# FILLMORE COUNTY COMMUNITY-LED RESEARCH

UNITED WAY
Southeast Minnesota

OCTOBER 2026

# PRESIDENT'S PERSPECTIVE: BUILDING A STRONGER PATH FORWARD



At United Way of Southeast Minnesota, we believe strong communities are built through connection: the relationships, resources, and local knowledge that help people move from uncertainty to stability, and from stability to opportunity.

This report reflects what we are learning by listening in Fillmore County. We heard about communities that care deeply for one another, neighbors who know how to show up in practical ways, and local organizations working with commitment and persistence. We also heard that the path from need to help can be too difficult to find, too far away, too dependent on personal relationships, or too slow for people already under stress.[11,13,14,16]

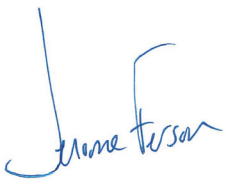
The Fillmore County story is not simply a story of scarcity. It is a story of distance, trust, timing, navigation, and community vitality. A bus may exist, but only at certain times. A food shelf may be open, but not when a working parent can get there. A resource may be listed, but not known to the people who need it. A newcomer may live in a community for years and still wonder whether they are fully regarded as belonging there.[13,14,16,17]

In moments of struggle, people need more than a list of phone numbers. They need clear pathways and trusted connectors: people and organizations able to help them make sense of the landscape, cross county lines, complete paperwork, get a ride, and find support before a setback becomes a crisis.

Our role at United Way is to help build those bridges: between residents and resources, between local organizations and regional systems, between formal services and trusted local relationships, and between community generosity and community need. Because our work is supported by broad voluntary giving, we have a responsibility to listen carefully, invest wisely, and help residents, donors, volunteers, and partners see how collective action strengthens the whole region.[18,19,20]

What we build next in Fillmore County will take time, humility, and trust. But this county has no shortage of care, local pride, or practical wisdom. To everyone who has shared their experience, opened a door, asked a hard question, or helped us understand the local landscape more clearly: thank you. Together, we are strengthening the path forward, one connection at a time.

With gratitude and resolve,



Jerome Ferson
President & CEO
United Way of Southeast Minnesota

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# FILLMORE COUNTY REPORT FINDINGS



### COMMUNITY RESOURCE NAVIGATION

Residents need trusted connectors who can help them move from information to action.



### TRANSPORTATION & GEOGRAPHIC ACCESS

Distance and limited ride options affect nearly every other issue.



### AGING & TRUSTED OUTREACH

Aging, Plain community outreach, transportation, and volunteer capacity are deeply connected.



### COMMUNITY CONNECTION, BELONGING, AND VITALITY

Third places, belonging, and local amenities strengthen long-term community life.

In Fillmore County, access to support is shaped by whether residents can find it, reach it, trust it, and have someone or somewhere that helps them move from information to action.



### FINANCIAL SECURITY & BASIC NEEDS

Small gaps in food, gas, utilities, childcare, or car repair can quickly become crises.



### HOUSING STABILITY

Prevention, clear referral pathways, and flexible support helps households stay stable.



### CHILDCARE & YOUTH OPPORTUNITY

Childcare is family, workforce, and community-retention infrastructure.



### HEALTHCARE, DENTAL CARE, AND BEHAVIORAL HEALTH

Access depends on provider availablity, affordability, transportation, and trust.



# PROJECT DESIGN

The Fillmore County learning process used community-led and participatory methods to pair public data with local experience. United Way staff prepared a Data Brief, convened Advisors with local organizational knowledge, engaged community Researchers to gather resident perspectives, and synthesized themes across meetings, notes, and related community health findings. [1,11,12,13,14]

This section focuses on what readers need to understand the credibility and context of the findings. The process was not a statistically representative survey of all Fillmore County residents. It is better understood as structured community learning: a way to surface lived experience, test public data against local knowledge, identify patterns, and guide future partnership and investment decisions.

Three interpretation limits should remain visible. First, qualitative findings are directional rather than statistically representative. Second, the CHIP covers both Fillmore and Houston counties, so this report uses Fillmore-specific findings where available and broader Fillmore-Houston context only when appropriate. Third, standard public data may not fully capture Plain community experience because definitions tied to vehicles, insurance, healthcare use, and grocery access may not align with Plain practices. [11,15]

# HOW UNITED WAY TURNS COMMUNITY LEARNING INTO COMMUNITY IMPACT

United Way of Southeast Minnesota operates as a community-supported, mission-driven organization. Our work is made possible largely through voluntary generosity from individuals, businesses, workplaces, foundations, and civic partners who choose to invest in a stronger region. Those gifts allow United Way to listen across communities, identify emerging needs, convene partners, mobilize volunteers, and invest resources where they can help people move from crisis toward stability.[18,19,20]

Broad community giving matters because many resident needs do not fit neatly inside one grant category, one program rule, one county boundary, or one eligibility threshold. In Fillmore County, transportation, healthcare access, housing, childcare, food access, aging, financial pressure, and belonging often overlap in daily life. Flexible community support gives United Way the ability to respond to those overlaps, test new approaches, and align resources with local learning.

This report is one part of that stewardship cycle. Community learning informs how United Way convenes, where it invests, what partnerships it pursues, how it mobilizes volunteers, and how it reports back to donors and communities. In that sense, community generosity becomes more than charitable support. It becomes shared civic capacity: a way to strengthen systems, relationships, and local infrastructure so more residents can thrive.

| | |
|---|---|
| **LISTEN** | Gather resident, partner, and public-data insight. |
| **LEARN** | Identify patterns, gaps, assets, and local distinctions. |
| **CONVENE** | Bring partners, donors, volunteers, and community leaders together around shared needs. |
| **INVEST** | Direct grants, flexible resources, staff capacity, and partnership energy where they can produce meaningful impact. |
| **MOBILIZE** | Invite people to give back, take action, and get involved. |
| **REPORT** | Share what was learned, what changed, and what still requires collective work. |

Source: United Way of Southeast Minnesota mission, strategic direction, and grantmaking planning materials.[18,19,20]

# FILLMORE COUNTY AT A GLANCE

**0.5%+** population growth over the next decade; **34.8%** population growth of residents age 75 and older

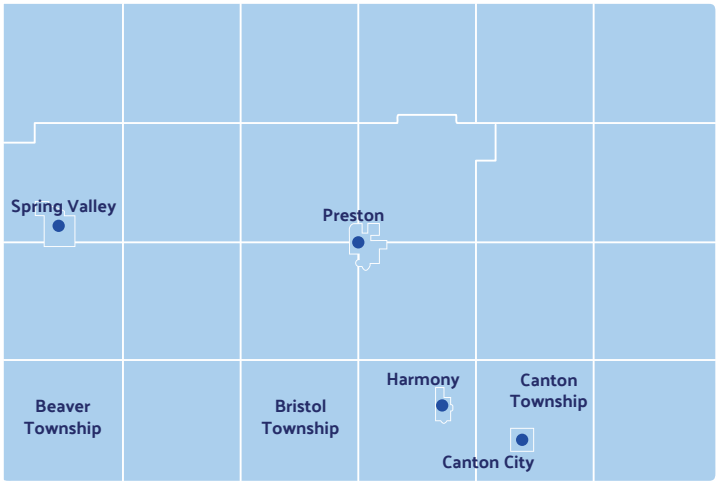
**46.3%** of residents work outside the county; the **average commute** is **26 minutes**

**83%** of residents own their home, but the renter cost burden has increased in recent years

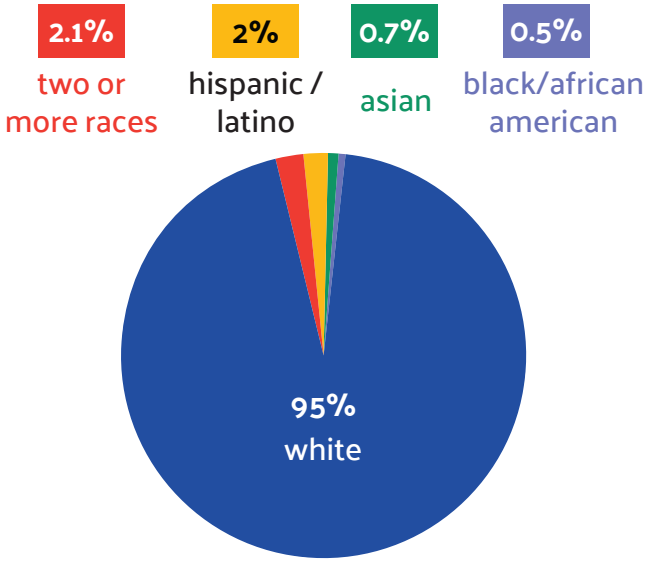
**33%** of households are below the ALICE Threshold

Fillmore County is identified as a **Medically Underserved Area** for primary care

Fillmore County is a rural county of slightly more than 21,000 residents across 24 townships, 11 cities, and 12 ZIP codes. It is predominantly non-Hispanic White, includes a growing Plain community, and is projected to experience little total population growth while seeing a substantial increase among residents age 75 and older.[2,3,9,15]




## 21,000+ RESIDENTS • 11 CITIES 24 TOWNSHIPS • 12 ZIP CODES



# FINANCIAL STABILITY AND ALICE

**ALICE stands for Asset Limited, Income Constrained, Employed**. ALICE households earn above the Federal Poverty Level (FPL) but do not earn enough to afford the basics of housing, childcare, food, transportation, healthcare, and technology where they live. In 2024, 9% of Fillmore County households were below the Federal Poverty Level and another 24% were above poverty but below the ALICE Threshold*. Combined, **33% of households were below the ALICE Threshold**.[3,4]

| | | | |
|---|---|---|---|
| CANTON CITY | 87 of 178 households **49% below ALICE** | BEAVER TOWNSHIP | 33 of 108 households **31% below ALICE** |
| BRISTOL TOWNSHIP | 64 of 131 households **49% below ALICE** | HARMONY CITY | 202 of 505 households **40% below ALICE** |
| CANTON TOWNSHIP | 41 of 141 households **29% below ALICE** | SPRING VALLEY CITY | 419 of 1,022 households **41% below ALICE** |
| PRESTON CITY | 253 of 603 households **42% below ALICE** | | |

Financial insecurity is geographically uneven, with several of the highest ALICE rates in southern communities and townships. Single-parent households experience the greatest pressure, especially single-female-headed households with children, where 56% fall below the ALICE Threshold. Renter cost burden is also rising, from 34% in 2020 to 39% in 2023, with the county profile noting 40.2% of renters paying more than 30% of income in rent.[2,3,5]



### The ALICE Household Survival Budget

The bare minimum household income necessary to live and work in Fillmore County for a household with **two adults and two children** is:

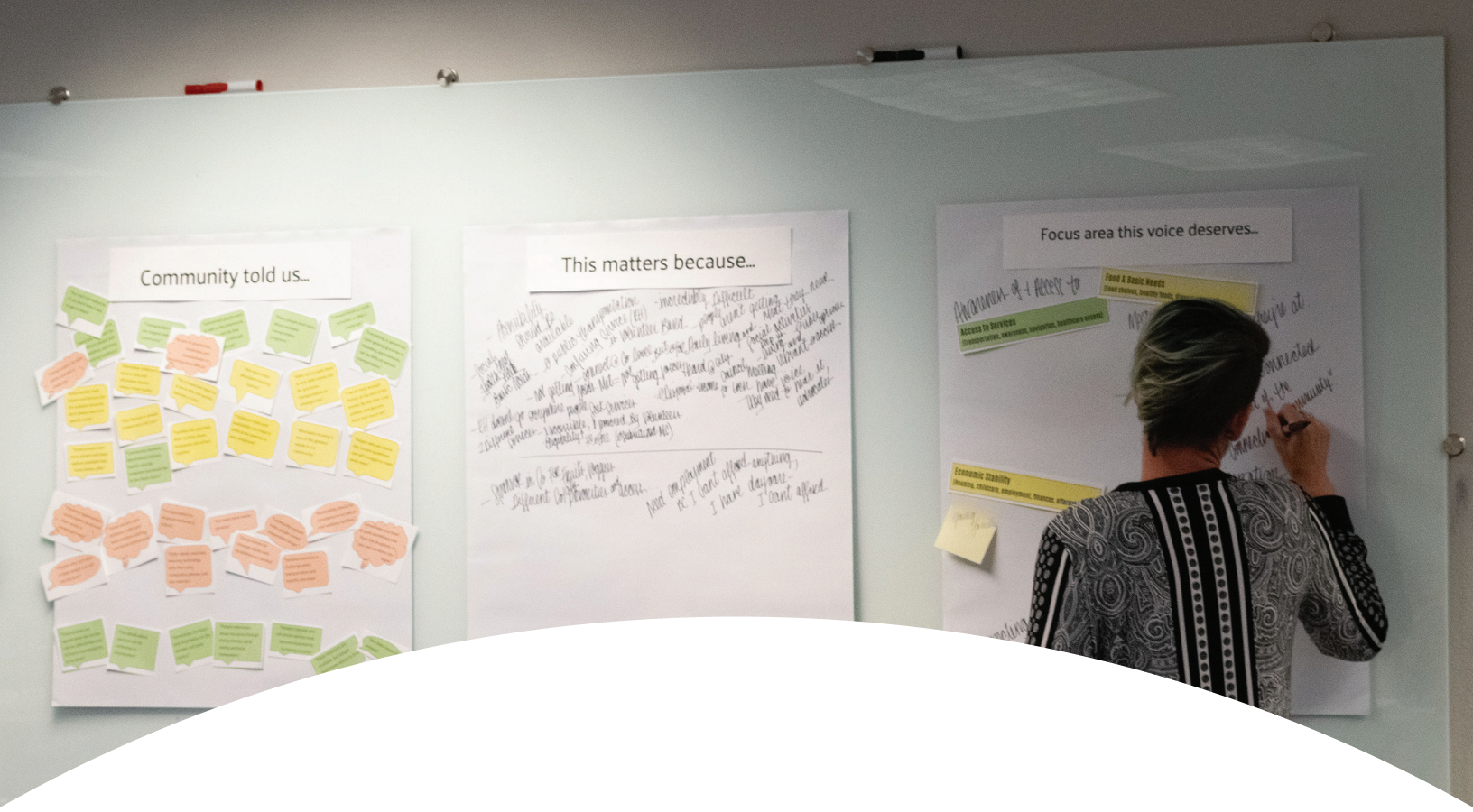
**$78,672**

* with no opportunity to build savings

The CHIP adds that **approximately 75% of Fillmore County geography has higher overall social vulnerability**, with the highest levels along the southern edge of the county. That pattern reinforces what residents described: geography, income, transportation, food access, and health access interact rather than appearing as separate problems.[15]

# THEMES FROM OUR RESEARCH

The following themes integrate public indicators with community experience. The organizing question is not only what services exist, but whether people can discover them, reach them, trust them, and remain connected to community while doing so.




# 1. COMMUNITY RESOURCE NAVIGATION

Community resource navigation emerged as a foundational issue. Residents may not know what exists, how to qualify, where to go, which office is responsible, or whether a resource applies to them. The question is not only whether information exists, but who serves as the trusted connector helping people move from information to action.[14,16]

Access remains highly relational. People with strong local networks may hear about help informally. People who are isolated, low income, new to the community, without internet or phone access, without reliable transportation, or not yet accepted as fully belonging may struggle to discover the same supports. County-line rules add another layer, especially for communities such as Chatfield and Rushford that interact with more than one county system.[11,13,14,17]

**IMPLICATION** Resource directories are necessary but insufficient. Fillmore County needs trusted connector pathways, plain-language information, and repeated outreach through digital and non-digital channels, including schools, libraries, food shelves, clinics, faith communities, city offices, local media, and community gathering places.

# 2. TRANSPORTATION AND GEOGRAPHIC ACCESS

Transportation is both a direct need and a force multiplier. When it fails, it affects healthcare, food access, childcare, employment, social connection, paperwork, and the ability to keep appointments. **The Minnesota Department of Employment and Economic Development reports that 46.3% of residents work outside the county and commute an average of 26 minutes**, underscoring that travel is already embedded in daily life.[2]

> **"YOU CAN'T USE THEIR RESOURCES IF YOU DON'T HAVE A WAY TO GET TO THEM." [14]**
>
> **- RESEARCHER INSIGHT**

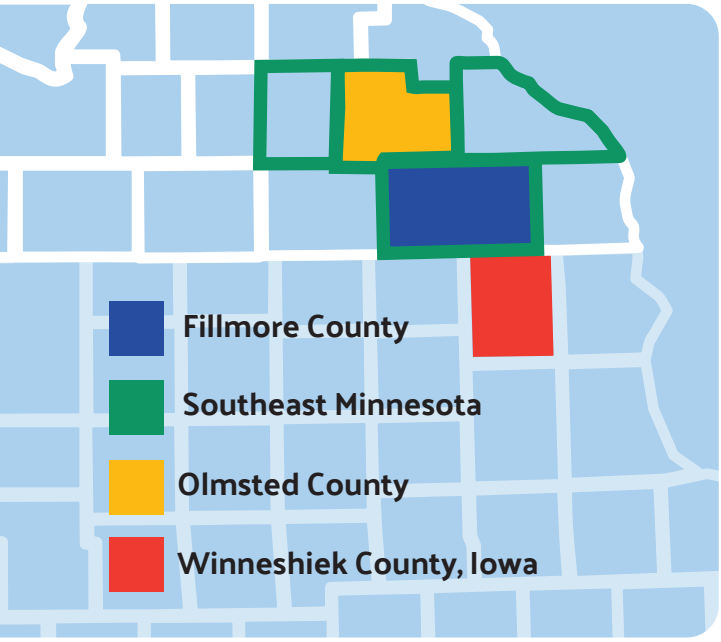
Participants named assets such as Rolling Hills Transit, SEMCAC transportation, accessible vans, insurance-covered medical rides, and volunteer driver options. They also named barriers: **limited hours, long waits, limited weekend and evening service, difficulty coordinating rides, gaps in the Mabel-Canton area, and declining volunteer-driver capacity**. Researchers also heard that many residents did not know how affordable some bus options were or that multiple transportation programs existed.[11,13,14]

## IMPLICATION

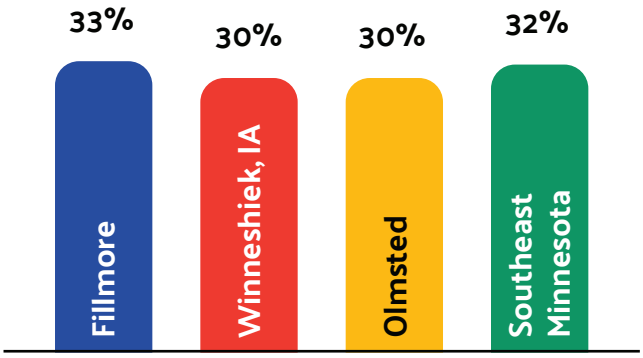
Transportation should be treated as part of the service system and as relational infrastructure, not as a separate side issue. A missed ride can mean delayed care, lost trust with providers, added stress, and deeper isolation. Transportation planning should include nonmedical needs, food access, Mabel-Canton and southeast Fillmore gaps, and the sustainability of volunteer driver models.[15,16]



# 3. FINANCIAL SECURITY AND BASIC NEEDS




Financial security is the foundation for stability. In Fillmore County, 33% of households fall below the ALICE Threshold. These households may be working, caregiving, retired, or living on fixed incomes, yet still lack enough income to meet basic costs without tradeoffs.[3]




**Percent of Families under the ALICE Threshold and Unable to Meet Basic Needs**

**Researchers and advisors described needs that often sit between formal eligibility categories: utilities, childcare, diapers, specialized formula, gas, car repair, and food variety**. A car repair can determine whether someone can work. Formula access can determine whether a baby's needs are met. Utility costs can determine whether a household reaches the end of the month with anything left.[13,14]

Food access is place-specific. Advisors noted that **Canton and Mabel do not have grocery stores**. Researchers described food shelves with limited hours, confusing signage, uncertainty about locations, desire for more meat, and food safety rules that restrict some donations. The Community Health Improvement Plan (CHIP) strengthens this finding, reporting increased free and reduced lunch eligibility, Supplemental Nutrition Assistance Program (SNAP) eligibility above the statewide comparison, and food insecurity affecting approximately 9.8% of Fillmore households.[11,14,15]

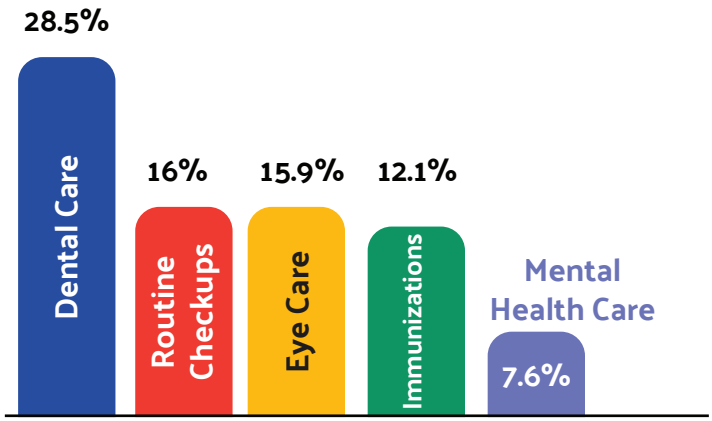
## IMPLICATION

Flexible assistance should be considered for modest but destabilizing needs such as gas, car repair, utilities, diapers, formula, and childcare-related expenses. Food strategies should connect emergency food, nutrition education, cooking skills, farmers markets, WIC, schools, senior dining, Meals on Wheels, transportation, and culturally and practically usable foods.[15]

# 4. HEALTHCARE, DENTAL CARE, AND BEHAVIORAL HEALTH

Healthcare access in Fillmore County is shaped by geography, provider availability, insurance, transportation, service hours, affordability, and trust. The Health Resources and Services Administration identifies Fillmore County as a Medically Underserved Area for primary care, while the CHIP identifies access to dental and health care as one of the two Fillmore-Houston priority areas for 2025-2030.[9,15]

Advisors emphasized that **Fillmore County does not have a hospital and that residents often travel outside the county for care**, depending on insurance, need, and location. Behavioral health, vision, and dental care were cited as the most significant access issues. Participants also described appointment systems that compound transportation barriers, including examples of residents traveling long distances only to be turned away after arriving late.[12,13]




**Percent of Residents Reporting Delayed Care, Fillmore County Health Needs Assessment**

The CHIP adds local data. In the weighted Fillmore County Community Health Needs Assessment, respondents reported delayed or unmet dental care (28.5%), routine checkups (16.0%), eye care (15.9%), immunizations (12.1%), and mental health care (7.6%). **Cost and insurance coverage were among the most frequent reasons for delayed or unmet care**. Provider ratios reported in the CHIP were

**1,780** residents per dentist

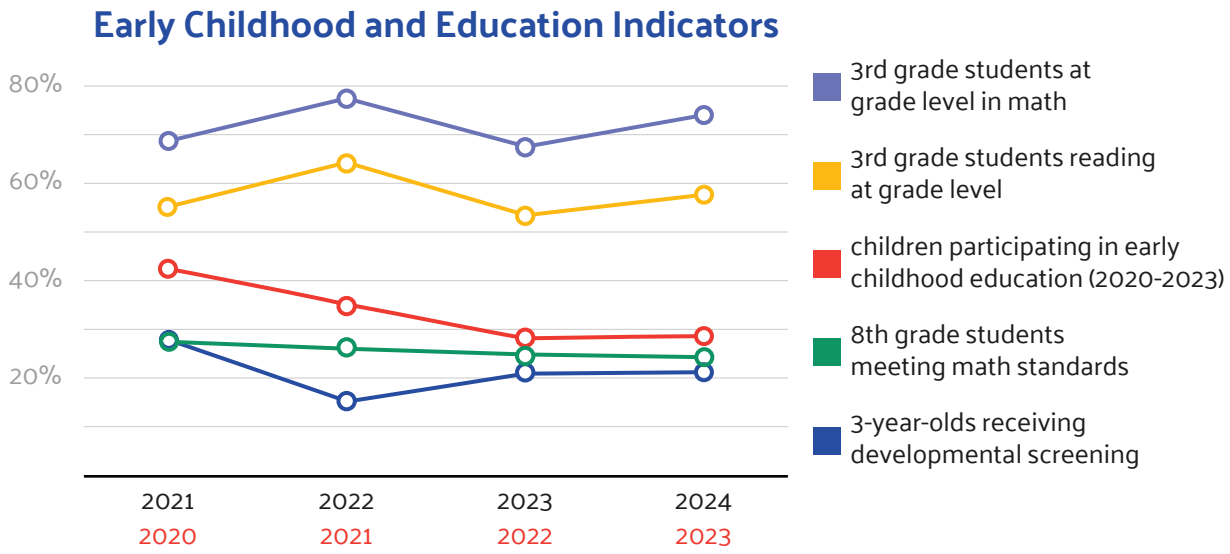
**2,390** residents per mental health provider

**3,550** residents per primary care physician

**IMPLICATION** Access-to-care strategies should integrate transportation, appointment timing, insurance navigation, follow-up support, dental access, behavioral health, vision care, and provider connection. Mobile, home-based, telehealth, and paperwork-support strategies may help, but only if they account for residents without reliable internet, phones, or transportation.

# 5. CHILDCARE, YOUTH OPPORTUNITY, AND FAMILY SUPPORTS

Childcare and youth opportunity emerged as family stability, workforce, and community-retention issues. The Minnesota Department of Human Services identifies six licensed childcare centers and four certified childcare centers with capacity for at least 402 children. It also shows three-year-old developmental screening declining from 29.5% in 2021 to 21.6% in 2024, and participation in early childhood education programming declining from 43.9% in 2020 to 29.1% in 2023.[7,8,10]




Advisors reported significant childcare needs, including more than 300 gaps, year-long waiting lists, and families traveling long distances for care. Researchers also noted that one daycare was booked until 2027 and that **one family with two children faced approximately $21,000 in annual childcare costs**. At the same time, the county has assets and opportunities, including participation in the Rural Child Care Innovation Program with First Children's Finance and potential facility conversations in Wykoff.[11,13,14]

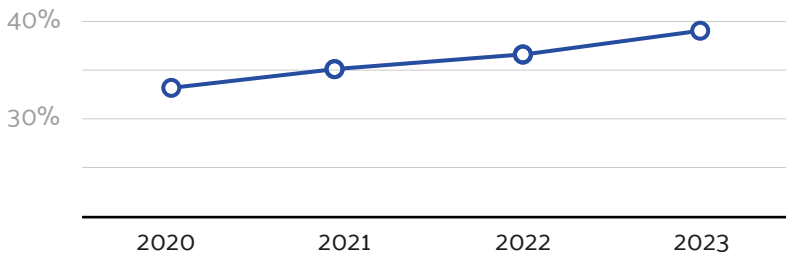
## IMPLICATION

Childcare should be treated as community infrastructure. The Rural Child Care Innovation Program should be connected to this community learning process so provider barriers, family experiences, facility possibilities, staffing, licensing, insurance, and sustainable revenue are considered together. Youth opportunity should also include out-of-school time, non-sports activities, and youth mental health.[13,14,15]



# 6. HOUSING STABILITY AND SAFETY

Housing emerged in the data and in qualitative conversations as a stability concern. Fillmore County has high homeownership, but the rental market matters deeply for lower-income households, younger households, people in transition, and households experiencing crisis. Renter cost burden rose from 34% in 2020 to 39% in 2023, while the county profile notes 40.2% of renters paying more than 30% of income in rent.[2,5]




**Percent of Fillmore Renters Cost Burden**

Advisors described loss of some housing complexes, shifts from low-income housing to free-market housing, short supply, and affordable housing pressure. Researchers raised concerns about homelessness, emergency shelter options, hotel vouchers, eviction confusion, tenant-rights knowledge, and domestic violence response.[13,14]

**IMPLICATION** Housing stability work should include prevention, emergency response, tenant education, clear referral pathways, and verification of domestic violence, emergency shelter, hotel voucher, and county-line options. Flexible crisis assistance may be especially valuable when a modest intervention can prevent a more expensive and traumatic housing crisis.



# 7. AGING, TRUSTED OUTREACH, AND SOCIAL SUPPORT

Fillmore County's projected growth among residents age 75 and older may be one of the most important planning signals to consider. A **34.8% increase over the next decade** will likely affect transportation, healthcare, housing, caregiving, home maintenance, food access, social support, emergency response, and volunteer capacity.[2] The CHIP adds that adults age 65 and older already constitute 21.8% of the county population.[15]

Advisors highlighted isolation among older adults, particularly people age 75 and older living alone in rural areas. They also described older adults as both **service users** and **service providers: many volunteer drivers are aging out while the number of older adults needing rides and support is increasing**. Researchers named practical home support needs such as gardening, washing windows, yard work, and housework. These needs may sound modest, but they often determine whether people can remain safely and comfortably in community settings.[11,14,16]

Trusted outreach is also central for Plain community members. Advisors estimated that Plain community members, including Amish and some Mennonite households, account for roughly 10% of the county population and are growing. The CHIP similarly notes nine Old Order Amish communities and estimates that approximately 10% of Fillmore County residents live within the Amish community. Outreach should use trusted relationships, culturally appropriate settings, and clear purposes rather than assuming low formal service use means low need.[11,15]

**IMPLICATION** Aging, social connection, transportation, home support, volunteer sustainability, and Plain community outreach should be considered together. Volunteerism is both a strength and a capacity risk: the CHIP reports 31.8% of respondents currently volunteering and 22.2% interested in starting to volunteer, suggesting civic energy that may need new, flexible pathways.[15,16,17]



# 8. COMMUNITY CONNECTION, BELONGING, AND VITALITY

> "IF YOU CUT LIBRARY FUNDING TO FOCUS ON ROADS, FOLKS WON'T STICK AROUND AND USE THOSE ROADS." [16]
>
> - RESEARCHER INSIGHT

The final advisory team discussion argues against treating community connection as a narrow quality-of-life issue. Participants were describing a broader relationship among belonging, trusted relationships, third places, local amenities, volunteerism, workforce attraction, and the long-term viability of Fillmore County communities.[16,17]

The causal thread is practical: places to connect create relationships and belonging; relationships help people find information and resources; trusted connections make volunteer and civic participation easier; civic participation strengthens local capacity; and local capacity helps communities attract and retain the families, workers, and older adults needed for long-term vitality.[17]

Third places deserve explicit attention because libraries, pharmacies, grocery stores, gyms, parks, community centers, faith spaces, food shelves, and other gathering places do more than provide their primary services. **They help residents exchange information, build trust, and find support**. Their disappearance can represent a loss of both services and social infrastructure.

**IMPLICATION** | Community development decisions should consider whether loss of local amenities also reduces belonging, informal help, volunteer capacity, and workforce attraction. Newcomer belonging should be understood as a practical condition for population sustainability, not only as a cultural preference.[16,17]

# CROSS-CUTTING INSIGHTS

Across the report, one conclusion holds: **Fillmore County needs both resource investment and connective tissue**. The county does not only need more programs. It needs better pathways among residents, trusted people, local places, service systems, volunteers, and flexible resources.

| Insight | Why it Matters |
|---|---|
| **Existence is not access.** | A service may exist, but residents still may not know about it, qualify for it, reach it, afford it, trust it, or complete the steps required to use it. |
| **Rural distance compounds every problem.** | Transportation, healthcare, food, childcare, employment, paperwork, and social connection are harder when residents must travel across long distances and limited schedules. |
| **Trust is infrastructure.** | Information moves through relationships, schools, faith communities, libraries, clinics, food shelves, local media, and other places where people already gather. |
| **County lines are operationally real.** | For communities such as Chatfield and Rushford, help may depend on county boundaries, eligibility rules, and whether staff can explain options clearly. |
| **Data can miss lived reality.** | Standard measures may undercount or misread communities whose practices do not fit common assumptions about transportation, insurance, or formal service use. |
| **Small gaps can become crises.** | Gas, car repair, diapers, formula, utilities, paperwork help, and missed rides can determine whether a household stabilizes or falls deeper into crisis. |

Source: 2,3,5,7,8,9,11,13,14,15,16,17

# CONCLUSION

Fillmore County's strengths are real: local pride, neighborliness, volunteerism, food shelves that adapt, people who donate produce and livestock, transportation providers doing hard work across long distances, public health and service providers committed to residents, and communities that care deeply about their future.

The gaps are also real. Too many residents are one missed ride, one late appointment, one utility bill, one childcare closure, one car repair, one confusing form, one lost pharmacy, or one weak connection away from a deeper crisis. The public data and community learning point in the same direction: needs overlap, access depends on relationships, and rural infrastructure includes much more than roads and buildings.

For United Way, the strategic implication is clear. Our work in Fillmore County should build on local strengths while strengthening the connective tissue that helps people find help, sustain relationships, and remain part of thriving communities. That means listening before deciding, aligning with existing public health and community strategies, investing where modest support can prevent larger crises, and mobilizing broad community generosity into practical, accountable local impact.

The work ahead is not to replace local relationships, but to strengthen them. Not to assume one program can solve a rural system problem, but to build the bridges that help people, organizations, volunteers, donors, and communities act together.

# ACKNOWLEDGEMENTS

United Way of Southeast Minnesota thanks the Advisors, Researchers, staff, and community members who contributed to the Fillmore County learning process.

## Advisors

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Special thanks to local partners and residents who shared context about transportation, healthcare, childcare, food access, housing, the Plain community, aging, volunteerism, belonging, and the everyday realities of seeking help in Fillmore County.

# CITATIONS AND SOURCE NOTES

Numbers in superscript throughout this report correspond to the sources below. Internal meeting notes are cited because they are the primary source for qualitative findings in this draft.


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