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 9th 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

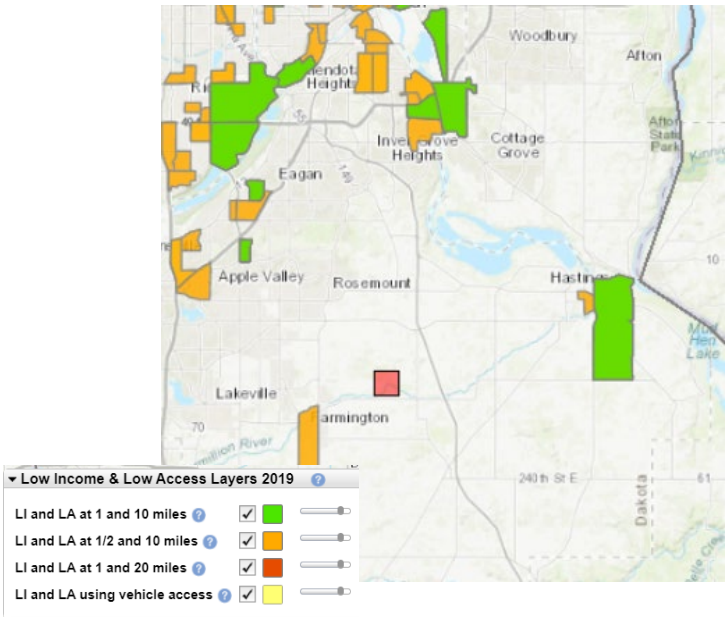
Data for the community health assessment were examined for over 137 indicators, as well as themes from community input. This report will address 21 key topic areas that emerged from the analysis and formed the basis for the eight health priorities that were selected.

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

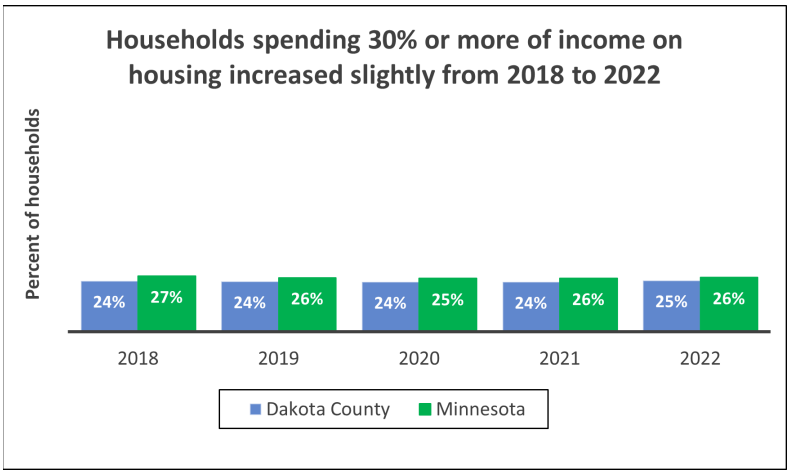


Figure 4 on this page shows that 25 percent of Dakota County households (homeowners and renters) spent 30 percent or more of their household income on housing in 2022. This is slightly below the state (26 percent). The percent slightly increased for Dakota County and slightly decreased for Minnesota 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].

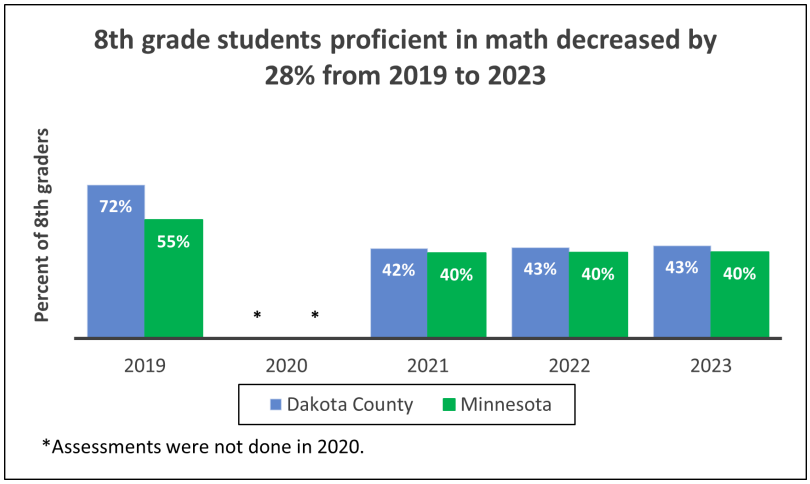


Figure 5 on this page shows that, in 2023, 43 percent of Dakota County eighth graders met the standards for math proficiency, compared to 40 percent of the state. There was a decrease of 28 percent from 2019 to 2023[49].

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].

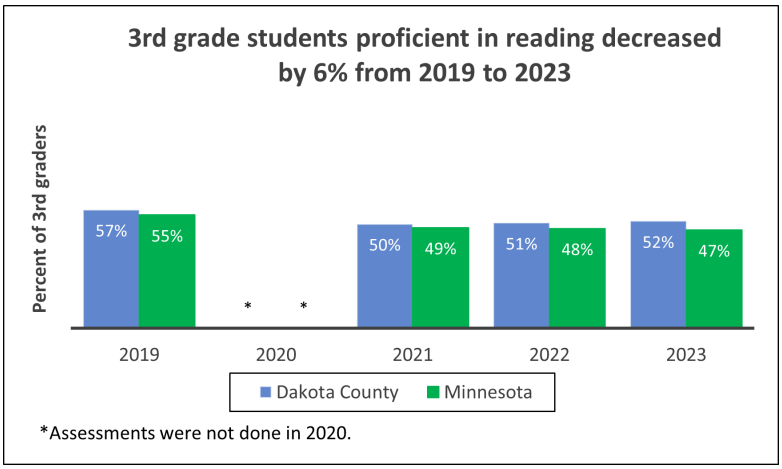
The COVID-19 pandemic disrupted learning for students, who faced challenges with remote learning, including internet and technology access, reduced support services, and fewer interactions with teachers. At the same time, families were dealing with increased social, mental health, and financial stressors[48]. 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.

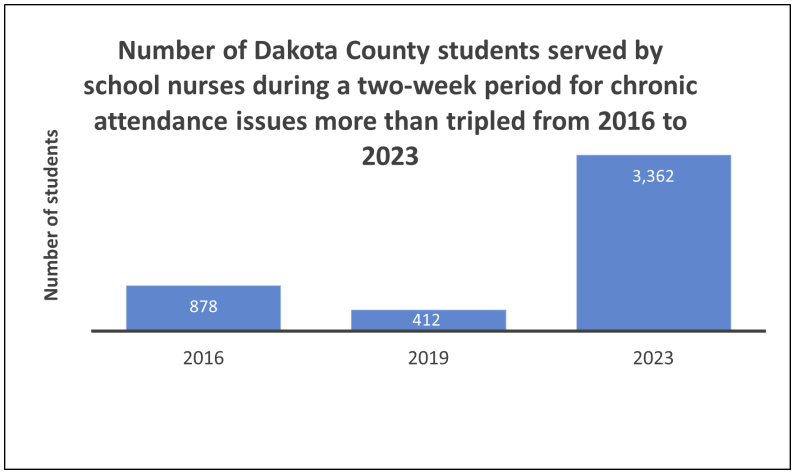
In 2023, Dakota County ranked third among the seven Twin Cities metro area counties for third grade reading scores[54].

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

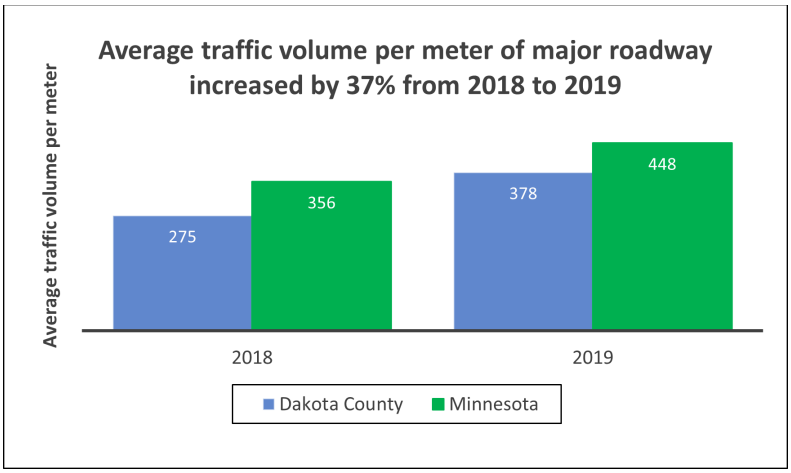
Traffic volume

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).

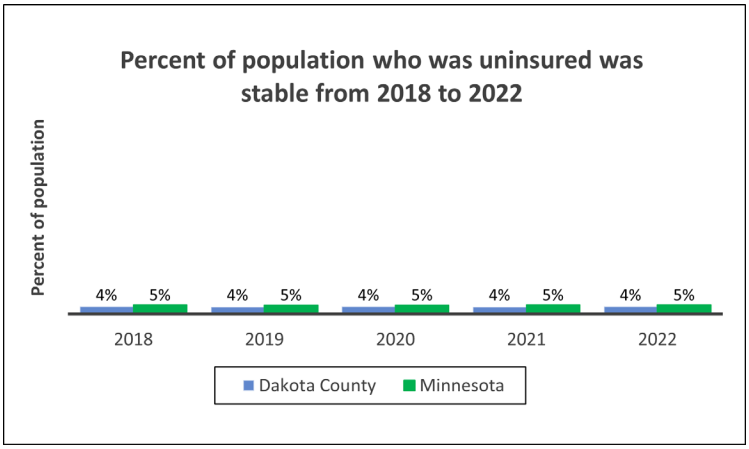


Figure 9 on this page shows that the number of people who had no insurance coverage remained stable in Dakota County and in Minnesota from 2018 to 2022. In 2022, Dakota County had an uninsured rate of four percent, which is slightly below the state (5 percent)[63]. It is also below the Healthy People 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.

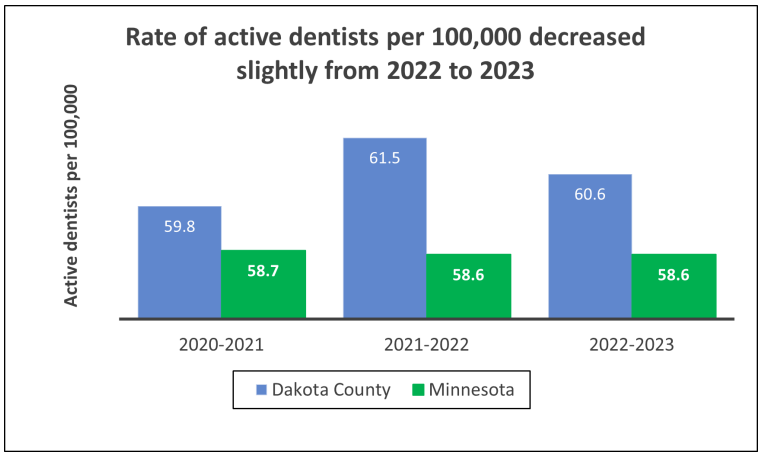
Dental Care Access

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].

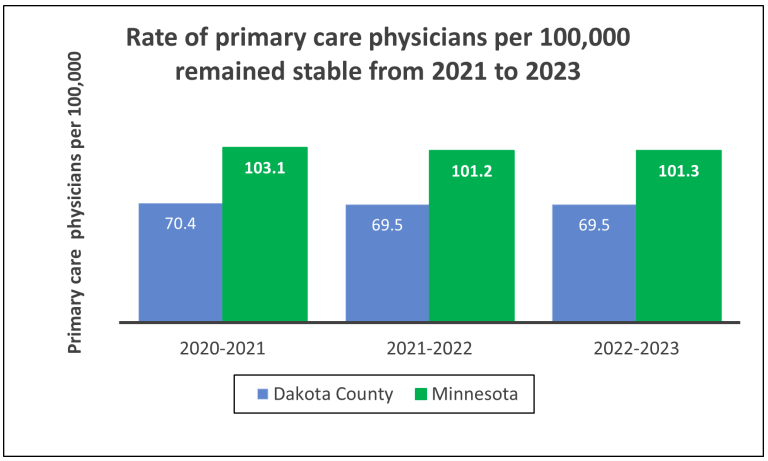
In 2022, 80 percent of Dakota County students saw a dentist for a check-up, exam, teeth cleaning, or other dental work, during the previous 12 months, a decrease from 85 percent in 2013. This rate was similar to the statewide rate. Eighty-five percent of White students, 67 percent of Hispanic/Latino/a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

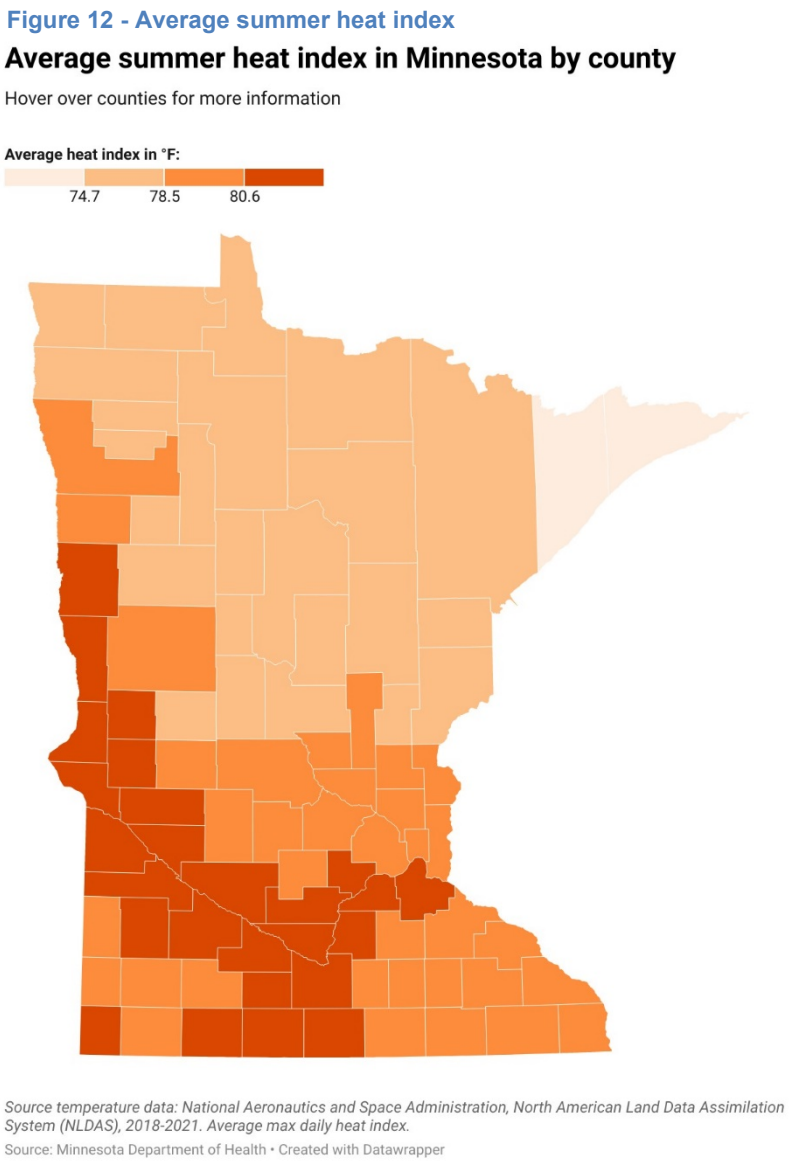
Heat-related illness includes many health problems such as dehydration, heat stress, heat exhaustion, and heat stroke, which occurs when the core body temperature rises, making it difficult for the body to function. It results in emergency department visits, hospitalizations, and deaths. Older adults, 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



[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].

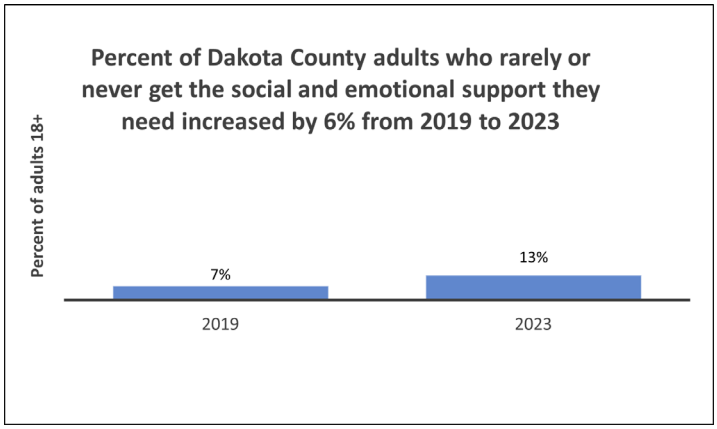


Figure 13 on this page shows that, in 2023, 13 percent of adults rarely or never got the social and emotional support they need. This was an increase from seven percent in 2019. More males (20 percent) than females (six percent) report rarely or never getting the social or emotional support they need. 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.

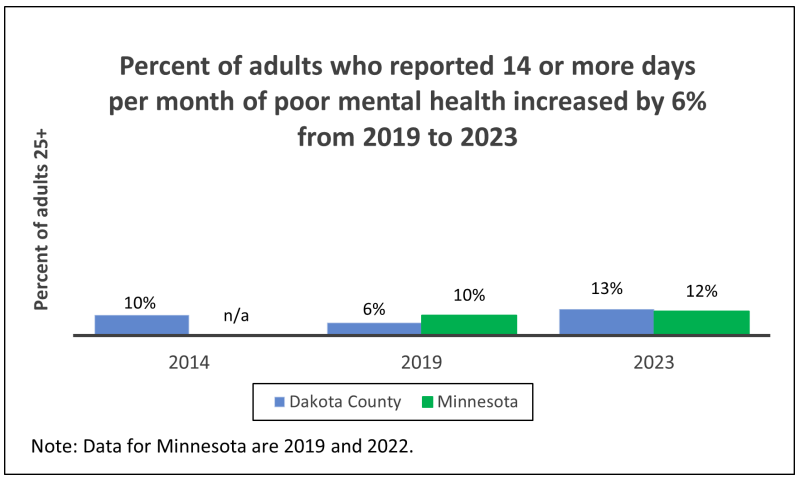
[71] Emotional Well-Being. Centers for Disease Control and Prevention. www.cdc.gov. Accessed February 6, 2024.

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].

Figure 14 - Adults experiencing frequent mental distress



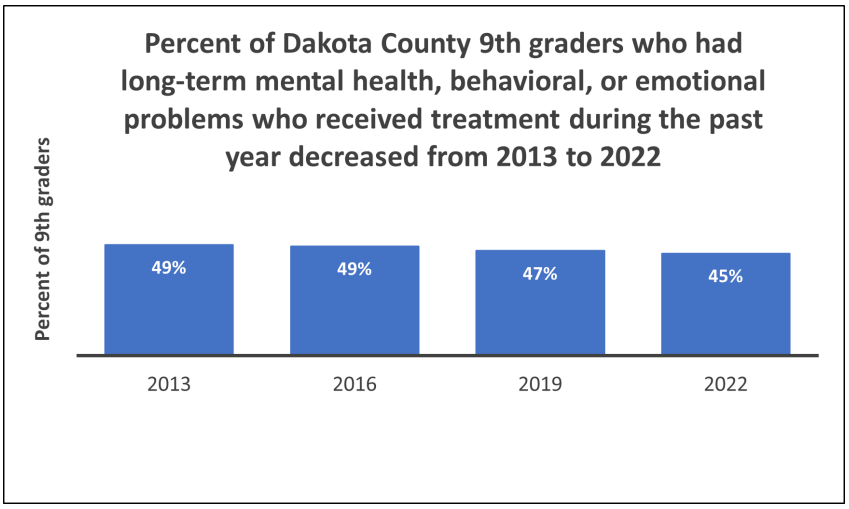
Note: Data for Minnesota are 2019 and 2022.

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].

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].

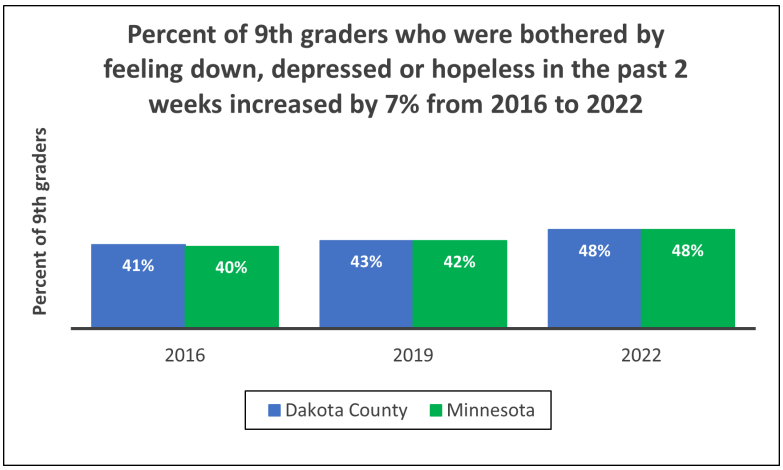
Mental health ranked number 2 (50% of respondents) for community concerns. One key informant interviewed said "The mental health system is completely overwhelmed." There are not enough providers to meet the demand. The average wait time is four to six weeks for mental health services. Mental health providers 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].



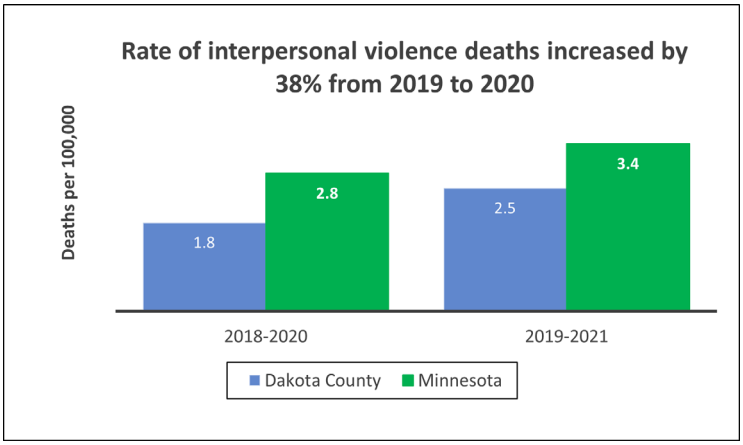
Mental health ranked number two (50% of respondents) for community concerns. Key informants reported that re-entry to school after going back and forth between remote and in-person learning for three years has been difficult, resulting in more mental health concerns and anxiety. Students who had pre-existing 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

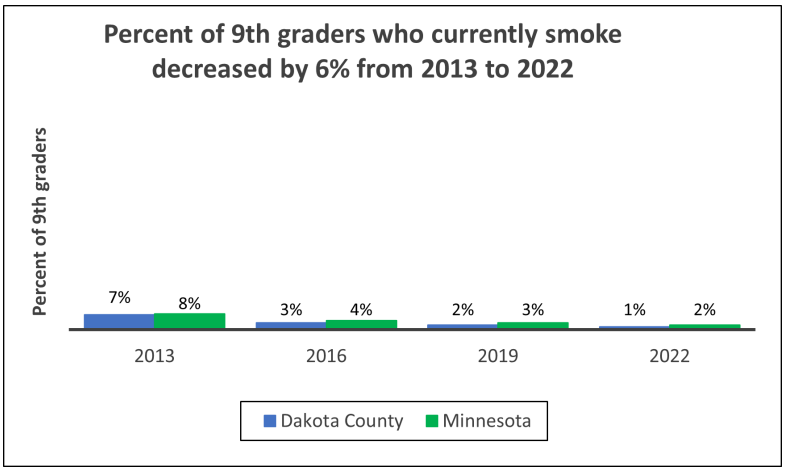
[76] CDC WONDER. Centers for Disease Control and Prevention. https://wonder.cdc.gov . Accessed February 13, 2024.

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.



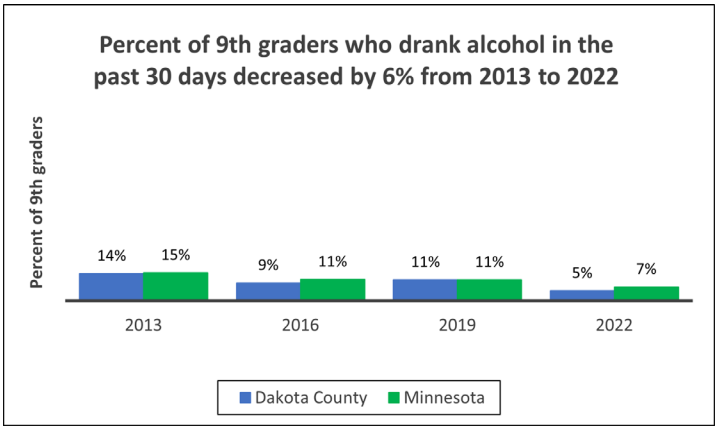
In 2022, seven percent of Dakota County students currently vaped or used an e-cigarette containing nicotine, slightly below the state (8.5 percent) and below the Healthy People 2030 target of 10.5 percent. Females were more likely to currently vape than males (nine percent compared to five percent). 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

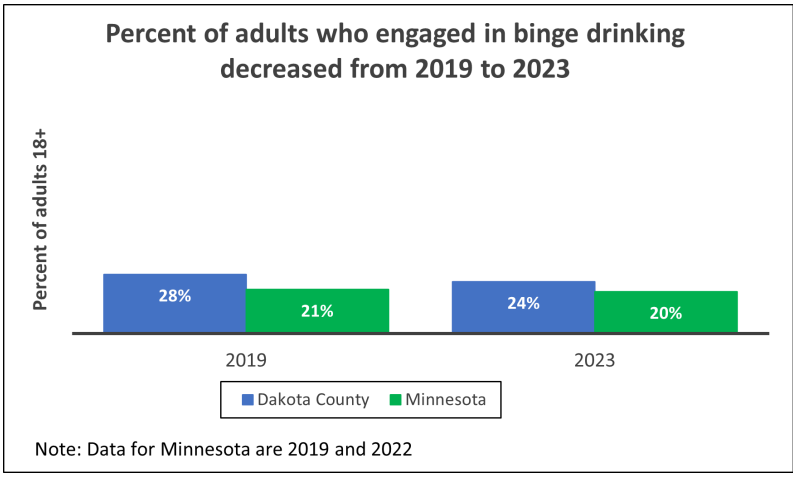
Binge drinking is defined as four or more drinks within two hours for a female and five or more drinks within two hours for a male. There are risks associated with drinking alcohol in any amount, but binge drinking increases the risk

[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].

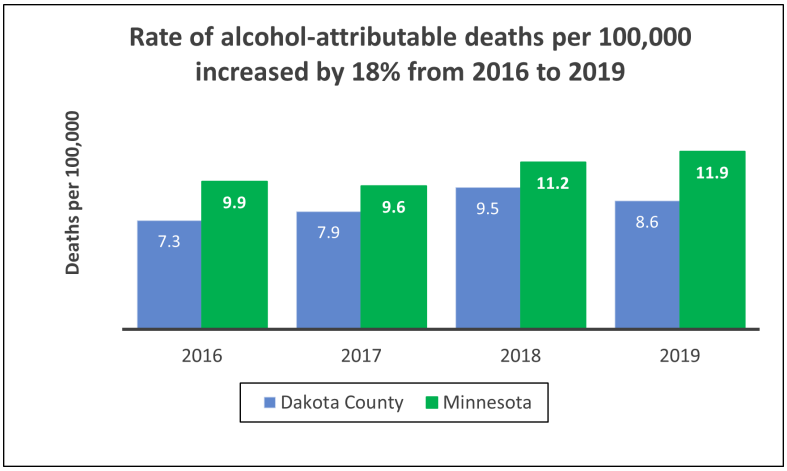


Figure 21 on this page shows that the rate of deaths per 100,000 from causes that are 100 percent attributable to excessive alcohol use increased by 18 percent from 2016 to 2019 but is below the state in 2019. In 2019, 78% of alcohol-attributable deaths were due to alcoholic liver disease[76,82].

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].

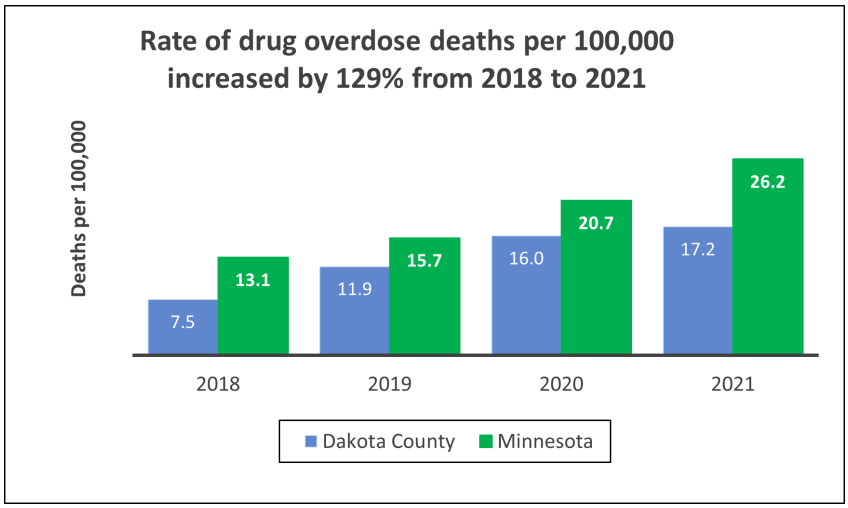
Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. Key informants reported that substance use disorders started or were exacerbated during the pandemic. Decreased access to mental health services has led to more chemical use and more severe chemical dependency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

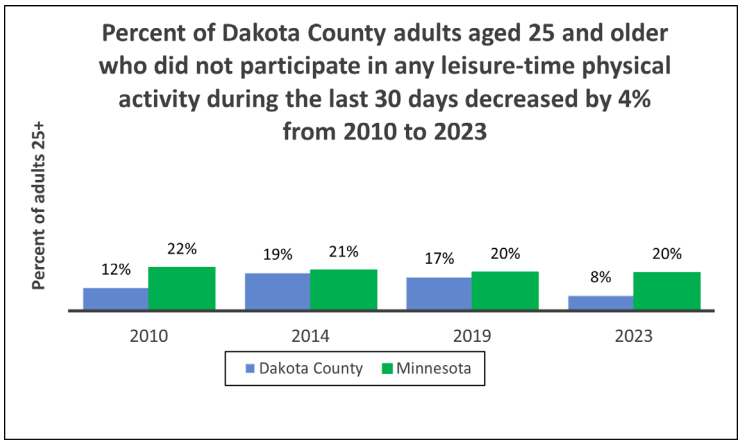
Alcohol and other drugs ranked number three (42 percent of respondents) in community concerns. One key informant said, "I have seen more deaths in the past two years than my entire career…almost all of them related to…medical issues related to chemical use."

[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.

Health Behaviors

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

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

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