

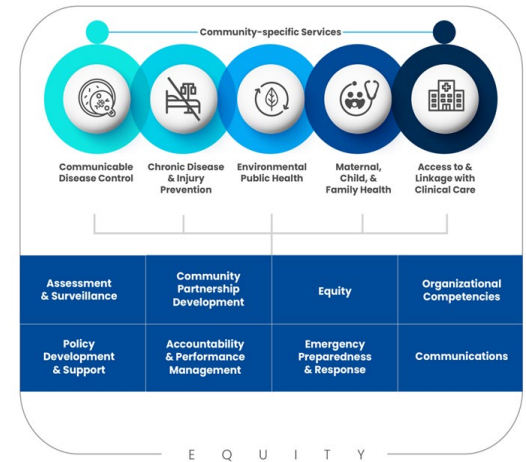
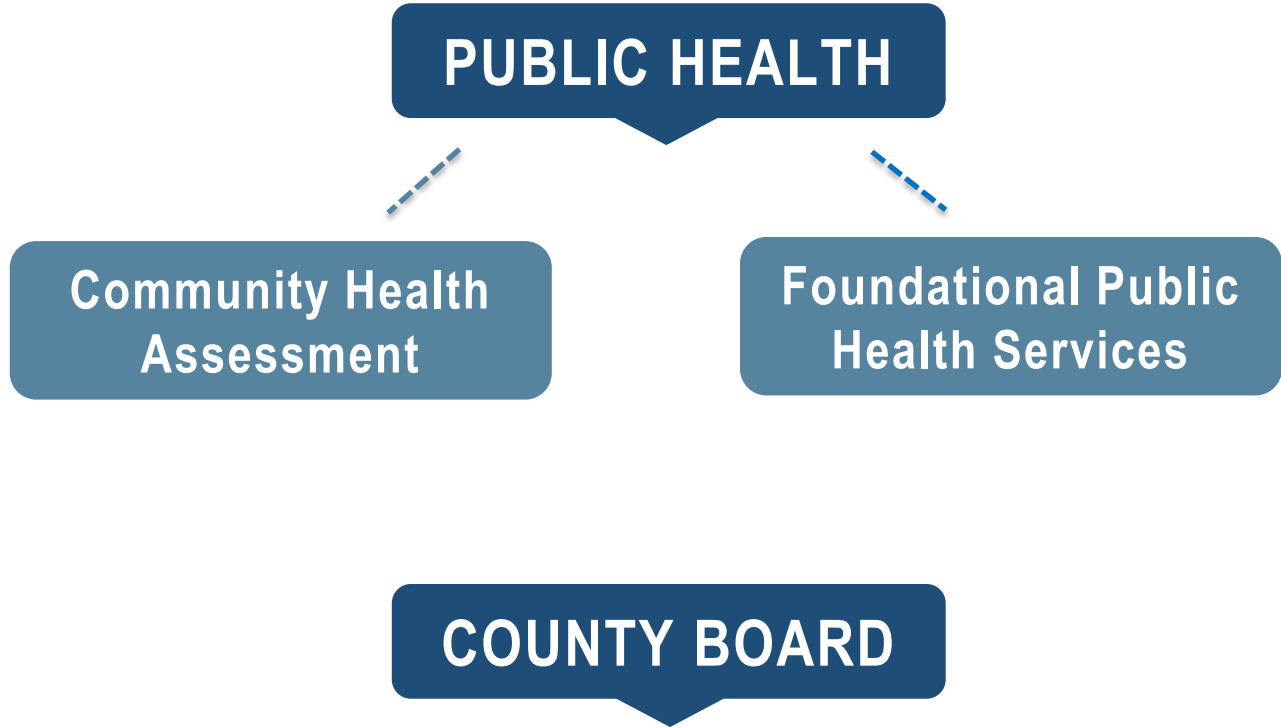
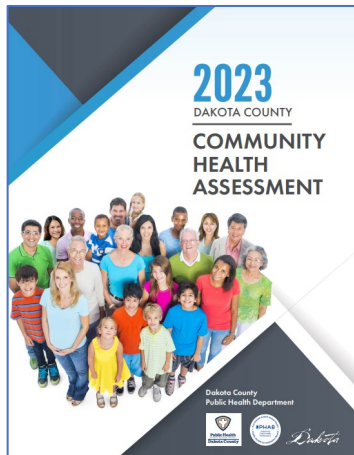


Community Health and Access Update

Gina Pistulka, Public Health Director
Erin Carder, Public Health Deputy Director

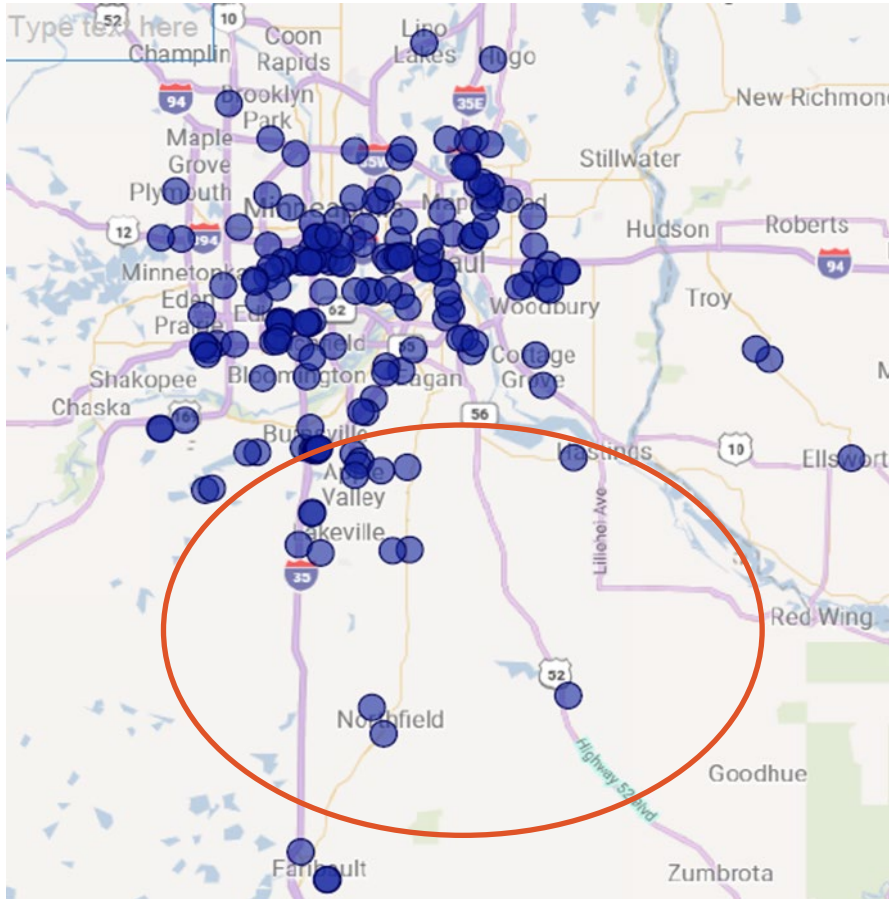
- Access as a Priority
- Current State
- Access to Care Framework
- Client Experiences Navigating Access to Care
- 2026 Goals & Strategies
- Next Steps

Access to Care is a Priority

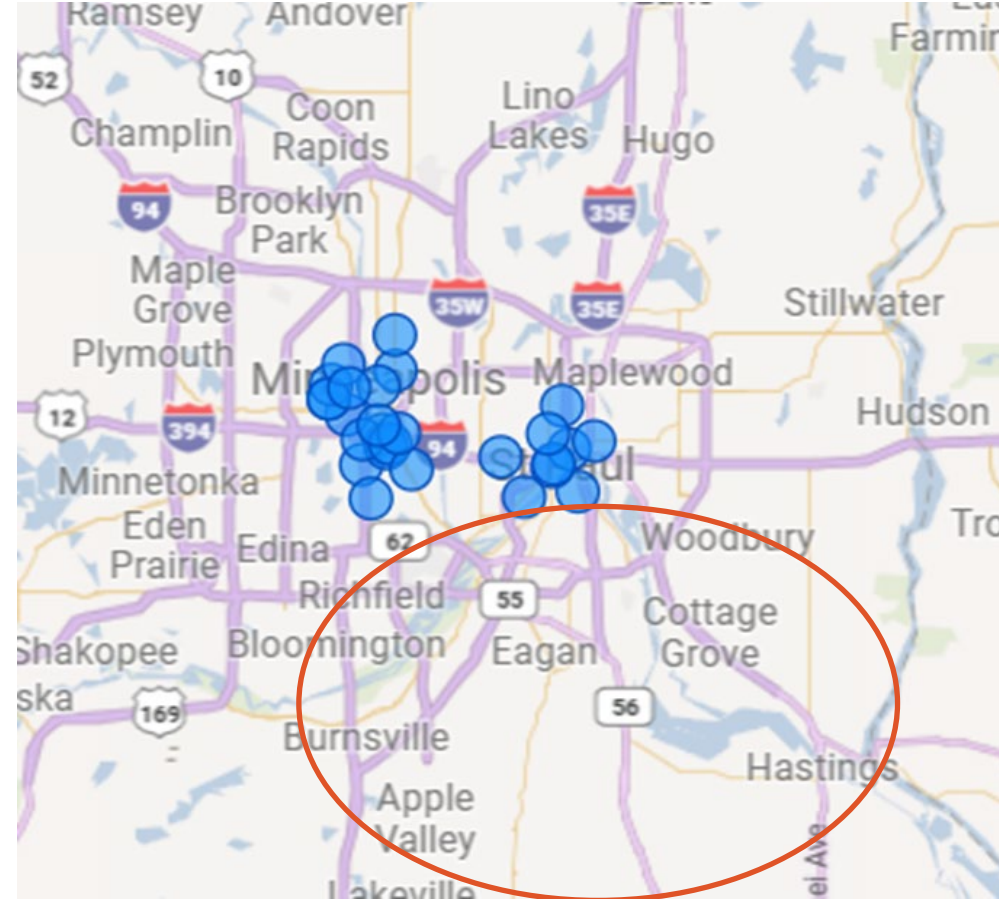


 **COMMUNITY SAFETY, HEALTH AND WELLBEING:**
Investigate and Pursue Healthcare Access for Uninsured or Under-insured Residents

Locations of Clinical Services



Primary Care Clinics



Community Health Centers

Community Health Center Utilization



8,554 Dakota County residents visited community health centers in 2024

- Top 5 zip codes accessing community health centers
 - 55118 (Mendota Heights, Lilydale, West St Paul)
 - 55337 (Burnsville)
 - 55075 (South St Paul)
 - 55124 (Apple Valley)
 - 55076 (Inver Grove Heights)
- Top 5 clinics utilized by Dakota County residents
 - Minnesota Community Care (multiple locations in St Paul)
 - Riverland Community Health (St Paul)
 - Southside Community Health Services (Minneapolis)
 - Open Cities Health Center (multiple locations in St Paul)
 - Community-University Health Care Center (Minneapolis)

Source: Health Resources and Services Administration (HRSA)

Most mentioned as impacted by access to health care

- Children – 116,181 (26.6% of the population)
- Older adults – 76,753 (16.9% of the population)
- Immigrants/refugees
 - 222 refugees arrived in 2024
 - 45,213 foreign-born (10.1% of the population)
- People living with a disability
 - 47,726 of civilian non-institutionalized (10.8% of the population)
- Hispanic/Latine population – 41,383 (9.1% of the population)

News Greater Minnesota

'Seismic' Medicaid changes will be rough on rural hospitals

Health

Molly Castle Work · Rochester, Minn · December 19, 2025 5:13 PM

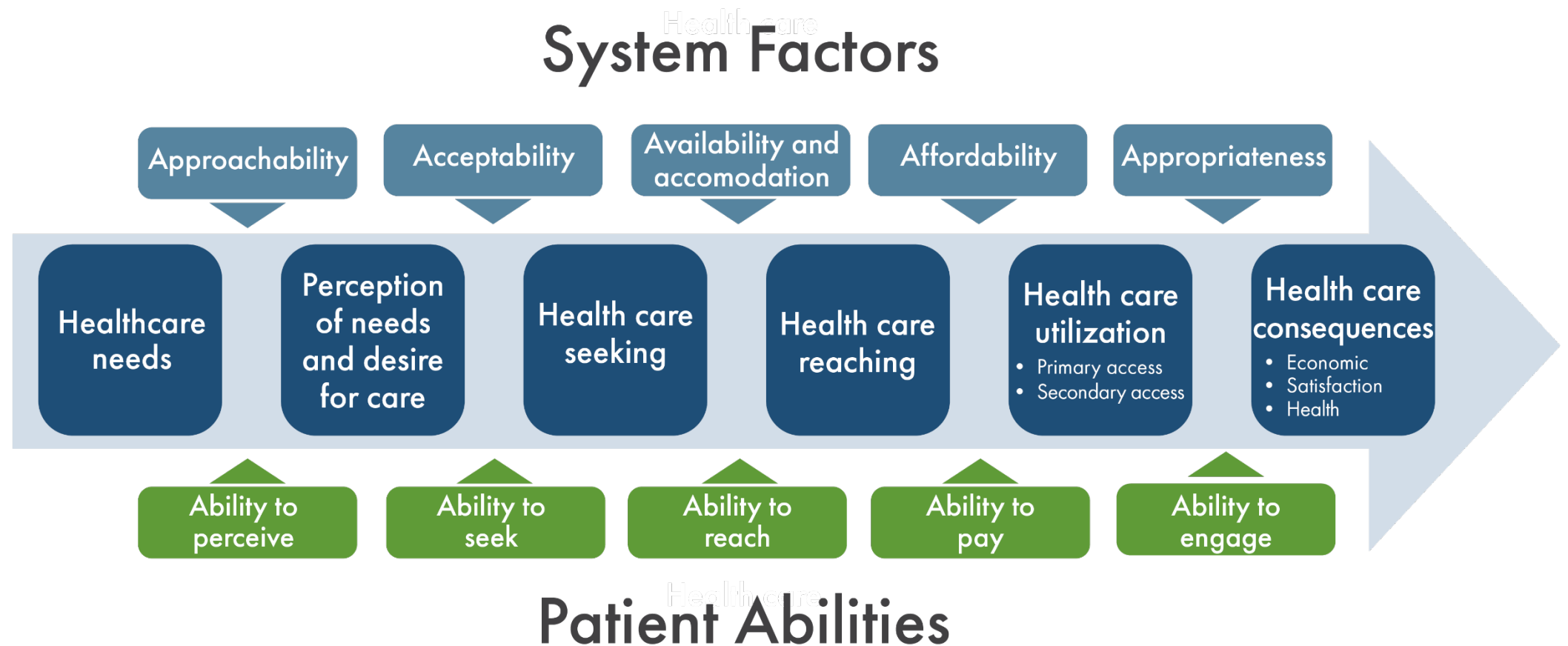
Mayo Clinic just closed 6 rural Minnesota health clinics. More closings may follow

Minnesota applies for \$1B in rural health care funds, but it won't offset massive Medicaid cuts

When ICE sweeps a community, public health pays a price – and recovery will likely take years

Published: February 18, 2026 8:46am EST

Access to Care Framework



Source: Levesque JF, Harris MF, Russell G. Patient-centered access to health care: conceptualizing access at the interface of health systems and populations. *Int J Equity Health*. 2013 Mar 11;12:18

Unsafe Discharge Due to Lack of Coverage



- Client with spinal tuberculosis experienced repeated hospitalizations due to unmanaged pain
- Required a higher-level care (mobility support, ADLs, physical therapy) but was uninsured
- Discharged home alone despite unsafe conditions and limited support
- Found at home unable to care for herself; staff coordinated emergency readmission

Cost Barriers to Preventative Testing



- Household exposed to infectious tuberculosis was hesitant to seek testing due to high deductible
- They delayed testing despite high risk of infection and public health concern
- Some clients forced to pay full out-of-pocket costs for testing
- Limited exceptions available, but not a sustainable or scalable solution

Coverage Loss Disrupts Cancer Treatment



- Postpartum client diagnosed with cervical cancer and non-Hodgkin lymphoma
- Initially they secured coverage, enabling critical treatment and care coordination
- Policy changes led to loss of insurance and gaps in coverage
- Treatment delayed and costs increased, creating significant financial and health strain

Navigating Access to Care

Families need be equipped to:

- Identify appropriate and timely care options
- Navigate complex systems
- Physically get to care
- Afford needed services
- Make informed decisions about care

Things to Keep in Mind:

- Access to care is multi-dimensional
- Barriers affect families and individuals differently
- Insurance doesn't equal access
- Time, caregiving, costs, and system complexity matter



Current Public Health Strategies



- Working to expand childhood access
- Focusing on oral health options
- Access to Care: Crisis Continuum Workgroup
- Working with peer counties
- Doing an assessment of healthcare models
- Bringing together experts and stakeholders
- Exploring the use of GIS and Storymaps

What Can We Do?



Two primary goals:

- Increase health literacy
 - Strengthen people's ability to navigate the system
- Increase clinical settings to access care
 - More locations
 - More flexible options



Questions?