

City of Northfield

*City Hall
801 Washington Street
Northfield, MN 55057
northfieldmn.gov*



Meeting Agenda

Tuesday, April 21, 2026

6:00 PM

Prior to Council Meeting

Council Chambers

Housing & Redevelopment Authority

6:00 PM - REGULAR AGENDA CALL TO ORDER AND ROLL CALL

APPROVAL OF AGENDA

PRESENTATIONS

1. [26-196](#) Rice County Community Land Trust Presentation

Attachments: [1 - Community Land Trust Basics](#)
[2 - CLT Case Study](#)
[3 - Rice County Community Land Trust Memo to HRA](#)
[4 - Consulting Agreement 1](#)
[5 - Articles of Incorporation](#)
[6 - Bylaws](#)
[7 - Consulting Agreement 2](#)

CONSENT AGENDA

The proposed consent agenda is included on the Council Chamber screens. The purpose of a consent agenda is to allow for routine motions, resolutions, and ordinances, or those previously discussed with consensus made, to be passed with one motion. These are still important and necessary considerations and full background memo and materials are publicly available on the website and a copy on the table in the room. Board/Commission Members may ask questions for clarification of an item. If a Member wants to discuss an item, our rules request it be made by advance notice by noon on the Monday immediately prior to the meeting date to the Chair and Staff Liaison, or without said prior notice, during the approval of the agenda. The agenda was passed earlier including the consent agenda.

2. [26-197](#) Consider Approval of February 17, 2026 Housing and Redevelopment Authority Meeting Minutes.

Attachments: [1 - 02-17-2026 HRA Meeting Minutes](#)

3. [26-198](#) Consider Approval of March 10, 2026 Housing and Redevelopment Authority Work Session Minutes.

Attachments: [1 - 03-10-26 Housing and Redevelopment Authority Work Session Minutes](#)

OPEN PUBLIC COMMENT

Persons may take one opportunity to address the Board/Commission for two (2) minutes (not including interpreter's time) on any topic, even if on the agenda, with the condition that they may not speak on the same item later in the meeting. No notification of the Chair is required. However, speakers are asked to complete a sign up card. Persons wanting a response to a question must submit the question in writing to the recording secretary. Questions must include name and information on how to contact. You may use the back side of the comment cards available in the meeting room. Persons cannot gift their 2 minute speaking time to other members of the public.

BOARD MEMBER AND COMMISSIONER REPORTS

REGULAR AGENDA

Persons that wish to speak on a regular agenda item must provide name and address by completing & submitting a sign up card. Persons may also contact the staff liaison via the City's website no later than 12:00 noon on the day of the meeting. The Chair will call up individuals to speak, based on preregistration and cards submitted, after the staff report on an item. Please be respectful of the public's and the Commission's time. Members of the public wishing to speak must adhere to the following guidelines:

- *Speak only once for no more than two minutes (not including interpreter's time) on the topic unless the speaker is addressed by the Commission;*
- *Identify your relationship to the topic;*
- *Have a spokesperson or two for your group to present your comments;*
- *Persons wanting a response to a question must submit the question in writing to the recording secretary, including name and how you would like to be contacted.*

4. [HRA M2026-001](#) Consider a motion affirming the proposed TIF Plan for Harvest Hills conforms to strategic housing goals for the City as outlined in the 2025-2028 Strategic Plan and Northfield 2045 Comprehensive Plan.

Attachments: [1 - TIF Plan Harvest Hills PC](#)

STAFF UPDATES

5. [26-199](#) Staff Updates

Attachments: [1 - Link to City's Development Page](#)
 [2 - Manufactured Home Park Resident Bill of Rights](#)
 [3 - Community Health Improvement Plan](#)

ADJOURNMENT



Legislation Text

File #: 26-196, **Version:** 1

Housing and Redevelopment Authority Meeting Date: April 21, 2026

To: Members of the Housing and Redevelopment Authority

From: Melissa Hanson, Housing Coordinator

Rice County Community Land Trust Presentation

Action Requested:

No action request. HRA will hear a presentation by the newly established Rice County Community Land Trust.

Summary Report:

Laura Bock and Nort Johnson to present on the newly established Rice County Community Land Trust.

Background

A community land trust (CLT) is a nonprofit organization that acquires and holds land to support long-term community goals, most commonly the creation and preservation of affordable housing. The model is used nationally as a tool to maintain affordability over time in both strong and emerging housing markets.

How the Model Works

A CLT separates ownership of land from ownership of buildings:

- The CLT retains ownership of the land.
- The homeowner owns the structure and enters into a long-term ground lease (typically 99 years).

This structure reduces the initial purchase price by removing land cost from the transaction.

When a home is sold, the resale price is governed by a formula in the ground lease. This allows the homeowner to build limited equity while ensuring the home remains affordable for future buyers.

Key Features

- Permanent Affordability: Homes remain affordable across multiple ownership cycles.
- Stewardship: The CLT provides ongoing oversight, including resale management and homeowner support.
- Community Governance: CLTs are typically governed by a board representing residents, community members, and public interests.

Policy Considerations / Benefits

- Preserves affordability without requiring repeated public subsidy
- Expands access to homeownership for moderate- and lower-income households
- Stabilizes neighborhoods and reduces displacement pressures
- Aligns with long-term housing and equity goals

Tradeoffs

- Resale restrictions limit maximum equity gains for homeowners
- Requires initial investment (e.g., land, subsidy, or startup funding)
- Ongoing administration and stewardship are necessary
- Model may require additional education for buyers and lenders

Role of the City

Local governments commonly support CLTs through:

- Land contributions or discounted land sales
- Gap financing or subsidy for development
- Policy alignment with housing and comprehensive plans
- Support for organizational capacity (startup or operations)

Conclusion

A community land trust is a long-term housing tool designed to preserve affordability and community benefit. It can complement existing programs by ensuring that public investment in housing remains effective over time.

The following attachments are included:

- Attachment 1 - Community Land Trusts Explained video
- Attachment 2 - What is a Community Land Trust? 5 Things You Need to Know video
- Attachment 3 - Rice County Community Land Trust Memo to HRA
- Attachment 4 - First Consulting Agreement, September 19, 2025
- Attachment 5 - Articles of Incorporation
- Attachment 6 - Bylaws
- Attachment 7 - Second Consulting Agreement, March 6, 2026

City Plans & Policies Relevance:

A community land trust (CLT) directly advances the City of Northfield’s housing goals by creating permanently affordable homeownership opportunities that align with both the Comprehensive Plan’s emphasis on equity, housing diversity, and wealth-building, and the Strategic Plan’s priority to increase housing availability. The Comprehensive Plan calls for “safe, stable housing in a wide variety of types, sizes, and ownership models” and specifically highlights the need to build pathways to homeownership and generational wealth while addressing affordability gaps and disparities. A CLT model meets these objectives by lowering the cost of entry into homeownership, preserving long-term affordability, and expanding access for households who would otherwise be priced out of the market. At the same time, the Strategic Plan prioritizes expanding both single-family and multi-family housing supply and implementing housing stabilization strategies. A CLT supports these efforts by adding units in a financially sustainable way, preserving affordability over time, and complementing public investments by ensuring long-term community benefit from housing development.

Alternative Options:

N/A

Financial Impacts:

N/A

Tentative Timelines:

N/A

**Memorandum
from the desk of
Nort Johnson**



Memo: Rice County Community Land Trust
To: Melissa Hanson/Northfield HRA Board

04/13/2026

Melissa and Northfield HRA,

Thank you for your interest in learning more about the NEW Rice County Community Land Trust. We look forward to sharing the details of our long path to establishing this important option to generate more home ownership opportunities for working families in Rice County.

Our group represents several organizations, with primary partners being City of Faribault, Rice County HRA, Faribault Foundation, and the Faribault Chamber. The best work gets done when we collaborate!

We're especially proud to have an opportunity to work with our Northfield neighbors! Perhaps you'll find the RCCLT something you'd like to have in your development toolbox as well. Either way, we look forward to connecting and sharing.

I am including some important organizational documents for your review. We'll bring a presentation that will be both informative and efficient in telling our story.

Thanks so much,

Nort Johnson

Faribault Chamber of Commerce/ Faribault Industrial Corp

Laura Bock

Faribault Foundation

Cc; file



Governmental Relations, Real Estate Development & Strategic Business Consulting
Jim Erickson, Founder & President, Tom Streitz, Principal, Carrie Ruud, Principal Edward Lief, Associate, Farhio Khalif, Associate, Alex Streitz, Associate

Professional Services Engagement Agreement Faribault Land Trust Coalition September 19, 2025

FLTC (client) desires to retain contractor (SSG) to accomplish its Goals and Objectives in the areas noted herein, and in such other matters or issues as the need for assistance may arise. **Solomon Strategies Group (SSG) (Contractor)** provides a suite of Governmental Relations services, **including registered lobbying services**, including: public affairs consulting, general advice, counsel and business consultation services and related professional advisory services to a limited number of select leading businesses, non-profit organizations, business owners and associations, real estate developers and entrepreneurs.

The initial Goals and Objectives sought by FLTC in this Engagement are for SSG to counsel, assist and advise FLTC in all facets of exploring and creating a Land Trust in the Faribault Community to help stabilize and provide wealth building for low to moderate income families through homeownership. Such counsel and advice shall include:

- 1.) Advising FLTC on the appropriate Land Trust model for the Faribault community;**
- 2.) Providing research on other successful National and State Land Trust models;**
- 3.) Assisting FLTC in convening and gathering input from local stakeholders;**
- 4.) Assisting FLTC in developing and creating a Land Trust entity;**
- 5.) Assisting FLTC in selecting and creating a Land Trust Board to provide guidance and oversee the successful implementation of the Land Trust's goals and mission;**

6.) Legal counsel and regulatory advice in implementation of the Land Trust; and

7.) Such other government and private sector assistance as needed to meet FLTC's goals and mission.

Term and Compensation Addendum

Initial Consulting Term

SSG shall provide the services described above to FLTC commencing immediately upon payment of Initial Retainer and ending on December 31, 2025 unless terminated earlier by client under the Client Termination Option.

Consulting Term Extension Option

If so desired FLTC and SSG may agree to extend this Agreement beyond its initial term on a monthly retainer basis under such terms as mutually agreed up by the parties.

Client Termination Option

This Agreement may be Terminated by the Client, without cause, with Thirty Day (30) Day Written Notice, at any time after October 30, 2025.

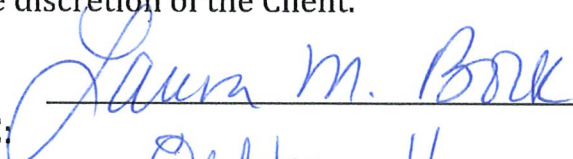
Compensation: (See Fee Addendum for Detail)

Initial Retainer at signing of Ten Thousand (\$10,000) for consulting services provided to date and services to be provided through October 30, 2025.
Monthly Service Retainer of Five Thousand (\$5,000) a month for the months of November and December of 2025.

Monthly Service Retainer Invoices, as noted herein, will be regularly submitted to the Client near the beginning of the Service Month and are due and payable on or before the 15th of the Service Month, by ACH, EFT or mailed Check. Contractor will include and absorb all ordinary and necessary out-of-pocket expenses within the Monthly Service Retainer payments, unless otherwise approved at the sole discretion of the Client.

Signed:

For FLTC:


October 16, 2025

Signed:

For SSG: Thomas Streitz, _____ 2025

Solomon Strategies Group- Faribault Land Trust Coalition
Consulting Agreement Fee Addendum
September 19, 2025

Fee detail for consulting services per deliverable as detailed on the SSG/FLTC Professional Services Agreement dated September 19, 2025:

Services Deliverable:

- 1) Advising on and exploring various Land Trust models to inform and create the model that meets the FLTC community needs.

Hours 20

- 2) Conduct research on national, state, and local Land Trust Models.

Hours 10

- 3) Assisting FLTC in identifying, convening and gathering input from community stakeholders.

Hours 10

- 4) Assist FLTC in creating a 501(C)(3) legal entity:

- File for Federal Tax Exemption with the IRS
- File for Federal EIN number
- Review By- Laws and file with the State of Minnesota

Hours 20

- 5) Assist FLTC in selecting and creating a Land Trust Board and model of operation including; number of board members, terms of service, and governance

Hours 5

- 6) Legal and regulatory advice on implementation of the Land Trust Model selected.

Hours 5

- 7) Assist in identifying and applying for National, State, County, private and philanthropic funds to support the ongoing work of FLTC.

Hours 10

Total Hours 80 x \$250 per hour Total Amount Due: \$20,000

ARTICLES OF INCORPORATION

OF

RICE COUNTY COMMUNITY LAND TRUST

ARTICLE I – NAME

The name of the corporation is **Rice County Community Land Trust** (the “Corporation”).

ARTICLE II – REGISTERED OFFICE

The Corporation’s registered office is located in the State of Minnesota at:

530 Wilson Ave
Faribault, MN 55021

ARTICLE III – PURPOSE

This Corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, including but not limited to:

- Acquiring and holding land in trust to provide permanently affordable housing for low- and moderate-income individuals and families in Rice County, Minnesota.
 - Combating community deterioration and lessening the burdens of government by creating and preserving affordable housing.
-

ARTICLE IV – NONPROFIT NATURE

1. The Corporation shall be a nonprofit corporation and shall not issue stock.
2. No part of the net earnings shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered.
3. No substantial part of the activities of the Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in any political campaign.

ARTICLE V – DURATION

The period of duration of the Corporation is perpetual.

ARTICLE VI – MEMBERS

The Corporation shall have **no voting members**. Governance authority is vested in the Board of Directors.

ARTICLE VII – BOARD OF DIRECTORS

The affairs of the Corporation shall be managed by a Board of Directors consisting of not less than **9** and not more than **15** directors. The number of directors shall be set forth in the Bylaws.

ARTICLE VIII – REGISTERED AGENT

The name and address of the initial registered agent is:

Nort Johnson
530 Wilson Ave
Faribault, MN 55021

ARTICLE IX – INCORPORATOR

The name and address of the incorporator is:

Laura M. Bock
530 Wilson Ave
Faribault, MN 55021

ARTICLE X – DISSOLUTION

Upon dissolution, all assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the

Faribault Foundation or another qualified public charity that will carry out similar charitable purposes.

ARTICLE XI – AMENDMENTS

Amendments to these Articles shall be made as provided by the Minnesota Nonprofit Corporation Act and the Bylaws of the Corporation.

EXECUTION

IN WITNESS WHEREOF, the undersigned incorporator executes these Articles of Incorporation on this 12 day of February, 2026.

Laura M. Bock
Laura M. Bock

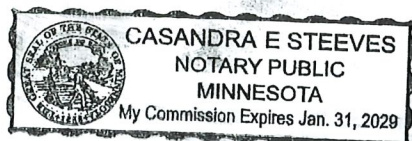
2/12/2026
Date

Incorporator Address:
530 Wilson Ave
Faribault, MN 55021

Cassandra Steeves
Cassandra Steeves

2/12/2026
Date

Notary Public



BYLAWS OF RICE COUNTY COMMUNITY LAND TRUST

ARTICLE I – NAME AND PURPOSE

Section 1. Name. The name of the organization is **Rice County Community Land Trust (RCCLT)** (the “Corporation”).

Section 2. Purpose. The Corporation is organized exclusively for charitable and educational purposes under Section 501(c)(3) of the Internal Revenue Code. Its primary mission is to acquire, hold, and steward land for the purpose of creating and preserving affordable housing and community assets in Rice County, Minnesota.

Section 3. Nonprofit Status. The Corporation shall be a nonprofit corporation and shall not issue stock. No part of the net earnings shall inure to the benefit of, or be distributable to, private individuals.

ARTICLE II – MEMBERSHIP

Section 1. Members. The Corporation shall have no legal members. Governance authority is vested in the Board of Directors.

ARTICLE III – BOARD OF DIRECTORS

Section 1. General Powers. The Board of Directors (the “Board”) shall manage the affairs of the Corporation.

Section 2. Composition. The Board shall consist of **9 to 15 Directors**, divided equally (to the extent practicable) into two constituencies:

- **Public Interest (1/2)** – Individuals who represent the broader public interest, including but not limited to representatives of nonprofit organizations, government entities, community organizations, or members of the general public with a demonstrated commitment to affordable housing and community development.

- **General/Expert (1/2)** – Individuals selected for their professional skills or expertise relevant to the mission and operations of the Corporation, including but not limited to real estate, housing development, finance, law, property management, construction, or community planning.

Section 3. Term of Office. Directors shall serve **three-year terms**, renewable up to three consecutive terms.

Section 4. Election. Directors shall be elected by majority vote of the Board at the annual meeting.

Section 5. Vacancies. Vacancies may be filled by majority vote of the remaining Directors.

Section 6. Removal. Any Director may be removed by a two-thirds vote of the Board for cause or failure to fulfill duties.

Section 7. Meetings.

- **Regular Meetings:** At least **quarterly**.
- **Annual Meeting:** Held to elect officers and review progress.
- **Notice:** Written notice must be provided at least **10 days in advance**.

Section 8. Quorum. A majority of the Board shall constitute a quorum.

Section 9. Compensation. Directors shall not receive compensation but may be reimbursed for reasonable expenses.

ARTICLE IV – OFFICERS

Section 1. Officers. Officers shall consist of:

- President (or Chair)
- Vice President (or Vice Chair)
- Secretary
- Treasurer

Section 2. Election and Term. Officers shall be elected annually by the Board and serve one-year terms, renewable.

Section 3. Duties.

- **President:** Presides over meetings and provides leadership.
- **Vice President:** Acts in place of the President when necessary.
- **Secretary:** Maintains records and minutes.

- **Treasurer:** Oversees finances and compliance with reporting requirements. Presents financial reports to the Board.
-

ARTICLE V – COMMITTEES

Section 1. Committees. The Board may establish committees as needed; examples include:

- Advisory Committee
- Bylaws Committee
- Executive Committee
- Finance Committee
- Governance/Nominating Committee
- Property Acquisition
- Stewardship Committee

Section 2. Authority. Committees shall have only the powers granted by the Board and may not act in place of the Board.

ARTICLE VI – CONFLICT OF INTEREST

The Board shall adopt a written conflict of interest policy consistent with IRS requirements. Directors must disclose any potential conflicts and recuse themselves from related decisions.

ARTICLE VII – FINANCES

Section 1. Fiscal Year. The fiscal year shall be **January 1 to December 31**.

Section 2. Deposits. All funds shall be deposited in the name of the Corporation in financial institutions approved by the Board.

Section 3. Contracts. The Board may authorize officers or agents to enter into contracts on behalf of the Corporation.

Section 4. Grants. The Corporation may seek and accept donations, grants, and contributions consistent with its purposes.

ARTICLE VIII – INDEMNIFICATION

To the fullest extent permitted by law, the Corporation shall indemnify its Directors, officers, employees, and agents against liabilities incurred in connection with their authorized duties.

ARTICLE IX – AMENDMENTS

These Bylaws may be amended by a **two-thirds vote** of the Board at any regular or special meeting, provided that written notice of the proposed amendment is given at least **10 days in advance**.

ARTICLE X – DISSOLUTION

Upon dissolution, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or shall be distributed to the Faribault Foundation or another qualified public charity to continue the Corporation's mission.



Governmental Relations, Real Estate Development & Strategic Business Consulting

Jim Erickson, Founder & President, Tom Streitz, Principal, Carrie Ruud, Principal Edward Lief, Associate, Farhio Khalif, Associate, Alex Streitz, Associate

**Professional Services Engagement Agreement
Rice County Community Land Trust
February, 2026**

Solomon Strategies Group (SSG) (Contractor) provides a suite of Governmental Relations services, **including registered lobbying services**, including: public affairs consulting, general advice, counsel and business consultation services and related professional advisory services to a limited number of select leading businesses, non-profit organizations, business owners and associations, real estate developers and entrepreneurs.

The Rice County Community Land Trust (RCCLT) (Client) desires to engage and retain Contractor (SSG) to accomplish its Goals and Objectives in the areas noted herein, and in such other matters or issues as the need for assistance and assignment to SSG may arise from time to time, as mutually agreed.

The Goals and Objectives sought by RCCLT in this Engagement are for SSG to counsel, assist and advise RCCLT in all facets of exploring and creating a Land Trust in the Faribault Community to help stabilize and provide wealth building for low to moderate income families through homeownership. Such counsel and advice shall include:

Guidance on corporate financial structure including:

- **Assisting with creation of 5-Year Startup Operating Budget**
- **Lead discussion on revenue model and financial sustainability**
- **Identification of operating and project capital sources**
- **Planning for Year 1: program goals and project budget model**
- **Personnel structure and MN CLT Coalition administrative support**

Term and Compensation Addendum

Consulting Term

SSG shall provide the services described above to RCCLT commencing immediately upon execution of this Agreement and ending on April 30, 2026 unless terminated earlier by client under the Client Termination Option.

Consulting Term Extension Option

If so desired FLTC and SSG may agree to extend this Agreement beyond this term on a monthly retainer basis under such terms as mutually agreed up by the parties.

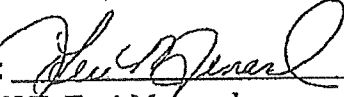
Client Termination Option

This Agreement may be Terminated by the Client, without cause, with Thirty Day (30) Day Written Notice, at any time after March 31, 2026.

Compensation:

- Monthly Service Retainer of Five Thousand (\$2,500) a month for the months of March and April of 2026.

Monthly Service Retainer Invoices, as noted herein, will be regularly submitted to the Client near the beginning of the Service Month and are due and payable on or before the 25th of the Service Month, by ACH, EFT or mailed Check. Contractor will include and absorb all ordinary and necessary out-of-pocket expenses within the Monthly Service Retainer payments, unless otherwise approved at the sole discretion of the Client.

Signed: 

For RCCLT: Teri Menard

Date: 3/5, 2026

Signed: 

For SSG: Thomas Streitz,

Date: 3/6, 2026



Legislation Text

File #: 26-197, **Version:** 1

HRA Meeting Date: April 21, 2026

To: Members of the Housing and Redevelopment Authority

From: Lynette Peterson, City Clerk

Consider Approval of February 17, 2026 Housing and Redevelopment Authority Meeting Minutes.

Action Requested:

The Housing and Redevelopment Authority is asked to consider approval of the February 17, 2026 Housing and Redevelopment Authority Meeting Minutes.

Summary Report:

N/A

Alternative Options:

N/A

Financial Impacts:

N/A

Tentative Timelines:

N/A



City of Northfield

City Hall
801 Washington Street
Northfield, MN 55057
northfieldmn.gov

Meeting Minutes - Draft Housing & Redevelopment Authority

Tuesday, February 17, 2026

6:00 PM

Council Chambers

Prior to Council Meeting

6:00 PM - REGULAR AGENDA CALL TO ORDER AND ROLL CALL

CALL TO ORDER AND ROLL CALL

Chair Sokup called the meeting to order at 6:00 p.m.

Present: 7 - Chair Davin Sokup, Vice Chair Chad Beumer, Board Member Erica Zweifel, Board Member Kathleen Holmes, Board Member Peter Dahlen, Board Member Jessica Peterson White and Board Member Brad Ness

Also present: Youth Representative Kay Swanson, Police Chief Jeff Schroeffer, Housing Coordinator Melissa Hanson, City Administrator Ben Martig and City Clerk Lynette Peterson.

APPROVAL OF AGENDA

A motion was made by Vice Chair Beumer, seconded by Board Member Ness, to approve the agenda. The motion carried by the following vote:

Yes: 7 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Holmes, Board Member Dahlen, Board Member Peterson White and Board Member Ness

CONSENT AGENDA

A motion was made by Board Member Holmes, seconded by Board Member Ness, to approve the Consent Agenda. The motion carried by the following vote:

Yes: 7 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Holmes, Board Member Dahlen, Board Member Peterson White and Board Member Ness

1. [26-074](#) Consider Approval of December 4, 2025 Housing and Redevelopment Authority Closed Meeting Minutes.
2. [26-075](#) Consider Approval of January 13, 2026 Housing and Redevelopment Authority Special Meeting Minutes.

OPEN PUBLIC COMMENT

None.

BOARD MEMBER AND COMMISSIONER REPORTS

No reports.

REGULAR AGENDA

3. [HRA Res. 2026-001](#) Budget Amendment for Emergency Rental Assistance Partnership to Support Housing Stability.

Board Member Holmes recused herself from the discussion and vote on this item.

Housing Coordinator Melissa Hanson introduced the item and introduced Anika Rychner, Interim Executive Director for Community Action Center. Rychner presented on the need for emergency rental assistance in Northfield due to federal immigration enforcement activity. Rychner gave background on the impact on housing and the partnership proposal with the Housing and Redevelopment Authority for rental assistance.

Hanson and City Administrator Ben Martig added additional information on the item. Rychner and Hanson answered questions from the Board Members.

A motion was made by Board Member Zweifel, seconded by Board Member Peterson White, to approve HRA Resolution No. 2026-001 Authorizing a Budget Amendment for Emergency Rental Assistance Partnership to Support Housing Stability. The motion carried by the following vote:

Yes: 6 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Dahlen, Board Member Peterson White and Board Member Ness

Recused: 1 - Board Member Holmes

STAFF UPDATES

4. [26-076](#) Staff Updates on Outstanding HRA Items

Housing Coordinator Melissa Hanson gave an update on outstanding HRA items.

ADJOURNMENT

A motion was made by Board Member Ness, seconded by Vice Chair Beumer, to adjourn the meeting at 6:42 p.m. The motion carried by the following vote:

Yes: 7 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Holmes, Board Member Dahlen, Board Member Peterson White and Board Member Ness



Legislation Text

File #: 26-198, **Version:** 1

HRA Meeting Date: April 21, 2026

To: Members of the Housing and Redevelopment Authority

From: Lynette Peterson, City Clerk

Consider Approval of March 10, 2026 Housing and Redevelopment Authority Work Session Minutes.

Action Requested:

The Housing and Redevelopment Authority is asked to consider approval of the March 10, 2026 Housing and Redevelopment Authority Work Session Minutes.

Summary Report:

N/A

Alternative Options:

N/A

Financial Impacts:

N/A

Tentative Timelines:

N/A



City of Northfield

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Meeting Minutes - Draft Housing & Redevelopment Authority

Tuesday, March 10, 2026

6:00 PM

Council Chambers

Work Session; Prior to Council Work Session

6:00 PM - WORK SESSION AGENDA

CALL TO ORDER AND ROLL CALL

REGULAR AGENDA

Chair Sokup called the meeting to order at 6:00 p.m.

- Present:** 5 - Chair Davin Sokup, Vice Chair Chad Beumer, Board Member Erica Zweifel, Board Member Peter Dahlen and Board Member Jessica Peterson White
- Absent:** 2 - Board Member Kathleen Holmes and Board Member Brad Ness

Also present: Community Development Director Scott Wopata, Housing Coordinator Melissa Hanson, Sustainability Coordinator Sara Pabich, City Administrator Ben Martig, Building Official Mike Morehouse, Public Works Director/City Engineer David Bennett and City Clerk Lynette Peterson.

1. [26-122](#) Local Housing Trust Fund Discussion

Housing Coordinator Melissa Hanson presented information regarding the Northfield/Dundas Housing continuum.

Commissioner Peterson White joined the meeting at 6:03 p.m.

Hanson continued presenting on the Local Housing Trust Fund (LHTF). Hanson answered questions from the Council.

Council Members provided feedback on the criteria for the LHTF including down payment assistance and the percent per use that the program is eligible.

2. [26-123](#) Manufactured Home Acquisition Program Discussion

Housing Coordinator Melissa Hanson introduced the item giving background on the 2024 assessment of manufactured homes in Northfield, a history of manufactured home availability, photos of inhabitable homes and case studies. Hanson discussed replacement challenges and replacement strategies.

Hanson and Building Official Mike Morehouse answered questions from the Council. Council Members provided feedback regarding the manufactured home acquisition program.

EXTEND THE MEETING

A motion was made by Vice Chair Beumer, seconded by Board Member Zweifel, to extend the meeting until business is complete. The motion carried by the following vote:

Yes: 5 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Dahlen and Board Member Peterson White

2. [26-123](#) Manufactured Home Acquisition Program Discussion

Discussion continued regarding the manufactured home acquisition program.

3. [26-124](#) Housing and Redevelopment Authority to review the status of HRA and City owned properties.

Housing Director Melissa Hanson described properties the HRA owns reviewing strengths on all properties.

Community Development Director Scott Wopata stated staff will come back to a future meeting with a property-by-property plan to move forward with progressive plans of action for these properties.

4. [26-125](#) Discuss Resolution Proclaiming the month of April 2026 Fair Housing Month.

Housing Coordinator Melissa Hanson explained the resolution proclaiming the month of April 2026 Fair Housing Month will be a consent agenda item on March 17. This resolution is required for grants and money received from the government.

5. [26-126](#) Staff Updates on Outstanding HRA Items

Housing Coordinator Melissa Hanson stated a representative from the Rice County Community Land Trust will be presenting at the next HRA meeting to gauge interest in participating in the program.

Community Development Director Scott Wopata highlighted development updates in the staff report regarding the Archer Development Team and TIF Districts.

Commissioner Zweifel commented regarding consideration of a waste cleanup day for Viking Terrace and Northfield Estates.

Chair Sokup mentioned the Zoning Code Update Kickoff Open House Wednesday night at the Northfield Depot.

ADJOURNMENT

A motion was made by Vice Chair Beumer, seconded by Board Member Zweifel, to adjourn the meeting at 7:45 p.m. The motion carried by the following vote:

Yes: 6 - Chair Sokup, Vice Chair Beumer, Board Member Zweifel, Board Member Holmes, Board Member Dahlen and Board Member Peterson White



Legislation Text

File #: HRA M2026-001, **Version:** 1

Housing and Redevelopment Authority Meeting Date: April 21, 2026

To: Members of the Housing and Redevelopment Authority

From: Scott Wopata, Community Development Director
Emery John, Program Associate

Consider a motion affirming the proposed TIF Plan for Harvest Hills conforms to strategic housing goals for the City as outlined in the 2025-2028 Strategic Plan and Northfield 2045 Comprehensive Plan.

Action Requested:

The Housing Redevelopment Authority is asked to approve a motion affirming the proposed TIF Plan for Harvest Hills conforms to the housing goals for the City as outlined in the 2025-2028 Strategic Plan and Northfield 2045 Comprehensive Plan.

Summary Report:

The Harvest Hills Tax Increment Financing District (TIF Plan) is being created to facilitate a new mixed-income townhome rental housing development in the City of Northfield. The development is expected to consist of approximately 71-units.

80% of the units are market rate and estimated to rent for approximately \$2,400/month; affordable for households around 80% of the area median income (AMI) or \$93k annual household income for a family of 5.

As is required with a housing TIF district per state statute, this development will adhere to strict affordability guidelines for 20% of the units to be affordably rented to households at 50% of the Area Median Income, as defined by the Department of Housing and Urban Development for Rice County. These affordable units are estimated to rent for approximately \$1,700/month; affordable for annual household income of approximately \$60k for a family of 5.

The project will occur in two phases on approximately 10.3 acres of undeveloped vacant land identified as Parcel ID# 22.12.4.26.022. The first phase is anticipated to begin in 2026 with grading and infrastructure improvements necessary to construct 38-townhome units. A second phase for the remaining units is planned after completion and occupancy of phase 1.

The Planning Commission reviewed the proposed development to ensure its conformity with the general plans for development of the City and the Northfield 2045 Comprehensive Plan at their April 16, 2026 meeting.

The applicant has completed a Business Subsidy Application for financial assistance with the project. Staff have reviewed the request and completed initial due diligence with Ehlers Public Financial Advisors. The prepared TIF Plan is attached. Appendix D (page 23 and 24) specifically reviews the finding that the proposed development would not occur solely through private investment.

Any financial assistance for this project from the City also triggers the Sustainable Building Policy.

City Plans & Policies Relevance:

This development meets the Northfield 2045 plan in many ways including, but not limited to:

The planned development is in a mixed-use residential zone on the Future Land Use map Figure 4 (56)

The TIF plan triggers the City’s Sustainable Building Policy, which aligns to Chapter 3: Access: Strategy 6: Design for resiliency and sustainability; Action 2: “Encourage the use of energy-efficient mechanical systems and building products and/or the use of building designs and materials that reduce lifecycle carbon and reliance on non-local energy sources in rehabilitation and new construction to decrease building operation costs and impacts on the environment” (77)

The added bike access to the middle school and school buildings aligns with Chapter 3: Access: Strategy 5: Design for safe access, by connecting school district trails to neighborhood streets.

Chapter 4: Sustainable Economic Future Strategy 8: Build more housing (104), and Strategy 10: “Create programs to support affordable and sustainable homes and neighborhoods. (106).

Additionally, this project is aligned with the adopted Strategic Plan of the City of Northfield Strategy #2: Increase Housing Availability, target to add 50 multi-family homes annually through 12/2028.

This proposed development also exceeds the goals of the strategic plan by ensuring the affordability of 20% of the proposed units.

Alternative Options:

HRA could alter the motion or decline to approve the motion.

Financial Impacts:

While the TIF plan itself has financial impacts, the scope of this motion is limited to an affirmation that the proposed project conforms to the strategic housing goals of the City, as outlined in the 2025-2028 Strategic Plan and Northfield 2045, which does not have a direct financial impact. The administrative cost of the TIF analysis has been paid by the developer.

Tentative Timelines:

- ✓ April 16 - Planning Commission motion and review
- April 21 - Housing Redevelopment Authority motion and review
- May 5 - City Council action on Harvest Hills preliminary plat
- May 19 - City Council public hearing on establishment of TIF district; consideration of resolution adopting TIF plans and approving TIF district
- End of June - Projected construction date

Adoption Date: May 19, 2026

City of Northfield

Rice County, Minnesota

MODIFICATION TO THE DEVELOPMENT PROGRAM

Master Development District

&

Tax Increment Financing (TIF) Plan

Establishment of Harvest Hills
Tax Increment Financing District
(a housing district)



Prepared by:

Ehlers
3001 Broadway Street, Suite 320
Minneapolis, Minnesota 55413

BUILDING COMMUNITIES. IT'S WHAT WE DO.

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Modification to the Development Program for Master Development District

FOREWORD

The following text represents a Modification to the Development Program for Master Development District, previously established as a municipal development district of the City in accordance with Minnesota Statutes, Sections 469.124 - 469.134. This modification represents a continuation of the goals and objectives set forth in the Development Program for Master Development District. Generally, the substantive changes include the establishment of the Harvest Hills Tax Increment Financing District.

For further information, a review of the Development Program for Master Development District, is recommended. It is available from the Community Development Director at the City of Northfield. Other relevant information is contained in the tax increment financing plans for the tax increment financing districts located within the Master Development District.

Tax Increment Financing Plan for the Harvest Hills Tax Increment Financing District

FOREWORD

The City of Northfield (the "City"), staff and consultants have prepared the following information to expedite the establishment of the Harvest Hills Tax Increment Financing District (the "District"), a housing tax increment financing district, located in the Master Development District.

STATUTORY AUTHORITY

Within the City, there exist areas where public involvement is necessary to cause development or redevelopment to occur. To this end, the City has certain statutory powers pursuant to *Minnesota Statutes ("M.S.")*, Sections 469.124 - 469.133, inclusive, as amended (the "Municipal Development Act"), and *M.S.*, Sections 469.174 to 469.1794, inclusive, as amended (the "TIF Act"), to assist in financing public costs related to this project.

This section contains the Tax Increment Financing Plan (the "TIF Plan") for the District. Other relevant information is contained in the Modification to the Development Program for Master Development District (the "Development Program").

STATEMENT OF OBJECTIVES

The District currently consists of one (1) parcel of land and adjacent roads and internal rights-of-way. The District is being created to help facilitate a new townhome mixed-income multifamily rental housing development in the City consisting of approximately 71 units. The City anticipates entering into an agreement with Schrom Construction, or an affiliate, as the developer. The initial phase of 38-units is anticipated to begin in 2026, with plans for a second phase of development to follow. This TIF Plan is expected to achieve many of the objectives outlined in the Development Program.

The activities contemplated in the Development Program and the TIF Plan do not preclude the undertaking of other qualified development or redevelopment activities. These activities are anticipated to occur over the life of Master Development District and the District.

DEVELOPMENT PROGRAM OVERVIEW

Pursuant to the Development Program and authorizing state statutes, the City

is authorized to undertake the following activities in the District:

1. Property to be Acquired - Selected property located within the District may be acquired by the City and is further described in this TIF Plan.
2. Relocation - Relocation services, to the extent required by law, are available pursuant to *M.S., Chapter 117* and other relevant state and federal laws.
3. Upon approval of a developer's plan relating to the project and completion of the necessary legal requirements, the City may sell to a developer selected properties that it may acquire within the District or may lease land or facilities to a developer.
4. The City may perform or provide for some or all necessary acquisition, construction, relocation, demolition, and required utilities and public street work within the District as described in this TIF Plan.

DESCRIPTION OF PROPERTY IN THE DISTRICT AND PROPERTY TO BE ACQUIRED

The District encompasses all property and adjacent roads rights-of-way and abutting roadways identified by the parcels listed below:

Parcel number	Address	Owner
22.12.4.26.022	NA	Crg Properties

Please also see the map in Appendix B for further information on the location of the District.

The City does not currently intend to acquire any property within the District but reserves the right to acquire and convey (for full value or a discount) such property, or appropriate interests therein including interior and adjacent street rights of way, within the Master Development District as the City may deem to be necessary or desirable to assist in the implementation of the Development Program and TIF Plan. The City may acquire property by gift, dedication, condemnation or direct purchase from willing sellers in order to achieve the objectives of this TIF Plan. Such acquisitions will be undertaken only when there is assurance of funding to finance the acquisition and related costs.

Any properties identified for acquisition will be acquired by the City only in

order to accomplish one or more of the following: storm sewer improvements; provide land for needed public streets, utilities and facilities; and/or carry out land acquisition, site improvements, clearance and/or development to accomplish the uses and objectives set forth in this TIF Plan. The Developer has site control of and intends to acquire the property in the District in connection with the construction of the Development.

DISTRICT CLASSIFICATION

The City, in determining the need to create a tax increment financing district in accordance with the TIF Act finds that the District, to be established, is a housing district pursuant to *M.S., Section 469.174, Subd. 11* and *M.S., Section 469.1761*.

- The District consists of one (1) parcel
- The development will consist of approximately 71-units of multi-family rental housing
- At least 20% of the units will be occupied by persons with incomes less than 50% of area median income
- No more than 20% of the square footage of the building that is receiving assistance from tax increment consists of commercial, retail or other non-residential uses.

Pursuant to *M.S., Section 469.176, Subd. 7*, the District does not contain any parcel or part of a parcel that qualified under the provisions of *M.S., Sections 273.111, 273.112, or 273.114* or *Chapter 473H* for taxes payable in any of the five calendar years before the filing of the request for certification of the District.

DURATION & FIRST YEAR OF DISTRICT'S TAX INCREMENT

Pursuant to *M.S., Section 469.175, Subd. 1*, and *Section 469.176, Subd. 1*, the duration and first year of tax increment of the District must be indicated within the TIF Plan. Pursuant to *M.S., Section 469.176, Subd. 1b.*, the maximum duration of the District will be 25 years after receipt of the first increment by the City (a total of 26 years of tax increment). The City elects to receive the first tax increment in 2028, which is no later than four years following the year of approval of the District.

Thus, it is estimated that the District, including any modifications of the TIF Plan for subsequent phases or other changes, would terminate after 2053, or when the TIF Plan is satisfied. The City reserves the right to decertify the District prior to the legally required date.

ORIGINAL TAX CAPACITY, TAX RATE & ESTIMATED CAPTURED NET TAX CAPACITY VALUE/INCREMENT & NOTIFICATION OF PRIOR PLANNED IMPROVEMENTS

Pursuant to *M.S., Section 469.174, Subd. 7 and M.S., Section 469.177, Subd. 1*, the Original Net Tax Capacity (ONTC) as certified for the District will be based on the market values placed on the property by the assessor in 2025 for taxes payable 2026.

Pursuant to *M.S., Section 469.177, Subds. 1 and 2*, the County Auditor shall certify in each year (beginning in the payment year 2028) the amount by which the original value has increased or decreased as a result of:

1. Change in tax exempt status of property;
2. Reduction or enlargement of the geographic boundaries of the District;
3. Change due to adjustments, negotiated or court-ordered abatements;
4. Change in the use of the property and classification;
5. Change in state law governing class rates; or
6. Change in previously issued building permits.

In any year in which the current Net Tax Capacity (NTC) value of the District declines below the ONTC, no value will be captured and no tax increment will be payable to the City.

The original local tax rate for the District will be the local tax rate for taxes payable 2026, assuming the request for certification is made before June 30, 2026. The ONTC and the Original Local Tax Rate for the District appear in the table below.

Pursuant to *M.S., Section 469.174 Subd. 4 and M.S., Section 469.177, Subd. 1, 2, and 4*, the estimated Captured Net Tax Capacity (CTC) of the District, within the Master Development District, upon completion of the project within the District, will annually approximate tax increment revenues as shown in the table below. The City requests 100% of the available increase in tax capacity be used for repayment of the obligations of the City and current expenditures, beginning in the tax year payable 2028. The Project Tax Capacity (PTC) listed is an estimate of values when the project within the District is completed.

Project Tax Capacity (PTC)		
Estimated Development Tax Capacity upon completion	334,781	
Less: Original Net Tax Capacity (ONTC)	<u>3,085</u>	
Estimate of Captured Tax Capacity (CTC)	331,696	
x Original Local Tax Rate	<u>146.2270%</u>	Pay 2026
Estimated Annual Tax Increment	\$485,029	
Percent Retained by the City	100%	

Note: Project Tax Capacity includes a 1% inflation factor for the duration of the District. The tax capacity included in this chart is the estimated tax capacity of the District in year 26. The tax capacity of the District upon the initial completion of both phases of the development is estimated to be \$266,250.

Pursuant to *M.S., Section 469.177, Subd. 4*, the City shall, after a due and diligent search, accompany its request for certification to the County Auditor or its notice of the District enlargement pursuant to *M.S., Section 469.175, Subd. 4*, with a listing of all properties within the District or area of enlargement for which building permits have been issued during the eighteen (18) months immediately preceding approval of the TIF Plan by the municipality pursuant to *M.S., Section 469.175, Subd. 3*. The County Auditor shall increase the original net tax capacity of the District by the net tax capacity of improvements for which a building permit was issued.

The City is reviewing the area to be included in the District to determine if any building permits have been issued during the 18 months immediately preceding approval of the TIF Plan by the City.

SOURCES OF REVENUE/BONDS TO BE ISSUED

The total estimated tax increment revenues for the District are shown in the table below:

SOURCES	
Tax Increment	\$ 10,549,828
Interest	<u>527,491</u>
TOTAL	\$ 11,077,319

The costs outlined in the Uses of Funds will be financed primarily through the annual collection of tax increments. The City reserves the right to issue bonds (as defined in the TIF Act) or incur other indebtedness as a result of the TIF Plan. As presently proposed, the projects within the District will be financed by one or more pay-as-you-go TIF notes and/or interfund loans. Any refunding amounts will be deemed a budgeted cost without a formal

modification to this TIF Plan. This provision does not obligate the City to incur debt. The City will issue bonds or incur other debt only upon the determination that such action is in the best interest of the City.

The City may issue bonds secured in whole or in part with tax increments from the District in a maximum principal amount of \$11,077,319. Such bonds may be in the form of pay-as-you-go notes, revenue bonds or notes, general obligation bonds, or interfund loans. This estimate of total bonded indebtedness is a cumulative statement of authority under this TIF Plan as of the date of approval.

USES OF FUNDS

Currently under consideration for the District is a proposal to help finance site improvement and construction costs necessary to develop approximately 75-units of new mixed-income multifamily rental housing. The City has determined that it will be necessary to provide assistance to the project for certain District costs, as described herein.

The City has studied the feasibility of the development or redevelopment of property in and around the District. To facilitate the establishment and development of the District, this TIF Plan authorizes the use of tax increment financing to pay for the cost of certain eligible expenses. The estimate of public costs and uses of funds associated with the District is outlined in the following table.

USES	
Affordable Housing	5,969,828
Administrative Costs (up to 10%)	527,491
PROJECT COSTS TOTAL	\$ 6,497,319
Interest	4,580,000
PROJECT AND INTEREST COSTS TOTAL	\$ 11,077,319

The total District project cost, including financing costs (interest) listed in the table above does not exceed the total projected tax increments for the District as shown in the Sources of Revenue section.

Estimated costs associated with the District are subject to change among categories without a modification to the TIF Plan. The cost of all activities to be considered for tax increment financing will not exceed, without formal modification, the budget above pursuant to the applicable statutory requirements. The City may expend funds for qualified housing activities outside of the District boundaries.

ESTIMATED IMPACT ON OTHER TAXING JURISDICTIONS

The estimated impact on other taxing jurisdictions assumes that the redevelopment contemplated by the TIF Plan would occur without the creation of the District. However, the City has determined that such development or redevelopment would not occur "but for" tax increment financing and that, therefore, the fiscal impact on other taxing jurisdictions is \$0. The estimated fiscal impact of the District would be as follows if the "but for" test was not met:

Estimated Impact on Tax Base			
Entity	2025/Pay 2026 Total NTC	CTC upon completion	Percent of CTC to Entity Total
Rice County	110,995,109	331,696	0.2988%
City of Northfield	25,504,181	331,696	1.3006%
I.S.D. No. 659 (Northfield Schools)	48,649,660	331,696	0.6818%

Estimated Impact on Taxes				
Entity	Pay 2026 Extension Rate	Percent of Total	CTC	Potential Taxes
Rice County	38.2550%	26.16%	331,696	\$ 126,890
City of Northfield	73.3340%	50.15%	331,696	243,246
I.S.D. No. 659 (Northfield Schools)	31.2930%	21.40%	331,696	103,798
Other	3.3450%	2.29%	331,696	11,095
	146.2270%	100.00%		\$ 485,029

The estimates listed above display the captured tax capacity when all construction and the District is completed. The tax rate used for calculations is the Pay 2026 rate. The total net capacity for the entities listed above are based on Pay 2026 figures. The District will be certified under the Pay 2026 rates.

Pursuant to *M.S., Section 469.175 Subd. 2(b)*:

- (1) Estimate of total tax increment. It is estimated that the total amount of tax increment that will be generated over the life of the District is \$10,549,828;
- (2) Probable impact of the District on city provided services and ability to issue debt. An impact of the District on police protection is

expected. The property is currently undeveloped land and would be expected to generate few, minor public safety concerns such as trespassing or nuisance activity. With any addition of new residents or businesses, police calls for service will be increased. New developments can improve conditions through increased lighting, regular occupancy and natural surveillance, but also add an increase in traffic and additional overall demands to the public service call load. Based on comparable developments, the City estimates approximately 75-120 additional calls for service annually for various medical, disturbances, welfare checks and general complaints. The City does not expect that the proposed development, in and of itself, will necessitate new capital investment in vehicles or facilities. IT expects modest increases in personnel time and other operating expenses related to fuel, vehicle wear, and equipment usage. These impacts are expected to be manageable within the current operating budget.

The probable impact of the District on fire protection is not expected to be significant. Typically new buildings generate few calls, if any, and are of superior construction with sprinkler systems and updated fire protection measures. The City estimates approximately 4-5 calls per year, no different from other residential subdivisions within the City. The City does not expect that the proposed development, in and of itself, will necessitate new capital investment in vehicles or facilities, and the development is expected to meet or exceed code requirements for hydrants, water main sizing and roadways.

The impact of the District on public infrastructure is expected to be minimal. The development is not expected to significantly impact any external traffic movements in the area. The current infrastructure for sanitary sewer, storm sewer and water will be able to handle the additional volume generated from the proposed development. Based on the development plans, there are an estimated \$172,000 in new costs associated with street maintenance, sweeping, plowing, lighting and sidewalks. The development in the District is expected to contribute an estimated \$255,232 in sanitary sewer (SAC) and water (WAC) connection fees.

The probable impact of the issuance of any general obligation tax increment bonds payable from tax increment revenues from the District on the City's ability to issue debt for general fund purposes is expected to be minimal. It is not anticipated that there will be any general obligation debt issued in relation to this project, therefore there will be no impact on the City's ability to issue future debt or on the City's debt limit.

- (3) Estimated amount of tax increment attributable to school district levies. It is estimated that the amount of tax increments over the life of the District that would be attributable to school district levies, assuming the school district's share of the total local tax rate for all taxing jurisdictions remained the same, is \$2,257,694;
- (4) Estimated amount of tax increment attributable to county levies. It is estimated that the amount of tax increments over the life of the District that would be attributable to county levies, assuming the county's share of the total local tax rate for all taxing jurisdictions remained the same, is \$2,759,980;
- (5) Additional information requested by the county or school district. The City is not aware of any standard questions in a county or school district written policy regarding tax increment districts and impact on county or school district services. The county or school district must request additional information pursuant to *M.S., Section 469.175 Subd. 2(b)* within 15 days after receipt of the tax increment financing plan.

No requests for additional information from the county or school district regarding the proposed development for the District have been received.

COUNTY ROAD COSTS

Pursuant to *M.S., Section 469.175, Subd. 1a*, the County Board may require the City to pay for all or part of the cost of county road improvements out of increment revenues if the proposed development to be assisted by tax increment will, in the judgment of the County, substantially increase the use of county roads requiring construction of road improvements or other road costs and if the road improvements are not scheduled within the next five years under a capital improvement plan or another county plan.

If the County elects to use increments to improve county roads, it must notify the City within 45 days of receipt of this TIF Plan. In the opinion of the City and consultants, the proposed development outlined in this TIF Plan will have little or no impact upon county roads, therefore the TIF Plan was not forwarded to the county 45 days prior to the public hearing. The City is aware that the County could claim that tax increment should be used for county roads, even after the public hearing.

ADMINISTRATIVE EXPENSES

In accordance with *M.S., Section 469.174, Subd. 14*, administrative expenses means all documented tax increment expenditures of the City, including but not limited to:

- (1) amounts paid for services provided by bond counsel, fiscal consultants, and economic development consultants;
- (2) allocated expenses and staff time of the authority or municipality for administering a project, including but not limited to preparing the tax increment financing plan, negotiating and preparing agreements, accounting for segregated funds of the district, preparing and submitting required reporting for the district, and reviewing and monitoring compliance with the TIF Act;
- (3) amounts paid to publish annual disclosures and provide notices under section *M.S. Section 469.175*;
- (4) amounts to provide for the usual and customary maintenance and operation of properties purchased with tax increments, including necessary reserves for repairs and the cost of any insurance;
- (5) amounts allocated or paid to prepare a development action response plan for a soils condition district or hazardous substance subdistrict; and
- (6) amounts used to pay bonds, interfund loans, or other financial obligations to the extent those obligations were used to finance costs described in clauses (1) to (5).

Administrative expenses and administrative costs do not include:

- (1) amounts paid for the purchase of land or buildings;
- (2) amounts paid to contractors or others providing materials and services directly connected with the physical development of the real property in the project, including architectural and engineering services and materials and services for demolition, soil correction, and the construction or installation of public improvements;
- (3) relocation benefits paid to or services provided for persons residing or businesses located in the project;

- (4) amounts paid for property taxes or payments in lieu of taxes; and
- (5) amounts used to pay principal or interest on, fund a reserve for, or sell at a discount bonds issued pursuant to *M.S. Section 469.178* or other financial obligations to the extent those obligations were used to finance costs described in clauses (1) to (4).

This definition does not apply to County administrative expenses or administrative costs referenced under *M.S. Section 469.176, Subd. 4h*:

Tax increments may be used to pay for the County's actual administrative expenses. The County may require payment of those expenses by February 15 of the year after the year in which the expenses are incurred. The amount of these payments is not required to be set forth in the tax increment financing plan for the project. To obtain payment for actual administrative costs, the County Auditor must submit to the authority a record of costs incurred by the county auditor related to administration of the authority's tax increment financing districts.

The County Treasurer shall deduct an amount (currently 0.36 percent) of any increment distributed to the City, and the County Treasurer shall pay the amount deducted to the State Treasurer for deposit in the State General Fund to be appropriated to the State Auditor for the cost of financial reporting of tax increment financing information and the cost of examining and auditing authorities' use of tax increment financing. This amount may be adjusted annually by the Commissioner of Revenue.

ANNUAL DISCLOSURE REQUIREMENTS

The City must undertake financial reporting for all tax increment financing districts to the Office of the State Auditor (OSA), County Board and County Auditor on or before August 1 of each year. An annual statement shall be published in a newspaper of general circulation in the City on or before August 15.

If the City fails to make a disclosure or submit a report, the OSA will direct the County Auditor to withhold the distribution of tax increment from the TIF District.

SUPPORTING DOCUMENTATION

Pursuant to *M.S., Section 469.175, Subd. 1 (a), clause 7* this TIF Plan must contain identification and description of studies and analyses used to make

the determination set forth in *M.S., Section 469.175, Subd. 3, clause (b)(2)* and the findings are required in the resolution approving the District.

In making said determination, reliance has been placed upon (1) written representation made by the Developer to such effects, (2) review of the Developer's proforma; and (3) City staff awareness of the feasibility of developing the project site within the District, which is further outlined in the City Council resolution approving the establishment of the District and Appendix D.

DISTRICT ADMINISTRATION

Administration of the District will be handled by the Community Development Director.

Appendix A: Project Description

The Harvest Hills Tax Increment Financing District is being created to facilitate a new mixed-income townhome rental housing development in the City of Northfield. The development is expected to consist of approximately 71-units, 20% of which will be designated for occupancy by persons at or below 50% of Area Median Income.

The project will occur in two phases on approximately 10.3 acres of undeveloped vacant land identified as Parcel ID# 22.12.4.26.022. The first phase is anticipated to begin in 2026 with grading, foundation and site and infrastructure improvements necessary to construct 38-townhome units. A second phase for the remaining units is planned after completion and occupancy of phase 1.

Appendix B: Map of Master Development District and the TIF District

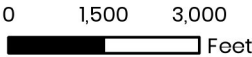
Harvest Hills TIF District

 PID 22.12.4.26.022

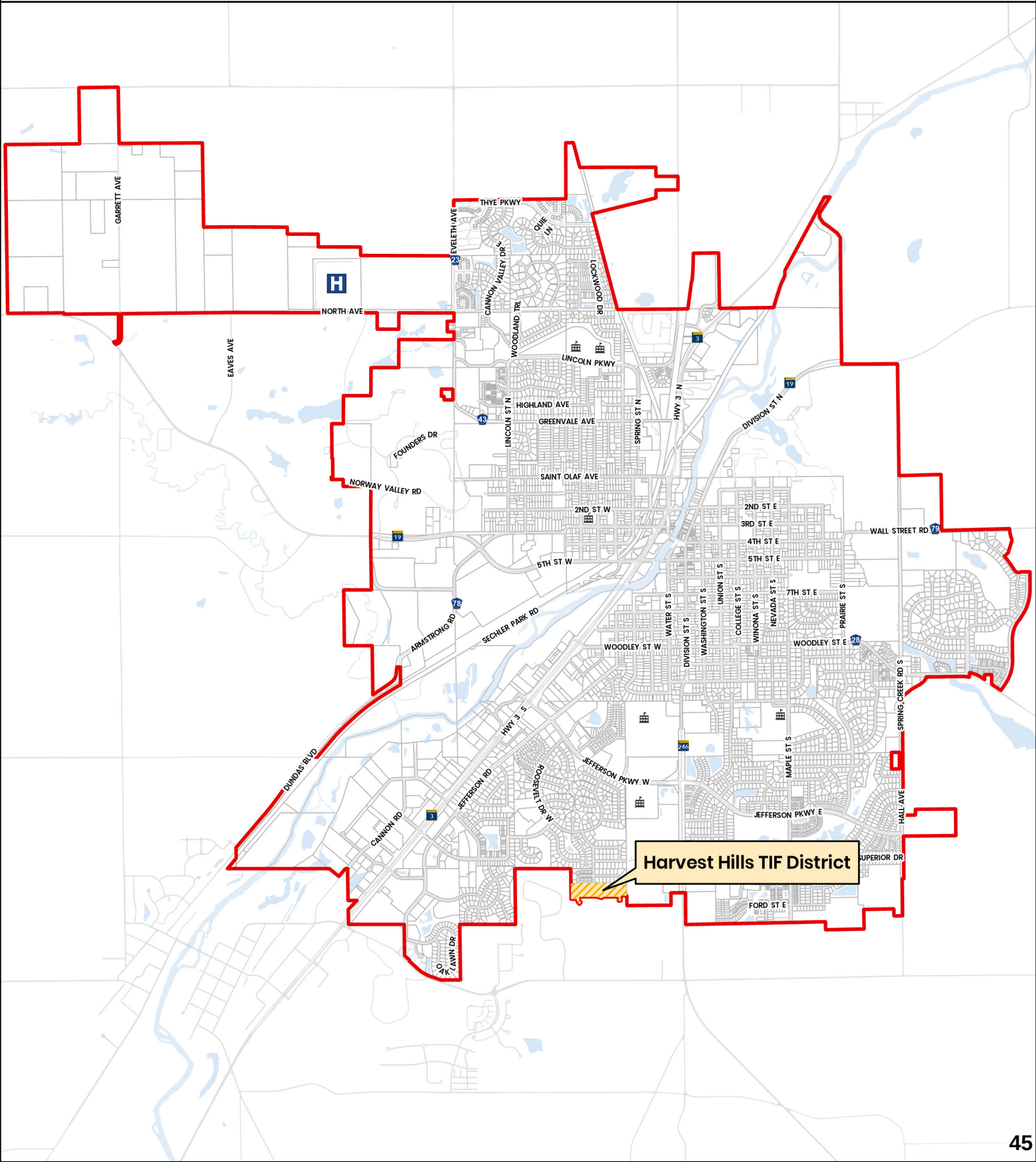
 Master Development Area



4/7/2026



The boundaries of the Master Development Area are coterminous with the corporate boundaries of the City of Northfield.



Appendix C: Estimated Cash Flow for the District

Harvest Hills Housing (1.00% Assumed Tax Value Appreciation)

City of Northfield, MN

Approximately 75-unit Mixed-Income Rental Townhome Development



ASSUMPTIONS AND RATES

DistrictType:	Housing	Tax Rates																																																	
District Name/Number:	TBD	<table><tr><td colspan="2">Exempt Class Rate (Exempt)</td><td>0.00%</td></tr><tr><td colspan="2">Commercial Industrial Preferred Class Rate (C/I Pref.)</td><td></td></tr><tr><td>First</td><td>\$150,000</td><td>1.50%</td></tr><tr><td>Over</td><td>\$150,000</td><td>2.00%</td></tr><tr><td colspan="2">Commercial Industrial Class Rate (C/I)</td><td>2.00%</td></tr><tr><td colspan="2">Rental Housing Class Rate (Rental)</td><td>1.25%</td></tr><tr><td colspan="2">Affordable Rental Housing Class Rate (Aff. Rental)</td><td></td></tr><tr><td>First</td><td>\$100,000</td><td>0.25%</td></tr><tr><td>Over</td><td>\$100,000</td><td>0.25%</td></tr><tr><td colspan="2">Non-Homestead Residential (Non-H Res. 1 Unit)</td><td></td></tr><tr><td>First</td><td>\$500,000</td><td>1.00%</td></tr><tr><td>Over</td><td>\$500,000</td><td>1.25%</td></tr><tr><td colspan="2">Homestead Residential Class Rate (Hmstd. Res.)</td><td></td></tr><tr><td>First</td><td>\$500,000</td><td>1.00%</td></tr><tr><td>Over</td><td>\$500,000</td><td>1.25%</td></tr><tr><td colspan="2">Agricultural Non-Homestead</td><td>1.00%</td></tr></table>		Exempt Class Rate (Exempt)		0.00%	Commercial Industrial Preferred Class Rate (C/I Pref.)			First	\$150,000	1.50%	Over	\$150,000	2.00%	Commercial Industrial Class Rate (C/I)		2.00%	Rental Housing Class Rate (Rental)		1.25%	Affordable Rental Housing Class Rate (Aff. Rental)			First	\$100,000	0.25%	Over	\$100,000	0.25%	Non-Homestead Residential (Non-H Res. 1 Unit)			First	\$500,000	1.00%	Over	\$500,000	1.25%	Homestead Residential Class Rate (Hmstd. Res.)			First	\$500,000	1.00%	Over	\$500,000	1.25%	Agricultural Non-Homestead		1.00%
Exempt Class Rate (Exempt)				0.00%																																															
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Agricultural Non-Homestead		1.00%																																																	
County District #:	TBD																																																		
First Year Construction or Inflation on Value	2026																																																		
Existing District - Specify No. Years Remaining																																																			
Inflation Rate - Every Year:	1.00%																																																		
Interest Rate:	5.85%																																																		
Present Value Date:	1-Aug-27																																																		
First Period Ending	1-Feb-28																																																		
Tax Year District was Certified:	Pay 2026																																																		
Cashflow Assumes First Tax Increment For Development:	2028																																																		
Years of Tax Increment	26																																																		
Assumes Last Year of Tax Increment	2053																																																		
Fiscal Disparities Election [Outside (A), Inside (B), or NA]	NA																																																		
Incremental or Total Fiscal Disparities																																																			
Fiscal Disparities Contribution Ratio																																																			
Fiscal Disparities Metro-Wide Tax Rate																																																			
Maximum/Frozen Local Tax Rate:	146.227% Pay 2026																																																		
Current Local Tax Rate: (Use lesser of Current or Max.)	146.227% Pay 2026																																																		
State-wide Tax Rate (Comm./Ind. only used for total taxes)	28.3130% Pay 2026																																																		
Market Value Tax Rate (Used for total taxes)	0.30535% Pay 2026																																																		

BASE VALUE INFORMATION (Original Tax Capacity)														
Map ID	PID	Owner	Address	Land Market Value	Building Market Value	Total Market Value	Percentage Of Value Used for District	Original Market Value	Tax Year Original Market Value	Property Tax Class	Current Original Tax Capacity	Class After Conversion	After Conversion Orig. Tax Cap.	Area/ Phase
1	22.12.4.26.022	Crg Properties	NA	246,800	0	246,800	100%	246,800	Pay 2026	Rental	3,085	Rental	3,085	1
				246,800	0	246,800		246,800			3,085		3,085	

- Note:
- 1. Base values are for pay 2026 based on review of County website on 3.26.2026.
 - 2. Located in SD #659.

Harvest Hills Housing (1.00% Assumed Tax Value Appreciation)

City of Northfield, MN
Approximately 75-unit Mixed-Income Rental Townhome Development



PROJECT INFORMATION (Project Tax Capacity)													
Area/Phase	New Use	Estimated Market Value Per Sq. Ft./Unit	Taxable Market Value Per Sq. Ft./Unit	Total Sq. Ft./Units	Total Taxable Market Value	Property Tax Class	Project Tax Capacity	Project Tax Capacity/Unit	Percentage Completed 2026	Percentage Completed 2027	Percentage Completed 2028	Percentage Completed 2029	First Year Full Taxes Payable
1	Townhouses	284,000	284,000	30	8,520,000	Rental	106,500	3,550	50%	100%	100%	100%	2029
1	Townhouses	284,000	284,000	8	2,272,000	Rental	28,400	3,550	50%	100%	100%	100%	2029
2	Townhouses	284,000	284,000	30	8,520,000	Rental	106,500	3,550	0%	0%	50%	100%	2031
2	Townhouses	284,000	284,000	7	1,988,000	Rental	24,850	3,550	0%	0%	50%	100%	2031
TOTAL				75	21,300,000		266,250						

Note:
1. Market values are based upon preliminary estimates provided by the County Assessor's office.

TAX CALCULATIONS									
New Use	Total Tax Capacity	Fiscal Disparities Tax Capacity	Local Tax Capacity	Local Property Taxes	Fiscal Disparities Taxes	State-wide Property Taxes	Market Value Taxes	Total Taxes	Taxes Per Sq. Ft./Unit
Townhouses	106,500	0	106,500	155,732	0	0	26,016	181,748	6,058.25
Townhouses	28,400	0	28,400	41,528	0	0	6,938	48,466	6,058.25
Townhouses	106,500	0	106,500	155,732	0	0	26,016	181,748	6,058.25
Townhouses	24,850	0	24,850	36,337	0	0	6,070	42,408	6,058.25
TOTAL	266,250	0	266,250	389,329	0	0	65,040	454,369	

Note:
1. Taxes and tax increment will vary significantly from year to year depending upon values, rates, state law, fiscal disparities and other factors which cannot be predicted.

WHAT IS EXCLUDED FROM TIF?	
Total Property Taxes	454,369
less State-wide Taxes	0
less Fiscal Disp. Adj.	0
less Market Value Taxes	(65,040)
less Base Value Taxes	(4,511)
Annual Gross TIF	384,818



Harvest Hills Housing (1.00% Assumed Tax Value Appreciation)

City of Northfield, MN

Approximately 75-unit Mixed-Income Rental Townhome Development

ESTIMATED TAX INCREMENT CASH FLOW														
% of OTC	Project Tax Capacity	Original Tax Capacity	Fiscal Disparities Incremental	Captured Tax Capacity	Local Tax Rate	Annual Gross Tax Increment	Semi-Annual Gross Tax Increment	Less: State Auditor 0.36%	Less: City Retention 5.0%	Semi-Annual Net Tax Increment	Semi-Annual Present Value	PERIOD ENDING Yrs.	Tax Year	Payment Date
							-	-	-	-				02/01/28
100%	67,450	(3,085)	-	64,365	146.227%	94,119	47,060	(169)	(2,345)	44,546	42,050	0.5	2028	08/01/28
							47,060	(169)	(2,345)	44,546	82,904	1	2028	02/01/29
100%	134,900	(3,085)	-	131,815	146.227%	192,749	96,375	(347)	(4,801)	91,226	164,194	1.5	2029	08/01/29
							96,375	(347)	(4,801)	91,226	243,174	2	2029	02/01/30
100%	201,924	(3,085)	-	198,839	146.227%	290,756	145,378	(523)	(7,243)	137,612	358,927	2.5	2030	08/01/30
							145,378	(523)	(7,243)	137,612	471,390	3	2030	02/01/31
100%	268,961	(3,085)	-	265,876	146.227%	388,783	194,392	(700)	(9,685)	184,007	617,496	3.5	2031	08/01/31
							194,392	(700)	(9,685)	184,007	759,450	4	2031	02/01/32
100%	271,651	(3,085)	-	268,566	146.227%	392,716	196,358	(707)	(9,783)	185,869	898,764	4.5	2032	08/01/32
							196,358	(707)	(9,783)	185,869	1,034,120	5	2032	02/01/33
100%	274,368	(3,085)	-	271,283	146.227%	396,688	198,344	(714)	(9,882)	187,749	1,166,959	5.5	2033	08/01/33
							198,344	(714)	(9,882)	187,749	1,296,023	6	2033	02/01/34
100%	277,111	(3,085)	-	274,026	146.227%	400,700	200,350	(721)	(9,981)	189,648	1,422,688	6.5	2034	08/01/34
							200,350	(721)	(9,981)	189,648	1,545,753	7	2034	02/01/35
100%	279,882	(3,085)	-	276,797	146.227%	404,753	202,376	(729)	(10,082)	191,565	1,666,529	7.5	2035	08/01/35
							202,376	(729)	(10,082)	191,565	1,783,874	8	2035	02/01/36
100%	282,681	(3,085)	-	279,596	146.227%	408,845	204,423	(736)	(10,184)	193,502	1,899,036	8.5	2036	08/01/36
							204,423	(736)	(10,184)	193,502	2,010,926	9	2036	02/01/37
100%	285,508	(3,085)	-	282,423	146.227%	412,979	206,489	(743)	(10,287)	195,459	2,120,734	9.5	2037	08/01/37
							206,489	(743)	(10,287)	195,459	2,227,423	10	2037	02/01/38
100%	288,363	(3,085)	-	285,278	146.227%	417,154	208,577	(751)	(10,391)	197,435	2,332,127	10.5	2038	08/01/38
							208,577	(751)	(10,391)	197,435	2,433,856	11	2038	02/01/39
100%	291,247	(3,085)	-	288,162	146.227%	421,370	210,685	(758)	(10,496)	199,430	2,533,692	11.5	2039	08/01/39
							210,685	(758)	(10,496)	199,430	2,630,692	12	2039	02/01/40
100%	294,159	(3,085)	-	291,074	146.227%	425,629	212,815	(766)	(10,602)	201,446	2,725,887	12.5	2040	08/01/40
							212,815	(766)	(10,602)	201,446	2,818,377	13	2040	02/01/41
100%	297,101	(3,085)	-	294,016	146.227%	429,931	214,965	(774)	(10,710)	203,482	2,909,147	13.5	2041	08/01/41
							214,965	(774)	(10,710)	203,482	2,997,337	14	2041	02/01/42
100%	300,072	(3,085)	-	296,987	146.227%	434,275	217,137	(782)	(10,818)	205,538	3,083,887	14.5	2042	08/01/42
							217,137	(782)	(10,818)	205,538	3,167,977	15	2042	02/01/43
100%	303,073	(3,085)	-	299,988	146.227%	438,663	219,331	(790)	(10,927)	207,615	3,250,503	15.5	2043	08/01/43
							219,331	(790)	(10,927)	207,615	3,330,683	16	2043	02/01/44
100%	306,103	(3,085)	-	303,018	146.227%	443,095	221,547	(798)	(11,037)	209,712	3,409,372	16.5	2044	08/01/44
							221,547	(798)	(11,037)	209,712	3,485,825	17	2044	02/01/45
100%	309,164	(3,085)	-	306,079	146.227%	447,571	223,785	(806)	(11,149)	211,831	3,560,855	17.5	2045	08/01/45
							223,785	(806)	(11,149)	211,831	3,633,754	18	2045	02/01/46
100%	312,256	(3,085)	-	309,171	146.227%	452,091	226,046	(814)	(11,262)	213,970	3,705,295	18.5	2046	08/01/46
							226,046	(814)	(11,262)	213,970	3,774,804	19	2046	02/01/47
100%	315,378	(3,085)	-	312,293	146.227%	456,657	228,329	(822)	(11,375)	216,131	3,843,020	19.5	2047	08/01/47
							228,329	(822)	(11,375)	216,131	3,909,297	20	2047	02/01/48
100%	318,532	(3,085)	-	315,447	146.227%	461,269	230,635	(830)	(11,490)	218,314	3,974,340	20.5	2048	08/01/48
							230,635	(830)	(11,490)	218,314	4,037,535	21	2048	02/01/49
100%	321,718	(3,085)	-	318,633	146.227%	465,927	232,963	(839)	(11,606)	220,519	4,099,555	21.5	2049	08/01/49
							232,963	(839)	(11,606)	220,519	4,159,811	22	2049	02/01/50
100%	324,935	(3,085)	-	321,850	146.227%	470,631	235,316	(847)	(11,723)	222,745	4,218,947	22.5	2050	08/01/50
							235,316	(847)	(11,723)	222,745	4,276,402	23	2050	02/01/51
100%	328,184	(3,085)	-	325,099	146.227%	475,383	237,691	(856)	(11,842)	224,994	4,332,787	23.5	2051	08/01/51
							237,691	(856)	(11,842)	224,994	4,387,571	24	2051	02/01/52
100%	331,466	(3,085)	-	328,381	146.227%	480,182	240,091	(864)	(11,961)	227,265	4,441,334	24.5	2052	08/01/52
							240,091	(864)	(11,961)	227,265	4,493,570	25	2052	02/01/53
100%	334,781	(3,085)	-	331,696	146.227%	485,029	242,514	(873)	(12,082)	229,559	4,544,834	25.5	2053	08/01/53
							242,514	(873)	(12,082)	229,559	4,594,640	26	2053	02/01/54
Total							10,587,944	(38,117)	(527,491)	10,022,336				
Present Value From: 08/01/2027							4,853,938	(17,474)	(241,823)	4,594,640				

Appendix D: Findings Including But/For Qualifications

The reasons and facts supporting the findings for the adoption of the Tax Increment Financing Plan for Harvest Hills Tax Increment Financing District, as required pursuant to *Minnesota Statutes, (M.S.) Section 469.175, Subdivision 3* are as follows:

1. *Finding that Harvest Hills Tax Increment Financing District is a housing district as defined in M.S., Section 469.174, Subd. 11.*

Harvest Hills Tax Increment Financing District consists of a project or portions of a project intended for occupancy, in part, by persons or families of low and moderate income as defined in Chapter 462A, Title II of the National Housing Act of 1934, the National Housing Act of 1959, the United States Housing Act of 1937, as amended, Title V of the Housing Act of 1949, as amended, and other similar present or future federal, state, or municipal legislation, or the regulation promulgated under any of those acts. The Developer has represented that at least 20% of the units in the Development will be reserved for rental to persons whose annual income does not exceed 50% of applicable area median income and that no more than 20% of the square footage of buildings that receive assistance from tax increments will consist of commercial, retail or other nonresidential uses.

2. *Finding that the proposed development, in the opinion of the City Council, would not reasonably be expected to occur solely through private investment within the reasonably foreseeable future.*

The proposed Development will result in the construction of low and moderate income housing units which would not otherwise be constructed in the reasonably foreseeable future. The rents for affordable housing projects do not provide a sufficient return on investment to stimulate new development. The Developer has represented that it could not proceed with the Development without tax increment assistance. The Developer has provided the City with its estimated Development proforma outlining project sources and uses as well as projected rent, vacancy, and financing assumptions. City staff and the City's advisors reviewed the information and have determined the Development is not feasible without the proposed assistance due to anticipated rent levels and market returns not supporting the Development costs. Based on the review, the City does not expect that a development of this type would occur in the reasonably foreseeable future but for the use of tax increment assistance.

3. *Finding that the TIF Plan for Harvest Hills Tax Increment Financing District conforms to the general plan for the development or redevelopment of the municipality as a whole.*

The City consulted with its Planning Commission who reviewed the TIF Plan on April 16, 2026 and found that the TIF Plan conforms to the general development plan of the City. The City Council finds that the proposed project complies with the intended use of the property within the City's Comprehensive Plan and therefore the TIF Plan conforms to the general development plan of the City.

4. *Finding that the TIF Plan for Harvest Hills Tax Increment Financing District will afford maximum opportunity, consistent with the sound needs of the City as a whole, for the development or redevelopment of Master Development District by private enterprise.*

Through the implementation of the TIF Plan, the Development proposed to occur within the TIF District is the construction by private enterprise of low and moderate income multi-family housing. The Development will also increase the taxable market valuation of the City. The available multi-family housing in the City will increase by approximately 71 rental units with the completion of the Development and this will help fulfill the need for such housing in the City.



Legislation Text

File #: 26-199, Version: 1

Housing and Redevelopment Authority Meeting Date: April 21, 2026

To: Members of the Housing & Redevelopment Authority (HRA)

From: Melissa Hanson, Housing Coordinator
Scott Wopata, Community Development Director

Staff Updates

Action Requested:

No action requested. There are several outstanding items related to Community Development and the HRA. A summary update on each item is provided below. Staff will also provide a verbal update during the meeting, and the Board may discuss any item individually as desired.

Summary Report:

City Redevelopment Projects, EDA, HRA, Planning Applications & Related Updates

See hyperlink in the attachment of this agenda item.

- Cleanup update

Staff have met with the management of Viking Terrace to discuss site-specific needs and ensure alignment with this year's cleanup approach. Viking Terrace expressed satisfaction with their current cleanup efforts and indicated interest in potential City financial support to help offset associated costs that are passed on to their residents. Staff are exploring this option and working with JunkTruck MN to obtain cost estimates. JunkTruck is a part of this year's City Cleanup and is facilitating trash and recycling diversion.

- Development updates

Harvest Hills includes 70+ units of housing and is under TIF consideration for affordability.

Heritage Lofts includes 138 units of housing and is working through final reviews under an approved 2023 TIF agreement.

Cedar Meadows has a signed development agreement and put shovel to dirt in preparation for building. Cedar Meadows is a proposed residential development located directly east of the Northfield Hospital. A development agreement for Phase I is now in place. Phase I includes a mix of 45 market rate single family homes and townhomes, as well as a 45-unit, age restricted (55+) senior cooperative called Gracewin.

- Property Updates

2330 Elianna Drive - The listing price has been reduced to \$299,000. Showing activity has increased, with five showings occurring over the past two weeks. Commissioner Beumer toured 2330 Elianna Drive with staff on March 18. Minor maintenance items are being addressed, including light cleaning and caulking, with a handyman engaged for this work.

The most comparable recent sale is 2414 Elianna Drive, which was listed for sale at \$290,000 and sold for \$285,000. Staff remains in regular communication with the listing agent to monitor activity and market feedback.

Cherry/Linden - 308 Cherry - The previous owner had allowed a friend and his family live in the home without collecting rent, so there was no rental license. In 2024, HRA and Building staff developed a scope of work to bring the home up to code. Scope included: rewiring the home (wiring had been removed), light fixtures, smoke/CO detectors, foundation repair, reroofing, etc. and reported to the HRA that full demolition was recommended due to three concerns:

1. Critical structural repairs would have been needed making it cost prohibitive to do rehab;
2. Asbestos abatement and other code related issues exacerbate the cost challenges of rehab;
3. New construction offered an opportunity to increase density appropriate for the neighborhood.

308 Cherry was tested for asbestos on April 8 and are waiting on test results to determine if mitigation is necessary prior to demolition. Three demolition estimates have been received and the anticipated cost is estimated to be \$17,000. Demolition of the existing structure could be as early as May 1.

706/716 2nd St - Trees have been trimmed and sick trees removed.

- Other Updates

Staff participated at housing Day at the Capitol with members of the Minnesota National Association of Housing and Redevelopment Officials (NAHRO). City HRA and County HRA had meetings with Rep. Pursell, Sen. Lieske, Rep. Allen, and Sen. Jasinski. These conversations focused on the importance of supporting critical housing needs and highlighting housing efforts that our local governments can achieve with State support through State Affordable Housing Aid and Local Housing Trust Fund grants.

City Staff have received letters and postcards from city residents in support of HF 2381 and SF 2691 which is Manufactured Home Park Resident Bill of Rights. Attachment 2.

City Staff is participating in Rice County Public Health's Community Health Improvement Plan (CHIP) Housing Work Group. Attachment 3. The Rice County CHIP recognizes that all people in Rice County live in housing that is affordable to them, healthy, safe, stable and suitable for the household needs. They are in the Action Planning phase to develop plans for addressing the selected priorities. The March 30, 2026 meeting had representatives from insurance companies, health clinics, regional and local nonprofit housing providers. Each group shared what resources are currently available, the path, and what referrals look like. Next meeting May 13.

Viking Terrace management has asked that HRA, Building Staff and Three Rivers Community Action (TRCA) come to a resident meeting that they are planning to have in May. They would like their residents to be more informed regarding city processes for obtaining permits and what other resources that could be available to them.

The funding for HRA's single family rehabilitation loans and manufactured home repairs through the Community Development Block Grant (CDBG) have been depleted. Since 2020, the HRA has processed 38 applications, approved 25 homes and has deployed \$263,117 in our community.

In March 2025, the HRA entered into a Memorandum of Understanding (MOU) to provide certain manufactured home repairs. The MOU was for \$50,000 and \$4,447 remain. Staff is in conversations with TRCA, who is working on developing a more robust manufactured home repair program and process, to potentially take on all manufactured home repairs. More information will be coming in the following months.

There is approximately \$65,000 available through CDBG to provide 2 Down Payment Assistance (DPA) Loans. One DPA is allocated and will close in May.

Alternative Options:

N/A

Financial Impacts:

N/A

Tentative Timelines:

N/A



Manufactured Home Park Resident Bill of Rights (HF 2381, SF 2691)

PROBLEM:

The nation is facing an extreme shortage of low-income housing and Minnesota is no exception. Manufactured homes are an important source of affordable housing and fill an important need in the overall housing market. Manufactured homes provide housing to nearly 180,000 Minnesotans, almost all of whom are classified as low or very low income. That's why this legislation and the protections it provides these residents is so important.



SOLUTION:

Limiting Rent Increases and Late Fees

Frequently, lot rent increases at excessive rates of 10% or more, leaving people who live on fixed or low incomes in financial crisis. This bill adds clarity to the existing requirement in state law for “reasonable” rent increases by explicitly limiting rent increases to 3% annually, putting lot rent increases consistent with standard cost-of-living adjustments. It also tackles excessive late fees by limiting the fees to 8% of late rent payments.

Opportunity to Purchase

A major aspect of this bill grants tenants the opportunity to purchase (OTP). This ensures that homeowners have an opportunity to purchase the land beneath their homes when their communities are for sale. OTP balances the property rights of the homeowners and the community owners creating a balanced system that benefits all parties.

Improved Protections

By strengthening resident rights and protections, this legislation evens the playing field so residents can't be taken advantage of by predatory owners. Some of the improved protections include:

- creating a pathway to make community owners pay for damages and costs they cause,
- requiring community owners provide clear billing for services provided,
- instructing community owners to offer varied payment methods other than digital,
- holding community owners accountable for timely removal of dangerous trees,
- ensuring community owners pay for utility repairs and allowing residents to give access to the park to utility providers.



~180,000

Minnesotans live in the state's ~800 manufactured (mobile) home communities.

90%

of Minnesotans who live in an MHC own their home and rent the land their home sits on.

**Over
\$15,000**

in costs to move manufactured homes.

At least 90%

of parks sold in Minnesota were sold to out-of-state real estate investment trusts or private equity firms in 2024.



2024 Rice County Community Health Assessment

A summary report on the health status of residents in Rice County, Minnesota

RICE COUNTY PUBLIC HEALTH

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Introduction

Every five years since the passage of the Local Public Health Act in 1976, Minnesota Community Health Boards have been required to engage in an assessment of the health of residents in their county. To complete a community health assessment, local public health collaborators compile, analyze and summarize data from a variety of sources. Collaborators then use this information to identify health priorities. The community health assessment is followed with a community health improvement plan. The community health improvement plan restates the priorities and delineates strategies to address them.

In Rice County, a number of agencies and organizations engage in various processes to identify and describe issues of importance to the community. This assessment adds to, and draws on those strategic processes as a means to collect, analyze, and use data to prioritize issues and make decisions.

Rice County Public Health also has a strategic practice to increase the agency's use of data related to social determinants as a way of continuing the conversation about equity and what drives health. This assessment intends to help make clear the association between the conditions of community and our health.

For this reason, the 2024 Rice County Community Health Assessment has four sections:

- **People:** Describes who we are, where we have come from, and where we might be going. This section also begins to assess the cost of our experiences with disease.
- **Opportunity:** Describes how our health is related to our opportunities for education, employment, income, housing and transportation. This section also begins to expose the differential power community members have in Rice County.
- **Nature:** Describes how our health is shaped by our connections to and our interactions with the world around us.
- **Belonging:** Describes how our early life experiences and our sense of belonging in community helps or hinders us from reaching our highest health potential.

Many of the issues found in this report could be described in one or more section. Editorial decisions were made as to where best include content.

A community health improvement plan will be developed by Rice County Public Health, in collaboration with community partners, and submitted to the Minnesota Department of Health.

For additions or comments about the contents of this report, please contact Sara Coulter MPH, RD, Clinic & Community Supervisor at Rice County Public Health (sara.coulter@ricecountymn.gov).

Data Sources

This assessment draws on numerous national, state and local sources of data collected on factors known to influence health. Where possible, qualitative data has been included. Data presented is the most recently available data at the time. The works cited section contains a complete list of sources.

In addition to these secondary data sources, Rice County Public Health administers a survey instrument, with support from the Minnesota Department of Health's Center for Health Statistics. The survey has been revised over the years and draws from existing sources such as the Behavioral Risk Factor Surveillance System (BRFSS) survey and from other county-level surveys in Minnesota. The survey was formatted by the survey vendor, Survey Systems, Inc. of New Brighton, MN, as a scannable, self-administered English-language questionnaire.

In 2023, a two-stage sampling strategy was used for obtaining a probability sample of adults living in Rice County. For the first stage of sampling, a random sample of Rice County residential addresses was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the United States Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

At times, data is presented by two strata, northern Rice County and southern Rice County. These were defined by ZIP code boundaries. Northern Rice County was defined by addresses in the following zip codes: 55018 (Dennison), 55019 (Dundas), 56052 (Kilkenny), 55046 (Lonsdale), 56069 (Montgomery), 55057 (Northfield), 55046 (Veseli), 55088 (Webster) and southern Rice County was defined by addresses in the following zip codes: 55021 (Faribault), 55946 (Kenyon), 55049 (Medford), 55052 (Morristown), 55053 (Nerstrand), 55087 (Warsaw).

Rental housing was included in sampling and college dormitories were not. An initial survey packet was mailed to 1,600 sampled households that included a cover letter, the survey instrument, and a postage-paid return envelope on November 27, 2023. One week after the first survey packets were mailed (December 5), a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (December 19), another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being January 31, 2024.

Completed surveys were received from 435 adult residents of Rice County; thus, the overall response rate was 27.2 percent (435/1,600). Unfortunately, no completed surveys were received from any adults aged 18-24, so the final data represent adults aged 25 and older.

To ensure that the survey results are representative of the Rice County adult population aged 25 and older, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution (age 25+) of the adult population in Rice County according to United States Census Bureau, American Community Survey 2022 estimates.

Limitations

This community health assessment presents findings on many important health topics but not on every possible topic nor for every possible person. Data is limited for some populations, such as people with disabilities, the LGBTQ+ community, and some ethnic and cultural groups. This lack of data makes it challenging to report the experiences of these populations. Efforts have been made to describe differences between subpopulations, when possible, but differences between subpopulations can be as great as differences between population groups. More work is needed to address these gaps.

Much of the data has drawn from secondary sources and the limitations of those sources are described elsewhere.

Acknowledgements

Rice County Public Health Director, Deb Purfeerst, would like to extend a special thank you to Sara Coulter, Rice County Public Health Clinic & Community Supervisor who takes the lead role in the community health assessment and community health improvement process for Rice County Public Health.

Health and how it is Created

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946). This definition allows for the concept of health as the gateway to the human experience. When we are healthy, we are more able to interact with our classmates, coworkers, family and friends. When we are healthy, we are more able to actively participate in civic life.

Previously, personal choice has been emphasized as key to health. However, personal choice only makes up about 30 percent of the factors that create health. Other factors include access to and quality of clinical care (20%), social and economic factors (40%) and physical environment (10%) (University of Wisconsin Population Health Institute, 2019).

Health Equity, Health Disparities and Rice County

Disparities in health have increasingly become an area for concern in public health. A health disparity is a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. For example, research has documented disparities in the prevalence of chronic diseases of

subpopulations defined by education, income, race and ethnicity, and English proficiency. Disparities also exist by age, ability, gender, gender identity, religious identity etc. Often time's people identify with several groups experiencing disparities and this intersectional identification amplifies the unfair disadvantages the person experiences.

Health equity is a state of health whereby everyone has a fair opportunity to attain their full health potential and no one is disadvantaged in achieving it due to unfair or unjust barriers. Examples of unfair or unjust barriers include communication barriers, lack of financial resources, limited access to health insurance, lack of culturally competent health care and poor working conditions. Barriers also include fear of discrimination and policies or ordinances that unfairly target specific groups. Because groups of people experience disadvantages or continue to experience the ramifications of historical injustices, disparities in health are evident.

Staff at Rice County Public Health are working with our communities to collaborate and take action to address health inequities. By walking alongside our neighbors to find workable solutions that address those disadvantages, we aim to play a role in our community's resilience and hope, and thus fulfill our mission to protect, promote and improve the health of all Rice County residents.

Described in this report, where data is available, are disparities of health as experienced by race, gender identity, sexual orientation and income.

People

Location

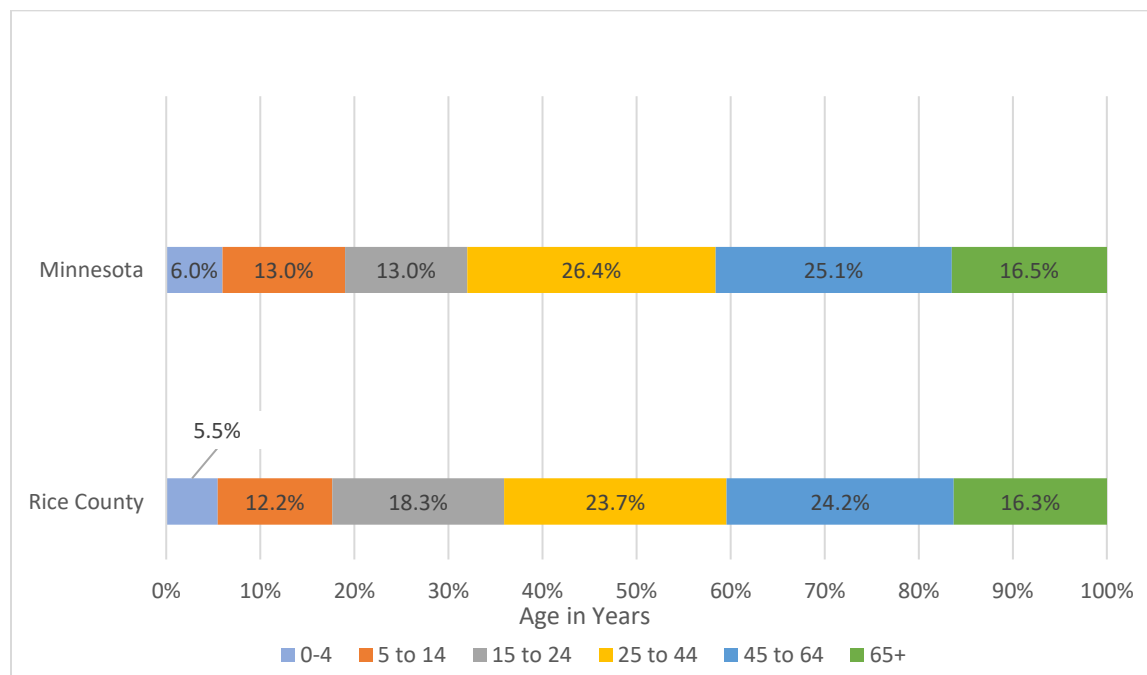
Rice County is located 50 miles south of the Minneapolis and St. Paul metropolitan area. The county's 516 square miles contain seven cities and 14 townships. The two largest cities in the county are Faribault and Northfield. The county was organized on March 5, 1853, and is governed by five commissioners elected from five districts in the county (Rice County, 2024).

Population

In 2022, the most recent year available, the total estimated population in Minnesota was 5,801,769 and Rice County was estimated to be at 68,525, making it the 15th most populous county in the state. Crow Wing ranked 14th at 69,275 community members, and Clay County ranked 16th with 67,814 community members (Minnesota State Demographic Center: Department of Administration, 2023).

In 2022, the median age in Rice County was 37.3 years old, compared to the state at 39.0 (United States Census Bureau, 2024). Figure 1 shows the population of Rice County and Minnesota by age group.

Figure 1: Rice County and Minnesota Population Estimates by Age, 2022



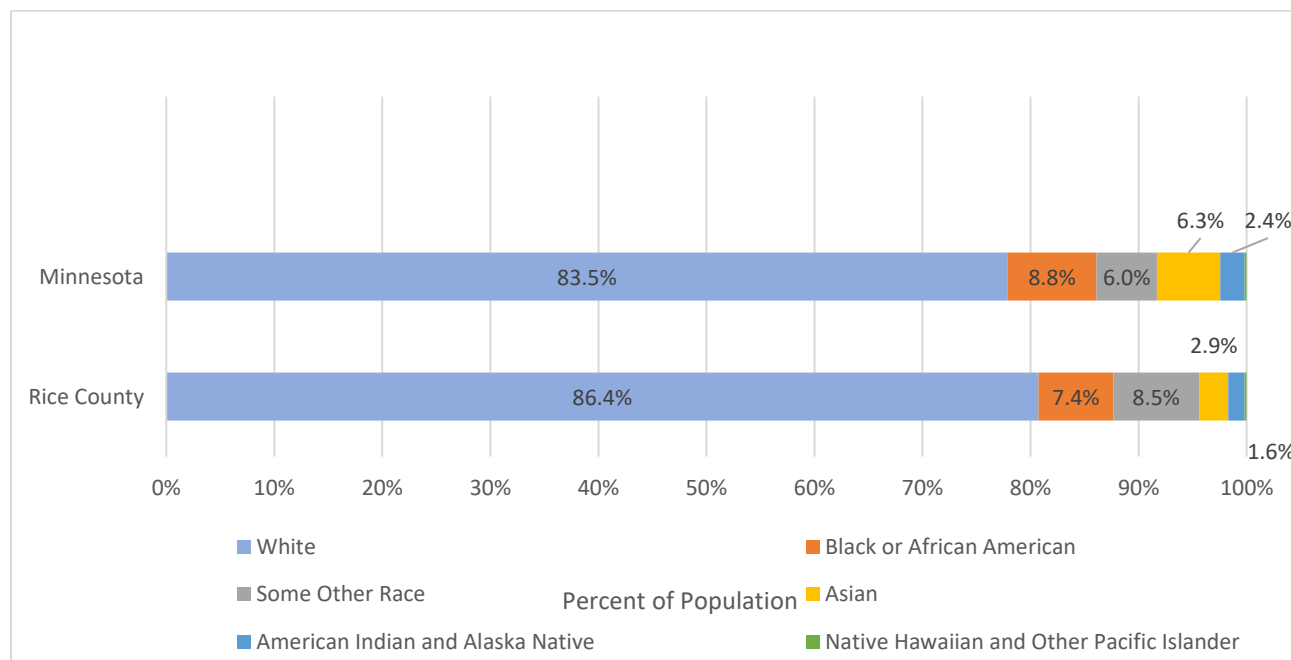
Source: United States Census Bureau

The population structure of Rice County can also be looked at as a ratio of the number of children, birth to under 15, who are dependent on the working-age population aged 15-64. A low dependency ratio indicates that there are more people working who can support the dependent population. The higher the ratio, the greater the burden carried by working-age people. In 2022, the Rice County child dependency ratio was 34.4 for every 100 working-age people, in 2017 it was 25.2. In addition, in 2022, the senior dependency ratio was 25.9 seniors for every 100 working-age people in Rice County, compared to 22.6 seniors for every 100 working-age people in 2017 (United States Census Bureau, 2022). It is interesting to note that while the child dependency ratio has been relatively steady over time, the senior dependency ratio has been increasing and is expected to continue increasing. In 2010, the senior dependency ratio was 18.3. The increase may largely be explained by the fact that life expectancy continues to rise.

The average household size (all people occupying a household unit) and family size in Rice County (2.55 and 3.11 people respectively) is comparable to the rest of the state at 2.40 and 3.01 people respectively (United States Census Bureau, 2022).

Across the state and within Rice County, about 93 percent of people identify as being of one race. The largest racial groups in Rice County are white, followed by Black/African American and some other race. Ethnically, 9.2 percent of Rice County community members identify as Hispanic or Latine (the majority identifying as Mexican), compared to the state at 5.7 percent (United States Census Bureau, 2022). Figure 2 compares the race alone or in combination identities of Minnesota and Rice County.

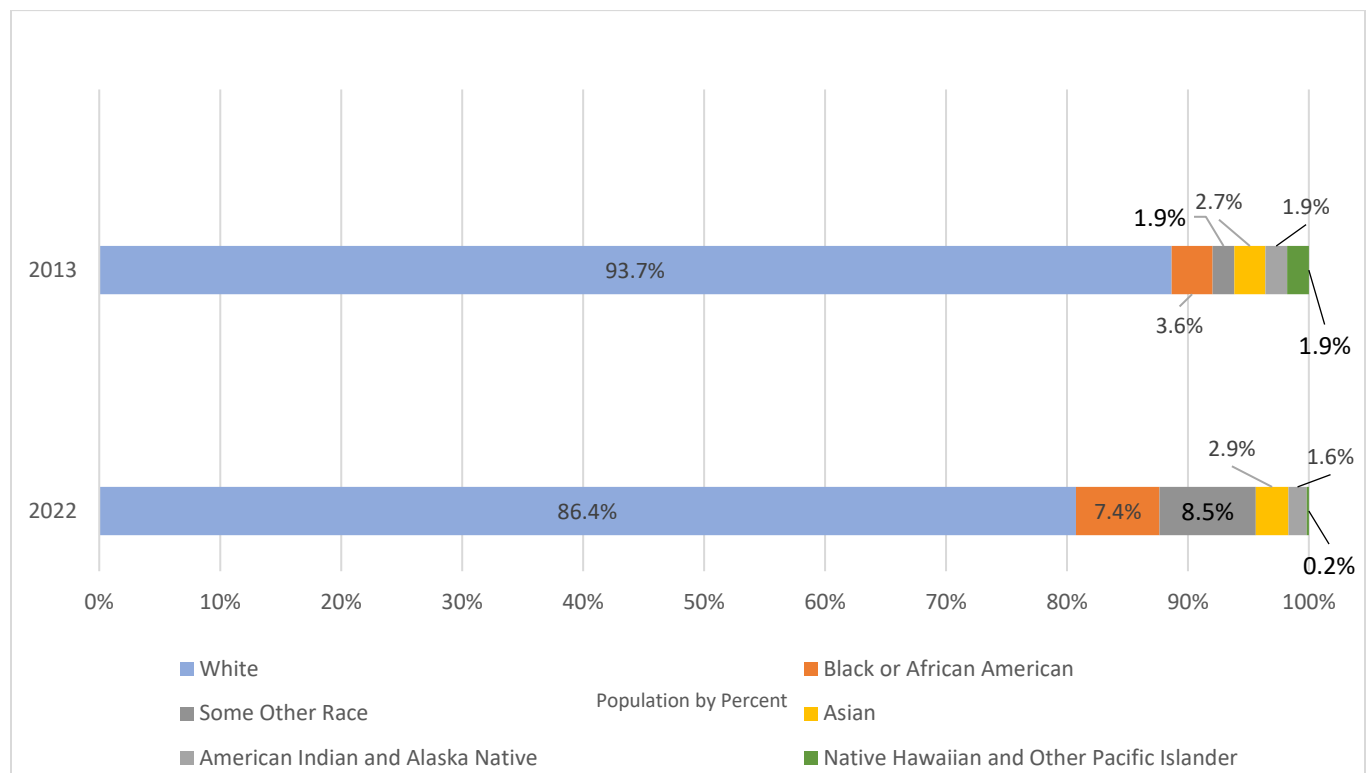
Figure 2: Minnesota and Rice County by Race Alone or in Combination with One or More Other Races, 2022



Source: United States Census Bureau

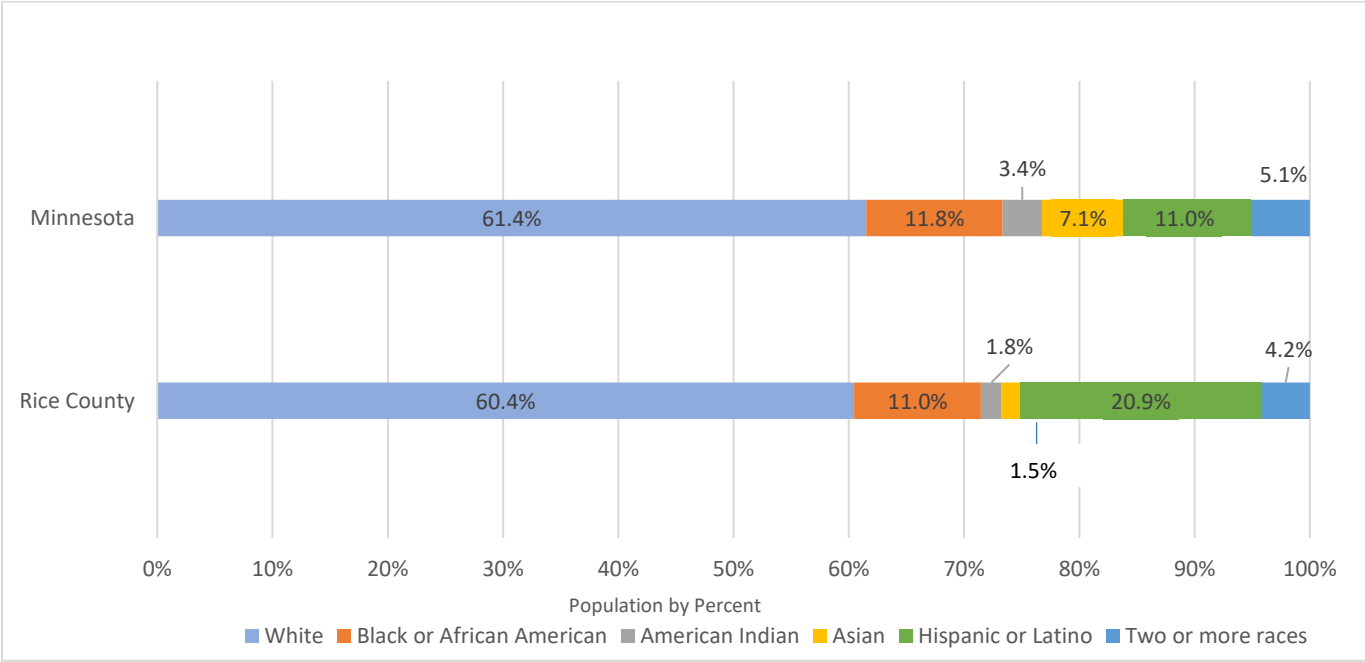
While the current composition of Rice County’s population is predominantly white, the prevalence of minorities continues to increase, particularly among Black or African American and “Some Other Race” populations (see Figure 3). In 2013, Rice County’s population was 93.7 percent white, and by 2022, the total percentage of the population identifying as white decreased to 86.4 percent (United States Census Bureau, 2022). All other race populations have increased in Rice County over the last 10 years. Likewise, the people of Rice County who identify as of Hispanic or Latine ethnicity rose from 7.7 percent in 2013 to 9.2 percent in 2022 (United States Census Bureau, 2022). Most recent Census data estimates for 2022 report that 9.1 percent of Rice County community members are foreign born, an increase from the 2017 estimate at 7.9 percent (United States Census Bureau, 2022). The diversity of Rice County is most evident among our school-aged population (see Figure 4 and Figure 5) (Minnesota Department of Education, 2024).

Figure 3: Rice County Race/Ethnicity, 2013 and 2022



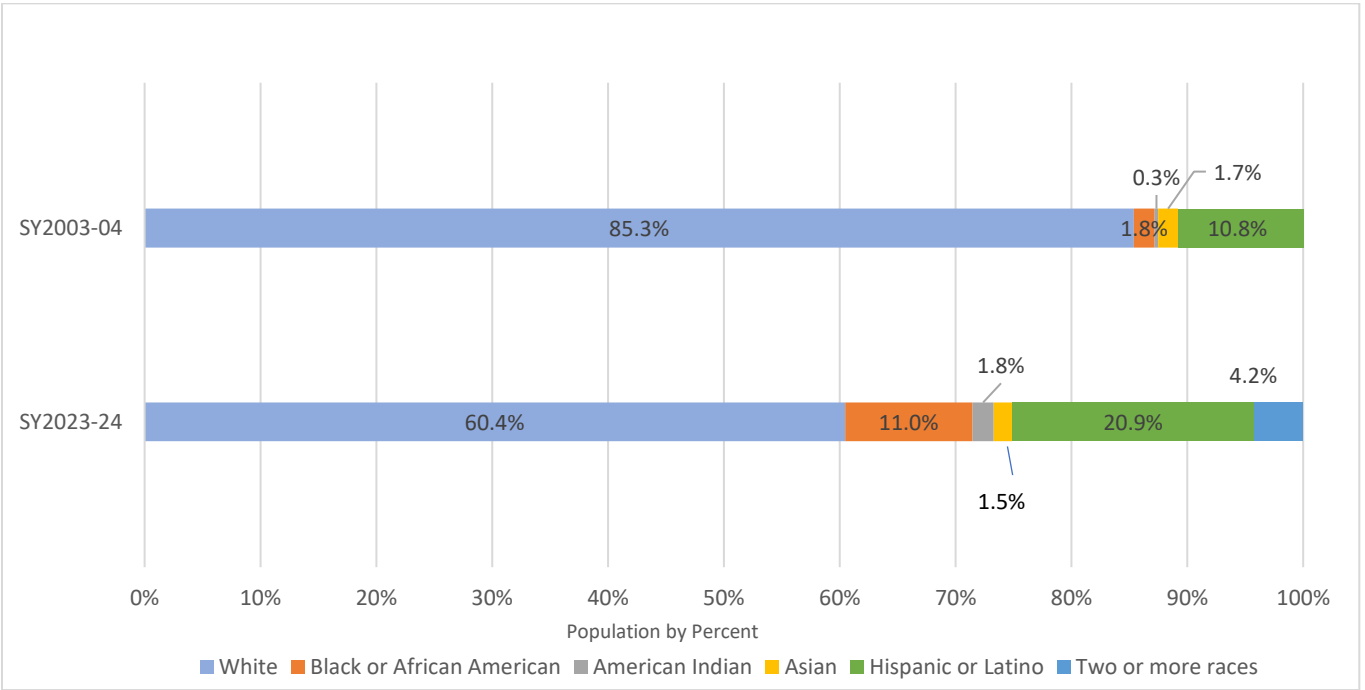
Source: United States Census Bureau

Figure 4: Kindergarten to 12th Grade Student Population by Race/Ethnicity, School Year 2023-2024



Source: Minnesota Report Card

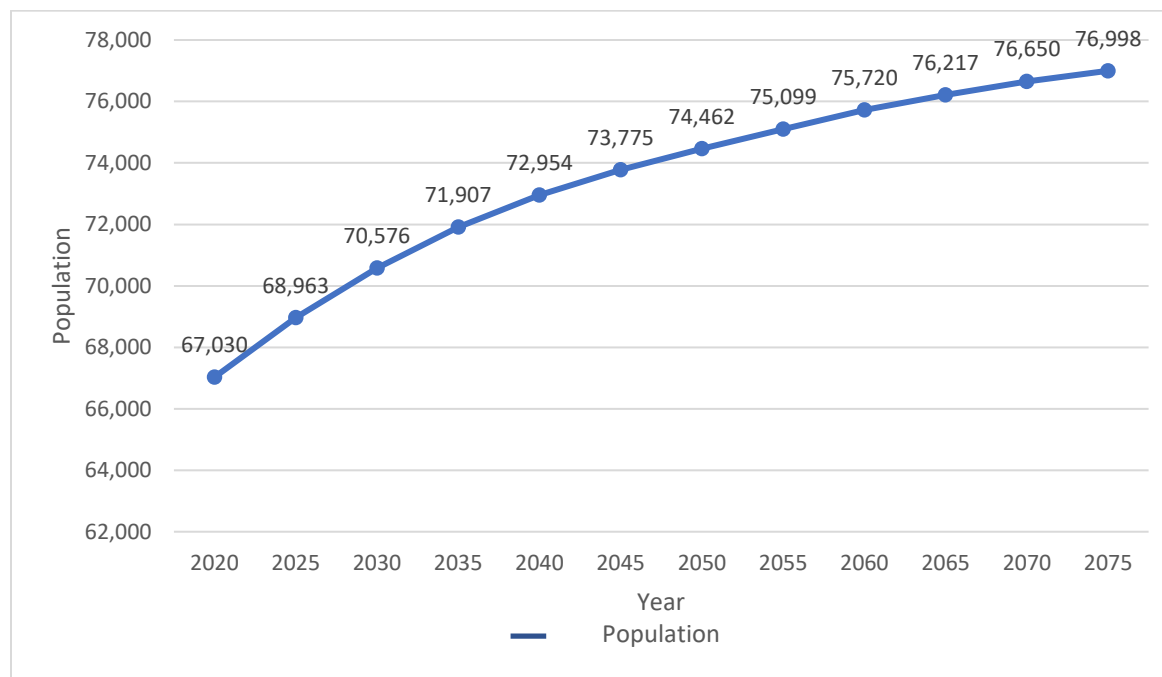
Figure 5: Rice County’s Kindergarten to 12th Grade Population by Race/Ethnicity, School Year 2003-04 and 2023-2024



Source: Minnesota Report Card

Two-thirds of Minnesota's 87 counties are projected to decline in population, yet the Rice County population is projected to rise through 2050 (Figure 6) (Minnesota State Demographic Center, 2023).

Figure 6: Rice County Population Projection Through 2050



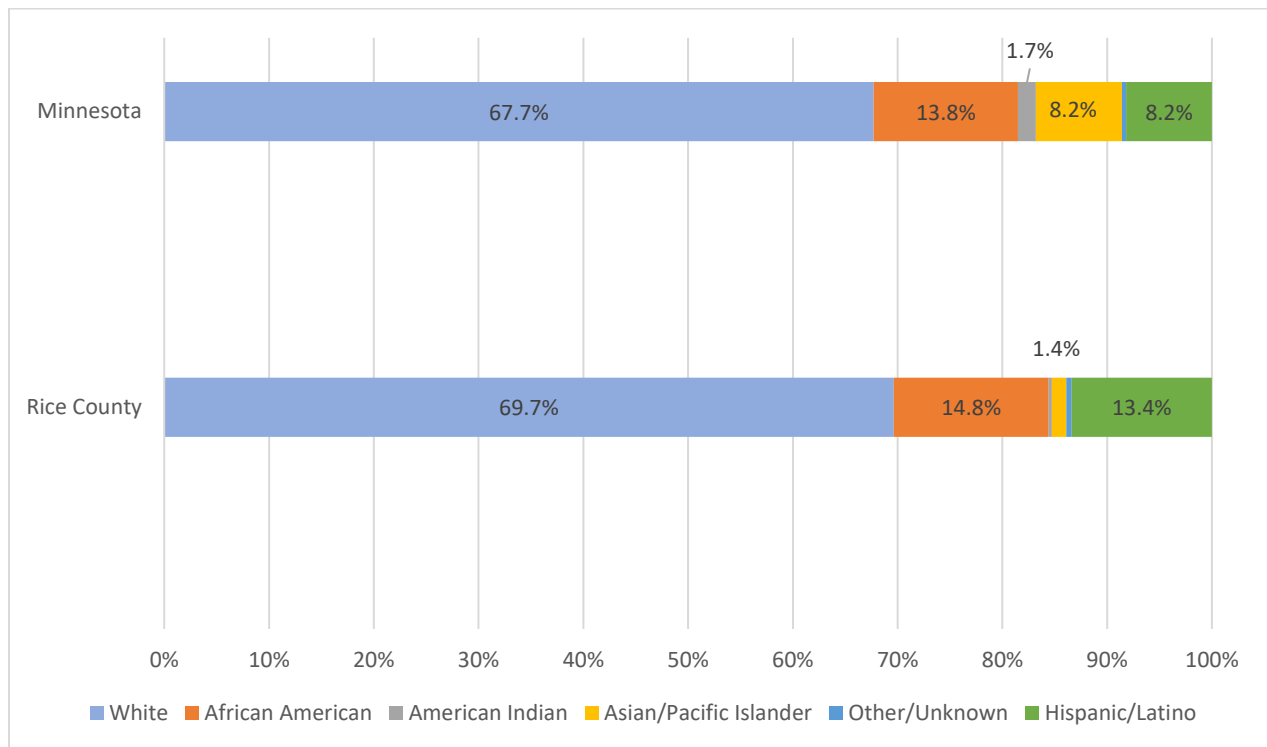
Source: Minnesota State Demographic Center

Natality

The birth rate of Rice County in 2020, the most recent year of data available at the time of this writing, was 9.6 live births per one thousand population. During the same year, the birth rate in Minnesota was 11.2 per one thousand population (Minnesota Department of Health, 2020).

Further evidence of the demographic shifts mentioned above is found in an examination of the race/ethnicity of women giving birth (see Figure 7). Just over 30 percent of births in Rice County are to people of color, and while this is similar to the state, variations are seen in the specific race or ethnicity of the mother (Minnesota Department of Health, 2020).

Figure 7: Race/Ethnicity of Mothers Giving Birth by Location, 2020



Source: Minnesota County Health Tables, 2020

Mortality

The death rate in Rice County is slightly higher than the state at 8.8 deaths per one thousand population, compared to the state at 9.3 per one thousand population (Minnesota Department of Health, 2020). Leading causes of death in both the state and Rice County are shown in Table 1. Between 2016 and 2020, cancer was the leading cause of death for both (Minnesota Department of Health, 2020). Each leading cause of death is discussed further in this report.

Table 1: Age Adjusted Cause-Specific Premature (<75 yrs) Death Rates for 10 Leading Causes per 100,000 Persons by Location, 2016-2020

	Minnesota	Rice County
Cancer	70.6	72.4
Heart Disease	34.9	29.4
COVID-19	COVID, as a newly emerged infectious disease in 2020, does not have information for calculating five-year rates.	
Unintentional Injury	28.7	25.7
Chronic Lower Respiratory Disease	10.6	9.8
Stroke	7.7	7.8
Diabetes	9.2	7.4
Chronic Liver Disease	8.9	6.5
Hypertension	2.9	--
Alzheimer's	2.0	--

Source: Minnesota County Health Tables, 2020

Conclusion of People

The people of Rice County are largely working age and are increasingly diverse by race. The population is expected to increase, but much of that due to international migration. Death touches us all, and cancer is Rice County's leading cause of death.

Opportunity

Opportunity is defined as a set of circumstances that makes it possible to do something. Minority populations in Rice County are limited in their opportunity to reach their highest health potential due to historical and current unjust distributions of power and resources. This context has resulted in race and ethnicity being strong indicators of health. In Rice County, our Latine and East African immigrant families, friends and neighbors disproportionately struggle with academic success, employment and income, access to health care, transportation and housing, all of which limits their opportunity to be healthy.

Rice County has limited data by immigrant status, disability, and gender. It is included where it is known to be available. While we are working for better data, we also want to raise up the strengths of these communities. The diversity of Rice County's population is one of our greatest assets.

Education

While few people think of education as a crucial path to health, the two are much related, even when other factors like income are included. Education increases access to resources and opportunities. With increased education, job opportunities may expand, including pay increases and benefits like health insurance, healthier working conditions, and social connections. Education also affects generational health as children of more educated parents tend to be healthier and do better in school.

Rice County residents are served by independent school districts, charter schools, several private schools, one community college and two private colleges. In 2023, the percent of the population ages 25 years and older, with less than a high school education, was higher in Rice County than in Minnesota, 7 percent versus 5.7 percent, respectively (United States Census Bureau, 2023).

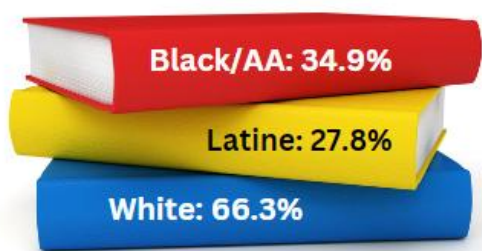
During the 2023-2024 school year, English learners made up 13.3 percent of all pre-kindergarten to 12th grade students in Rice County, compared to 9.7 percent of students in Minnesota (Minnesota Department of Education, 2024). English learners at Faribault Public Schools made up 25.3 percent of their student body alone. In Rice County, 22.2 percent of children were receiving special education, which was higher than the Minnesota average of 18.5 percent (Minnesota Department of Education, 2024). During the same school year, 48.7 percent of Rice County students were eligible for free or reduced-price meals compared to 71.7 percent at Faribault Public Schools, and 42.4 percent in Minnesota (Minnesota Department of Education, 2024).

The Minnesota public school system uses “a standards-based education system (which) promotes equity by establishing a baseline of knowledge and skills that all students, regardless of their background, should master as part of their education” (Minnesota Department of Education, 2024). Standards testing starts in third grade. According to the Minnesota Department of Education, academic achievement, defined as the number of students demonstrating they are at grade level, is calculated by

dividing the number of students at “meets standards” or “exceeds standards” on state tests, by the number of students in the tested grade. This is referred to as proficiency data.

Third grade reading proficiency data was gathered by income (using free or reduced-price meals as a proxy for low income) and by race or ethnicity from Northfield Public Schools and Faribault Public Schools and the data was averaged for the county. While there are seven independent school districts in the county, these are two districts with a majority of the district falling within Rice County. In the 2023-24 school year, 31.9 percent of low-income third graders were proficient in reading compared to 68.9 percent of the third-grade student body not qualifying for free/reduced price meals (Minnesota Department of Education, 2024). Both districts had data reportable by two racial categories and Faribault had by three, including Black/African American. Among third graders, 66.3 percent of white students, 27.8 percent of Latine students and 34.9 percent of Black/African American students tested as proficient in their grade level (see Figure 8).

Figure 8: Rice County Third Graders Reading at or Above Grade Level by Race/Ethnicity, 2019



Source: Minnesota Department of Education, Minnesota Report Card

In 2023, the four-year graduation rate in Rice County was 84.5 percent compared to Minnesota at 83.3 percent (Minnesota Department of Education, 2024). Three districts in Rice County had data reportable by two or more racial categories for four-year graduation rates, which showed that 89.9 percent of white students, 77.6 percent of Black/African American students and 64.3 percent of Latine students graduated within four years (Minnesota Department of Education, 2024).

Employment

Employment provides us with a source of income and connects us to social support, while offering a sense of purpose, meaning and belonging in the community. It gives us opportunities for success and is the main way most people in Minnesota access health insurance. Employment, especially adequate employment, enables safe housing choices, access to healthy food, education and quality child-care.

Unemployment on the other hand, limits a family’s income, which can affect their insurance status and stress level, as well as whether or not the individual will access health care. All of this can have a negative impact on an individual’s physical and mental health. In 2023, the unemployment rate was 2 percent in Rice County, compared to 3 percent in Minnesota (United States Census Bureau, 2023).

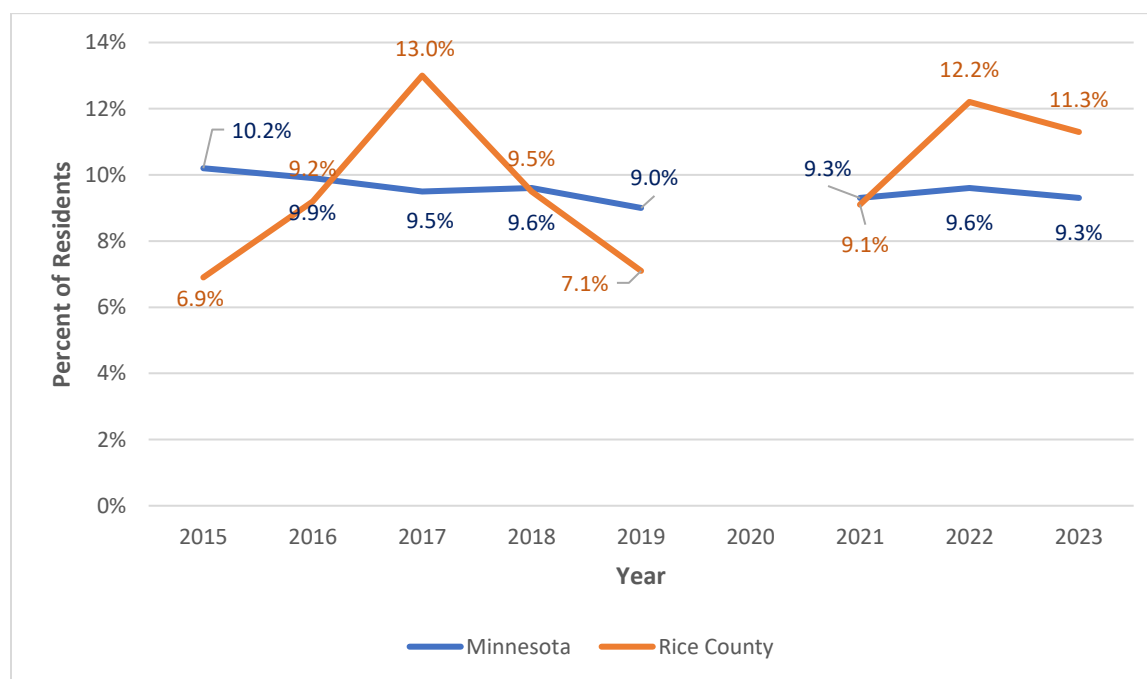
Income

Income is one of the strongest and most consistent predictors of health. On average, if we make more money, our overall health is better (Minnesota Department of Health, 2017). It affects where we live and how long we live there. It also affects the quality of our home, what schools we attend, our ability to access recreation, the food we put on our tables and the childcare we access. In 2023, the mean per capita income was \$46,530 in Minnesota and \$35,983 in Rice County (Center for Health Statistics, 2019).

Poverty often limits opportunity. Poor health can also lead to poverty in a cycle of disadvantage that can play out over a lifetime and through generations of families. Children who grow up in families that experience chronic stress due to poverty have a greater risk of developing long-term health problems and are more likely to remain in poverty as adults (Minnesota Department of Health, 2019).

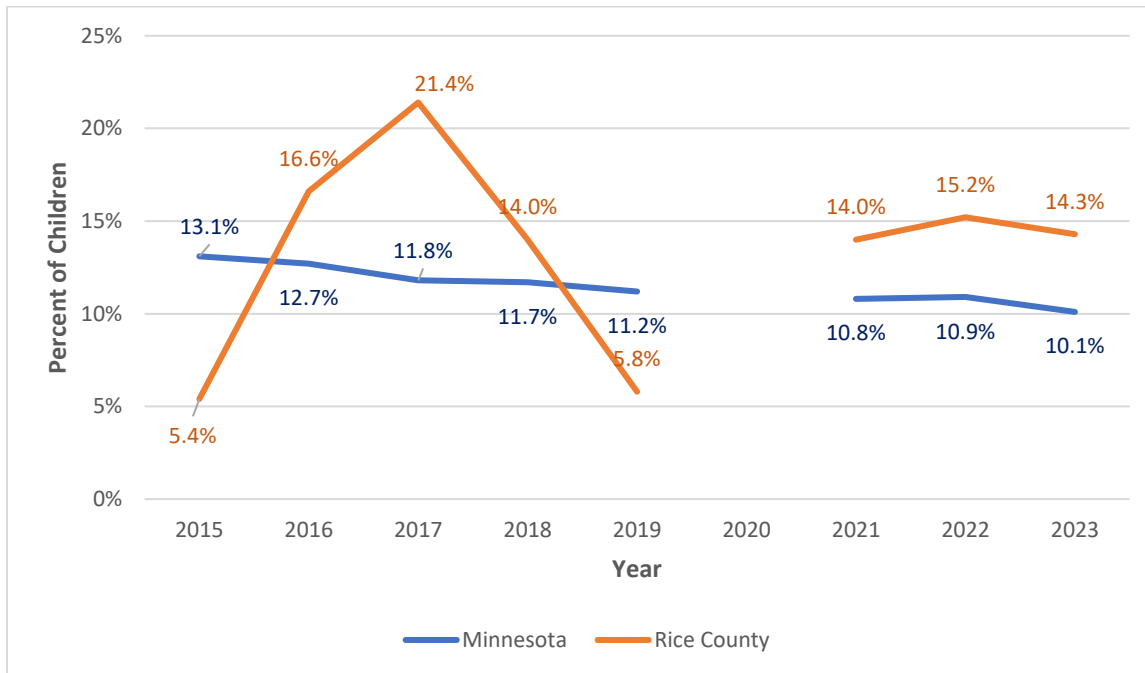
Figure 9 shows the percent of Rice County and Minnesota residents living in poverty over time (United States Census Bureau, 2024). Figure 10 shows the percent of children under 18 years old who live in poverty in Rice County and Minnesota (United States Census Bureau, 2024).

Figure 9: Residents Living in Poverty by Location, 2015-2023



Source: United States Census Bureau

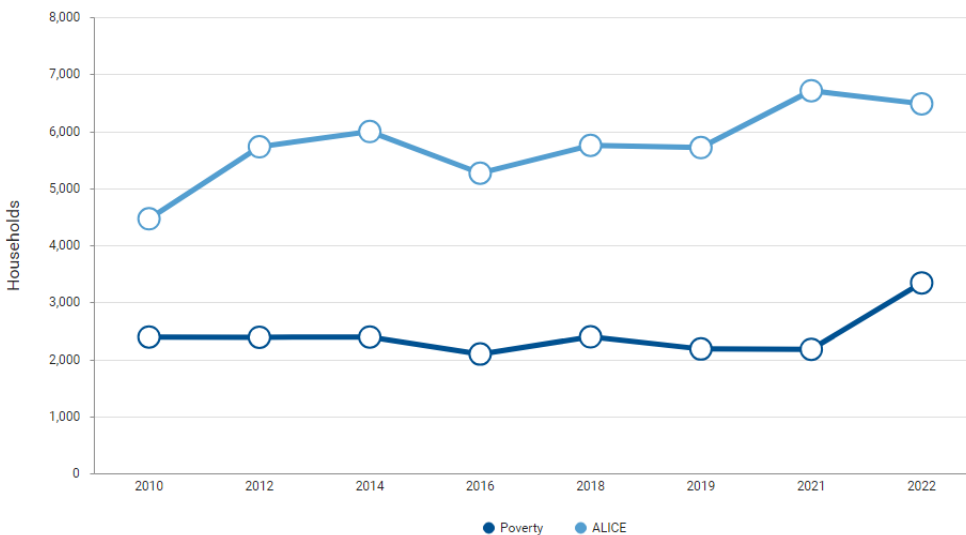
Figure 10: Children Aged 0-18 Living in Poverty by Location, 2015-2023



Source: United States Census Bureau

ALICE (Asset Limited, Income Constrained, Employed) populations are those just above the federal poverty level but earning less than what it costs to make ends meet. In Rice County, 27 percent of households are ALICE compared to the state at 26 percent (United Way of Northern New Jersey, 2024). Figure 11 shows how financial hardship has changed over time in Rice County.

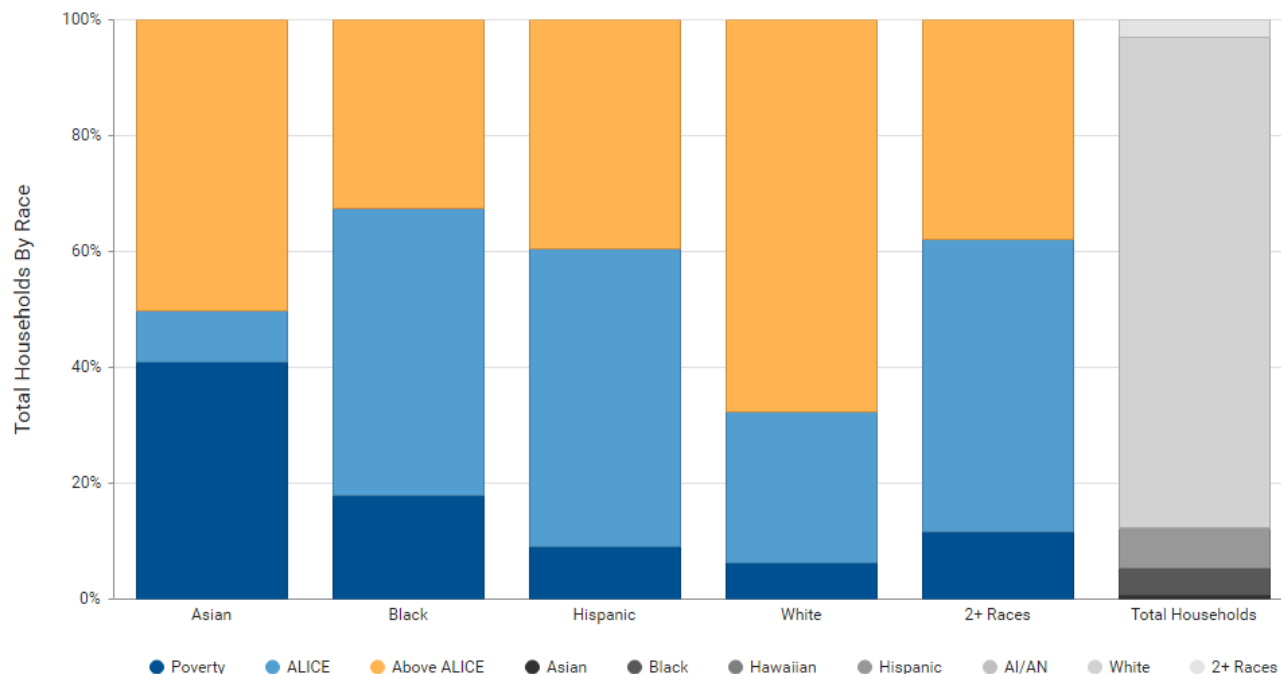
Figure 11: Number of Households in Poverty or ALICE, Rice County 2010-2022



Source: United for ALICE

Households of color are disproportionately ALICE households as shown in Figure 12 (United Way of Northern New Jersey, 2024).

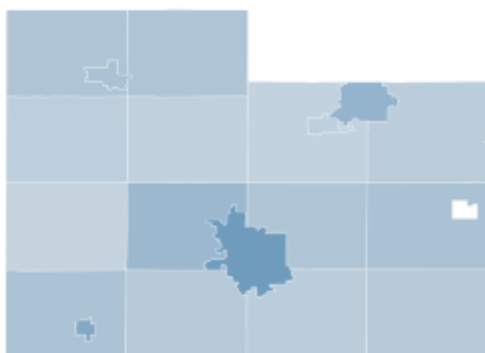
Figure 12: ALICE Households by Race/Ethnicity, Rice County 2022



Source: United for ALICE

There is also variation in ALICE households by location. On Figure 13, the darker the area, the higher the percentage of ALICE households.

Figure 13: Financial Hardship by Location in Rice County, 2022



Source: United for ALICE

Table 2 shows the percentage of households below ALICE by location in Rice County (United Way of Northern New Jersey, 2024).

Table 2: Percent Below ALICE Threshold by Location in Rice County, 2022

Name	Total Households	% Below ALICE Threshold
Bridgewater township	705	19
Cannon City township	457	27
Dundas city	603	21
Erin township	287	21
Faribault city	8853	53
Forest township	420	20
Lonsdale city	1529	29
Morristown city	363	45
Morristown township	307	28
Northfield city	5954	38
Northfield township	288	22
Richland township	151	24
Shieldsville township	336	18
Walcott township	429	22
Warsaw township	520	24
Webster township	597	27
Wells township	725	35
Wheatland township	447	27
Wheeling township	179	29

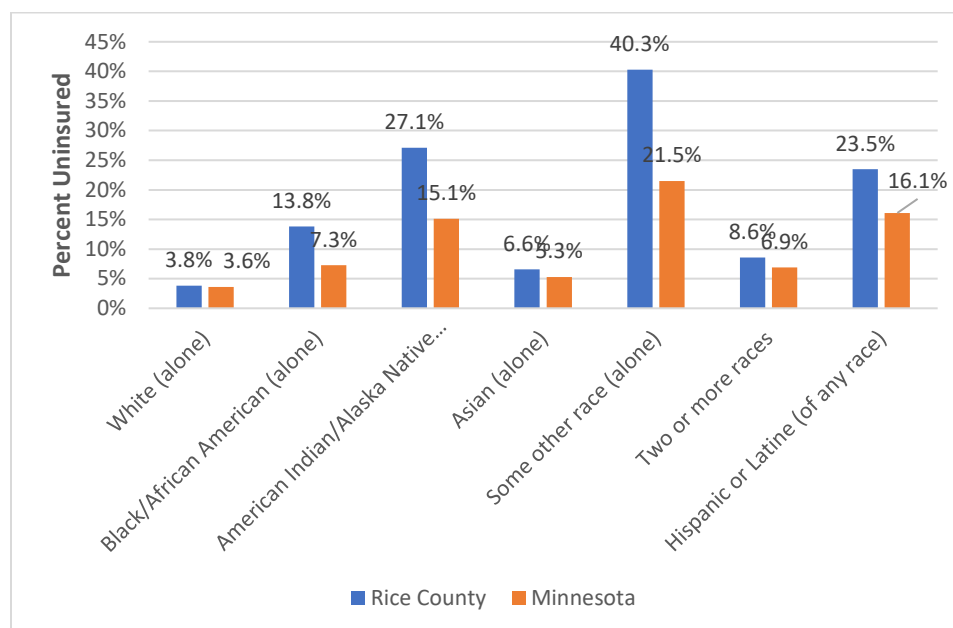
Source: United for ALICE

Access to Health Insurance

Insurance status is often correlated to employment status discussed above. People with part time, contract or low paying jobs may not have access to health insurance or may lack adequate coverage, making it difficult for them or their families to get needed care. People who are uninsured or underinsured tend to delay care, and be sicker, before seeing a doctor and have a harder time recovering. In 2023, two percent of Rice County community members were uninsured, compared to six percent in 2016 (Rice County Public Health, 2016; Rice County Public Health, 2023). This is lower than the nation with ten percent of people uninsured (University of Wisconsin Population Health Institute, 2024).

Figure 14 shows the percent of uninsured community members by race. Note that the burden of uninsurance falls disproportionately on minority community members in both Rice County and across Minnesota (United States Census Bureau, 2024).

Figure 14: Estimated Percent of Uninsured Community members by Race and Location, 2018-2022



Source: Health Insurance Coverage Status: American Community Survey 5-year Estimate 2018-2022

Access to Medical Care

Insurance status and the availability of medical providers are factors that affect access to medical care. Not accessing medical care when it is needed can lead to worse health outcomes for individuals.

Rice County has a lower ratio of primary care physicians available compared to the state. In 2021, there were 1,160 Rice County community members for every one primary care provider, compared to Minnesota at 1,130 community members for every one primary care provider (University of Wisconsin Population Health Institute, 2024).

Child and Teen Checkups (C&TC) is the name for Minnesota's Early and Periodic Screening, Diagnosis and Treatment Program. C&TC is a comprehensive child health program provided to children and teens from newborn through age 20 who are enrolled in Medical Assistance (MA) or MinnesotaCare. The program found that only 45 percent of the Rice County population enrolled in MA or MinnesotaCare had a complete wellness check in 2023. This number has been steadily declining since 2021 when it was at 48 percent (Minnesota Department of Human Services, 2023).

According to the 2023 Rice County Community Health Survey, 23.5 percent of community members delayed accessing medical care in the past 12 months at a time when they thought they needed medical care (Rice County Public Health, 2023). This is much greater than the percent who reported delaying mental health care which was at 14.8 percent. According to those who reported a delay in accessing care, the rank order reasons for delaying care were as follows:

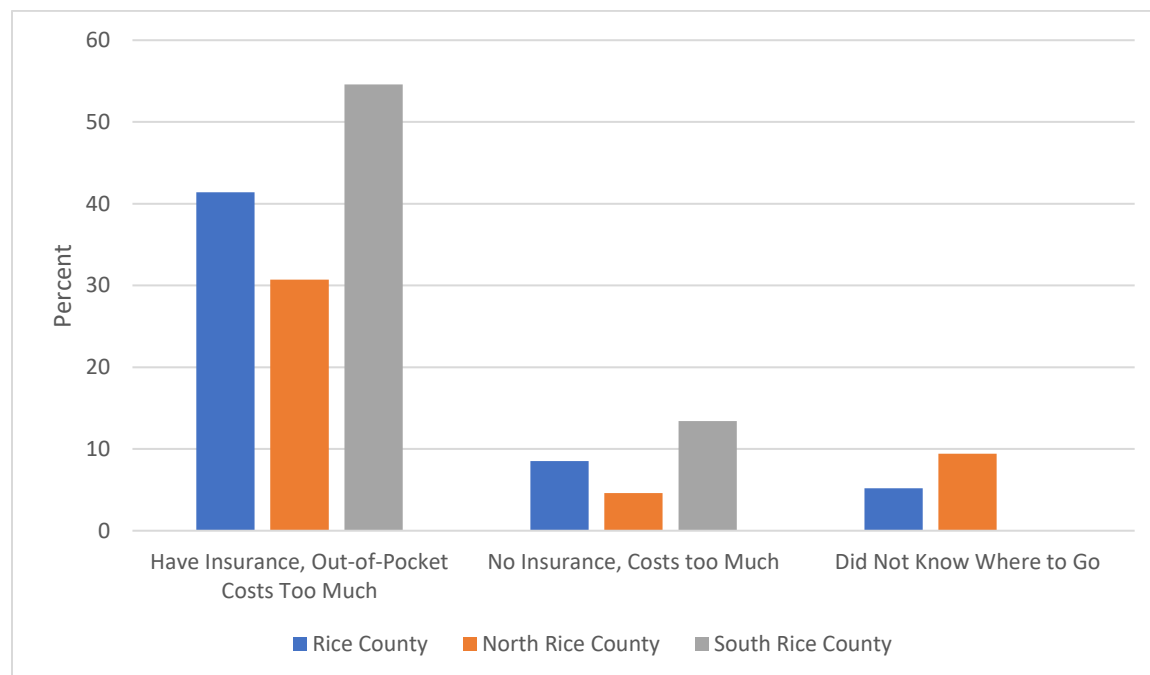
1. I have insurance, but my out-of-pocket costs are still too much (41.4%, a decrease from 63.9% in 2016)
2. I could not get an appointment as soon as I wanted (40.6%)
3. Other (28.5%)
4. I don't have insurance, so my medical care costs too much (8.5%, an increase from 4.2% in 2016)
5. I did not know where to go (5.2%)
6. I had transportation problems (0.8%)

The third most common reported reason was “Other” at 28.5 percent and written in responses included, “Wait it out”, “Tough it out” and “Thought it would go away” as well as “Could not leave work”, lack of access to specialists, and mistrust of the systems.

There were some differences based on geographic location for reasons community members delayed accessing medical care.

Figure 15 shows the differences for specific reasons why community members delayed care by location.

Figure 15: Why Rice County Community Members Delayed Medical Care by Location, 2023



Source: 2023 Rice County Community Health Survey

English proficiency also affects access to care, patient safety, quality of care, the patient's experience and health outcomes. From a 2024 opinion survey of Rice County medical providers, write in comments included “create bridging opportunities for people to understand different cultures” and having “community health workers and cultural liaisons at Allina and Mayo and NFH.”

Access to Dental Care

Factors influencing oral health include participation in preventative dental care, availability of providers, cost of visits and care, and insurance status. According to the Minnesota Student Survey, 80 percent of Rice County students saw a dentist for a check-up, exam or teeth cleaning, or other dental work in the last year (Olmsted County Public Health Services, 2024). The remaining 20 percent of students saw a dentist over a year ago or have never seen a dentist. In 2022, there were 1,740 community members for every dentist in Rice County. In the state, there were 1,290 community members for every dentist (University of Wisconsin Population Health Institute, 2024).

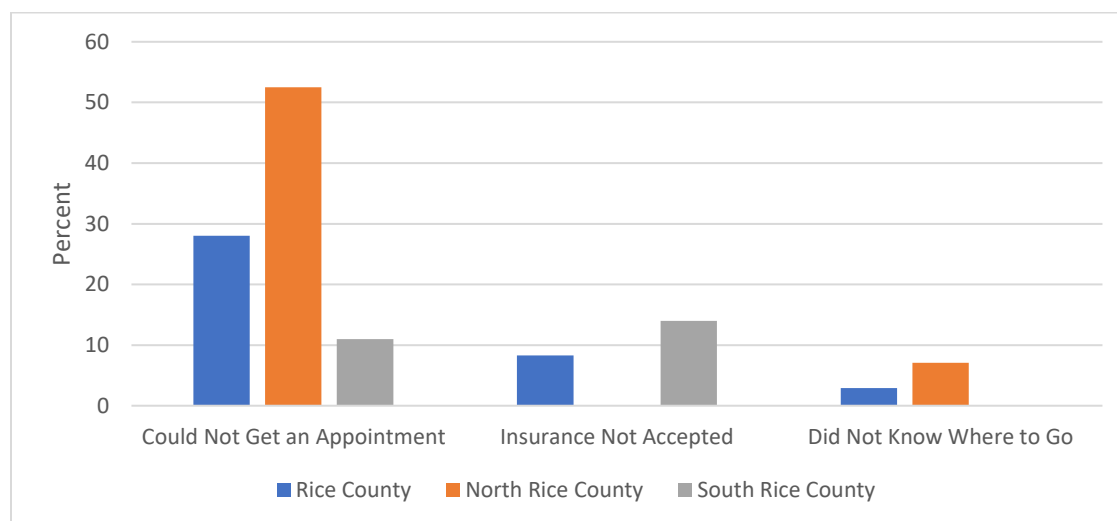
According to the 2023 Rice County Community Health Survey, 20 percent of community members delayed accessing dental care in the past 12 months at a time when they thought they needed it (13.9 percent in northern Rice County and 28.5 percent in southern Rice County) (Rice County Public Health, 2023). According to those who reported a delay in accessing care, the rank order reasons for delaying care were as follows:

1. I have insurance, but my out-of-pocket costs are still too much (37.6%)
2. Could not get an appointment (28%)
3. I don't have insurance, so my medical care costs too much (26.7%)
4. Other (16.4%)
5. Dentist would not accept insurance (8.3%)
6. Did not know where to go (2.9%)
7. I had transportation problems (1.4%)

The fourth most common response to the survey question asking about reasons dental care was delayed was "Other" at 16.4 percent. Responses that were written into the survey included not wanting to go, not having time, and provider leaving.

There were some differences based on geographic location for reasons community members delayed accessing dental care. Figure 16 shows the differences for those specific reasons.

Figure 16: Reasons for Delaying Dental Care by Location, 2023



Source: 2023 Rice County Community Health Survey

Access to Mental Health Services

Mental health is an area that has been garnering more attention in recent years. More people are seeing that mental health is just as important as physical health. Yet stigma prevents some from seeking care. The limited number of providers available also affects whether or not people receive mental health care when it is needed.

In 2023, there were 490 Rice County community members for every one mental health provider, while Minnesota had 300 community members for every one mental health provider (University of Wisconsin Population Health Institute, 2024).

According to the 2023 Rice County Community Health Survey, 14.8 percent of community members delayed receiving mental health care when they thought they needed it (Rice County Public Health, 2023). This is an increase from 2016 when it was 8.6 percent (Rice County Public Health, 2016). This is much lower than the percent who reported delaying medical care which was at 23.5 percent. The top responses indicated on the survey for why community members delayed receiving care were as follows:

1. Out of pocket costs were too much (37.8%)
2. Other (34.1%)
3. Did not know where to go (27.8%)
4. Could not get an appointment (17.6%)
5. I don't have insurance, so my medical care costs too much (11.6%)

Some of the responses written into the survey for "Other" included "On going scheduling conflicts with work", "No available therapists", "Just waited to feel better on my own" and "Tough it

out” (Rice County Public Health, 2023). The response of, “did not know where to go” was five times higher than it was for medical care and nearly ten times higher than it was for dental care.

Transportation

Transportation is key for our daily activities. It connects us to food, health care, employment, social and community opportunities. Transportation continues to evolve in Rice County, which aims to meet the needs of pedestrians, bicyclists, transit riders, and drivers.

Rice County workers ages 16 years and older overwhelmingly drive to work by car, truck, or van alone (78.4%), or car pool (11.3%) and 7.6 percent of Rice County’s population walk to work (United States Census Bureau, 2023). These numbers are similar to the state.

Rice County is reflective of the state percentages when it comes to vehicles per housing unit. Table 3 below shows the similarities between Minnesota and Rice County (United States Census Bureau, 2022).

Table 3: Vehicles Available per Occupied Housing Unit by Location, 2018-2022

	No Vehicle	One Vehicle	Two Vehicles	3+ Vehicles
Minnesota	6.6%	29.9%	39.8%	23.6%
Rice County	5.0%	27.3%	40.6%	27.1%

Source: United States Census Bureau

Minnesota’s Driver’s License for All law went into place October 1st, 2023. This law enabled more than 80,000 Minnesotans to apply for a driver’s license as it eliminated the need to show proof of legal presence in the United States to get a standard Minnesota class D driver’s license, instruction permit or standard identification (ID) card.

In 2024, Faribault was one of three communities in the state selected to receive the Multicultural Adult Driver’s Education grant from the Minnesota Department of Public Safety. This class helped immigrants newly eligible for a license under the law navigate the challenging system. Practicing for the road test requires the presence of a licensed driver and while the knowledge test is available in languages other than English, as well as by individual and group oral exam, the road skill test does not allow an interpreter to be present. In the absence of bilingual staff, hand signals are used in testing.

Three Rivers Community Action manages Rice County’s public transportation system, Hiawathaland Transit. In their 2021 Community Needs Assessment, they found that among all of their customers, the biggest transportation needs were having a reliable car or help with repairs. Customers stated that not having this was impacting their ability to maintain a job, find a better job and to transport children. Many older adults participating in their interviews stated that they need more flexible, short-notice transportation options (Three Rivers Community Action, 2021).

While transportation in general tends to focus on vehicles, efforts are being made in Rice County and across the nation to ensure that the conversation includes active transit such as walking and biking. Expanding the conversation sheds light on the role of the environment in residents' access to physical activity and the importance of safe pedestrian crossings, adequate lighting and signage, bus shelters, and traffic speeds and controls. While people driving less may be a goal of active transportation, it also looks to help the portion of the county population that cannot drive due to age, ability, vehicle access, or personal choice.

Rice County Public Health's Statewide Health Improvement Partnership (SHIP) collaborates with schools to organize bike and walk to school days. Rice County students participating in Bike to School Day has increased each year from 93 in 2016, to 150 in 2019, to more than 200 in 2024. SHIP also works with schools to offer Walk! Bike! Fun! Pedestrian and Bicycle Safety Curriculum and has educated over 250 youth on the importance of safe walking and biking habits since 2017.

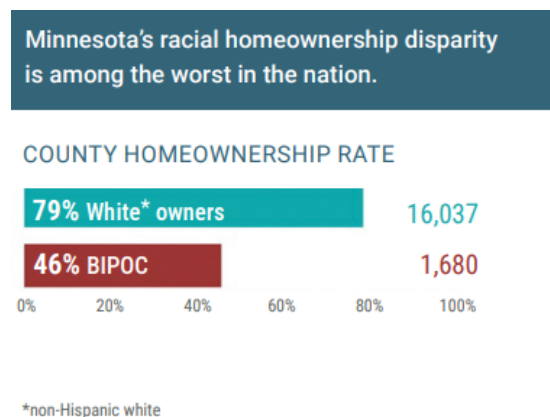
Short-term, low-cost, quick-build demonstration projects use temporary materials to show future road changes. Rice County SHIP helps implement such projects to improve walking and biking environments. Since 2019, 10 demonstration projects across Nerstrand, Lonsdale, Faribault, and Northfield have aided public agencies, community partners, and people walking, bicycling, taking transit, and driving to evaluate potential infrastructure improvements before investing in permanent changes. Rice County SHIP also partnered with Le Sueur County SHIP and the Region Nine Development Commission to implement the Safe Routes to School Planning process at Waterville-Elysian-Morristown School District with implementation in fall 2024.

Housing

Stable housing allows community members to develop trust among neighbors, create long-lasting friendships, and build community. Homeownership is encouraged as a way for families to build financial and social stability. In 2023, 69 percent of housing in Rice County was owner occupied (Widseth, 2024). While homeownership is encouraged, diverse housing stock helps draw industries who are looking for workforce and affordable housing. The balanced homeownership rate is considered around 62 percent (Rice County Housing and Redevelopment Authority, 2024).

In Minnesota, there is significant disparity in homeownership by race. White Minnesotans are more than three times as likely to own a home as Black or African-American community members. The same disparity persists in Rice County (see Figure 17) (Minnesota Housing Partnership, 2023).

Figure 17: Home Ownership Rate in Rice County, 2023



Source: Minnesota Housing Partnership

According to a survey completed in 2015 by the Minnesota Department of Human Services, the majority of older adults own a single-family home (82%) and would like to stay in their home and community. If they are unable to live independently, they would prefer to stay with family, friends, or hire in home services.

Safe, affordable housing offers community members stability and control over their environment, which influences their physical and mental health. When housing costs exceed 30 percent of an individual's income, community members have difficulty covering the costs of other necessities, such as food, medical care, education and quality childcare. This can be especially difficult if living on a single or fixed income. Between 2018 and 2022, 18 percent of children in Rice County lived in single parent homes, compared to 20 percent in Minnesota (University of Wisconsin Population Health Institute, 2024).

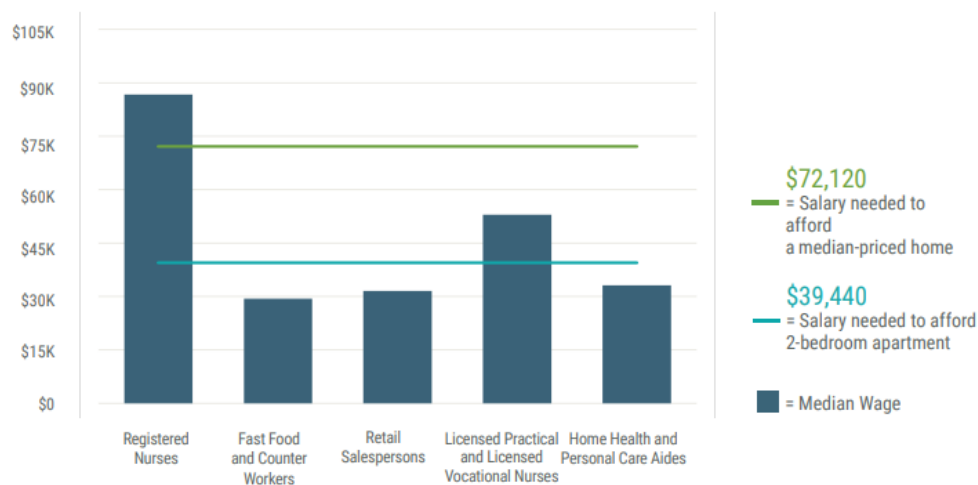
Cost Burdened

The Department of Housing and Urban Development defines a cost burdened renter household as one that pays 30 percent or more of their income on gross rent.

According to the National Low Income Housing Coalition, Rice County ranks fourth in Minnesota for housing expense, behind the Minneapolis-St. Paul-Bloomington area, Rochester and Duluth (National Low Income Housing Coalition, 2024). The median home value in Rice County is \$240,000, which is up 15 percent in over 5 years. Estimates are that 19 percent of owner households in Rice County are cost burdened. In order to afford a two-bedroom fair market rate home in Rice County (estimated at \$1,073 a month), a wage earner would need to make \$20.63 per hour. That is \$9.78 above the minimum wage for large employers (\$10.85) and \$11.78 above the minimum wage for other minimum wage categories (\$8.85) (National Low Income Housing Coalition, 2024). This means that the renter would need 1.9 full-time jobs at minimum wage to afford that same two-bedroom fair market rate home. Figure 18 shows the salary for jobs in the region, compared to the cost of housing in Rice County (National Low Income Housing Coalition, 2024).

Figure 18: Salary for Rice County Regional Jobs vs the Cost of Housing in Rice County, 2023

THE REGION'S MOST IN-DEMAND JOBS vs RICE'S COST OF HOUSING



Source: Minnesota Housing Partnership

In Rice County, affordable rent at 30 percent of the area median income is \$698 a month. The median monthly rental housing cost in Rice County is \$951. This is an increase of 11 percent over five years. Estimates show that 45 percent of renters are cost burdened (Minnesota Housing Partnership, 2023).

Homelessness makes it difficult to apply for a job, make connections in the community, and to build long-term relationships, which can lead to little social support. Through homelessness, a person's quality of sleep, nutrition, mental and physical health can suffer, and children are more likely to miss school. People who are homeless are three to four times more likely to die prematurely than those who have a home. Furthermore, people who are homeless are more vulnerable to trauma, which then reinforces that they are more likely to be homeless.

Minnesota annually completes a one-night Point-in Time count which includes emergency shelter, transitional housing and unsheltered counts of people. In 2022 Rice County's Point-in-Time count was 43. This is a decrease from 2018 when it ranged between 90 and 115 people (Institute for Community Alliances, 2024). The reasons for homelessness in Rice County include the following:

- Criminal history
- Credit problems/poor credit
- Poor rental history/evictions
- Medical or mental health issues
- Domestic violence
- Low income/low wage job

Many of the individuals who are homeless are also working or have some sort of steady income, but can never save up enough money to be able to pay the first month's rent and deposit for an

apartment. As noted above, high housing costs and lack of diverse housing stock makes it difficult for homeless individuals to move into stable housing.

Neighborhood Safety

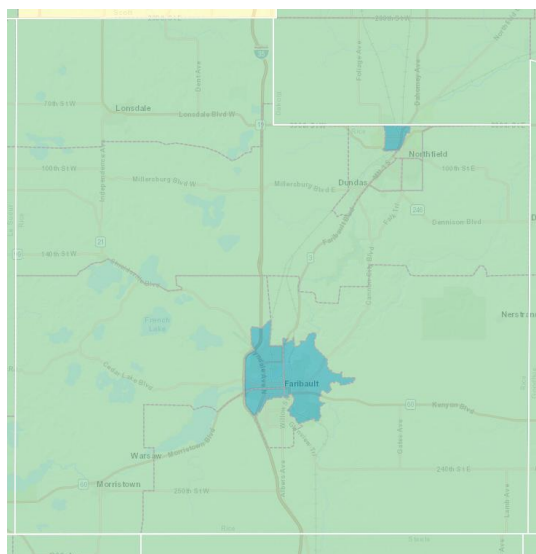
According to the 2023 Rice County Community Health Survey, 79 percent of northern Rice County residents report always feeling safe in their neighborhood compared to 45.6 percent of southern Rice County residents. About 83 percent of community members feel that it's not a problem or only a minor problem to find safe places to walk or bike.

Lead in Housing

Lead-based paint was commonly used to paint home interiors and exteriors on homes built before 1978. It can also be found in many places within one's environment including soil, dust, and diesel. Lead exposure happens by breathing in the paint dust or accidentally consuming paint chips or other contaminated materials (Minnesota Department of Health, 2024). Elevated blood lead levels in young children are linked with learning problems, behavioral issues, and even death if exposure reaches critical levels. The younger a child is, the greater the risk as their bodies absorb lead more easily and their brains are still developing. In 2022 Minnesota implemented universal screening for all children aged 12 and 24 months.

In Rice County, 55.5 percent of housing units were built before 1980 compared to 54.1 percent in the state (Minnesota Department of Health, 2024). According to 2017-2021 data, the most recently available at the time of this writing, in Rice County there are four census tracts where the children living in those areas are one to two times more likely to have elevated blood lead levels than the average child living in Minnesota (Minnesota Department of Health, 2024).

Figure 19: Childhood Lead Exposure 0.8-2.4% Higher than State Average, 2017-2021



Source: Minnesota Public Health Data Access Portal

Conclusion of Opportunity

The opportunity for everyone to access quality education, employment and income, health care, reliable transportation and safe affordable housing benefits our own and our neighbor's health. The persistent systemic inequities in social and economic opportunity result in worse health for some neighbors, while others benefit.

Nature

Countless research studies indicate that the way we design our cities, homes, and workplaces affect how we interact with nature and thus affect our health. Whole communities make decisions about how we should use nature, who is responsible for maintaining its cleanliness and how to resolve complex disputes surrounding its use. Such decisions have the power to determine who can access a healthy environment and who cannot and create disparities in health outcomes. Therefore, how we interact with the natural world affects one's likelihood of exposure and disease.

Climate

The climate of Rice County is classified as mild continental. There are wide variations in temperature from summer (hot and humid) to winter (cold and snowy). Although the climate is essentially uniform throughout the county, variations in microclimate may occur because of differences in topography, vegetation, and soil (Rice County Environmental Services, 2024).

According to the National Oceanic and Atmospheric Administration's (NOAA) National Centers for Environmental Information (NCEI), Rice County has an average annual total precipitation of 35.45 inches (National Oceanic and Atmospheric Administration National Centers for Environmental Information, 2024). Precipitation in Rice County varies from season to season, and month to month. From 1991-2020, annual snowfall in Faribault averaged 43.3 inches per year. The amount of average precipitation in Rice County has been steadily trending upward since 1896. Over the past century (1896-2024), Rice County has seen an average increase of 6.29 inches of precipitation (National Oceanic and Atmospheric Administration National Centers for Environmental Information, 2024).

Average daily temperatures in Rice County range from 14.0° F in January to 71.3° F in July. In the winter months, the average daily minimum temperature is 8.4° F. The average daily maximum temperature in the summer is 80.1° F. On January 9, 1977, the lowest temperature on record in the county was recorded in Faribault at -40° F (Minnesota Department of Natural Resources, 2024). The highest temperature on record, 110° F, was recorded in Faribault on July 14, 1936. The average temperature is increasing, with Rice County having 10 days that were rated as extreme heat days between 2017-2020 (Minnesota Department of Health, 2024). According to the Minnesota Department of Health, extreme heat days are defined as "days that had a heat index over the 95th percentile of the baseline (based on the daily heat index for the years 1991-2020)" and these extreme heat events are expected to become "more common, more severe, and longer-lasting" as our climate continues to change.

Minnesota's climate is changing rapidly, and changes in climate are affecting our health, well-being, ways of life, and natural resources. Water quality and quantity is affected by increasing precipitation (flooding and erosion) and decreasing precipitation (reduced water levels in aquifers, lakes and wetlands, potential concentration of pollutants and wildfire dangers). The increasing temperatures of lakes and streams increases harmful algal blooms which negatively affect fish populations and

increase survivability and breeding of insects that carry pathogens causing sickness (United States Environmental Protection Agency, 2024).

Water Quality

Groundwater quality is perhaps the best example for showing how and why land uses are interrelated.

Drinking Water

Residents of Rice County obtain their water solely from ground water resources such as aquifers, or bodies of saturated rock or sediment through which water can move readily. Knowledge of the major aquifer systems is essential to the protection of Rice County's groundwater sources. The major primary aquifer system in the county is the Saint Peter Prairie du Chien-Jordan aquifer. The county also uses the Saint Lawrence-Franconia aquifer and the Galina aquifer. City wells tap into the Jordan Sandstone portion of the aquifer, while residential wells are generally shallower and tap into the water from glacial drifts (western townships) or the Saint Peter Sandstone portion (eastern townships).

City wells provide the groundwater resources for the majority of Rice County residents and water systems are required to provide drinking water that meets the standards of the Federal Safe Drinking Water Act. Groundwater is also used by large industries in the county. The cities of Faribault and Northfield have established Wellhead Protection Plans to manage potential sources of contamination to help provide an adequate and safe drinking water supply for community residents. Other county municipalities are currently working on the development of Wellhead Protection Plans.

In rural areas of the county, individual private wells serve as the source of ground water. The Minnesota Department of Health recommends private well owners test their household water supply. Test kits are available through Southeastern Minnesota Water Analysis Laboratory.

Nitrates

Nitrate sources can include agricultural production, sewage treatment systems, fertilizer, and manure storage. Nitrates enter an aquifer from the ground surface so wells with shallow casing are more likely to be affected. Geology areas with sandy soils, fractured bedrock (northeast corner of Rice County) or shallow depths to groundwater are especially vulnerable to contamination.

The Nitrate-Nitrogen Risk Ranking Methods and Results Report identified 36 percent of Rice County land area as high risk for contamination of nitrates to the water table aquifer, 32 percent as moderate risk and 29 percent of Rice County as low-level risk based upon the most current available data (Minnesota Department of Health Drinking Water Protection, 2017). Natural processes can cause low levels of nitrate in drinking water—usually less than 3 mg/L. The health concern is with levels of nitrate over 10 mg/L. The 10mg/L is the level at which health impacts, such as methemoglobinemia (blue baby syndrome), can occur.

Arsenic

Arsenic occurs naturally in rocks and soil across Minnesota and can dissolve into groundwater. Drinking water that contains arsenic can increase one's risk of cancer and other serious health effects. Unfortunately, there is no way to know the arsenic level in water before a well is drilled. Arsenic levels can vary between wells, even within a small area. You cannot taste, see, or smell arsenic in your water (Minnesota Department of Health, 2024).

The maximum level of arsenic the United States Environmental Protection Agency (EPA) allows in community water systems is 10 micrograms per liter ($\mu\text{g/L}^*$). However, consuming water with arsenic at levels lower than the EPA standard over many years can still increase your risk of cancer. As a result, the EPA has set a goal of 0 $\mu\text{g/L}$ of arsenic in drinking water. According to the most current available data, in 2017, none of the water systems in Rice County exceeded the maximum contaminant level and the highest reported level was 4.76 $\mu\text{g/L}$ (Minnesota Department of Health, 2024).

Surface Water

Surface water is generally used in a broad sense to refer to water located above ground or on the surface of the earth, such as lakes, rivers, ponds, streams, and reservoirs. Surface water is vulnerable to the same potential contaminants as groundwater. The Federal Clean Water Act requires states to adapt water quality standards for lakes, streams, and wetlands to support specific uses, such as drinking, fishing, and swimming. Water bodies that do not meet those standards are considered "impaired". Thus, they are not always suitable for drinking, fishing, or swimming. Seventeen lakes in Rice County are currently impaired for swimming and ten for fishing. A large number of stream sections are also impaired for use (Minnesota Pollution Control Agency, 2024).

Mercury in Fish

Mercury is an element that occurs naturally in rocks, soil, water and air. It does not break down into less toxic substances. The majority of mercury found in Minnesota lakes and rivers come from the atmosphere. Emissions travel on the wind until they are met by rain or snow and enter water resources. Bacteria in lakes and rivers convert mercury to methyl mercury, which is absorbed by plankton and smaller fish. As larger fish consume the smaller fish, the methyl mercury is moved up the food chain. In humans, mercury affects the nervous system and kidneys. Developing fetuses, infants, children and youth are especially vulnerable because their nervous systems are still developing. Because of health concerns, federal, state, and local governments issue fish consumption advisories. The advisories may suggest that people, including pregnant women, avoid eating certain kinds or amounts of fish.

Outdoor Air Quality

The Environmental Protection Agency (EPA) sets national air quality standards and the Minnesota Pollution Control Agency (MPCA) is responsible for their implementation and enforcement. The Air Quality Index measures five of the main outdoor air pollutants as "good" "moderate" "unhealthy for sensitive groups", "unhealthy", "very unhealthy", and "hazardous". Rice County has approximately 79 percent "good" days (Minnesota Pollution Control Agency, 2019). Statewide, Minnesota air meets all federal standards and nearly all health benchmarks maintaining a trend in reducing air pollution. In

2023, Minnesota had a record number (52) of air quality alert days. According to the Minnesota Pollution Control Agency, they were caused in large part by the above average number of wildfires across Canada and the United States. Differences in weather conditions and the frequency of natural events can cause the number of alert days to vary year to year. For example, increases in temperature and precipitation can lead to increases in particular matter, ozone levels, pollen, and mold.

It is well documented that poor air quality is associated with increased risk of asthma, lung disease, heart disease, cancer, heart attacks, and other serious illnesses. The most directly emitted pollutants in Rice County are generated from volatile organic compound emissions from businesses such as gas stations, dry cleaners, and auto body shops. These pollutants come from vehicles and equipment, residential wood burning, backyard fires, residential garbage and barrel burning, and factories (Rice County Environmental Services, 2024).

Young children, seniors, and people with pre-existing heart and lung conditions are more susceptible to the health impacts of air pollution. However, even healthy athletic adults can be harmed by breathing polluted air. Between 2011 and 2015, the death rate in Rice County that was attributable to fine particle air pollution, which was 118.8 deaths per 100,000 population, compared to the state at 112.58 deaths per 100,000 population (Minnesota Department of Health, 2024). Air pollutants can also cause damage to lake ecosystems, crops, and our climate (Rice County Environmental Services, 2024).

Indoor Air Quality

Radon

Radon is an odorless, colorless, and tasteless gas that occurs naturally in Minnesota soils. It enters homes through cracks or openings in walls or foundations and accumulates in the air we breathe. Radon gas decays into fine particles that are radioactive and, when inhaled, damages the lungs. Exposure to radon over a long period of time can lead to lung cancer. Radon is the leading environmental cause of cancer deaths in the United States, and the leading cause of lung cancer among non-smokers.

About two in five Minnesota homes have dangerous levels of radon gas, while in Rice County that number is three in five. The EPA recommends mitigation if the radon level is above 4 pCi/L. While the action level was set at 4 pCi/L, there is no safe level of exposure to radon, and so the EPA also recommends mitigation be considered for homes with levels between 2 and 4 pCi/L. The only way for community members to know the amount of radon in their home, is to test.

Approximately 320 properties are tested annually in Rice County. The average radon level of homes that have been tested is 5.8 pCi/L, with fewer homes being tested in southern Rice County. Radon test kits are available to people living in Rice County free of charge at the Rice County Public Health office.

Health Behaviors

Over the past century, there has been a shift from the diagnosis and treatment of essential nutrient deficiencies and infectious diseases, to chronic diseases largely attributed to lifestyle behaviors and environmental conditions. A history of poor eating and physical activity patterns have a cumulative effect on our health. Preventable chronic diseases include cardiovascular disease, high blood pressure, type 2 diabetes, some cancers, and poor bone health.

Weight Status

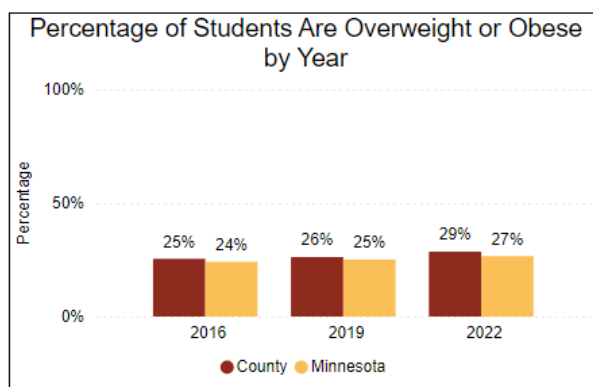
Individuals who are at a healthy weight, according to a calculated body mass index (BMI) between 18.5 and 24.9, are less likely to develop chronic diseases such as type 2 diabetes, heart disease, osteoarthritis, and some cancers. As explored earlier, these conditions are among Rice County's top 10 causes of premature death.

In a 2024 opinion survey of Rice County medical providers, they reported that obesity of children and adults in Rice County was a top moderate to serious health concern. Prevalence of an obesity diagnosis among adults 18 and over in Rice County is at 13 percent while prevalence of an obesity diagnosis as documented body mass index (BMI) of greater than 30 is at 38 percent (Minnesota EHR Consortium, 2024). When asked for self-reported height and weight, the 2023 Rice County Community Health Survey found that 73 percent of Rice County adults were overweight or obese (Rice County Public Health, 2023).

Reducing the proportion of children and adolescents with obesity (17.8 percent between 2013 and 2016) is a lead health indicator for Healthy People 2030 with a target of 15.5 percent (U.S. Department of Health and Human Services, 2024). Children and adolescents who are overweight or obese are at an increased risk for developing diabetes and heart disease; they are also likely to continue to be overweight or obese into adulthood, placing them at increased risk for serious chronic diseases.

According to the Minnesota Student Survey, the percent of Rice County students who were overweight or obese has climbed over the years from 25 percent in 2016, to 29 percent in 2022 (Figure 20) (Olmsted County Public Health Services, 2024).

Figure 20: Percent of Rice County Students Who are Overweight or Obese by Year, 2016-2022

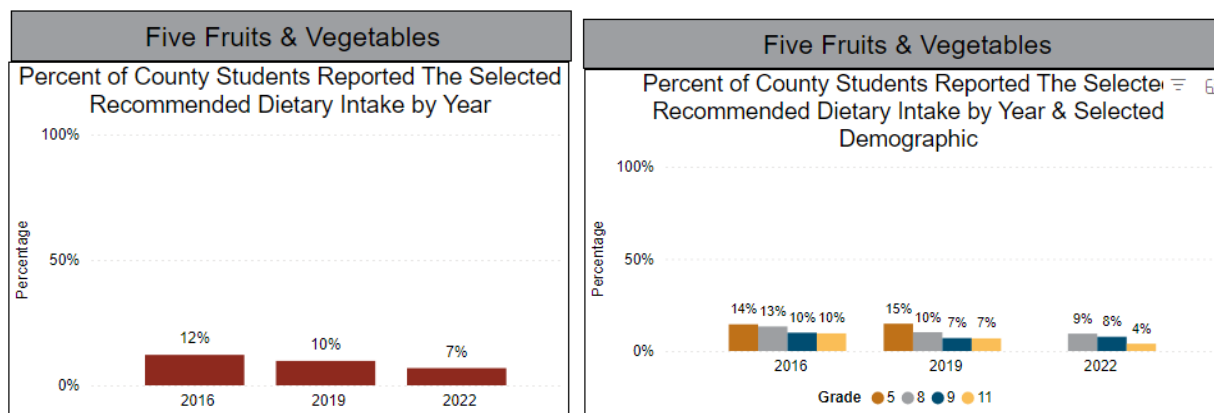


Source: Minnesota Student Survey

Nutrition

According to the 2020-2025 Dietary Guidelines for Americans, it is recommended that half of your plate be fruit and vegetables, to make half of your grains be whole grains, to vary your protein, to consume low-fat or fat-free dairy and to choose foods and beverages with less added sugar, saturated fat and sodium (U.S. Department of Agriculture and U.S. Department of Health and Human Services, December 2020). According to the Minnesota Student Survey, the percent of Rice County students who eat five or more fruits or vegetables a day, has declined from 12 percent in 2016, 10 percent in 2019, to 7 percent in 2022 with decreasing intake by grade (Figure 21) (Olmsted County Public Health Services, 2024).

Figure 21: Percent of Rice County Students Eating 5+ Fruits or Vegetables a day by Year and Grade



Source: Minnesota Student Survey

The 2023 Rice County Community Health Survey found that only 35.8 percent of adults eat five or more fruits or vegetables a day, and this has worsened by 1 percent since 2021 (see Figure 22) (Rice County Public Health, 2023).

Figure 22: Percent of Rice County Adults Eating 5+ Fruits or Vegetables a Day, 2023



Source: Rice County Community Health Survey

Sugar sweetened beverages (SSBs), such as soda/pop, energy drinks, and sports drinks, are leading sources of added sugars in the American diet. High consumption is associated with weight gain/obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities, and gout, a type of arthritis. Limiting SSBs intake can help individuals maintain a healthy weight (Centers for Disease Control and Prevention, 2022). The Minnesota Student Survey showed that 45 percent of Rice County students drank four or more SSBs in the last seven days, a negligible improvement since 2019 when it was 46 percent (Olmsted County Public Health Services, 2024).

Barriers to Nutrition

Food insecurity is defined as having limited or uncertain access to nutritious foods. In 2018, 11.1 percent of the nation's households were food insecure, compared to 12.8 percent in 2022. The Healthy People 2030 goal is to reduce household food insecurity to 6 percent (U.S. Department of Health and Human Services, 2024). According to the 2023 Rice County Community Health Survey, 6.1 percent of all Rice County residents (5.1 percent in northern Rice County and 7.5 percent in southern) and 13.3 percent of low-income residents "often" or "sometimes" worried about running out of food in the past 12 months before they had money to buy more (Rice County Public Health, 2023).

There are four food shelves in the county. The 2023 Rice County Community Health Survey found that 3.1 percent of residents reported using a community food shelf (1.5 percent in northern Rice County and 5.3 percent in southern Rice County) (Rice County Public Health, 2023). According to Feeding America, the Rice County food insecure population is 5,750 residents or 5.7 percent of the population, compared to Minnesota at 9.4 percent (Feeding America, 2022). Rice County residents face a \$4.53 per meal cost compared to Minnesota (\$4.23). An estimated 41 percent of Rice County residents, who are food insecure, are above major federal nutrition assistance program eligibility thresholds, and 59 percent are below them and therefore actually eligible (Feeding America, 2022).

Physical Activity

It is recommended that children and adolescents ages 6 to 17 get 60 minutes or more of physical activity each day (U.S. Department of Health and Human Services, 2018). In 2022, only 18 percent of Rice County students taking the Minnesota Student Survey reported at least 60 minutes of physical activity daily (Olmsted County Public Health Services, 2024).

Among adults, the recommendation is at least 150 to 300 minutes of moderate-intensity aerobic activity, like brisk walking or fast dancing, each week. Adults also need muscle-strengthening activity, like lifting weights or doing push-ups, at least 2 days each week. According to the 2023 Rice County Community Health Survey, only 31.3 percent of adults engaged in at least 30 minutes of physical activity on five or more days of the week (Rice County Public Health, 2023). It is interesting to note that 57.3 percent reported more than the recommended two hours or less of screen time daily outside of the workday (Rice County Public Health, 2023).

In 2023, the Rice County Community Health Survey included the World Health Organization-5 Well-Being Index as a measure of current well-being in the last two weeks. Greater detail about the index is reported in the Mental Health section, where a score of 13 or greater indicates an increasing sense of well-being. The following shows what community members reported for physical activity:

- 0 days of moderate exercise per week, 57.1% had a WHO-5 raw score of 13 or greater
- 1-4 days of moderate exercise per week, 81.7% had a WHO-5 raw score of 13 or greater
- 5-7 days of moderate exercise per week, 91.9% had a WHO-5 raw score of 13 or greater

Preventative Health Screening

It is important that community members participate in preventive health screenings to assess and reduce their risk for various diseases and conditions. One of the targets for Healthy People 2030 is to increase the proportion of adults who get recommended evidence-based preventive health care. Nationally, in the baseline year of 2015, 8.5 percent of adults aged 35 years and over received all of the recommended high priority appropriate clinical preventive services. Most recent data was at 5.3 percent with a target of 11.5 percent (U.S. Department of Health and Human Services, 2024).

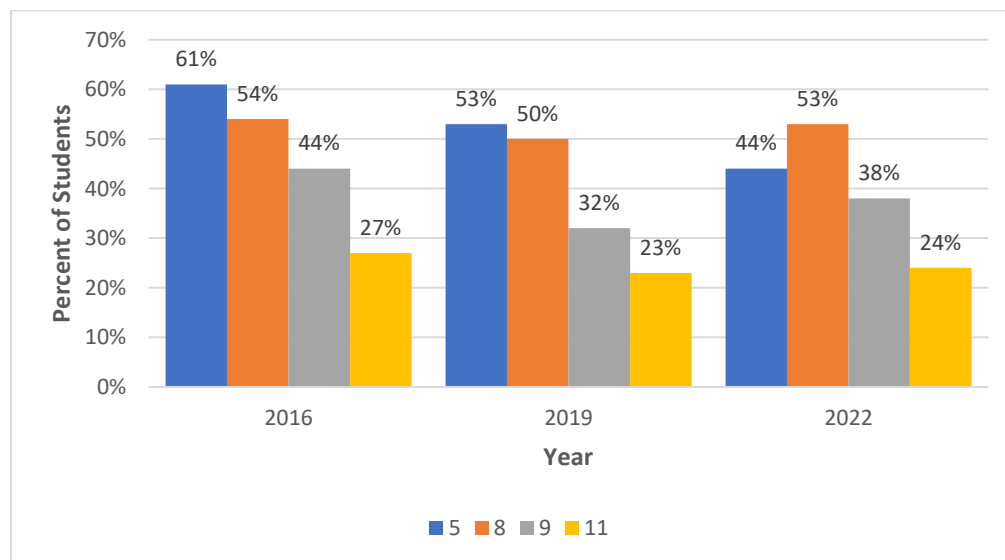
Seventy-three percent of Rice County community members reported having had an annual preventative health care exam in the past year. Five percent reported never having an exam, or having one five or more years ago.

Sleep

The National Sleep Foundation recommends that teenagers aged 14-17 get between eight and ten hours of sleep each night. Sleep is essential for mental well-being, and insufficient sleep may lead to depression and memory problems. Insufficient sleep has also been linked to obesity (Beccuti & Pannain, 2011).

According to the 2022 Minnesota Student Survey, only 39 percent of Rice County students get the recommended amount of sleep for their age (Olmsted County Public Health Services, 2024). Figure 23 shows the adequacy of sleep over time and by grade level. Note the 17 percent drop in 5th graders between 2016 and 2022 (Olmsted County Public Health Services, 2024).

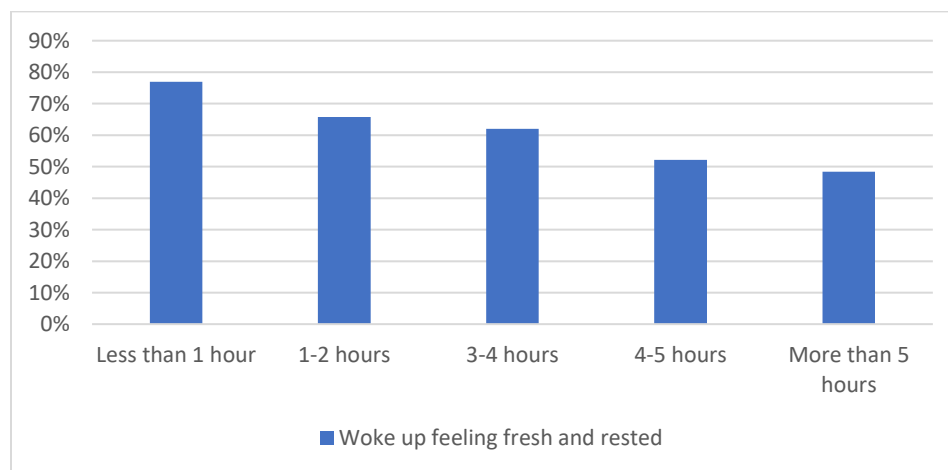
Figure 23: Adequacy of Sleep among Rice County Student by Grade, 2016-2022



Source: Minnesota Student Survey

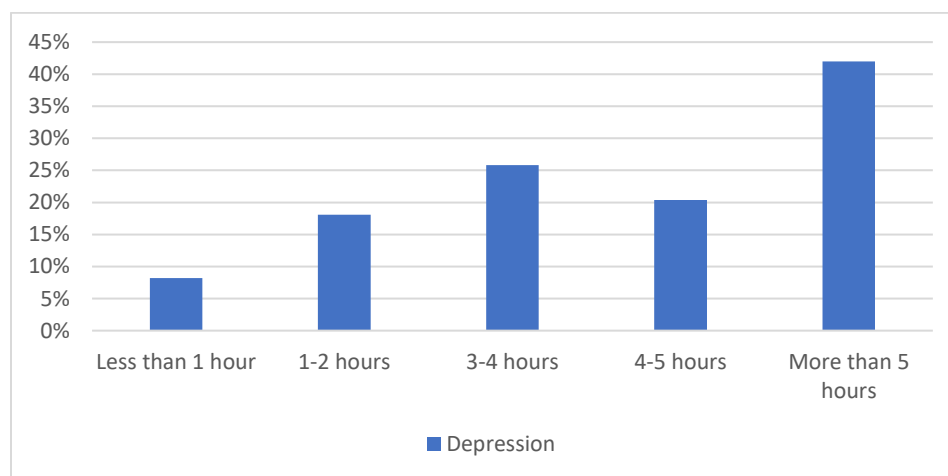
The 2023 Rice County Community Health Survey asked community members the frequency with which they woke up feeling fresh and rested over the last two weeks. Sixty-one percent of community members reported waking up fresh and rested more than half of the time (Rice County Public Health, 2023). It is interesting to note that with increasing amounts of screen time, there was a decrease in waking up feeling fresh and rested (see Figure 24), an increase in depression, (see Figure 25) and an increase in anxiety or panic attacks (see Figure 26). While these results do not indicate the nature of the relationship, the literature points to increasing screen time use being associated with poor sleep, depression and anxiety or panic attacks (Li, et al., 2022; Nagata, et al., 2022; Santos, et al., 2023).

Figure 24: Percent of Community Members Who Woke Feeling Fresh and Rested by Screen Time Use (While Not at School or Work), 2023



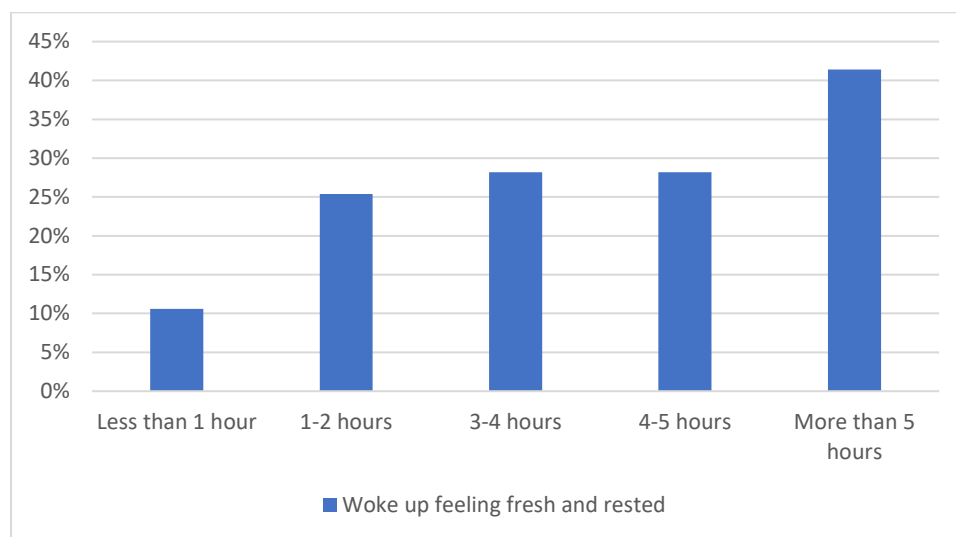
Source: Rice County Community Health Survey

Figure 25: Percent of Community Members Told they have Depression by Screen Time Use (While Not at School or Work), 2023



Source: Rice County Community Health Survey

Figure 26: Percent of Community members Told they have Anxiety or Panic Attacks by Screen Time Use (While Not at School or Work), 2023



Source: 2023 Rice County Community Health Survey

Pregnancy and Birth

Most women have normal term pregnancies and give birth to a healthy infant. The opportunity for a healthy birth is increased by using contraception to space pregnancies or avoid unintended pregnancy, accessing early prenatal care, maintaining a healthy weight, remaining smoke free or quitting smoking, living in a smoke and drug free environment, and following nutritional and medical advice.

Youth Sexual Activity

In 2022, 9.1 percent of Rice County ninth graders reported ever having had sexual intercourse (compared to 10.1 percent in 2019), while 27.6 percent of eleventh graders reported having ever had sexual intercourse (compared to 34.7 percent in 2019) (Minnesota Student Survey Interagency Team, 2022). In 2022, of the ninth-grade students who reported sexual activity, 14.8 percent reported not using a method to prevent pregnancy the last time they had sex, compared to 2.4 percent of eleventh graders.

Teen Pregnancy

The United States has the highest rate of pregnancy and births among girls aged 15 to 19 in the industrialized world (Sedgh, Finer, Bankole, Eilers, & Singh, 2015). The 2020 (most recent available year at the time of writing) pregnancy rate per 1,000 females aged 15 to 19 in Rice County was lower than the pregnancy rate in Minnesota, at 7.8 and 13.0 pregnancies respectively (Minnesota Department of Health, 2020).

Pregnancy Health Behaviors

Receiving adequate prenatal care is a way to decrease risk of poor birth outcomes such as prematurity and low birth weight (see **Error! Reference source not found.**). Adequate prenatal care is defined as prenatal care that starts within the first four months of pregnancy and includes at least 80

percent of recommended visits for gestation age. Healthy People 2030 has set a national goal for 80.5 percent of pregnant females to receive adequate prenatal care, and in 2022 the nation was at 74.9 percent, a decrease from the baseline of 76.4 percent (U.S. Department of Health and Human Services, 2024).

Rice County is seeing an increasing trend in the percent of women receiving adequate prenatal care. In 2023, 79.2 percent of women received adequate care compared to 72.6 in 2020 and 68.9 in 2021, likely low due to the COVID-19 pandemic (Olmsted County Public Health Services, 2024).

Individuals at a healthy weight prior to pregnancy are also less likely to experience complications during pregnancy. Complications include increased risk of miscarriage, gestational diabetes, preeclampsia, difficult vaginal delivery, and increased risks of birth defects for the baby. In 2021, seven out of ten low-income Rice County women participating in WIC reported a pre-pregnancy BMI greater than 25, meaning they are experiencing overweight or obesity. The same is true at the state level (Minnesota Department of Health, 2022).

Research has shown that babies born to women who smoke are at an increased risk of pre-term birth, birth defects, low birth weight and sudden infant death syndrome (Centers for Disease Control and Prevention, 2023). The percentage of births in Rice County where the mother smoked during pregnancy has been steadily decreasing since 2012 which was at 15.7 percent and 4.4 percent in 2023 (Olmsted County Public Health Services, 2024).

Breastfeeding

Breastfeeding is one of the most highly effective preventative measures a mother can take to protect her own health and that of her infant. For this reason, breastmilk is the recommended sole source of nutrition for infants under 6 months of age, and breastfeeding is recommended to continue, along with appropriate complementary foods, for one year or longer (Centers for Disease Control and Prevention, 2024). Yet many women experience barriers to providing breastmilk for their babies, including:

- Lack of knowledge
- Social norms
- Poor family and social support
- Embarrassment
- Lactation problems
- Employment and child care
- Barriers related to health services

Table 4 shows the percent of breastfeeding initiation among all infants born in 2022 by race/ethnicity and location (Minnesota Department of Health, 2024).

Table 4: Breastfeeding Initiation among All Infants by Race/Ethnicity and Cultural Identity by Location, 2022

	All	East African	Hispanic All Races	White, Not Hispanic
Minnesota	90.1%	94.4%	90.1%	92.4%
Rice County	91.3%	88.5%	93.0%	89.8%

Source: Minnesota Department of Health WIC

Healthy People 2030 has an objective to increase the proportion of infants who are exclusively breastfed through 6 months of age to 42.4 percent and to increase the proportion of infants who are breastfed at one year to 54.1 percent (U.S. Department of Health and Human Services, 2024). Milk supply is the most common reason given for early weaning in the first year. Concerns about supply often lead to unnecessary formula supplementation, resulting in reduced milk supply and earlier-than-desired weaning.

Table 5 shows breastfeeding initiation and duration among low-income infants enrolled in WIC (Minnesota Department of Health, 2024).

Table 5: Breastfeeding Initiation and Duration among WIC Infants by Location, 2022

	Initiation	Two weeks	Two Months	Three Months	Six Months	12 months
Minnesota	83.5%	78.1%	64.6%	58.3%	46.1%	27.5%
Rice County	89.7%	85.9%	70.2%	63.2%	50.7%	30.4%

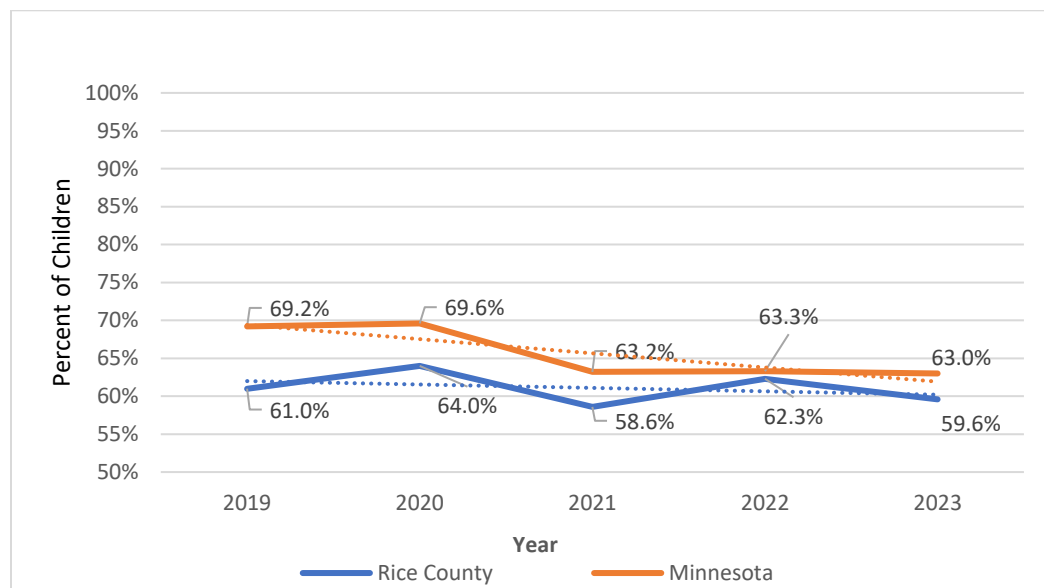
Source: Minnesota Department of Health WIC

Childhood Immunizations

Getting vaccinated is one of the most effective ways of preventing infectious disease, disabilities, and death. In the United States, childhood and adolescent vaccines prevent many diseases, and have reduced the occurrence of most vaccine-preventable diseases by over 95 percent (United States Food and Drug Administration, 2024). Immunizations interact with the body’s natural defense system to safely develop immunity to a specific disease. If a high proportion of individuals receive immunizations, then their actions also help to protect those who are unable to receive vaccines, such as populations who are too young or cannot be vaccinated due to medical reasons (Minnesota Department of Health, 2024).

In 2023, only 59.6 percent of Rice County’s children aged 24-35 months were vaccinated with the seven vaccine childhood series including diphtheria/tetanus/pertussis (DTap), polio, measles/mumps/rubella (MMR), haemophilus influenzae type b (Hib), hepatitis b (HepB), chickenpox (varicella), and pneumococcal (PCV). This is below the state average at 63.0 percent (Minnesota Department of Health, 2024). Looking over time, Rice County and Minnesota’s vaccination rates for this series were highest in 2020 and have continued to decline since the start of the COVID-19 pandemic (Figure 27) (Minnesota Department of Health, 2024).

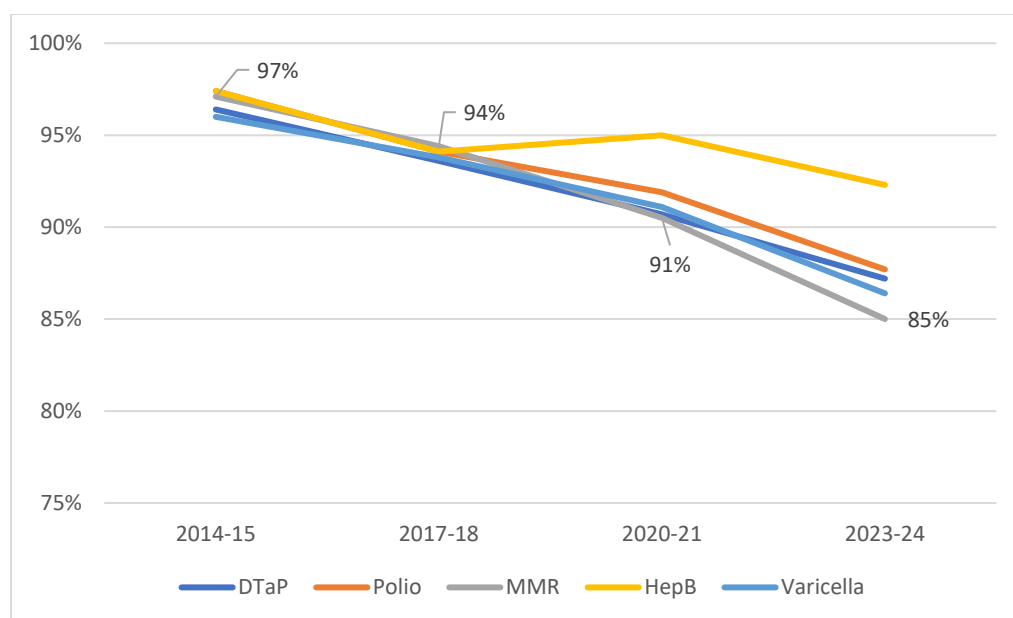
Figure 27: Percent of Children Aged 24-35 Months Immunized with Complete Childhood Series by Location, 2019-2023



Source: MDH School Immunization Data

Kindergarten vaccination rates have decreased in Rice County by 5-percentage-points for HepB and by as much as 12-percentage-points for MMR (Figure 28) (Minnesota Department of Health, 2024). This leaves many more of Rice County’s learners vulnerable to vaccine preventable disease.

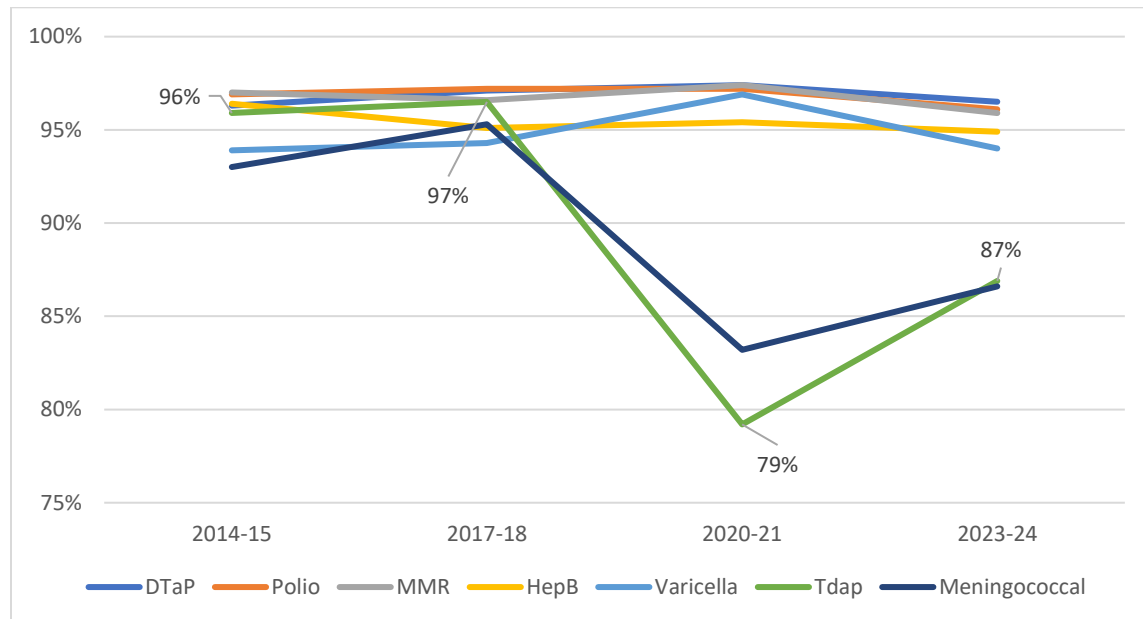
Figure 28: Percent of Rice County Kindergarteners Immunized by Vaccine Type, School Year 2014-15 to 2023-24



Source: MDH School Immunization Data

Figure 29 shows the percent of Rice County 7th grade students immunized by vaccine type. All of the rates in Rice County are higher than the state average (Minnesota Department of Health, 2024).

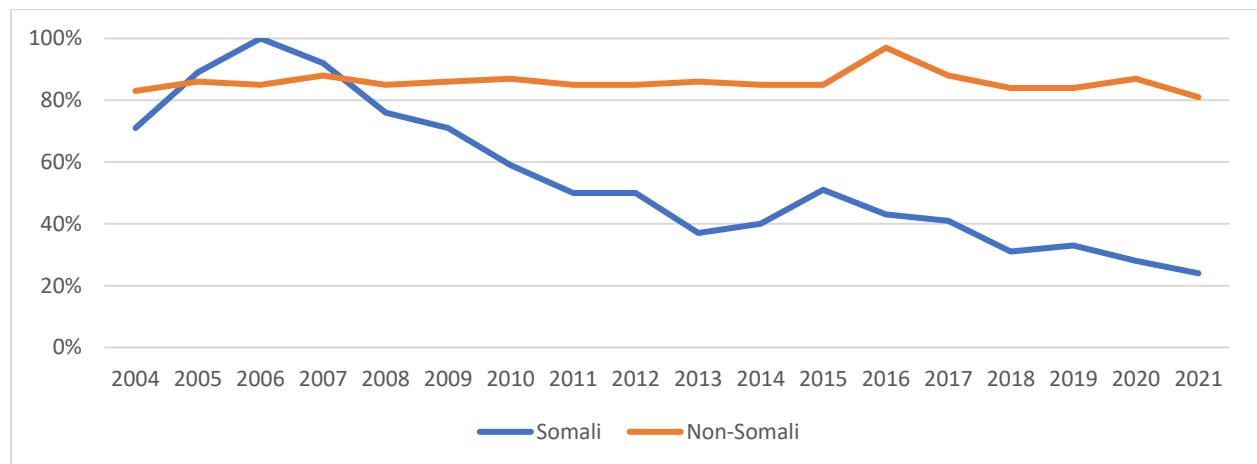
Figure 29: Percent of Rice County 7th Grade Students Immunized by Vaccine Type, School Year 2014-15 to 2023-24



Source: MDH School Immunization Data

Figure 30 compares the percent of Rice County's Minnesota born children of Somali descent and children of non-Somali descent receiving the MMR vaccination by 24 months (Minnesota Department of Health, 2024).

Figure 30: 1+ MMR Coverage Rates by 24 Months, by Somali Ethnicity and Birth Year (2004-2021)



Source: Minnesota Immunization Information Connection

Human papillomavirus (HPV) is a virus which spreads through intimate skin-to-skin contact. Most of the time, the body clears the virus, yet some bodies do not naturally do this and may cause pre-cancers and cancers of the throat, mouth, cervix, vulva, vagina, penis, or anus, as well as genital warts. The CDC recommends on-time vaccination of 9- to 12-year-olds prior to HPV exposure as the best prevention (Minnesota Department of Health, 2024). Fifty percent of Rice County’s adolescents have received all of the recommended doses of HPV vaccine, compared to the state at 48 percent (Minnesota Department of Health, 2024).

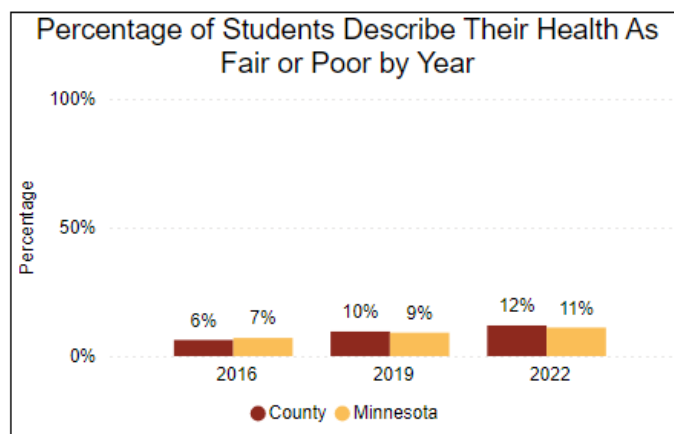
Health Outcomes

General health

General health status is a self-reported measure of how a person perceives his or her health at a point in time. It can also be used as an indicator of general health of a population. The 2023 Rice County Community Health Survey found that 88 percent of respondents reported their health as good or better (Rice County Public Health, 2023).

In 2022, twelve percent of Rice County students described their health as fair or poor, an increase over 2016 and 2019 (see Figure 31) (Olmsted County Public Health Services, 2024).

Figure 31: Percentage of Rice County Students Describing Their Health as Fair or Poor, 2016-2022



Source: Minnesota Student Survey

Cancer

One in four Minnesotans die from cancer, making it the leading cause of death (Minnesota Department of Health, 2024). Cancer is a group of diseases involving uncontrolled growth and spread of abnormal cells. About four to five of every ten Minnesotans will be diagnosed with some type of cancer in their lifetime. Table 6 compares cancer incidence rates of the five most common in Rice County and Minnesota (Minnesota Department of Health, 2024).

Table 6: Cancer Incidence Rates (per 100,000 people) by Type and Location, 2015-2019

Incidence (per 100,000 people)	Minnesota	Rice County
All cancer types combined	440.7	440.9
Breast (female)	135.7	131.0
Lung and bronchus	52.3	60.6
Colorectal	32.6	35.5
Melanoma	35.0	37.8
Bladder	21.3	19.1

Source: Minnesota Public Health Data Access Portal

Tobacco is the leading single cause of cancer and accounts for 30 percent of cancer deaths. While genetics play a strong role in some cancers, many can be prevented through health behaviors such as cancer screenings, vaccinations, reducing workplace exposure (including radon), eating a healthy diet, and increased physical activity (Minnesota Department of Health, 2024).

Heart Disease

Heart disease is a group of diseases that affect the heart and blood vessels. It is also the second leading cause of death in Minnesota (Minnesota Department of Health, 2024). Diseases include coronary artery disease, angina, heart attack, and congestive heart failure. Risk factors for heart disease are shown in

Table 7. There are modifiable risk factors which a person may be able to control, and unmodifiable factors, which are things a person cannot control. Modifiable risk factors for heart disease are discussed later in this report.

Table 7: Risk Factors for Heart Disease

- | | |
|---|---|
| Modifiable | Unmodifiable |
| <ul style="list-style-type: none">• High blood cholesterol• High blood pressure• Cigarette smoking• Diabetes• Overweight and obesity• Physical inactivity• Unhealthy diet | <ul style="list-style-type: none">• Age• Sex• Race/ethnicity• Family history |

Source: Minnesota Public Health Data Access Portal

According to the 2023 Rice County Community Health Survey, 5.1 percent of Rice County community members have been told by a doctor, nurse, or other health care professional that they have chronic heart disease (up from 4.6 in 2016), 31.8 percent (up from 23.6 percent in 2016) have been told

they have high blood cholesterol, and 37.9 percent (up from 27.8 percent in 2016) have been told they have high blood pressure (Rice County Public Health, 2023).

Chronic Lower Respiratory Disease

Chronic lower respiratory disease is comprised of chronic obstructive pulmonary disease (COPD) and asthma. Chronic lower respiratory disease is the fourth leading cause of death in Rice County (see Table 1).

Chronic Obstructive Pulmonary Disease

COPD includes chronic bronchitis and emphysema, and lung diseases that increase difficulty breathing. Smoking tobacco is the leading cause of COPD. The symptoms of COPD can begin as early as age 40, and hospitalizations are more common among older populations. The prevalence of COPD is higher in males than females, whites than Blacks, and lower income adults are at higher risk (Minnesota Department of Health, 2024). The prevalence of COPD in Rice County is three percent (Minnesota EHR Consortium, 2024). Among working-age adults (aged 18-65) in Rice County, prevalence is at one percent and among our seniors (aged 65+) prevalence is at 9 percent (Minnesota EHR Consortium, 2024).

Asthma

Asthma is a chronic disease where a trigger can cause swelling and narrowing of the airways that make breathing difficult. There are many diverse asthma triggers, but they can also be specific to the individual. Triggers include pollutants, pollen, tobacco, wood smoke, cold air/weather changes, viral infections, chemical and scented products, strong emotions, aerobic exercise and more. Some triggers found in the home include dust mites, mold, pet dander and pests such as cockroaches and mice (Minnesota Department of Health, 2024).

Asthma affects one in 16 people in Rice County (Minnesota EHR Consortium, 2024). According to the 2022 Minnesota Student Survey, 13 percent of Rice County ninth graders have been told by a doctor or nurse that they have asthma (Olmsted County Public Health Services, 2024). State level student data shows that Black, American Indian, Pacific Islander and Hispanic or Latine students are more likely to report asthma than their white counterparts.

Diabetes

Diabetes is the sixth leading cause of death in Rice County. It is a complex chronic disease characterized by high levels of glucose in the bloodstream. As symptoms worsen, complications may result, such as cardiovascular disease, kidney disease, or blindness. Optimal management, which includes controlling blood glucose (HbA1C < 8%), blood pressure (< 140/90mm Hg), lowering low-density lipoprotein cholesterol (< 100 mg/dL) and being tobacco free, can prevent or delay many complications from diabetes.

According to the 2023 Rice County Community Health Survey, 11.5 percent of Rice County community members have been told by a doctor, nurse, or other health care professional that they have diabetes, compared to 7.9 percent in 2016. Figure 32 shows the percent of the population with diabetes by household income (Rice County Public Health, 2023). Prevalence of type 2 diabetes diagnosis among Rice County community members is at 7 percent (Minnesota EHR Consortium, 2024).

Figure 32: Rice County Population Told by a Health Care Professional They Have Diabetes by Income, 2023



Source: Rice County Community Health Survey

Stroke

A stroke occurs when the blood supply to part of the brain is interrupted, thus depriving brain tissue of oxygen and nutrients. Within minutes, brain cells begin to die (Mayo Foundation for Medical Education and Research, 2019). Onset of a stroke is quite fast, and recognizing symptoms and seeking prompt medical treatment is essential to mitigate damages. Symptoms include trouble-walking, paralysis of the body or face, difficulty speaking, and headaches. Prevalence of a stroke diagnosis among Rice County adults is at 2 percent and includes: ischemic stroke; transient ischemic attacks (also called TIA or mini-stroke); brain bleed; other effects and complications of reduced blood flow to the brain; and other related diagnoses (Minnesota EHR Consortium, 2024).

Infectious Disease

Infectious disease cases are reportable by law to the Minnesota Department of Health (Minnesota Department of Health, 2024). Table 8 shows the reported infectious diseases in 2022. Some of the more prevalent infectious diseases in Rice County are sexually transmitted diseases, vaccine preventable diseases, and enteric infections.

Table 8: Annual Reportable Infectious Disease by Location, 2023

Disease Category	Rice County			Southeast			MN		
	Incidence	IR	Avg. IR	Incidence	IR	Avg. IR	Incidence	IR	Avg. IR
Sexually Transmitted Disease	177			1,726			31,425		
AIDS	1	1	1	8	2	1	158	3	2
Chancroid	0	0	0	0	0	0	0	0	0
Chlamydia	139	205	252	1,426	274	313	21,681	378	395
Gonorrhea	32	47	37	239	46	61	7,707	134	120
HIV	1	1	1	10	2	2	258	4	4
Syphilis (All Stages)	4	6	6	43	8	6	1,621	28	18
Vaccine Preventable Disease	177			1,406			16,089		
COVID-19 (Hospitalizations by Season)	132	194	0	1,028	197	0	11,347	198	0
Diphtheria	0	0	0	0	0	0	0	0	0
Influenza (Hospitalizations by Season)	42	62	41	340	65	48	4,445	77	51
Measles	0	0	0	0	0	0	0	0	0
Mumps	1	1	1	1	0	0	2	0	0
Pertussis	1	1	8	5	1	16	64	1	9
Polio (Paralytic)	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0
Varicella	1	1	8	32	6	5	231	4	6
Vectorborne Infection	23			342			3,722		
Anaplasmosis	0	0	2	32	6	6	508	9	9
Anaplasmosis-Ehrlichiosis (undetermined)	0	0	0	0	0	1	0	0	0
Babesiosis	1	1	1	10	2	1	73	1	1
Cache Valley Virus	0	0	0	0	0	0	0	0	0
Chikungunya	0	0	0	0	0	0	3	0	0
Dengue Fever	1	1	0	4	1	0	24	0	0
Ehrlichia chaffeensis	0	0	0	0	0	0	7	0	0
Ehrlichia ewingii	0	0	0	0	0	0	0	0	0
Ehrlichia muriseauclairensis	0	0	0	0	0	0	2	0	0
Jamestown Canyon	0	0	0	0	0	0	2	0	0
La Crosse Virus	0	0	0	0	0	0	1	0	0

Lyme Disease*	19	28	6	284	54	19	2,938	51	21
Malaria (Includes Non-Mn Residents)	1	1	0	5	1	1	90	2	1
Powassan	0	0	0	0	0	0	8	0	0
Rocky Mountain Spotted Fever	0	0	0	2	0	0	3	0	0
Tularemia	0	0	0	0	0	0	0	0	0
Typhus Fever (Fleaborne Murine)	0	0	0	0	0	0	0	0	0
West Nile Fever	1	1	1	5	1	0	63	1	1
Zika Virus	0	0	0	0	0	0	0	0	0
Enteric Infection	29			381			3,687		
Amebiasis	0	0	0	2	0	1	64	1	1
Botulism (foodborne)	0	0	0	0	0	0	0	0	0
Botulism (infant)	0	0	0	2	0	0	4	0	0
Campylobacteriosis	15	22	18	122	23	26	1,140	20	18
Cryptosporidiosis	1	1	3	78	15	17	476	8	7
Cyclosporiasis	0	0	1	11	2	3	77	1	1
E. coli O157	0	0	3	11	2	2	91	2	2
Giardiasis	1	1	10	41	8	9	445	8	10
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	1	0	0	9	0	0
Salmonellosis	7	10	13	74	14	14	956	17	15
Shigellosis	1	1	2	3	1	1	84	1	3
STEC (excluding O157)	4	6	4	29	6	5	299	5	4
Trichinosis	0	0	0	0	0	0	0	0	0
Typhoid Fever	0	0	0	0	0	0	0	0	0
Vibrio (Including Vibrio Cholerae)	0	0	0	0	0	0	23	0	0
Yersiniosis	0	0	0	7	1	2	19	0	1

*Lyme Disease incidence now includes confirmed and probable cases

Disease Category	Rice County			Southeast			MN		
	Incidence	IR	Avg. IR	Incidence	IR	Avg. IR	Incidence	IR	Avg. IR
Invasive Infection	20			178			1,877		
Haemophilus influenza	2	3	1	11	2	2	101	2	2
Meningitis (Neisseria meningitidis)	0	0	0	1	0	0	2	0	0
Neonatal Sepsis	1	1	0	3	1	0	34	1	1
Streptococcus Group A (Invasive)	4	6	6	59	11	5	625	11	5
Streptococcus Group B (Invasive)	7	10	9	60	12	10	574	10	10
Streptococcus pneumoniae	6	9	7	44	8	8	541	9	8
Fungal Infection	4			39			317		
Blastomycosis	2	3	1	7	1	1	99	2	1
Histoplasmosis	2	3	3	32	6	4	218	4	4
Mycobacterium Infection	0			10			160		
Hansen's Disease	0	0	0	0	0	0	0	0	0
Tuberculosis	0	0	2	10	2	3	160	3	3
Other	3			15			156		
Kawasaki Disease	0	0	1	0	0	0	22	0	0
Legionellosis	3	4	1	15	3	2	134	2	2
Hepatitis	1			5			78		
Hepatitis A	1	1	0	4	1	0	19	0	1
Hepatitis B (Non-perinatal)	0	0	0	0	0	0	8	0	0
Hepatitis B (Perinatal)	0	0	0	0	0	0	0	0	0
Hepatitis C	0	0	0	1	0	0	49	1	1
Hepatitis C (Perinatal)	0	0	0	0	0	0	2	0	0
Zoonotic Infection	0			2			69		
Brucellosis	0	0	0	0	0	0	2	0	0
Plague	0	0	0	0	0	0	0	0	0
Q Fever (Acute)	0	0	0	0	0	0	1	0	0
Q Fever (Chronic)	0	0	0	1	0	0	2	0	0
Rabies (Animal)	0	0	1	1	0	1	48	1	1
Rabies (Human)	0	0	0	0	0	0	0	0	0
Toxoplasmosis	0	0	0	0	0	0	16	0	0
Grand Total	434			4,104			57,580		

Legend:**Southeast:** Minnesota Local Public Health Association
Southeast Region**Incidence:** Total number of reported cases**IR:** Incidence Rate (Incidence divided by population and
multiplied by 100,000)**Avg. IR:** The annual incidence rate average for the previous 10
years**Median IR:** The annual incidence rate median for the previous
10 years

42 percent of Rice County community members reported experiencing some loss related to the COVID-19 pandemic. Losses reported on included:

- Social connectedness/social support: 30.6%
- Job losses (lay off, furlough, hours reduction): 18.3% (15.4% in northern Rice County compared to 22.7% in southern Rice County)
- Quality of mental health: 20.7%
- Death of family member or friend: 16.1%
- Quality of physical health: 16%
- Financial stability: 11.1% (5% in northern Rice County compared to 20.1% in southern Rice County)

At the time of the Rice County Community Health Assessment survey, 76.5 percent of community members reported that they felt they had recovered from the effects of the COVID-19 pandemic (Rice County Public Health, 2023).

Anemia

Anemia is a key indicator of general nutrition status. Anemia in young children is usually due to iron deficiency and is characterized by fatigue, irritability, and cognitive difficulties. By the time anemia is detectable in a blood sample, it has been long standing and may have already caused growth and developmental delays. Table 9 shows the anemia rate by race in Rice County and Minnesota (Minnesota Department of Health, 2022).

Table 9: Anemia in Infants and Children Participating in Rice County WIC by Location and Race, Oct 23 through Sept 2024

	Black/African American, Non-Hispanic	White, Non-Hispanic	Hispanic, all races	Total, all races
Minnesota	17.1%	11.8%	13.6%	13.5%
Rice County	14.8%	14.3%	11.9%	13.4%

Source: Minnesota WIC Information System

Maternal and Birth Related Outcomes

Severe Maternal Morbidity

Severe maternal morbidity diagnoses include complications from infection, anesthesia, and surgery resulting in events like heart attack, stroke, aneurysm, embolism, hemorrhage, and more. These

negative health outcomes of labor and delivery may have short- and long-term health consequences for the mother. Prevalence of severe maternal morbidity diagnosis among all deliveries in Rice County is at 5 percent (Minnesota EHR Consortium, 2024).

Premature Birth

A premature birth is one that occurs before 37 weeks of pregnancy. There are a number of factors that increase the risk of premature birth (Minnesota Department of Health, 2024). Some of those include:

- High blood pressure
- Diabetes
- Unhealthy weight status before pregnancy
- Inadequate weight gain during pregnancy
- Sexually transmitted infections
- Family history of premature birth
- Carrying twins or multiples
- Preterm labor
- Use of alcohol or nicotine during pregnancy
- Intimate partner violence
- Stress
- Having fewer than 18 months between pregnancies
- Late participation in prenatal care
- Poverty
- Race
- Maternal age

Table 10 shows the percent of premature births among the general population as well as among WIC participants as a proxy for income status (Minnesota EHR Consortium, 2024).

Table 10: Premature Singleton Births by Income, 2021-2023

	General Population	WIC Participants
Rice County	11.1%	8.6%

Source: EHR Natality Dashboard: Vital Statistics

Low Birth Weight

A low-birth-weight baby is one who is born weighing less than 5 pounds 8 ounces. The following concerns increase the likelihood of having a low-birth-weight baby:

- Inadequate weight gain during the pregnancy
- Use of alcohol or nicotine during pregnancy
- Placental problems

- Chronic stress

Other possible risk factors include:

- Teen pregnancy and maternal age over 35 years
- Low income
- Exposure to air pollution and/or drinking water contaminated with lead

Table 11 shows the percent of low-birth-weight babies for the general population and uses WIC participation as a proxy for income status where the disparity by income becomes clearly evident (Minnesota Department of Health, 2020; Minnesota Department of Health, 2024). The average medical expenditure for low-birth-weight infants averages \$114,437 (Andrew L. Beam, 2020).

Table 11: Low Birth Weight Singleton Births by Income and Location, Various Years

	General population (2020)	Prenatal WIC participation (2022-2023)			
		Total WIC births	No prenatal participation	< 3 months participation	>= 3 months participation
Minnesota	4.3%	10.0%	13.0%	10.5%	7.8%
Rice County	4.3%	7.3%	12.3%	6.0%	5.9%

Source: County Health Tables 2020 and Minnesota WIC Reports and Data

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is the term used to describe a group of problems a newborn experiences when going through withdrawal from prenatal exposure to narcotics, most often associated with maternal opioid use. Newborns diagnosed with NAS exhibit symptoms including excessive crying, fever, tremors, diarrhea, and vomiting (Minnesota Department of Health, 2024). NAS requires hospitalization and treatment with medication to relieve symptoms; the medication is gradually tapered off until the baby adjusts to being opioid-free (Minnesota Department of Health, 2024).

From 2012-2016, there were 13 cases of NAS among those under one year of age in Rice County, which corresponds to a rate of 3.5 per 1,000 population. From 2018-2022, there were 10 NAS related cases, a rate of 2.9 per 1,000 population (Minnesota Department of Health, 2024). During the same period, there were 2,794 NAS cases in Minnesota, with an overall rate of 6.2 per 1,000 population (Minnesota Department of Health, 2024).

Motor Vehicle Safety

87.3 percent of Rice County eleventh graders reported always wearing a seatbelt when driving or riding in a car, truck, or SUV (Minnesota Student Survey Interagency Team, 2022). The 2023 Rice

County Community Health Survey reported 95.5 percent of adult residents always wear their seat belt when in a vehicle (Rice County Public Health, 2023).

Impaired driving is extremely dangerous and could lead to a crash that causes serious injury or death. According to the Minnesota Student Survey, 5.1 percent of Rice County eleventh graders, compared to 5.5 percent of Minnesota eleventh graders have driven a motor vehicle at least one time after drinking alcohol in the last 12 months (Minnesota Student Survey Interagency Team, 2022). According to the 2023 Rice County Community Health Survey, 4.4 percent of Rice County adults drive after drinking too much alcohol. When looked at by region, 3.6 percent of Rice County adults in the northern portion of the county report this behavior, compared to 5.7 percent in the southern portion (Rice County Public Health, 2023).

Table 12 below displays the motor vehicle crash report for Rice County in 2022, the most recent year available at the time of writing (Minnesota Department of Public Safety, 2022).

Table 12: Rice County Motor Vehicle Crash Report, 2022

Total Crashes	Fatal Crashes	Injury Crashes	Property Damage Only Crashes	Number Killed	Number Injured
768	2	203	592	4	272

Source: Minnesota Department of Safety

Distracted driving accounts for eight percent of all fatal motor vehicle crashes in the United States (National Highway Traffic Safety Administration, 2021). Table 13 below displays eleventh graders who reported distracted driving behavior (Minnesota Student Survey Interagency Team, 2022).

Table 13: Rice County 11th Grade Students Who Drive Distracted, 2022

	How often do you handle your phone to do things like send or read text messages, take pictures, use social media, stream videos, or video chat?
I never do this	19.7%
Rarely/sometimes/often/always	41.3%

Source: Minnesota Student Survey

Table 14 below shows the percent of Rice County adults who reported “often” or “sometimes” engaging in distracted driving behaviors (Rice County Public Health, 2023).

Table 14: Percent of Adults who Reported Distracted Driving Behaviors, 2023

	How often do you drive distracted (i.e., read or send text messages, make or answer phone calls while holding the phone, eat, read, apply makeup or shave)?
Never	57.0%
Sometimes/often	43.0%

Source: Rice County Community Health Survey

Conclusion of Nature

Our health is shaped by our relationship with the natural environment. As a community of neighbors, we make decisions that affect that relationship through development and preservation of natural spaces and thus we shape the health of the community.

Belonging

How we interact with other individuals, with our families, in the community, and in society affects our health across the lifespan. Humans are social creatures, and belonging creates meaning, purpose, and hope for the future (Minnesota Department of Health, 2017). A sense of belonging improves our relationships, connects us to more resources, bolsters our resilience, and increases our chances for success in education and the work force. A lack of healthy attachments has shown to increase risk of poor health outcomes such as chronic diseases. It also has a connection to deaths from suicide, homicide, drugs and alcohol.

“Healthy, positive relationships and lifelong inclusion in society interact to prevent disease, disability, injury, and premature death: they also create a high quality of life. **In many ways, *not belonging is the true source of health inequity***. When prejudice and discrimination are a regular part of our lives, we hear a persistent message that “you don’t matter” (Minnesota Department of Health, 2017).

Social Connectedness

People who are more involved in their community have better health. Being involved decreases social isolation, increases a sense of well-being and emotional health, reduces cognitive decline in older adults, and increases physical activity. In Rice County, there were 10.6 membership organizations (including civic, political, religious, sports and professional organizations) per 10,000 people, compared to the state at 12.6 and the nation at 9.2 membership organizations per 10,000 people (University of Wisconsin Population Health Institute: School of Medicine and Public Health, 2019).

The United States Surgeon General recently declared loneliness an epidemic and a threat to public health. Estimates suggest that about half of the United States population is experiencing loneliness. It is a normal human experience to feel temporarily lonely from time to time, and while loneliness is a subjective feeling, it is the sense that the connections we need in our life are greater than the connections we actually have.

During adolescence, young people not only need positive peer relationships, but also relationships with caring adults. A perception of being cared for or valued by peers and adults in the community is one way to evaluate the social connectedness of youth. In 2022, 5.9 percent of Rice County ninth graders felt that the adults in the community cared for them very much, 35.8 percent felt that adult relatives cared for them very much, and 62.0 percent believed their parents cared for them very much (Minnesota Student Survey Interagency Team, 2022). Without support from caring adults, the young adolescents may be at risk for unsafe behaviors.

38.5 percent of community members reported feeling lonely some of the time or often (Rice County Public Health, 2023). Interestingly, those aged 45-54 reported the lowest amounts of feeling

hardly ever or never feeling lonely (Rice County Public Health, 2023).

Bullying

No matter what the setting is, bullying negatively affects the feeling of belonging and lifelong health. Bullying is intentional physical, verbal, or psychological tormenting, and can range from hitting, shoving, name-calling, threats, and mocking, to extorting money and treasured possessions. It also includes cyberbullying. Some kids bully by excluding others and spreading rumors. Some use email, social media, and text messages to taunt others or hurt another's feelings online.

Rice County students who reported being bullied, in any form, in the past 30 days, was 52 percent in 2022, an increase from 46 percent in 2019 (Olmsted County Public Health Services, 2024).

Adverse Childhood Experiences

Early adversity has lasting impacts on health. The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood trauma and maltreatment, and later-life health and well-being (Centers for Disease Control and Prevention, 2021). ACEs are common and they contribute to stress. Prolonged activation of the stress response systems can negatively affect body and brain development. These, in turn, have the power to disrupt learning, behavior, the immune system, growth, and the way one's DNA is read and transcribed. Children living in a threatening environment are more likely to react violently and more likely to become depressed or anxious than children who grow up in a safe environment (Minnesota Department of Health, 2017).

Untreated trauma is a common thread connecting many of the problems facing individuals and society. Violence, poverty, crime, addiction, mental health issues, chronic medical issues, and lack of educational performance are linked to unresolved trauma and ACEs (Collins, et. al., 2010). Realizing and working to support prevention and recovery can increase the feeling of belonging and improve health outcomes.

ACEs listed by the Centers for Disease Control and Prevention are shown below, along with the percent of Rice County students who reported personal experience (Centers for Disease Control and Prevention, 2021; Olmsted County Public Health Services, 2024).

Abuse:

- Emotional: A parent/adult in your home has ever used non-physical behaviors that are meant to control, isolate, or frighten you. This may include regular swearing, insults, and put-downs (13% in 2022, stable from 2019)
- Physical: A parent/adult in your home ever hit/beat/kicked/physically hurt you (11% in 2022, down from 12% in 2019)
- Sexual:
 - Any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual against your wishes (4% in 2022, up from 3% in 2019)

- 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 (8% in 2022, up from 5% in 2019 and 3% in 2016)

Neglect:

- Emotional: no Rice County student data available
- Physical: no Rice County student data available

Household Challenges:

- Mental illness in the household: 36% in 2022, up from 30% in 2019
- Substance abuse in the household:
 - Alcohol misuse: 10% in 2022, stable from 2019
 - Illegal drug misuse: 5% in 2022, stable from 2019
- Domestic violence: Parent/adult in your home ever slapped/hit/kicked/punched/beat each other: 6% in 2022, down from 7% in 2019
- Parent separation or divorce: No Rice County student data available
- Incarcerated household members: parents or guardians ever been to jail or prison (13% in 2022, decrease from 15% in 2019)

As the number of ACEs a child experiences increases, so do the health risks such as injury, mental illness, poor maternal health, and infectious and chronic disease (Centers for Disease Control and Prevention, 2021). Nearly two-thirds (61%) of adults have experienced at least one ACE (Centers for Disease Control and Prevention, 2021) and in 2022, 51 percent of Rice County students reported at least one ACE, and 26 percent reported two or more (Olmsted County Public Health Services, 2024).

Abuse and Neglect

Child abuse is an ACE that can affect a child’s future health and behaviors. Removing a child from their home is only done when deemed necessary for the child’s safety, and when foster care can help alleviate the negative effects of the maltreatment experience (Minnesota Department of Human Services, 2023).

In Rice County in 2021, 167 children were placed in out-of-home care. The top three reasons for an out-of-home care placement in Rice County were caretaker alcohol or drug abuse, child physical or behavioral health, and alleged domestic violence or abuse. Across the state in 2021, there were 8.7 children in out-of-home care per 1,000 children under the age of 18. Rice County was higher at 10.9 per 1,000 children (Minnesota Department of Human Services, 2023).

Data from the 2023 Rice County Community Health Survey asked community member opinions about how much of a problem “parents with inadequate or poor parenting skills” is currently in Rice County. 73.9 percent of community members in southern Rice County and 50.4 percent in northern Rice County said it was a moderate to serious problem (Rice County Public Health, 2023).

Intimate Partner, Domestic Violence, Sexual Violence

In response to the 2023 Rice County Community Health Survey question “Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?”, 2.1 percent of community members countywide stated “yes” they were in an abusive relationship (Rice County Public Health, 2023).

Five percent of Rice County ninth graders report being in a “casual or serious relationship where your partner ever physically hurt you on purpose” and 15.1 percent report being “in a casual or serious relationship where your partner ever verbally hurt or controlled you”, a significant increase from 9.8 in 2019 (Minnesota Student Survey Interagency Team, 2022).

Alcohol, Tobacco, and Other Drugs

The misuse of alcohol, tobacco, and other drugs significantly contribute to costly social, physical, and mental health problems. Use of substances is associated with unintentional injury, violence, risky sexual behavior, and can lead to liver disease, cancer, heart disease, and neurological and psychiatric problems in addition to codependency.

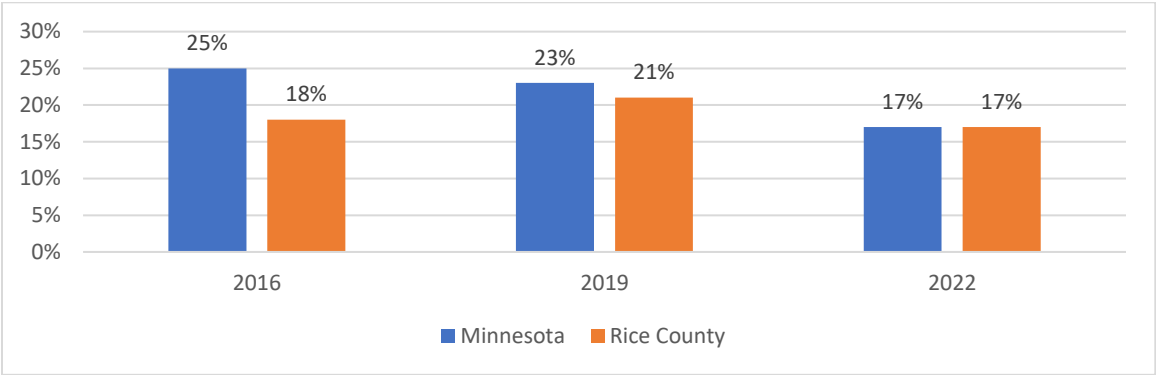
The 2022 Minnesota Student Survey showed that students were more likely to abuse substances if they experienced a medium to high amount of emotional distress. This was true across alcohol, tobacco, and other drugs (Minnesota Student Survey Interagency Team, 2022).

Alcohol

The Healthy People 2030 goal is to reduce the proportion of adolescents reporting use of alcohol during the past 30 days from 9.4 percent (in 2019) to 6.3 percent (U.S. Department of Health and Human Services, 2024).

In 2022, 17 percent of students in Rice County reported drinking alcohol in the past twelve months, which was equal to the state and is a decrease from 2019 (Olmsted County Public Health Services, 2024). Figure 33 shows the percent of Rice County and Minnesota students who have reported drinking alcohol in the past twelve months. Overall, females, gender identity and sexual orientation minorities reported a higher percentage than males, cis-gender and heterosexuals (Olmsted County Public Health Services, 2024).

Figure 33: Percent of Rice County and Minnesota Students Who Report Consuming Alcohol in the Past 12 Months by Year and Location

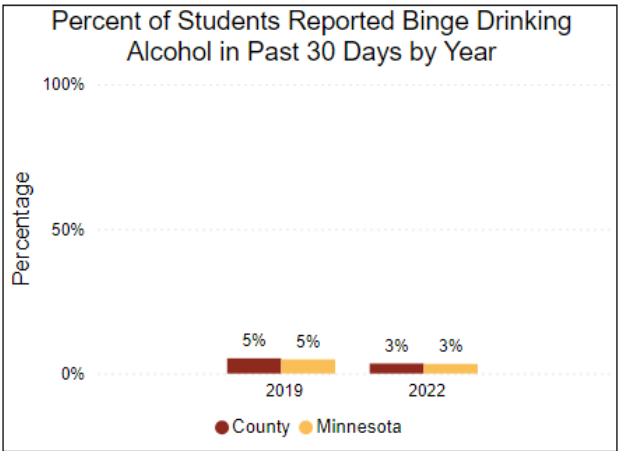


Source: Minnesota Student Survey

Binge drinking is associated with chronic health problems including liver disease, poor control of diabetes, cardiovascular disease, and may lead to different forms of violence. Binge drinking is defined for females as drinking four or more alcoholic beverages within two hours, and drinking five or more alcoholic beverages in a row for males.

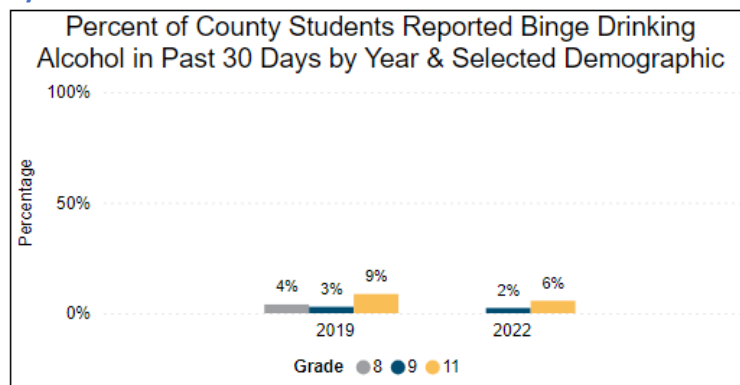
Research has shown that adolescents who binge drink are more likely to become heavy drinkers and to develop issues with alcohol abuse or alcohol disorders in adulthood (National Institutes of Health, 2015). The 2022 Minnesota Student Survey reports that 3 percent of students in Rice County binge drank on one or more days during the past 30 days. The percent reached 6 percent among eleventh graders as shown in Figure 34 and Figure 35 (Olmsted County Public Health Services, 2024).

Figure 34: Percent of Rice County Students Who Reported Binge Drinking Alcohol in the Past 30 Days, by Year



Source: Minnesota Student Survey

Figure 35: Percent of Rice County Students Who Reported Binge Drinking Alcohol in the Past 30 Days, by Year and Grade



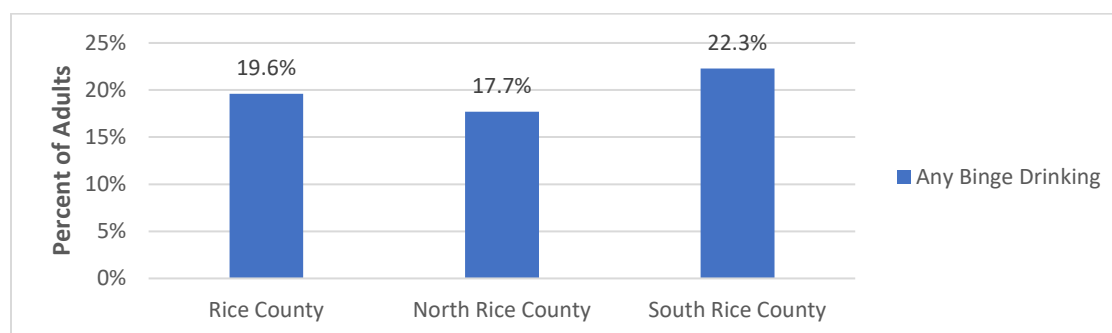
Source: Minnesota Student Survey

The 2022 Minnesota Student Survey found that of the Rice County youth who reported using alcohol in the past 30 days, 40 percent got it from a friend, 25 percent took it from their home, and 22 percent got it from their parents (Olmsted County Public Health Services, 2024).

In a 2024 opinion survey of Rice County medical providers, they reported that alcohol abuse of those aged 21 and over in Rice County was a top moderate, to serious health concern. Prevalence of an alcohol use diagnosis among adults in Rice County is at 3 percent (Minnesota EHR Consortium, 2024). The alcohol use diagnosis includes: alcohol use disorder; alcohol intoxication; alcohol-induced mental health disorders; alcohol-induced organ damage; alcohol withdrawal; and other related diagnoses.

According to Figure 36, 19.6 percent of Rice County adults report binge drinking in the previous 30 days (Rice County Public Health, 2023). In 2016 this was at 30 percent. The 2023 data also shows that a higher percent of adults in southern Rice County engage in binge drinking than in northern Rice County.

Figure 36: Adult Binge Drinking by Location, 2023



Source: Rice County Community Health Survey

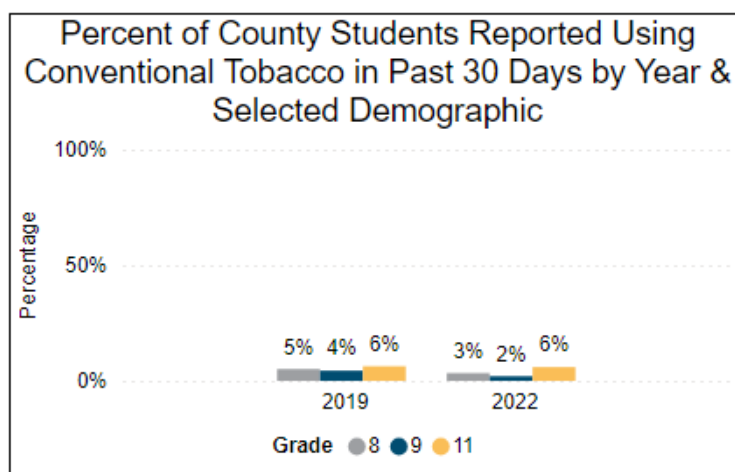
Tobacco and Nicotine

Smoking cigarettes is the leading cause of preventable death, disease, and disability in the United States (U.S. Centers for Disease Control and Prevention, 2023). Smoking is addictive, increases the risks of heart disease, stroke, chronic obstructive pulmonary disease, asthma, and many types of

cancer (U.S. Centers for Disease Control and Prevention, 2024). Secondhand smoke has health consequences for those exposed including contributing to the deaths of over 40,000 nonsmoking adults and 400 infant deaths each year (U.S. Centers for Disease Control and Prevention, 2024).

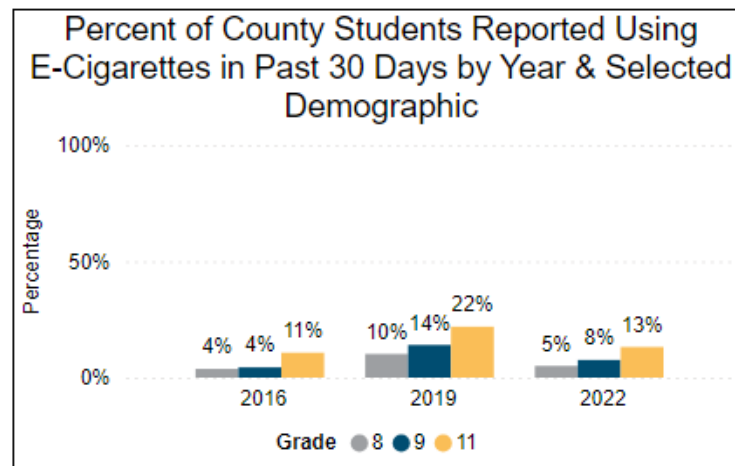
In December of 2019, under federal legislation known as Tobacco 21, it became illegal to sell any tobacco product to anyone under the age of 21. Despite the legal use age being 21, e-cigarettes are the most commonly used tobacco product among youth (see Figure 37 on conventional tobacco, Figure 38 on e-cigarettes, and Figure 39 on any tobacco use) (Olmsted County Public Health Services, 2024).

Figure 37: Percent of Rice County Students Who Reported Using Conventional Tobacco in the Past 30 Days, by Year and Grade



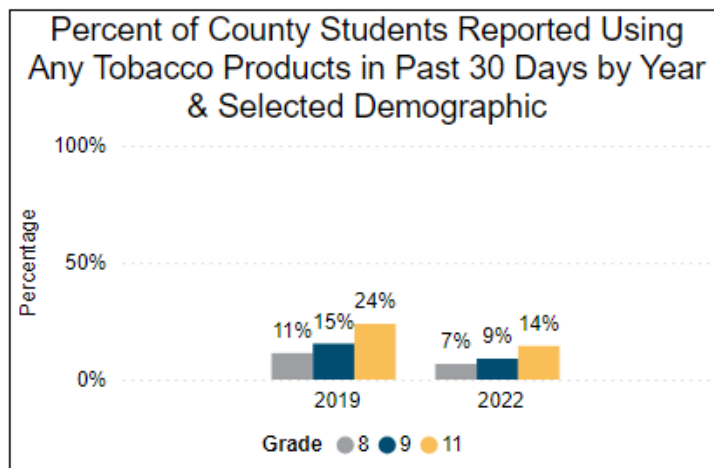
Source: Minnesota Student Survey

Figure 38: Percent of Rice County Students Who Reported Using E-Cigarettes in the Past 30 Days, by Year and Grade



Source: Minnesota Student Survey

Figure 39: Percent of Rice County Students Who Reported Using Any Tobacco Products in the Past 30 Days, by Year and Grade



Source: Minnesota Student Survey

Despite the fact that Minnesota law prohibits tobacco or tobacco related products from being sold to persons under 21 years old, 8 percent of youth across the state reported purchasing tobacco products themselves in 2020 (Minnesota Department of Health, 2020). Nearly 1 in 2 youth under age 18 who used e-cigarettes in the past 30 days reported obtaining their e-cigarettes from someone “who offered them to me”, 30.6 percent “asked someone to give me some”, and 27.8 percent “bought them from another person” (Minnesota Department of Health, 2020). Of the Rice County youth who reported using e-cigarettes in the past 30 days, the most common ways they obtained an e-cigarette, was from a friend, getting someone else to buy it for them, from family other than parents, or from a vape shop or other store selling only e-cigarettes (Olmsted County Public Health Services, 2024).

The Rice County adult cigarette smoking rate is 8 percent, a slight increase from 7.6 percent in 2021 (Rice County Public Health; Rice County Public Health, 2023). The Rice County adult cigar smoking rate is 2.5 percent, down from 11 percent in 2021, and e-cigarette smoking rate is 2.3 percent, up from 1.4 percent in 2021 (Rice County Public Health; Rice County Public Health, 2023). When considering all sources of tobacco use, 13.4 percent of community members are current users of tobacco. The northern (8.4%) and southern (20.4%) county regions show disproportionate use (Rice County Public Health, 2023).

Among adults who smoke cigarettes every day or some days, 29.2 percent have tried to quit in the last 12 months. Top reasons why the quit attempt was unsuccessful are reported to be:

1. Quit aids too expensive (34.1%)
2. Some other reason (28.9%)
3. Did not want to quit (28.4%)
4. Not sure where to go for help (15.1%)
5. Live with a smoker (11.4%)

Cannabis

Cannabis is the most commonly used substance among Rice County youth. The Healthy People 2030 objective is to reduce the proportion of adolescents reporting use of cannabis during the past 30 days from 7.4 percent to 5.8 percent. In 2022, 10 percent of Rice County students had used cannabis in the past 12 months. When analyzed by grade, 18 percent of Rice County eleventh graders reported using cannabis in the past 12 months. This is up from 17 percent in 2019 (Olmsted County Public Health Services, 2024). Students who reported adequate sleep, adequate physical activity, feeling safe at home, being involved in after school activities, having an adult to talk to, and no ACES, all used at a lower percent (Olmsted County Public Health Services, 2024).

According to the 2023 Rice County Community Health Survey, 9.8 percent of Rice County adults reported recreational and non-medical use of cannabis, and 12.3 percent report being a current user of edible or beverage products with hemp-derived THC (Rice County Public Health, 2023). Prevalence of a cannabis use diagnosis among Rice County community members is at 1 percent (Minnesota EHR Consortium, 2024). The cannabis use diagnosis includes: cannabis use disorder; cannabis overdose (accidental or intentional); cannabis intoxication; cannabis-induced mental health disorders; and other related diagnoses.

Illegal Drug Use

In a 2024 opinion survey of Rice County medical providers, they reported that illegal drug use in Rice County was a top moderate to serious health concern. Prevalence of a cocaine use diagnosis among adults in Rice County is at less than 1 percent (Minnesota EHR Consortium, 2024). Cocaine use diagnosis includes: cocaine overdose (accidental or intentional); cocaine intoxication; cocaine withdrawal; cocaine-induced mental health disorders; and other related diagnoses.

Prevalence of a hallucinogen use diagnosis among adults in Rice County is at less than 1 percent and includes hallucinogen use disorder, hallucinogen overdose (accidental or intentional), hallucinogen intoxication, hallucinogen-induced mental health disorders; and other related diagnoses involving LSD, peyote, psilocybin, or PCP (Minnesota EHR Consortium, 2024).

Prevalence of psychostimulant use diagnosis among adults in Rice County is at less than 1 percent and includes: psychostimulant use disorder; psychostimulant overdose (accidental or intentional); psychostimulant intoxication; psychostimulant withdrawal; psychostimulant-induced mental health disorders; and other related diagnoses involving methamphetamines, ecstasy, or MDMA.

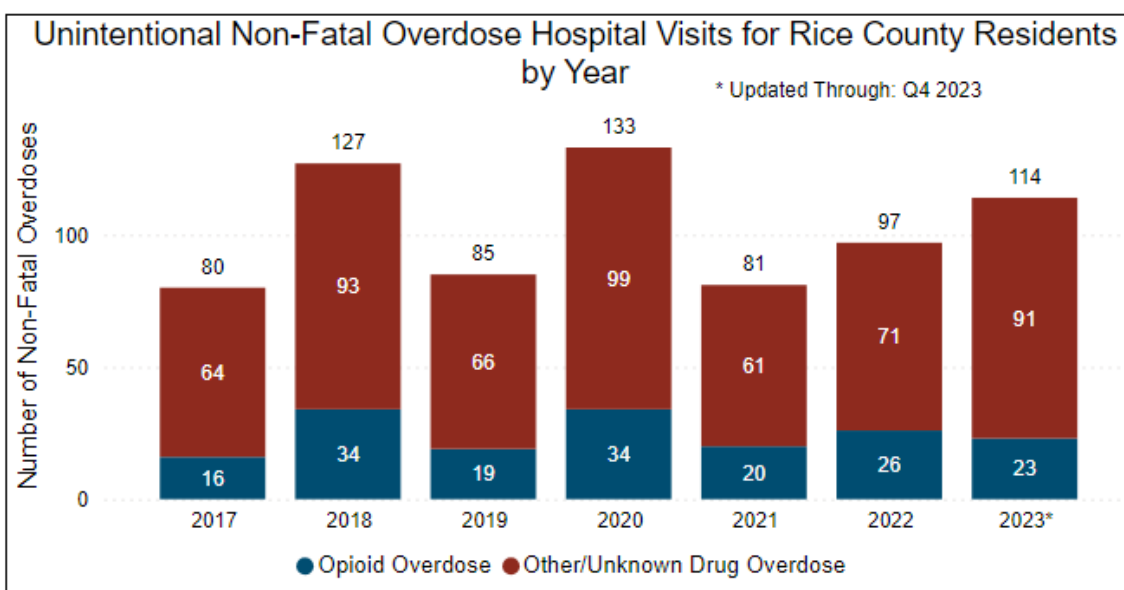
Prevalence of inhalants and sedative abuse diagnosis among adults in Rice County is at less than 1 percent and includes: use disorder; overdose (accidental or intentional); intoxication; induced mental health disorders; and other related diagnoses involving benzodiazepines, barbiturates, and hypnotics (Minnesota EHR Consortium, 2024).

Opioid and Prescription Drug Use

Forty-seven percent of Rice County Community members feel that prescription drug abuse is a moderate or serious problem in Rice County (Rice County Public Health, 2023). Prevalence of an opioid use diagnosis among adults in Rice County is at 1 percent (Minnesota EHR Consortium, 2024). Opioid use diagnosis includes: opioid use disorder; opioid overdose (accidental or intentional); opioid intoxication; opioid-induced mental health disorders; opioid withdrawal; and other related diagnoses involving opioid medicines, opium, methadone, heroin, and fentanyl.

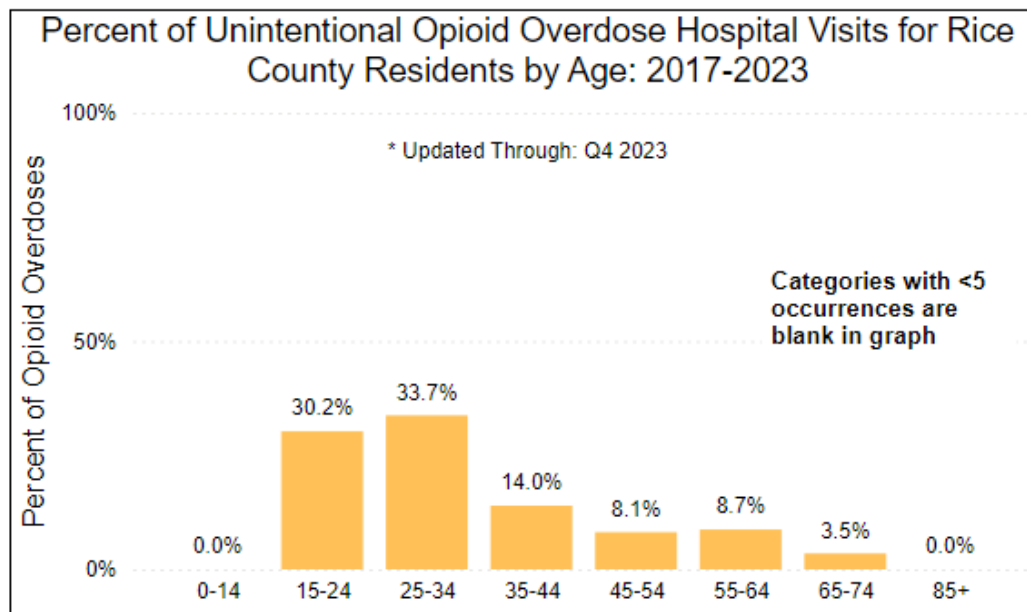
The charts below show the unintentional non-fatal overdose hospital visits for Rice County Community members between 2017 and 2023 (Figure 40) and breaks those overdoses down by age (Figure 41) (Olmsted County Public Health Services, 2024).

Figure 40: Unintentional Non-Fatal Overdose Hospital Visits for Rice County Residents, 2017 to 2023



Source: Southeast Minnesota Opioid Profile

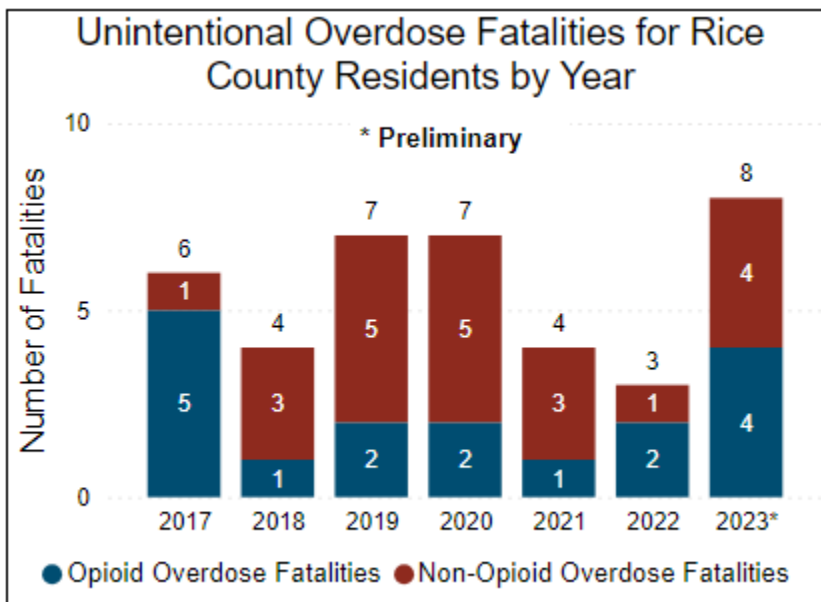
Figure 41: Unintentional Non-Fatal Overdose Hospital Visits for Rice County Residents by Age, 2017 to 2023



Source: Southeast Minnesota Opioid Profile

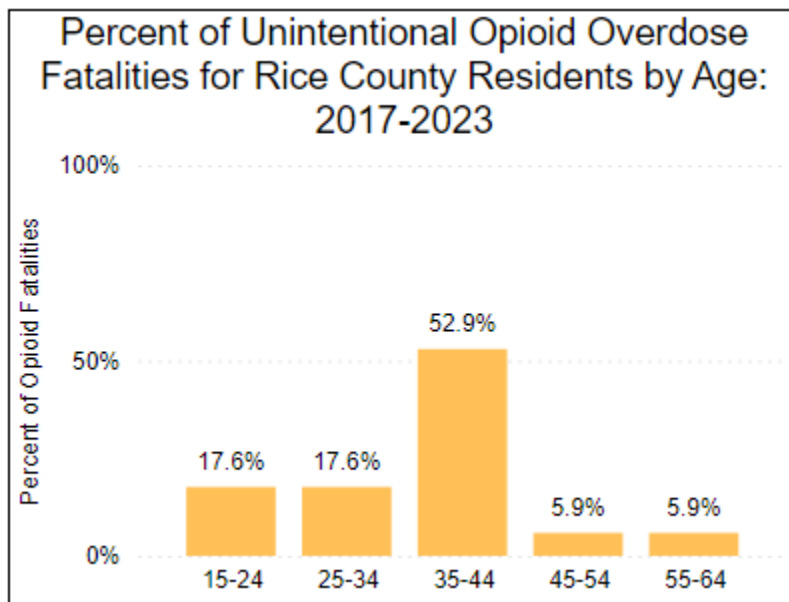
Figure 42 shows a breakdown of the unintentional overdose fatalities for Rice County residents by year and drug category and the next chart breaks those overdoses down by age (Figure 43) (Olmsted County Public Health Services, 2024). It is not often possible to determine where the drugs involved in the overdose deaths were obtained, and counterfeit pills are being produced with increasing accuracy, making it difficult to separate them from legally produced and distributed medications.

Figure 42: Unintentional Overdose Fatalities for Rice County Community members, 2017 to 2023



Source: Southeast Minnesota Opioid Profile

Figure 43: Unintentional Overdose Fatalities for Rice County Community members by Age, 2017 to 2023

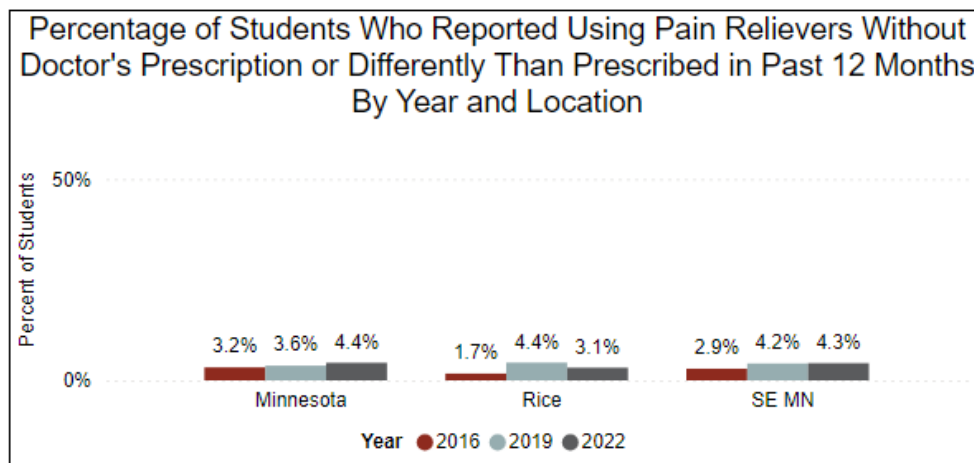


Source: Southeast Minnesota Opioid Profile

Opioid use has become an epidemic among all ages. Adolescent abuse of prescription drugs has continued to rise over the past five years throughout the United States. It is believed that two factors

have led to the increase in abuse: first, the increasing availability of prescription drugs from many sources, including the family medicine cabinet, the Internet, and doctors, and second, many adolescents believe that prescription drugs are safer to take than street drugs. In Rice County, three percent of students used a prescription pain reliever without a doctor's prescription or used a prescription differently than how the doctor stated, compared to four percent in 2019 (see Figure 44) (Olmsted County Public Health Services, 2024).

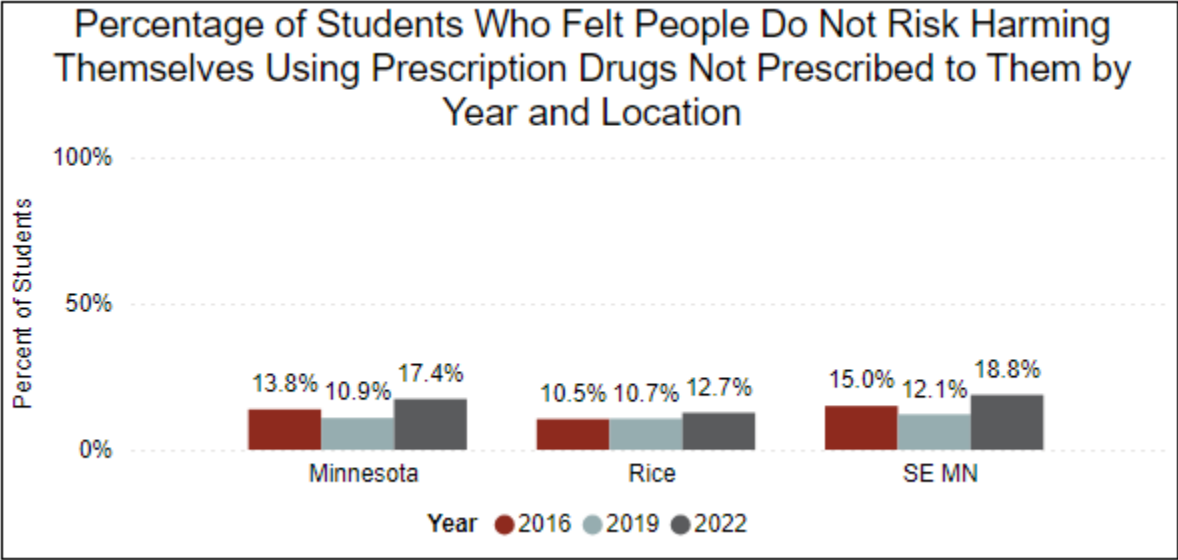
Figure 44: Percentage of Students Who Reported Using Pain Relievers Without a Doctor's Prescription or Differently than Prescribed in the Past 12 Months by Year and Location, 2016-2022



Source: Minnesota Student Survey

It is also interesting to note that in 2016, 10.5 percent of Rice County students reported the perception that people have no risk to themselves while using a prescription drug not prescribed to them, with this number increasing to 12.7 percent in 2022 (Figure 45) (Olmsted County Public Health Services, 2024).

Figure 45: Percentage of Students Who Felt People Do Not Risk Harming Themselves by Using Prescription Drugs Not Prescribed to Them by Year and Location, 2016-2022



Source: Minnesota Student Survey

Opioid prescribers play a significant role in stopping the opioid overdose epidemic. Higher opioid prescribing rates put patients at risk for addiction and overdose. Table 15 shows the crude rate of opioids legally dispensed by location (Minnesota Board of Pharmacy, 2023).

Table 15: Crude Rate of Opioid Prescriptions per 1,000 Community members by Location, 2023

	All Opioids	Hydrocodone	Oxycodone	Fentanyl	Hydromorphone
Minnesota	362.2	98.4	155.1	5.1	18.3
Rice County	388.8	101.8	172.2	4.4	15.1

Source: Minnesota Board of Pharmacy

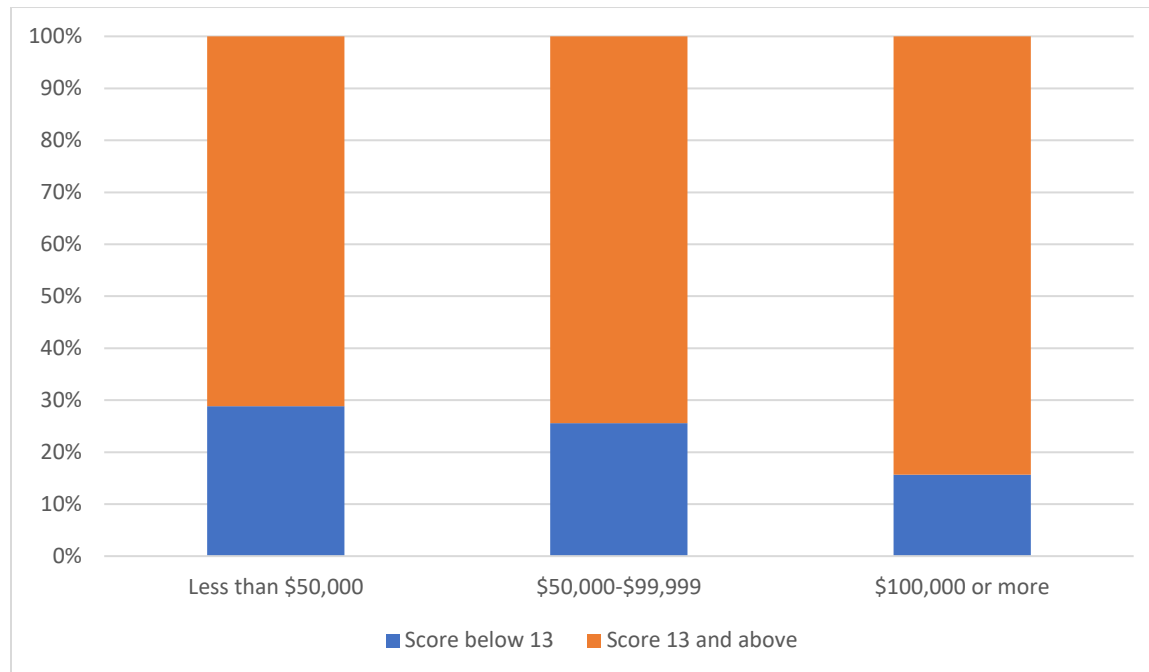
The Rice County Chemical and Mental Health Coalition, and other community partners, have been working to increase access and availability of naloxone for community members. Community members can now pickup naloxone kits at several Rice County pharmacies and community locations without a prescription, and financial assistance is available to help cover the costs. More education is needed on the availability of the resource as the 2023 Rice County Community Health Survey found that only 14.8 percent of adults in Rice County know how to obtain naloxone (Rice County Public Health, 2023).

Mental Health

In a 2024 opinion survey of Rice County medical providers, they reported that mental health, depression and anxiety was a top serious health concern people of Rice County. In 2023, the Rice County Community Health Survey included the World Health Organization-5 Well-Being Index as a measure of current well-being in the last two weeks. The index asks about quality of life based on positive mood,

vitality, and general interest. A higher score on the index indicates better well-being and a score below 13 indicates poor well-being and is an indication for further evaluation (World Health Organization, 1998). 17.1 percent of northern Rice County community members reported a score below 13, compared to 25.4 percent of southern Rice County community members. The county as a whole came in at 20.4 percent experiencing poor wellbeing in the last two weeks. (Rice County Public Health, 2023). Figure 46 looks at the composite score by income.

Figure 46: Percent of Rice County Community Members World Health Organization-5 Well-Being Index Scores by Income, 2023



Source: Rice County Community Health Survey

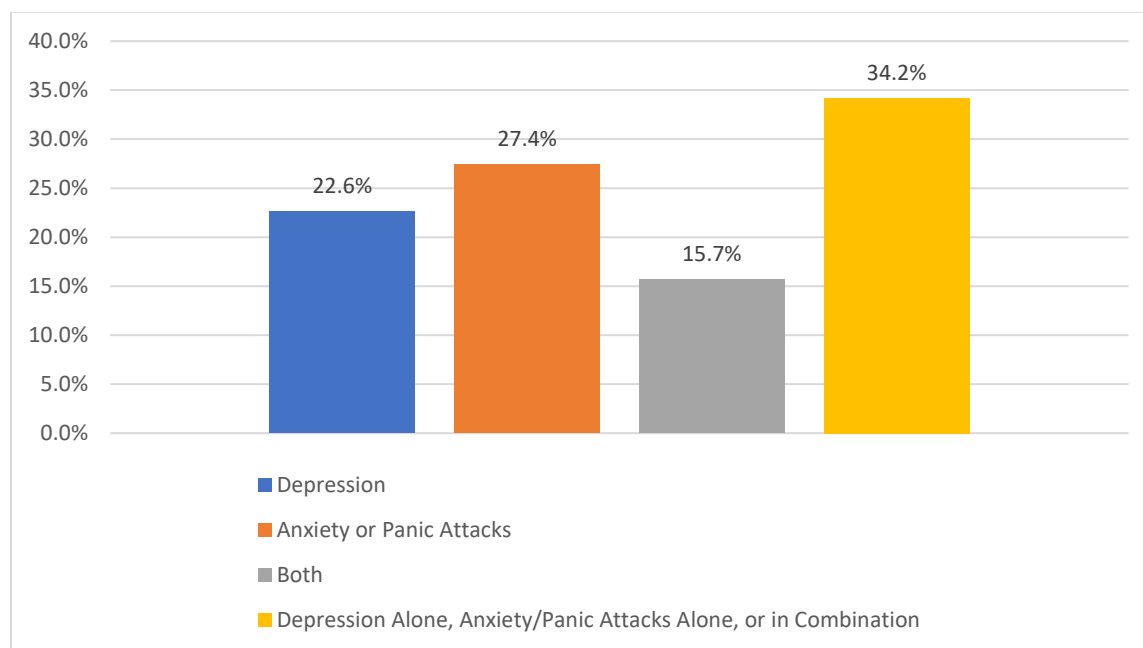
Just as with physical health, it is important that people are offered and participate in mental health screenings to assess risk factors for various mental health conditions. One of the targets for Healthy People 2030 is to increase the proportion of primary care visits where adolescents and adults are screened for depression (U.S. Department of Health and Human Services, 2024). Nationally, in the baseline year of 2016, 8.5 percent of primary care office visits included screening for depression in persons aged 12 years and over. In the most recent data, from 2019, it was at 9.1 percent. The target is 13.5 percent (U.S. Department of Health and Human Services, 2024).

Forty seven percent of Rice County community members reported having had a mental health screening in the past year. Thirty seven percent of people who live in Rice County reported never having an exam or having one five or more years ago (Rice County Public Health, 2023). When looking at those Rice County community members who scored less than a 13 on the World Health Organization-5 Well-Being Index, 38.8 percent reported never having an exam or having one five or more years ago (Rice County Public Health, 2023). While it is our sense that most people going in for clinical care in Rice

County are being screened by their provider, we are not sure if people always recognize that they are being screened. We also noted that more people reported having an annual preventative health care exam (73 percent) than having an annual mental health screening (47 percent) (Rice County Public Health, 2023).

Figure 47 shows the percent of Rice County population having been told by a doctor or other health care professional that they are experiencing depression, anxiety or panic attacks or both (Rice County Public Health, 2023).

Figure 47: Percent of Rice County Population Told by a Doctor or Other Health Care Professional They Are Experiencing Depression, Anxiety or Panic Attacks, Alone or in Combination, 2023



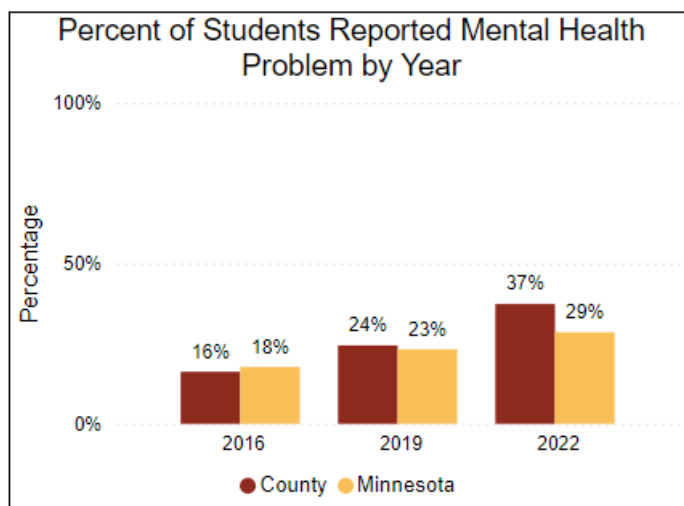
Source: Rice County Community Health Survey

Prevalence of an anxiety diagnosis among adults in Rice County is at 21 percent (Minnesota EHR Consortium, 2024). The anxiety diagnosis includes: generalized anxiety disorder; panic disorder; social anxiety disorder; obsessive-compulsive disorders; substance use-related anxiety disorders; specific phobias; and other related diagnoses. Prevalence of a depression diagnosis among adults in Rice County is at 17 percent (Minnesota EHR Consortium, 2024). The depression diagnosis includes: major depressive disorder; single depressive episodes; postpartum depression; and other related diagnoses. Prevalence of a post-traumatic stress disorder diagnosis among adults in Rice County is at 2 percent (Minnesota EHR Consortium, 2024).

From 2016 to 2022, the trend of students who reported a mental health problem has been significantly increasing, both in Rice County and the state, with Rice County students having consistently reported a mental health problem at higher percentages (Olmsted County Public Health Services, 2024). The 2022 Minnesota Student Survey found that 37 percent of Rice County ninth graders had a long-term

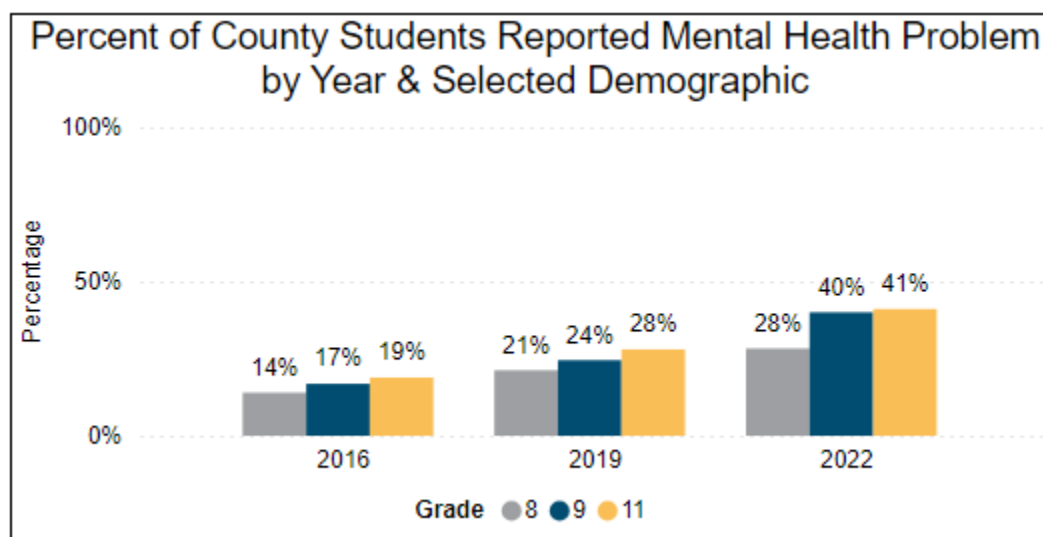
mental health, behavioral or emotional problems that have lasted six months or more (Figure 48) (Olmsted County Public Health Services, 2024). Figure 49 breaks the same data down by grade and year.

Figure 48: Percent of Rice County Students Reporting a Long-Term Mental Health, Behavioral or Emotional Problems That Have Lasted Six Months or More, 2022



Source: Minnesota Student Survey

Figure 49: Percent of Rice County Students Reporting a Long-Term Mental Health, Behavioral or Emotional Problems That Have Lasted Six Months or More by Year and Grade, 2022

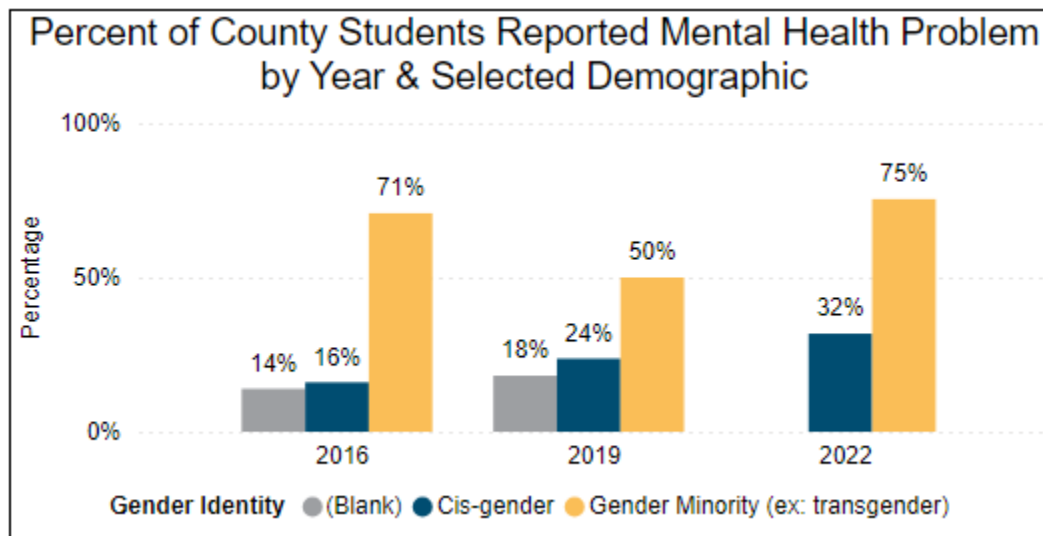


Source: Minnesota Student Survey

Seventy-five percent of students who identify as a gender minority reported having a mental health problem (compared to 32 percent of cis-gender) (Figure 50), 65 percent of students who identify as a sexual minority (compared to students who identify as heterosexual) (Figure 51) and 48 percent of

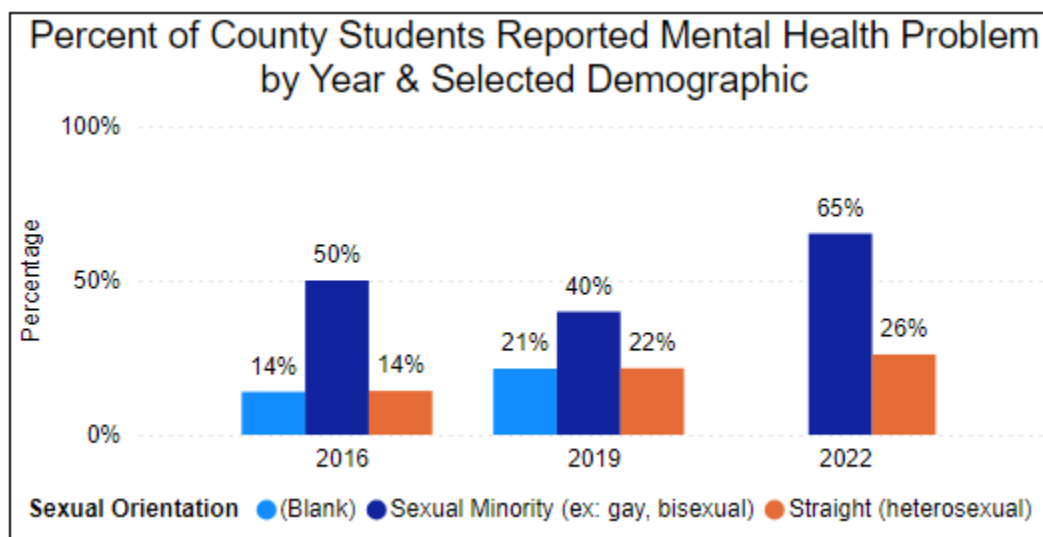
our students who are biologically female (compared to 26 percent of our male students) (Figure 52) (Olmsted County Public Health Services, 2024).

Figure 50: Percent of Rice County Students Reporting a Long-Term Mental Health, Behavioral or Emotional Problems That Have Lasted Six Months or More by Gender Identity, 2022



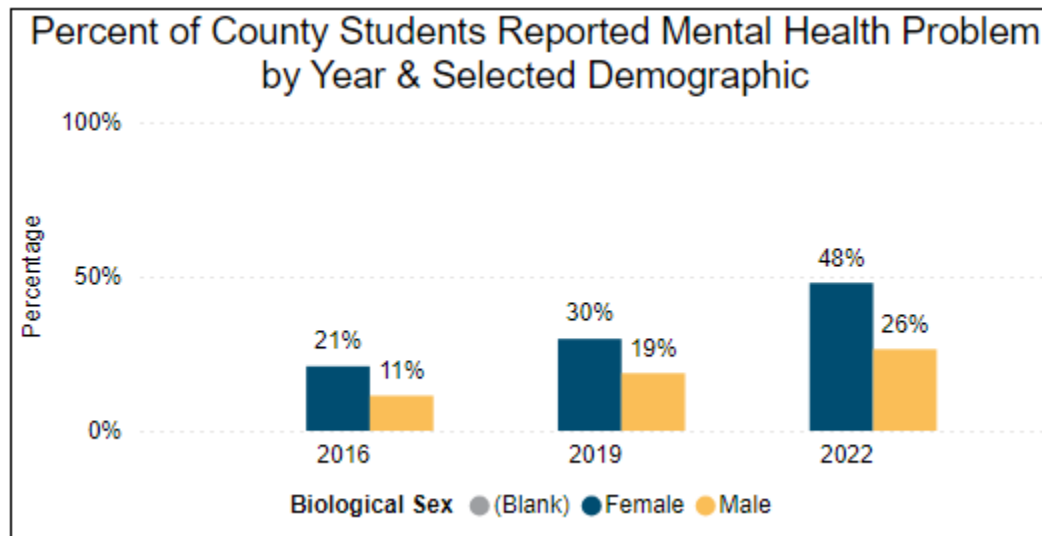
Source: Minnesota Student Survey

Figure 51: Percent of Rice County Students Reporting a Long-Term Mental Health, Behavioral or Emotional Problems That Have Lasted Six Months or More by Sexual Orientation, 2022



Source: Minnesota Student Survey

Figure 52: Percent of Rice County Students Reporting a Long-Term Mental Health, Behavioral or Emotional Problems That Have Lasted Six Months or More by Biological Sex, 2022



Source: Minnesota Student Survey

Not enough of our students reporting a mental health problem are accessing treatment. In 2022, 30 percent of Rice County students reported having ever been treated for a mental health, behavioral, or emotional problem, compared to 25 percent in the state (Olmsted County Public Health Services, 2024).

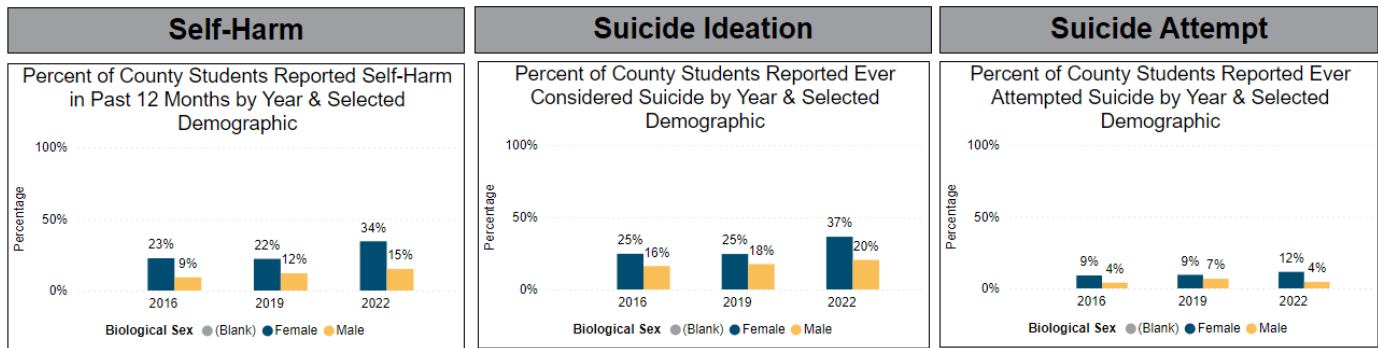
Prevalence of psychotic disorder diagnosis among Rice County community members is at less than 1 percent and includes: schizophrenia; paranoia; substance use-related psychotic disorders; postpartum psychosis; schizoaffective disorder, and other related diagnoses (Minnesota EHR Consortium, 2024).

Suicide

Suicide most often occurs when health issues (such as mental health conditions, physical health or traumatic brain injuries) and environmental issues (access to lethal means to death, prolonged stress/stressful life events, or exposure to suicide) converge to cause one to experience hopelessness and despair. Depression is most often associated with suicide (American Foundation for Suicide Prevention, 2024).

Suicide ideation among both Rice County and Minnesota youth has increased over the years. In 2016 in Rice County, 21 percent of youth reported having seriously considered suicide in the last year, and by 2022 that number was at 29 percent (Olmsted County Public Health Services, 2024). Suicide attempts have remained relatively stable from 2016 to 2022 in both the state and Rice County between seven and eight percent (Olmsted County Public Health Services, 2024). A risk factor for self-harm, suicide ideation, and suicide attempt is being of female gender, and that holds true for Rice County's youth year over year (see Figure 53) (Olmsted County Public Health Services, 2024).

Figure 53: Percent of Rice County Students Self-Harm, Suicide Ideation and Suicide Attempts by Year and Biological Sex, 2022



Source: Minnesota Student Survey

Table 16 below shows the crude death rate of suicides by location (Minnesota Department of Health, 2024). Healthy People 2030 has a lead health indicator to reduce the age-adjusted rate of suicides per 100,000 population from the baseline of 14.1 in 2021 to 12.8 in 2030 (U.S. Department of Health and Human Services, 2024).

Table 16: Crude Death Rates of Suicides by Location, 2015-2021

	2015	2016	2017	2018	2019	2020	2021
Minnesota	17.9	16.8	17.2	16.0	18.4	17.7	18.9
Rice County	7.7	19.7	7.6	4.5	7.5	14.9	13.4

Source: Minnesota Department of Health

According to the 2023 Rice County Community Health Survey, just over three percent of community members have considered attempting suicide in the last year and 11.3 percent have considered attempting suicide more than a year ago (Rice County Public Health, 2023). Just over half of Rice County community members stated that they were aware of the 988 Suicide & Crisis Lifeline (56.7%).

Crime

Data from the 2023 Rice County Community Health Survey asked community member opinions about how much of a problem “crime” is currently in Rice County. 56.2 percent of community members in southern Rice County and 21.9 percent in northern Rice County said it was a moderate to serious problem (Rice County Public Health, 2023).

Across the state, crime is down. From 2022 the total crime rate dropped 13 percent, violent crime dropped 7 percent, and property crime dropped 14 percent (Minnesota Bureau of Criminal Apprehension, 2024).

Conclusion of Belonging

A sense of belonging is a human need, just like the need for food and shelter. ACEs, poor social connections, violence, substance abuse, and poor mental health all cause negative affects on the body. The good news is that the brain and the body want to heal. The brain is continually changing in response to the environment. If stress stops and is replaced by practices that build resilience, then the brain can slowly undo many of the stress-induced changes. There is well documented research on how individuals' brains and bodies become healthier through mindfulness practices, exercise, good nutrition, adequate sleep, and healthy social interactions. Feeling that you belong is most important in seeing value in life and in coping with intensely painful emotions. Belonging within the family and community is important for the success of the individual and the community.

Community Health Needs Assessment Findings from Partners

Rice County has a number of partners who work together to improve the health and well-being of county residents. Below are the health priorities identified by a few of those partners.

Allina Health Faribault Medical Center and Owatonna Hospital

2023–2025 CHNA PRIORITIES

Based on the process described in this report, Faribault Medical Center and Owatonna Hospital will pursue the following priorities in 2023–2025:



Mental health and substance use encompasses overall mental, social and emotional well-being, including social connectedness; resilience; preventing, delaying or reducing harm associated with using substances; and access to the full continuum of mental health and addiction care and supports.



Social determinants of health and health-related social needs are the community-wide social, physical and economic conditions that influence health (e.g., neighborhood conditions, social cohesion, education and employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g., food security, literacy, access to safe and affordable housing, social isolation).



Health and racial equity refers to the elimination of differences in care and health outcomes and the availability of services, programs and medical care that are culturally specific, honoring and appropriate. Examples include efforts to address structural racism and discrimination, establishing a workforce who is representative of the community, access to programs and services provided in one's preferred language and representative of one's lived experience and staff trained in the provision of culturally inclusive care.

Additionally, Faribault Medical Center and Owatonna Hospital prioritized the following communities for the 2023–2025 CHNA cycle:

- People who identify as black, indigenous and/or people of color (BIPOC), specifically African Americans, persons of Hispanic descent/immigrants and East African Somali refugees
- Communities for whom English is not the primary spoken language
- Youth who identify as Lesbian, Gay, Bi-sexual, Trans, Queer and/or Questioning, Intersex, Asexual and other historically underserved sexual and gender identities (LGBTQIA+)
- People living at or near poverty

Mayo Clinic Health System (2022)

Community engagement work in Southeast Minnesota aligns with these priorities:

- Improve access to care
- Improve chronic disease prevention and management
- Improve mental well-being
- Improve social connection and inclusion
- Prevent substance abuse

Priorities and Next Steps

Rice County Public Health will host a community meeting in the spring of 2025. The purpose of this gathering will be to prioritize the top health related issues faced by the people of Rice County. The results of this prioritization will be published in our community health improvement plan and will guide the departments work with the community defining a vision for the community's health and how we will collaborate to get there.

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