25; Client transportation services that now services all agency counties, volunteer driver rate of $ 1.035/mile (IRS rate + .38 administrative fee) with local support at $2,500/county or $15,000/year (no increase) (renewal).

☐ **Western Mental Health Center Inc (Rock)** – 12/01/24 to 12/31/25; Adult Community Support Program, MH Practitioner $103/hr, Community Support Aide $51.50/hr, ARMHS Individual Service $103/hr, ARMHS group service $51.50/hr, Certified Peer Specialist $103/hr, BHH Individual service $103/hr; $25,000 cap – additional dollars require approval (NEW).

☐ **Western Mental Health Center Inc (Rock)** – 12/01/24 to 12/31/25; provide adult mental health clinical supervision services, $145/hr for master's level, $175/hr for doctoral level, cap of $20,000 (NEW).

☐ **Western Mental Health Center Inc (Rock)** – 12/01/24 to 12/31/25; Mental health services (block grant) to provide adult and children's outpatient treatment, crisis treatment, medication management, diagnostic assessment, and consultation, $125,000/annual plus clinical supervision at $145/hr for master's level or $175/hr for doctoral level (NEW).

☐ **Western Mental Health Center (all 6 counties & Yellow Medicine)** – 01/01/25 to 12/31/26; Mental health adult and children's crisis response services, with payments of $180,399/qtr in 2025; with payments of $181,009/qtr in 2026 (NEW with all counties).
Fiscal Note: agency is a pass-through DHS MH Crisis Response Grant

☐ **Signatures None**
☐ **Signatures Partial**
■ **Signatures Complete**