# Dakota County

## Community Services Committee of the Whole

## Agenda

**Tuesday, April 14, 2026** **1:00 PM** **Conference Room 3A, Administration Center, Hastings**

If you wish to speak to an agenda item or an item not on the agenda, please notify the Clerk to the Board via email at CountyAdmin@co.dakota.mn.us
Commissioners may participate in the meeting by interactive technology.

**1. Call to Order and Roll Call**

Note: Any action taken by this Committee of the Whole constitutes a recommendation to the County Board.

**2. Audience**

Anyone in the audience wishing to address the Committee on an item not on the Agenda or an item on the Consent Agenda may send comments to CountyAdmin@co.dakota.mn.us and instructions will be given to participate during the meeting. Verbal comments are limited to five minutes.

**3. Approval of Agenda (Additions/Corrections/Deletions)**

**3.1** Approval of Agenda (Additions/Corrections/Deletions)

**4. Consent Agenda**

**4.1** Approval of Minutes of Meeting Held on March 10, 2026

**5. Regular Agenda**

**5.1** *Employment and Economic Assistance* - Update On Supplemental Nutrition Assistance Program And Medicaid

**5.2** *Public Health* - Update On Community Health And Access

**5.3** *Public Health* - Emergency Preparedness Update

**6. Assistant County Managers' Report**

**7. Future Agenda Items**

**8. Adjournment**

**8.1** Adjournment

**For more information please call 651-554-5742.**
**Committee of the Whole agendas are available online at**
**https://www.co.dakota.mn.us/Government/BoardMeetings/Pages/default.aspx**
**Public Comment can be sent to CountyAdmin@co.dakota.mn.us**

# Community Services Committee of the Whole

## Request for Board Action

**Item Number:** DC-5502 **Agenda #:** 3.1 **Meeting Date:** 4/14/2026

Approval of Agenda (Additions/Corrections/Deletions)

# Community Services Committee of the Whole

## Request for Board Action

**Item Number:** DC-5504 **Agenda #:** 4.1 **Meeting Date:** 4/14/2026

Approval of Minutes of Meeting Held on March 10, 2026

# Dakota County

## Community Services Committee of the Whole

## Minutes

**Tuesday, March 10, 2026** **1:00 PM** **Conference Room 3A, Administration Center, Hastings**

### 1. Call to Order and Roll Call

**Present:** Chairperson Slavik, Commissioner Atkins, Commissioner Halverson, Commissioner Droste, Commissioner Workman and Commissioner Holberg

**Absent:** Commissioner Hamann-Roland

Also in attendance were David McKnight, Deputy County Manager; Lucie O'Neill, Assistant County Attorney; Marti Fischbach, Assistant County Manager, Community Services; Gil Acevedo, Assistant County Manager, Community Services; and Colleen Collette, Administrative Coordinator.

Commissioner Atkins and Commissioner Halverson attended the meeting remotely via interactive technology.

The meeting was called to order at 1:00 p.m. by the Chair, Commissioner Mike Slavik.

### 2. Audience

Chair, Commissioner Mike Slavik, asked if there was anyone in the audience who wished to address the Community Services Committee on an item not on the agenda or an item on the consent agenda. No one came forward and no comments were submitted to CountyAdmin@co.dakota.mn.us.

### 3. Approval of Agenda (Additions/Corrections/Deletions)

**3.1** Approval of Agenda (Additions/Corrections/Deletions)

Motion: William Droste Second: Liz Workman

On a motion by Commissioner Droste, seconded by Commissioner Workman, the agenda was unanimously approved. The motion carried unanimously.

Ayes: 6

### 4. Consent Agenda

Motion: William Droste Second: Liz Workman

On a motion by Commissioner Droste, seconded by Commissioner Workman, the consent agenda was unanimously approved as follows:

**4.1** Approval of Minutes of Meeting Held on February 10, 2026

## 5. Regular Agenda

**5.1** Update On Community Needs For Rental Assistance In Dakota County

Marti Fischbach, Assistant County Manager, Community Services, and Will Wallo, Finance Director, presented on this item and stood for questions. This item was on the agenda for informational purposes only. No staff direction was given by the Committee.

Information only; no action requested.

**5.2** Update On State Of Minnesota Minimum Juvenile Delinquency Age Change

Lawrence Dickens, Deputy Director, Social Services-Children and Family Services, presented on this item and stood for questions. This item was on the agenda for informational purposes only. No staff direction was given by the Committee.

Information only; no action requested.

**5.3** Update On Juvenile Services Center Safety Based Separation

From Community Corrections Matt Bauer, Deputy Director, and Jennifer Gustafson, Juvenile Services Center Clinical Supervisor, presented on this item and stood for questions. This item was on the agenda for informational purposes only. No staff direction was given by the Committee.

Information only, no action requested.

## 6. Assistant County Managers' Report

Marti Fischbach, Assistant County Manager, Community Services, referred the Committee to the written report that was provided. She pointed out the Crisis and Recovery Center data and the Housing data, which will be regular items in the monthly report. And, instead of a presentation, there is a item on In-home Family Therapy Services. Last, Assistant County Manager Fischbach alerted the Committee that Minnesota Governor Walz released his plan for an overhaul of the Human Services system.

## 7. Future Agenda Items

Chair, Commissioner Mike Slavik, asked the Committee if anyone had a topic they would like to hear more about at an upcoming Community Services Committee of the Whole meeting. No topics were brought forth.

## 8. Adjournment

**8.1** Adjournment

Motion: Liz Workman Second: William Droste

On a motion by Commissioner Liz Workman, seconded by Commissioner William Droste, the meeting was adjourned at 2:09 p.m.

Ayes: 6

Respectfully submitted,

_____
Colleen Collette, Administrative Coordinator
Community Services Division

# Community Services Committee of the Whole

Request for Board Action

**Item Number:** DC-5210 **Agenda #:** 5.1 **Meeting Date:** 4/14/2026

**DEPARTMENT:** Employment and Economic Assistance
**FILE TYPE:** Regular Information

## TITLE
**Update On Supplemental Nutrition Assistance Program And Medicaid**

## PURPOSE/ACTION REQUESTED
Receive an update on House Resolution 1 Federal changes and timeliness measures for Supplemental Nutritional Assistance Program and Medical Assistance.

## SUMMARY
Staff will provide an overview of the potential impacts of House Resolution 1 (HR 1) on the Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance (MA), including potential impacts to the County budget, residents, and staff. Staff will also provide an update on the Board priority to *care for vulnerable populations* through the timely delivery of public assistance benefits in accordance with state requirements.

## OUTCOMES
- Mitigate HR 1 impacts to Dakota County residents, staff and budgets.
- Provide timely and accurate public assistance benefits.

## RECOMMENDATION
Information only; no action requested.

## EXPLANATION OF FISCAL/FTE IMPACTS
None.

## RESOLUTION
Information only; no action requested.

## PREVIOUS BOARD ACTION
None.

## ATTACHMENTS
Attachment: Presentation Slides

## BOARD GOALS
☒ Thriving People ☐ A Healthy Environment with Quality Natural Resources
☐ A Successful Place for Business and Jobs ☐ Excellence in Public Service

## CONTACTS

Department Head: Dana DeMaster
Author: Tiffinie Miller

# Application Timeliness and Potential Impacts of House Resolution 1

Community Services Committee

April 14, 2026

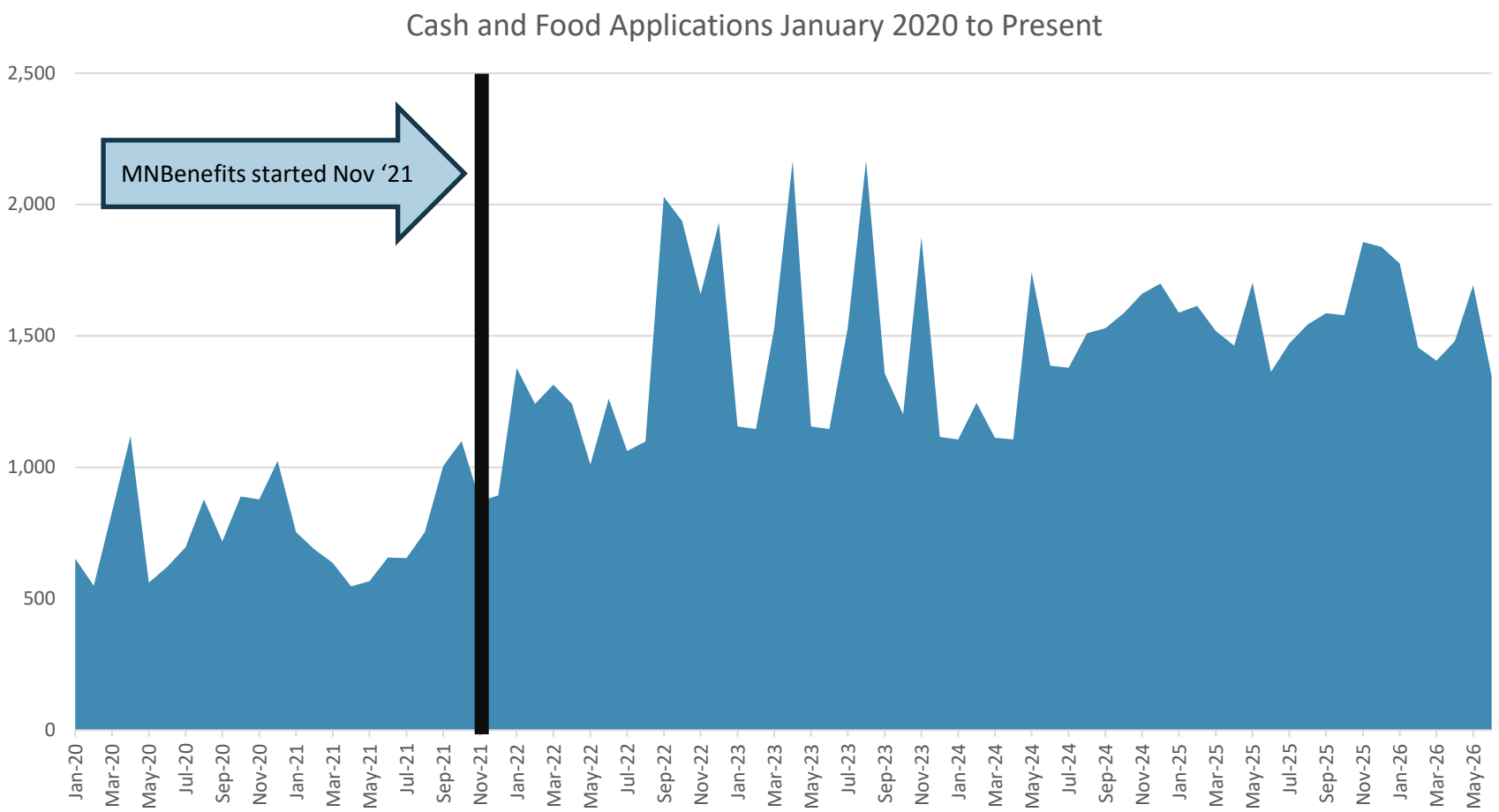
Dana DeMaster, Director E&EA

Tiffinie Miller-Sammons, Deputy Director E&EA

# Meeting Goals

- Update on county board priorities to improve application processing timeliness.
- Overview of House Resolution 1 impacts for the Supplemental Nutrition Assistance Program and Medical Assistance.
- Share potential impacts on our residents, staff, and county budget.

# Applications Continue to Increase

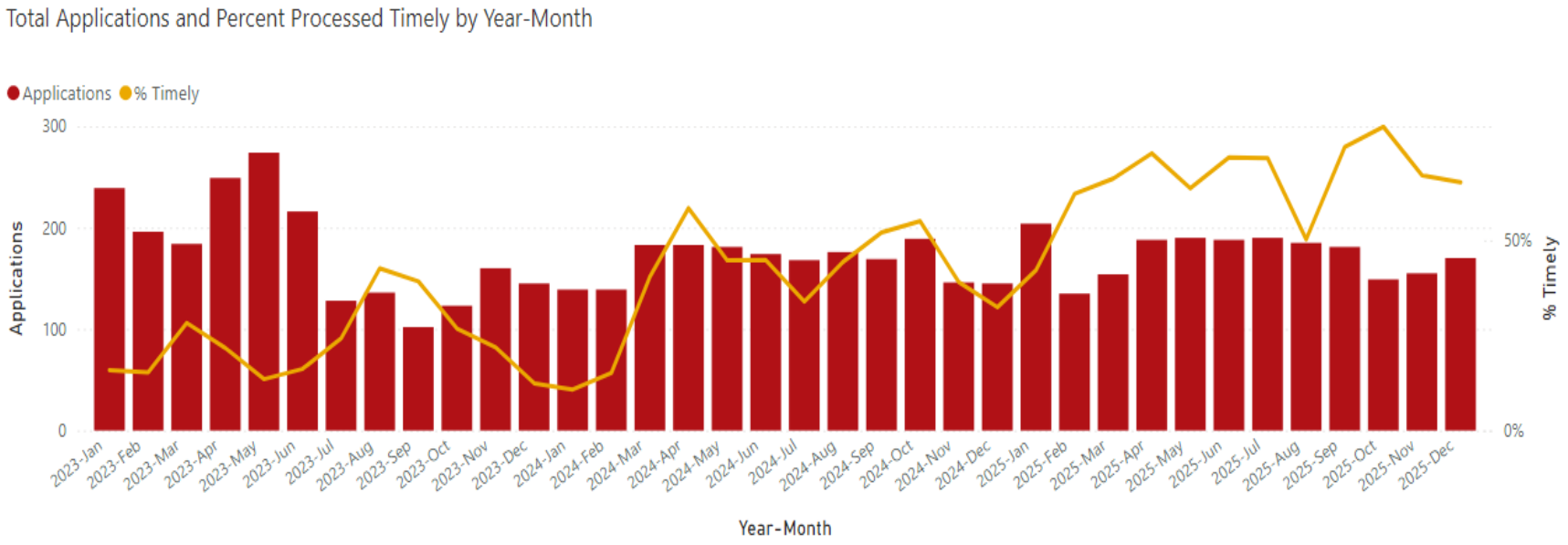


# Supplemental Nutrition Assistance Program Timeliness

December 2025

65%

In December 2025, 65% of regular SNAP applications were processed within 30 days compared to 11% of applications in January 2024.



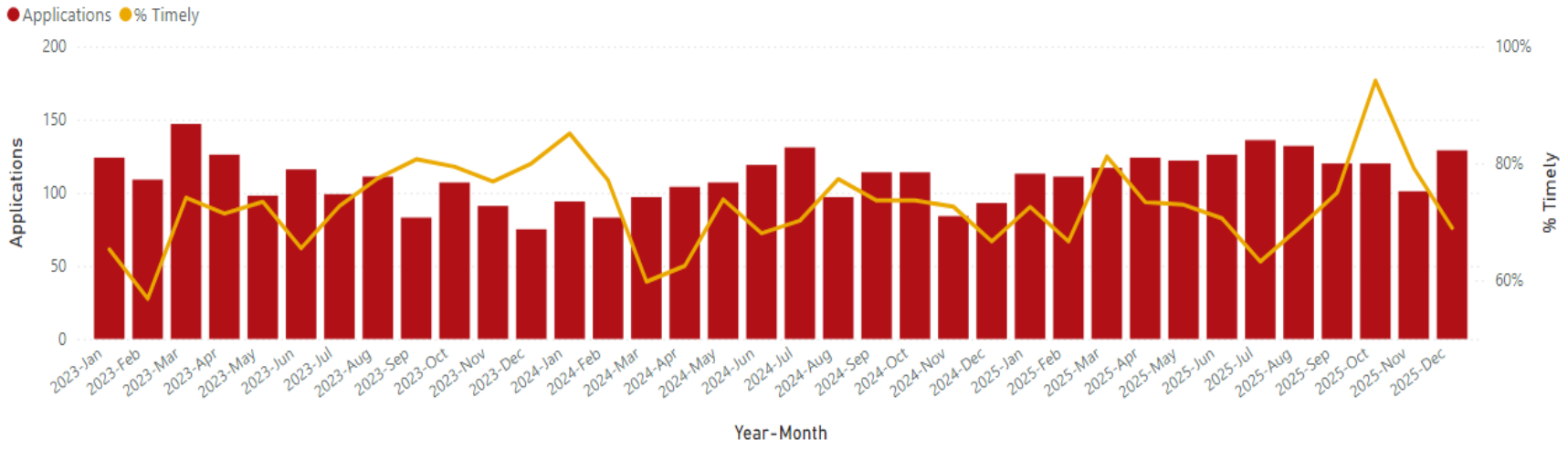
# Cash Assistance Timeliness

December 2025

69%

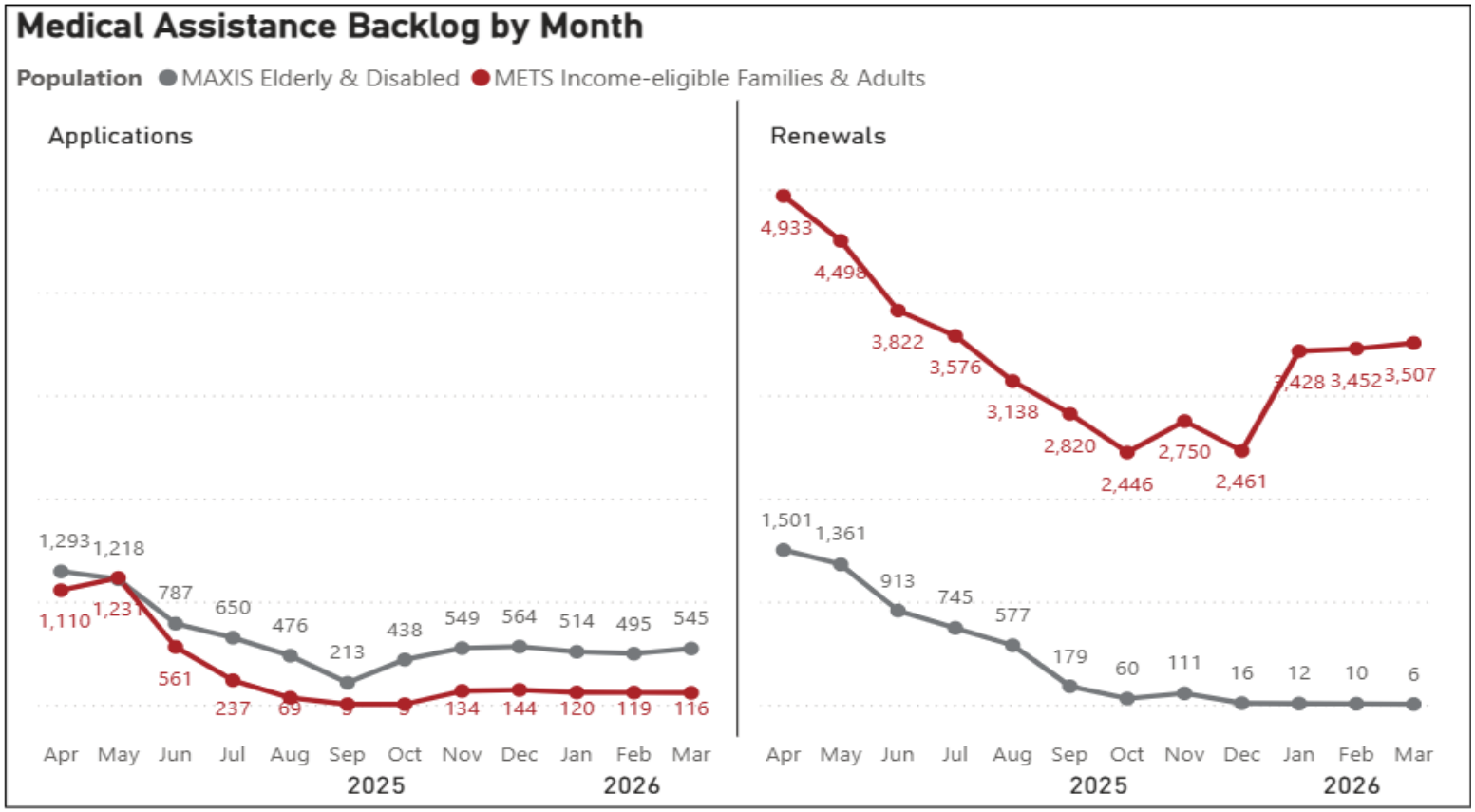
In December 2025, 69% of cash assistance applications were processed timely compared to 60% in March 2024.

Total Applications and Percent Processed Timely by Year-Month



# Medical Assistance Applications and Renewals

Current METS renewal backlog is about 3,500 renewals.



# Actions Taken to Improve Timeliness

Implemented IVR phone system in July 2025 that answers common client questions using databases.

Created new processes that led to decreases in the time between verifications being submitted and application processing from 30 to 60 days to 10 days or less.

Created automated workflows, combined with PowerBi dashboards, to allow supervisors to see where an application is in the process and allow understanding of bottlenecks for further process improvement.

# Supervisor Dashboards

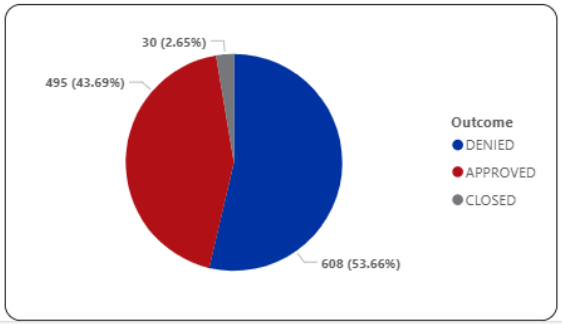
## OnBase - Disposition Details

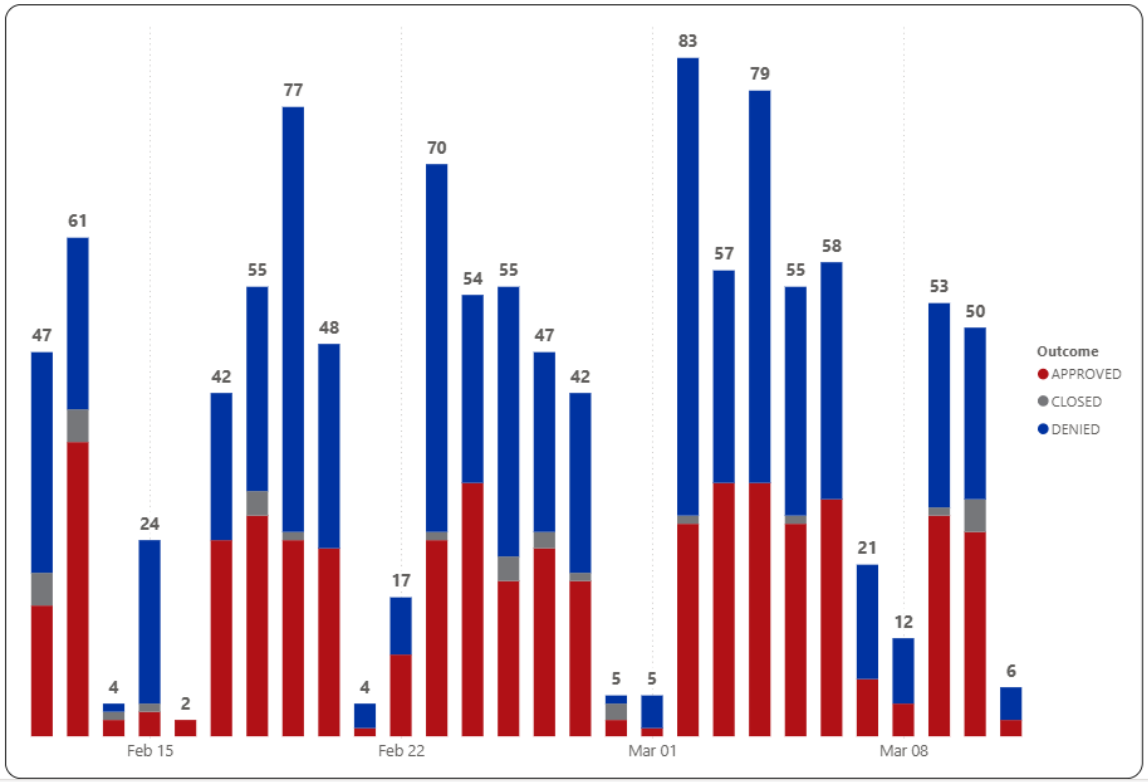
Data Privacy: Medium Sensitivity

Feb 12, 2026 to Mar 11, 2026
Unit: All
Program: CASH

Show Type | Show Details | Filters

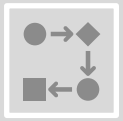
| Unit | APPROVED | CLOSED | DENIED | Total |
|---|---|---|---|---|
| ABD/LTC | 1 | 1 | | 2 |
| ASP | 4 | 2 | | 6 |
| CareerForce | | | 18 | 18 |
| CRS | 5 | | 266 | 271 |
| Families | 243 | 21 | 67 | 331 |
| Intake | 39 | | 152 | 191 |
| LTC Case bank | 30 | | 26 | 56 |
| LTC Intake | 1 | | | 1 |
| MAC | 146 | 1 | 21 | 168 |
| PA Trainer | 2 | | 1 | 3 |
| SNAP | 24 | 5 | 57 | 86 |
| **Total** | **495** | **30** | **608** | **1133** |



# Ongoing Work

Converted overtime and Greater Minnesota positions to 11 FTEs to increase capacity and decrease METS and MAXIS health care backlogs.



Finalize staff re-alignment and build procedures and processes to maintain what we have built.

* Targeted training on workflows and use of dashboards
* Process for maintaining documentation
* Change management

Improvements to Print to Mail and potential new client portal that will automate some document ingestion and indexing.

Participate in Minnesota Association of County Social Services Administrators (MACSSA) Modernization workgroups.

# Outlook


We are above water because of the changes we made and continue to make.

House Resolution 1 will make it challenging to stay afloat.

# What is House Resolution 1?

Enacted July 4, 2025, House Resolution 1 (HR1) makes significant changes to Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance (MA).

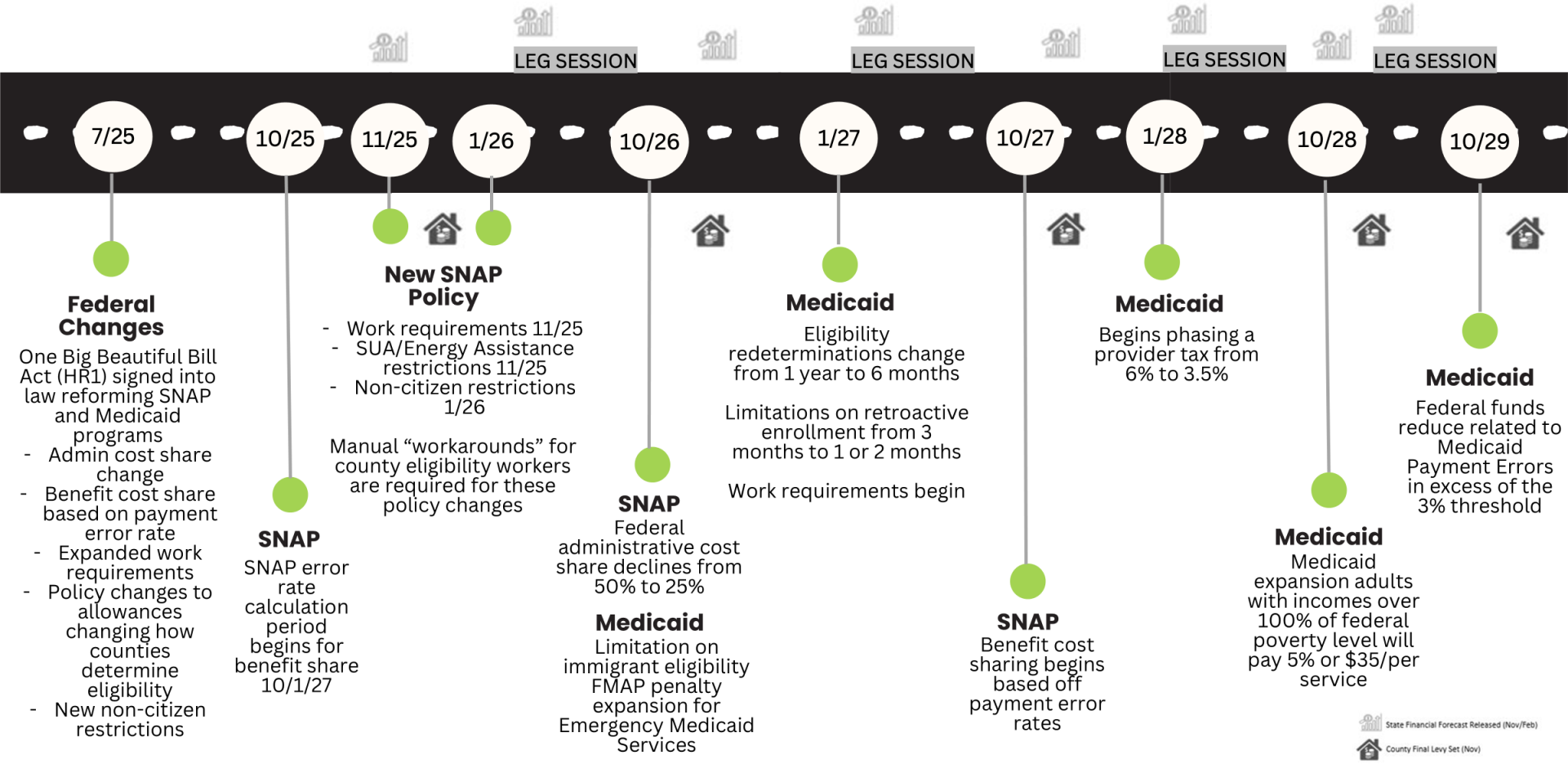
## SNAP

- Federal administrative cost share decreases from 50% to 25%.
- Up to 15% cost share for benefits depending on error rate.
- Changes Able Bodied Adults without Dependents definition and increases work mandate.
- Narrows eligibility for immigrants to fewer populations.

## MA

- Biannual eligibility determinations for expansion population.
- Work requirements for some adults with children ≥14 or without children.
- Shortens retroactive eligibility from 3 months to 1 months for adults without children and 2 months for others.
- Cost sharing (co-pays) for some adults without children.
- Reduced federal funding related to Medicaid payment errors about 3%.

# Implementation Timeline



# Potential Legislation

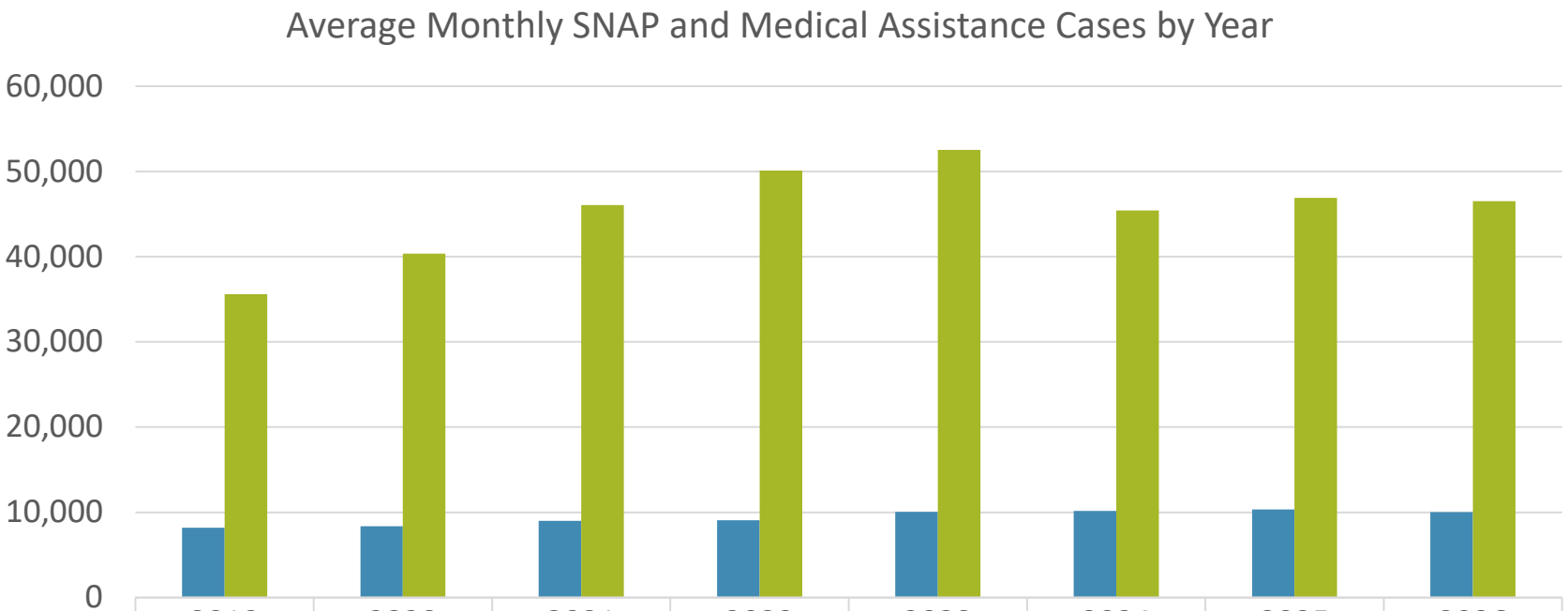
| | |
|---|---|
| SF4719 / HF4675<br>Develop Human Services Systems Steering Committee | • Provides recommendations on human services information technology systems.<br>• Appropriation for systems updates to MAXIS, PRISM and METS IT systems with annual reporting. |
| SF3618/HF3616<br>Offset SNAP Cost Shifts | • State aid to counties modified to include costs of SNAP administrative costs and matching funds based on the state's error rate. Funding from a new fifth tier of income tax. Includes support for school meals. |
| SF4359 / HF4136<br>MACSSA SNAP Bill | • State pays administration and benefit costs from general funds. |

# Potential State Actions

| | |
|---|---|
| Integration layer pilot | • First step in systems modernization. Creates an overlay system and interface across multiple systems. Auto-populates MNBenefits to MAXIS. Piloting this spring. |
| Medical Assistance work requirements | • The state is contracting with a vendor to track work and volunteer hours. |
| Governor's proposal | • Centralizes Medical Assistance eligibility determination by July 2028. Studies how human services responsibilities are shared between state and county. |

# Average Monthly Cases

Average SNAP cases have increased by 18% and Medical Assistance cases have increased by 24% since 2019.




| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|---|---|
| SNAP | 8,180 | 8,370 | 8,995 | 9,072 | 10,043 | 10,179 | 10,327 | 10,014 |
| MA | 35,596 | 40,340 | 46,067 | 50,083 | 52,510 | 45,410 | 46,888 | 46,515 |

# Resident and Community Impacts

**SNAP**

- Only immigration statuses eligible for SNAP are lawful permanent residents, certain immigrants from Cuba and Haiti, and people under a Compact of Free Association.
  - About 38,000 people statewide / 189 people in Dakota County.
- Work requirement expanded to include parents with children aged 14 and older and adults between ages 54 and 64.
  - Will impact about 29,000 people statewide / 880 people in Dakota County.
- Increased demand for other food resources, like food shelves.

**Medical Assistance**

- About 140,000 people statewide expected to lose coverage due to additional paperwork requirements and work requirement.
- Increased applications for Social Security Disability and MnCHOICES assessments.
- Change in retroactive coverage impacts individuals, hospitals, and long-term care facilities.
- New co-pay of $35 per service, capped at 5% of family income, for expansion population.

# Staff Impacts

## Public Assistance Staff

- Customer service challenges
- Expect more application churn in both food and medical assistance
- Increase in denied applications
- Increase short-term workarounds in MAXIS and METS

## Other Staff

- Potential increase in delays between MA and MnCHOICES
- Greater demand on document scanning and lobby staff
- Child Support
- CareerForce

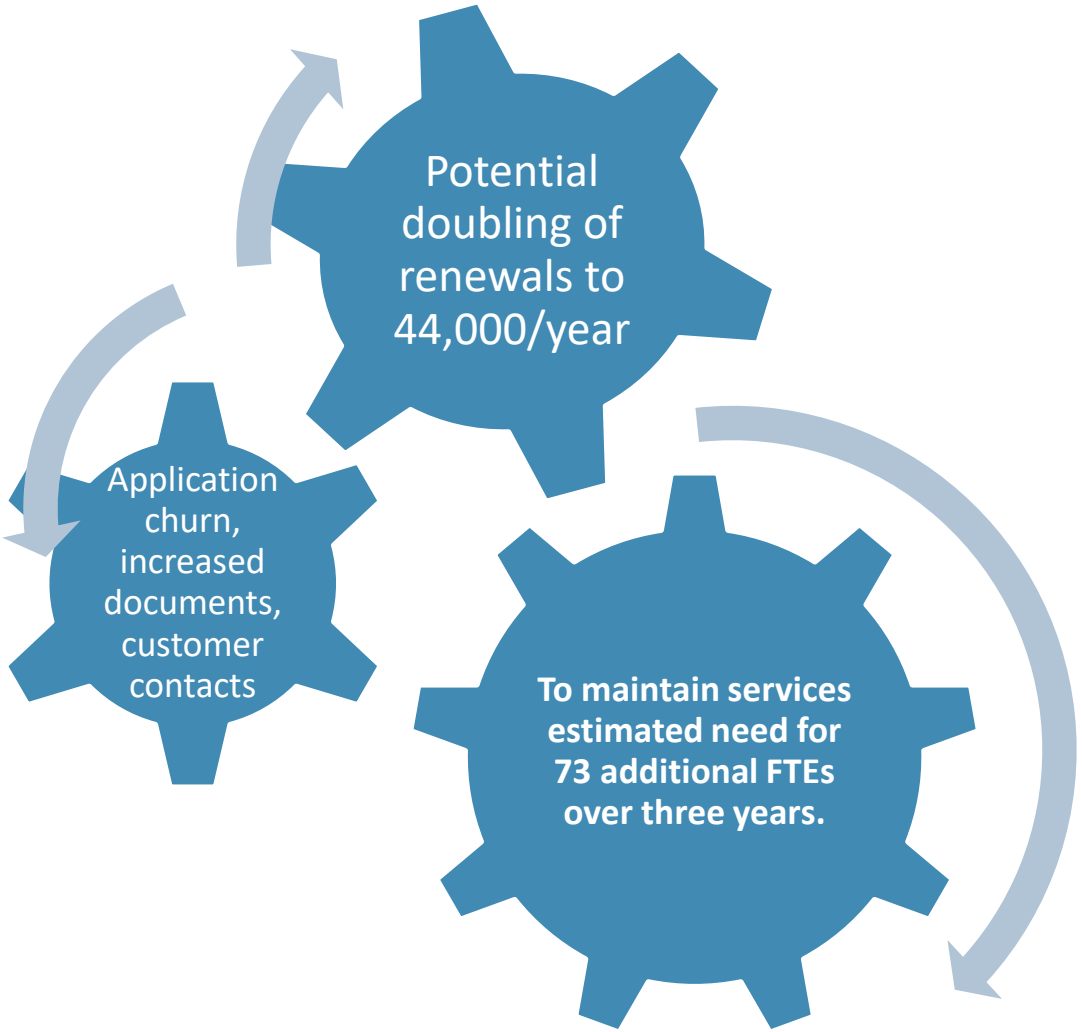
# Budget Impacts – Supplemental Nutrition Assistance Program

Dakota County estimated costs if SNAP administrative and benefit costs based on error rates are borne by counties.

The governor's proposed budget has the benefits cost share paid by the state and the administrative cost shift being paid by counties. SF3618/HF3616 and SF4359/HF4136 are currently proposed bills that would have the state pay both the administrative and benefits cost shifts.

| What | 2026 | 2027 | 2028 |
|---|---|---|---|
| Administrative Cost Shift | $420,000 | $1.3 million | $78,000 |
| Benefits Cost Share (10%) | $0 | $1 million | $3.3 million |
| **Total County Cost** | **$420,000** | **$2.3 million** | **$3.3 million** |

# Budget Impacts – Medical Assistance



# Total House Resolution 1 Cost Impacts

This slide shows the estimated annual additional levy impacts.

| What | 2026 | 2027 | 2028 | 2029 | Cumulative Total |
|---|---|---|---|---|---|
| Administrative Cost Shift | $420,000 | $1.3 million | $78,000 | $78,000 | $1.9 million |
| Benefits Cost Share (10%) | $0 | $1.0 million | $3.3 million | - | $4.6 million |
| Medical Assistance | $0 | $2.5 million | $2.0 million | $1.5 million | $6 million |
| **Total County Cost** | **$420,000** | **$4.8 million** | **$5.4 million** | **$1.6 million** | **$12.3 million** |

# Questions/Discussion

# Community Services Committee of the Whole

Request for Board Action

**Item Number:** DC-5342 **Agenda #:** 5.2 **Meeting Date:** 4/14/2026

**DEPARTMENT:** Public Health
**FILE TYPE:** Regular Information

**TITLE**
**Update On Community Health And Access**

**PURPOSE/ACTION REQUESTED**
Receive an update on Community Health and Access in Dakota County.

**SUMMARY**
Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of a community health board under Minn. Stat. ch. 145A, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Health is defined as the state of complete physical, mental, and social well-being and not merely the absence of disease or injury. Ability to access care is affected by insurance coverage, cost, language and cultural barriers, availability of providers, and transportation. People who are not able to access care are at increased risk for serious medical problems, premature mortality, and poor health outcomes. Inability to access healthcare often results in receiving medical treatment later in the course of illness and in more costly settings, which increases the financial burden on the healthcare system.

The Dakota County Board of Commissioners has identified community health and well-being as a priority, with a focus on pursuing health care access for uninsured and underinsured individuals. The 2023 Dakota County Community Health Assessment identifies access to medical and dental care - particularly for uninsured and underinsured individuals - as a critical issue, ranking it among the top community concerns and a priority for the 2025-2029 Community Health Improvement Plan (Attachments: 2023 Community Health Assessment and 2025-2029 Community Health Improvement Plan).

Access to and linkage with care is one of the five foundational areas of public health (Attachment: Foundational Public Health Services Framework). As a nationally accredited Public Health Department, Dakota County is also required to contribute to an effective system that enables equitable access to the individual services and care needed to be healthy. In partnership with the Minnesota Department of Health, local public health educates communities and providers on barriers to care, provides technical assistance, evaluates factors affecting the cost, quality, and effectiveness of clinical care, establishes metrics, and monitors care quality and outcomes.

Staff will provide an update on community health and Dakota County’s pursuit of improved access to

care.

**OUTCOMES**
None.

**RECOMMENDATION**
Informational only; no action requested.

**EXPLANATION OF FISCAL/FTE IMPACTS**
None.

☒ None ☐ Current budget ☐ Other
☐ Amendment Requested ☐ New FTE(s) requested

**RESOLUTION**
Information only; no action requested.

**PREVIOUS BOARD ACTION**
None.

**ATTACHMENTS**
Attachment: 2023 Community Health Assessment
Attachment: 2025-2029 Community Health Improvement Plan
Attachment: Foundational Public Health Services Framework
Attachment: Presentation Slides

**BOARD GOALS**
☒ Thriving People ☐ A Healthy Environment with Quality Natural Resources
☐ A Successful Place for Business and Jobs ☐ Excellence in Public Service

**CONTACTS**
Department Head: Gina Pistulka
Author: Erin Carder

# 2023
## DAKOTA COUNTY
# COMMUNITY HEALTH ASSESSMENT

Dakota County
Public Health Department

Public Health
Prevent. Promote. Protect.
Dakota County

Accredited Health Department
PHAB
Advancing Public Health Performance
Public Health Accreditation Board

Dakota COUNTY

## *Message to the Community*

I am pleased to present the 2023 Dakota County Community Health Assessment, a combined effort by the Public Health Department and our many community partners. Special thanks to the Healthy Dakota Initiative steering committee for their excellent input and guidance. The Community Health Assessment provides a snapshot of the health of people who live in the county and the many factors that impact our health. The report provides a solid foundation for setting priorities and developing effective strategies to improve the health of county residents. We welcome your feedback on the Community Health Assessment and encourage you to use this information in your work with communities in Dakota County.

Healthy regards,

Coral Ripplinger

Coral Ripplinger, MSN, PHN, RN
Director, Dakota County Public Health Department

## *Acknowledgments*

The Healthy Dakota Initiative Steering Committee began meeting in May 2023 to provide oversight for the development of this report.

Thank you to the committee members for their contributions to the Community Health Assessment.

- Joann Arneberg, Augustana Lutheran Church
- Shannon Bailey, county resident
- Tabatha Barrett, DARTS
- Eric Carlson, City of Apple Valley
- Melanie Countryman, Dakota County Public Health
- Ericka Eid, Inver Grove Heights Police Department
- Russell Fujisawa, M Health/Fairview
- Deb Griffith, City of South St. Paul
- Melissa Houtsma, City of West St. Paul
- Amber Hurtado, Minnesota Community Care - Farmington
- Peggy Johnson, Dakota Electric Association
- Beth Landahl, Dakota County Parks
- Elyse Levine Less, Tobacco-Free Alliance
- Sarah Madden, City of Burnsville
- Mari Mellick, United Way of Hastings
- Alexis Nordling, Dakota County Technical College student
- Stacie O'Leary, ISD 197
- Kellie Omlid, City of Farmington
- Heather Peterson, Allina Health
- Brandi Poellinger, Allina Health
- Sharmyn Phipps, University of Minnesota Extension
- Francisco Ramirez, M Health/Fairview
- Coral Ripplinger, Dakota County Public Health
- Susan Schroeder, Neighbors Inc
- Dr. Daniel Stein, HealthPartners/Dakota County Public Health, medical director
- Natalie Vasilj, Dakota County Public Health
- Karina Villeda, Inver Hills College student

The following Dakota County Public Health Department staff members were instrumental in planning, gathering data, and producing the Community Health Assessment report: Melanie Countryman, Rose Espinoza, Regina Gavin, Matt Giljahn, Claire Grimm, Autumn Kandt (AmeriCorps member), Lori Lorentz, Betsy Lundmark, Natalie Vasilj, and Marguedy Worden. We would also like to extend our thanks to the community partners who participated in surveys and interviews and the residents who completed surveys.

## *About this report*

The Dakota County Public Health Department prepares a comprehensive assessment of the health of its residents every five years. The report is updated periodically through Community Health Profiles. This report and related Profiles are posted on the Dakota County website at: http://www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx.

For additional information, contact Dakota County Public Health by e-mail (public.health@co.dakota.mn.us) or call 651-554-6100.

**Publication date: March 26, 2024.**

# Table of Contents

# Introduction

A community health assessment is an important part of public health practice that forms the basis for all local public health planning. It helps the local public health system to gain a better understanding of the issues affecting the health of the residents and the community and to identify populations that may be at greater risk of poor health outcomes. It provides the opportunity for community leaders, organizations, and residents to talk about health priorities and concerns. The goal is to identify interventions that are aligned with the interests and health issues of the community.

Every five years, local health departments in Minnesota are charged with conducting a comprehensive assessment of the health status of their residents. This mandatory process forms "a basis for setting priorities, planning, program development, funding applications, policy changes, coordination of community resources, and new ways to collaboratively use community assets to improve the health of the population"[1] In Dakota County, this was accomplished through the selection of the Healthy Dakota Initiative Steering Committee that collaborated over the course of a year to gather, review, and analyze data. The process culminated with the steering committee members identifying priorities that will form the basis of a five-year Community Health Improvement Plan.

## *Background of the Healthy Dakota Initiative*

The Healthy Dakota Initiative, a comprehensive community health assessment and improvement project, originally launched in April 2013 and reconvened for purposes of community health assessment in May 2018 and May 2023. The Healthy Dakota Initiative Steering Committee includes representatives from a broad cross-section of partner organizations, including local public health, hospitals, clinics, schools, non-profits, faith communities, cities, and businesses, as well as community members. The Healthy Dakota Initiative aims to engage the community in a strategic planning process to improve the health and safety of all Dakota County residents, and to ensure that the priorities and strategies are shared by the partners in the county. As a framework for pursuing common community goals, the vision of the Healthy Dakota Initiative is health and well-being for all in Dakota County, based on the values of committed, trauma-informed, collaborative, connected, engaged, and inclusive. The Dakota County Community Health Assessment represents the first step in the planning process and provides the basis for creating a community health improvement plan. This document and the series of 13 two-page Community Health Profiles found on the Dakota County website serve as documentation of the Community Health Assessment process.

## *Process used by the Healthy Dakota Initiative*

The Healthy Dakota Initiative adapted components of the Mobilizing for Action through Partnerships and Planning (MAPP) model to collect data that will be used to develop community health improvement strategies. MAPP is a strategic planning process used by communities to collect and analyze data, prioritize issues, identify resources to address priorities, and develop goals and strategies. It was jointly developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The graphic representation of the model in Figure 1 below shows that MAPP consists of four assessment methods that work together to provide information needed to make decisions about health priorities and strategies. The conclusion of the four assessments is a comprehensive report about the health of the community that includes information about the assets, challenges, barriers, and resources that can be used to develop a Community Health Improvement Plan[2].

[1] PHAB Standards and Measures version 1.5. Public Health Accreditation Board. www.phaboard.org. Published December 2013.
[2] Mobilizing for Action Through Planning and Partnerships (MAPP) User's Handbook. National Association of County and City Health Officials. Published August 2015.


**Figure 1 - MAPP Framework[2]**

In 2023, the Healthy Dakota Initiative Steering Committee completed three of the four assessments: Community Themes and Strengths Assessment, Community Health Status Assessment, and Forces of Change Assessment (updated from 2018 to reflect the current environment).

## *Data sources*

The Community Health Status Assessment utilized a variety of data sources, including the 2023 Dakota Adult Health Survey, the 2022 Minnesota Student Survey, and local, state, and national databases. Data presented were the most recent data available at the time the assessment was compiled. Every effort was made to locate data sources that were compiled at a county level; however, in some cases, data were only available at a metropolitan region, state or national level and, therefore, include a geographic area larger than the county. When county-level data are available, historical trends and comparisons to metro, state, and national data are provided, if possible.

Key informant interviews and online surveys were used to assess what local public health system partners see as health concerns in the community and where there are gaps and barriers to service. The Forces of Change Assessment helped identify external factors that are impacting health improvement efforts and could impact health improvement efforts in the future.

Multiple methods were used to complete the Community Themes and Strengths Assessment, including a Health Matters Community Survey that provided insights about the health concerns, health assets and barriers for Dakota County residents. In addition, community assets in Dakota County identified by the Healthy Dakota Initiative Steering Committee in 2018 were reviewed and updated to reflect the current local assets that could be mobilized to address health priorities. Additional information was provided by the 2022 Dakota County Residential Survey.

The Health Matters survey instrument consisted of three questions: top three health concerns; what keeps you, your family, and your community healthy; and how have the impacts of the COVID-19 pandemic continued to affect you, your family, and your community. The survey was available in English and Spanish and conducted through both a paper and an online survey from June 2-August 21, 2023. The sample was a convenience sample, and the results are not generalizable to the population. The survey was promoted through several methods, including a news release; the county website; program newsletters; emails sent to community partners, program participants, and staff; the Public Health electronic newsletter; and social media (Facebook and Twitter). A paper version of the survey was available to clients at each of the Public Health lobbies in Apple Valley and West St Paul and through community health workers

and other public health staff at community events. There were 768 respondents, including 252 who completed the survey in Spanish.

## *Challenges*

This health assessment discusses many important health topics, but it does not present every possible health-related issue. The indicators included were selected to represent the breadth and complexity of public health, but the amount of investigation and detailed analysis is necessarily limited. It should not be considered a research document. References are included in footnotes to enable readers to access additional information.

Frequently, the types of data that would be useful for health assessment are not available. This may be because data related to a specific topic area are not collected, they are not collected at the county level, or data available at the county level cannot be broken down by race/ethnicity, income, or other factors. When race/ethnicity breakdowns are available, the level of specificity is often limited, preventing the examination of specific ethnic groups in more depth. For purposes of this assessment, if data were not available at a county level, data from a regional, state, or national level were used instead.

The assessment does not include information about programs, services, or interventions that could address these health-related issues. This information will be included in the Community Health Improvement Plan that will be developed in 2024.

An opinion survey is a useful snapshot of the current views of respondents. However, it is the opinion of the respondents surveyed and may not be representative of all county residents. A person's opinion is shaped by their experience and perspective at the time they responded. These types of surveys do not offer an opportunity to examine complex issues in depth.

While qualitative methods are useful for capturing rich, complex data that are not easily obtained through quantitative methods such as surveys, the data are limited by the fact that they are not generalizable to the population.

## *Framework for assessing health*

In developing the Dakota County Community Health Assessment, the ideas from three frameworks were incorporated: 1) Healthy Minnesota 2022, 2) Healthy People 2030 and 3) Social Determinants of Health.

Healthy Minnesota 2022 is the statewide framework for improving health in Minnesota. Healthy People 2030 establishes 10-year, national benchmarks for improving the health of all Americans. Both are based on the principle that health is the product of many factors, from individual biology to community and system health. These factors create the conditions that allow people to be healthy. Importance is placed on high quality of life across the lifespan, from early childhood through old age. Because both frameworks emphasize the achievement of health equity and elimination of disparities, every attempt is made to include breakdowns by age, gender, race, and ethnicity when available[3,4].

Research has shown that social and environmental factors have a large impact on the development of healthy individuals, families, and communities. These determinants include employment and income stability, housing stability, transportation, education, environmental health, safety, food access, and others. The determinants affect a person's life and work conditions, such as stress levels, access to healthy food, safe places to exercise, exposure to

[3] Healthy Minnesota 2022: Statewide Health Improvement Framework. Minnesota Department of Health. Healthy Minnesota Partnership. www.health.state.mn.us/healthymnpartnership. Published February 2018. Accessed December 29, 2023.
[4] About Healthy People. United States Department of Health and Human Services. Healthy People 2030. www.healthypeople.gov. Published August 18, 2020. Accessed December 28, 2023.

environmental hazards, and availability of early learning opportunities. These exposures interact to increase or decrease the risk for many major diseases, such as heart disease, stroke, and Type 2 diabetes. To reflect this understanding of health, the Dakota County Health Assessment has a section devoted to these social determinants of health. Figure 2 below shows the social determinants of health framework used in this assessment.


**Figure 2 - Social Determinants of Health[5]**

## *Public input*

The Healthy Dakota Initiative gathered information from the public in several ways during the assessment process. The Healthy Dakota Initiative Steering Committee included one community resident and two college students. A webpage was used to post materials about the Healthy Dakota Initiative as it progressed. The Health Matters Community Survey was designed to gather data on health issues that are important to the community. The survey was promoted through several methods, including a news release; the county website; program newsletters; emails sent to community partners, program participants, and staff; the Public Health electronic newsletter; and social media (Facebook and Twitter). A paper version of the survey was available to clients at each of the Public Health lobbies in Apple Valley and West St Paul and through community health workers and other public health staff at community events. There were 768 respondents, including 252 who completed the survey in Spanish.

## *Determining community health priorities*

The Healthy Dakota Initiative Steering Committee met in December 2023 to review the findings from the Community Health Assessment and to consider input from the community and key informants. Twenty-two issues were initially identified by evaluating six dimensions: extent (e.g., number of people affected), data trend, comparison to target, benchmark to the state, health disparities (e.g., differences in impact on various groups), and community concern. The 22 issues examined were: food insecurity, high housing costs, 8th grade math proficiency, 3rd grade reading

[5] Dakota County Community Services Division.

proficiency, traffic volume, uninsured population, dental care access, access to health care (availability), climate change, inadequate social or emotional support, frequent mental distress – adults, access to mental health care, depression – youth, interpersonal violence deaths, tobacco use/vaping, alcohol use disorder deaths, binge drinking – adults, drug overdose deaths, youth substance use, and physical inactivity. The committee combined these into 12 issues: food insecurity, high housing costs, chronic absenteeism, traffic volume, uninsured population, dental care access, access to health care (availability), climate change, mental health, interpersonal violence deaths, substance use, and physical inactivity. These 12 issues were narrowed further using a multi-voting process, which resulted in the following eight issues as top health priorities in Dakota County for 2024-2028:

- Mental health
- Substance use
- Chronic absenteeism (schools)
- Food insecurity
- High housing costs
- Dental care access
- Physical inactivity
- Access to health care (availability)

# Executive Summary

The Healthy Dakota Initiative conducted the Community Health Assessment to provide an overview of population health in Dakota County. It recognizes trends in population health status and considers high-risk populations and those with disparities in health outcomes. It also establishes data-driven public health priorities that can be used in the development of a Community Health Improvement Plan.

In 2022, there were an estimated 443,341 residents in Dakota County. The racial composition of Dakota County is 75 percent White, non-Hispanic; eight percent Black/African American; six percent Asian; less than one percent American Indian/Alaskan Native; and eight percent Hispanic/Latino/a. People aged 65 and older comprise 16 percent of the county population, females outnumber males and are living longer, and the population of color is increasing more rapidly than the white population. Lakeville is the ninth largest city in the state and the fastest growing city in the county. The percent of Dakota County residents living below the poverty level (six percent) is below the state and the nation and decreased slightly from 2018 to 2022. However, poverty among Dakota County residents varies by race and ethnicity. Ten percent of non-institutionalized Dakota County residents live with a disability, below the state and the nation.

The data displayed in the Community Health Assessment supports the need for population health improvement in Dakota County. Below is a summary of data that supports each of the eight community health priorities identified by the assessment.

### *Mental health*

Mental health ranked number two in community concerns. Mental health concerns, including post-traumatic stress disorder, anxiety, and depression have increased since the COVID-19 pandemic.

Adults: The percent of Dakota County adults (25 and older) who reported frequent mental distress (14 or more days per month of poor mental health) more than doubled from 2019 to 2023. Females, younger people (aged 18-34), people with a high school education or less and people living below 200 percent of the federal poverty level were more likely to experience frequent mental distress. Having severe mental health conditions contributes to income and housing instability.

Youth: Key informants reported that re-entry to school after alternating between remote and in-person learning during the COVID-19 pandemic has been difficult for many students, resulting in more depression and anxiety. In 2022, nearly half of Dakota County students (48 percent) reported being bothered by feeling down, depressed, or hopeless during the previous two weeks, an increase from 41 percent in 2016. Female students, older students, multi-racial and Hispanic/Latino/a students, and students identifying as lesbian, gay, bisexual, transgender or non-conforming gender (LGBTQ+) were more likely to experience feelings of depression. Consequences of mental health concerns in youth include chronic absenteeism, self-harm, suicidal thoughts, and "self-medicating" with substances.

Access to care: Although Dakota County has about the same number of mental health professionals per person as other counties in the Twin Cities metro area, access is still limited for many people due to insurance, language, and transportation barriers. Wait times for appointments are often long. In 2023, more than half of Dakota County adults who needed mental health care delayed or did not get it; 28 percent of those delayed because they could not find a provider or get an appointment. In 2022, less than half of Dakota County 9$^{th}$ graders who reported having long-term mental health, behavioral, or emotional problems received treatment during the past year. Younger students and students of color with mental health conditions were less likely to have received treatment during the past year.

Social isolation: Social isolation has increased since the COVID-19 pandemic and has led to increased mental health issues. Key informants reported that many people continue to avoid group activities, especially older adults; and children and teenagers have developed a dependence on mobile devices and social media. The percent of Dakota County adults who rarely or never get the social or emotional support they need increased from seven percent in 2019 to 13 percent in 2023. Older people and people living below 200 percent of the federal poverty level are less likely to get the social and emotional support they need.

### *Substance use*

Tobacco use/vaping: Tobacco use/vaping ranked number five in community concerns. Cigarette smoking has rapidly decreased in youth since 1998. However, smoking e-cigarettes or vaping (both nicotine and marijuana) has increased. Key informants reported that vaping is starting at younger ages and many youth started vaping during the COVID-19 pandemic who would normally not have been at risk. In 2022, seven percent of Dakota County students currently vaped or used an e-cigarette containing nicotine. Female students, older students, multi-racial students, Hispanic/Latino/a students and students who identify as LGBTQ+ are more likely to vape.

Adults: Although the percent of Dakota County adults (aged 25 and older) engaging in binge drinking during the previous 30 days decreased from 2019 to 2023, the Dakota County rate of 24 percent is quite a bit higher than the statewide rate of 20 percent in 2022. Males, younger people (aged 18-44) and people with a bachelor's degree or higher were more likely to binge drink. The rate of death from causes 100 percent attributable to excessive alcohol use increased from 2016 to 2019 and 78 percent of those deaths were due to alcoholic liver disease. The rate of alcoholic liver disease had a large increase from 2019 to 2020. The rate of death from drug overdoses has increased substantially since 2017. Sixty-five percent of overdose deaths in 2021 were due to opioids and 27.5 percent were due psychostimulants, such as methamphetamine. Males and younger people (aged 25-44) are more likely to die from drug overdoses. Decreased access to mental health services can lead to substance use and more severe chemical dependency issues due to "self-medicating".

Youth: Alcohol and other drugs ranked number three in community concerns. Alcohol is the number one substance of abuse. In some cases, substance use disorders started or worsened during the COVID-19 pandemic. Among youth, use of substances has decreased overall, although older students, multi-racial students, Hispanic/Latino/a students, and students who identify as LGBTQ+ use substances at a higher rate than the rest of the student population. Key informants reported that youth now have easier access to substances through online sources. Also, the legalization of marijuana has changed the norms.

### *Chronic absenteeism (schools)*

Th COVID-19 pandemic disrupted learning for students. Key informants reported that many students have faced challenges with re-entry to the school environment following the pandemic. Chronic attendance and mental health issues have interfered with academic success. The percent of students achieving consistent attendance (i.e., in school 90 percent of the time) dropped in every district in Dakota County from 2019 to 2022, by nearly one-fourth in some districts. The number of students served by school nurses for chronic attendance issues in a two-week period more than tripled from 2016 to 2023. Chronic absenteeism has coincided with a drop in standardized test scores. Less than half of Dakota County eighth graders met the standards for math proficiency in 2023. In 2023, Dakota County ranked fourth among the seven Twin Cities metro area counties for eighth grade math scores. In 2023, just over half (52 percent) of Dakota County third graders met the standards for reading proficiency, a decrease from 2019. Black students, Hispanic/Latino/a students, students receiving special education, and English Learners were less likely to meet the standards for reading and math. In 2023, Dakota County ranked third among the seven Twin Cities metro area counties for third grade reading scores.

### *Food insecurity*

Food, housing, and income ranked number one for community concerns. The cost of food has risen due to inflation, making it harder to afford healthy food. From 2021 to 2022, total visits to food shelves increased by 99 percent. The greatest increase was among older adults (145 percent increase). When the COVID-19 emergency order was lifted in 2023, supplementary SNAP benefits ended, and food shelf visits jumped. And it is estimated that nearly 30 percent of

the total population that are food insecure do not qualify for federal nutrition programs, such as Supplemental Nutrition Assistance Program (SNAP). In 2019, there were 17 census tracts in Dakota County that had low food access, based on low-income, distance to a grocery store and/or vehicle access. Nearly one-third of the population in these census tracts are people of color. Transportation is a barrier for some residents to get to grocery stores or food shelves.

### *High housing costs*

Food, housing, and income ranked number one for community concerns. About one-quarter of Dakota County households spent 30 percent or more of their household income on housing in 2022, a slight increase from 2018. Among households who rent, it increased to nearly half (49 percent). Key informants reported that due to inflation, rents have increased, and it is difficult for people with low incomes to meet the qualifications for renting. For families living in poverty, the options for affordable housing are limited. Many public housing units, units that accept housing vouchers, and low-income housing that is funded by state and local sources, have long wait lists to access. There is also a significant shortage of emergency housing options in the county. The number of people living unsheltered in Dakota County (i.e., living in vehicles, outdoors, or in tents or other places not intended for habitation) increased from 2022 to 2023, as did the population of homeless students in the Dakota County public schools.

### *Dental care access*

Although the rate of licensed dentists in Dakota County per person is about average among the counties in the Twin Cities metro region, it declined slightly from 2022 to 2023. Additionally, very few dental clinics in Dakota County accept new Medical Assistance for Prepaid Medical Assistance patients or see uninsured clients or clients on a sliding fee scale. This makes it difficult for people who are on Medical Assistance or uninsured to get dental care. In 2020, only about one-quarter of Medical Assistance enrollees accessed dental services for any reason. Among children who were eligible for Child & Teen Checkups, only 30 percent had a preventive dental service during the year. Among Dakota County adolescents, there was a decrease from 2013 to 2022 in the percent who saw a dentist in the past year. Hispanic/Latino/a and Black or African American students were less likely to have seen a dentist in the past year than White students. The percent of Dakota County adults (aged 25 and older) who had visited a dentist or dental clinic within the past year increased slightly from 2014 to 2023, but people with a high school education or less and people living below 200 percent of the federal poverty level were less likely to have visited a dentist or dental clinic within the past year.

### *Physical inactivity*

The percent of Dakota County adults (aged 25 and older) who did not engage in any leisure-time physical activity during the last 30 days decreased from 2010 to 2023. However, adults aged 75 and older, people with a high school education or less, and people living below 200 percent of the federal poverty level were less likely to engage in leisure-time physical activity. Key informants reported that people got out of the habit of going to exercise facilities during the COVID-19 pandemic and pre-pandemic physical activity levels have not yet returned, particularly in older adults.

### *Access to health care (availability)*

Access to health care ranked number four in community concerns. Key informants reported that during the COVID-19 pandemic, people delayed preventive care, which has caused more serious health issues to arise. Clinics are still trying to build staff capacity and wait times for appointments are longer. Other barriers to receiving care include not enough diverse, culturally competent providers; fewer providers with expertise for people with disabilities and older adults; and transportation. Dakota County had the third lowest rate of primary care physicians per person in the Twin Cities metro region in 2022-23. This rate has been stable since 2020-21. In 2023, about one-fifth (19 percent) of Dakota County adults delayed or did not get needed medical care. Thirty-eight percent did not get needed medical care because of provider or appointment availability.

# Community Strengths

Dakota County has many assets and strengths that can give people a sense of identity, belonging and connection that may make health concerns less severe. Community strengths include people, organizations, places, and community initiatives that are an important source of knowledge, skills and connections that can be useful in developing and implementing community health improvement strategies.

## *Community Assets*

The Healthy Dakota Initiative Steering Committee members considered the following question:
"What assets/strengths can be drawn upon in Dakota County to fulfill the vision of the Healthy Dakota Initiative?"
Below is the resulting list:

**Emergency Services/Public Safety**
- Food shelves
- Law enforcement, fire, ambulance
- Domestic violence shelter
- Youth and adult shelters
- Sexual assault services (360 Communities, Fairview Ridges)
- Emergency financial assistance
- Dakota County Crisis Response
- Aspen House homeless shelter

**Local & State Government**
- Businesses
- Cities
- City and county groups and projects
- County departments (e.g., Public Health, Social Services, Employment & Econ. Assistance)
- Non-profits (e.g., DARTS, CAP Agency, 360 Communities, Neighbors, Hastings Family Service)
- Political leaders
- Political parties
- Professionals
- Utilities – electric, water, heat, internet
- Acknowledgment of tribal groups and native government

**Health Care**
- Hospitals and health clinics
- Telehealth
- Vaccination clinics
- STI screening clinics
- Jail health
- Mental health clinics
- Home care agencies
- Long-term care
- Assisted living
- Memory care
- Federally qualified health centers (Farmington)

**Education**
- Colleges
- Libraries
- Mentors
- People who are post-high school
- School district wellness committees
- School PTAs
- Schools (organization)
- Schools (building)
- Students
- Cultural liaisons

**Social & Cultural Organizations**
- Arts and theater
- Faith organizations (churches, synagogues, mosques)
- Healthy Dakota Initiative
- Interest groups (e.g., biking clubs)
- Local media, including local cable access, local
- newspapers, radio stations, and social media
- Minnesota Zoo
- Professional and business associations
- Sporting events
- SPARC (Inver Grove Heights)
- Museums

**Neighborhood Resources**
- Social clubs (e.g., Elks, Moose, Rotary, Kiwanis)
- Volunteers
- YMCAs
- Malls/shopping areas
- Neighborhood associations, CrimeWatch
- Parks and natural areas
- Trails and paths
- Positive outdoor experiences
- Bison herd in Hastings
- Natural resources
- Recreational facilities
- Restaurants and bars
- Retired people

**Neighborhood Resources (continued)**

- Youth serving organizations (e.g., 4-H, Scouts, athletic associations)
- Parish nurses/parish committees
- Specialty grocery stores that sell culturally specific foods
- Senior centers
- Apartment and housing complexes
- ROMA (renters, owners, and managers association)
- HOME Line – tenant resources group
- Farmer's market
- Grocery stores/access to healthy foods
- Boomers and "young seniors"
- Community centers

## *Community Perceptions*

Overall, Dakota County residents rate their quality of life very highly. In 2022, 91 percent of Dakota County residents reported that the overall quality of life in Dakota County was "good" or "excellent". This was below the 2019 survey (97 percent) but is much higher than benchmark compared to other counties in the nation. Ninety-three percent rated Dakota County as "good" or "excellent" as a place to live and 90 percent rated it as "good" or "excellent as a place to raise a family. The top three things that people said they like most about living in the county are: location, rural character, and parks/lakes/trails.[6].

In the Health Matters survey that was conducted as part of this assessment, community residents were asked "What helps you, your family and your community stay healthy?" Below is the list of themes mentioned more than once:

- Physical activity
- Access to quality health care
- Health insurance coverage
- Public awareness of issues
- Family/youth activities in the community
- Affordable cost of living
- Healthy lifestyle choices
- Preventive health care
- Connection to nature
- Safety
- Community resources
- Measures to protect against infectious disease
- Personal accountability
- Employment
- Time
- Access to transportation
- Parks/trails
- Access to affordable, healthy food
- Positive attitude
- Access to services
- Strong social connections
- Health education/knowledge
- Family connections
- Financial resources
- Mental health practices
- Limited screen/device time
- Adequate sleep
- Good parenting
- Healthy eating habits
- Sense of belonging
- Self-care
- Quality education
- Religion/faith
- No alcohol/drugs/tobacco
- Affordable housing
- Having pets
- Access to recreational opportunities

[6] Dakota County, Minnesota Resident Survey Report of Results 2022. June 2022. Polco/National Research Center Inc. www.co.dakota.mn.us. Accessed December 29, 2023.

# Description of Dakota County

Dakota County is the third most populous county in Minnesota, comprising 7.8 percent of the population of Minnesota.[7] It is in the southeast corner of the Twin Cities Metropolitan area and encompasses 587 square miles (563 square miles in land and 24 square miles in water).[8] The county shares borders with the following counties: Hennepin County in the northwest, Scott County in the west, Rice County in the southwest, Ramsey County in the north, Washington County in the northeast, Pierce County, Wisconsin in the east, and Goodhue County in the southeast. Dakota County lies at the confluence of three major rivers. The Mississippi and the Minnesota, form the county's northern border and the Mississippi and the St. Croix form the eastern border. Being close to these rivers had a significant influence on the county's development and history.[9]

Before European settlement, Dakota County was part of a large territory of the Dakota tribe of American Indians. In 1689, Nicholas Perrot, a fur trader, proclaimed Dakota, Ojibwe (Chippewa) and other American Indian lands as possessions of France without the consent of the tribes. Mendota, located across the river from Fort Snelling, was the first European settlement in Minnesota. In 1849, Dakota County became one of the nine original counties created by the Minnesota Territory legislature. The county's original boundary extended to Hastings in the south and to the west several hundred miles to the Missouri River. The first county seat was established in Kaposia in 1853, moved to Mendota in 1854, and, finally, moved to Hastings in 1857 where it currently remains.[9]

Dakota County had an estimated 443,341 residents in 2022.[7] The county is divided into 22 incorporated municipalities and 12 townships. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County.[10] In 2022, the five largest cities were: Lakeville (73,828), Eagan (68,889), Burnsville (64,522), Apple Valley (55,673), and Inver Grove Heights (35,652), which made up 67 percent of the population of the county. Lakeville was the ninth largest city in Minnesota. It is also the fastest-growing city in Dakota County with an estimated 24 percent growth from 2010 to 2020, while Hastings had little or no growth during the same period.[11] Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural.[9] For the 2020 Census, the U.S. Census Bureau defined an area as urban if it contains at least 5,000 people or 2,000 households. Rural constitutes any population outside of an urban area.[12] Using the 2020 Census definitions, five percent of Dakota County households live in rural designations.[13]

The seven-member elected Board of County Commissioners is the legislative body of the county. Each member represents a specific district within the county.[14]

---

[7] Annual Estimates of the Resident Population for Counties in Minnesota: April 1, 2020 to July 1, 2022 (ID: CO-EST2022-POP-27). United States Census Bureau. Population Estimates Program. www.census.gov. Published March 2023. Accessed December 29, 2023.

[8] 2023 U.S. Gazetteer Files. United States Census Bureau. www.census.gov. Updated September 20, 2023. Accessed: December 29, 2023.

[9] About Us. Dakota County, Minnesota. www.co.dakota.mn.us. Updated March 7, 2023. Accessed: December 29, 2023.

[10] Dakota County Cities and Townships. Dakota County, Minnesota. www.co.dakota.mn.us. Updated November 2, 2023. Accessed December 29, 2023.

[11] PopFinder for Cities and Townships. Minnesota State Demographic Center. www.mn.gov/admin/demography . Published May 2023. Accessed December 29, 2023.

[12] 2020 Census Urban-Rural Classification Fact Sheet. United States Census Bureau. www.census.gov. Updated December 29, 2022. Accessed December 29, 2023.

[13] Urban and Rural (ID:H2). 2020: DEC Demographic and Housing Characteristics. United States Census Bureau. Decennial Census. www.data.census.gov. Accessed December 29, 2023.

[14] Board of Commissioners. Dakota County, Minnesota. www.co.dakota.mn.us. Updated April 26, 2023. Accessed December 29, 2023.

# Populations

## *Population (general statistics)*

Population growth depends on the number of births, the number of deaths, and migration into and out of the county. Understanding the overall population is important to understanding current and future health needs.

Table 1 below shows the total population of Dakota County from 2010-2020. From 1990 to 2000, the population of Dakota County grew by nearly 30 percent. In the most recent complete decade (2010-2020), growth slowed to 10 percent. Even though growth slowed from 2010-2020, Dakota County still grew faster than the state (eight percent) and the United States (seven percent). Lilydale, Lakeville and Rosemount had the fastest growth rates.[15,16]

**Table 1.** Overall population data, 2010-2020[15,16]

| | 2010 Population, No. (%) | 2020 Population No. (%) | Percent Chg. |
|---|---|---|---|
| Dakota County | 398,552 | 439,882 | 10.4% |
| Minnesota | 5,303,925 | 5,706,494 | 7.6% |
| United States | 308,745,538 | 331,449,281 | 7.4% |
| Apple Valley | 49,084 (12.3) | 56,374 (12.8) | 14.9% |
| Burnsville | 60,306 (15.1) | 64,317 (14.6) | 6.7% |
| Eagan | 64,206 (16.1) | 68,855 (15.7) | 7.2% |
| Farmington | 21,086 (5.3) | 23,632 (5.4) | 12.1% |
| Hastings (part) | 22,172 (5.6) | 22,154 (5.0) | 0.1% |
| Inver Grove Heights | 33,880 (8.5) | 35,801 (8.1) | 5.7% |
| Lakeville | 55,954 (14.0) | 69,490 (15.8) | 24.2% |
| Lilydale | 623 (0.2) | 809 (0.2) | 29.9% |
| Mendota | 198 (0.0) | 183 (0.0) | -7.6% |
| Mendota Heights | 11,071 (2.8) | 11,744 (2.7) | 6.1% |
| Rosemount | 21,874 (5.5) | 25,650 (5.8) | 17.3% |
| South St. Paul | 20,160 (5.1) | 20,759 (4.7) | 3.0% |
| Sunfish Lake | 521 (0.1) | 522 (0.1) | 0.2% |
| West St. Paul | 19,540 (4.9) | 20,615 (4.7) | 5.5% |
| Rural cities and townships | 17,877 (4.5) | 18,979 (4.3) | 6.2% |
| Abbreviations: No., Number; Chg., Change | | | |

The population of Dakota County is expected to continue to grow a little more rapidly than the state overall in the coming years. In 2040, the population of Dakota County is projected to be 479,917. It is projected that the county will

[15]ACS Housing and Demographics Estimates (ID: DP05). 2010: ACS 5-Year Estimates Data Profiles. United States Census Bureau. American Community Survey. www.data.census.gov. Accessed: January 25, 2024.
[16] Profile of General Population and Housing Characteristics (ID: DP1). 2020: DEC Demographic Profile. United States Census Bureau. Decennial Census. www.data.census.gov . Accessed: December 29, 2023.

experience a nine percent growth from 2020 to 2040. The state is projected to experience an eight percent growth rate during the same period.[17]

## *Age*

The age structure of a population determines several things, including labor force composition, school enrollment and medical needs. A larger elderly population may increase demands on the public health system, medical services, and social services. Many older adults are affected by chronic diseases, which increase disability, diminish quality of life, and increase health and long-term care costs[18].

Aging was a key theme in the qualitative data. Topics most frequently mentioned related to aging were access to health care, housing, and mental health/isolation. Youth was also a key theme. Topics most frequently mentioned related to youth were mental health, access to care, and substance use.

The population of Dakota County is similar in age to the state and United States as a whole. The median age increased from 30.2 in 1990 to 38.4 in 2022. The largest single ten-year age group is between the ages of 35 and 44, comprising 14 percent of the population. Youth aged 14 and younger make up 19 percent of the population, similar to the state and slightly above the nation. Residents over 65 make up 16 percent of the population, compared to 17 percent statewide and in the United States[19, 20, 21, 22].

The nation, including Minnesota and Dakota County, is aging. The proportion of the county's population over 65 will increase as the "Baby Boom" generation continues to move into retirement age. It will increase about 1.5 times faster than the population over 65 will increase statewide (39.5 percent between 2020 and 2040, compared to 26.1 percent statewide)[17].

The highest percent of population 65 and older in 2020 was in Burnsville, Eagan, and Apple Valley[16]. The largest percent increases occurred in Eagan, Burnsville, and Lakeville from 2010 to 2020. From 2010 to 2020, the proportion

---

[17] Long-Term Population Projections for Minnesota. Minnesota State Demographic Center. www.mn.gov/admin/demography . Published February 2023. Accessed: December 29, 2023.

[18] Goulding MR, Rogers ME, Smith SM. Public Health and Aging: Trends in Aging --- United States and Worldwide. *MMWR Morb Mortal Wkly Rep*. 2003; 52 (06): 101-106.

[19] Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2022 (ID: CC-EST2022-ALLDATA). United States Census Bureau. Population Estimates Program. www.census.gov. Published June 2023. Accessed: December 29, 2023.

[20] Annual State Resident Population Estimates for 5 Race Groups (5 Race Alone or in Combination Groups) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2022 (ID: SC-EST2022-ALLDATA5). United States Census Bureau. Population Estimates Program. www.census.gov . Published June 2023. Accessed: December 29, 2023.

[21] Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2020 to July 1, 2022 (ID: NC-EST2022-ASR6H). United States Census Bureau. Population Estimates Program. www.census.gov . Published June 2023. Accessed: December 29, 2023.

[22] ACS Demographic and Housing Estimates (ID: DP05). American Community Survey, 2022: 5-Year Estimates Data Profiles. United States Census Bureau. www.data.census.gov . Accessed: December 29, 2023.

of Dakota County residents under age 45 decreased by five percent while the proportion of persons 45 and over increased by 19 percent[19,23].

## *Racial and Ethnic Diversity*

The occurrence of many diseases, injuries and other public health problems often differs by race and ethnicity. It is important to understand these disparities and the underlying root causes to appropriately target public health interventions.

The United States is becoming more racially and ethnically diverse. In 2022, people of color made up a larger proportion of the Dakota County population (25 percent) than the state (22 percent). The Hispanic population made up a slightly larger proportion of Dakota County (eight percent) than the state (six percent)[19]. In 2000, people of color represented 10 percent of the total population. In 2020, that had grown to 23.5 percent. The Hispanic population grew by 221 percent during that time and the Black/African American population grew by 317 percent. Populations of color have grown faster than the county's White population in the past 20 years[19,24]. In 2040, people of color are expected to make up 36 percent of the Dakota County population[17].

The highest percent of people of color in 2020 was in Burnsville and West St Paul. The largest percent increases occurred in Lakeville and Apple Valley from 2010 to 2020. From 2010 to 2020, the proportion of people of color in the county increased by 65 percent, while the proportion of Whites decreased by one percent[15,16].

During the 2022-23 school year, 42 percent of Dakota County public and charter school students were students of color. Hispanics (14 percent) and Blacks (13 percent) are the largest minority groups among the student population. Students of color in Dakota County increased from 29 percent of the population in the school year 2013-14. In the 2022-23 school year, it was higher than the population of color in Minnesota schools overall (38 percent)[25].

## *Immigrants and refugees*

Refugees and new immigrants often have health concerns unique to their home country and situation. They may have received little or no medical care for many years prior to resettlement. Health conditions can also develop or worsen from the time they depart their home country to when they arrive in the United States. They may suffer from malnutrition, dental issues, hearing and vision issues, and infectious diseases. They also may have post-traumatic stress and/or other mental health conditions. The most common conditions identified in refugees settling in Minnesota are Hepatitis C, parasitic infections, and elevated blood lead[26, 27]. People who lack proficiency in English can encounter barriers in accessing health care and have difficulty communicating effectively with health care providers. This may limit their ability to properly care for themselves and to follow their provider's instructions.

Key informants interviewed in Dakota County mentioned several concerns/needs related to immigrants and refugees, including immigrants and refugees often don't know the resources available or how to access them; language barriers; need for culturally diverse education, services, and resources; access to care (dental, medical, and mental health); and undocumented immigrants' fear of accessing services.

---

[23] Annual County Resident Population Estimates by Selected Age Groups and Sex: April 1, 2010 to July 1, 2019 (ID: CC-EST2019-agesex-27). United States Census Bureau. Population Estimates Program. www.census.gov. Published June 2020. Accessed: January 25, 2024.

[24] Intercensal Estimates of the Resident Population by Sex, Race, and Hispanic Origin for Counties: April 1, 2000 to July 1, 2010 (ID: CO-EST00INT-SEXRACEHISP). United States Census Bureau. Population Estimates Program. www.census.gov. Published October 2012. Accessed: January 25, 2024.

[25] 2022-23 Enrollment. Minnesota Department of Education. Data Center. www.education.state.mn.us. October 2022. Accessed: January 25, 2024.

[26] Minnesota Refugee Health Screening Manual. Minnesota Department of Health. www.health.state.mn.us. Published 2015. Accessed: February 1, 2019.

[27] Refugee Health Statistics, 2021. Minnesota Department of Health. www.health.state.mn.us. Updated October 16, 2023. Accessed January 25, 2024.

A slightly larger proportion of the Dakota County population (10 percent) is foreign-born than the state (8.5 percent)[28].

From 2017-2021, 140 refugees settled in Dakota County. The largest numbers of refugees were from Somalia, Ukraine, and Afghanistan[29,30]. In 2022, an estimated 42.5 percent of the non-Hispanic, Black population in Dakota County was from sub-Saharan Africa (approximately 13,019 people, with 4,795 from Somalia)[31]. The number of students in Dakota County public schools who spoke a native African language at home increased by 18 percent from the 2018-19 to 2022-23 school years. During the 2022-23 school year, there were 4,206 students who spoke a native African language at home, with Somali being the most common (2,703 students)[32].

In 2022, the percent of the Dakota County population age five and older who spoke a language other than English at home (13 percent) is slightly higher than the state (12 percent) and lower than the United States (22 percent)[28]. During the 2022-23 school year, 20 percent of Dakota County students spoke a language other than English at home, higher than the state (17 percent). The percentage increased from the 2018-19 school year to the 2022-23 school year. Spanish is the most spoken language other than English[32].

## *Disabled*

Disability can involve a variety of factors including vision, hearing, movement, ability to walk, and cognition and affects an estimated 1 million Minnesota adults. By itself, it is not an indicator of poor health. However, individuals with disabilities may sometimes have more difficulty staying healthy, because of physical and social barriers. Accessibility or safety may make it difficult for a person with disabilities to engage in physical activity. A disability can lead to social isolation, which can have a negative impact on physical and mental health. Individuals with disabilities are also at higher risk for abuse[33].

In 2022, an estimated 10 percent of non-institutionalized Dakota County residents lived with a disability, compared to 11 percent statewide and 13 percent nationally. The highest rate is among persons 65 and older (27 percent)[28]. In 2023, 17 percent of Dakota County adults reported having activity limitations due to a physical, mental, or emotional problem[34].

Children and youth with special health care needs are identified as children 0-17 with chronic conditions or at increased risk of chronic conditions (physical, developmental, behavioral, or emotional) that require health care and related services beyond those needed by children in general. Approximately 18 percent of Minnesota children have special health care needs[35]. The preschool population in Early Childhood Special Education in Dakota County was 1,458 preschoolers in the 2022-23 school year, a two percent decrease from the 2018-19 school year. Seventeen percent of the Dakota County K-12

[28] Selected Social Characteristics in the United States (ID: DP02). United States Census Bureau. 2018-2022 American Community Survey (ACS) 5-year estimates. www.data.census.gov. Accessed: January 25, 2024.
[29] Primary Refugee Arrivals by County. Minnesota Department of Health. Refugee Health Statistics. www.health.state.mn.us. Updated October 16, 2023. Accessed: January 26, 2024.
[30] Dakota County Public Health
[31] People Reporting Single Ancestry (ID: B04004). United States Census Bureau. 2018-2022 American Community Survey (ACS) 5-year estimates. www.census.gov. Accessed January 26, 2024.
[32] Primary Home Language Totals. Minnesota Department of Education. Data Center. www.education.state.mn.us. Accessed: January 26, 2024.
[33] Disability and Health. Centers for Disease Control and Prevention. www.cdc.gov. Accessed: January 29, 2024.
[34] Dakota County Adult Health Survey, 2023. Dakota County Public Health Department.
[35] Minnesota's 2020 Title V Maternal and Child Health Block Grant Needs Assessment. Minnesota Department of Health. www.health.state.mn.us. Accessed February 29, 2024.

population was enrolled in special education in public schools in the 2022-23 school year, slightly below Minnesota. This percent has grown slightly over the past 10 years[36].

### *Lesbian, gay, bisexual, queer/transgender or gender minority (LGBTQ+)*

Individuals who identify as lesbian, gay, bisexual, queer, transgender, or gender non-conforming are at greater risk for certain health threats due to systemic inequities, such as societal stigma and discrimination[37]. In 2022, seven percent of Americans identified as lesbian, gay or bisexual, which translates to an estimated 31,034 Dakota County residents. Nearly two percent of U.S. adults identify as transgender or nonbinary (i.e., they identify with a gender that is different from the sex they were assigned at birth). This translates to an estimated 5,413 Dakota County adults[38].

[36] Enrollment, 2013-14, 2018-19, 2022-23. Minnesota Department of Education. www.education.state.mn.us. Accessed: January 29, 2024.
[37] Lesbian, Gay, Bisexual, and Transgender Health. Centers for Disease Control and Prevention. http://www.cdc.gov/. Accessed: January 29, 2024.
[38] The American Trends Panel Survey. Pew Research Center. Published 2023. Accessed January 29, 2024.

# Health Indicators

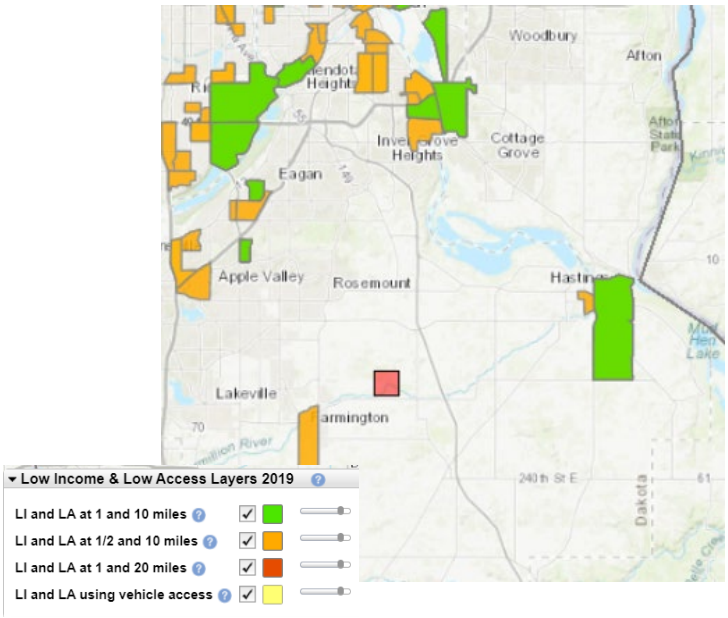
Data for the community health assessment were examined for over 137 indicators, as well as themes from community input. This report will address 21 key topic areas that emerged from the analysis and formed the basis for the eight health priorities that were selected.

## *Basic Needs*

### Food Insecurity

People's food choices and diet are likely to be influenced by how far they must travel to get to a store, how available healthy foods are, and how much foods cost. Some people, especially those who have low income, may have a harder time accessing healthy and affordable food stores, which may negatively impact their diet and food security[39]. Food insecurity, or hunger, means that access to adequate food is limited by not enough money or resources[40].

**Figure 3 – Low-income census tracts that have low access to food in Dakota County**




An estimated 18,030 people (four percent of the population) in Dakota County were food insecure in 2021, a decrease from seven percent in 2017. It is estimated that 28 percent of the total population that are food insecure do not qualify for federal nutrition programs, such as Supplemental Nutrition Assistance Program (SNAP)[41].

Total visits to food shelves in Dakota County increased by 99 percent from 2021 to 2022. The greatest increase in food shelf visits was among older adults (145 percent)[42].

Food, housing, and income ranked number one for community concerns (51 percent of respondents). Key informants reported that the cost of food has gone up due to inflation. When the COVID-19 emergency order was lifted in 2023, supplementary SNAP benefits ended, and food shelf usage jumped. There are currently long wait times to apply for food assistance. For residents who are new to the country, there can be language and cultural barriers in using food shelves.

In 2019, there were 17 census tracts in Dakota County that had low food access, based on low-income, distance to a grocery store and/or vehicle access (see Figure 3 on this page for locations). This impacted about 12,445 people in the county, including 9,874 children and 5,086 older adults. An estimated 31 percent of the population of these tracts are people of color. Transportation is a barrier for some residents to get to grocery stores or food shelves[43].

---

[39] Food Access. United States Department of Agriculture. Economic Research Service. www.ers.usda.gov. Updated October 20, 2022. Accessed on: February 2, 2024.

[40] Rabbitt MP, Hales LJ, Burke MP, Coleman-Jensen A. Household Food Security in the United States in 2022. Economic Research Report No. (ERR-325). United States Department of Agriculture. Economic Research Service. 2023. www.ers.usda.gov. Accessed February 2, 2024.

[41] Map the Meal Gap. 2021. Feeding America. www.feedingamerica.org. Accessed February 2, 2024.

[42] Food Shelf Visits Map. 2021-2022. Hunger Solutions Minnesota. www.hungersolutions.org. Accessed on February 2, 2024.

[43] Food Access Research Atlas. United States Department of Agriculture. Economic Research Service. www.ers.usda.gov. Accessed February 2, 2024.

## High Housing Costs

Affordable and safe housing is an important factor in both physical and mental health. A shortage of affordable housing results in individuals and families not being able to choose where they live. Low-income families often end up living in substandard housing, unsafe neighborhoods, and having fewer resources for physical activity. Excessive housing costs limit the amount of funds available for other needs, such as food and medical care. It also results in elevated stress levels that have an impact on health. Children who do not have access to affordable housing tend to have poorer health outcomes, more behavioral problems, and lower academic success[44].

In 2022, a higher percent of housing units in Dakota County were owner-occupied (76 percent) than the state (72 percent). This percent increased slightly from 2018 to 2022 (from 74 percent to 76 percent)[45].

Figure 4 - Cost-burdened households

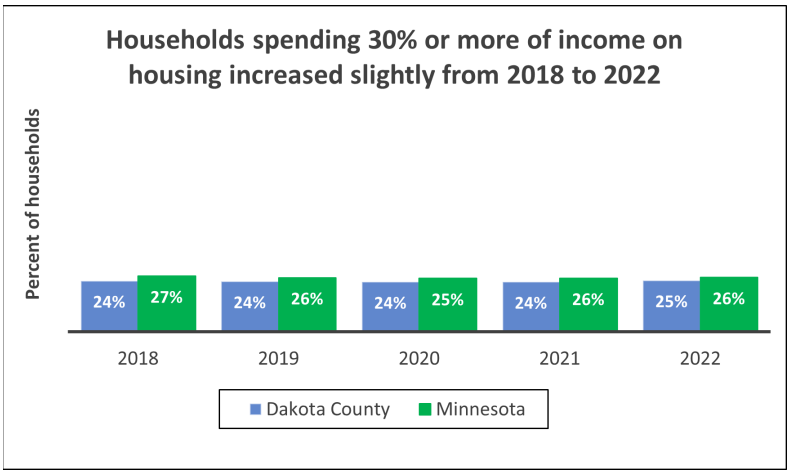



Figure 4 on this page shows that 25 percent of Dakota County households (homeowners and renters) spent 30 percent or more of their household income on housing in 2022. This is slightly below the state (26 percent). The percent slightly increased for Dakota County and slightly decreased for Minnesota from 2018 to 2022. Among Dakota County households who own their home, 17 percent spend 30 percent or more of their household income on housing. Among households who rent their home, it goes up to 49 percent[45]. Due to inflation, rents have increased, and it is difficult for people with lower incomes to meet the qualifications for renting.

Food, housing, and income ranked number one for community concerns (51 percent of respondents).

In January 2023, a one-day count found 370 persons in Dakota County homeless (104 unsheltered and 266 sheltered). This was an increase from 124 in 2022. The number of unsheltered people (living in vehicles, outdoors, or in tents or other places not intended for habitation) increased by 79 percent from 2022 to 2023[46]. During the 2022-23 school year, a total of 526 homeless students were enrolled in Dakota County public and charter schools (less than one percent of the total PK-12 student population). This was an increase from 320 in the 2018-19 school year[36]. There is a significant shortage of emergency housing options in the county.

For families living in poverty, the options for affordable housing are limited and very little new affordable housing is being developed in the county. In 2023, 2.5 percent of the housing units in Dakota County were federally subsidized, which included public housing units and units that accept housing vouchers. Ninety-six percent of these units were occupied in 2022 and the average wait list time is almost two years (23 months). Many of these units were specialized housing for seniors or the disabled[47]. Additional low-income housing that is funded by state and local sources is available but represents a small portion of total rental units in the county and is often subject to long waiting lists.

[44] Braverman P, Dekker M, Egerter S, Sadegh-Nobari T, Pollack C. Housing and Health Brief. Robert Wood Johnson Foundation. May 1, 2011. Accessed February 2, 2024.
[45] Selected Housing Characteristics in the United States (ID: DP04). United States Census Bureau. 2018-2022 American Community Survey (ACS) 5-year estimates. www.data.census.gov. Accessed February 2, 2024.
[46] Point-in Time Homeless Survey. Dakota County Social Services.
[47] Assisted Housing: National and Local. Picture of Subsidized Housing. 2009-2023. United States Department of Housing and Urban Development. www.huduser.gov. Accessed February 2, 2024.

## *Education*

### 8th grade math proficiency

Math proficiency is a predictor of future educational and occupational success. Good math skills are considered critical to building a strong 21st-century workforce[48].

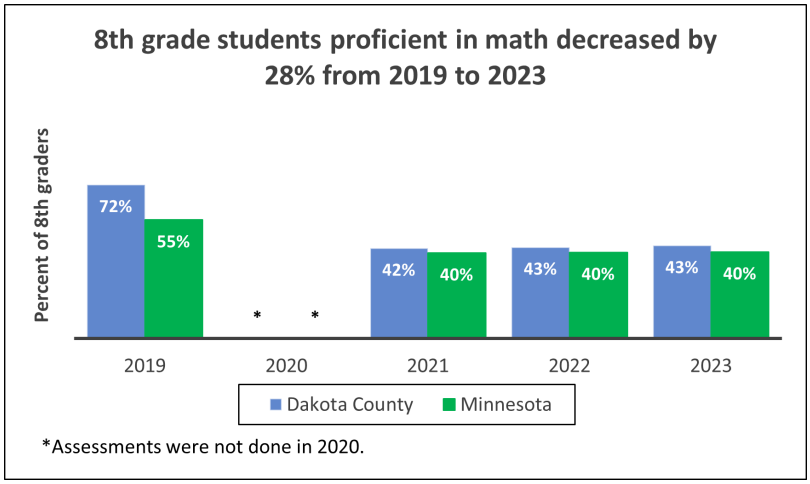



Figure 5 on this page shows that, in 2023, 43 percent of Dakota County eighth graders met the standards for math proficiency, compared to 40 percent of the state. There was a decrease of 28 percent from 2019 to 2023[49].

Only 21 percent of Black and Hispanic/Latino/a students met the standards. A smaller percent of students receiving special education (20 percent) and English Learners (seven percent) met the standards[49].

In 2023, Dakota County ranked fourth among the seven Twin Cities metro area counties for eighth grade math scores[50].

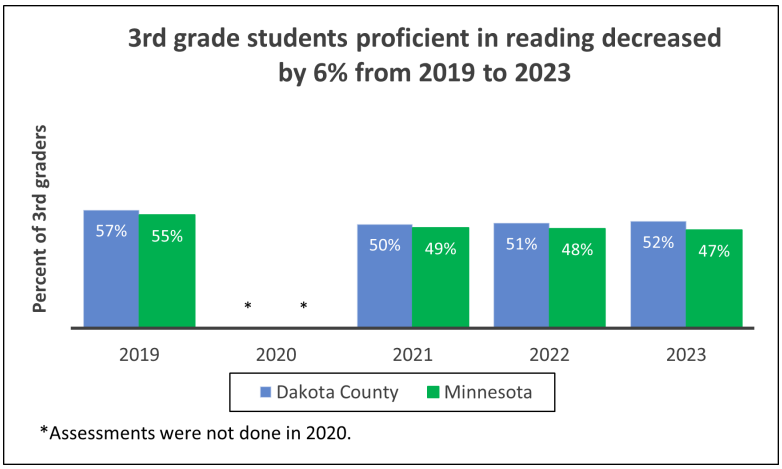
The COVID-19 pandemic disrupted learning for students, who faced challenges with remote learning, including internet and technology access, reduced support services, and fewer interactions with teachers. At the same time, families were dealing with increased social, mental health, and financial stressors[48]. Key informants reported that students have faced challenges with re-entry to the school environment following the pandemic. Chronic attendance and mental health issues have interfered with academic success.

[48] "The Pandemic's Toll: Only 1 in 4 Eighth-Graders Proficient in Math in 2022". The Annie E. Casey Foundation. November 1, 2022. www.aecf.org. Accessed February 2, 2024.
[49] All Academic Accountability Tests. Minnesota Department of Education. Data Center. www.education.state.mn.us . Accessed February 2, 2024.
[50] 8th grade students achieving math standards. Rank of Minnesota counties, 2023. Wilder Research. Minnesota Compass. www.mncompass.org. Accessed February 2, 2024.

## 3rd grade reading proficiency

Early learning experiences at home, in childcare, and in preschool are important for healthy brain development, which impacts long-term social and educational success[51]. Being able to read proficiently by the end of third grade is a strong predictor of future academic success and ability to have economic stability in the future. Children from low-income families who can read proficiently by the end of third grade have an increased likelihood of breaking the intergenerational cycle of poverty.[52]

Figure 6 on this page shows that, in 2023, just over half (52 percent) of Dakota County third graders met the standards for reading proficiency, compared to 47 percent of the state. The percent of Dakota County third graders who met the reading standards decreased by seven percent from 2019 to 2021, but there was a slight increase from 2021 to 2023[53].




Only 33 percent of Black students and 34 percent of Hispanic/Latino/a students met the reading standards. A smaller percent of students receiving special education (31 percent) and English Learners (19 percent) met the standards[53]. Third grade reading proficiency is a predictor of graduation and these are the same populations who are less likely to graduate from high school within four years.

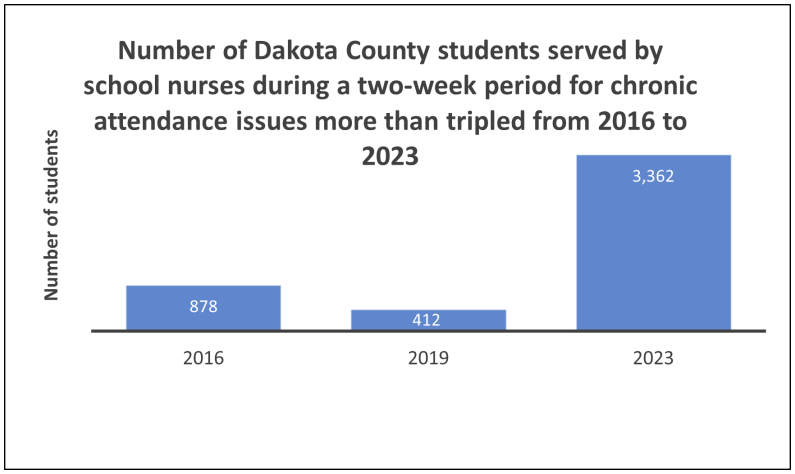
In 2023, Dakota County ranked third among the seven Twin Cities metro area counties for third grade reading scores[54].

The COVID-19 pandemic disrupted learning for students, who faced challenges with remote learning, including internet and technology access, reduced support services, and fewer interactions with teachers. At the same time, families were dealing with increased social, mental health, and financial stressors[48]. Key informants reported that students have faced challenges with re-entry to the school environment following the pandemic. Chronic attendance and mental health issues have interfered with academic success.

[51] Donoghue, EA, American Academy of Pediatrics Council on Early Childhood. Quality Early Education and Child Care From Birth to Kindergarten. *Pediatrics*, 2017; 140 (2): e20171488.
[52] Early Warning Confirmed: A Research Update on Third-Grade Reading. The Annie E. Casey Foundation. www.aecf.org. Published 2013. Accessed February 5, 2024.
[53] All Academic Accountability Tests. Minnesota Department of Education. Data Center. www.education.state.mn.us . Accessed February 5, 2024.
[54] 3rd grade students achieving reading standards. Rank of Minnesota counties, 2023. Wilder Research. Minnesota Compass. www.mncompass.org. Accessed February 5, 2024.

## Chronic absenteeism

School attendance is critical for students to succeed academically. Students who are not in school have less instruction time and less time to form connections with teachers and peers. Once they fall behind academically, it is very difficult to catch up, which increases the risk they will drop out of school. This can greatly impact their employment and economic success in the future. Chronic absenteeism is normally defined as a student missing at least 10 percent of the school days in a school year. Most chronic absences are excused, although they may be unexcused as well. They may occur due to health or mental health issues, transportation barriers, safety concerns, etc. There was a significant increase in student absences that started during the pandemic and has continued. This coincided with declining test scores during the same timeframe, as discussed above[55].




In 2019, the percent of students in Dakota County public schools achieving consistent attendance (i.e., in school 90% of the time) ranged from 73% to 93%. By 2022, the percent had dropped in every district to a range of 49% to 82%, with as much as a 24 percent decrease in some districts[56].

From 2016 to 2023, the number of Dakota County students served by school nurses during a two-week period for chronic attendance issues more than tripled from 878 to 3,362[57].

[55] "Chronic Absenteeism in U.S. Schools Rose During Pandemic – And Hasn't Recovered". The Annie E. Casey Foundation. September 20, 2023. www.aecf.org. Accessed February 5, 2024.
[56] North Star Files. Minnesota Department of Education. Data Center. www.education.state.mn.us . Accessed February 5, 2024.
[57] Dakota County Survey of School Nursing Services.

## *Transportation*

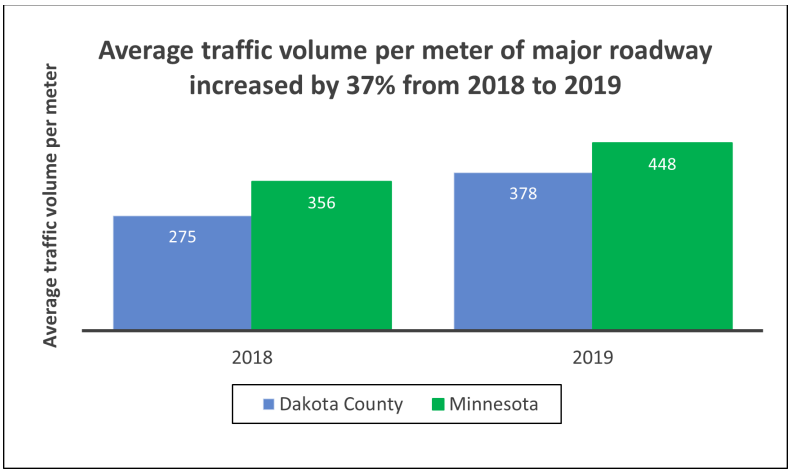
### Traffic volume

Living near major roads with heavy motor vehicle traffic is associated with increased exposures to noise and air pollution. This can result in various health impacts for residents, including lung and heart disease and premature death. Vehicle traffic can pose a safety hazard in some neighborhoods, which may limit opportunities for walking and physical activity[58,59].

From 2018 to 2019, the average traffic volume per meter of major roadway in Dakota County increased from 275 to 378. This was an increase of 37 percent. Traffic volume also increased statewide during the same period, but not as fast (26 percent)[60].

Lower-income areas and communities of color tend to experience higher levels of traffic-related pollution, even though they generally drive less than people in White communities[59]. One of the highest concentrations of people of color and people with low-income living in Dakota County is along 35E/35W, which is a high traffic volume area[61].

**Figure 8 - Average traffic volume per meter of major roadway in Dakota County**




[58] Traffic Volume. County Health Rankings & Roadmaps. www.countyhealthrankings.org. Accessed February 5, 2024.
[59] Traffic in Minnesota. Minnesota Department of Health. Minnesota Public Health Data Access Portal. www.health.state.mn.us. Accessed February 5, 2024.
[60] County Health Rankings and Roadmaps. University of Wisconsin Population Health Institute. www.countyhealthrankings.org. Accessed February 5, 2024.
[61] EJ Screen – EPA's Environmental Justice Screening and Mapping Tool (Version 2.2). U.S. Environmental Protection Agency. https://ejscreen.epa.gov. Accessed February 5, 2024.

## *Access to Care*

### Uninsured Population

Lack of health insurance or health insurance that does not cover all necessary care makes it difficult for people to get necessary medical care. Uninsured people are more likely than those with insurance to delay seeking needed care, leading to lack of prevention and undiagnosed chronic diseases. People who lack health insurance often face medical bills they cannot afford if they do seek care. These bills can quickly turn into unmanageable debt. Protections that were put into place during the COVID-19 pandemic resulted in fewer people being uninsured; however, many people have started to lose coverage as the state has resumed Medical Assistance redeterminations[62]. Access to health care ranked number four for community concerns (26 percent of respondents).

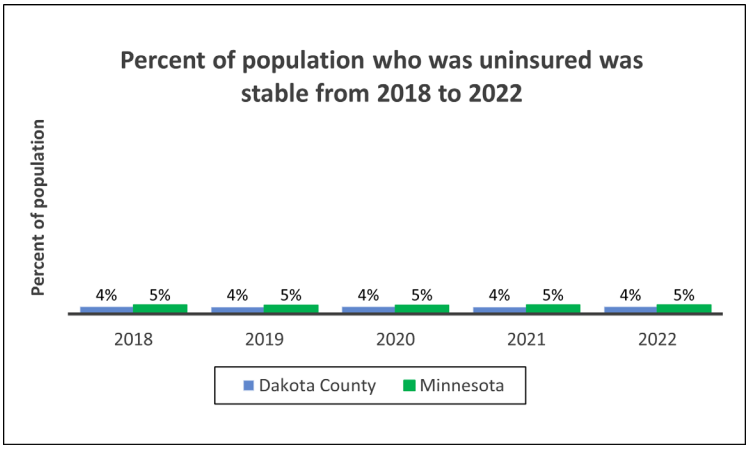



Figure 9 on this page shows that the number of people who had no insurance coverage remained stable in Dakota County and in Minnesota from 2018 to 2022. In 2022, Dakota County had an uninsured rate of four percent, which is slightly below the state (5 percent)[63]. It is also below the Healthy People 2030 goal of eight percent[64]. There may continue to be many people without adequate insurance coverage, due to the increase in high-deductible health plans.

Although most people have health insurance coverage, there are still significant disparities among population groups in the county. 15.5 percent of Hispanics and six percent of Blacks were uninsured, compared to two percent of non-Hispanic, Whites[63].

In 2023, 60 percent of Dakota County adults said they needed medical care during the past 12 months. Nineteen percent of those who needed medical care said they delayed or did not get the care they needed. One of the top reasons for not getting the necessary care was lack of insurance or too costly (37.5 percent of those who delayed or did not get care). Thirty-one percent of Dakota County adults said they needed mental health care during the past 12 months. Fifty-three percent of those who needed mental health care delayed or did not get the care they needed - half because they had no insurance, or it was too costly[34].

Key informants reported that it has become more difficult to qualify for Medical Assistance and the cost of insurance on MNSure is high. People don't know how to navigate the system for health insurance and there are currently long wait times for appointments with the county to get assistance.

[62] Key Facts about the Uninsured Population. Henry J Kaiser Family Foundation. www.kff.org. Published December 18, 2023. Accessed February 5, 2024.
[63] Selected Economic Characteristics in the United States (ID: DP02). United States Census Bureau. 2018-2022 American Community Survey (ACS) 5-year estimates.American FactFinder. www.census.gov. Accessed February 5, 2024.
[64] Health Care Access and Quality. United States Department of Health and Human Services. Healthy People 2030. www.healthypeople.gov. Accessed February 4, 2024.

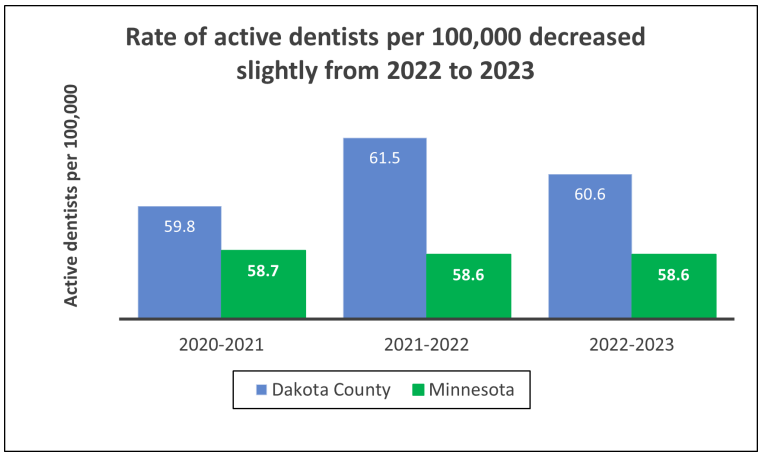
## Dental Care Access

Good oral health is essential to overall health. A lack of oral health can lead to tooth decay and gum diseases, which in turn contribute to other diseases or conditions, such as heart and lung diseases, stroke, diabetes, premature birth, and low birth weight. Regular dental visits can help prevent tooth decay and identify dental and oral conditions early[65].

The dentist rate per 100,000 residents is an indicator of the supply of dentists relative to the population. It cannot be used to determine if there is an adequate supply of dentists, because it is dependent on geographic location, hours available, population needs, and population perception. Residents may travel to other counties for dental care.

In 2022-23, there were 268 licensed dentists, or 60.6 per 100,000 residents, in Dakota County. This is about in the middle of the range for the other Twin Cities metropolitan counties (from 43.7 to 77.1). Figure 10 on this page shows that the rate decreased slightly from 2022 to 2023[66].

**Figure 10 - Active dentists per 100,000**




Only 8 of 55 (17 percent) dental clinics in Dakota County are accepting new Medical Assistance or Prepaid Medical Assistance patients. Very few clinics see uninsured clients or clients on a sliding fee scale[30]. This makes it difficult for people who are on Medical Assistance or uninsured to get dental care. Key informants reported that appointment wait times for dental clinics are also long. It is difficult for people who need an interpreter to get dental appointments. In 2020, only 26 percent of Medical Assistance enrollees accessed dental services for any reason, a decrease from 32 percent in 2016. Among children aged 1-20 who were eligible for Child & Teen Checkups, only 30 percent had a preventive dental service during the year[67].

In 2023, 83 percent of Dakota County adults 25 and older had visited a dentist or dental clinic within the past year, a slight increase from 81 percent in 2014[34]. This is above the statewide rate of 72 percent in 2022[68]. Eighty-seven percent of Dakota County adults had dental insurance in 2023, above the Healthy People 2030 goal of 75 percent. People with a bachelor's degree or higher were more likely to have visited a dentist or dental clinic (87 percent) than people with a high school education or less (66 percent). People living at 200 percent of poverty or greater were more likely to have visited a dentist or dental clinic (84 percent) than people living below 200 percent of the federal poverty level (65 percent)[34,64].

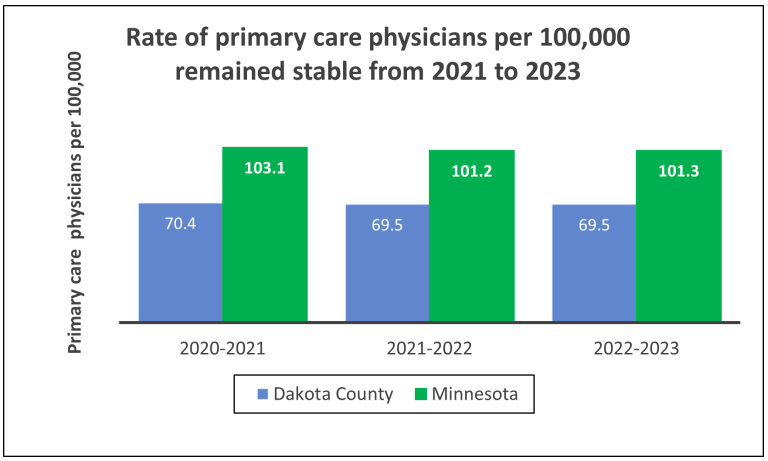
In 2022, 80 percent of Dakota County students saw a dentist for a check-up, exam, teeth cleaning, or other dental work, during the previous 12 months, a decrease from 85 percent in 2013. This rate was similar to the statewide rate. Eighty-five percent of White students, 67 percent of Hispanic/Latino/a students, and 70 percent of Black or African American students saw a dentist during the previous 12 months in 2022[69].

---

[65] Health Care. United States Department of Health and Human Services. Healthy People 2030. www.healthypeople.gov. Accessed February 5, 2024.
[66] Explore Workforce Data. Area Health Resources Files. Health Resources & Services Administration, data.hrsa.gov. Accessed February 5, 2024.
[67] Minnesota Public Health Data Access. Minnesota Department of Health. www.health.state.mn.us. Accessed February 6, 2024.
[68] Behavioral Risk Factor Surveillance System Prevalence and Trends Data. 2022. Centers for Disease Control and Prevention. www.cdc.gov. Accessed February 6, 2024.
[69] Minnesota Student Survey Reports 2013-2022. Minnesota Department of Education. www.education.state.mn.us. Accessed April 18, 2023.

## Access to Health Care (availability)

Access to health services means that people receive health care services in a timely manner to achieve the best health outcomes. If people delay accessing care because they don't have a primary care provider or they live too far away from health care providers who offer services, it can result in missed preventive care and delayed treatment for chronic illnesses[64].




In 2022-23, there were 307 primary care physicians in Dakota County, a rate of 69.5 per 100,000. This was the third lowest rate per 100,000 in the Twin Cities metro region (ranging from 52.2 to 146.6). Figure 11 on this page shows that the rate has been stable since 2020-21[66].

In 2023, 60 percent of Dakota County adults said they need medical care during the past 12 months. Nineteen percent of those who needed medical care delayed or did not get needed care. Thirty-eight percent of those who delayed or did not get needed care did so because of provider or appointment availability[34].

Access to health care ranked number 4 (26% of respondents) in community concerns. Key informants reported that during the COVID-19 pandemic, people delayed preventive care, which has resulted in more serious health issues arising. Clinics are still trying to build staff capacity and wait times for appointments are longer. Other barriers to receiving care include not enough diverse, culturally competent providers; fewer providers with expertise for people with disabilities and older adults; no healthcare for the homeless in the county; and transportation.

## *Environment*

### Heat-Related Illness

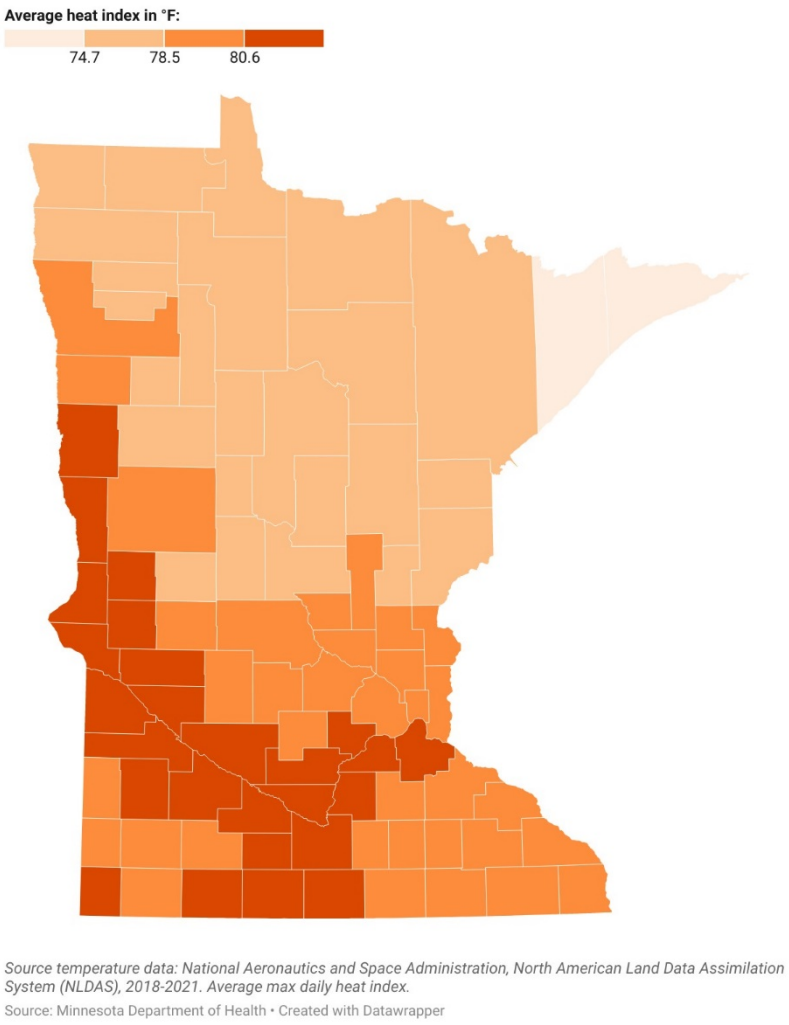
Heat-related illness includes many health problems such as dehydration, heat stress, heat exhaustion, and heat stroke, which occurs when the core body temperature rises, making it difficult for the body to function. It results in emergency department visits, hospitalizations, and deaths. Older adults, children, and people with underlying chronic conditions are at greater risk for heat-related illness than others. Prolonged periods of hot weather cause more deaths than any other natural disaster and are projected to increase in the future as the climate gets warmer[Error! Bookmark not defined.]. People without adequate housing, particularly the unsheltered, are at higher risk for heat-related illness.

From 2017-2021, the rate of heat-related emergency department visits for Dakota County residents was 9.2 per 100,000, which was the lower than Minnesota and the second lowest rate in the Twin Cities metro region[67].

However, Figure 12 on this page shows that Dakota County has one of the highest average heat indexes in the state (81 degrees F., based on data from 2018-2021). The heat index is a measure of ambient temperature and humidity that estimates how the temperature outside "really feels"[67].

The annual number of extreme heat days from May to September increased in Dakota County from 7 in 2019 to 40 in 2022[70].

**Figure 12 - Average summer heat index**




*Source temperature data: National Aeronautics and Space Administration, North American Land Data Assimilation System (NLDAS), 2018-2021. Average max daily heat index.*

Source: Minnesota Department of Health • Created with Datawrapper

[70] National Environmental Public Health Tracking Network, Centers for Disease Control and Prevention. https://ephtracking.cdc.gov. Accessed February 6, 2024.

## *Mental Health*

### Inadequate Social or Emotional Support

People who have social connections and supportive relationships make healthier choices and are more likely to have better physical and mental health outcomes. They are also better able to cope with life's challenges. Social isolation increases the risk of dementia, heart disease, and stroke[71].

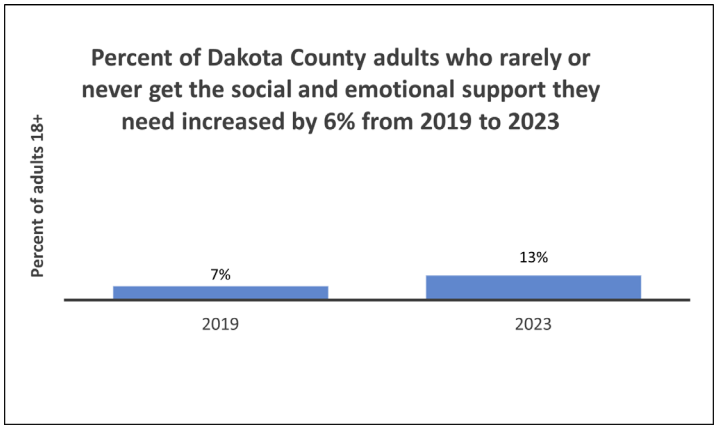



Figure 13 on this page shows that, in 2023, 13 percent of adults rarely or never got the social and emotional support they need. This was an increase from seven percent in 2019. More males (20 percent) than females (six percent) report rarely or never getting the social or emotional support they need. Fifteen percent of people 65 and older report rarely or never getting the social or emotional support they need. People who live below 200 percent of the federal poverty level are more likely (26 percent) to rarely or never get the social or emotional support they need than people who live at or above 200 percent of the poverty level (12 percent)[34].

Key informants reported that social isolation has led to increased mental health issues. Many people are still avoiding group activities since the COVID-19 pandemic, especially older adults. Everyone is still trying to re-establish connections that were lost during the pandemic. Children and teenagers have developed a dependence on mobile devices and social media since the pandemic.

[71] Emotional Well-Being. Centers for Disease Control and Prevention. www.cdc.gov. Accessed February 6, 2024.

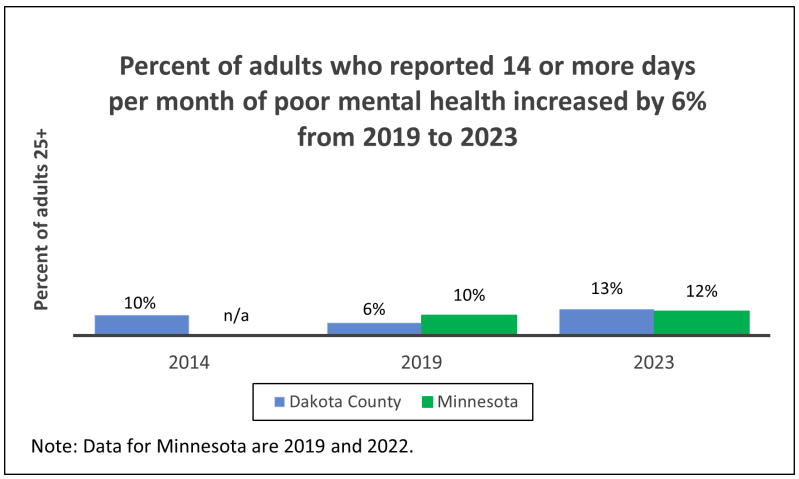
## Frequent Mental Distress – Adults

Frequent mental distress refers to experiencing 14 or more days per month of poor mental health. It is an indicator of those who are likely experiencing chronic and more severe mental health issues[60].

Figure 14 on this page shows that in 2023, 13 percent of adults (25 and older) reported 14 or more days per month of poor mental health, an increase of six percent from 2019. Statewide, the rate was 12 percent in 2022[34].

Females were more likely to experience 14 or more days per month of poor mental health than males (14 percent compared to 11 percent). Younger people were more likely to experience 14 or more days per month of poor mental health than older people (20 percent of people aged 18-34 compared to eight percent of people aged 55 and older). Experiencing frequent mental distress varied by educational attainment (24 percent of people with a high school education or less compared to eight percent of people with a bachelor's degree or higher). Thirty-eight percent of people living below 200 percent of the federal poverty level reported 14 or more days per month of poor mental health, compared to 11 percent of people living at or above 200 percent of the poverty level[34].

**Figure 14 - Adults experiencing frequent mental distress**

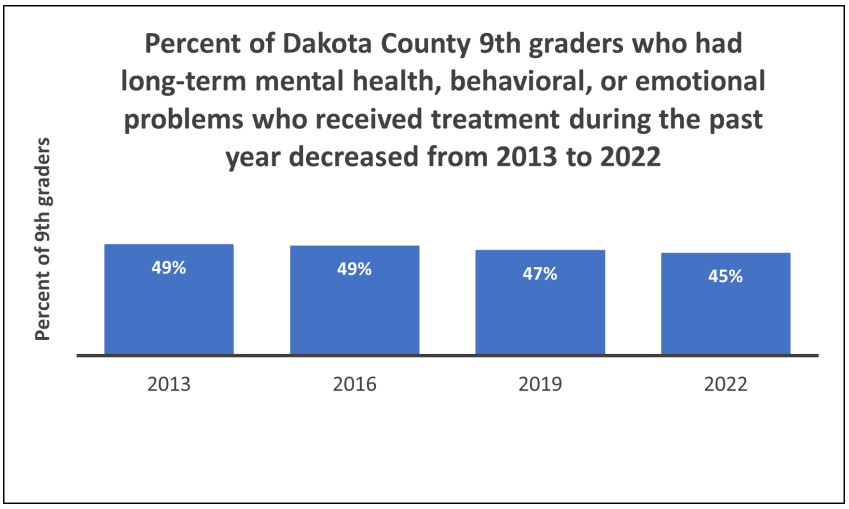



Note: Data for Minnesota are 2019 and 2022.

Mental health ranked number 2 (50 percent of respondents) in community concerns. Key informants reported that there have been increased mental health issues following the COVID-19 pandemic, including post-traumatic stress disorder, anxiety, and depression. People with serious mental health diagnoses may have difficulty maintaining income and housing which further exacerbates mental health concerns.

## Access to Mental Health Care

Access to mental health care is highly variable. Many people have difficulty getting timely, appropriate, and affordable treatment and services, especially if they do not have health insurance. Minnesota ranks comparatively low in the U.S. for estimated psychiatrist need being met; number of people per mental health provider; and affordability of mental health services, even with health insurance coverage[72].




In 2022-2023, there were 26 psychiatrists in Dakota County[66]. In 2023, there were 591 licensed social workers, professional clinical counselors, professional counselors, and psychologists in the county, a rate of 13.6 per 10,000, which is about the middle of the range (10.9 to 26.8) for other counties in the Twin Cities metro area[73].

In 2023, 31 percent of Dakota County adults said they needed mental health care during the past 12 months. Fifty-three percent of those who needed mental health care delayed or did not get needed mental health care. Half of those who delayed or did not get needed care did so because they did not know where to go or how to get help and 28 percent did so because they could not find a provider or appointment[34].

In 2022, 45 percent of Dakota County 9th graders who reported having long-term mental health, behavioral, or emotional problems received treatment during the past year. Figure 15 on this page shows that this was a decrease from 2013. Younger students with mental health conditions were less likely to have received treatment during the past year (42 percent of 8th graders, 45 percent of 9th graders, and 53.5 percent of 11th graders). Students of color with mental health conditions were less likely to have received treatment during the past year than White students (31 percent of Asian or Asian American students, 33 percent of Black or African American students, 32 percent of Hispanic or Latino/a students, 53 percent of White students, and 43.5 percent of multi-racial students)[69].

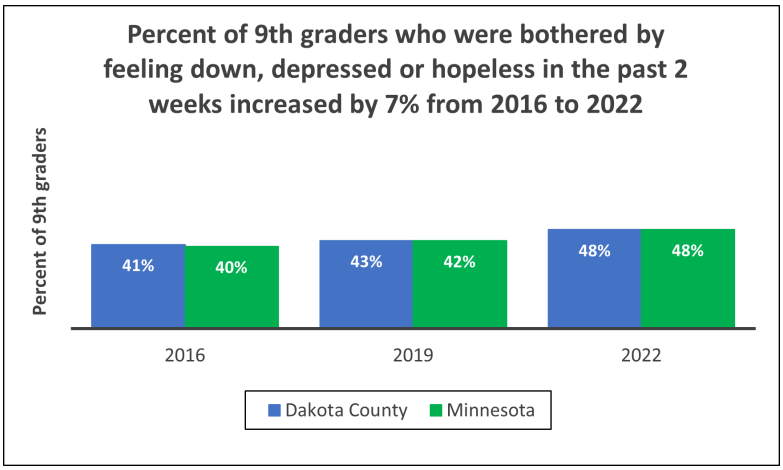
Mental health ranked number 2 (50% of respondents) for community concerns. One key informant interviewed said "The mental health system is completely overwhelmed." There are not enough providers to meet the demand. The average wait time is four to six weeks for mental health services. Mental health providers are leaving the profession due to low reimbursement from third-party payers and converting to private pay, which most residents cannot afford. Many mental health providers do not accept Medical Assistance. Non-English-speaking residents and undocumented immigrants have a difficult time finding mental health services.

[72] Davenport S, Darby B, Gray TJ, Spear C. Access Across America: State-by-state insights into the accessibility of care for mental health and substance use disorders. December 2023. www.inseparable.us. Accessed February 12, 2024.
[73] Health Care Workforce Data Portal. Minnesota Department of Health. August 24, 2023. Accessed February 12, 2024.

## Depression – Youth

Depression can be difficult to diagnose in teens because it can be mistaken for normal teen "moodiness". Adolescents don't always understand or express feelings very well and depression can manifest as hostility or aggression. Untreated depression in teens can lead to risk-taking behaviors, such as drug and alcohol use or sexual behaviors. This risk-taking leads to new problems, such as difficulties in relationships and encounters with law enforcement, which can perpetuate the cycle of depression[74].

In 2022, nearly half (48 percent) of Dakota County 9th graders felt down, depressed, or hopeless in the past two weeks, the same as the state. Figure 16 on this page shows that the percent started to increase in 2019 but had a larger (five percent) increase from 2019 to 2022. A higher percent of females (62 percent) reported feelings of depression than males (36 percent). Older students were more likely to experience feelings of depression than younger students (46 percent of 8th graders, 48 percent of 9th graders, and 58 percent of 11th graders). There are disparities in experiencing depression by race and ethnicity (45 percent of Black or African American students, 47 percent of White students, 51 percent of Asian students, 59 percent of multi-racial students and 57 percent of Hispanic/Latino/a students). Students who identify as LGBQ+ reported a higher rate of feelings of depression (78 percent) than students who identify as heterosexual. Students who identify as a gender minority reported a higher rate of feelings of depression (81 percent) than students who identify as cisgender (i.e., identify with the sex they were assigned at birth)[69].



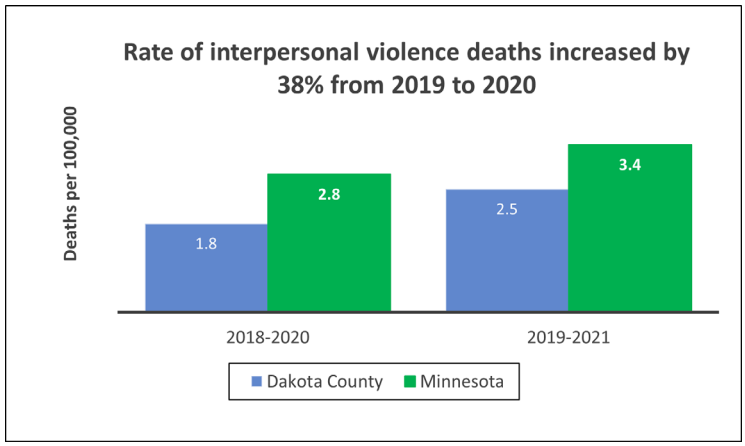

Mental health ranked number two (50% of respondents) for community concerns. Key informants reported that re-entry to school after going back and forth between remote and in-person learning for three years has been difficult, resulting in more mental health concerns and anxiety. Students who had pre-existing mental health conditions were less successful in online learning. Youth with mental health concerns often self-medicate with substances. Chronic attendance issues, as discussed above, are another consequence of mental health concerns in adolescents.

[74] Depression in Teens. Mental Health America. 2024. www.mhanational.org. Accessed February 12, 2024.

## Interpersonal Violence Deaths

Interpersonal violence includes intimate partner violence, elder and child maltreatment, sexual assault, and violent crime. It affects individuals, families, and communities across generations. Being exposed to interpersonal violence increases the risk for emotional, behavioral, and physical problems over the course of an individual's lifetime[75].

**Figure 17 - Interpersonal violence deaths**




In 2020 and 2021, 26 Dakota County residents died due to interpersonal violence. Figure 17 on this page shows that the rate of interpersonal violence deaths increased from 1.8 per 100,000 to 2.5 per 100,000 from the period 2018-2020 to the period 2019-2021 (a 38 percent increase). Interpersonal violence deaths also increased in Minnesota during the same timeframe, but at a slower rate (21 percent)[76].

Seventy-seven percent of Dakota County residents who died due to interpersonal violence from 2020 to 2021 were males. One-third of deaths due to interpersonal violence from 2019-2021 occurred in people aged 15-24. There are disparities by race and ethnicity. 48.5 percent of Dakota County residents who died due to interpersonal violence were Black or African American and 36 percent were White[76].

Key informants reported that due to more "edginess" and anger in society, including racial and political tension, the risk of violent crime has increased. An increase in mental health symptoms has also resulted in more aggression.

[75] Mercy JA, Hillis SD, Butchart A, Bellis MA, Ward CL, Fang X, Rosenberg ML. *Chapter 5 Interpersonal Violence: Global Impact and Paths to Prevention.* Injury Prevention and Environmental Health. 3rd edition. The International Bank for Reconstruction and Development/The World Bank. Published October 27, 2017. DOI: 10.1596/978-1-4648-0522-6_ch5

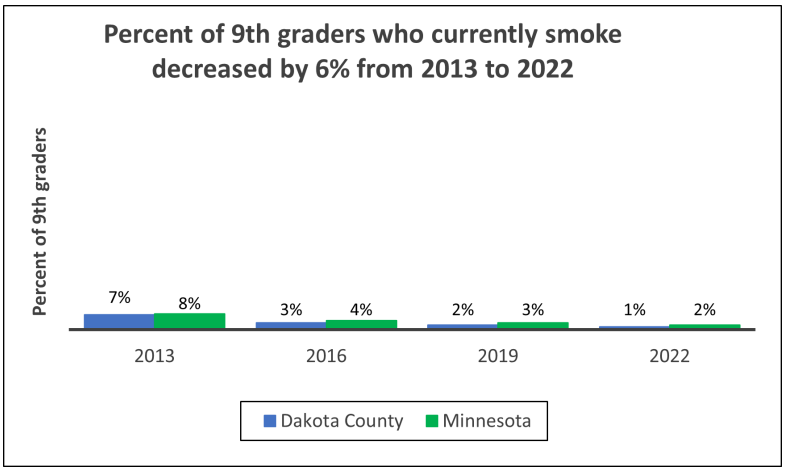
[76] CDC WONDER. Centers for Disease Control and Prevention. https://wonder.cdc.gov . Accessed February 13, 2024.

## *Substance Use*

### Tobacco Use/Vaping – Youth

Use of any form of tobacco product is unsafe for youth. Adolescence is the time when most tobacco use starts and becomes established. While cigarette smoking has decreased in youth, the use of e-cigarettes or vaping, has increased. E-cigarettes can contain nicotine and other harmful substances. Nicotine is very addictive and can harm adolescent brain development. Vaping makes youth more likely to smoke cigarettes in the future[77].

In 2022, only one percent of 9th graders were currently smoking, slightly below the state. This is a decrease from seven percent in 2013.



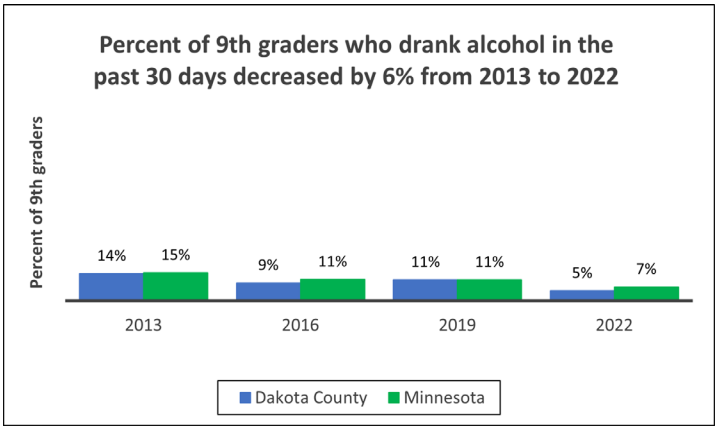

In 2022, seven percent of Dakota County students currently vaped or used an e-cigarette containing nicotine, slightly below the state (8.5 percent) and below the Healthy People 2030 target of 10.5 percent. Females were more likely to currently vape than males (nine percent compared to five percent). Eleventh graders had the highest rate of currently vaping (11 percent). There are disparities in current vaping by race and ethnicity (six percent of Black or African American students, three percent of Asian students, six percent of White students, 11 percent of multi-racial students, and 10 percent of Hispanic/Latino/a students). Students who identify as LGBQ+ currently vape at a rate two times higher than students who identify as heterosexual (11.5 percent compared to six percent). Students who identify as a gender minority currently vape at a higher rate than students who identify as cisgender (i.e., identify as the sex assigned at birth) (11 percent compared to seven percent)[69,78].

Tobacco use/vaping ranked number five (21 percent of respondents) for community concerns. Key informants reported that a lot of youth started vaping during the COVID-19 pandemic who wouldn't normally have been at risk. Vaping is starting in much younger students – as early as 5th grade.

[77] Smoking and Tobacco Use. Centers for Disease Control and Prevention. November 2, 2023. Accessed February 13, 2024.
[78] Tobacco Use. Healthy People 2030. www.healthypeople.gov. Accessed March 1, 2024.

## Youth Substance Use

High-risk substance use, including misuse of prescription drugs, use of illicit drugs, and use of injection drugs, by youth can result in higher rates of physical and mental illnesses, decreased overall health and well-being, and risk of subsequent addiction[79].




In 2022, five percent of Dakota County 9th graders reported drinking at least one drink of alcohol in the past 30 days, slightly below the state (seven percent). Figure 19 on this page shows that the percent decreased from 14 percent in 2013 to five percent in 2022. Females were more likely to drink alcohol than males (10 percent compared to 6.5 percent). Eleventh graders had the highest rate of drinking alcohol during the past 30 days (17 percent). There are disparities in alcohol use during the past 30 days by race and ethnicity (four percent of Black or African American students, nine percent of White students, five percent of Asian students, 9.5 percent of multi-racial students, and eight percent of Hispanic/Latino/a students). Twelve percent of students who identify as LGBQ+ drank alcohol during the past 30 days, compared to seven percent of students who identify as heterosexual. Students who identify as a gender minority drank alcohol within the past 30 days at higher rate than students who identify as cisgender (i.e., identify as the sex assigned at birth) (10 percent compared to eight percent)[69].

Only three percent of students reported binge drinking in 2022, slightly below the state (3.5 percent). Eleventh graders had the highest rate of binge drinking (eight percent)[69].

The percent of 9th grade students who used marijuana during the previous 30 days dropped from 11 percent in 2013 to six percent in 2022. 11th graders had the highest rate of using marijuana in the previous 30 days (12 percent). There are disparities by race and ethnicity (4.5 percent of Black or African American students, two percent of Asian students, six percent of White students, nine percent of multi-racial students, and seven percent of Hispanic/Latino/a students). Students who identify as LGBQ+ used marijuana in the previous 30 days at double the rate of students who identify as heterosexual (10 percent compared to 4.5 percent). Students who identify as a gender minority used marijuana in the previous 30 days at a higher rate than students who identify as cisgender (i.e., identify as the sex assigned at birth) (10 percent compared to six percent)[69].

In 2022, four percent of students reported using any other illicit drug, besides marijuana, one or more times during the last year. Students who identify as LGBQ+ used illicit drugs, besides marijuana, at a higher rate than those who identify as heterosexual (6.5 percent compared to three percent). Students who identify as a gender minority used illicit drugs, besides marijuana, at a higher rate than students who identify as cisgender (i.e., identify as the sex assigned at birth) (8.5 percent compared to three percent)[69].

Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. Key informants reported that youth have easier access to substances online. The legalization of marijuana has changed the norms and teens do not understand why they should not have it if it is legal. Youth are impacted by parental use of substances.

## Binge Drinking – Adults

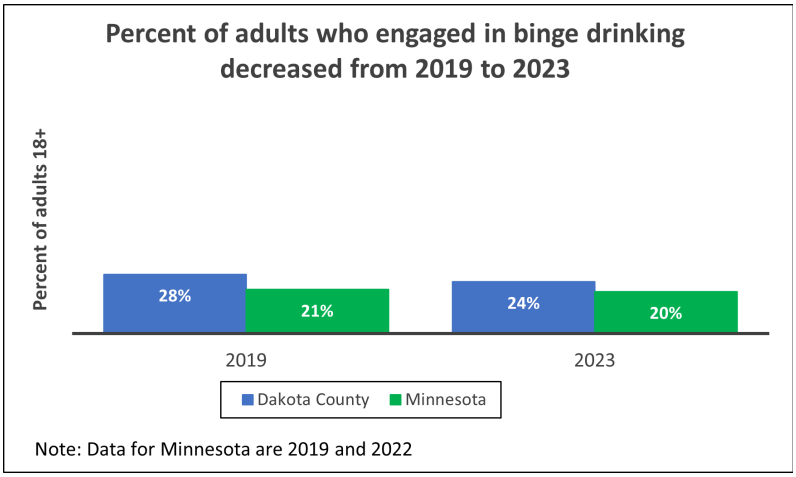
Binge drinking is defined as four or more drinks within two hours for a female and five or more drinks within two hours for a male. There are risks associated with drinking alcohol in any amount, but binge drinking increases the risk

[79] High Risk Substance Use in Youth. Centers for Disease Control and Prevention. Adolescent and School Health. www.cdc.gov. September 29, 2022. Accessed February 14, 2024.

of acute harm, such as alcohol poisoning, and can also increase the likelihood of risky sexual behavior, falls, drownings, and car crashes[80].

In 2023, 24 percent of Dakota County adults reported engaging in binge drinking during the previous 30 days. Figure 20 on this page shows that the percent of Dakota County adults aged 25 and older who engaged in binge drinking decreased from 28 percent in 2019 to 24 percent in 2023[34]. However, it is above the statewide 2022 rate of 20 percent[68].

**Figure 20 - Dakota County adults engaging in binge drinking**




Males were more likely to binge drink than females (26 percent, compared with 23 percent in 2023). The highest rates of binge drinking are in the younger age groups (aged 18-34 – 31.5 percent, aged 35-44 – 33 percent). People with a bachelor's degree or higher have the highest rate of binge drinking (26 percent) and people with a high school education or less have the lowest rate (20 percent)[34].

Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. Alcohol is the number one substance of abuse. Substance use disorders started or were exacerbated by the pandemic.

[80] Understanding Binge Drinking. National Institute on Alcohol Abuse and Alcoholism. www.niaaa.nih.gov. Updated January 2024. Accessed February 20, 2024.

## Alcohol Use Disorder Deaths

Excessive drinking is the leading cause of preventable death in the United States. Drinking too much over time results in health effects that can cause death, such as cancer, liver disease, and heart disease. Drinking too much in a short period of time results in deaths from motor vehicle crashes, poisoning, and suicide. Both acute and chronic effects of alcohol use can result in premature deaths, shortening lives by an average of 26 years[81].

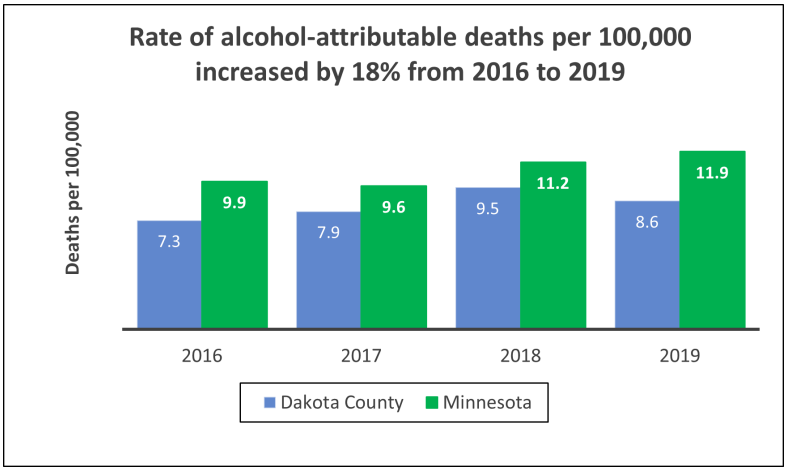



Figure 21 on this page shows that the rate of deaths per 100,000 from causes that are 100 percent attributable to excessive alcohol use increased by 18 percent from 2016 to 2019 but is below the state in 2019. In 2019, 78% of alcohol-attributable deaths were due to alcoholic liver disease[76,82].

Chronic liver disease and cirrhosis was the ninth leading cause of death in Dakota County residents in 2021. The rate of alcoholic liver disease increased by 30 percent from 2018 to 2021, with a large jump from 7.5 per 100,000 in 2019 to 12.7 per 100,000 in 2020[76]. The rate in 2021 (11.3) is above the Healthy People 2030 goal of 10.9 per 100,000[83].

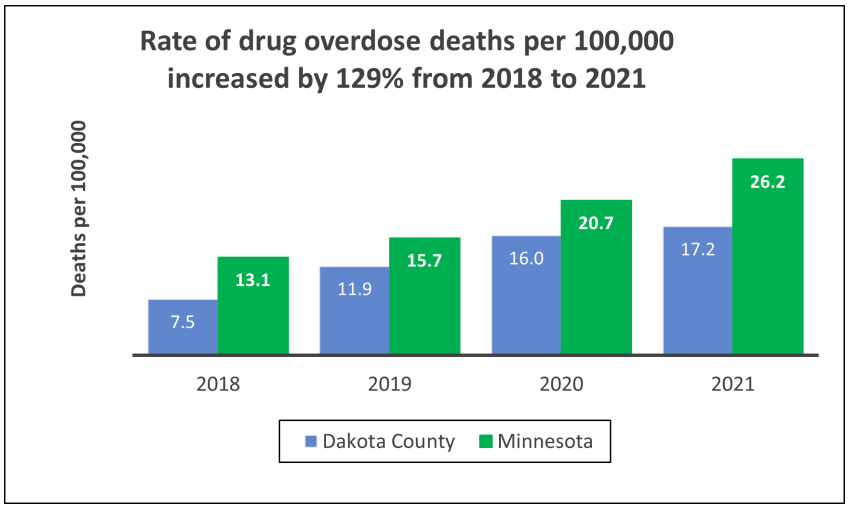
Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. Key informants reported that substance use disorders started or were exacerbated during the pandemic. Decreased access to mental health services has led to more chemical use and more severe chemical dependency issues due to “self-medicating”.

[81] Deaths from Excessive Alcohol Use in the United States. Alcohol and Public Health. Centers for Disease Control and Prevention. July 6, 2022. Accessed February 20, 2024.
[82] Minnesota Injury Data Access System (MIDAS). Minnesota Department of Health. www.health.state.mn.us. Accessed December 10, 2023.
[83] Drug and Alcohol Use. Healthy People 2030. www.healthypeople.gov. Accessed March 1, 2024.

## Drug Overdose Deaths

Overdose deaths are a leading cause of injury-related death in the country. Most overdose deaths involve opioids. In recent years, there has been an increase in deaths involving synthetic opioids, such as fentanyl, and psychostimulants, such as methamphetamine[84].

Figure 22 on this page shows that the rate of overdose deaths from all drugs per 100,000 increased by 129 percent from 2018 to 2021. The statewide rate increased by 100 percent during the same period[76]. Dakota County's rate is below the state for all years and below the Healthy People 2030 goal of 20.7 per 100,000 for 2021. Sixty-five percent of overdose deaths in 2021 were due to opioids of any type and 27.5 were due to psychostimulants, including methamphetamine[76, 83, 85].



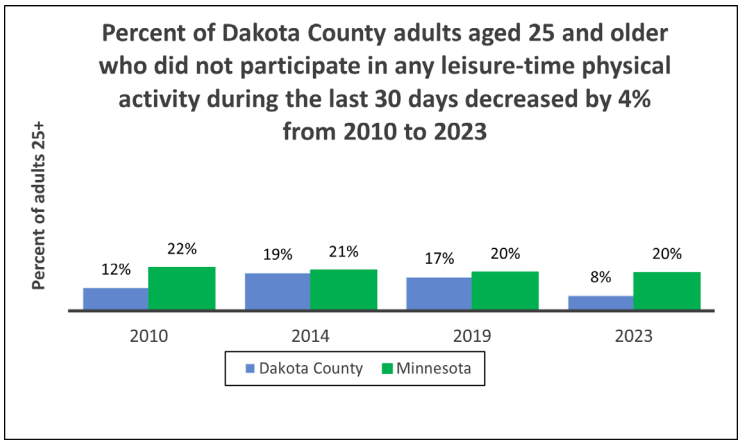

Males are two times more likely to die from drug overdoses than females[76]. Fifty-three percent of drug overdose deaths in 2021 occurred in people aged 25-44. Fourteen percent occurred in people aged 15-24[76].

Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. One key informant said, "I have seen more deaths in the past two years than my entire career…almost all of them related to…medical issues related to chemical use."

[84] Understanding Drug Overdoses and Deaths. Drug Overdose. Centers for Disease Control and Prevention. www.cdc.gov. Accessed February 20, 2024.
[85] Dakota County Substance Use and Overdose Profile. Minnesota Department of Health. May 23, 2023. Accessed December 10, 2023.

## Physical Inactivity

Lack of physical activity is a risk factor for overweight and obesity, heart disease, type 2 diabetes, anxiety, depression, cancer, and dementia. Physical activity also improves the quality of sleep and improves bone and musculoskeletal health[86]. National guidelines recommend that children engage in at least 60 minutes of moderate-to-vigorous physical activity each day, including muscle strengthening and bone strengthening activity at least three days per week. For maximum health benefits, adults need at least 150 minutes of moderate-intensity aerobic activity plus muscle-strengthening activities on two or more days a week[87].




In 2023, eight percent of Dakota County adults aged 25 and older reported they did not engage in any leisure-time physical activity during the last 30 days. Figure 23 on this page shows this was a decrease from 12 percent in 2010 and was below the statewide rate of 21 percent[34,68]. It was also below the Healthy People 2030 goal of 22 percent[88].

The rate of participation in leisure-time physical activity does not differ by gender. The rate of not participating in leisure-time physical activity increases with age (one percent of people aged 18-34 compared to 19 percent of people aged 75 and older in 2023). The lowest prevalence of not participating in leisure-time physical activity is in people with a high school education or less (30 percent) and people living below 200 percent of the federal poverty level (28 percent). Four percent of people with a bachelor's degree or higher and six percent of people living at or above 200 percent of the poverty level did not engage in leisure-time physical activity during the last 30 days[34].

Key informants reported that people got out of the habit of going to exercise facilities during the pandemic and pre-pandemic physical activity levels have not yet returned, particularly in older adults.

[86] Physical Inactivity. National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. www.cdc.gov. September 8, 2022. Accessed February 20, 2024.
[87] Physical Activity Guidelines for Americans, 2nd edition. U.S. Department of Health and Human Services. www.health.gov. Published 2018. Accessed January 30, 2024.
[88] Physical Activity. Healthy People 2030. www.healthypeople.gov. Accessed March 1, 2024.

# Appendix A: Community Themes

Table 2 below shows the top concerns of respondents to the Health Matters Survey by percent of all respondents who selected that concern.

**Table 2.** Top concerns identified in the Health Matters Survey

| Rank | Concern | Percent | 2018 Rank |
|---|---|---|---|
| 1 | Food, housing, and income | 51% | 3 |
| 2 | Mental health | 50% | 1 |
| 3 | Alcohol and other drugs | 42% | 2 (tie) |
| 4 | Access to health care | 26% | 7 |
| 5 | Tobacco use/vaping | 21% | 2 (tie) |
| 6 | Violence | 18% | 8 |
| 7 | Physical activity | 17% | 4 |
| 8 | Health of mothers and children | 17% | 10 |
| 9 | Environment | 16% | 6 |
| 10 | Nutrition | 16% | 5 |

Since the 2018 community health assessment, “food, housing, and income”, “access to health care”, “violence” and “health of mothers and children” increased in concern. “Physical activity”, “environment”, and “nutrition” dropped in concern from 2018. Community residents were asked “How have the effects of the COVID pandemic continued to impact you, your family, and your community?”

Below is the list of themes mentioned more than once, ordered by frequency of mention:

- Longer wait times for doctor appointments/urgent care
- Delayed preventive care
- Increased cost of health care/medication
- More aware of health issues
- Business closures/reduced hours due to short staffing
- Supply chain issues
- Decreased community engagement
- Decrease in services for disabled
- Increased mental health concerns
- Job loss/insecurity
- Increased cost of living
- Children have fallen behind in school
- Increased work from home/decreased commuting
- More disparities due to race, gender, socioeconomic status
- Long COVID symptoms
- Grief/loss of family members
- Rising food prices causing more food insecurity
- Higher housing costs
- Long waiting lists for Section 8 housing
- More financial instability
- Still cautious about in-person gatherings
- Fear of “germs”/new outbreaks
- Post-traumatic stress
- Less physical activity
- Political division
- Lots of misinformation
- Youth more attached to devices

# Appendix B: Forces of Change

Dakota County Public Health belongs to a regional partnership of hospitals, health plans and local public health departments that completed a joint Forces of Change Assessment in 2017. This assessment was adopted in 2018 and updated by the Healthy Dakota Initiative Steering Committee in 2023 to reflect the current local environment. The original assessment used a "wave" process that identified threats and opportunities that are disappearing, `established, emerging or on the horizon.

**The Wave –incoming and outgoing trends, ideas, practices and processes, and systems in community health**

Note: At any point in history, in any given field, we are adjusting and shedding paradigms and approaches in response to changing demands. Participants brainstormed responses below, across a variety of "positives" and "negatives," obstacles and opportunities in each of the four categories. The reader is encouraged to read these responses with that in mind.

***Dakota County Healthy Dakota Initiative update, 6/13/2023***

**Further Future ("on the horizon")**

- Out of school time – community schools model
- Community schools
- Strategies to address social media
- Privilege
- Linking clinical care with community health
- Long-term view of health
- We drive social media
- Support cultural healers
- Community at center (established financial support)
- New partners (business, parks, other)
- Informed-based practices
- Funding shifts
- Mental health system transformation
- Radical reform of criminal justice
- Health defined with communities
- Triage and referral (Department of Human Services)
- Environmental impacts on health
- Radical change in technology and climate change will drive how we look at community
- Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations)
- Incorporate lay people into the medical model
- Community health is an ethical obligation and should be a non-profit system
- Cultural outreach corp.
- Mental Health ↔ Housing
- Mental well-being
- True bridge out of poverty
- Frame public health issues/science in compelling way
- Big data and analytics
- Universal healthcare
- 65% of our children's job not invented
- Digital bio monitoring and telemedicine
- Gutsier initiatives (social activism, language, partnerships, tech)
- Food access and built environment incorporated into design of cities

**Near Future ("emerging")**

- Restructure investment and funding for community-driven work
- Public health is cross sector (housing, transportation, mental health, job, employment)
- Solve problems with, not for the community
- Nothing about you, without you
- Collaboration beyond boundaries
- Youth aren't as healthy as we assume
- Health equity as a practice
- Concerns about privacy /data security
- Opportunities for local policies to make a local difference
- Understanding of issues related to caregiving
- Independent ("aging in place") and healthy living initiatives
- Health in all policies
- Behavioral economics approach (make the effort appealing & easy)
- Anchor institutions
- Data collection new ways (participatory, use of technology)
- Loss of "third spaces" in communities/social media taking its place
- Community members as experts/sharing power with community
- Uses of artificial intelligence
- Interdisciplinary research (U of M) and community-based research
- Participatory decision-making
- Relationships whole person systems – Orgs collaborative(s)
- Importance of intersectionality as a determinant of health
- Public Health 3.0
- Language – how we talk about health and individuals
- Climate change reality
- Despair attached to climate change

| | | |
|---|---|---|
| • Working across silos<br>• Multi-generational interventions<br>• Spectrum thinking – illness/wellbeing | • Use of technology to improve connection to resources for social determinants of health<br>• Safe Routes to Schools as part of the school district planning process<br>• Revenue sharing with community-based organizations to care for populations<br>• Understanding of historical trauma | • Post-pandemic mental health challenges require different responses<br>• Immigrant populations (ex. Ukraine) that are new to the community |
| **Present ("established")** | | |
| • Funding<br>• Siloed approach<br>• Data is a tool<br>• Restrictions on data sharing<br>• Navigating complex systems<br>• Land of 100 ideas – make old new again<br>• AHA – AMA – APHA (American Hospital Association, American Medical Association, American Public Health Association)<br>• Health/public health "lingo" ("not well understood")/Assumptions that others understand our "language"<br>• A divided nation<br>• Family home visiting<br>• Short-term focus for long-term impact<br>• Prevention focused on kids<br>• Social justice<br>• New media questioning reliability – how do you know what is reliable or accurate?/using Google to find information<br>• Identity and gender fluidity<br>• Predatory financial practices<br>• Definition of family is different for everyone<br>• Recognition of racism/trauma (historical, structural, personal bias, ACEs)<br>• Those outside of traditional health community seeing their role in solving health issues<br>• Social Determinants of Health (SDOH)<br>• Domestic violence is a health concern (addressing healthy masculinity)<br>• Substance use is a health problem – new risks: opioids, synthetics, over-the-counter drugs<br>• Welcoming youth in community decisions | • Community engagement on government time<br>• Technology<br>• EHRS (Electronic Health Record System)<br>• Social media<br>• Regulations driving practice<br>• Entrenched health disparities<br>• Evidence-based practices work<br>• Local foundation support<br>• Community activism and volunteerism – including more demonstrations/protests<br>• Reactionary funding (high) – prevention funding (low)<br>• Structural discrimination → disparities<br>• Wholesome collaboration<br>• Public Health Accreditation (meeting set benchmarks)<br>• Multi-generational households becoming more common – ex. adult children moving back with parents, grandparents moving in<br>• Distrust in government, systems, medical and public health professionals<br>• Public schools now serving free meals for all students<br>• Loss of free/reduced-price lunch data as a proxy for poverty<br>• Gun violence in schools, communities<br>• Income inequality<br>• Health equity<br>• E-health and informatics<br>• Inflation/increased costs | • Aging of Baby Boom generation<br>• Emerging diseases<br>• Health effects of e-cigarettes (vaping, juuling) are recognized<br>• Settlement dollars as a funding source – opioids, vaping<br>• Community-based infrastructure developed during the pandemic that can be utilized for future events<br>• Natural spaces<br>• Collaborative partnerships and projects<br>• Organization culture of one-way "official" communication<br>• Data sources are not connected<br>• No shared values on health "health is not a right" type thinking<br>• Lots of people are still uninsured, especially people of color<br>• High cost of childcare<br>• Increased number of high-deductible insurance plans, people can't afford care<br>• Lack of feeling safe<br>• More virtual work settings and less connectedness in work settings<br>• Recognition of the importance of prevention by insurance plans (ex. offering YMCA membership discounts)<br>• Legalization of marijuana<br>• People are seeking more connections to nature<br>• Telehealth options are available<br>• New and better family leave options<br>• Online ordering options are more available – DoorDash, Instacart, tc.<br>• Social media is curated, so we only get certain narratives/misinformation and disinformation |

| Past ("disappearing") | | |
|---|---|---|
| • Institutional knowledge<br>• Retirements<br>• Homelessness isn't a health concern<br>• Phone calls and voicemail<br>• Chemical dependency isn't a health concern<br>• Red-lining in land use/ banking<br>• Health is only physical with clinical interventions<br>• Old survey techniques<br>• Non-fat/low-fat – not necessarily considered healthy anymore<br>• Top-bottom approach<br>• Legal entities providing services without stakeholder/comm. Input<br>• | • Education-only approaches for complex issues (e.g., just tell what to eat)<br>• "Clients" rather than participants<br>• Funders funding creativity and flexibility -funding becoming prescriptive (less opportunity to innovate)<br>• Obesity just as issue of calories and exercise<br>• One size fits all approach<br>• "Compliance" we know better than participants<br>• Doing "to" rather than "with"<br>• An unwillingness to disaggregate data by race and ethnicity.<br>• Governmental public health clinics/direct services<br>• "Large sized" funding sources for programs<br>• Static desktop technology | • State and federal funding<br>• Single sector (non-collaborative) approaches<br>• Prevention through medical model lens<br>• Addressing specific conditions/diseases in isolation (as different as holistic)<br>• Silos breaking<br>• Old forms of public input (public hearings)<br>• "Abstinence only" education<br>• Provider /Medical Doctor knows all<br>• Privacy<br>• Traditional nuclear family as the only option<br>• Strong intergenerational connections |

Originally created by: Center for Community Health – *Forces of Change Affecting Community Health*, www.mnmetrocch.org, October 25, 2017.

# 2025 – 2029
# COMMUNITY HEALTH IMPROVEMENT PLAN

Dakota COUNTY

www.dakotacountymn.gov

# Message from Director

I am pleased to present the 2025-2029 Dakota County Community Health Improvement Plan. The plan is a combined effort by the Public Health Department and our many community partners who commit their time and energy to improve the health of the community. Good health in Dakota County does not happen by chance. It is with intentionality in strengthening our systems that support health and in partnership with community to address priorities that are determined by the community. This plan is grounded in analysis of data collected through community engagement, as well as health indicators at the population level to understand the assets and gaps in health as reflected by the Community Health Assessment. A special thanks to the community and all our partners for their excellent input and guidance.

The Community Health Improvement Plan includes goals, measurable objectives, and action steps for the eight priority areas that emerged: Mental Health, Substance Misuse, Chronic School Absenteeism, Access to Healthcare, Dental Care Access, Physical Inactivity, Food Insecurity, and High Housing Costs. Dakota County Public Health is committed to taking action on this plan in continued partnership with community stakeholders, who are also invited to use this as a guide to improve community health in Dakota County.

Healthy regards,

Gina Pistulka

Public Health Director, Dakota County Public Health Department

# Executive Summary

Dakota County's 2025 to 2029 Community Health Improvement Plan outlines a shared plan to improve health and well-being across our community. The plan reflects local data and input from residents and partners.

In 2023, Dakota County identified eight priority areas: mental health, substance misuse, chronic school absenteeism, access to health care, access to dental care, physical inactivity, food insecurity, and high housing costs. These issues are connected and affect families, schools, workplaces, and neighborhoods.

The plan is organized into four pathways: Mental Health and Substance Use, SHIP, Access to Care for Children, and Innovations focused on housing and adult access to care. Each pathway includes goals and measures to track progress.

Dakota County Public Health coordinates this work in partnership with schools, health care providers, community organizations, and local leaders. Progress will be reviewed each year and shared publicly.

# Call to Action

Improving health in Dakota County requires shared action. Residents can learn about available resources and support efforts that strengthen mental health, housing stability, and access to care. Community organizations, schools, and health care providers can align their work with CHIP priorities and partner to reduce barriers. Local leaders can support policies and investments that improve the conditions that shape health.

Together, we can create a Dakota County where all people can thrive.

# Credits and Acknowledgements

## Dakota County Board of Commissioners

The Board of Commissioners serves as the Community Health Board for Dakota County.

District 1 - Mike Slavik
District 2 - Joe Atkins
District 3 - Laurie Halverson
District 4 - William Droste
District 5 - Liz Workman
District 6 - Mary Liz Holberg
District 7 - Mary Hamann-Roland

A special thank you to members of our Dakota County CHIP Internal Steering Committee, CHIP Advisory Committee, CHIP Pathway Action Teams, and all additional community partners who were instrumental in producing the Community Health Improvement Plan and the Healthy Dakota Initiative Steering Committee who oversaw the Community Health Assessment process.

## About This Report

Dakota County Public Health prepares a comprehensive assessment of the health of county residents at least every five years, along with an accompanying Community Health Improvement Plan. This process is called the Healthy Dakota Initiative. Health data is updated periodically throughout the assessment cycle through Community Health Profiles. These resources, along with annual progress reports, are available on the Dakota County website at: http://www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx.

For additional information or if you're interested in participating in this process, please contact Dakota County Public Health by e-mail (public.health@co.dakota.mn.us) or call 651-554-6100.

# Table of Contents

# Introduction

## Healthy Dakota Initiative

The Local Public Health Act of 2003 (Minnesota Statutes 145A.10, Subd. 5a) requires community health boards to set public health priorities based on community health assessments conducted at least every five years.[1] The Healthy Dakota Initiative (HDI) is Dakota County's comprehensive community health assessment and improvement project. Originally launched in 2013, the HDI aims to engage the community in an iterative strategic planning process to improve the health and safety of all Dakota County residents. As a framework for pursuing common community goals, the vision of the Healthy Dakota Initiative is health and well-being for all in Dakota County, based on the values of commitment, trauma-informed practice, collaboration, connection, engagement, and inclusivity.

The Healthy Dakota Initiative Steering Committee was responsible for the initial phase of the project which focused on identifying key health priorities for the county through a community health assessment (CHA). This committee includes representatives from a broad cross-section of partner organizations, including local public health, hospitals, clinics, schools, non-profits, faith communities, cities, and businesses, as well as community members. The CHA provides the foundation for the second phase of the initiative, the community health improvement plan.

Through community input, partner engagement, and analysis of population health data, eight priority areas emerged:

- Mental Health
- Substance Misuse
- Chronic School Absenteeism
- Access to Healthcare
- Dental Care Access
- Physical Inactivity
- Food Insecurity
- High Housing Costs

The 2025-2029 Dakota County Community Health Improvement Plan (CHIP) provides a shared roadmap for improving health and well-being across the county. It addresses these key community health priorities by defining long-term goals and outlining coordinated strategies to guide public health action over the next several years. The CHIP reflects Dakota County's commitment to working collaboratively across sectors to advance health and ensure that all residents can thrive.

The Dakota County CHIP meets state and national public health standards, including Public Health Accreditation requirements. It also aligns with the Healthy Minnesota Partnership Statewide Health Improvement Framework and Healthy People 2030.

# Dakota County: Snapshot of People and Places

Dakota County is the third most populous county in Minnesota, comprising 7.8 percent of the population of Minnesota.[2] It is in the southeast corner of the Twin Cities Metropolitan area and encompasses 587 square miles (563 square miles in land and 24 square miles in water).[3] The county shares borders with the following counties: Hennepin County in the northwest, Scott County in the west, Rice County in the southwest, Ramsey County in the north, Washington County in the northeast, Pierce County, Wisconsin in the east, and Goodhue County in the southeast. Dakota County lies at the confluence of three major rivers. The Mississippi and the Minnesota, form the county's northern border and the Mississippi and the St. Croix form the eastern border.[4]

Dakota County had an estimated 453,156 residents in 2024.[2] The county is divided into 22 incorporated municipalities and 12 townships. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County.[5] In 2024, the five largest cities were: Lakeville (76,746), Eagan (69,273), Burnsville (65,696), Apple Valley (56,361), and Inver Grove Heights (36,596), which made up 67 percent of the population of the county. Lakeville was the ninth largest city in Minnesota. It is also the fastest-growing city in Dakota County with an estimated 24 percent growth from 2010 to 2020, while Hastings had little or no growth during the same period.[6]

Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural.[4] For the 2020 Census, the U.S. Census Bureau defined an area as urban if it contains at least 5,000 people or 2,000 households. Rural constitutes any population outside of an urban area. Using the 2020 Census definitions, five percent of Dakota County households live in rural designations.[7]

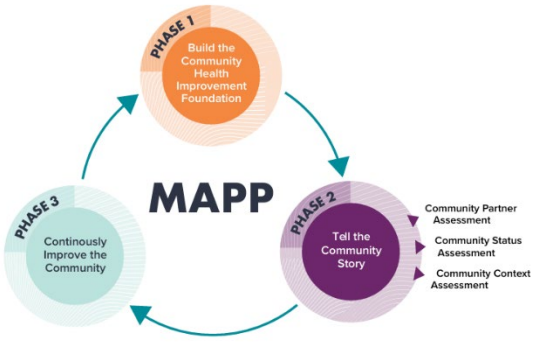
The population of Dakota County is expected to continue to grow more rapidly than the state overall in the coming years. By 2040, the population of Dakota County is projected to be 520,667. It is projected that the county will experience an 18 percent growth from 2020 to 2040. The state is projected to experience a seven percent growth rate during the same period.[8]

A slightly larger proportion of the Dakota County population (10 percent) is foreign-born than the state (nine percent).[9] The percent of Dakota County residents living below the poverty level (six percent) is below the state and the nation and remained the same between 2020 and 2024. However, poverty among Dakota County residents varies by race and ethnicity.[10] The estimated unemployment rate for 2024 was 2.7 percent[11] The median household income in Dakota County was $106,318 in 2024.[12]

# Community Health Improvement Planning Process

## Framework and Approach

Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 is the national framework developed by the National Association for City and County Health Officials (NACCHO) to guide communities through the Community Health Improvement (CHI) process. MAPP 2.0 is organized into three phases that move communities from assessment to action, with a focus on advancing health equity and strengthening cross-sector alignment.[13]




Dakota County began its Community Health Assessment (CHA) using the original MAPP framework. During this process, MAPP 2.0 was released. Rather than restart the assessment process, the County completed the CHA using the original MAPP assessments and then incorporated elements of MAPP 2.0 during development of the Community Health Improvement Plan (CHIP).

This approach allowed Dakota County to:

- Build on work and assessments already underway rather than duplicate efforts
- Engage existing coalitions, workgroups, and community partnerships instead of creating new structures
- Conduct additional analysis during CHIP development to better understand partner roles, community assets, and gaps
- Strengthen alignment across priority areas using a Policy, Systems, and Environmental (PSE) approach

Throughout the process, emphasis remained on equity, collaboration, and shared ownership. Rather than creating parallel processes, Dakota County focused on amplifying and coordinating work already happening in the community and with community partners.

## CHIP Structure and Partner Engagement

Dakota County Public Health serves as the lead organizer and uses a decentralized model for CHIP implementation. This approach distributes responsibility across internal staff, community partners, and existing workgroups to promote transparency, shared ownership, and accountability. Community voice and data-informed decision-making guide implementation throughout the five-year cycle.

Implementation is organized across three primary groups:

- Internal Steering Committee
- CHIP Advisory Committee
- Pathway Action Teams

## Internal Steering Committee

This includes Public Health staff from across the department and provides logistical oversight and direction for CHIP implementation.

Responsibilities include:

- Coordinating the MAPP 2.0 process
- Maintaining the internal structure needed to support implementation
- Overseeing data and evaluation, including monitoring progress and sharing updates
- Identifying system-level trends and emerging priorities
- Aligning CHIP efforts with accreditation standards, funding requirements, and department plans

## CHIP Advisory Committee

This committee is a multisector group that includes representatives from healthcare, social services, behavioral health, education, community organizations, libraries, parks and recreation, nonprofits, and community members. This group provides community guidance and shared accountability.

Responsibilities include:

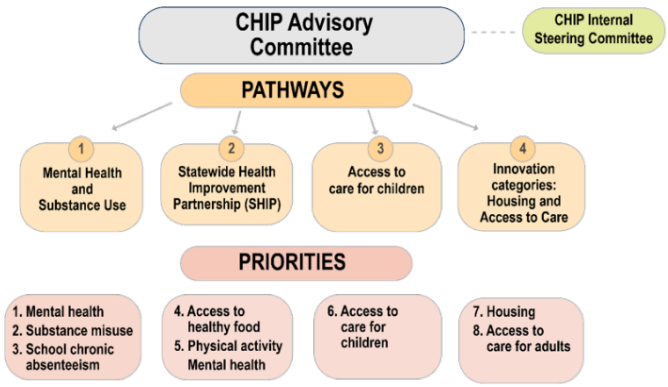
- Advising on priority areas and strategy direction
- Bringing lived experience and sector expertise into discussions
- Reviewing progress updates and providing feedback on adjustments
- Promoting coordination across community efforts
- Ensuring the CHIP remains responsive to community needs

## Pathway Action Teams

These teams focus on developing and carrying out strategies within each CHIP priority area. These teams are often existing coalitions or workgroups and include Public Health staff, partner organizations, and community members with relevant expertise or lived experience.

Responsibilities include:

1. Leading and carrying out selected strategies
2. Contributing staff time, expertise, resources, and community connections
3. Tracking and reporting on performance measures
4. Identifying barriers, gaps, and emerging needs during implementation
5. Ensuring strategies reflect equity goals and community priorities



## Community Health Assessment and Prioritization

In 2023, the Healthy Dakota Initiative Steering Committee completed three MAPP assessments:[10]

1. Community Themes and Strengths Assessment
2. Community Health Status Assessment
3. Forces of Change Assessment

More than 137 data indicators and themes from community input were reviewed. This analysis identified 21 key topic areas that informed the prioritization process.[10]

In December 2023, the Steering Committee reviewed the findings and identified 22 issues. These were evaluated using six criteria: extent of the issue, data trends, comparison to targets, comparison to the state, health disparities, and community concern. The 22 issues were combined into 12 broader areas and narrowed through a multi-voting process to eight health priorities for 2024–2028.[10]

2023 Health Priorities:

- Mental Health
- Substance Misuse
- Chronic School Absenteeism
- Access to Healthcare
- Dental Care Access
- Physical Inactivity
- Food Insecurity
- High Housing Costs

While eight priorities represent a broad scope of work, partners consistently recognized how interconnected these issues are, particularly in a post-COVID environment. Mental health, housing, access to care, chronic disease prevention, and school engagement were described as deeply connected.[10]

Rather than viewing them as competing priorities, partners emphasized the importance of addressing in a coordinated way. To support implementation, Dakota County grouped the eight priorities into four pathways that reflect the department's existing strengths and partnerships:

- Mental Health & Substance Use
- Statewide Health Improvement Partnership (SHIP)
- Access to Care for Children
- Innovation Priorities

## Transition and Foundation Year: 2024

In 2024, work focused on wrapping up implementation of the previous Community Health Assessment and Community Health Improvement Plan cycle. During this time, the Internal Steering Committee was established and began building the structure for the new CHIP cycle, including clarifying roles, organizing pathways, and aligning existing groups and their work under key goals and strategies.

## Pathway Development and Implementation: 2025-2029

In 2025, quarterly meetings were held for both the CHIP Internal Steering Committee and the CHIP Advisory Committee. These meetings focused on:

- Developing each pathway
- Reviewing data and proposed strategies
- Providing feedback and direction

This collaborative process ensured that pathways were shaped through both internal leadership and community partner input. Groups will continue to meet on a regular basis through the entirety of this plan.

## Implementation Model

Dakota County Public Health will guide the implementation of the Community Health Improvement Plan (CHIP) and oversee progress over time. Early action steps for each pathway are included in the appendices of this document. These serve as a foundation for tracking progress. More detailed and specific action plans will continue to be developed throughout the implementation period.

To clarify roles, the CHIP uses a Lead–Partner–Monitor approach:

- **Lead:** Has primary responsibility for moving a strategy or priority area forward. Leads coordinate the work, bring partners together, and track progress.
- **Partner:** Contributes to implementation by offering expertise, services, data, or community connections. Partners help design and carry out strategies.
- **Monitor:** Remains informed about CHIP efforts and outcomes but is not directly involved in day-to-day implementation. Monitors may choose to take a more active role over time.

This approach allows organizations to engage in ways that match their capacity, expertise, and interest, while still supporting shared community health priorities. The CHIP strategies for each pathway will be reviewed and adjusted as necessary on an annual basis.

## Measuring Progress

This CHIP's implementation process is grounded in Results-Based Accountability (RBA) and includes tracking data, gathering partner updates, and sharing progress with the community.[14]

Each pathway in the CHIP is organized around the following components:

**Goal**
A broad, long-term statement that sets the direction for addressing the priority area.

**Result**
A population-level condition of well-being that describes a desired state for the community.

**Indicator**
A data measure used to track progress toward each result over time.

**Strategy**
The coordinated actions and approaches used to influence the result.

**Objective**

A specific result we want to achieve within a set time frame.

**Performance Measures**

The way we track whether we did what we said we would do and if it made a difference.

Full action plans for each pathway are included in the Appendix. These plans outline potential objectives, performance measures, timelines, and identified leads and partners to support implementation.

Because community conditions, partnerships, and resources evolve, objectives, timelines, and performance measures will be refined throughout the CHIP cycle, this document is meant to be a starting place and is considered a living document.

A summary report highlighting CHIP progress will be released annually in the first quarter of the following year.

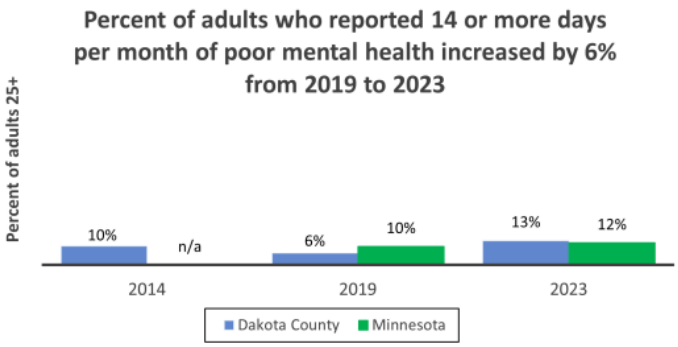
# Mental Health & Substance Use Pathway

## Priorities: Substance Use, Mental Health and Chronic School Absenteeism

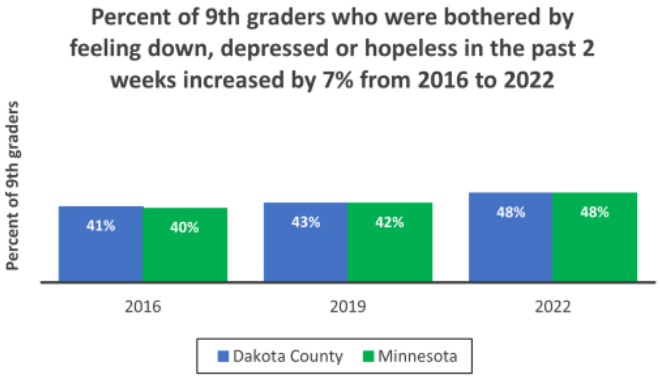
### Why It Matters

Mental health challenges and substance misuse continue to affect individuals, families, schools, and workplaces across Dakota County. Community members consistently identify anxiety, depression, suicide risk, and substance misuse as significant concerns. These challenges influence educational outcomes, workforce participation, housing stability, and overall quality of life. Certain populations, including younger adults, individuals with lower incomes, students of color, and students identifying as LGBTQ+, and older adults experience higher rates of distress and barriers to care.[10]

Since the COVID-19 pandemic, mental health concerns have increased across age groups, and many residents continue to face barriers to accessing timely care. Youth mental health challenges are closely connected to school engagement, including rising rates of chronic absenteeism. At the same time, substance misuse, including alcohol and drug use, remains a top contributor to preventable illness and death. Social connection and access to support services are critical protective factors, yet disparities persist across age, income, and racial and ethnic groups.[10]




Note: Data for Minnesota are 2019 and 2022.




- Mental health ranked second as a community concern within Dakota County's 2023 Health Matters Survey.[10]
- More than half of adults who needed mental health care in 2023 delayed or did not receive it.[15] (Adult Health Survey, 2023)
- Chronic absenteeism remains increased across Dakota County school districts following the COVID-19 pandemic.[17]
- The rate of overdose deaths from all drugs per 100,000 increased by 129 percent from 2018 to 2021. Sixty-five percent of overdose deaths in 2021 were due to opioids.[18]
- 24% of adults reported binge drinking (4 or more drinks per occasion for women and 4 or more drinks per occasion for men) in the past 30 days, higher than the statewide rate.[15] (Adult Health Survey 2023)
- The percentage of adults who rarely or never receive needed social or emotional support increased from 7% (2019) to 13% (2023).[15] (Adult Health Survey 2019 and 2023)

### Strategic Response

The Mental Health and Substance Use Pathway is guided by a continuum-based public health framework that recognizes the interconnected roles of prevention, early intervention, crisis response, and recovery. This approach acknowledges that mental health and substance use challenges develop over time and are influenced by social connection, access to care, and community conditions. Coordinated action across prevention, crisis, and recovery systems creates stronger sustainable outcomes.[19]

The pathway emphasizes building protective factors, fostering belonging, reducing stigma, and supporting trauma-responsive systems. By strengthening both individual and community-level supports, this framework aims to reduce risk, improve access to care, and promote long-term well-being.[19]

The Pathway Action Team includes Dakota County Public Health's Opioid Response, Youth Well-being Network, Cannabis and Substance Use Prevention Grant, and Mental Health programming under the SHIP and Health Promotion Team.

**GOAL: Strengthen prevention, early intervention, crisis response, and recovery supports for mental health and substance misuse.**

| **Results: People who live, work, learn, and gather in Dakota County experience mental well-being, connection, and reduced substance misuse.** |
|---|
| **Primary Indicators for this Pathway**<br>• Percent of adults reporting frequent mental distress<br>• Percent of students reporting depressive symptoms<br>• Percent of adults who delayed or did not receive needed mental health care<br>• Drug overdose death rate |
| **Strategies:**<br>Advance prevention efforts through mental health literacy, substance use education, stigma reduction campaigns, and youth protective factor strategies.<br>Enhance the Access to Care Crisis Continuum through coordinated cross-sector partnerships that improve patient outcomes and provider well-being.<br>Use data and learning efforts to support evidence-informed action across the Mental Health and Substance Use Pathway.<br>Build trauma-informed systems and organizations to improve access, build trust, and reduce disparities in mental health and substance use care.<br>Expand harm reduction, crisis response, and recovery strategies to reduce the impact of substance misuse across Dakota County. |

# SHIP Pathway

## Priorities: Access to Healthy Food, Physical Activity, Mental Health

### Why It Matters

Access to healthy food, opportunities for physical activity, tobacco-free environments, and conditions that support mental well-being are foundational drivers of health in Dakota County.[10] These community conditions impact residents in preventing chronic disease, maintaining independence as they age, and participating fully in community life.[20]

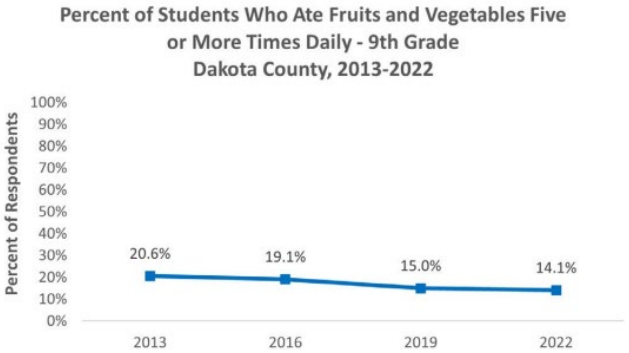
Recent trends show that progress is uneven and, in some areas, moving in the wrong direction. Disparities by age, income, education, and race/ethnicity highlight that not all residents have equal access to environments that make healthy choices possible.[10] Strengthening these conditions is essential to preventing chronic disease and improving long-term population health.[20]

Healthy eating patterns help prevent chronic disease and support overall well-being.[20] Fruit and vegetable consumption has declined over time, and food insecurity remains a concern for many families. Rising food costs, transportation barriers, and low food access areas contribute to disparities in nutrition and long-term health outcomes.[10]

- 30% of adults ate five or more fruits/vegetables the previous day, down from 39% in 2010[15] (Adult Health Survey, 2023)
- 17 out of 125 census tracts in Dakota County had low food access[21]
- Food shelf visits increased 99% from 2021–2022[22]
- Food shelf visits among older adults increased 145%[22]

Regular physical activity reduces the risk of heart disease, stroke, diabetes, certain cancers, and supports mental health.[20] While Dakota County residents value parks, trails, and natural spaces, the percentage meeting recommended activity levels is lower compared to previous years. Youth activity levels remain low, and disparities persist across age, income, and education levels.[10] Community design, safety, and transportation options influence whether residents can engage in consistent movement.[20]

- 46% of adults met CDC-recommended activity levels in 2023[15] (Adult Health Survey, 2023)
- Less than 20% of students reported 60 minutes of activity every day[16] (MSS, 2022)



Source: Minnesota Student Survey Interagency Team, *Minnesota Student Survey*

Commercial tobacco use, including vaping, remains a public health concern in Dakota County. While adult cigarette smoking has declined over time, youth vaping continues to present challenges, with disparities across demographic groups. Exposure to secondhand smoke remains an issue for children and families.[10]

- 6% of adults reported current cigarette smoking and 7% of adults reported e-cigarette use[15] (Adult Health Survey, 2023)
- 8% of students reported use of any commercial tobacco product[16] (MSS, 2022)

### Strategic Response

The Minnesota Statewide Health Improvement Partnership (SHIP) is an initiative led by the Minnesota Department of Health that provides funding and guidance to local public health agencies to implement evidence-based, community-level strategies aimed at preventing chronic disease and improving health across the state. The Statewide Health Improvement Partnership SHIP advances policy, systems, and environmental strategies that make healthy choices practical and accessible across Dakota County. Rather than funding individual services, SHIP focuses on sustainable changes in the places where people live, learn, work, and gather. This includes strengthening community conditions that improve access to healthy food, expand opportunities for physical activity, support mental well-being, and promote tobacco-free environments. SHIP works across schools, childcare settings, healthcare systems, workplaces, and community spaces to build environments that reduce chronic disease risk and narrow health disparities.[20]

The SHIP Pathway Action Team which includes the Dakota County Health Promotion Team, South of the River Collaborative, and local SHIP partners coordinates implementation of these strategies to strengthen long-term population health outcomes.

**GOAL: Strengthen community conditions that support healthy eating, active living, mental well-being, and tobacco-free living.**

| **Results: People who live, work, learn, and gather in Dakota County experience community conditions that promote healthy eating, active living, mental well-being, and tobacco-free living.** |
|---|
| Primary Indicators for this Pathway:<br>• Percent of adults and students meeting recommended activity levels<br>• Census tracts that are considered low food access<br>• Tobacco use rates for adults and youth |
| **Strategies:**<br>Partner with schools to strengthen healthy food access, physical activity, mental well-being, and tobacco-free practices that support student health.<br>Collaborate with workplaces to advance policies and practices that promote healthy eating, active living, mental well-being, and tobacco-free environments.<br>Co-create solutions with community partners to strengthen healthy environments and reduce inequities. |

# Access to Care for Children Pathway

## Priorities Addressed: Access to Healthcare and Access to Dental Care

### Why It Matters

Timely, affordable, and equitable access to healthcare and dental care is essential to healthy child development in Dakota County.[10] When children receive regular well-child visits and preventive dental care, health concerns can be identified and addressed early. Early identification supports healthy growth, school readiness, and long-term health outcomes. When access is delayed or unavailable, untreated conditions can result in pain, missed school days, avoidable emergency department visits, and long-term complications.[23]

While Dakota County's overall dentist-to-population ratio is comparable to other metro counties, access barriers remain significant. Few dental clinics accept new Medical Assistance patients or uninsured clients, limiting care options for families with lower incomes. Utilization data show that many children enrolled in Medical Assistance or eligible for Child & Teen Checkups do not receive preventive dental services annually. Racial and ethnic disparities persist in dental utilization among adolescents.[10]

Broader healthcare access challenges also affect children and families. Barriers related to insurance coverage, appointment availability, workforce capacity, transportation, and culturally responsive care limit timely access. Partners report growing need for pediatric oral health services, early childhood supports, behavioral health services, and navigation assistance.[10]

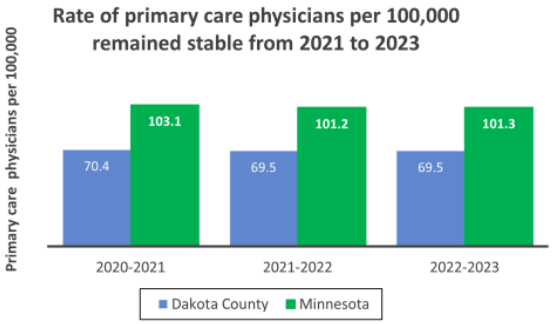
Ensuring equitable pediatric access strengthens family stability, reduces avoidable complications, improves school attendance and performance, and supports healthier adults in the future.[23] Addressing these gaps is central to improving long-term population health in Dakota County.

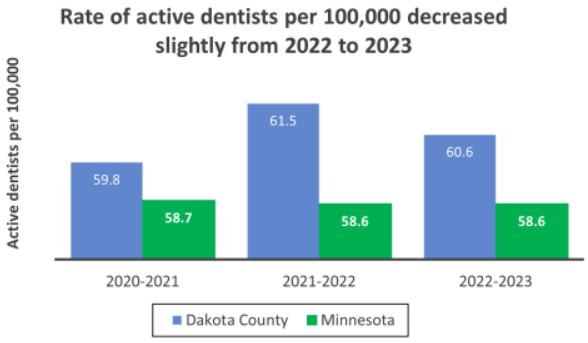
In 2020, among children eligible for Child & Teen Checkups, only 30% received a preventive dental service during the year[10]

## Percent of Kindergarteners Vaccinated in Dakota County 2024-2025

| County | Kindergarten Enrollment | DTap % Vaccinated | Polio % Vaccinated | MMR % Vaccinated | Hep B % Vaccinated | Varicella % Vaccinated |
|---|---|---|---|---|---|---|
| **Statewide** | **64,682** | **87.0%** | **87.5%** | **86.5%** | **92.3%** | **86.3%** |
| Dakota | 5,268 | 87.9% | 88.2% | 86.5% | 93.0% | 86.6% |

Source: Minnesota Department of Health, School Immunization Data




## Strategic Response

This pathway advances pediatric access by emphasizing prevention, early identification, coordinated care, and reduction of barriers that limit access to health and dental services. Through school-linked care, community partnerships, and culturally responsive navigation supports, this pathway strengthens systems that improve child health outcomes and reduce avoidable emergency care use.[23]

The Pathway Action Team includes the School-Based Health Center Capital (SBHCC) Program funded by the Health Resources and Services Administration (HRSA) and the Dakota County Oral Health Task Force.

**Goal: Expand opportunities for children to receive timely, coordinated healthcare and dental care.**

| **Results: Children in Dakota County experience healthy development supported by timely, preventive, and coordinated healthcare and dental care.** |
|---|
| **Primary Indicators for this Pathway:**<br>• Percent of kindergarten students who are full vaccinated for the school year.<br>• Percent of children receiving preventive dental visits in the past year. |
| **Strategies:**<br>Partner and coordinate initiatives with schools and existing healthcare organizations to increase access to preventive healthcare and address social determinants of health for students and families in Dakota County<br>Advance pediatric oral health by supporting Oral Health Task Force priorities and expanding access to dental care and education. |

# Innovations Pathway

## Priorities Addressed: Housing and Access to Care for Adults

### Why It Matters

Housing stability and access to healthcare are foundational drivers of health in Dakota County.[10] When residents have stable housing and timely access to care, they are better able to manage chronic conditions, maintain employment, support their families, and participate fully in community life.[25]

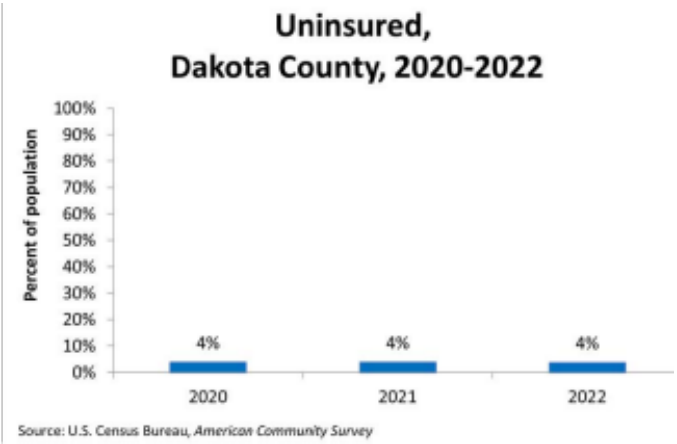
Community input reinforces the urgency of these issues. Food, housing, and income ranked as the number one community concern, and access to health care ranked fourth.[10]

Housing affordability continues to strain Dakota County households. Rising rents, inflation, and limited affordable options increase financial pressure, particularly for lower-income families. Long waitlists for subsidized housing and a shortage of emergency housing options increase vulnerability.[10] Housing instability is closely associated with stress, poorer physical and mental health outcomes, and greater reliance on emergency systems.[25]

Access to healthcare presents ongoing challenges. During the COVID-19 pandemic, many residents delayed preventive care, contributing to more complex health needs. Clinics continue to rebuild workforce capacity, and appointment wait times remain longer than prior to the pandemic. Other barriers to receiving care include not enough diverse, culturally competent providers; fewer providers with expertise for people with disabilities and older adults; no healthcare for the homeless in the county; and transportation.[10]

When people cannot secure stable housing or receive needed medical care, the effects extend beyond individual health. Housing instability and delayed care contribute to increased emergency service use, higher healthcare costs, and long-term chronic disease burden.[25]

Addressing housing stability and healthcare access through coordinated, prevention-oriented innovation supports community resilience and strengthens overall population health in Dakota County.[10]




- About 25% of Dakota County households spent 30% or more of income on housing in 2022[26]
- 49% of renter households experienced housing cost burden[26]
- In January 2023, a one-day count found 370 persons in Dakota County homeless (104 unsheltered and 266 sheltered). This was an increase from 124 in 2022. The number of unsheltered people increased by 79 percent from 2022 to 2023.[27]
- 19% of adults delayed or did not receive needed medical care[15] (Adult Health Survey, 2023)

- 38% cited provider or appointment availability as the reason for delaying or not receiving care.[15] (Adult Health Survey, 2023)

### Strategic Response

The Innovations Pathway provides structured space to better understand existing efforts related to housing and access to care and to clarify the role of Public Health in advancing prevention within these areas. Rather than launching large-scale interventions, this pathway focuses on learning, relationship-building, and identifying opportunities for cross-sector alignment. Initial work will focus on analyzing data, mapping system roles, and exploring emerging best practices. This approach supports stronger collaboration and clearer understanding of how housing stability and access to care influence long-term health outcomes.

This Pathway Action Team includes the CHIP Internal Steering Committee and the CHIP Advisory Committee. Work within the Innovations category will remain limited until additional partnerships, capacity, and funding are established; initial efforts will focus on exploring opportunities and building the foundation needed to support future implementation.

**Goal: Explore and advance innovative approaches that support housing stability and access to care for adults.**

| **Result: Adults in Dakota County experience stable housing and timely access to care.** |
|---|
| **Primary Indicators for this Pathway:**<br>• Percent of households spending 30% or more of income on housing<br>• Rate of unsheltered homelessness<br>• Percent of adults who delayed or did not receive needed medical care |
| **Strategies:**<br>Build and strengthen partnerships focused on housing stability and adult access to care.<br>Use data and partner input to better understand gaps, barriers, and opportunities related to housing and healthcare access.<br>Test practical solutions, including community-based pilots and expanded resource sharing, to improve housing stability and access to care. |

# References


1. Minnesota Statutes §145A. Ch. 145A MN Statutes
2. U.S. Census Bureau. Annual estimates of the resident population for counties in Minnesota: April 1, 2020 to July 1, 2022. CO-EST2022-POP-27. Published March 2025. Accessed February 8, 2026. https://www.census.gov/
3. U.S. Census Bureau. Population estimates program. Published March 2025. Accessed February 8, 2026. https://www.census.gov/
4. Dakota County, Minnesota. About us. Updated March 7, 2023. Accessed December 29, 2023. https://www.co.dakota.mn.us/
5. Dakota County, Minnesota. Dakota County cities and townships. Updated June 14, 2024. Accessed September 9, 2024. https://www.co.dakota.mn.us/
6. Minnesota State Demographic Center. PopFinder for cities and townships. Published July 2025. Accessed February 9, 2026. https://mn.gov/admin/demography/
7. U.S. Census Bureau. 2020 census urban-rural classification fact sheet. Updated December 29, 2022. Accessed December 29, 2023. https://www.census.gov/
8. Minnesota State Demographic Center. Long-term population projections for Minnesota. Published May 2024. Accessed February 27, 2026. https://mn.gov/admin/demography/
9. U.S. Census Bureau. Selected social characteristics in the United States (DP02). 2020–2024 American Community Survey 5-year estimates. Accessed February 27, 2026. https://data.census.gov/
10. Dakota County. 2023 Dakota County community health assessment. 2023 Dakota County Community Health Assessment
11. Minnesota Department of Employment and Economic Development. County unemployment rates. Accessed February 27, 2026. https://mn.gov/deed/
12. U.S. Census Bureau. Selected economic characteristics in the United States (DP02). 2020–2024 American Community Survey 5-year estimates. Accessed February 27, 2026. https://data.census.gov/National Association of County and City Health Officials (NACCHO). MAPP 2.0 handbook: Mobilizing for action through planning and partnerships.
13. Clear Impact. Results-based accountability ebook. https://clearimpact.com/wp-content/uploads/2022/05/RBA-Ebook-Updated-FINAL.pdf
14. Dakota County Adult Health Survey, 2023. Dakota County Public Health Department.
15. Minnesota Student Survey Reports 2013-2022. Minnesota Department of Education. www.education.state.mn.us. Accessed April 18, 2023.
16. The Annie E. Casey Foundation. Chronic absenteeism in U.S. schools rose during pandemic—and hasn't recovered. Published September 20, 2023. Accessed February 5, 2024. https://www.aecf.org/
17. Minnesota Department of Health. Dakota County substance use and overdose profile. Published May 23, 2023. Accessed December 10, 2023.
18. Institute of Medicine. The continuum of care. The Institute of Medicine's Continuum of Care. Accessed January 30, 2026.
19. Minnesota Department of Health. 2024–2025 SHIP legislative report.
20. U.S. Department of Agriculture, Economic Research Service. Food access research atlas. Accessed February 2, 2024. https://www.ers.usda.gov/
21. Hunger Solutions Minnesota. Food shelf visits map, 2021–2022. Accessed February 2, 2024. https://www.hungersolutions.org/
22. Office of Disease Prevention and Health Promotion. Healthy People 2030: Preventive care. Accessed January 30, 2026. https://odphp.health.gov/
23. Minnesota Department of Health. School immunization data. Accessed January 30, 2026. https://www.health.state.mn.us/
24. Braverman P, Dekker M, Egerter S, Sadegh-Nobari T, Pollack C. Housing and health brief.
25. U.S. Census Bureau. Selected housing characteristics in the United States (DP04). 2018–2022 American Community Survey 5-year estimates.
26. Dakota County Social Services. Point-in-time homeless survey.

# Appendix A: Community Partner Rosters

## CHIP Advisory Council Roster

| | |
|---|---|
| 360 Communities | Lisa Lusk |
| Allina (United Hospital-Regina Campus) | Brandi Poelinger |
| American Heart Association | Heather Peterson |
| Associated Clinic of Psychology | Kelly Johnson |
| Blue Cross Blue Shield of Minnesota | Lynn Price |
| Community Action Partnership (CAP) | Rebecca Strauss |
| Crisis Response Team | Meeghan Anderson |
| Dakota County Attorney's Office | Rachel Koenigs |
| Dakota County Housing | Teri Lazaretti |
| Dakota County Libraries | Diane Podolske |
| Dakota County Parks | Beth Landahl, Heidi Jolivette Satre |
| Dakota County Physical Development | Kurt Chatfield, Lil Letham |
| Dakota County Social Services | Ericka Hammer, DeAnn Prouty |
| HealthPartners and Park Nicollet Clinics | Dr. Daniel Stein, Paul Danicic |
| Lionheart Wellness and Recovery | Tiffany Neuharth |
| Live Development Resources | Chris Thole |
| M Health Fairview (Burnsville) | Allie Glass, Corenia Smith Kunuku |
| Minnesota Mental Health Clinics | Melissa Conway |
| MKG Parent Coaching | Merri Guggisberg |
| NAMI | Molly Peterson |
| Neighbors, Inc | Tara Grover |
| Residents of Color Collective (ROCC) | Kimetha "KaeJae" Johnson |
| Revive Your Light Mentoring | Lucienne Olson, Tiara Fard |
| SAVE | Jen Owens |
| Steve Rummler Foundation | Allie Carey, Alicia House |
| University of Minnesota Extension | Tammy McCullock |

## Healthy Dakota Initiative CHA Steering Committee (2023)

| | |
|---|---|
| Allina Health | Heather Peterson |
| Allina Health | Brandi Poellinger |
| Augustana Lutheran Church | Joann Arneberg |
| City of Apple Valley | Eric Carlson |
| City of Burnsville | Sarah Madden |
| City of Farmington | Kellie Omlid |
| City of South St. Paul | Deb Griffith |
| City of West St. Paul | Melissa Houtsma |
| Dakota County Parks | Beth Landahl |
| Dakota County Public Health | Gina Adasiewicz |
| Dakota County Public Health | Melanie Countryman |

| | |
|---|---|
| Dakota County Public Health | Coral Ripplinger |
| Dakota County Public Health | Natalie Vasilj |
| Dakota County Resident | Shannon Bailey |
| Dakota County Technical College Student Rep. | Alex Nordling |
| Dakota Electric Association | Peggy Johnson |
| DARTS | Tabatha Barrett |
| HealthPartners | Dr. Daniel Stein |
| Inver Grove Heights Police | Ericka Eid |
| Inver Hills Community College Student Rep. | Karina Villeda |
| ISD 197 | Stacy O'Leary |
| M Health/Fairview | Russell Fujisawa |
| M Health/Fairview | Francisco Ramirez |
| Minnesota Community Care | Amber Hurtado |
| Neighbors Inc. | Susan Schroeder |
| Tobacco-Free Alliance | Elyse Levine Less |
| United Way of Hastings | Mari Mellick |
| University of Minnesota Extension | Sharmyn Phipps |

## CHIP Internal Steering Committee (Public Health) Roster

| | | | |
|---|---|---|---|
| Alex Groten | Josie Hanneken | Erin Carder | Matt Giljahn |
| Amanda Harrer | Judy Wohnoutka | Erin Ostrowski | Megan Polzer |
| Beth Reilly | Kassy Podvin | Gina Pistulka | Melanie Countryman |
| Betsy Lundmark | Katey Murphy | Izzy Cenci | Morgan Hamernik |
| Brenna Finley | Katrina DeVore | Jake Phillips | Natalie Vasilj |
| Eli Baker | Kjirsten Anderson | James Johnson Jr. | Olivia Collins |
| Eric Gipson | Marguerite Zauner | | |

# Appendix B: Mental Health and Substance Use Pathway

Assets: Dakota County has an established crisis response system, including the Dakota County Crisis and Recovery Center and the Place to Go program. The county supports coordinated care and programming like the Adult Mental Health Initiative, chemical health assessment, referral services, Communities for All, and SHIP. Schools provide mental health supports and monitor attendance. Data and surveillance systems exist to understand trends in mental health and substance use. Community awareness of mental health needs is strong. The CredibleMind platform expands access to trusted information. Programming in community spaces, including libraries and parks, provides opportunities for connection and prevention.

Barriers / Challenges: Many residents continue to experience post-COVID community trauma and increased mental health needs. Behavioral Health workforce recruitment challenges and shortages lead to long wait times for services. There are limited culturally responsive providers. Stigma around mental health and substance use remains a barrier. Some residents are not aware of available resources. Systems do not always have clear processes for triaging and routing clients to the right supports. Transportation and geographic access barriers, along with insurance limitations and system navigation challenges are additional challenges.

Collaborative Partnerships: Partnerships for this pathway include school districts, school-linked and school-based mental health services, behavioral health providers, law enforcement, first responders, community-based organizations such as NAMI and SAVE, families and youth-serving organizations, and faith communities. Key groups include Safe and Drug Free Schools, SPARC, the Children's Local Advisory Council, the Adult Local Advisory Council, the Substance Use Provider Group, the Adult Mental Health Provider Group, and the Access to Care Crisis Continuum workgroup. Funding and coordination are supported through state partners, Dakota County Public Health's Opioid Response, The Youth Well-being Network, Cannabis and Substance Use Prevention Grant (CSUP), and mental health programming under the Statewide Health Improvement Partnership (SHIP) and the Health Promotion Team.

| **Strengthen prevention, early intervention, crisis response, and recovery supports for mental health and substance misuse.** | | | |
|---|---|---|---|
| **Results: People who live, work, learn, and gather in Dakota County experience mental well-being, connection, and reduced substance misuse.** | | | |
| Primary Indicators for This Pathway<br>• Percent of adults reporting frequent mental distress<br>• Percent of students reporting depressive symptoms<br>• Percent of adults who delayed or did not receive needed mental health care<br>• Drug overdose death rate | | | |
| **Strategy** | **Potential Objectives and Timeline** | **Lead** | **Performance Measures** |
| By 2029, advance prevention efforts through mental health literacy, substance use education, stigma reduction campaigns, and protective factor strategies. | From 2025-2029, implement the Youth Well-Being Network as a cross-sector strategy to reduce shared risk factors and strengthen protective factors for Dakota County youth and young adults ages 10–24. | Youth Well-Being Network | # of partners engaged<br>Additional metrics determined by initiatives the network leads |
| | From 2025-2029, advance coordinated mental health and substance use communication strategies, including CredibleMind, the Opioid Awareness campaign, Little Moments Count and Mental Health Month efforts. | DCPH | # of campaigns launched and their metrics<br># of partners engaged<br># of resources distributed |
| By 2029, use data and learning efforts to support evidence-informed action across the Mental Health and Substance Use Pathway. | By October 31, 2026, Dakota County SHIP will conduct a landscape assessment of prevention efforts related to brain health, healthy aging, and dementia friendly communities. | DCPH<br>CHIP Advisory and Internal Steering Committees | # of organizations interviewed or surveyed<br># of prevention initiatives identified |
| | By January 2027, use data collected from the Young Adult Health Survey, focus groups, and additional assessments to guide action under CSUP and SHIP | DCPH<br>Wilder Foundation | Data summary or findings brief developed and shared<br># of strategies informed by data |

| | | | |
|---|---|---|---|
| By 2029, enhance the Access to Care Crisis Continuum through coordinated cross-sector partnerships that improve patient outcomes and provider well-being. | By July 2026, convene the Access to Care Crisis Continuum Workgroup for one year to develop recommendations that increase staff experience and patient care within the current crisis system. | DCPH and Social Services | # of meetings held<br># of organizations engaged<br>% of recommendations implemented |
| By 2029, build trauma-informed systems and organizations to improve access, increase trust, and reduce disparities in mental health and substance use care. | By October 31, 2026, Dakota County Public Health will create a comprehensive, trauma-responsive department workplan informed by previous consultation and training. | DCPH | Workplan created (yes/no)<br># of PSE strategies in workplan |
| By 2029, expand harm reduction, crisis response, and recovery strategies to reduce the impact of substance misuse across Dakota County. | By 2029, increase community awareness of Naloxone Access Points, naloxone training, and safe storage resources across Dakota County. | DCPH | # of outreach or promotional efforts conducted annually<br># of community partners engaged in promotion efforts<br>% change in utilization of Naloxone Access Points |
| | | | |
| **Statewide Health Improvement Framework Alignment** | 1. Promote policy and system-level approaches to improve mental health and wellbeing, including community identified policies and approaches.<br>2. Promote primary prevention approaches that support mental health and prevent substance misuse<br>3. Increase culturally competent and trauma-informed training, care, support, services, and policies across the state | | |
| **Dakota County Strategic Plan Board Priorities Alignment** | Create access to opportunities, care for vulnerable people, innovate and collaborate, community engagement, community safety, health and well-being, and welcoming and responsive services for all people | | |

# Appendix C: SHIP Pathway

Assets: Dakota County has parks, trails, lakes, and outdoor spaces that support physical activity. Schools, workplaces, healthcare and community partners are engaged in prevention efforts. SHIP funding supports policy and environmental strategies including bike/pedestrian planning since 2009. WIC services, food shelves, and community food programs help address food access. Tobacco prevention efforts and compliance checks are in place. The county collects data on food access, physical activity, and tobacco use.

Barriers / Challenges: Rising food costs make it harder for families to afford healthy food. Some areas have limited access to grocery stores. Not all residents feel safe in their neighborhoods. Cost, income, and transportation affect access to healthy choices.

Collaborative Partnerships: Key partners include food shelves and hunger relief organizations, healthcare systems, employers, school districts, community organizations, and SHIP consultants such as HKGI, Health Source Solutions, and Tobacco Free Alliance (TFA). The SHIP Pathway Action Team includes the Dakota County Health Promotion Team, the South of the River Collaborative, and long-standing local SHIP partners.

| **Strengthen community conditions that support healthy eating, active living, mental well-being, and tobacco-free living.** | | | |
|---|---|---|---|
| **Results: People who live, work, learn, and gather in Dakota County experience community conditions that promote healthy eating, active living, mental well-being, and tobacco-free living.** | | | |
| **Primary Indicators for this Pathway:**<br>• Percent of adults and students meeting recommended activity levels<br>• Census tracts that are considered low food access<br>• Tobacco use rates for adults and youth | | | |
| **Strategy** | **Potential Objectives and Timeline** | **Lead** | **Performance Measures** |
| Partner with schools to strengthen healthy food access, physical activity, mental well-being, and tobacco-free practices that support student health. | By October 31, 2026, all ten Independent School Districts (ISD) through community partner awards and wellness committee support, will complete a SHIP approved project focused on student health and wellbeing. | ISDs<br>SHIP<br>Health Source Solutions | Tracking metrics for final reporting |
| | By November 2026, support at least one ISD in the county with implementing their Safe Routes to School (SRTS) work ensuring community voice is heard in the process and using the SRTS prioritizing to help guide the process. | ISDs<br>SHIP<br>Health Source Solutions | # of ISDs supported in implementing SRTS efforts |

| | | | |
|---|---|---|---|
| | By May 31, 2028, engage at least five ISDs in commercial tobacco/vaping prevention activities to increase the number of districts that conduct student-led commercial tobacco prevention education, offer alternatives to suspension for tobacco policy violations, and pass comprehensive commercial tobacco-free policies that include non-punitive interventions. | ISDs<br>TFA<br>SHIP | # of ISDs engaged in commercial tobacco and vaping prevention activities<br># of students engaged |
| Collaborate with workplaces to advance policies and practices that promote healthy eating, active living, mental well-being, and tobacco-free environments. | By October 31, 2026, partner with up to 8 worksites within Dakota County through worksite wellness initiative support, ensuring health equity is integrated into the infrastructure of organizations. | Health Resource Solutions,<br>SHIP | Completed assessments, evaluations, and tracking metrics for final reporting |
| Co-create solutions with community partners to strengthen healthy environments and reduce inequities. | By November 2027, collaborate with at least one city in the county to award a community partner award that supports projects aligned with SHIP Active Living. The projects will prioritize initiatives that engage and benefit underserved populations. | SHIP | Tracking metrics for final reporting |
| | By May 31, 2028, decrease the availability of and prevent youth access to commercial tobacco products in Dakota County by helping five or more Dakota County cities strengthen their tobacco retail ordinances, ensuring efforts highlight and help address the inequities perpetuated by targeted tobacco industry marketing. | SHIP<br>TFA | # of cities engaged<br># of ordinances implemented<br># of youth/residents engaged |
| | By May 31, 2028, expand and evaluate FoodRx within Dakota County Veterans Services and Family home visiting programs expanding access to consistent, healthy and culturally relevant food for residents experiencing food insecurity. | Veterans Services<br>Family Home Visiting<br>SHIP | # of participant access to food resource options<br># FoodRx programming in Dakota County |

| | | | |
|---|---|---|---|
| | By May 31, 2028, increase access to local fresh Minnesota produce for youth and seniors by expanding Power of Produce (POP) and Power of Produce Plus (POP+) at two Dakota County farmers markets located in communities experiencing food access and transportation barriers. | Dakota County Farmers Markets and SHIP | # of youth and seniors visiting the farmer's market<br># of culturally responsive outreach and partnerships with community organizations. |
| | By May 31, 2028, partner in supporting six Dakota County Food shelves in increasing access to healthy, culturally relevant food options while supporting food shelf staff and volunteers through training and resources to apply a health equity lens in food distribution, with a focus on meeting priority population needs such as immigrants and low-income communities. | Dakota County Food Shelves SHIP | # of food shelves or partners offering culturally appropriate fresh food options<br># of food shelf staff or volunteers trained in cultural competence, trauma-informed, or equitable food practices |
| | By May 31, 2028, utilize a dedicated grant writer to secure at least ten grants that advance equity-informed infrastructure planning, city design, and SRTS initiatives, prioritizing underserved communities. | HKGI Dakota County Physical Development SHIP | # of dollars and grants secured |
| | | | |
| **Statewide Health Improvement Framework Alignment** | Not applicable with SHIF priority areas | | |
| **Dakota County Strategic Plan Board Priorities Alignment** | Create access to opportunities, care for vulnerable people, innovate and collaborate, community engagement, community safety, health and well-being, and welcoming and responsive services for all people | | |

# Appendix D: Access to Care for Children Pathway

Assets: Dakota County has pediatric medical clinics and dental providers located throughout the county. The School Based Health Center Capital Program supports the development and expansion of school linked healthcare services. The Dakota County Oral Health Task Force focuses on improving access to dental care and strengthening coordination across partners. The Child and Teen Checkups program promotes preventive care for children enrolled in Medical Assistance. Public Health nursing and outreach staff support families in accessing services. Schools and community partners provide health supports, referrals, and connections to care.

Barriers and Challenges: Access to dental care remains limited for some families. Few dental clinics accept new Medical Assistance patients or uninsured clients. The number of dentists per person declined slightly from 2022 to 2023. Workforce shortages and limited appointment availability further restrict access. Families may also face transportation barriers, insurance limitations, system navigation challenges, and difficulty finding culturally responsive providers. These factors contribute to gaps in preventive healthcare access for children and adolescents.

Collaborative Partnerships: This pathway includes collaboration with school districts, pediatric healthcare providers, dental clinics, and community organizations serving children and families. Key partners include Homeland Health, Riverland Community Health, Children's Dental Services, Delta Dental, Diamondhead Clinic, Park Nicollet Foundation, and the Minnesota School Based Health Alliance. The Dakota County Oral Health Task Force and the School Based Health Center Capital Program are part of the broader partnership landscape supporting preventive healthcare access in Dakota County.

| **GOAL: Expand opportunities for children to receive timely, coordinated healthcare and dental care.** | | | |
|---|---|---|---|
| **Results: Children in Dakota County experience healthy development supported by timely, preventive, and coordinated healthcare and dental care.** | | | |
| **Primary Indicators for This Pathway:**<br>Percent of kindergarten students who are fully vaccinated for the school year.<br>Percent of children receiving preventive dental visits in the past year. | | | |
| **Strategy** | **Potential Objectives and Timeline** | **Lead** | **Performance Measures** |
| Partner and coordinate initiatives with schools and existing healthcare organizations to increase access to preventive healthcare and address social determinants of health for | By December 2026, conduct an analysis of immunization needs, surveys, focus groups on school aged children in Dakota County including immunization rates by school districts and current existing barriers to access identified by families | DCPH | Completed analysis |

| | | | |
|---|---|---|---|
| students and families in Dakota County | By December 2026, develop and implement strategies to help improve immunization rates in priority populations or locations based upon the conducted analysis | DCPH | # of strategies implemented<br># of immunization clinics or outreach events conducted |
| | By December 2028, Support ISD 197 and Riverland Community Health with establishment of a School-Based Health Center | DCPH<br>ISD 197<br>Riverland Community Health | Tracking metrics for final reporting |
| | By December 2028, support partnership development and service exploration with South St. Paul Public Schools | DCPH<br>South St. Paul Public Schools | Tracking metrics for final reporting |
| | By December 2028, support service expansion at established Dakota County school-based health center, Diamondhead Clinic | DCPH<br>Diamondhead Clinic | Tracking metrics for final reporting |
| | By December 2028, School-based behavioral health services expansion in at least 1 Dakota County school district. | DCPH | # of districts engaged in expansion planning<br># of new behavioral health providers added |
| Advance pediatric oral health by supporting Oral Health Task Force priorities and expanding access to dental care and education. | By June 2025, complete a 2-year strategic plan for the Oral Health Task Force. | Oral Health Task Force | # of goals<br># of members engaged |
| | By December 2025, collect and review recent dental data to identify geographic and demographic gaps in dental care and inform/prioritize Oral Health Task Force actions. | Oral Health Task Force | Creation of compiled data and identified gaps. |
| | By December 2026, launch additional mobile dental clinics at Dakota County | Oral Health Task Force | # of additional dental clinics hosted and |

| | | | |
|---|---|---|---|
| | library locations and begin to look for other community partners and locations to further expand access. | DC Libraries | # of potential partners and locations. |
| | By December 2026, increase outreach to better educate community about oral health tools and resources by launching a communications campaign to share materials with the community. | Oral Health Task Force | Communication metrics (# of posts and new materials; reach; engagement; etc.). |
| | | | |
| **Statewide Health Improvement Framework Alignment** | Promote cross-sectoral collaboration to understand and reduce barriers to accessing health care for underserved populations. | | |
| **Dakota County Strategic Plan Board Priorities Alignment** | Create access to opportunities, care for vulnerable people, innovate and collaborate, community engagement, community safety, health and well-being, and welcoming and responsive services for all people | | |

# Appendix E: Innovations Pathway

Assets: Dakota County has housing support programs and coordinated services for residents in need. This includes homelessness prevention, emergency shelter, and housing stability support. Dakota County also has an Affordable Housing Coalition. The county collects data on housing stability, homelessness, and healthcare access. Community partners provide rental assistance, housing navigation, and supportive services. Aspen House, ROMA, HOME Line are additional resources in the community.

There are three hospitals in Dakota County (Fairview Ridges, Regina Medical Center, Northfield Hospital), with a total of 244 beds. There are 33 primary care clinics in Dakota County. County leadership and cross-sector groups are engaged in addressing housing and access to care.

Barriers / Challenges: Waitlists for subsidized housing are long, and emergency housing options are limited. The number of people living unsheltered has increased. Increased cost of living and high housing costs impact both access to care and housing.

Provider shortages and appointment availability limit access. Transportation, insurance coverage, and system navigation make it harder for some adults to get care. Federal or state changes to eligibility can affect coverage. There are also geographic limitations to brick-and-mortar clinics, primarily in the southern part of the county.

Collaborative Partnerships: This pathway includes partnerships with housing agencies, community development partners, and rental assistance programs. Healthcare providers and clinics support access to care. Social services, health plan partners, faith communities, and transportation partners help address barriers. The Affordable Housing Coalition/Heading Home Dakota will be a key partner in exploring prevention's role in housing. The Pathway Action Team includes the CHIP Internal Steering Committee and the CHIP Advisory Committee.

| **Explore and advance innovative approaches that support housing stability and access to care for adults.** | | | |
|---|---|---|---|
| **Result: Adults in Dakota County experience stable housing and timely access to care.** | | | |
| **Primary Indicators for This Pathway:**<br>• Percent of households spending 30% or more of income on housing<br>• Rate of unsheltered homelessness<br>• Percent of adults who delayed or did not receive needed medical care | | | |
| **Strategy** | **Potential Objectives and Timeline** | **Lead** | **Performance Measures** |
| Build and strengthen partnerships focused on housing stability and adult access to care. | By December 2029, strengthen the Fairview–Public Health Partnership to Improve Housing & Outreach Connections by using the CHIP Advisory Committee as a Housing & Outreach Coordination Workgroup. | CHIP Advisory Committee<br>Social Services<br>Fairview | Tracking metrics to be determined as project unfolds |
| | By December 2026, conduct a landscape analysis of access to care initiatives in the metro area and provide a recommended scope for Public Health's role in this work. | Community Services<br>DCPH | Landscape analysis report |
| Use data and partner input to better understand gaps, barriers, and opportunities related to housing and healthcare access. | By December 2027, utilize GIS mapping to improve visibility and navigation of resources related to CHIP priority areas in Dakota County. | GIS Mapping Team<br>DCPH | # of maps created and resources plotted<br>Engagement metrics |
| | By December 2025, conduct a focused "mini" community health assessment on access to care to better understand primary drivers and barriers in Dakota County. | CHIP Advisory and Internal Steering Committees | Key Priorities for Access to Care<br>Mini CHA data |

| | | | |
|---|---|---|---|
| Test practical solutions, including community-based pilots and expanded resource sharing, to improve housing stability and access to care. | By December 2026, enhance the visibility and use of the Public Health trailer to support community engagement and programming aligned with CHIP priorities. | DCPH | Updated trailer wrap completed<br># of community events or engagement activities utilizing the trailer annually<br># of new partnership or programming opportunities explored using the trailer |
| | By December 2029, help 25 multi-unit housing properties in Dakota County adopt and implement comprehensive smoke-free policies that include e-cigarettes and cannabis to reduce residents' secondhand smoke exposure at home, ensuring policies include equitable enforcement measures that prevent evictions and residents who use commercial tobacco can access cessation supports. | Association for Nonsmokers-Minnesota (ANSR)<br>SHIP | Tracking metrics for final report: resident surveys, resident engagement/education, policy planning, resource sharing, presentations, cessation linkages, and compliance/enforcement assistance. |
| | | | |
| **Statewide Health Improvement Framework Alignment** | Promote policy approaches and practices that make connections between health, housing, and homelessness. | | |
| **Dakota County Strategic Plan Board Priorities Alignment** | Create access to opportunities, care for vulnerable people, innovate and collaborate, community engagement, community safety, health and well-being, and welcoming and responsive services for all people | | |

# Foundational Public Health Services

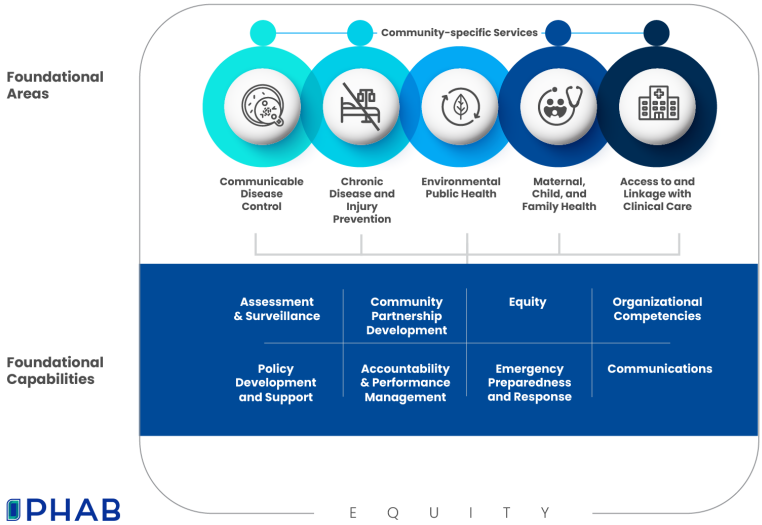
PHAB

**Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.**

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.

## Foundational Public Health Services Framework




**Community-specific Services** are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

### Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

### Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

# Foundational Capabilities

**There are eight Foundational Capabilities that are needed in Public Health Infrastructure.**

## Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

## Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.
- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

## Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

## Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.
- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

## Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

## Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

## Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 — Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

## Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

# Foundational Areas

**There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.**

## Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

## Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

## Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

## Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

## Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

# Community Health and Access Update

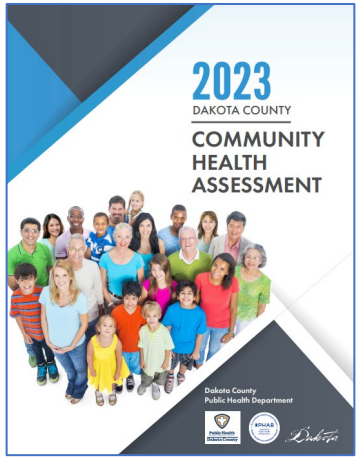
Gina Pistulka, Public Health Director
Erin Carder, Public Health Deputy Director

# Agenda

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

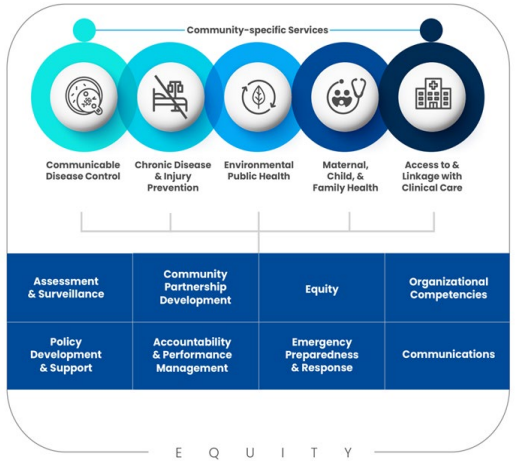
# Access to Care is a Priority

**PUBLIC HEALTH**




**Community Health Assessment**

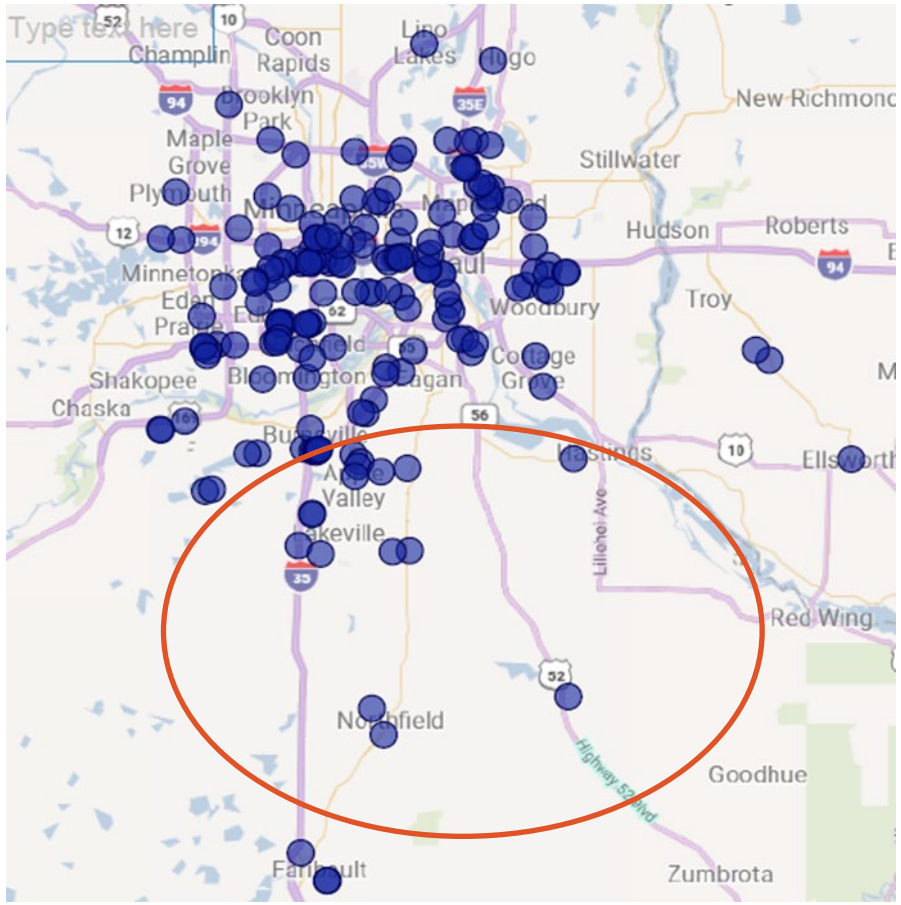
**Foundational Public Health Services**



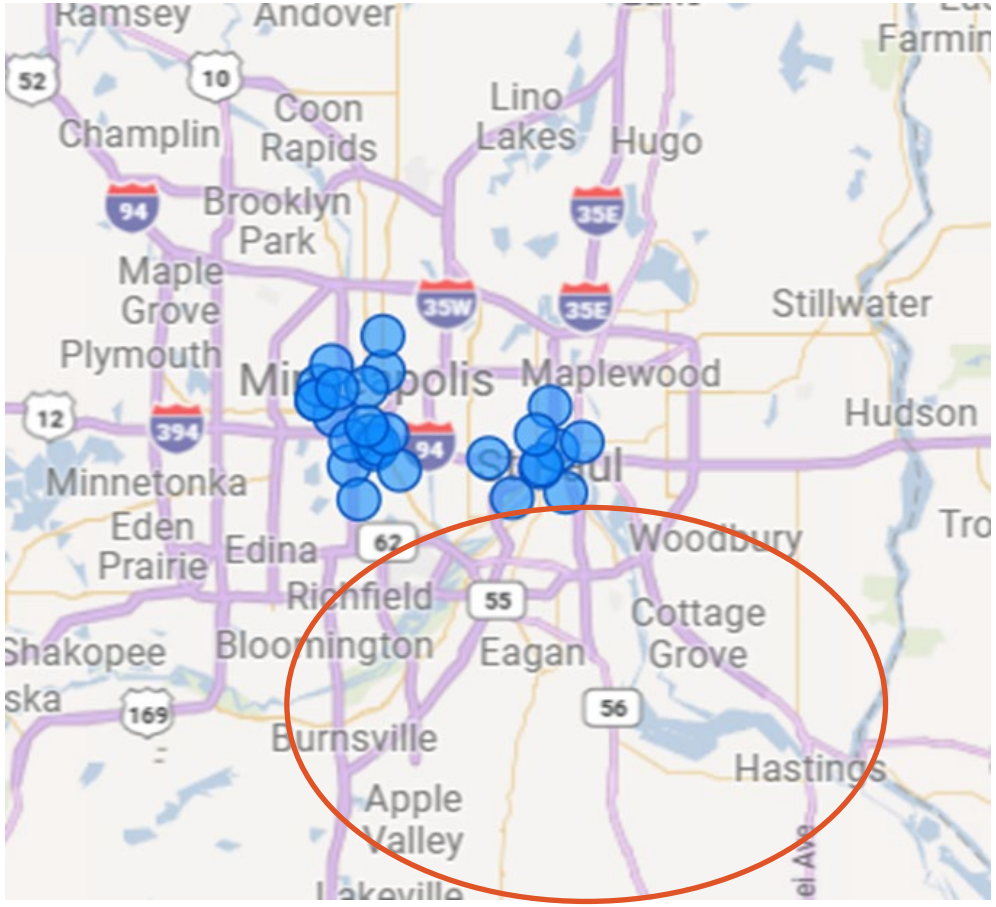

**COUNTY BOARD**

**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)

# Access to Care Impacts Us All Differently

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)

# Recent Events Impacting Access

News Greater Minnesota

## ‘Seismic’ Medicaid changes will be rough on rural hospitals

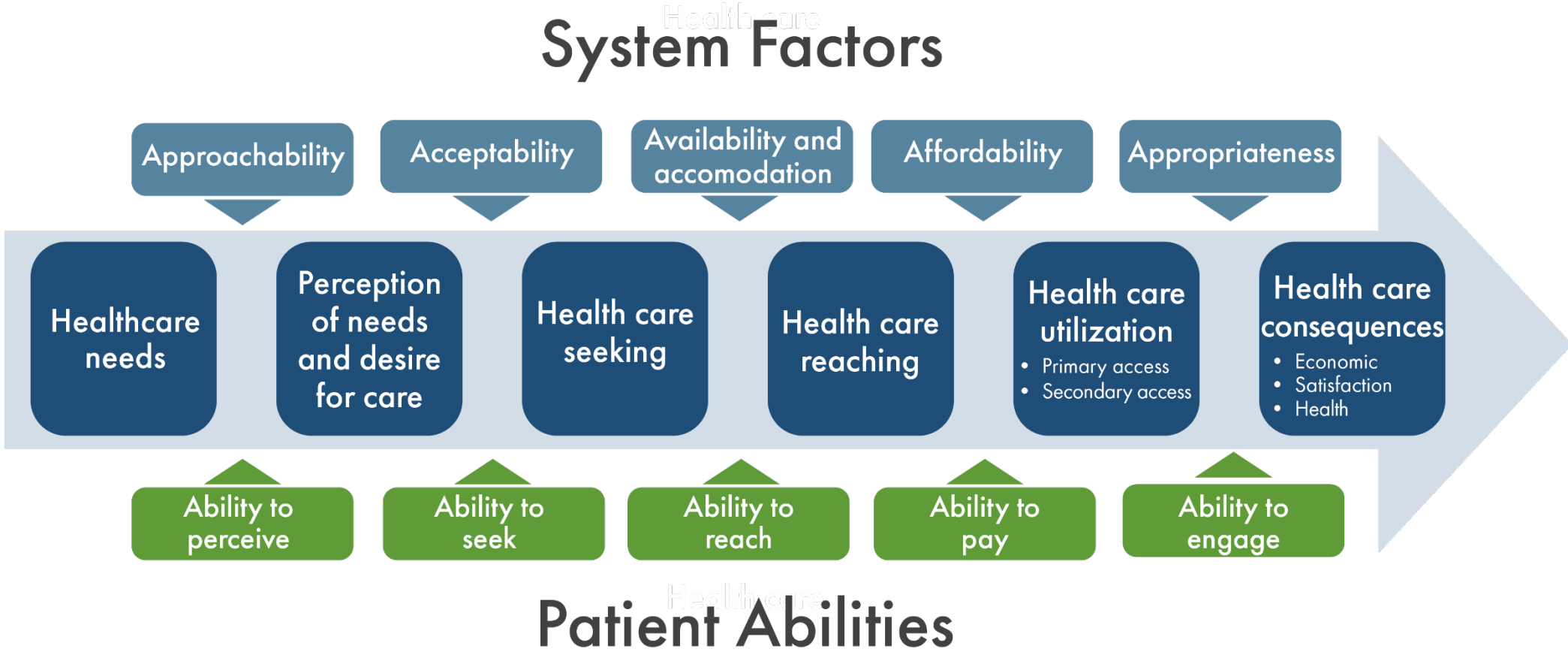
## Minnesota applies for $1B in rural health care funds, but it won’t offset massive Medicaid cuts

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

# 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?

# Community Services Committee of the Whole

Request for Board Action

**Item Number:** DC-5248 **Agenda #:** 5.3 **Meeting Date:** 4/14/2026

**DEPARTMENT:** Public Health
**FILE TYPE:** Regular Information

## TITLE
**Emergency Preparedness Update**

## PURPOSE/ACTION REQUESTED
Receive an overview of the Emergency Preparedness program.

## SUMMARY
Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, including the responsibility to promote and protect the public health of Dakota County residents. The County's duties under chapter 145A include assuring a well-functioning public health system that includes partnership development, community mobilization and quality improvement, and assessing the availability of health-related services and health care providers in the community, including by convening community partners to improve local health systems.

The Emergency Preparedness (EP) program provides a variety of services designed to prepare and respond to public health emergencies. This includes trainings, exercises and partner engagement. This program has responded to several real-world emergencies in the past year including a Measles response, Federal Shutdown Response and the response to Operation Metro Surge.

## OUTCOMES
***How much?***
The EP program ensures that Dakota County is ready to respond to emergencies with a public health impact. The EP team held three trainings, three exercises and three real-world responses this past year.

***How well?***
Emergency Preparedness consistently gets high ratings on evaluations for exercises from participants and is regularly told by the Minnesota Department of Health (MDH) that Dakota County is a high-performing county in the metro region.

**Is anyone better off?**
EP successfully coordinated and supported three real-world responses in the past year: Measles in September 2025, the Federal Shutdown from October through November 2025 and the countywide response to Operation Metro Surge. This helped Dakota County successfully navigate the response and prevent a larger measles outbreak, support Federal Shutdown communications and operations and coordinate countywide response to the surge in federal immigration enforcement.

## RECOMMENDATION
Information only; no action requested.

## EXPLANATION OF FISCAL/FTE IMPACTS
There is no fiscal impact associated with this specific informational item.

☒ None ☐ Current budget ☐ Other
☐ Amendment Requested ☐ New FTE(s) requested

## RESOLUTION
Information only; no action requested.

## PREVIOUS BOARD ACTION
None.

## ATTACHMENTS
Attachment: Presentation Slides

## BOARD GOALS
☒ Thriving People ☐ A Healthy Environment with Quality Natural Resources
☐ A Successful Place for Business and Jobs ☐ Excellence in Public Service

## CONTACTS
Department Head: Gina Pistulka
Author: Amalia Roberts

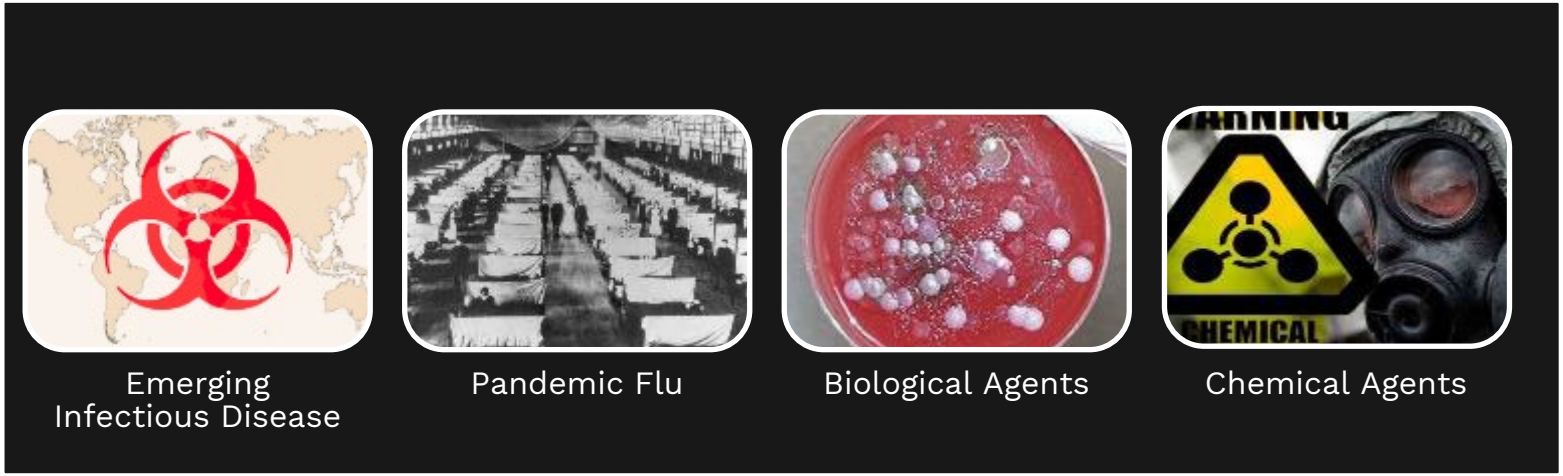
# Public Health Emergency Preparedness Overview

Lia Roberts DNP, PHN, RN

Public Health Supervisor

# Emergency Preparedness

- Whole population perspective- Emergencies affect everyone
- Must consider the makeup of the county and plan for functional and access needs
- Respond to a variety of incidents and events



# Emergency Preparedness in Statute

**MN State Statute**

**145A.04 POWERS AND DUTIES OF COMMUNITY HEALTH BOARD.**

Duties of CHB:

- Engage in activities that prepare public health departments to respond to events and incidents and assist communities in recover such as:
- Providing leadership for public health preparedness activities with a community
- Developing, exercising, and periodically reviewing response plans for public health threats
- Developing and maintaining a system of public health workforce readiness, deployment and response

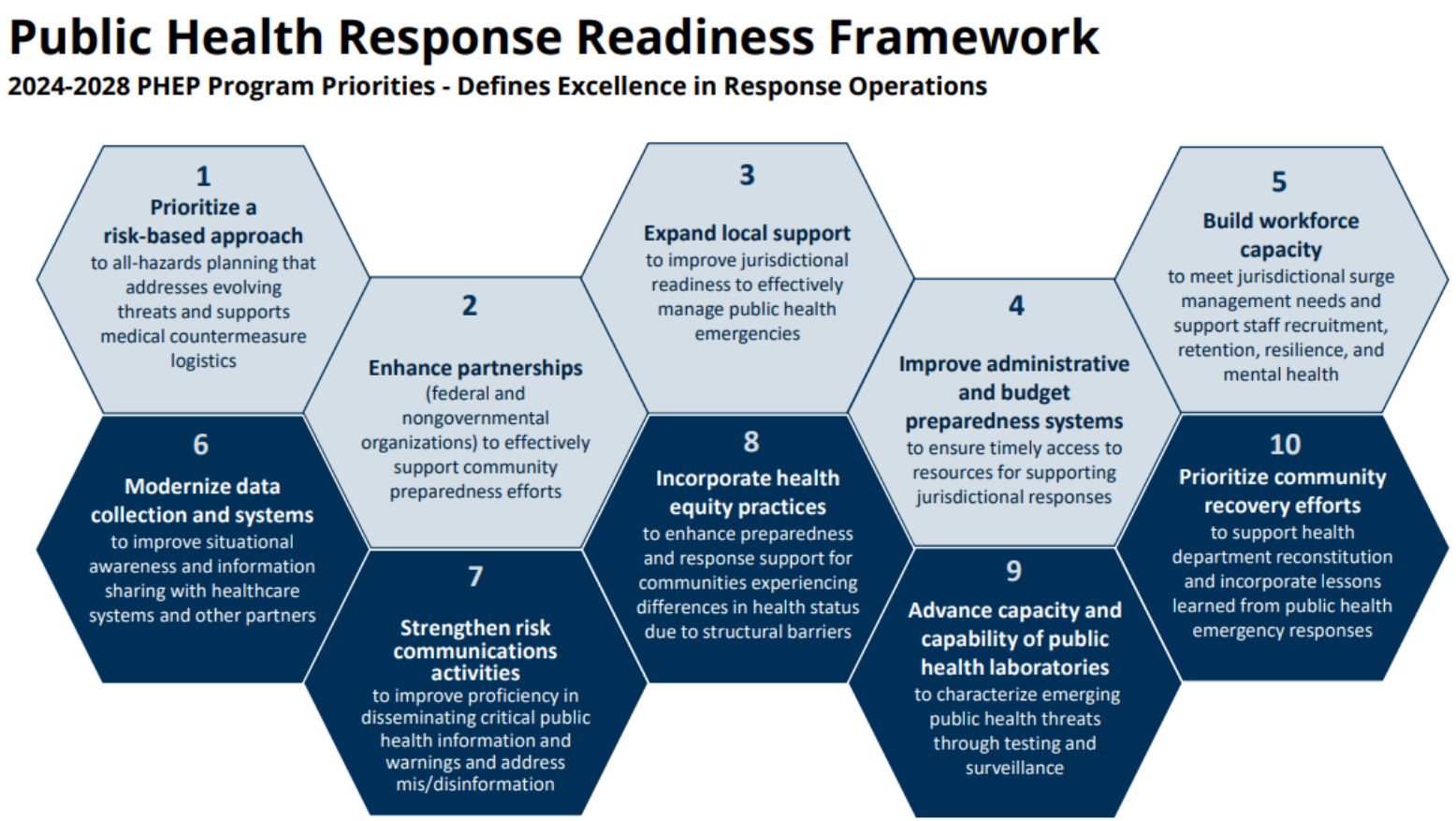
Subd6 a-c Medical Reserve Corps:

- Receipt of emergency preparedness and influenza funding shall participate in planning for the emergency use of volunteer health professionals through the MRC program
- Shall collaborate on volunteer planning with other public and private partners including health care providers, EMS, hospitals, tribal governments, state and local emergency management and local disaster relief organizations.

**145A.135 LOCAL AND TRIBAL PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE GRANT PROGRAM.**

- Established program, funding formula set by commissioner (delegated to SCHSAC)
- Must align with CDC PHEP Capabilities
- Must report on how grant funds were spent and purposes for which they were spent on a frequency as established by the commissioner (MDH)

# Response Readiness Framework



# Emergency Preparedness Plans

- Base Plan: DCPH Response & Recovery Annex
- Biohazard Detection System
- Closed POD Annex
- Communication Systems Annex
- Isolation & Quarantine Annex
- Mass Dispensing Annex
- Risk Information & Communication Annex
- Strategic National Stockpile Annex
- Workforce Activation & Deployment Annex
- Pandemic Influenza

# Community Services Emergency Preparedness

- Displacement Plan
- Encampment Plan
- Extreme Weather Plan
- Family Assistance Center Plan
- Mass Care Plan

# Trainings and Exercises

## 2025 Trainings and Exercises

- FAC 101 Training
- Disaster Behavioral Health Training
- High-Consequence Infectious Disease Tabletop
- I Love U Guys Training and Reunification Exercise

## 2026 Trainings and Exercises

- School Safety Tabletop
- Bio Detection System Tabletop
- POD Set-up Drill
- FAC Tabletop

# Recent Responses

2020-2022: COVID-19

2023: Apartment Multi-Agency Resource Center– CS EP

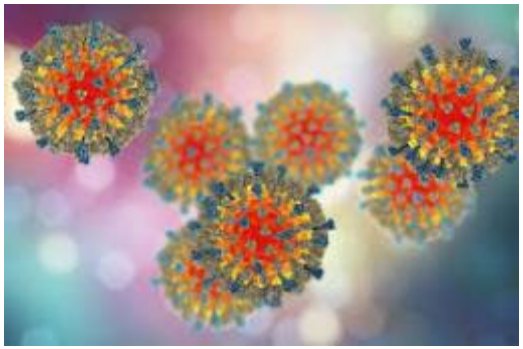
2024: Extreme Weather – CS EP

2024: Measles

2025: Measles

2025: Federal Government Shutdown – CS EP

2026: Operation Metro Surge- County-wide

# Medical Reserve Corps

- 378 registered volunteers
- Volunteer engagement:
  - Stop the Bleed Trainer-the Trainers
    - Total trained: 568
    - Total kits distributed to schools: 115
  - Family Assistance Center Training
  - Disaster Behavioral Health Training
  - Bags of Joy distribution

# Questions?

# Community Services Committee of the Whole

## Request for Board Action

**Item Number:** DC-5503 **Agenda #:** 8.1 **Meeting Date:** 4/14/2026

Adjournment