Healthy People
Healthy Communities

2018 Dakota County Community Health Assessment

Building healthy families and communities in Dakota County through partnerships
Message to the Community

I am pleased to present the 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,

Bonnie Brueshoff
Public Health Director, Dakota County Public Health Department

Acknowledgments

The Healthy Dakota Initiative Steering Committee began meeting in June 2018 to provide oversight for the development of the 2018 Dakota County Community Health Assessment report.

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

- Debbie Arver, Argosy University
- Tabatha Barrett, DARTS
- Bonnie Brueshoff, Dakota County Public Health
- Melanie Countryman, Dakota County Public Health
- Naima Farah, CommonBond Communities
- Linda Feist, county resident
- Deb Griffith, City of South St. Paul
- Robert Hanson, Independent School District 197
- Katie Iommazzo, Fairview Ridges Hospital
- Peggy Johnson, Dakota Electric Association
- Chris Koop, Hastings Family Service
- Katie Lowe, YMCA-West St. Paul
- Kelly McCarthy, City of Mendota Heights
- Anthony Nemcek, City of Rosemount
- Stacie O’Leary, Independent School District 197
- Heather Peterson, Allina Health
- Brandi Poellinger, Allina Health – Regina Hospital

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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, please contact Dakota County Public Health by e-mail (public.health@co.dakota.mn.us) or by phone at 651-554-6100.

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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 ultimate 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. The Healthy Dakota Initiative Steering Committee includes representatives from a broad cross-section of partner organizations, including local public health, hospitals, schools, non-profits, cities and businesses, as well as a community member. 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 connectedness, engagement, and inclusiveness. 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 Plan2.

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In 2018, the Healthy Dakota Initiative Steering Committee completed three of the four assessments: Community Themes and Strengths Assessment, Local Public Health Systems Assessment, and Community Health Status Assessment. 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 October 2017, which was adopted and updated to reflect the current local environment.

Data sources

The Community Health Status Assessment utilized a variety of data sources, including the 2014 Metro SHAPE Survey, the 2016 Minnesota Student Survey, and local, state, and national databases. Data presented were the most recent data available at the time the assessment was compiled. Data from the 2019 Minnesota Student Survey were not yet available at the time of this assessment and the Metro SHAPE Survey is scheduled to be repeated in 2019. 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.

For the Local Public Health Systems Assessment, key informant interviews, online surveys, and internet research were used to assess what local public health system partners are doing to address health equity and where there are gaps. 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 2013 were reviewed and updated to reflect the current local assets that could be mobilized to address health priorities. Additional information was provided by the 2016 Dakota County Resident Survey and themes identified during hospital community needs assessments and other local public health assessments completed in 2018.

The Health Matters survey instrument, which was modeled after a survey developed by Ramsey County, consisted of three questions: top three health concerns, what keeps you healthy, and what stops you from being healthy. The survey was available in English and Spanish and conducted through both a paper and an online survey from July 12-
August 31, 2018. The sample was a convenience sample and the results are not generalizable to the population as a whole. The survey was promoted through a number of methods, including a news release; the county website; emails sent to community partners, program participants, volunteers, and staff; the Public Health electronic newsletter; and social media (Facebook, Twitter, and NextDoor). A paper version of the survey was available to clients at each of the Community Services Division lobbies (including Public Health) in Apple Valley, Hastings, and West St Paul; through outreach workers; at libraries; and through Hastings Family Service and the West St. Paul YMCA. There were 1,244 respondents, including 49 who completed the Spanish version.

In 2018, several hospitals completed Community Health Needs Assessments in accordance with the Affordable Care Act requirements. This included the one non-profit hospital in Dakota County (Fairview Ridges Hospital) and hospitals in the surrounding counties that serve Dakota County residents. The themes identified by these hospitals are included where applicable.

**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 2019.

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 as a whole.

**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 2020 and 3) Social Determinants of Health.

Healthy Minnesota 2022 is the statewide framework for improving health in Minnesota. Healthy People 2020 establishes 10-year, national benchmarks for improving 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.\textsuperscript{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 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](image)

\textit{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. 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 a number of methods, including a news release; the county website; emails sent to community partners, program participants, volunteers, and staff; the Public Health electronic newsletter; social media (Facebook, Twitter, and NextDoor). A paper version of the survey was available to clients at each of the Community Services Division lobbies (including


\textsuperscript{5} Dakota County Community Services Division.
Public Health) in Apple Valley, Hastings, and West St Paul; through outreach workers; at libraries; and through Hastings Family Service and the West St. Paul YMCA. There were 1,244 respondents, including 49 who completed the Spanish version.

**Determining community health priorities**

The Healthy Dakota Initiative Steering Committee met in November, 2018 to review the findings from the Community Health Assessment and to consider input from the community and key informants. The committee initially identified 19 priorities 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. These 19 priorities were narrowed further using a multi-voting process, which resulted in the following five issues as top health priorities in Dakota County:

- Adult mental health
- Adult physical activity
- Difficulty paying for health care
- Housing affordability
- Adolescent suicidal ideation

In addition, aging of the population, poverty, and educational attainment were identified as overarching issues.
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.

The Community Health Status Assessment utilized a variety of data sources, including the 2014 Metro SHAPE Survey, the 2016 Minnesota Student Survey, and local, state, and national databases. This information is summarized in three sections in the report: population, social determinants of health, and health indicators.

Population data indicates there are an estimated 421,751 residents in Dakota County. The racial composition of Dakota County is 80 percent white, non-Hispanic; seven percent black/African-American; five percent Asian; less than one percent American Indian/Alaskan Native; and seven percent Hispanic. People aged 65 and older comprise 14 percent of the county population, females outnumber males and are living longer, and the proportion of whites is decreasing while the proportion of people of color is increasing. Lakeville is the fastest growing city in the county.

Regarding social determinants of health, the percent of Dakota County residents living below the poverty level (seven percent) is below the state and the nation and it was stable from 2013 to 2017. However, poverty among Dakota County residents varies by race and ethnicity. One-fourth of Dakota County households spend 30 percent or more of their income on housing. Twelve percent of Dakota County high school students do not graduate in four years. There are disparities by race and ethnicity. Forty percent of Dakota County 3rd graders do not meet the reading standards. One-fourth of adults 25 and older interact with friends or neighbors less often than weekly.

Health indicators show that individuals do not consume enough fresh fruits and vegetables and 19 percent of adults 25 and older do not engage in leisure-time physical activity. Twenty-six percent of adult males 25 and older (five or more drinks on one occasion) and 17 percent of adult females 25 and older engage in binge drinking (four or more drinks on one occasion). Ten percent of 9th graders and 17 percent of 11th graders reported using electronic cigarettes in 2016 – double the rate of usage of other tobacco products.

Cancer and heart disease are the leading causes of death in Dakota County. Alzheimer’s disease is the third leading cause of death for women and unintentional injuries is the third leading cause of death for men. In the United States, a decrease in deaths from cancer and heart disease has resulted in lower premature death rates for most people of color. However, an increase in deaths from unintentional injuries (particularly drug overdoses), suicide, and chronic liver disease have driven to an increase in premature death rates for whites and American Indians.

Sexually-transmitted diseases (STDs) are the most common reportable disease for Dakota County residents and the rates continue to increase. In 2017, the majority of cases of STDs reported to the Minnesota Department of Health for Dakota County residents were chlamydia cases. From 2013 to 2017, the rate of chlamydia in Dakota County increased by 45 percent. The highest number of cases was reported in people 20-24 and people of color.

Suicide is one of the leading causes of death in Dakota County. The suicide rate for adults 20 and older increased by 40 percent from 2004 to 2016, faster than the rate increased statewide. Females were two times more likely than males to have ever had depression, but males 20 and older are nearly four times more likely to die by suicide than females. Ten percent of Dakota County adults 25 and older reported that their mental health was not good for 14 or more days in the last 30 days. Eleven percent of 9th graders reported that they seriously considered attempting suicide during the past year. For transgender and gender non-conforming students, the percent jumps to 43 percent.

Overall, data from this assessment supports the results of the 2019 University of Wisconsin Population Health Institute’s national county health rankings. Of 87 Minnesota counties, Dakota County ranked 21 for health outcomes.
and 7 for health factors. The County Health Rankings identified the following strengths for Dakota County: rate of physical inactivity; access to exercise opportunities; rate of teen births; rate of uninsured; ratio of primary care physicians to the population; rate of mammography screening; rate of flu vaccination; rate of people completing some college; rate of children in poverty; level of income inequality; and rate of injury deaths. The following areas for improvement were identified: adult smoking rate; adult obesity rate; rate of excessive drinking; rate of high school graduation, rate of social associations, and air pollution – particulate matter.

In general, these findings agree with the findings of the 2018 Dakota County Community Health Assessment. However, Dakota County found the following:

- Adult physical activity was identified as one of the top five priorities in the 2018 assessment. The percent of adults who did not engage in leisure-time physical activity increased from 12 percent in 2010 to 2014 and there is a major disparity based on level of educational attainment. People with a high school education or less were 3 times more likely to be physically inactive than those with a bachelor’s degree or higher (38 percent, compared to 12.5 percent). Statewide, there are disparities by race, with blacks and Hispanics more likely to be physically inactive than non-Hispanic whites. The community ranked physical activity as the fourth leading health concern in Dakota County.

- Dakota County’s rate of primary care physicians per 10,000 residents is below the statewide rate and is the third lowest among the seven-county Twin Cities metro area. Residents also have barriers to accessing physicians in the county due to limited public transit; a limited network of physicians that accept Medical Assistance; and high costs of receiving care, due to high-deductible insurance plans.

- The rate of adults 25 and older who were current smokers dropped from 12 percent in 2010 to eight percent in 2014. This was below the statewide rate in that year and below the 2025 Minnesota Cancer Plan goal of 10.5 percent. However, there are significant disparities by level of educational attainment and poverty status. People with a high school education or less were seven times more likely to be current smokers than those with a bachelor’s degree or higher (21 percent, compared to three percent). People with incomes below 200 percent of the federal poverty level were five times more likely to be current smokers than those with incomes at or above 200 percent of the federal poverty level (27 percent, compared to five percent). Statewide, blacks have the highest smoking rate.
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 list that resulted:

**Organizations**
- Non-profits (e.g., DARTS, CAP Agency, 360 Communities, Neighbors, Hastings Family Service)
- Businesses
- Schools and Colleges
- Libraries
- Faith organizations
- Hospitals and health clinics
- Food shelves
- Senior centers
- Cities
- Police and fire
- Social clubs (e.g., Elks, Moose, Rotary, Kiwanis)
- Youth-serving organizations (e.g., 4-H, Scouts, athletic associations)
- Apartment and housing complexes
- Interest groups (e.g., biking clubs)
- Professional and business associations
- Political parties
- Local media (e.g., local cable access, local newspapers, radio stations, school newsletters, and social media)
- Utilities
- County departments (e.g., Public Health, Social Services, Employment & Economic Assistance, etc.)
- Fitness centers
- YMCAs
- School PTAs
- Neighborhood associations, (e.g. CrimeWatch)

**Places**
- Restaurants
- Sporting events
- Schools
- Parks
- Malls
- Community centers
- Minnesota Zoo
- Arts and theater
- Recreational facilities

**People**
- Political leaders
- Retired people
- Boomers and “young seniors”
- Post-high school graduates
- Mentors
- Volunteers
- Students
- Professionals

**Community initiatives**
- City and county staff for outreach
- Current city and county groups and projects
- Community events
- Healthy Dakota Initiative
- School district wellness committees
Community Perceptions

Overall, Dakota County residents rate their quality of life very highly. In 2016, 95 percent of Dakota County residents reported that the overall quality of life in Dakota County was “good” or “excellent”. This is similar to the 2013 survey and is 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, quality of life in general, and parks/lakes.

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
- Connection to nature
- Safety
- Community resources
- Staying home when sick
- Personal accountability
- Employment
- Time
- Having purpose
- Teaching others
- Access to transportation
- Basic needs are met
- Prevention/support for healthy behaviors
- Access to healthy food
- Positive attitude
- Health education/knowledge
- Family connections
- Financial resources
- Mental health practices
- Community service
- Adequate sleep
- Luck/genetics/family history
- Inclusion/diversity
- Respect for others
- Limited screen/device time
- Good parenting
- Access to mental health/chemical dependency
- Healthy eating habits
- Sense of belonging
- Healthy environment
- Self-care
- Education
- Religion/faith
- No alcohol/drugs/tobacco
- Affordable housing
- Having pets
- Oral health
- Entertainment
- Access to recreational opportunities

Representative quotes:

I love that we have access to walking and biking trails. That makes it easier to get out and be active.

I stay active, cook nutritious meals and encourage my family to adopt healthy behaviors.

...we have a CSA partnership with a farmer and get weekly organic fresh vegetables. It makes a huge difference for us.

Being connected with other people (family, friends, neighbors) aids our mental/social health.

We are very active and try to walk or bike to many things in the community.

We enjoy running on the bike paths and enjoy spending time in the parks...

---

Local Public Health System

The purpose of the local public health system assessment is to determine the activities, competencies, and capacities of the local public health system, which includes all organizations, groups, and individuals in the community who work to provide essential public health services. This assessment was conducted by key informant interviews with partners in the community.

Community partners in Dakota County serve a variety of populations, including but not limited to: children, adults, low-income/people living in poverty, families, people of color, people with disabilities, adolescents, refugees/immigrants, older adults, and non-English speaking people. Services provided include but not limited to: primary medical care/preventive services, food (food shelves, meals, and food support), community service/volunteer opportunities, education (K-12, post-secondary), public safety, specialty care, financial assistance, service coordination/linkage to services, mental/chemical health services, and recreation/entertainment.

The partners identified several things that attract county residents to their services and/or programs (listed in order by frequency of mention; subthemes mentioned more than once are included):

- **Excellent customer service**—“go the extra mile”; care for customers; gather customer feedback to improve services
- **Affordable or free services**—free services; reduced cost services/discounts; no membership fees; eligible for county assistance
- **Community-based**—community presence; resource for the community
- **Person-centered/build relationships**—individualized care; build connections to the community
- **Provide comprehensive services**
- **Reputation/trust**—“people know us”, considered a credible source of information; history in the community
- **Proximity to home**
- **Provide services when needed**—emergency services to fulfill an immediate need
- **Provide navigation of resources/services**—assistance finding and connecting to resources
- **Large volunteer base**—work with staff to provide services to more people
- **Provide education**—improve skills
- **Technology**—school-issued laptops
- **Diverse workforce**—bilingual staff
- **Community partnerships**
- **High-quality service**—positive outcomes; set standards
- **LGBTQ-friendly**
- **Provide a support network**
- **Customers treated with respect**
- **Meet cultural needs**
- **Leadership**
- **Handicap-accessible**—make accommodations when needed
- **Holistic services**—address needs beyond the primary concern
- **Broad hours of operation**
- **Passionate staff**
- **No eligibility requirements**
- **Government support**
- **Rules are enforced**
- **Feels like home**
- **Recognition of need**
• **Provide products**
• **Faith-based**
• **Mentorship** – teaching others to provide similar services
• **Referred by other agencies**

County residents learn about services and programs through a variety of means (listed in order by frequency of mention; subthemes mentioned more than once are included):

• **Referrals** from clinics, hospitals, partners, health plans, school staff, social services, public health, nonprofits, faith communities, staff
• **Social media** – Facebook, Instagram
• **Website/internet**
• **Advertising** – newspaper, web advertisements
• **Media** – newspaper articles
• **Word of mouth**
• **Through partners** – other organizations provide outreach for programs
• **Outreach** – resource fairs, community events, presentations
• **Direct mail/email** – newsletters, catalogs
• **Reputation**
• **Marketing/promotional materials** – flyers
• **Staff connection/community liaison**
• **Drive by/walk by**

The partners identified a number of barriers residents may have accessing their services and/or programs (listed in order by frequency of mention; subthemes mentioned more than once are included):

• **Inadequate capacity** – not enough providers/staff, lack of space, funding/budget limitations
• **Transportation** – no public transportation, no vehicle or unreliable vehicle
• **Lack of awareness/knowledge of services**
• **Complexity of the system** – navigating systems/paperwork, process takes a long time
• **Life challenges** – limited paid time off, missing appointments, no way to be reached
• **Language/cultural barriers** – translation of materials, cultural differences in treatment of elders
• **Financial resources** – unable to pay for services/programs, tight budgets for service providers
• **Requirements – eligibility, grants, etc.** – insurance, don’t qualify for programs, funding restrictions
• **Location of services** – need services that are available where people are, services available in places people are not comfortable going to, ex. government building or church
• **Hours of operation** – business hours only
• **Political climate** – immigrants afraid to apply for programs
• **Fear** – fear of authority or government
• **Government policy/laws** – barriers are created by government requirements
• **Lack of interest/motivation**
• **Stigma**
• **Mental illness** – difficulty recognizing and/or explaining needs
• **Unable to meet every need**
• **Pride**
• **Handicap-accessibility** – not wheelchair-accessible, ex. mobile pantries

Organizations are providing a variety of accommodations to help residents who need special assistance to participate in programs or receive services (listed in order by frequency of mention; subthemes mentioned more than once are included):
• **Interpreters/translation/bi-lingual staff** – interpreters, bilingual staff, translation, cultural liaisons, programs/services offered in other languages, Language Line
• **Accessibility/accommodations** – ramp elevators, ADA-compliant facilities, low-literacy materials, large print materials, mobility accommodations
• **Culturally-welcoming environment-staff, materials, services** – diverse staff that reflects cultures served, community health workers, culturally-appropriate services and materials
• **Special equipment/technology** – hearing assistance, medical equipment
• **Transportation**
• **Care coordination/navigation** – linkage to resources
• **Meet clients where they are** – home visits
• **Resources to remove barriers**
• **Protected services** – keeping utilities from being shut down
• **Customized services**
• **Emergency preparedness** – easy ways to access 911 services
Overview of Dakota County

Dakota County is the third most populous county in Minnesota, comprising 7.6 percent of the population of Minnesota. It is located in the southeast corner of the Twin Cities Metropolitan area and encompasses 586 square miles, 562 square miles in land and 24 square miles in water. Two major rivers, the Mississippi and the Minnesota, form the county’s northern and eastern borders. 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.

The county was founded in 1849 as one of the first nine counties of the Minnesota Territory. The seven member, elected Board of County Commissioners is the legislative body of the county. Each member represents a specific district within the county.

Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural. Seventy percent of the county’s population resides in the northern and northwestern portions of the county.

- Dakota County had an estimated 421,751 residents in 2017.
- Dakota County is divided into 21 incorporated municipalities. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County.
- The five largest cities are: Eagan (68,488), Burnsville (62,239), Lakeville (61,993), Apple Valley (52,361), and Inver Grove Heights (35,106), which comprise 66 percent of the population of the county. Eagan is also the ninth largest city in Minnesota.
Population

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. Knowing how fast the population is growing and its density may impact the health conditions the population experiences and what kind and number of services they might need.

Table 1 below shows the total population of Dakota County from 2000-2010. From 1990 to 2000, the population of Dakota County grew by nearly 30 percent. In the most recent complete decade (2000-2010), growth slowed to 12 percent. Even though growth slowed from 2000-2010, Dakota County still grew faster than the state (eight percent) and the United States (10 percent). The larger northern cities – Mendota Heights, South Saint Paul and West Saint Paul – experienced little to no population growth during the most recent decade. West Saint Paul and South Saint Paul are also the cities with the highest population density, so little additional growth is expected in the future. Farmington, Rosemount, and Lakeville had the fastest growth rates. Growth in the current decade has slowed significantly (only six percent from 2010-2017)12.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Dakota County</td>
<td>355,904</td>
<td>398,552</td>
<td>12.0%</td>
<td>709.0</td>
</tr>
<tr>
<td>Minnesota</td>
<td>4,919,479</td>
<td>5,303,925</td>
<td>7.8%</td>
<td>66.6</td>
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<tr>
<td>United States</td>
<td>281,421,906</td>
<td>308,745,538</td>
<td>9.7%</td>
<td>87.4</td>
</tr>
<tr>
<td>Apple Valley</td>
<td>45,527 (12.8)</td>
<td>49,084 (12.3)</td>
<td>7.8%</td>
<td>2,911.1</td>
</tr>
<tr>
<td>Burnsville</td>
<td>60,220 (16.9)</td>
<td>60,306 (15.1)</td>
<td>0.1%</td>
<td>2,421.4</td>
</tr>
<tr>
<td>Eagan</td>
<td>63,557 (17.9)</td>
<td>64,206 (16.1)</td>
<td>1.0%</td>
<td>2,063.4</td>
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<tr>
<td>Farmington</td>
<td>12,365 (3.5)</td>
<td>21,086 (5.3)</td>
<td>70.5%</td>
<td>1,435.4</td>
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<tr>
<td>Hastings (part)</td>
<td>18,201 (5.1)</td>
<td>22,172 (5.6)</td>
<td>n/a</td>
<td>n/a</td>
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<td>Inver Grove Heights</td>
<td>29,751 (8.4)</td>
<td>33,880 (8.5)</td>
<td>13.9%</td>
<td>1,220.3</td>
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<tr>
<td>Lakeville</td>
<td>43,128 (12.1)</td>
<td>55,954 (14.0)</td>
<td>29.7%</td>
<td>1,551.9</td>
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<td>Lilydale</td>
<td>552 (0.2)</td>
<td>623 (0.2)</td>
<td>12.9%</td>
<td>1081.6</td>
</tr>
<tr>
<td>Mendota</td>
<td>197 (0.1)</td>
<td>198 (0.0)</td>
<td>0.5%</td>
<td>738.8</td>
</tr>
<tr>
<td>Mendota Heights</td>
<td>11,434 (3.2)</td>
<td>11,071 (2.8)</td>
<td>-3.2%</td>
<td>1,209.8</td>
</tr>
<tr>
<td>Rosemount</td>
<td>14,619 (4.1)</td>
<td>21,874 (5.5)</td>
<td>49.6%</td>
<td>658.5</td>
</tr>
<tr>
<td>South St. Paul</td>
<td>20,167 (5.7)</td>
<td>20,160 (5.1)</td>
<td>0.0%</td>
<td>3,570.0</td>
</tr>
<tr>
<td>Sunfish Lake</td>
<td>504 (0.1)</td>
<td>521 (0.1)</td>
<td>3.4%</td>
<td>343.9</td>
</tr>
<tr>
<td>West St. Paul</td>
<td>19,405 (5.5)</td>
<td>21,874 (4.9)</td>
<td>7.0%</td>
<td>3,976.4</td>
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<tr>
<td>Rural cities and townships</td>
<td>16,277 (4.6)</td>
<td>17,877 (4.5)</td>
<td>9.8%</td>
<td>51.72</td>
</tr>
</tbody>
</table>

Abbreviations: No., Number; Chg., Change

aPopulation density: persons per square mile

Figure 3 below shows the Dakota County population trend during the current decade from 2010 to 2017. The estimated population gradually increased during that period.

![Figure 3. Total estimated population, Dakota County, 2010-2017](image)

**Population projections**

Understanding how the population is expected to change in the future is important to understanding future health needs. Knowing how fast the population is growing may impact what kind and number of services the population needs.

Table 2 and Figure 4 below show that the population of Dakota County is expected to continue to grow more rapidly than the state overall in the coming years. In 2030, the population of Dakota County is projected to be 463,564, an increase of 16 percent from 2010. It is projected that the county will experience a 12 percent growth rate from 2020 to 2040. The state is projected to experience a five percent growth rate during the same time period.

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</thead>
<tbody>
<tr>
<td>Dakota County</td>
<td>434,203</td>
<td>463,564</td>
<td>486,830</td>
<td>507,014</td>
<td>12.1%</td>
<td>16.8%</td>
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<td>Minnesota</td>
<td>5,687,161</td>
<td>5,974,304</td>
<td>6,189,207</td>
<td>6,368,693</td>
<td>5.0%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

Abbreviation: Chg., Change

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Age and gender

The age structure of a population determines a number of 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.\(^{18}\)

Organizations that were interviewed identified aging as a major health concern of Dakota County residents. Topics most frequently mentioned were: need for support to live at home, increased need for resources, and caregiver support.

Table 3 below shows the age distribution of the population. The population of Dakota County is similar in age to the state and United States as a whole; however, the median age increased from 30.2 in 1990 to 37.3 in 2010. The largest proportion of the population is between the ages of 45 and 64, comprising 28 percent of the population. This is also the population that had the largest increase between 2000 and 2010. Youth age 14 and younger make up 20 percent of the population, similar to the state and slightly above the nation. Residents over 65 make up 14 percent of the population, compared to 15 percent statewide and 16 percent in the United States. Figure 5 below shows that Dakota County has a larger population of children 10-14, a larger population ages 55-59, and a smaller population ages 20-24 than Minnesota.\(^{19}\)

There are more women than men in Dakota County (0.97 males per 100 females). Women make up a larger proportion of the United States population than men and they tend to live longer. Fifty-one percent of residents are women and 49 percent are men; statewide, the percentages are 50 percent and 50 percent, respectively, and nationwide the percentages are 51 percent and 49 percent, respectively.\(^{19}\)


\(^{19}\)
Table 3. Age distribution, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dakota County, No. (%)</th>
<th>Minnesota, No. (%)</th>
<th>United States, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>27,569 (6.5)</td>
<td>355,231 (6.4)</td>
<td>19,938,860 (6.1)</td>
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<tr>
<td>5 to 9 years</td>
<td>28,625 (6.8)</td>
<td>360,273 (6.5)</td>
<td>20,304,238 (6.2)</td>
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<tr>
<td>10 to 14 years</td>
<td>29,680 (7.0)</td>
<td>367,227 (6.6)</td>
<td>20,778,454 (6.4)</td>
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<tr>
<td>15 to 19 years</td>
<td>26,711 (6.3)</td>
<td>356,916 (6.4)</td>
<td>21,131,660 (6.5)</td>
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<tr>
<td>20 to 24 years</td>
<td>24,619 (5.8)</td>
<td>364,398 (6.5)</td>
<td>22,118,635 (6.8)</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>25,743 (6.1)</td>
<td>371,917 (6.7)</td>
<td>23,370,460 (7.2)</td>
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<tr>
<td>30 to 34 years</td>
<td>29,282 (6.9)</td>
<td>385,258 (6.9)</td>
<td>21,971,212 (6.7)</td>
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<tr>
<td>35 to 39 years</td>
<td>29,735 (7.1)</td>
<td>374,665 (6.7)</td>
<td>21,231,997 (6.5)</td>
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<tr>
<td>40 to 44 years</td>
<td>25,940 (6.2)</td>
<td>319,798 (5.7)</td>
<td>19,643,373 (6.0)</td>
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<td>45 to 49 years</td>
<td>28,612 (6.8)</td>
<td>343,687 (6.2)</td>
<td>20,973,858 (6.4)</td>
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<td>50 to 54 years</td>
<td>30,414 (7.2)</td>
<td>367,999 (6.6)</td>
<td>21,401,094 (6.6)</td>
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<td>55 to 59 years</td>
<td>31,587 (7.5)</td>
<td>397,170 (7.1)</td>
<td>22,007,956 (6.8)</td>
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<td>60 to 64 years</td>
<td>25,841 (6.1)</td>
<td>351,858 (6.3)</td>
<td>19,987,702 (6.1)</td>
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<tr>
<td>65 to 69 years</td>
<td>20,195 (4.8)</td>
<td>286,348 (5.1)</td>
<td>16,836,381 (5.2)</td>
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<tr>
<td>70 to 74 years</td>
<td>14,467 (3.4)</td>
<td>206,757 (3.7)</td>
<td>12,847,065 (3.9)</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>9,496 (2.3)</td>
<td>144,373 (2.6)</td>
<td>8,741,261 (2.7)</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>6,248 (1.5)</td>
<td>102,161 (1.8)</td>
<td>5,965,290 (1.8)</td>
</tr>
<tr>
<td>85 years and older</td>
<td>6,987 (1.7)</td>
<td>120,570 (2.2)</td>
<td>6,468,682 (2.0)</td>
</tr>
<tr>
<td>Total Population</td>
<td>421,751</td>
<td>5,576,606</td>
<td>325,719,178</td>
</tr>
</tbody>
</table>

Median Age: 38.0

Abbreviation: No., Number

Figure 5.-Population pyramids

Table 4 below shows that 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 1.3 times faster than the population over 65 will increase statewide (50.3 percent between 2020 and 2040, compared to 37.8 percent statewide)\textsuperscript{10}.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota County</td>
<td>434,203</td>
<td>463,564</td>
<td>486,830</td>
<td>507,014</td>
<td>12.1%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Ages 0-4</td>
<td>26,652</td>
<td>27,832</td>
<td>31,619</td>
<td>31,347</td>
<td>18.6%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Ages 5-14</td>
<td>56,767</td>
<td>55,251</td>
<td>59,581</td>
<td>65,649</td>
<td>5.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>63,077</td>
<td>85,908</td>
<td>94,828</td>
<td>97,663</td>
<td>50.3%</td>
<td>54.8%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5,689,181</td>
<td>5,976,334</td>
<td>6,191,247</td>
<td>6,370,743</td>
<td>8.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Ages 0-4</td>
<td>330,471</td>
<td>351,096</td>
<td>389,973</td>
<td>386,402</td>
<td>18.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Ages 5-14</td>
<td>718,857</td>
<td>675,160</td>
<td>734,731</td>
<td>795,318</td>
<td>10.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>973,799</td>
<td>1,270,119</td>
<td>1,341,580</td>
<td>1,325,644</td>
<td>37.8%</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

The nation, including Minnesota and Dakota County, is aging. Figure 6 below shows that the highest percent of population 65 and older is in Mendota Heights, West St Paul, and the area around Hastings. The largest percent increase occurred in the central part of the county and the area around Hastings. From 2000 to 2010, the proportion of Dakota County residents under age 45 decreased by nine percent while the proportion of persons 45 and over increased by 10 percent\textsuperscript{11,15}.

Figure 6-Population age 65 and over\textsuperscript{11,15}

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 in order to appropriately target public health interventions.

The United States is becoming more racially and ethnically diverse. Dakota County is not the most diverse county in the state, but this is rapidly changing. Figure 7 below shows that people of color are a slightly larger proportion of the Dakota County population (20 percent) than the state (19 percent). The Hispanic population makes up a slightly larger proportion of Dakota County (seven percent) than the state (five percent).

Figure 7-Race/ethnicity distribution, 2017

Table 5 below shows that, in 1990, people of color represented five percent of the total population. In 2010, that had grown to 17 percent. The Hispanic population grew by 490 percent during that time and the black/African-American population grew by 514 percent. Populations of color have grown faster than the county’s white population in the past 20 years. Figure 8 below shows that the percent of the population who are Hispanic is highest in the northwest portion of the county. The greatest increase in the Hispanic population occurred in the central part of the county. In 2030, people of color are expected to make up 25 percent of the Dakota County population.

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Table 5. Population by race and ethnicity, Dakota County, 1990-2010¹²²

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>1990 (%) of pop.</th>
<th>2000 (%) of pop.</th>
<th>2010 (%) of pop.</th>
<th>Pop. growth (1990-2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>95.3%</td>
<td>90.7%</td>
<td>83.4%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>1.2%</td>
<td>2.6%</td>
<td>5.3%</td>
<td>513.7%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.4%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7%</td>
<td>3.2%</td>
<td>4.8%</td>
<td>311.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.5%</td>
<td>3.0%</td>
<td>6.1%</td>
<td>490.4%</td>
</tr>
</tbody>
</table>

Abbreviations: pop., population

During the 2017-18 school year, 35 percent of Dakota County public and charter school students were students of color. Blacks (10 percent), Hispanics (12 percent) and Asian/Pacific Islanders (six percent) are the largest minority groups among the student population. Students of color in Dakota County increased from 22 percent of the population in the school year 2008-09. In the 2017-18 school year, it was slightly higher than the minority population in Minnesota schools overall (33.5 percent)²³.

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

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stress and/or other mental health conditions. The most common conditions identified in refugees settling in Minnesota are tuberculosis (TB) and parasitic infections\textsuperscript{24, 25}. 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; there are racial and cultural factors related to mental illness; and there is a need to address the Somali community’s fear of immunizations.

A slightly larger proportion of the Dakota County population (nine percent) is foreign-born than the state (eight percent). Among the native population in Dakota County, 65 percent were born in Minnesota\textsuperscript{26}.

From 2013-2017, 152 refugees settled in Dakota County. The largest numbers of refugees were from Somalia, Ukraine, and Democratic Republic of Congo\textsuperscript{27}. In 2017, an estimated 38 percent of the non-Hispanic, black population in Dakota County was from sub-Saharan Africa (approximately 8,875 people, with 3,402 from Somalia)\textsuperscript{28}. The number of students in Dakota County public schools who spoke a native African language at home increased by 39 percent from the 2013-14 to 2017-18 school years. During the 2017-18 school year, there were 3,019 students who spoke a native African language at home, with Somali being the most common (2,054 students)\textsuperscript{29}. The percent of the Dakota County population age five and older who speak a language other than English at home (13 percent) is slightly higher than the state (11 percent) and lower than the United States (21 percent)\textsuperscript{26}. During the 2017-18 school year, 17 percent of Dakota County students spoke a language other than English at home, slightly higher than the state (16 percent). Figure 9 below shows that the percent increased from the 2013-14 school year to the 2017-18 school year. Spanish is the most commonly spoken language other than English\textsuperscript{29}.


Disability can involve a variety of factors including vision, hearing, movement, ability to walk, and cognition and affects 61 million American 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.

In 2017, an estimated nine percent of non-institutionalized Dakota County residents lived with a disability, compared to 11 percent statewide and 13 percent nationally. Figure 10 below shows that the highest rate is among persons 65 and older (29 percent). In 2014, 20 percent of Dakota County adults 25 and older reported having activity limitations due to a physical, mental or emotional problem.
Children with Special Health Care Needs

Children with special health care needs are identified as children 0-17 with chronic conditions or at risk of chronic conditions (physical, developmental, behavioral, or emotional) that require health care services beyond those needed by children in general. The most common conditions reported are allergies, attention deficit hyperactivity disorder (ADHD/ADD), asthma, and developmental delay. Approximately 14 percent of Minnesota children (estimated 179,000) have special health care needs. The preschool population in Early Childhood Special Education in Dakota County was 1,453 preschoolers in the 2017-18 school year, a 14 percent increase from the 2013-14 school year. Fourteen percent of the Dakota County K-12 population was enrolled in special education in public schools in the 2017-18 school year, similar to Minnesota. This percent has been relatively stable for the past 10 years.

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

Individuals who identify as lesbian, gay, bisexual, queer, or gender non-conforming experience higher rates of mental illness, substance abuse, and suicide due to societal stigma, discrimination, social isolation, and denial of civil or human rights. They may also experience violence, victimization and other threats to their personal and emotional safety. An estimated 4.5 percent of U.S. adults identify as lesbian, gay, bisexual, or transgender. This translates to an estimated 14,320 people in Dakota County.

Geographic location

Where people live can have a significant impact on their overall health and quality of life. Even neighborhoods that are right next to each other can have very different opportunities for health and well-being due to factors such as access to health care, air quality, access to healthy foods and parks, walkability, quality of education, availability of affordable housing, racial and ethnic segregation, income inequality, unemployment, and crime.

Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural. Seventy percent of the county’s population resides in the northern and northwestern portions of the county. Dakota County is divided into 21 incorporated municipalities. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County. The five largest cities are: Eagan (68,488), Burnsville (62,239), Lakeville (61,993), Apple Valley (52,361), and Inver Grove Heights (35,106), which comprise 66 percent of the population of the county. Eagan is also the ninth largest city in Minnesota.

For the 2010 Census, the U.S. Census Bureau defined two types of urban areas: 1) urbanized areas that contain 50,000 or more people; and 2) urbanized clusters that contain at least 2,500 people and less than 50,000 people. Rural constitutes any population outside of one of the two types of urban areas. Using the 2010 Census definitions, 4.5 percent of the population of Dakota County lives in rural designations. Parts of the cities of Eagan, Farmington, Hastings, Inver Grove Heights, Lakeville and Rosemount are designated rural and parts of the townships of Castle Rock, Empire, Nininger, and Waterford are designated urban.

Figure 11 below shows that Lakeville is the fastest-growing city with an estimated nine percent growth from 2010 to 2017, while the older cities in the north – Mendota Heights, South St Paul, and West St Paul – had little or no growth during the same time period.
## Key Indicators – Dakota County at-a-glance

For more information about the social determinants of health framework and how it affects health, see pp. 9-10.

n/a - not applicable  
* - breakdowns not available  
s - data too small to report

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with elevated blood lead</td>
<td>Percent</td>
<td>0.3%</td>
<td>2017</td>
</tr>
<tr>
<td>Air Quality alert days</td>
<td>Number</td>
<td>0</td>
<td>2017</td>
</tr>
<tr>
<td>Persons with inadequate access to recreational facilities</td>
<td>Percent</td>
<td>2.0%</td>
<td>2016</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crimes -total</td>
<td>Rate per 100,000</td>
<td>5080.0</td>
<td>2017</td>
</tr>
<tr>
<td>Serious crimes</td>
<td>Rate per 100,000</td>
<td>2111.0</td>
<td>2017</td>
</tr>
<tr>
<td>Homicides</td>
<td>Rate per 100,000</td>
<td>1.9</td>
<td>2013-17</td>
</tr>
<tr>
<td><strong>Food and nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with limited food access</td>
<td>Percent</td>
<td>32.9%</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Employment &amp; Economic Stability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>Dollars</td>
<td>$79,995</td>
<td>2017</td>
</tr>
<tr>
<td>Persons living below poverty</td>
<td>Percent</td>
<td>6.9%</td>
<td>2017</td>
</tr>
<tr>
<td>Children living below poverty</td>
<td>Percent</td>
<td>9.2%</td>
<td>2017</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Percent</td>
<td>2.6%</td>
<td>2018</td>
</tr>
<tr>
<td><strong>Health &amp; Well-Being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons who are uninsured</td>
<td>Percent</td>
<td>4.6%</td>
<td>2017</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure (year)</td>
<td>Trend</td>
<td>Major disparities&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Persons who had difficulty paying for health care</td>
<td>Percent</td>
<td>24.4%</td>
<td>2014 n/a</td>
</tr>
<tr>
<td>Persons who delayed or did not get medical care due to cost or no insurance (among persons who needed care and delayed it)</td>
<td>Percent</td>
<td>76.2%</td>
<td>2014 n/a</td>
</tr>
<tr>
<td>Persons who delayed or did not get mental health care due to cost or no insurance</td>
<td>Percent</td>
<td>55.7%</td>
<td>2014 n/a</td>
</tr>
<tr>
<td>Persons who skipped or used smaller doses, or did not fill prescription (among persons who regularly take prescription medications)</td>
<td>Percent</td>
<td>9.7%</td>
<td>2014 n/a</td>
</tr>
<tr>
<td>Children not up-to-date on immunizations</td>
<td>Percent</td>
<td>34.9%</td>
<td>2018 41.3%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>Rate per 10,000</td>
<td>6.8</td>
<td>2015 7.0</td>
</tr>
</tbody>
</table>

### Housing Stability

<table>
<thead>
<tr>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households spending 30% or more income on housing</td>
<td>Percent</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

### Transportation

<table>
<thead>
<tr>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers commuting to work alone</td>
<td>Percent</td>
<td>81.2%</td>
</tr>
<tr>
<td>Households with no vehicle available</td>
<td>Percent</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with less than high school education</td>
<td>Percent</td>
<td>5.3%</td>
</tr>
<tr>
<td>High school students not graduating in 4 years</td>
<td>Percent</td>
<td>11.9%</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; graders not meeting reading standards</td>
<td>Percent</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

### Community

<table>
<thead>
<tr>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>People of voting age not registered</td>
<td>Percent</td>
<td>19.8%</td>
</tr>
<tr>
<td>People of voting age not voting</td>
<td>Percent</td>
<td>29.1%</td>
</tr>
<tr>
<td>Adults 25+ not interacting with friends and neighbors</td>
<td>Percent</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
Sources for key indicators: 12, 26, 31, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58

Major disparity: the ratio between the highest and lowest value is at least 3.

Respondents to the community survey ranked economic and social factors as the third top health concern in Dakota County (33 percent of residents chose it as a concern). Respondents in Burnsville, Eagan, and Apple Valley ranked it higher than respondents in other cities.

**Environmental Health**

**Childhood lead exposure**

Why this is important: Lead is one of the most common environmental health threats to children. The primary source of lead exposure for children in the United States is deteriorating lead paint in homes. Lead paint was banned for use in residences in 1978, but many older homes still contain lead paint. Children less than six years old are most susceptible to the effects of lead exposure because their bodies are still growing, they tend to put things in their mouths, and they spend a lot of time on the floor. Lead easily passes through the placenta to the fetus and may be released from the bones of pregnant mothers exposed to lead. Children exposed to lead may be symptom-free before they enter school, but later display learning disabilities, reduction in IQ, or behavioral problems. About three-quarters of housing built in the United States before 1978 contains some lead-based paint. In Dakota County, 38 percent of housing units were built before 1980.

Statistics: Twenty-three percent of Dakota County children under age six were tested for blood lead in 2017, a slight increase from 21 percent in 2013. Of these children, 0.3 percent of Dakota County children tested had blood lead levels five micrograms/dL or above, which is the level at which public health intervention is triggered. Figure 12 below shows that this percentage was stable from 2013 to 2017. The state of Minnesota goal is to eliminate childhood lead poisoning as a public health problem.

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**Figure 12. Percent of children under age 6 tested for lead with levels above 5 ug/dL**

**Dakota County, 2013-2017**

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Who is most affected: Children from all socioeconomic classes can be affected by lead exposure, but children from low-income families and children of color are more likely to live in housing with lead hazards, which increases their risk for elevated blood lead levels. Nationally, black, non-Hispanic children have higher mean blood levels than white, non-Hispanic children. Individual race and ethnicity data tied to blood lead results is incomplete in Minnesota, so reliable estimates cannot be developed. In Minnesota, children enrolled in Medical Assistance are more than twice as likely to have elevated blood lead levels as children who are not enrolled. Refugees who come to Minnesota have elevated blood lead levels at a rate of ten times more than Minnesota children in general. They may have been exposed in their country of origin and have further exposure once they get to the United States.

Outdoor air quality

Why this is important: Outdoor air pollutants can affect human health, quality of life, and the environment. They are associated with serious respiratory and cardiovascular health effects, such as asthma, bronchitis, and heart attacks. Ozone and particulate matter are the main cause of air quality problems in the United States. Outdoor air pollutants contribute to environmental problems, such as acid rain, mercury in fish, and global climate change.

Particulate matter is a mixture of solid particles and liquid droplets of varying origin and chemical composition that are suspended in air. Roughly half of particles are directly released into the environment when coal, gasoline, diesel fuels, wood and other fuels are burned. The other half is formed by chemical reactions with other pollutants in the air. Fine particles (those that are smaller than 2.5 microns, known as PM2.5) pose a greater risk to human health than coarse particles, because they can be inhaled deeply into the lungs where they accumulate and they may reach the bloodstream.

Ozone is a colorless gas that, when formed at ground-level, is a lung irritant, associated with respiratory conditions, such as asthma, bronchitis, and emphysema, and chest pain. Ground-level ozone is created by chemical reactions that occur in the presence of heat and sunlight. On hot, sunny days in Minnesota, ground-level ozone can build up to unhealthy levels. Sources of the pollutants that form ozone include gasoline and diesel vehicles, construction equipment and coal-fired power plants. Paints, solvents, and adhesives can also contain ozone-forming chemicals.

Statistics: Permitted sources, such as factories and power plants, are becoming a smaller portion of the air pollution in Minnesota. Small and widespread sources, such as vehicles, local businesses, heating and cooling, and yard and recreational equipment, are the most common sources, accounting for 35 percent of emissions. Overall, air quality in the Minnesota has improved over the past 20 years. The United States Environmental Protection Agency (EPA) has national air quality standards for six common pollutants – fine particles, ground-level ozone, sulfur dioxide, nitrogen dioxide, lead, and carbon monoxide. In 2017, all areas of Minnesota were better than these standards. However, the 8-hour ozone percent is in the cautious zone.

Unhealthy air quality days occur when the Air Quality Index reaches a level that is harmful to sensitive populations, such as people with lung or heart conditions, children, older adults and people participating in strenuous outdoor activities. The number of unhealthy days fluctuates from year to year, usually due to differences in weather conditions and the frequency of natural events, such as wildfires. Figure 13 below shows that there were 10 unhealthy air quality days in Dakota County from 2013 to 2017. Statewide, the number of poor air quality days has been decreasing over time, but it varies from year to year. Smoke from distant wildfires is an increasing cause of poor air quality in Minnesota.

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Who is most affected: There is not a lot of difference in average air pollution levels across the Twin Cities metro area. However, zip codes that have higher populations of people living in poverty and/or populations of color are more at risk, since they already have higher rates of heart and lung conditions that make them more vulnerable to the effects of air pollution. Children and older adults are also more vulnerable to air pollution. Motor vehicle traffic is a major source of air pollution that affects some communities more than others, depending on their proximity to busy roads. In Dakota County, 33 percent of residents live within 300 meters of a busy road (portion of the road with average daily traffic of more than 10,000 vehicles). In portions of Apple Valley, Burnsville, Eagan, and West St. Paul, more than 50 percent of residents live within 300 meters of a busy road.

Climate and weather

Why this is important: Climate and weather can impact human health. Heat can cause acute events, such as heat stroke, and can aggravate some chronic diseases. It also causes pollutants, such as particulate matter, ozone, pollen, and mold, to build up. This may increase the severity of respiratory diseases, such as asthma and chronic obstructive pulmonary disease. Extreme heat events are especially dangerous for the very young, older adults, and people living in poverty. Extreme cold can lead to serious health concerns, such as frostbite and hypothermia, especially for older adults, the homeless, and babies sleeping in cold bedrooms.

Over the last few decades, Minnesota’s climate has been changing with serious consequences for public health. Summers are measurably warmer and precipitation patterns are more unpredictable, resulting in changes in air, weather, water, and ecosystems. Changes in climate can increase air pollutants, such as fine particles, ozone, and pollen, which have an impact on heart and lung health. As the average temperature increases, extreme heat events occur more often, last longer, and are more severe. Extreme weather events, such as excessive rainfall, storm surges, and drought are becoming more common, which can lead to too much or too little water and water that is not safe to drink. A warmer, wetter climate increases the spread of tick-borne diseases.

Statistics: The Twin Cities has some of the widest variation in temperature of any place in the United States. Summers are typically hot and humid and winters can be bitterly cold. The normal temperatures in Dakota County (as measured at the Farmington weather station) range from an average of 11-26 degrees F. in winter to an average high of 60-80 degrees F. in the summer. July is normally the hottest month. The normal annual precipitation in Dakota County is 31-33 inches of precipitation. The normal annual snowfall amount in Dakota County is 35-50 inches. These averages do not show the extremes that occur each year in the form of blizzards, floods, heat waves, and cold snaps. The coldest temperature on record in the Twin Cities was -41 degrees F.; the warmest was 108 degrees F.

Weather data for Minnesota show a trend toward increasingly warm weather in recent decades. Heavy rains are now more common. Since 2000, Minnesota has experienced seven of its 10 warmest years on record.

Who is most affected: Everyone is at risk for heat-related illnesses as extreme heat events increase. Some populations are more vulnerable to the effects of heat than others. Older adults, young children, and people with certain health conditions have more difficulty cooling themselves. Homeless people and people living in poverty are more likely to not have access to air conditioning. Farmers and other people who work outdoors for long periods are also more vulnerable to heat-related illness. Heavy rain events that create flood conditions may force people to evacuate.

Indoor air

Why this is important: Radon and secondhand tobacco smoke are two of the most important pollutants that may be present in homes, schools, and other indoor environments. Radon is an important indoor air quality issue in Minnesota. Minnesota has average radon levels that are three times higher than in the U.S. overall. This is due to the geology and the fact that Minnesota homes are closed up or heated most of the year, allowing radon to build up. Radon is a colorless, odorless gas that occurs naturally in the environment. It moves up through the soil and enters homes and other buildings where it accumulates in the air. The gas decays into fine particles that are radioactive. When it is inhaled, it can damage the lungs. Long-term exposure can lead to lung cancer, making it the leading cause of lung cancer in non-smokers and the second leading cause of cancer in smokers. There is no safe level of radon for humans, but the risk increases at higher levels and with longer term exposure.

Secondhand smoke is a mixture of over 7,000 chemicals from the smoke given off by the lit end of a cigarette, pipe, or cigar, and from the smoke exhaled by smokers. There is no safe level of exposure to secondhand smoke. It causes disease and early death in children and adults who do not smoke. An estimate of nearly 34,000 heart disease deaths among adult non-smokers in the U.S. were caused each year from 2005-2009. In October 1, 2007, the Freedom to Breathe amendments to the Minnesota Clean Indoor Air Act became effective. They prohibit smoking in virtually all

public indoor places and indoor places of employment. In addition, many private organizations have instituted policies to prohibit outdoor smoking on their grounds or smoking indoors in areas not addressed by the Freedom to Breathe amendments, such as hotel/motel rooms and rental units.

Statistics: Two of five homes in Minnesota have high radon levels. Dakota County is identified as Zone 1 for radon by the U.S. Environmental Protection Agency, meaning it has predicted average indoor radon screening levels greater than 4 pCi/L, the level that poses a significant health threat. In Dakota County, among homes that were tested for radon in 2010-2016, 40 percent had radon levels above 4 pCi/L. This is below the state overall (43 percent), but is higher than Anoka, Ramsey, and Washington counties.

Since the passage of the Freedom to Breathe amendments, more Minnesotans are protected from tobacco smoke in their environments by smoke-free policies at work and in the community and by voluntary rules at home and in cars. Secondhand smoke exposure among nonsmoking adults has steadily decreased since 2003. In 2014, four percent of Dakota County adults 25 and older reported that someone regularly smokes in their home. Six percent of Dakota County adults 25 and older reported being in a car or other vehicle in the past seven days with someone who was smoking.

Figure 14 below shows that secondhand smoke exposure remained stable among non-smoking Minnesota youth in all settings from 2014 to 2017. In 2017, 20 percent of Minnesota youth who do not currently smoke reported repeated exposure to secondhand smoke during the previous week.

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Who is most affected: In Dakota County, 12 percent of adults 25 and older with a high school education or less are exposed to secondhand smoke in their homes, compared to 1.5 percent of those with a bachelor’s degree or higher. Thirteen percent of those living at less than 200 percent of the federal poverty level are exposed to secondhand smoke in their homes, compared to three percent of those living at 200 percent of the federal poverty level or greater. Nationally, nearly half of black non-smokers (47 percent in 2011-2012) were exposed to secondhand smoke, compared to 22 percent of non-Hispanic, white non-smokers.

Drinking water quality

Why this is important: Clean, safe water is essential for human health. Water naturally contains some impurities, most of which are harmless. But, it can also contain microorganisms, minerals, man-made chemicals or naturally-occurring pollutants that can be harmful to health. Under the Safe Drinking Water Act (SDWA), the Environmental Protection Agency (EPA) sets drinking water standards for public water systems. The MDH Source Water Protection Program also requires local municipalities in Minnesota to conduct assessments and develop plans to protect their public-water supply wells. Private wells are not regulated by the Safe Drinking Water Act. Owners of private wells must get their wells tested and make sure that their well water is safe from contaminants. Approximately 86 percent of Dakota County residents get their water from public water systems.

Ninety-five percent of total domestic, municipal, and industrial water used in Dakota County is supplied by groundwater. In much of Dakota County, the drinking water supply is highly susceptible to contamination due to human activities that happen on the surface. The primary groundwater quality concerns in Dakota County include coliform bacteria that may indicate fecal contamination; nitrates, which are often associated with human and animal wastes, fertilized and irrigated crops, and landfills; naturally occurring manganese; naturally occurring arsenic; and pesticides.

Statistics: Dakota County currently has 139 public water supply systems. Of those systems, 21 are community systems, meaning they provide water to people in their homes or places of residence. Public water supplies must report to the public when contaminants are detected that exceed the Safe Drinking Water Act standards and take steps to bring the water system into compliance. Among the community systems, there were seven violations that required public notification from 2014-2018.

Historically, eastern and southern Dakota County has had high levels of nitrate in the groundwater as well as in streams leading to the Vermillion and Cannon Rivers. High nitrate in water can come from manure, septic systems, and crop fertilizer. It is a health hazard for infants younger than 6 months old, because it interferes with oxygen absorption in the blood, causing “blue baby” syndrome. In 2013 and 2014, in cooperation with the Minnesota Department of Agriculture, Dakota County conducted a pilot project to evaluate the effectiveness of collecting nitrate samples from private well owners by mail from the cities of Coates, Farmington, Hampton, Hastings, Rosemount, and all twelve townships in the county. In the study area, 26 percent of the private wells tested exceeded the drinking water standard of 10 milligrams per liter. All communities, except the city of Farmington and Greenvale Township, exceeded the Minnesota Department of Agriculture threshold of five percent of drinking water wells over the standard. From June 2015 through June 2016, Dakota County and the Minnesota Department of Health conducted the Wells and Increased Infant Sensitivity and Exposure (WIISE) Study, which collected untreated water samples from

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outdoor faucets at 274 homes served by private wells in Inver Grove Heights. The samples were tested for manganese and other contaminants of health concern. Seventy-one percent of the wells had a manganese result above 100 ug/L (above the level considered safe for infants drinking the water), and 56 percent had levels above 300 ug/L (above the level considered safe for everyone). Those households that had high levels in outside faucets were offered testing of their indoor water. Among those who participated in the indoor testing, 37 percent were still above the Minnesota Department of Health threshold for infants of 100 ug/L. Manganese is a health concern for infants, because it can impact neurological development in infants less than 12 months of age. In older children and adults, consuming higher levels of manganese over time may also cause neurological symptoms, including lethargy, tremors, and slow speech.90

Who is most affected: Infants and children, people with compromised immune systems, and older adults are most susceptible to contaminants in water.91 People living in rural areas are more likely to be served by private wells, which have to be maintained by the home owners. For those who are low-income, it may be cost-prohibitive to make the necessary corrections to remove contaminants from their wells.

**Built environment**

**Why this is important:** The built environment encompasses all of the physical parts of where we live and work, including homes, buildings, roads, parks, sidewalks, and biking and walking paths. It is influences how much physical activity a person gets, facilitates child development, and enhances psychological and social health. If there are no sidewalks or it is inaccessible for biking or walking, people are not incented to bike or walk to destinations. This contributes to poor health outcomes, such as obesity and chronic diseases.92 Having well-maintained, safe parks and playgrounds in a community increases the number of people who engage in regular physical activity.93,94

**Statistics:** There are 356 city parks and recreation areas, six county parks, a portion of one regional park (Lilydale Regional Park), a portion of one state park (Fort Snelling State Park), and a portion of one national park (Mississippi River National Recreation Area) in Dakota County. The percentage of residents who live within a 10-mile walk of a park ranges from 60 percent of residents in Mendota Heights to 93 percent of residents in South St Paul.95 In 2014, 66 percent of residents rated their neighborhood as a very pleasant place to walk. Twenty-two percent indicated there were no sidewalks in their neighborhood. Two percent said the sidewalks were not maintained at all or not very well maintained. In 2016, two percent of Dakota County’s population did not have locations for physical activity near their home, such as parks, gyms, community centers, YMCAs, dance studios, and swimming pools, compared to 12 percent of the state overall. This decreased from six percent in 2012.92

Who is most affected: Lower-income populations and some racial and ethnic populations have poor access to parks and playgrounds.93

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Safety

Those who were interviewed mentioned the following topics related to violence and abuse: domestic violence, bullying/harassment, sexual violence, trauma/adverse childhood experiences (ACEs), human trafficking/prostitution, and aggression.

Crime

Why this is important: Violence and crime affect health in a number of ways. People can be exposed to crime as victims, as witnesses to crime in their community, or by hearing about it from other residents. Violence can lead to injuries or premature death. Survivors endure physical and mental pain and suffering and a decreased quality of life. People may engage in less physical activity because they fear crime in their community. Children and adolescents exposed to violence are at risk for behavior problems and mental illness. It may also lead to higher risk for risk-taking behaviors in adulthood, such as substance use, unsafe driving, and risky sexual behavior. People of any age who are exposed to violence are more likely to experience or perpetrate violence in the future.

Statistics: Figure 15 below shows the total crime rate in Dakota County compared to Minnesota. From 2013 to 2017, the crime rate per 100,000 residents was stable for Dakota County and decreased for the state. Dakota County’s rate was below the state during this period. In 2017, 41.5 percent of offenses in Dakota County were serious crimes. The most common offense was theft of personal property, accounting for 32 percent of offenses. In 2014, four percent of Dakota County adults 25 and older said they considered their neighborhood to be somewhat unsafe or not safe at all from crime.

Figure 15. Total crimes per 100,000, 2013-2017

Murder, rape, robbery (theft by force or threat of force), aggravated assault, burglary (breaking and entering), larceny (theft of personal property), motor vehicle theft, arson, and human trafficking are classified as serious, or Part 1, crimes. Murder, rape, robbery, aggravated assault, and human trafficking are classified as violent crimes.

Figure 16 below shows the rate of serious crimes in Dakota County compared to Minnesota. From 2013 to 2017, the rate of serious crime per 100,000 residents dropped for both Dakota County and the state by nine percent. Dakota County’s rate was below the state for the same period. In 2017, seven percent of serious offenses in Dakota County were violent crimes. In addition, there were 15 bias incidents reported in 2017. Bias incidents are crimes that are motivated or perceived to be motivated by characteristics of the victim, such as race.

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Thirty-seven Dakota County residents died by homicide in the five-year period from 2013 to 2017. The age-adjusted homicide rate was lower than the rate for Minnesota during the period 2013-2017. However, it increased from 1.1 per 100,000 during the period 2008-2012 to 1.9 per 100,000 during the period 2013-2017. There were 40 human trafficking offenses reported in Dakota County from 2014 to 2017. Aggravated assaults are the most commonly reported violent crimes. From 2013 to 2017, the rate decreased by 6.5 percent from 92.0 per 100,000 to 86.0 per 100,000. The reported rates of robbery per 100,000 increased from 2013 to 2017. The rate of reported rape per 100,000 increased by 81 percent from 16.0 per 100,000 to 29.0 per 100,000. In 2017, there were 120 rapes reported in Dakota County.

Who is most affected: In Dakota County, the total crime rate and the rate of serious crime vary by geographic location. More crimes occur in the urban part of the county than in the suburbs and rural areas. Men are more likely to say their neighborhood is somewhat unsafe or not at all safe from crime. Adults aged 25-34 are the most likely to say their neighborhood is somewhat unsafe or not at all safe from crime. Nationally, adults aged 25-34 are most often victimized by serious violent crime. Blacks and Hispanics are more often victims of serious violent crime than non-Hispanic whites. Statewide, people aged 15-24 have a homicide rate more than three times higher than those aged 55-64 (4.3 per 100,000, compared to 1.3 per 100,000). The homicide rate for blacks in Minnesota (13.0 per 100,000) is 10 times higher than the rate for whites (1.3 per 100,000).

Interpersonal violence

Why this is important: Interpersonal violence includes: intimate partner violence and family violence against children or older adults. Intimate partner violence describes violence or aggression by a current or former spouse or dating partner. Intimate partner violence can have a negative effect on health throughout life. Victims of intimate partner violence suffer both physical and emotional injury and are more likely to engage in risky health behaviors. An adverse childhood experience (ACE) is a traumatic experience that happens to a child that they can remember as an adult. ACEs include physical abuse, sexual abuse, emotional abuse, mental illness of a household member, substance use or abuse by a household member, divorce or separation of a parent, domestic violence towards a parent, and incarceration of a household member. When children experience violence or aggression in the home before the age of 18, it sets them up for an increased lifelong risk of chronic disease, mental illness, and smoking and this risk increases.

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as the number of adverse experiences increases\textsuperscript{99}. Vulnerable adults are: over age 18, and have a physical, mental, or emotional disorder that makes it hard for them to care for themselves; live in group quarters; or receive services such as home care, day care services, or personal care assistance. Vulnerable adults can suffer from neglect; physical, emotional, or sexual abuse; or be exploited financially\textsuperscript{100}.

Statistics: From 2012-2016, there were 251 injuries due to intimate partner violence that required emergency room or hospital treatment. Figure 17 below shows that the rate decreased from 2012 to 2016 for both Dakota County and the state and Dakota County is below the state throughout that period\textsuperscript{101}.

\textbf{Figure 17}. Rate of injuries due to intimate partner violence resulting in hospital or emergency room visit 2012-2016

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\caption{Rate of injuries due to intimate partner violence resulting in hospital or emergency room visit 2012-2016} \textsuperscript{101}
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In 2017, there were 2,143 unique alleged victims of child maltreatment in Dakota County. Figure 18 below shows that the rate of determined victims of child maltreatment of 3.2 per 1,000 children was above 2016 (3.0 per 1,000). The rate was below the Minnesota rate of 6.6 per 1,000 children for 2017. In 2017, 67 percent of Dakota County alleged victims of child maltreatment suffered neglect, 28 percent physical abuse, and 10 percent sexual abuse. Some victims suffered from more than one form of abuse and neglect\textsuperscript{102}. There were 69 injuries due to maltreatment in children 19 and under that required emergency room and/or hospital treatment in 2016\textsuperscript{101}.


In 2015, there were 922 reports of vulnerable adult abuse in Dakota County.

Who is most affected: In 2016, 92 percent of those who were treated for injuries due to intimate partner violence in the hospital or emergency room were female. In 2017, 57 percent of the alleged victims of child maltreatment were children of color (17 percent were Hispanic).

Bullying

Why this is important: Bullying involves aggressive physical contact, words or subtle actions in which a person harms another person or causes them discomfort on purpose. The person who is bullied usually has trouble defending him or herself. Bullying can lead to negative impacts, which may persist into adulthood, including health complaints, depression and suicide, anxiety, substance use, and decreased academic achievement.

Statistics: In 2016, nine percent of Dakota County 9th graders reported having been threatened by other students during the past 30 days, slightly below the state (10 percent). Thirteen percent of 9th graders reported having been bullied through e-mail, chat rooms, instant messaging, websites or texting during the last 30 days, slightly below the state (14 percent).

Who is most affected: Fifteen percent of lesbian, gay, bisexual, and questioning 9th graders have been threatened, compared to eight percent of heterosexual students. Nineteen percent of gender non-conforming 9th graders have been threatened, compared to nine percent of cisgender students.
Food and Nutrition

Access to healthy food

Why this is important: People’s food choices and diet are likely to be influenced by how far they have to 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. Food insecurity, or hunger, means that access to adequate food is limited by not enough money or resources. Food insecurity can be particularly harmful for children, who are more vulnerable. When people don’t have enough food or they have to choose foods with low nutrition value that they can afford, it can seriously impact health. It can lead to Type 2 diabetes, high blood pressure, heart disease, and obesity. Children who are hungry are more likely to have poor health, struggle in school, and have behavioral health issues.

Statistics: An estimated 31,260 people in Dakota County, eight percent of the population, were food insecure in 2016. It is estimated that 44 percent of this population has an annual household income that is too high to qualify for federal nutrition programs, such as Supplemental Nutrition Assistance Program (SNAP). Individual visits to food shelves in Dakota County increased by seven percent from 2013 to 2017 and household visits increased by 29 percent. In 2015, one-third of Dakota County’s population had low access to food, meaning they lived in an urban area and were more than one mile from a supermarket or large grocery store or they lived in a rural area and were more than 10 miles from a supermarket or large grocery store. This was a decrease from 37 percent in 2010. In 2014, 6.5 percent of Dakota County adults 25 and older said they often or sometimes worried that their food would run out before they had money to buy more during the past 12 months.

Who is most affected: Senior visits to food shelves in Dakota County increased by 57 percent from 2013 to 2017. Whites were more likely than blacks to have low food access, 34 percent compared to 19 percent. This is simply based on geographic location of stores. Since blacks and Hispanics are more likely to live in poverty than whites, they may still have limited access to healthy foods because of cost. Eleven percent of adults 25 and older with a high school diploma or less said they often or sometimes worried that their food would run out before they had money to buy more, compared to two percent of those with a bachelor’s degree or higher. Thirty-six percent of those with household incomes below 200 percent of the federal poverty level said they often or sometimes worried that their food would run out before they had money to buy more, compared to 2.5 percent of those with household incomes at or greater than 200 percent of the federal poverty level.

Employment & Economic Stability

Those who were interviewed mentioned the following topics related to employment and economic stability: poverty, low-income seniors, increasing cost of living, intergenerational cycle of poverty, and inability to meet basic needs. Employment/wages were also identified as a need of county residents that is not being addressed, specifically lack of jobs that provide a livable wage; and not enough employment options for people who have difficulty holding jobs, ex. mentally ill, chemically dependent, and disabled.
**Median household income**

**Why this is important:** Income influences the opportunity people have to choose where to live, to purchase healthy food, and to participate in physical activity and, therefore, has an impact on their overall health. Wealth (which includes income, personal property, and other assets) is the biggest predictor of health. Every step down the income ladder corresponds to poorer health with those at the highest incomes having the best health and living the longest. The gradient gets steeper the more income inequality exists. Currently, the United States has the greatest income inequality among the developed countries.113

**Statistics:** Dakota County has a higher median household income than the state and the nation. In 2017, the median household income was $79,995 (compared to $65,699 for the state and $57,652 for the United States). Figure 19 below shows that the median household income in Dakota County increased from 2013 to 2017. This is similar to the trend in Minnesota and the United States46.

![Figure 19. Median household income 2012-2016](image)

**Figure 19-Median household income46**

**Who is most affected:** In spite of a high overall median household income, households where the head of household is 25-64 years old have higher median household incomes than those where the head of household is under 25 or 65 and older.114 Asians have the highest median household income of any racial group in the county at $86,731, while blacks have the lowest at $50,110. The median household income of Hispanics in the county is $46,520, compared to $84,264 for non-Hispanic whites115. The highest median household incomes in the county are in Mendota Heights, Lakeville, and Rosemount. The lowest are in West St. Paul, South St. Paul, Hastings, and Burnsville46.

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Poverty

Why this is important: People who live in poverty have limited choices in education, employment, living conditions, places to buy healthy food, places to engage in physical activity, and medical care. This in turn can influence lifestyle behaviors that impact health. Being poor also creates chronic stress that can lead to adverse health outcomes. Poor health can perpetuate poverty, as it has an impact on a person’s ability to work, get an education, and advance his/her income. Children who grow up in families that experience chronic stress due to poverty have a greater risk of developing long-term health problems. They are also more likely to remain in poverty as adults.116

Statistics: Table 6 below shows that the percent of Dakota County residents living below the poverty level (seven percent) is below the state (10.5 percent) and the nation (15 percent). It was stable from 2013 to 2017. The percent of children under 18 living below the poverty level (nine percent) is also below the state (13 percent) and the nation (20 percent). It decreased slightly from 2013 to 2017.46

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Who is most affected: There are significant disparities in poverty rates in Dakota County. Those with less than a high school education have a poverty rate nearly eight times higher than those with a bachelor’s degree or higher (19 percent compared to two percent). Blacks and Hispanics have a poverty rate 4 times higher than non-Hispanic, whites (20 percent, compared to 4.5 percent)117. The highest percent of people living below poverty level is in South Saint Paul, West Saint Paul, and Burnsville. The highest level of children under 18 living below the poverty level is in West Saint Paul, Burnsville, South Saint Paul and Inver Grove Heights.46

Unemployment

Why this is important: Unemployed workers and their families have decreased income and increased stress, which can lead to negative physical and mental health consequences. People often lose health insurance coverage when they lose their job, which can lead to delays in getting necessary medical care. Employment in a stable, well-paying job allows a person to live in a safe neighborhood, purchase healthy foods, and provide high-quality child care and education for their children.118

Statistics: Figure 20 below shows the average unemployment rate in Dakota County and Minnesota for the past 10 years. Dakota County remained slightly below Minnesota but consistently followed the Minnesota trend. An upward trend started in 2007 and peaked in 2009 at 7.2 percent. The trend has been downward for the past 10 years and

unemployment is below the level it was in 2006 (3.6 percent). In 2018, the unemployment rates in Dakota County and Minnesota were very close (Dakota County: 2.6 percent, Minnesota: 2.9 percent). Minnesota had a lower unemployment rate than the United States overall (3.9 percent)47.

Who is most affected: Although unemployment is relatively low in Dakota County, there are significant disparities among different population groups. The highest unemployment rate is in youth 16-19 years of age (13 percent) and the lowest rate is among people 45-54 years of age (two percent). Blacks have a nine percent unemployment rate compared to three percent among whites. Unemployment among people living below the poverty level is 20 percent, compared to three percent for those at or above the poverty level. Those with less than a high school education have an unemployment rate of seven percent, compared to those with a bachelor’s degree or higher48.

Health & Well-Being

Those who were interviewed identified multiple access to care concerns as needs of county residents. Access to care for mental illness/chemical dependency was identified, specifically, lack of inpatient beds; mental health provider workforce shortage; difficulty navigating services; burden on law enforcement; and inability to pay for care or prescriptions. Access to medical care was also identified, specifically cost of medical care, including premiums, copays, and prescriptions; homelessness increases access to care issues; and need for more free or low-cost clinic options in the county (safety net services).

Insurance Coverage

Why this is important: 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 diseases119.

Statistics: Figure 21 below shows that as the Affordable Care Act was implemented in 2014, the number of people who had no insurance coverage decreased steadily in Dakota County, Minnesota, and the United States. In 2017, Dakota County had an uninsured rate of five percent, which is similar to the state and below the United States (10.5 percent)46. The Healthy People 2020 goal is for no one to be uninsured120. However, there may continue to be a number of people without adequate insurance coverage, due to the increase in high-deductible health plans.

Who is most affected: Although more people have health insurance coverage since the implementation of the Affordable Care Act, there are still significant disparities among population groups in the county. In 2017, the highest rate of uninsured was among those 19-25 years of age (10 percent) and the lowest rate was among those 75 and older (0.1 percent), most of whom have Medicare. Twenty-one percent of Hispanics were uninsured, compared to three percent of non-Hispanic, whites. Twenty percent of those with less than a high school education were uninsured, compared to two percent of those with a bachelor’s degree or higher. Fourteen percent of those living below 100 percent of the poverty level were uninsured, compared to 1.5 percent of those living at 400 percent of the poverty level or above.

Health care access

Why this is important: 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 health insurance or they can’t afford the cost of their deductible, coinsurance, and/or copays, it can result in missed preventive care, preventable hospitalizations, more costly care due to undiagnosed conditions, and premature death.

Statistics: In 2014, 24 percent of Dakota County adults 25 and older reported that it was “very difficult” or “somewhat difficult” for them and their family to pay for health insurance premiums, co-pays, and deductibles.

In 2014, 72 percent of adults 25 and older said there was a time in the past 12 months when they needed medical care. Among those who needed care, 21 percent delayed or did not get needed care. More than three-quarters (76 percent) of those who delayed or did not get needed care did so because of cost or lack of insurance.

In 2014, 22 percent of adults 25 and older said there was a time in the past 12 months when they wanted to talk with or seek help from a health professional about stress, depression, a problem with emotions, excessive worrying, or troubling thoughts. Among those who needed help, 56 percent delayed or did not get the needed care. More than half (56 percent) of those who delayed or did not get care did so because of cost or lack of insurance.

In 2014, 55 percent of adults 25 and older said they take a prescription medication, other than birth control, on a regular basis. Among those who take a prescription medication, 10 percent said there was a time in the past 12 months when they skipped doses, took smaller amounts of their prescription, or did not fill a prescription because they could not afford it.

Who is most affected: Those who live at < 200 percent of the federal poverty level are 2 times more likely to report difficulty paying for health insurance premiums, co-pays, and deductibles than those who live at 200 percent of the federal poverty level or greater (48.5 percent, compared to 21 percent).

As noted earlier, there are several groups who have higher uninsured rates than the general population – most notably, young adults, Hispanics, people with less than a high school education, and those living below the poverty level. These populations are all at risk for not being able to access needed health care due to cost. Nationally, blacks are the most likely to not see a doctor for needed care due to cost (22 percent compared to 13 percent of whites).

Immunizations

Why this is important: Many serious infectious diseases that were once common can now be prevented with vaccinations. In addition to protecting the child, immunizing children helps protect the community's health, especially those who are too young to be immunized or who can't receive certain vaccines due to medical conditions. Keeping children up-to-date on immunization helps provide immunity before they are exposed to diseases. Immunity may wear off over time, so adolescents and adults need to get booster shots to ensure they continue to be protected. Women who stay up-to-date with immunizations both before and during pregnancy can pass along immunity to protect babies before they are old enough to be vaccinated. Some vaccines can also prevent serious diseases that can cause miscarriage and birth defects.

Statistics: Twelve immunization series are currently recommended for children birth-18 years. Five are required for school entry in Minnesota – Hepatitis B, DTaP/DT (diphtheria, tetanus, and pertussis), polio, MMR (measles, mumps, and rubella, and varicella (chickenpox). Ninety percent of Dakota County primary care clinics (35 out of 39 clinics) submit data to the Minnesota Immunization Information Connection (MIIC) registry. In 2018, 35 percent of children ages 24-35 months were not up-to-date for the recommended vaccinations, compared to 32 percent statewide. This was a decrease from 37 percent in 2014. During the 2017-18 school year, 94-96 percent of Dakota County kindergarteners and 95-98 percent of seventh grade students were protected by each of the required immunizations, according to parent report. Two percent of Dakota County kindergarten students and one percent of seventh grade students have not received any vaccines due to conscientious objection. This is similar to the statewide percent.

Who is most affected: Childhood immunization coverage levels vary by location. In 2018, the zip codes in Dakota County with the highest level of children ages 24-35 months who are not up-to-date on immunizations were: 55306 (44.5 percent) – Burnsville, 55337 (43 percent) – Burnsville, 55121 (41 percent) – Eagan. The zip codes with the lowest level of children ages 24-35 months who were not up-to-date on immunizations were: 55031 (11 percent) – Hampton and 55120 (26 percent) – Mendota Heights. Nationally, children who were uninsured or on Medical Assistance had

lower rates of immunization coverage than those with private insurance, particularly for vaccines that require multiple doses. Also, blacks and American Indians have lower rates than whites\(^{127}\).

**Primary Care Physicians**

**Why this is important:** Access to providers is an important component of access to health care. Having enough primary care physicians is important to ensure that people receive preventive services, so that problems are detected and addressed early, and they are referred to appropriate specialty care, if needed\(^{128}\). Having a primary care physician to manage and coordinate care results in fewer absences from work, fewer hospitalizations, and ultimately, lower health care costs.\(^{128}\)

**Statistics:** In 2015, there were 283 primary care physicians, or 6.8 per 10,000 residents. This was stable from 2011. It is below the statewide rate of 9.0 per 10,000 and is the third lowest rate per 10,000 among the seven counties in the Twin Cities metropolitan area, which range from 5.3- 11.8\(^{129,51}\). Primary care includes general practice, family practice, internal medicine, and pediatrics.

**Who is most affected:** Many Dakota County residents have access to and see physicians in neighboring counties. Those who live in the rural parts of the county or who do not have access to transportation are the most impacted by not having enough primary care physicians. They are limited to physicians that are within a reasonable driving distance or who can be reached by walking or public transit. Residents on Medical Assistance may also have a more difficult time accessing medical services than residents on private insurance, because some physicians do not accept Medical Assistance.

**Availability of health care**

**Why this is important:** Access to a variety of long-term care options, from community-based to institutional care, is important to meet the needs of the population. Community-based care may be preferable in many cases and can save money. Medical Assistance is the major payer for long-term care in Minnesota. It often favors institutional care over home- and community-based services, because it is expensive to develop community-based options. This leaves people with inadequate access to home- and community based services\(^{129}\).

**Statistics:** There are three hospitals in Dakota County: Fairview Ridges Hospital in Burnsville, Northfield Hospital in Northfield, and Regina Medical Center in Hastings. There are a total of 244 acute care beds, or 57.9 per 100,000 population, and 72 specialty care beds. This is the lowest hospital bed rate for a county in the seven-county Twin Cities metropolitan area, which range from 57.9 to 431.4\(^{130}\). However, many Dakota County residents use hospitals in neighboring counties.

There are ten nursing homes licensed in Dakota County, with a total of 921 beds, or 218 beds per 100,000 population. This is one of the lowest nursing home bed rates for a county in the seven-county Twin Cities metropolitan area, which range from 164.8 to 520.3\(^{130}\).

There were 139 licensed adult living facilities in Dakota County in February 2019\(^{130}\). This included boarding care homes, housing with services/assisted living facilities, intermediate care facilities, and supervised living facilities. As of February 2019, there were 109 organizations in Dakota County licensed to provide care in the place of residence, 127 Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *MMWR Morb Mortal Wkly Rep.* 2018;67(40):1123–1128.


including home care nurses and paraprofessionals, who serve as home health aides and/or provide home management. There are other organizations in the Twin Cities metropolitan area that also provide these services to Dakota County residents.

**Who is most affected:** Many people who need long-term care prefer to receive it in their home or community. When there are not adequate resources to provide this kind of support, people may go to a nursing home unnecessarily. When the level of care provided in a nursing home is necessary, if there aren’t enough nursing home beds available in the community, people may have to seek care outside of their community and away from their family.

**Housing Stability**

Those who were interviewed identified housing instability/homelessness as a major health concern for Dakota County residents. Topics most frequently mentioned were: homelessness is increasing, especially among young adults; housing instability prevents people from caring for their medical needs — keeping appointments, getting transportation to appointments, taking medications; and lack of affordable housing. Particular issues mentioned related to affordable housing were: need for a variety of types of housing: senior, accessible, transitional, workforce, student, large families; long waiting lists; need to address unique needs of populations, such as seniors, homeless, mentally ill, and those with chronic illness.

**Housing**

**Why this is important:** Affordable and safe housing is an important factor in both physical and mental health. Home ownership provides financial stability and control over the living environment. Home owners are more likely to be involved in the life of the community. 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 have a stable living environment have higher academic achievement and better health outcomes. People who are homeless have unique health concerns. Some may have chronic physical or mental health conditions or substance abuse issues that preceded and possibly even caused their homelessness. Homelessness can complicate the treatment of many of these illnesses, particularly for those with special diets or medications that require special handling, such as insulin. There are also health conditions that occur as a result of being homeless, such as skin diseases, malnutrition, parasite infections, and dental disease. Homeless people are also more at risk for injuries and violence than the general population.

**Statistics:** In 2017, a higher percent of housing units in Dakota County were owner-occupied (74 percent) than the state (72 percent) or the United States (64 percent). This percent decreased slightly from 2013 to 2017 (from 76 percent to 74 percent).

Figure 22 below shows that 25 percent of Dakota County households (homeowners and renters) spend 30 percent or more of their household income on housing in 2017. This is slightly below the state (26 percent) and below the nation (32 percent). The percent decreased for Dakota County, Minnesota, and the United States from 2013-2017. Among Dakota County households who own their home, 18 percent spend 30 percent or more of their household income on housing. Among households who rent their home, it goes up to 45 percent. The percent for homeowners is slightly below the percent statewide (20 percent) and the percent for renters is also slightly below the percent statewide (47 percent).

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Foreclosures decreased in the county from 925 in 2013 to 273 in 2017. Foreclosures represent less than one percent of total parcels in the county. In January 2018, a count on a specific day found 642 persons in Dakota County homeless (46 unsheltered and 596 doubled up). This increased from 273 in 2014. The number of unsheltered people (living in vehicles, outdoors, or in tents or other places not intended for habitation) decreased from 63 in 2016 to 46 in 2018, but the number of people doubled up (temporarily staying with others because they have nowhere to go) increased from 210 to 596. These counts do not include people living in emergency shelters. Some of the increase may be due to improved outreach that is able to find more people, so the data from year to year needs to be compared with caution. Another measure of the magnitude of homelessness comes from the school districts. During the 2017-18 school year, a total of 355 homeless students were enrolled in Dakota County public and charter schools (0.5 percent of the total PK-12 student population). This was a decrease from 403 in the 2016-17 school year.

Who is most affected: Statewide, in 2017, households headed by a person of color were more likely to spend 30 percent or more of their household income on housing than households with a white head of household (40 percent compared to 23 percent). Half of households with a head of household aged 24 or younger spend 30 percent or more of their household income on housing, compared to 21 percent of those aged 35-64. Eighty-one percent of households with an annual household income less than $20,000 spend 30 percent or more of their household income on housing, compared to four percent of those with an annual household income of $75,000 or more. For families living in poverty, the options for affordable housing are limited. In 2017, 2.5 percent of the housing units in Dakota County were federally subsidized, which included public housing units and units that accept housing vouchers. Many of these units were specialized housing for seniors or the disabled. 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.
**Transportation**

Those who were interviewed mentioned the following topics related to transportation: lack of public transit or affordable transportation options countywide; and the need for access to low-cost but reliable vehicles for people who cannot afford a vehicle.

**Workers commuting alone**

*Why this is important:* The United States transportation system is a grid of highways, bridges, roads, sidewalks, bike paths, trains, and buses that connect people to each other and the places they need to go. This type of system relies heavily on motorized transportation, which leads to poorer air quality, crashes, and decreased physical activity. People who live in walkable, bikable, transit-oriented communities are healthier.\(^\text{137}\) Commuting to work alone in a vehicle is an indicator that other transit options may be lacking.

*Statistics:* Figure 23 below shows that 81 percent of Dakota County workers 16 and older commuted to work alone in 2017. This is slightly higher than the state (78 percent) and the United States (76 percent). The percent remained stable for the county, state and nation from 2013 to 2017\(^\text{46}\).

**Figure 23. Workers commuting to work alone, 2013-2017**

![Figure 23](image.png)

One percent of Dakota County residents who work walked or biked to work in 2017. Statewide, four percent walked or biked to work. This percent was stable from 2013 to 2017\(^\text{138}\).

In 2014, 66 percent of Dakota County adults 25 and older rated their neighborhood as a very pleasant place to walk, but 22 percent said they have no sidewalks in their neighborhood\(^\text{31}\).

*Who is most affected:* The percent of workers commuting to work alone increases with age, with 85 percent of workers aged 60-64 commuting to work alone, compared to 76 percent of those aged 16-19\(^\text{139}\). Seventy-four percent of Asians commute to work alone, 76 percent of blacks, and 72.5 percent of Hispanics, compared to 83 percent of

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Residents of Apple Valley are the most likely to commute to work alone (83 percent) and residents of West Saint Paul are the least likely (74 percent).146

Households with no vehicle available

Why this is important: Having a car can be an important transportation option for residents of Dakota County, where public transit is limited in many areas. However, cars are expensive to buy and maintain, especially for families with low incomes. Not having a car may limit opportunities for education and employment and make it harder to get to grocery stores and medical care.141

Statistics: Figure 24 below shows that four percent of Dakota County households did not have a vehicle available in 2017. This is below the state (seven percent) and the United States (nine percent). The percent remained stable for the county, state and nation from 2013 to 2017.52

Who is most affected: Twelve percent of households in West Saint Paul have no vehicles available. Only two percent of households in Lakeville and Farmington have no vehicles available. Low-income residents are the most likely to not have a vehicle in their household.141

Education

Educational attainment

Why this is important: Education is one of the strongest predictors of health. People with more formal education have better health and live longer than people without a high school diploma. High school dropouts are at risk for poor health, lower lifetime earnings, unemployment, and crime. Education is important because it opens up opportunities for better jobs and an increased income, which allows people to acquire housing in safer neighborhoods, purchase healthier food, and access health insurance and medical care.142

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Statistics: Educational attainment of Dakota County residents is high, compared to the state and the nation. Figure 25 below shows that, in 2017, only five percent of Dakota County residents had less than a high school diploma, compared to seven percent in the state and 13 percent in the United States. The percent remained stable from 2013 to 2017 in Dakota County, while it decreased slightly for Minnesota and the United States26.

**Figure 25.** Persons 25 and older with less than a high school diploma, 2013-2017

![Figure 25-Persons 25 and older with less than a high school diploma](image.png)

Figure 26 below shows that, in 2017, Dakota County students who did not graduate from high school in four years (12 percent) was slightly less than for Minnesota students overall (13.5 percent). The Dakota County students who did not graduate from high school in four years remained relatively stable from 2013 to 2017, but increased slightly from 2016 to 2017. Statewide, the rate remained stable from 2013 to 2017.

**Figure 26.** Students who did not graduate from high school within 4 years, 2013-2017

![Figure 26-Students who did not graduate from high school within 4 years](image.png)

Who is most affected: In 2017, 18 percent of people with income below the poverty level had less than a high school education, compared to four percent of those at or above the poverty level143. Fourteen percent of Asians had less

than a high school diploma, compared to four percent of whites. Thirty-four percent of Hispanics had less than a high school diploma, compared to three percent of non-Hispanic whites. The highest rates of people with less than a high school education are in West Saint Paul (11 percent), South Saint Paul (nine percent), Inver Grove Heights (eight percent), and Burnsville (seven percent). The lowest are in Mendota Heights (two percent).

There are significant disparities by race, ethnicity, free and reduced price meal status, and school district for students who do not graduate from high school in four years. Thirty-one percent of students who are receiving special education do not graduate from high school in four years, compared to eight percent of students who are not receiving special education. Hispanics are the most likely not to graduate in four years (26 percent), followed by blacks (21 percent). Eight percent of whites and Asians do not graduate from high school in four years. Twenty-six percent of students who are eligible for free or reduced price meals do not graduate from high school in four years, compared to five percent of students who are not eligible for free or reduced price meals. The percent of students who do not graduate from high school in four years varies by school district, ranging from four percent to 20 percent.

**3rd grade reading**

**Why this is important:** Early learning experiences at home, in child care, and in preschool are important for healthy brain development, which impacts long-term social and educational success. 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 are able to read proficiently by the end of third grade have an increased likelihood of breaking the intergenerational cycle of poverty.

**Statistics:** Figure 27 below shows that, in 2018, 40 percent of Dakota County third graders did not meet the standards for reading, compared to 44 percent of the state. Dakota County ranked fourth among the seven Twin Cities metro area counties for third-grade reading scores. The percent of Dakota County third graders who did not meet the reading standards increased slightly from 2014 to 2018. This trend is consistent with the state. Dakota County’s goal is for all students to achieve the reading standards by the end of third grade.

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Who is most affected: The percent of Dakota County third graders who do not meet the reading standards varies by school district, ranging from 30 percent to 54 percent. Statewide, 72 percent of students who are receiving special education do not meet the reading standards. Sixty-six percent of Hispanic third graders do not meet the reading standards, compared to 35 percent of non-Hispanic white third graders. Sixty-three percent of third graders who are enrolled in free or reduced price lunches do not meet the standards, compared to 31 percent of those who are not enrolled. As noted above, 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.

Community

Those who were interviewed mentioned the following topics related to social connectedness: social isolation among older adults; certain communities become isolated, such as immigrants, LGBTQ; communities exclude people, such as the mentally ill; and less face-to-face interaction due to technology.

Civic participation

Why this is important: Adolescents and young adults who are engaged in civic affairs (voting, volunteering, and activism) are more likely to go on to achieve higher levels of education and income. Voting is also positively associated with better mental health and less risky health behaviors in this age group. Because it gives people the opportunity to elect representatives and influence policy, it helps people to feel empowered. When voter turnout is high, it is an indicator that the population is engaged in the democratic process.

Statistics: In 2018, 20 percent of Dakota County residents of voting age (18 and older) were not registered to vote, compared to 25 percent of Minnesota residents of voting age. Figure 28 below shows that the percent trended down slightly from 2014 to 2018. Statewide, six percent of the voting age population is ineligible to vote due to a felony conviction or because they are not citizens.

Figure 28-People of voting age (18 and older) who are not registered to vote, 2014-2018

Twenty-nine percent of eligible Dakota County residents of voting age did not vote in the 2018 general election, compared to 36 percent of Minnesota residents of voting age. Figure 29 below shows that Dakota County consistently has higher voter turnout rates than the state overall and there was an increase from 2016 to 2018 in the percent of people of voting age who did not vote.

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148 Ballard, PJ, Hoyt LT, Pachucki MC. Impacts of Adolescent and Young Adult Civic Engagement on Health and Socioeconomic Status in Adulthood. *Child Dev.* 2018; Early View. [https://doi.org/10.1111/cdev.12998](https://doi.org/10.1111/cdev.12998).
Who is most affected: Statewide, 45 percent of people of color of voting age did not vote in the 2016 general election, compared to 29 percent of white people of voting age. Hispanic people of voting age are the least likely to vote. Sixty-three percent of Hispanic people of voting age did not vote in the 2016 general election. People of voting age with lower family incomes are less likely to vote than those with higher incomes – 54 percent of people of voting age with family incomes less than $20,000 did not vote in the 2016 general election, compared with 17.5 percent of those with family incomes of $100,000 or more. Younger people are also less likely to vote. Forty-five percent of people aged 18-24 did not vote in the 2016 general election, compared to 22 percent of people aged 65-74. Forty-one percent of people of voting age with one or more disabilities did not vote in the 2016 general election, compared with 30 percent of people of voting age with no disabilities. People of voting age who did not vote in the 2016 election ranged from 13 percent to 42.5 percent among Dakota County cities.149

Social connectedness

Why this is important: Research has associated higher levels of social connection with lower blood pressure and stress hormones and improved immune response. People with connections to a social network are more likely to adopt healthy social norms, get connected with local services, get emotional support and are more knowledgeable about health. Communities that are connected may be better able to advocate for policies that support health. On the contrary, social isolation increases the likelihood of developing depression and unhealthy habits that lead to poor health outcomes.150

Statistics: In 2014, 25 percent of Dakota County adults 25 and older reported that they get together or talk with friends or neighbors less often than once a week. Nine percent felt that people in their neighborhood are not willing to help each other.31

Who is most affected: People with low incomes are less likely to get together with friends or neighbors on a regular basis. Twenty-one percent of people with incomes below 200 percent of poverty get together or talk with friends or neighbors less often than once a week, compared to 12 percent of those with incomes at or above 200 percent of poverty.31

# Health Indicators

## Key Indicators – Dakota County at-a-glance

n/a - not applicable  
* - breakdowns not available  
s - data too small to report

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure (year)</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morbidity and Mortality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 25+ who report fair or poor health</td>
<td>Percent</td>
<td>2014</td>
<td>7.9% *</td>
</tr>
<tr>
<td>Adults 25+ whose physical health was not good for 14 or more days – past 30 days</td>
<td>Percent</td>
<td>2014</td>
<td>8.0% *</td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students with fair or poor health</td>
<td>Percent</td>
<td>2016</td>
<td>8.3%</td>
</tr>
<tr>
<td>All-cause deaths</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>589.6</td>
</tr>
<tr>
<td>Premature deaths (before 65)</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>135.5</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 25+ who are obese (BMI &gt;30)</td>
<td>Percent</td>
<td>2014</td>
<td>28.2%</td>
</tr>
<tr>
<td>Adults 25+ who are overweight but not obese (BMI 25-30)</td>
<td>Percent</td>
<td>2014</td>
<td>34.7%</td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students who are overweight or obese</td>
<td>Percent</td>
<td>2016</td>
<td>21.6%</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Diabetes</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adults 25+ - ever having high blood pressure</td>
<td>Percent</td>
<td>2014</td>
<td>28.6%</td>
</tr>
<tr>
<td>Adults 25+ - ever having high blood cholesterol</td>
<td>Percent</td>
<td>2014</td>
<td>33.9%</td>
</tr>
<tr>
<td>Heart disease deaths</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>91.9</td>
</tr>
<tr>
<td>Adults 25+ who have ever had diabetes</td>
<td>Percent</td>
<td>2014</td>
<td>9.6%</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
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<tr>
<td>Cancer incidence rate</td>
<td>Rate per 100,000</td>
<td>2011-15</td>
<td>457.4</td>
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<tr>
<td>Lung cancer incidence</td>
<td>Rate per 100,000</td>
<td>2011-15</td>
<td>54.6</td>
</tr>
<tr>
<td>Colorectal cancer incidence</td>
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<td>36.1</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure (year)</td>
<td>Trend</td>
<td>Major disparities&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>--------------------------------------------------</td>
<td>------------------------</td>
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</tr>
<tr>
<td>Cancer deaths</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma discharges</td>
<td>Rate per 1,000</td>
<td>2016</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Healthy Eating</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students who consume fruit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or vegetables less than 5 times daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; graders physically active for 60</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
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<tr>
<td>minutes or more on less than 5 of last 7 days</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adults 25+ who did not participate in any leisure</td>
<td>Percent</td>
<td>2014</td>
<td>2010</td>
</tr>
<tr>
<td>physical activity in past month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Percent</td>
<td>2014</td>
<td>2010</td>
</tr>
<tr>
<td>Adults 25+ who are current smokers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; graders who used tobacco products</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
</tr>
<tr>
<td>on one or more days during the past 30 days</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; graders who used e-cigarettes</td>
<td>Percent</td>
<td>2016</td>
<td>*</td>
</tr>
<tr>
<td>on one or more days during the past 30 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
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<tr>
<td>Adult males 25+ binge drinking in the past 30</td>
<td>Percent</td>
<td>2014</td>
<td>*</td>
</tr>
<tr>
<td>days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult females 25+ binge drinking in the past 30</td>
<td>Percent</td>
<td>2014</td>
<td>*</td>
</tr>
<tr>
<td>days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students using alcohol –</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
</tr>
<tr>
<td>one or more days in the past 30 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students using marijuana or</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
</tr>
<tr>
<td>illicit drugs (not alcohol) in the past year</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicides - adults 20+</td>
<td>Rate per 100,000</td>
<td>2015-17</td>
<td>16.5</td>
</tr>
<tr>
<td>Adults 25+ who report their mental health was</td>
<td>Percent</td>
<td>2014</td>
<td>*</td>
</tr>
<tr>
<td>not good for 14 or more days – past 30 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; graders who seriously considered</td>
<td>Percent</td>
<td>2016</td>
<td>2013</td>
</tr>
<tr>
<td>attempting suicide during the past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall-related deaths – adults 65+</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure</td>
<td>Trend</td>
<td>Major disparities&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>----------</td>
<td>---------</td>
<td>-------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Motor vehicle deaths</td>
<td>Rate per 100,000</td>
<td>2015-17</td>
<td>4.7</td>
</tr>
<tr>
<td>Unintentional injury deaths – children 0-19</td>
<td>Rate per 100,000</td>
<td>2013-17</td>
<td>5.3</td>
</tr>
<tr>
<td>Unintentional injury deaths – adults 20+</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>54.3</td>
</tr>
</tbody>
</table>

### Maternal, Infant, and Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant deaths</td>
<td>Rate per 1,000 live births</td>
<td>2012-16</td>
<td>4.5</td>
</tr>
<tr>
<td>Births to mothers who did not receive prenatal care during 1&lt;sup&gt;st&lt;/sup&gt; trimester</td>
<td>Percent</td>
<td>2017</td>
<td>17.7%</td>
</tr>
<tr>
<td>Single births weighing &lt; 2,500g (5.5 lbs)</td>
<td>Percent</td>
<td>2017</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

### Reproductive and Sexual Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Rate per 100,000</td>
<td>2017</td>
<td>357.1</td>
</tr>
<tr>
<td>Births to mothers aged 15-19</td>
<td>Rate per 1,000</td>
<td>2013-17</td>
<td>9.7</td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Trend</th>
<th>Major disparities&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 25+ who did not visit a dentist or dental clinic within past year for any reason</td>
<td>Percent</td>
<td>2014</td>
<td>18.6%</td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; grade students who did not see a dentist or dental hygienist for a regular checkup, exam or teeth cleaning or other dental work during the last year</td>
<td>Percent</td>
<td>2016</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

**Sources for key indicators:** 31, 44, 151, 106, 152, 153, 154, 155, 156, 157, 158

<sup>a</sup>Major disparity: the ratio between the highest and lowest value is at least 3.
Morbidity and Mortality

General health status

Why this is important: Self-assessed health status is a measure of how a person perceives his/her health at a point in time. It can provide an indication of the health of a population overall. Physically poor health days are a measure based on the self-reported number of days that physical health was not good in past 30 days. This measure can help characterize the burden of disabilities and chronic disease in a population.

Statistics: Dakota County residents rate their health higher than the state and nation, as shown in Figure 30 below. In 2014, 60 percent of Dakota County residents rated their health as “excellent” or “very good”, compared to 57 percent statewide and 50 percent, nationally. Eight percent rated their health as “fair” or “poor”, compared to 13 percent statewide and 19 percent nationally. This is also below the Healthy People 2020 goal of 10.1 percent. In 2014, eight percent of Dakota County adults aged 25 and older reported that their physical health was not good for 14 or more days during the past 30 days.

Figure 30. Self-reported health status, adults 25 and older

2014

In 2016, Dakota County 9th graders rated their health similar to the state. Figure 31 below shows that 68 percent of Dakota County 9th graders rated their health “excellent” or “very good”, compared to 67 percent of the state. Eight percent rated their health “fair” or “poor”, the same as the state.

Figure 31. Self-reported health status, 9th graders


Who is most affected: In Dakota County, the most significant disparities in reporting of “fair” or “poor” health are among adults aged 25 and older with a high school education or less (23 percent, compared to 3.5 percent of those with a bachelor’s degree or higher), those with incomes below 200 percent of poverty (21 percent, compared to six percent of those with incomes at or above 200 percent of poverty), and those 75 and older (21 percent, compared to two percent of those aged 45-54).

All-cause death rate

Statistics: The Dakota County age-adjusted all-cause death rate (589.6 per 100,000) was below the state (656.1 per 100,000) in 2017 and was stable from 2013 to 2017. Table 7 below shows the number and age-adjusted rates for the ten leading causes of death and premature death (before age 65) and the total for all causes in Dakota County.

Cancer, heart disease, Alzheimer’s disease, and unintentional injuries are the leading causes of death in Dakota County. With the exception of Alzheimer’s disease and suicide, the Dakota County age-adjusted rates per 100,000 population for the ten leading causes are similar or below the statewide rates. The Dakota County rate for Alzheimer’s (40.6 per 100,000) is above the statewide rate (34.9 per 100,000). The Dakota County rate for suicide (14.1 per 100,000) is slightly above the statewide rate (13.8 per 100,000). Figure 32 below shows that the mortality rate for cancer and heart disease declined from 1998 to 2017, while the mortality rates for Alzheimer’s disease and unintentional injuries increased. Cancer and heart disease have been the leading causes for many years. In 2017, Alzheimer’s disease tied with unintentional injuries as the third leading cause of death in Dakota County. Cancer is also the leading cause of death in Minnesota, but nationally, heart disease tops cancer as the leading cause of death.
Table 7. Ten leading causes of death in Dakota County: 2017

<table>
<thead>
<tr>
<th>All deaths</th>
<th>Cause of death</th>
<th>No.</th>
<th>Ratea</th>
<th></th>
<th></th>
<th>Premature deaths (&lt;age 65)</th>
<th>Cause of death</th>
<th>No.</th>
<th>Ratea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Cancer</td>
<td>630</td>
<td>138.9</td>
<td></td>
<td></td>
<td>Cancer</td>
<td>164</td>
<td>33.5</td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td>Heart disease</td>
<td>404</td>
<td>91.9</td>
<td></td>
<td></td>
<td>Heart disease</td>
<td>72</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>Unintentional injuries</td>
<td>172</td>
<td>40.6</td>
<td></td>
<td></td>
<td>Unintentional injuries</td>
<td>70</td>
<td>18.3</td>
<td></td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>Chronic lower respiratory disease (COPD)</td>
<td>150</td>
<td>35.4</td>
<td></td>
<td></td>
<td>Suic</td>
<td>e</td>
<td>51</td>
<td>14.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>Stroke</td>
<td>137</td>
<td>31.7</td>
<td></td>
<td></td>
<td>Chronic lower respiratory disease (COPD)</td>
<td>18</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diabetes</td>
<td>66</td>
<td>14.7</td>
<td></td>
<td></td>
<td>Congenital anomalies</td>
<td>15</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>Suicide</td>
<td>59</td>
<td>14.1</td>
<td></td>
<td></td>
<td>Diabetes</td>
<td>13</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>Cirrhosis (chronic liver disease)</td>
<td>Unintentional injuries</td>
<td>42</td>
<td>8.5</td>
<td></td>
<td></td>
<td>Influenza and pneumonia</td>
<td>11</td>
<td>s</td>
<td></td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>Total deaths</td>
<td>41</td>
<td>9.1</td>
<td></td>
<td></td>
<td>Total deaths</td>
<td>587</td>
<td>135.5</td>
<td></td>
</tr>
</tbody>
</table>

*a* Age-adjusted rate per 100,000
Abbreviations: No., number
s=too small to calculate a rate

Figure 32. Leading causes of death
Age-adjusted death rates
Dakota County, 1998-2017

Who is most affected: The all-cause death rate decreases after the first year of life and then increases for every subsequent decade. In Dakota County, the third leading cause of death is Alzheimer’s for women and unintentional injuries for men. Unintentional injuries and suicide are leading causes of death up to age 64. Chronic liver disease and cirrhosis is one of the leading causes of death in people aged 45-64. At 65 and older, Alzheimer’s disease, chronic lower respiratory diseases, and stroke replace suicide and unintentional injuries as leading causes of death. Statewide, unintentional injuries, diabetes, and stroke are leading causes of death for people of color.
Premature deaths

**Why this is important:** From 2014 to 2016, life expectancy at birth in the United States declined for the first time in 25 years. This decrease has largely been driven by increases in three causes of death: drug overdose, suicide, and cirrhosis (chronic liver disease). These causes disproportionately affect younger people and are largely preventable.\(^{161}\)

**Statistics:** In 2017, cancer, heart disease, and unintentional injuries had the highest rates of premature deaths. In the case of cancer, this is because there are a large number of deaths and many occur before age 75. Unintentional injuries include accidental drug overdoses. Suicide and chronic liver disease and cirrhosis were also in the top five leading causes of premature death in Dakota County. Figure 33 below shows that the age-adjusted death rates for cancer and heart disease in people under age 65 have been declining over the past 20 years. Rates of death from unintentional injuries and suicides in people under age 65 have both increased during the same time period. Since 2015, the death rate for unintentional injuries has exceeded the rate for heart disease.\(^{151}\)

![Figure 33. Leading causes of premature death](image)

**Who is most affected:** In the United States, a decrease in deaths from cancer and heart disease has resulted in lower premature death rates for most people of color. However, the increase in deaths from unintentional injuries (particularly drug overdoses), suicide, and chronic liver disease have driven to an increase in premature death rates for whites and American Indians, particularly among certain age groups.\(^{162}\)

**Obesity**

**Overweight and obesity - adults**

**Why this is important:** Since 1980s, obesity has been recognized as a public health problem nationally. Maintaining a healthy weight is an important part of overall health. Being overweight or obese increases the risk for many chronic conditions that can lead to disability and death, including high blood pressure, type 2 diabetes, heart disease, stroke, osteoarthritis and certain cancers. Lack of physical activity and unhealthy eating habits are the primary risk factors for

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becoming overweight or obese\textsuperscript{163}. In adults 20 and older, overweight is defined as a body mass index (BMI) between 25.0 and 29.9 and obese is defined as a BMI greater than or equal to 30.0\textsuperscript{164}. Obesity affects all genders, ages, and racial and ethnic groups.

**Statistics:** Figure 34 below shows that, in 2014, 63 percent of Dakota County adults reported height and weight that classified them as overweight or obese (35 percent overweight but not obese, 28 percent obese)\textsuperscript{31}. This is slightly above what it was in 2010 and is below the statewide percent in 2011 (67 percent)\textsuperscript{159,165}. The obesity rate of 28 percent exceeds the Minnesota 2020 goal of 23 percent\textsuperscript{166}.

![Figure 34 - Overweight or obese, adults 25 and older](image)

**Who is most affected:** In Dakota County in 2014, the highest percent of overweight or obese was in persons aged 65-74 (76 percent). The lowest rate was in persons aged 25-34 (54 percent). Eighty percent of people with incomes below 200 percent of poverty were overweight or obese, compared to 59 percent of those with incomes at or above 200 percent of poverty\textsuperscript{31}. Statewide, in 2014, 73 percent of Hispanics were overweight or obese, compared to 66 percent of non-Hispanic, whites\textsuperscript{159}.

**Overweight and obesity – adolescents**

In children and adolescents, BMI is expressed as a percentile, which describes a child’s BMI relative to other children in the United States. Overweight is defined as a BMI between the 85th and 95th percentile for age and gender and obese is defined as BMI greater than or equal to the 95th percentile for age and gender\textsuperscript{167}.

**Statistics:** Figure 35 below shows that 22 percent of 9th graders were overweight or obese in 2016. This was above the Healthy People 2020 goal of 16 percent for adolescents, but slightly below the state overall (24 percent)\textsuperscript{159,160}. This percent increased slightly from 2007 to 2016 for both Dakota County and Minnesota\textsuperscript{106}.

\textsuperscript{165} Metro Adult Health Survey Data Book. Metro Adult Health Survey Collaborative (2010). Published January 2011.
Figure 35. 9th graders who are overweight or obese
2007-2016

Figure 35-9th graders who are overweight or obese\(^{106}\)

Who is most affected: Among Dakota County 9th graders, the most significant disparities in percent overweight or obese occur by school district, ranging from 34 percent to 16 percent\(^{106}\).

Heart disease and diabetes

Risk factors for heart disease

Why this is important: Heart disease is a leading cause of death in Dakota County. Some lifestyle factors can put people at a higher risk for developing heart disease. Control of these risk factors can help reduce complications for people who already have heart disease. The most common risk factors that can be controlled are high blood pressure and high cholesterol\(^{168}\).

Statistics: Figure 36 below shows the percent of the population with these risk factors. In 2014, Dakota County residents had a lower percent of high blood pressure and high blood cholesterol than the state. (State data are for 2015). Twenty-nine percent of Dakota County residents reported having high blood pressure, compared to 35 percent statewide\(^{31,159}\). Dakota County was above the Healthy People 2020 goal of 26.9 percent for high blood pressure and higher than 2010 (22 percent)\(^{160,165}\). Thirty-four percent of Dakota County residents reported having high blood cholesterol, compared to 38 percent statewide\(^{31,159}\). This was higher than 2010 (28 percent)\(^{165}\).

Who is most affected: The risk for high blood pressure increases with age. In 2014, 56 percent of Dakota County adults 75 and older reported ever having high blood pressure, compared to six percent of those aged 25-34. In Minnesota in 2015, 13 percent of Asians and Hispanics reported having high blood pressure, compared to 28 percent of non-Hispanic whites.\(^3\)

The risk for high blood cholesterol also increases with age. In 2014, 63 percent of people aged 65-74 reported ever having high blood cholesterol, compared to 13 percent of people aged 25-34.\(^3\)

**Heart disease**

Why this is important: Heart disease refers to several conditions which affect blood flow to the heart and heart functioning. The most common type of heart disease is coronary artery disease, or coronary heart disease. There are several risk factors for heart disease that are modifiable by lifestyle changes. These include high blood pressure, high blood cholesterol, smoking, physical inactivity, overweight and obesity, and diabetes.\(^\text{169}\)

Statistics: Heart disease is the second leading cause of death in Dakota County and Minnesota. Nationally, it is the leading cause of death. Minnesota had the lowest rate of heart disease deaths in the United States in 2017 – 30 percent below the national average.\(^\text{44,151}\). In 2014, four percent of Dakota County adults 25 and older said they had ever been told they had a heart attack and three percent said they had ever been told they had angina or coronary heart disease.\(^\text{31}\). The heart disease death rate in Dakota County decreased by 11 percent from 2013 to 2017, with a slight increase from 2016 to 2017. In 2017, the heart disease death rate in Dakota County (91.9 per 100,000) was below the rate for the state (119.1 per 100,000). Figure 37 below shows that the age-adjusted heart disease death rate decreased for Dakota County and remained stable for the state from 2013 to 2016. The Dakota County rate has been consistently below the statewide rate.\(^\text{44}\)

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Who is most affected: Heart attacks and coronary heart disease are more common in older people (24 percent of Dakota County adults 75 and older, compared to two percent of people aged 45-54 said they had ever had a heart attack or coronary heart disease in 2014). Heart attacks and coronary heart disease decrease as level of education increases (16 percent of Dakota County adults 25 and older with incomes below 200 percent of the poverty level, compared to 3.5 percent of those with incomes at or above 200 percent of poverty)\textsuperscript{15}. Heart disease death rates increase with age. Dakota County residents 85 and older have the highest death rate from heart disease at 2590.5 per 100,000 in 2017. Statewide, American Indians have the highest rate of heart disease deaths; Hispanics have the lowest\textsuperscript{44}.

**Diabetes**

Why this is important: Diabetes is a group of diseases that result when glucose (sugar) builds up in the blood. Type 1 diabetes occurs when the body quits producing insulin, which processes glucose in the body. It often starts in childhood, but can also develop in adults. Type 2 is the most common form of diabetes – about 95 percent of cases. It occurs when the body does not produce enough insulin or cannot properly process the insulin it produces. Most cases occur in adults. Diabetes is one of the ten leading causes of death in Dakota County\textsuperscript{170,44}. Diabetes doubles the risk of heart disease or stroke and it may occur at an earlier age. It is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness\textsuperscript{171}. The risk factors and triggers for Type 1 diabetes are still being studied, and currently it is not known how to prevent it. The primary risk factors for Type 2 diabetes are being older, being obese or overweight, family history of diabetes, and ethnicity\textsuperscript{170}.

Statistics: In 2014, ten percent of Dakota County residents said they had ever been told they had diabetes (Type 1 or 2), the same as the state\textsuperscript{31,159}. Figure 38 below shows that the percent of people with diabetes in Minnesota and in the United States was stable from 2013 to 2017, with Minnesota below the United States\textsuperscript{159}.


Figure 38. Persons with diabetes (Type 1 or 2) 2013-2017

Who is most affected: The risk of diabetes increases with age. In 2014, 27.5 percent of Dakota County adults aged 65-74 reported ever having diabetes, compared to 3.5 percent of adults aged 25-34. Statewide, 13 percent of blacks had diabetes, compared to eight percent of non-Hispanic whites.

Cancer incidence

Why this is important: Cancer is the leading cause of death in Dakota County and Minnesota. Cancer is a group of diseases in which cells in the body grow out of control and spread. Nearly half of all Minnesotans will be diagnosed with a potentially serious cancer during their lifetimes. Many cancers may be prevented by adopting healthy lifestyles, such as not smoking, eating healthy, maintaining a healthy body weight, exercising regularly, and avoiding excessive sun exposure.

Statistics: From 2011-2015, there were 9,662 new cancers reported in Dakota County, an average of 1,932 per year. Figure 39 below shows that the overall incidence rate of cancer trended downward between 2003 and 2013 for both Dakota County and the state. The rate for Dakota County trended downward faster (five percent for Dakota County and three percent for Minnesota). The rates for Dakota County and the state were similar from 2003 to 2013.
Who is most affected: Nationally, Asian/Pacific Islanders have the lowest incidence of cancer (302.8 per 100,000 males and 287.6 per 100,000 females). Among males, blacks have the highest incidence (560.9 per 100,000) and, among females, non-Hispanic, whites have the highest incidence (436.0 per 100,000). People with lower socioeconomic status have a higher incidence of cancer, because some risk factors, such as smoking and obesity, are higher in people with lower socioeconomic status. Those with less than a high school education have higher incidence rates of cancer than college graduates.  

Breast cancer

Why this is important: Breast cancer is the most commonly diagnosed cancer among Dakota County women. Age is the strongest risk factor for breast cancer. Other risk factors that are potentially modifiable include weight gain after age 18, being overweight or obese, postmenopausal hormone use, physical inactivity, and alcohol consumption. The survival rate for breast cancer is quite high, which is why regular mammograms are important. If detected early, breast cancer is usually very treatable.

Figure 40 below shows that, in Minnesota, the breast cancer incidence rate in women was stable from 2003 to 2013. During the same period, the Dakota County rate increased from 128.4 per 100,000 in the period 2001-2005 to 137.2 per 100,000 in the period 2011-2015 and was above the statewide rate of 131.5 per 100,000 during that same period. Thirty-two percent of new cancer cases in Dakota County women were breast cancer during the period 2011-2015.

Lung cancer

Why this is important: Lung cancer affects the cells lining the air passages. It is the second most common newly diagnosed cancer among Dakota County residents. The major risk factors are smoking, radon, and secondhand smoke exposure. Eighty-one percent of lung cancer deaths in the United States are caused by cigarette smoking, making it highly preventable.

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Statistics: Figure 41 below shows that the lung cancer incidence rate decreased for both the state and Dakota County from 2003 to 2013 and the state and Dakota County rates remained similar during that time period. Eleven percent of new cancer cases in Dakota County residents were lung cancer during the period 2011-2015.¹⁵²

**Figure 41. Lung cancer incidence rate 2003-2013**

![Lung cancer incidence rate graph]

Who is most affected: Nationally, the highest rate of lung cancer incidence and death is among black males and American Indian females.¹⁷²

Colorectal cancer

Why this is important: Colorectal cancer is cancer that starts in the colon or rectum. Most colorectal cancers begin slowly as a non-cancerous growth (or polyp) inside the lining of the large intestine. Most polyps can be found through screening and removed before cancer can develop. Medical and genetic risk factors include: personal or family history of polyps or colorectal cancer, inflammatory bowel disease, and type 2 diabetes. Modifiable risk factors include: obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber.¹⁷⁴

Statistics: Colorectal cancer is the third most common newly diagnosed cancer among Dakota County residents.¹⁵² Figure 42 below shows that, in Minnesota and Dakota County, the colorectal cancer incidence rate declined from 2003 to 2013. During the period 2011 to 2015, the Dakota County rate was six percent below the statewide rate. Eight percent of new cancer cases among Dakota County residents were colorectal cancer during the period 2011-2015.¹⁵²

**Figure 42.** Colorectal cancer incidence rate 2003-2013

Who is most affected: Nationally, the highest rates of colorectal cancer incidence and death are in blacks.\(^{172}\)

**Cancer deaths**

Why this is important: Cancer is the leading cause of death in Dakota County and Minnesota.\(^{44}\) Cancer treatment is much more successful if it is started early, so screening can ensure early detection and treatment.\(^{173}\)

Statistics: Figure 43 below shows that the cancer death rate trended downward between 2013 and 2017 for both Dakota County and the state. The rate for Dakota County was consistently below the state from 2013 to 2017.\(^{44}\)

**Figure 43.** Age-adjusted cancer deaths 2013-2017

Who is most affected: Cancer death rates increase with age. People 85 and older have the highest rate of death from cancer (1774.7 per 100,000 in 2017). Statewide, Hispanics and Asian/Pacific Islanders have the lowest rates of death from cancer.\(^{44}\)
Asthma

Asthma discharge rate

Why this is important: Asthma is one of the most common chronic health conditions in the United States. It is a chronic disease that causes inflammation, narrowing of the airways and excess mucus in the lungs, which interferes with breathing. A variety of factors may trigger asthma, including viral infections, pollen, dust mites, secondhand smoke, air pollution, exercise and strong odors. It ranges from mild to very severe and can result in death. Asthma can be effectively controlled with proper medication and by decreasing exposure to triggers and monitoring. \(^{175}\). When asthma results in an emergency room visit or an inpatient hospitalization, it can be an indicator of severity of illness or barriers to accessing health care.

Statistics: In 2014, eight percent of Dakota County adults 25 and older reported that they currently have asthma \(^{31}\). This is the same as the state \(^{159}\). In 2016, 18.5 percent of Dakota County 9th graders said they had ever been told they had asthma. This percent was stable from 2007 to 2016 and was slightly above the state (17 percent) in 2016 \(^{106}\). Asthma was the most common chronic health condition reported by school nurses in Dakota County public schools during the 2015-16 school year, with ten percent of students reported to have asthma. This is slightly higher than the nation overall for children under 18 (nine percent) and is an increase from seven percent reported in 2008-09 \(^{176}\).

In 2016, there were 245 hospitalizations and 975 emergency room visits for Dakota County residents with asthma. Figure 44 below shows that the rate of discharges and emergency room visits with asthma as the primary diagnosis declined for Dakota County residents from 2012 to 2016 \(^{153}\).

Who is most affected: In Dakota County, the highest rates of discharges and emergency room visits for asthma are for children aged 1-4 \(^{154}\). From 2011-2015, the highest rates of discharges for asthma in Dakota County were among residents of Burnsville, South Saint Paul, parts of Inver Grove Heights, and parts of Eagan \(^{177}\). Nationally, blacks have a higher rate of hospitalization for asthma than whites \(^{178}\).

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Healthy eating

Respondents to the community survey ranked nutrition the fifth top health concern in Dakota County. Respondents in Burnsville and Rosemount ranked it higher than respondents from other cities. Respondents 55-64 and 75 and older ranked it higher than respondents of other age groups. Hispanic or Latino/a respondents ranked it higher than non-Hispanic respondents. Those who were interviewed mentioned the following topics related to nutrition: poor food choices, lack of knowledge about healthy eating, nutritional deficiencies, and food insecurity.

Fruit and vegetable consumption

Why this is important: Eating a balanced diet is one of the most important ways to improve overall health. People whose healthy diets include more fruits and vegetables are less likely to have chronic conditions, including overweight and obesity, some cancers, type 2 diabetes, high blood pressure, heart disease, and stroke. Fruits and vegetables contain a wide variety of important nutrients including fiber, magnesium, potassium, vitamin A and vitamin C, which help protect against chronic diseases.

Statistics: Figure 45 below shows the percent of Dakota County students who did not eat fruits or vegetables five or more times the previous day. Eighty-two percent of 11th graders did not eat fruits or vegetable five or more times the previous day, compared to 74 percent of 5th graders. In 2014, 69 percent of adults 25 and older reported eating less than five servings of fruits and vegetables the previous day. This was an increase from 2010 (61 percent).

Who is most affected: Although this difference was not observed in Dakota County data, at a statewide level, people at lower income levels were more likely to not eat the recommended amount of vegetables on a daily basis. As we noted earlier, lower income people may have more difficulty accessing fruits and vegetables than people with higher incomes. Also, on a statewide level, blacks are less likely to eat the recommended amount of vegetables on a daily basis than whites.

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Physical activity

Respondents to the community survey ranked physical activity as the fourth top health concern in Dakota County. Respondents from Burnsville, Rosemount, Inver Grove Heights, and Mendota Heights/Lilydale/West St. Paul ranked it higher than respondents from other cities. Respondents 55-64 and 75 and older ranked it higher than respondents from other age groups. Male respondents ranked it higher than female respondents. Those interviewed also identified lack of physical activity as a major health concern for Dakota County residents.

**Physical activity**

*Why this is important:* Lack of physical activity and poor diet are leading causes of preventable death and disease in the United States. Lack of physical activity is a risk factor for overweight and obesity, heart disease, stroke, type 2 diabetes, depression, some cancers, and premature death\(^{181}\). 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 150-300 hours of moderate activity every week, 75-150 minutes of vigorous aerobic activity every week, or an equivalent mix of moderate and vigorous aerobic activity, plus muscle-strengthening activities on two or more days a week\(^{182}\). A lifestyle that includes long periods of inactivity, such as sitting, can increase the risk of heart disease, stroke, diabetes, and cancer\(^{183}\).

Statistics: Figure 46 below shows that the percent of Dakota County 9th graders who were not physically active for 30 or more minutes on five of the last seven days was slightly higher in 2016 than in 2013. In 2016, Dakota County 9th graders who were not physically active 30 minutes or more at least five of the last seven days were slightly higher than the state in 2016\(^ {106}\). In 2014, 19 percent of Dakota County adults 25 and older said they did not engage in leisure time physical activity during the past 30 days\(^ {31}\). This was higher than 2010 (12 percent)\(^ {165}\). The Dakota County percent was slightly below the state percent in 2014 (20 percent)\(^ {159}\). It is also below the Healthy People 2020 goal of 32.6 percent\(^ {160}\).

Who is most affected: The percent of 9th graders who were not physically active for 30 or more minutes on five of the last seven days varies among school districts, ranging from 19 percent to 54 percent\(^{106}\). Among Dakota County adults 25 and older, the most significant disparities in those who did not engage in leisure time physical activity were by level of education attained. Thirty-eight percent of those with a high school education or less did not engage in leisure time physical activity during the past 30 days, compared to 12.5 percent of those with a bachelor’s degree or higher\(^{31}\). Statewide, blacks and Hispanics were more likely to have not engaged in leisure time physical activity than non-Hispanic, whites\(^{31,159}\).

Tobacco use

Respondents to the community survey ranked tobacco, alcohol and other drugs the second highest health concern. Respondents in Hastings, South St. Paul, and Inver Grove Heights ranked it higher than respondents in other cities. Respondents aged 25-34, 65-74, and 75 and older ranked it higher than respondents in other age groups. Hispanic or Latino/a respondents ranked it higher than non-Hispanic respondents.

Cigarette smoking - adults

Why this is important: Tobacco use is the single most preventable cause of death and disease in Minnesota. Cigarette smoking is associated with cancer, heart disease, stroke, lung diseases and diabetes. In addition, there are health effects for non-smokers who are exposed to secondhand smoke, including an increased risk of stroke, lung cancer, and coronary heart disease in adults and asthma, acute respiratory infections, middle ear disease, and sudden infant death syndrome in infants and children\(^ {184} \).

Statistics: In 2014, eight percent of Dakota County adults age 25 and older were current smokers, less than in 2010 (12 percent)\(^ {31,165} \). Dakota County is below the 2025 Minnesota Cancer Plan goal of 10.5 percent for adults\(^ {31,185} \). It is also below the Minnesota rate in 2014 of 16 percent\(^ {159} \).

Who is most affected: In Dakota County, the most significant disparities in current smoking were related to level of education attained and poverty status. Twenty-one percent of those with a high school education or less were current smokers, compared to three percent of those with a bachelor’s degree or higher. Twenty-seven percent of those with incomes less than 200 percent of poverty were current smokers, compared to five percent of those with incomes at or above 200 percent of poverty\(^ {31} \). On a statewide basis, blacks were the most likely to be current smokers. Hispanics were the least likely\(^ {159} \).

Tobacco use – adolescents

Why this is important: Use of tobacco in any form is unsafe for youth. Tobacco use primarily starts and becomes established during adolescence. Evidence suggests that youth may become dependent on nicotine more quickly than adults\(^ {186} \).

Statistics: Figure 47 below shows that the percent of Dakota County 9th graders who used any tobacco product declined from 2007 to 2016. In 2016, four percent of 9th graders reported using any tobacco product in the past 30 days, compared to 12 percent in 2007. In 2016, the Dakota County percent was below the state (six percent)\(^ {108} \). Although the use of tobacco products among Dakota County 9th graders has decreased dramatically, flavored tobacco


products are being used at a higher rate. Flavored tobacco products make smoking easier and more attractive to youth and, in the case of menthol, increase the addiction\textsuperscript{187}. In 2016, three percent of Dakota County 9th graders said they had used cigarettes or other tobacco products that were flavored to taste like mint or menthol in the last 30 days. Four percent said they had used a tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks, during the last 30 days. These percents were slightly below the state\textsuperscript{106}.

![Figure 47](image_url) 9th graders who used any tobacco product* during the past 30 days Dakota County, 2007-2016

* cigarettes, cigars or cigarillos, chewing tobacco or snuff

Who is most affected: Among Dakota County 9th graders, American Indians report the highest rate of having used a tobacco product in the past 30 days (10 percent), compared to four percent of Asians\textsuperscript{106}.

Electronic cigarettes (e-cigarettes)

Why this is important: E-cigarettes are battery-powered devices that are used to inhale liquid vapor (e-juice), a practice referred to as “vaping”. These products are available in fruit and candy flavors, which are very appealing to youth. Because the devices can easily be hidden, have very limited odor, and vapors that dissipate quickly, they can easily be used in public places where cigarettes are prohibited. The newer products use a technology that results in the nicotine being absorbed more effectively into the body. They also contain very high levels of nicotine. Vaping products are now the most commonly used tobacco product among youth. Most e-cigarettes contain nicotine, which is highly addictive in adolescents, whose brains are still developing. This increases the risk that youth will become addicted to other tobacco products or substances in the future. In addition to being highly addictive to youth, nicotine can also affect attention and learning\textsuperscript{188, 189}.

Statistics: E-cigarette use is now double conventional cigarette use among Dakota County high school students. Figure 48 below shows that, at all grade levels, Dakota County students used e-cigarettes more frequently than any other tobacco product and the rate of usage increases at each grade level. Among 8th and 9th graders, the rate of e-cigarette use is more than double that of other tobacco products in 2016. In all three grades, the rate is similar to or below the state overall\textsuperscript{106}.


**Figure 48. Students who used various tobacco products during the past 30 days**

**Dakota County, 2016**

<table>
<thead>
<tr>
<th>Grade</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>5%</td>
</tr>
<tr>
<td>9th</td>
<td>10%</td>
</tr>
<tr>
<td>11th</td>
<td>15%</td>
</tr>
</tbody>
</table>

Who is most affected: The percent of Dakota County 9th graders who used e-cigarettes during the past 30 days varies significantly between school districts, ranging from three percent to 15 percent.

**Substance abuse**

Respondents to the community survey ranked tobacco, alcohol and other drugs the second highest health concern (47 percent ranked it in the top three). Respondents in Hastings, South St. Paul, and Inver Grove Heights ranked it higher than respondents in other cities. Respondents aged 25-34, 65-74, and 75 and older ranked it higher than respondents in other age groups. Hispanic or Latino/a respondents ranked it higher than non-Hispanic respondents. Those interviewed also identified substance use/abuse as a major health concern for Dakota County residents. Topics most frequently mentioned were: addiction, alcohol abuse, opioids, consequences of substance abuse (ex. loss of job, home, and incarceration), methamphetamines, marijuana, and self-medicating behavior.

**Binge drinking - adults**

Why this is important: Excessive alcohol use can increase the risk for health problems. Binge drinking is the most common type of excessive alcohol use in the United States. Binge drinking is defined as drinking a great deal of alcohol in a short period of time, typically five or more drinks for men or four or more drinks for women in about two hours. It is associated with many health problems, including: unintentional injuries, violence, risky sexual behavior, heart disease, stroke, liver disease and some cancers. While binge drinking is not an indicator of alcohol dependence by itself, it can lead to addiction later.

Statistics: Minnesota has one of the highest binge drinking rates in the United States. In 2014, 26 percent of Dakota County adult males 25 and older and 17 percent of females reported binge drinking one or more times during the past 30 days. These were slightly above the statewide rates of 25 percent for males and 15 percent for females. In 2017, there were 1,467 DWI (driving while intoxicated) incidents in Dakota County among adults over age 21. In 2017, Dakota County residents were involved in 289 crashes that were alcohol-related (five percent of total Dakota County crashes), resulting in two deaths and 134 persons injured. The rate of injuries from alcohol-related crashes was stable from 2013 to 2017 and was below the state overall. In 2017, the rate of death from chronic liver disease...

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and cirrhosis was 8.5 per 100,000, an increase from 6.4 per 100,000 in 2013. Figure 49 below shows that deaths from chronic liver disease and cirrhosis trended up for Dakota County and were stable for the state from 2013 to 2017. In 2017, the Dakota County rate was nearly equal to the state rate (8.6 per 100,000).44

Figure 49. Age-adjusted deaths from chronic liver disease and cirrhosis, 2013-2017

Who is most affected: In general, men are more likely to drink excessively than women and more likely to take other risks when drinking excessively. This puts men at higher risk for injuries and death than women. Although men are more likely to drink alcohol in larger amounts, women’s bodies absorb more alcohol and take longer to break it down and remove it. For this reason, women have a higher risk of long-term health problems than men.193 Among both males and females, binge drinking rates vary by age. Half of DWI incidents in Dakota County in 2017 involved people aged 21-34.191 In both genders, the rate of binge drinking decreases as people get older. In 2014, 29 percent of Dakota County males aged 45-54 reported binge drinking one or more times during the last 30 days, compared to only two percent of males aged 75 and older. In 2014, 27 percent of Dakota County females aged 25-34 reported binge drinking one or more times during the last 30 days, compared to seven percent of females 75 and older. Up to age 65, men report binge drinking at higher rates than women. At 65 and older, women report binge drinking at higher rates than men.31

Alcohol use - adolescents

Why this is important: Underage drinking (drinking before age 21), particularly binge drinking, can result in serious consequences, such as injuries, violence, death, risky sexual behavior, and death. Early age at first drink is related to development of alcohol use disorder and addiction in later life.194

Statistics: Figure 50 below shows that the percent of 9th graders who reported drinking alcohol one or more times in the previous 30 days decreased from 2007 to 2016 for both Dakota County and the state. Dakota County is below the statewide rate. In 2016, three percent of 9th graders and 12 percent of 11th graders reported binge drinking (five or more drinks on one occasion) one or more times during the past 30 days, slightly below the state for both grades.106

Who is most affected: In Dakota County, American Indian 9th graders had the highest rate of alcohol use during the past 30 days (17 percent), compared to nine percent of whites.\footnote{106}

Illicit drug use – adolescents

Why this is important: By 12th grade, about half of adolescents have used an illicit drug (illegal drug or prescription drug or household substance that is misused) at least once. Marijuana is the most commonly used substance by adolescents, after alcohol.\footnote{195} Fewer adolescents believe that marijuana is a threat than they did in the past. Although not as common as nicotine, adolescents are also using vaping devices as a means to use marijuana. These devices often look like other electronic devices, such as flash drives, so they are easily hidden.\footnote{196}

Statistics: In 2016, six percent of 9th graders reported using marijuana or other illicit drugs, but not alcohol, one or more times in the past year. Figure 51 below shows that this was nearly the same as in 2013. This is also similar to the statewide percent in 2016.

**Figure 51.** 9th graders who used marijuana or other illicit drugs one or more times in the past year, Dakota County, 2013 and 2016

![Graph showing percentage of students using marijuana or other illicit drugs in Dakota County from 2013 to 2016.]

Figure 51 below shows that, among Dakota County 9th graders, the three most commonly used illicit drugs are marijuana, prescription drugs, and over-the-counter (OTC) drugs. One percent or less reported using any of the other drug types.

**Figure 52.** 9th graders who used illicit drugs one or more times in the past year, Dakota County, 2016

![Graph showing percentage of students using different illicit drugs in Dakota County in 2016.]

**Figure 52-9th graders who used illicit drugs one or more times in the past year - by drug type**

Who is most affected: The rate of illicit use by 9th graders varies widely by school district, ranging from three percent to 12 percent.

**Prescription drug abuse**

Why this is important: Misuse of prescription drugs is a rising public health concern in Minnesota and nationwide. Misuse includes taking a drug in a different manner or dose than what was prescribed, taking someone else’s medication, or using the medication to get high. Misuse of prescription drugs can have significant health consequences and has been associated with increased emergency room visits, overdose deaths, and admissions to...
treatment in recent years. Overdose deaths involving prescription opioids have increased dramatically in the United States during the last 15 years\(^{197}\).

**Statistics:** Figure 53 below shows that the percent of Dakota County 9\(^{th}\) graders who used prescription drugs one or more times in the past year to get high increased from two percent in 2013 to five percent in 2016. This includes any of the following drug categories: stimulants, attention deficit hyperactivity disorder (ADHD) drugs, prescription pain relievers, and tranquilizers. Five percent of Dakota County 9\(^{th}\) graders reported using prescription drugs to get high in 2016. The two most commonly used prescription drug categories were prescription pain relievers, which include OxyContin, Percocet, Percodan, and Vicodin; and ADHD drugs, which include Ritalin and Adderall. Two percent of 9\(^{th}\) graders used ADHD drugs to get high one or more times in the past year. Three percent of 9\(^{th}\) graders used prescription pain relievers to get high one or more times during the past year. The rates of use for both pain relievers and ADHD drugs were similar to the state\(^{106}\).

In Minnesota, the estimated percent of persons 18 and older who reported non-medical use of prescription pain relievers in the past year was four percent from 2016 to 2017.

![Figure 53](image.png)

**Figure 53.** 9th graders who used prescription drugs one or more times in the past year to get high
Dakota County, 2013 and 2016

There were 39 drug overdose deaths in Dakota County in 2017. Figure 54 below shows that the number of Dakota County deaths that were drug overdoses increased from 2013 to 2016 and decreased from 2016 to 2017. The number that involved opioids (both prescription and illegal) increased from 2014 to 2017\(^{198}\).

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Figure 54-Drug overdose death rate

Who is most affected: Statewide, the highest rate of pain reliever misuse was among 18 to 25 year olds at six percent. The overall rate for Minnesota is similar to the United States overall\textsuperscript{199}. In 2016, American Indians have the highest rate of death due to drug overdose (64.6 per 100,000), five times the rate of whites (11.7 per 100,000). African Americans have a rate of death due to drug overdose of 24.0 per 100,000, two times the rate of whites. The rate disparities between American Indians and whites and African Americans and whites are the largest rate disparities based on race in the nation\textsuperscript{200}.

Mental health

Respondents to the community survey ranked mental health as the top health concern in Dakota County (59 percent ranked in the top three). Respondents in Lakeville, Rosemount, Farmington, Eagan, and Apple Valley ranked it higher than respondents in other cities. Respondents aged 35-54, 55-64, and 18-24 ranked it higher than residents in other age groups. White respondents ranked it higher than respondents of color. Those who were interviewed also identified mental illness as a major health concern for Dakota County residents. The topics mentioned included: stigma, suicide, anxiety, depression, co-occurring substance use (self-medicating behavior), tie between physical and mental illness, consequences of mental illness on financial health, and perception that there is no issue in the suburbs.

Suicide and depression - adults

Why this is important: Depression is one of the most common mental disorders in the United States. Evidence suggests that it is caused by a combination of genetic, biological, environmental, and psychological factors. It can happen at any age, but may present with different symptoms in different age groups. It can also occur along with other chronic illnesses, such as diabetes, heart disease, and cancer. These conditions can become worse when accompanied by depression and depression is sometimes a side effect of medications taken for these other conditions. Suicide is a major public health concern and a leading cause of death in the United States. It is complicated and tragic, but can often be prevented\textsuperscript{201}.

Statistics: In 2014, 20 percent of Dakota County adults 25 and older said they had ever been told by a doctor that they had depression. Among those who ever had depression, 57 percent were currently taking medication prescribed to treat depression. Suicide is one of the leading causes of death in Dakota County. For the 3-year period 2015-2017, the suicide rate for adults 20 and older in Dakota County (16.5 per 100,000) was slightly below the statewide rate (17.0 per 100,000). Figure 55 below shows that the Dakota County suicide rate for adults 20 and older increased by 41 percent from 2004 to 2016 (from 11.7 per 100,000 to 16.5 per 100,000). Minnesota’s rate also increased during the same time frame, but not as quickly as Dakota County’s rate.

Who is most affected: Even though Dakota County females are two times more likely to have ever had depression (26 percent, compared to 13 percent in 2014), males have a higher rate of suicide than females. During the period 2015-2017, Dakota County males 20 and older were nearly four times more likely to die by suicide than females 20 and older (26.6 per 100,000, compared to 7.0 per 100,000). Statewide, the highest rate of suicide is in American Indians.

Mentally unhealthy days

Why this is important: This is a measure based on the self-reported number of days that mental health was not good in past 30 days. This measure of perceived mental distress can help describe the burden of depression, anxiety, and stress in the population. Poor mental health can negatively impact physical health and health behaviors.

Statistics: In 2014, 10 percent of Dakota County adults 25 and older reported 14 or more days in the last 30 days that their mental health (including stress, depression, and problems with emotions) was not good. This was above the statewide rate of 7.5 percent.

Who is most affected: Among Dakota County adults 25 and older, the percent who report for 14 or more days with poor mental health varies by age. Fifteen percent of adults aged 25-34 reported poor mental health for 14 or more days in the last 30 days, compared to five percent of those aged 45-54. Statewide, American Indians are the most likely to report poor mental health for 14 or more days in the last 30 days (19 percent), compared to four percent of Asians.

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Depression - adolescents

Why this is important: Adolescence is a time of many physical, emotional, psychological and social changes. Mood changes can be a normal part of adolescent development, but when they start to disrupt a teen’s ability to function on a day-to-day basis, it is can be an indication of depression. Depression in teens puts them at risk of suicide. Suicide attempts among adolescents may be based on long-standing issues that are triggered by a specific event. Uncontrolled emotions can lead to impulsive, self-destructive actions.\(^{203}\).

Statistics: The number of suicides among Dakota County adolescents (15-19) increased from 12 in the 5-year period 2008-2012 to 17 in the 5-year period from 2013-2017\(^{44}\).

In 2016, 49.5 percent of 9\textsuperscript{th} graders reported being bothered by little interest or pleasure in doing thing during the last 2 weeks. 39.5 percent of 9\textsuperscript{th} graders reported being bothered by feeling down, depressed or hopeless during the last 2 weeks. These percents are similar to the state\(^{106}\). In the 2015-16 school year three percent of students in Dakota County public schools were estimated by the school nurse to have depression or anxiety. This is a slight decrease from four percent estimated in 2012-13\(^{176}\).

Figure 56 below shows the trend in Dakota County 9\textsuperscript{th} graders who seriously considered attempting suicide during the past year. In 2016, 11 percent of 9\textsuperscript{th} graders seriously considered attempting suicide during the past year, similar to 2013\(^{106}\).

Who is most affected: In 2016, 43 percent of students who identified as transgender, genderqueer, gender fluid, or unsure about their gender identity reported seriously considering attempting suicide in the previous year, compared to 10.5 percent of cisgender students. Thirty-one percent of 9\textsuperscript{th} graders who identify as lesbian, gay, bisexual, or questioning reported seriously considering attempting suicide in the previous year, compared to nine percent of heterosexual 9\textsuperscript{th} graders\(^{106}\).
Injury

Fall-related deaths – age 65 and older

Why this is important: Falls are a serious health risk for older adults in Minnesota. Minnesota’s death rate from falls is one of the highest in the country. For people 65 and older, falls are the leading cause of death from injury. Older adults are at higher risk for falling because of weakness in the lower body, problems with walking and balance, and medications that cause dizziness or mental confusion. Falls can cause moderate to severe injuries. Particularly among older adults, falls may cause hip fractures and traumatic head injuries, which increase the risk of death.

Statistics: In Dakota County, falls are the leading cause of hospitalized injury among residents over 65. Eighty-nine percent of fatal, unintentional and 69.5 percent of non-fatal, unintentional injuries in people 65 and older were caused by falls.

Figure 57 below shows that, in 2017, the rate of fall-related death in Dakota County (171.0 per 100,000 population) exceeded the statewide rate (121.8 per 100,000). The rate declined for Dakota County from 2013 to 2014, but increased from 2014 to 2017. It was consistently higher than the Minnesota rate from 2013 to 2017. The statewide rate increased from 2013 to 2017. The Dakota County rate also exceeds the Healthy Minnesota 2020 goal of 79.0 per 100,000.

Motor vehicle crash deaths

Why this is important: One of the greatest public health achievements of the 20th century was reducing deaths from motor vehicle crashes in the United States. Still, the crash death rate is higher than other high-income countries, and many are due to preventable factors, such as not using seat belts, car seats, or booster seats; alcohol; speeding, and cell phone use.

Statistics: Motor vehicle crashes that occurred in Dakota County caused an average of 16 deaths and 2,055 non-fatal injuries per year from 2013 to 2017. Eighteen Dakota County residents died due to motor vehicle accidents in 2017.

The rate of motor vehicle-related deaths in Dakota County decreased by 46.5 percent from 2004 to 2016. Figure 58 below shows that, in the 3-year period from 2015-2017, the rate of motor vehicle crash deaths in Dakota County (4.7 per 100,000) was below the statewide rate (8.2 per 100,000). The rate generally declined in Dakota County and the state from 2004 to 2016. The Dakota County rate was below the state rate during that entire period\(^{151}\). It was also below the Healthy People 2020 goal of 12.4 per 100,000\(^{160}\).

Figure 58-Age-adjusted rate of motor vehicle crash deaths\(^{151}\)

![Graph showing the age-adjusted rate of motor vehicle crash deaths from 2003-2017 in Dakota County and Minnesota. The rate generally declined during this period, with Dakota County consistently below the statewide rate.]

In Minnesota, the most common factors involved in vehicle crashes are: road surface conditions, careless driving, and failure to yield right-of-way\(^{206}\). In 2017, all of the occupants who died in traffic crashes in Dakota County were wearing seat belts, but 12 percent of those seriously injured in traffic crashes were not wearing seat belts\(^{207}\). During the period 2013-2017, 26.5 percent of deaths and 16 percent of serious injuries in Dakota County traffic crashes were due to speeding. This is above the statewide rate (22 percent) for deaths and below the statewide rate (20 percent) for injuries\(^{208}\). Distracted driving is a known risk factor for crashes. Back seat passengers are by far the most frequent source of distraction documented, followed by cell phone operation and cell phone calls\(^{209}\). In Dakota County from 2013-2017, nine percent of traffic deaths and 16 percent of serious injuries were due to inattention. This is below the statewide rate (14 percent) for deaths and slightly above the statewide rate for injuries (15 percent)\(^{210}\).

Who is most affected: Statewide, males and people aged 20-24 are most at risk for death or injury from motor vehicle crashes. Although crashes involving a teen driver have increased in recent years in Minnesota, deaths and injuries of teens (aged 13-19) have decreased\(^{206}\). Although no teens (aged 13-19) died in traffic crashes in Dakota County in 2017, only half of teens who were seriously injured were wearing seat belts\(^{211}\). Since 2011, the number of crashes involving a senior driver has increased in Minnesota. The most common contributing factors are: failure to yield the right of way, careless/negligent/erratic driving, and following too closely\(^{206}\).

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Unintentional injury deaths - children

**Why this is important:** Injuries are a leading cause of death in children up to age 19. These deaths are tragic, but many can be prevented\(^ {212} \).

**Statistics:** Unintentional injuries caused 30 deaths in Dakota County children aged 0-19 from 2013-2017. Figure 59 below shows that the rate of unintentional injury deaths decreased in both Dakota County and the state from the period 2003-2007 to the period 2013-2017. Dakota County’s rate dropped by 40 percent during this time period. Dakota County remained below the state during the entire period\(^ {44} \). In the 10 years from 2008 to 2017, the most common causes of unintentional injury deaths in this age group were motor vehicle crashes and suffocation\(^ {151} \). Falls were the most common unintentional injury in Dakota County 0-19 year olds that were treated in the hospital or emergency room in 2016\(^ {154} \).

![Figure 59. Unintentional injury deaths, children (0-19) 2005-2015](image)

**Who is most affected:** Statewide, children under age one year have the highest rate of death due to unintentional injury\(^ {44} \). American Indian children are twice as likely to die from unintentional injury as white children\(^ {151} \).

Unintentional injury deaths - adults

**Why this is important:** Injuries are one of the leading causes of death in adults and are a large contributor to premature death. Many of these deaths can be prevented\(^ {213} \). As noted earlier, Dakota County has a higher rate of fall-related deaths in people 65 and older than the state and unintentional injuries are the second leading cause of premature death in Dakota County\(^ {44,151} \).

**Statistics:** Unintentional injuries caused 168 deaths in Dakota County adults aged 20 and older in 2017. Figure 60 below shows that the rate of unintentional injury deaths generally decreased in Dakota County but increased statewide from 2013 to 2017. Dakota County remained below the state during this period\(^ {44} \). In 2017, the most common causes of unintentional injury deaths in this age group were falls and poisoning (which includes accidental drug overdoses)\(^ {151} \).

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Figure 60-Unintentional injury deaths, adults, age 20+ 2013-2017

Who is most affected: Statewide, people aged 80 and above experience the highest rate of death due to unintentional injury. American Indians are nearly three times more likely to die from unintentional injuries than whites\textsuperscript{151}. The large disparity in drug-related deaths between these two populations that was noted earlier likely contributes to this statistic.

Maternal, infant and child health

Infant deaths

Why this is important: The death of an infant in the first year of life has a profound impact on families and communities and can be an important indicator of a population’s health and well-being\textsuperscript{214}.

Statistics: Figure 61 below shows that the infant death rate decreased for Dakota County and was stable for Minnesota from the period 2003-2006 to the period 2012-2016. However, Dakota County increased in the period 2012-2016, after a drop during the period 2007-2011. In 2012-2016, Dakota County is below the state and the Healthy People 2020 goal of 6.0 per 1,000 live births\textsuperscript{155,160}. The leading causes of death in infants in the first year were: congenital anomalies, prematurity and low birth weight, maternal complications of pregnancy, and accidental injuries\textsuperscript{44}.

Who is most affected: During the period 2012-2016, infants of black Dakota County mothers died at more than two times the rate of infants of white mothers (8.45 per 1,000 births, compared to 4.00 per 1,000 births). Prenatal Care

Why this is important: Early and regular prenatal care is an important step for preventing pregnancy complications. It can ensure that a woman knows what she needs to do to protect her baby and have a safe and healthy pregnancy.

Statistics: Figure 62 below shows that the percent of mothers who did not receive prenatal care in the first trimester increased slightly for Dakota County births from 2013 to 2017. In 2017, the rate for Dakota County (18 percent) was below the Minnesota rate (23 percent). Dakota County was below the state from 2013 to 2017. Dakota County is doing better than the Healthy People 2020 goal of 22 percent. In 2017, 2.5 percent of Dakota County mothers did not access prenatal care until the third trimester of pregnancy and less than one percent had no prenatal care.
Who is most affected: In 2017, 35 percent Dakota County mothers with less than a high school education did not receive prenatal care in the first trimester, compared to 12 percent of mothers with a bachelor’s degree or higher. Thirty-two percent of black mothers did not receive prenatal care in the first trimester, compared to 13.5 percent of white mothers. 

Low birth weight

Why this is important: Low birth weight (less than 2,500 grams, or less than five pounds, eight ounces) is associated with elevated risk of death and illness in infants and long-term developmental delays. Risk factors for low birth weight infants include inadequate weight gain during pregnancy, placenta problems, and smoking or drinking alcohol during pregnancy. Because multiple births frequently result in low birth weight infants, we only include singleton births in the statistics that follow.

Statistics: In 2017, 229 singleton babies in Dakota County were born at low birth weight (five percent of all singleton births). This was similar to the statewide rate. Figure 63 below shows that the rates for Dakota County and Minnesota were stable from 2013 to 2017, with Dakota County closely following the statewide trend. In 2017, one percent of Dakota County infants were born at very low birth weight (less than 1,500 grams or three pounds, four ounces), similar to the state. This percent was stable from 2013 to 2017.

Reproductive and sexual health

Sexually transmitted infections

Why this is important: Sexually transmitted diseases (STDs), or sexually transmitted infections (STIs), include more than 25 infectious organisms that are spread through sexual activity. The most common sexually transmitted infections are chlamydia, gonorrhea, and syphilis. Chlamydia is the most commonly reported bacterial STI and gonorrhea is the second most commonly reported. Most people do not display symptoms of chlamydia, but can still spread the infection. If chlamydia or gonorrhea is untreated, it can lead to infertility, pregnancy complications, and

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pelvic inflammatory disease (in women). Syphilis is an STI that can cause serious complications and even death if left untreated. It can also cause pregnancy complications and birth defects in a baby whose mother is infected.

Statistics: Sexually transmitted infections (STIs) or sexually transmitted diseases (STDs) are the most commonly reported communicable disease, accounting for 64 percent of all reportable diseases in Dakota County in 2017. In 2017, the number of reported STIs in Dakota County was 1,887, an increase from 1,680 in 2016.

In 2017, the majority of cases of STIs reported to the Minnesota Department of Health for Dakota County residents were chlamydia cases (1,506 cases). From 2013 to 2017, the rate of chlamydia in Dakota County increased by 45 percent. Figure 64 below shows that the rate of chlamydia infections rose from 2013 to 2017 in both Dakota County and Minnesota. Dakota County’s rate was below the state for that period. In 2017, the Dakota County rate (357.1 per 100,000) was below the state rate (421.9 per 100,000).

Figure 64-Chlamydia rate

In 2017, there were 334 gonorrhea cases reported to the Minnesota Department of Health for Dakota County residents. From 2013 to 2017, the rate of gonorrhea more than doubled in Dakota County. In 2017, the rate in Dakota County residents (79.2 per 100,000) was 32 percent below the state (116.9 per 100,000). Forty-seven cases of syphilis were reported in Dakota County residents in 2017.

The most effective way to prevent the spread of sexually transmitted infections among youth is to delay the onset of sexual activity. In 2016, 10 percent of Dakota County 9th graders reported ever having sexual intercourse, a decrease from 2013 (13 percent) and slightly below the state (11 percent). Among sexually-active youth, consistent condom use is the most effective way to prevent STIs. In 2016, 53 percent of Dakota County 9th graders who were sexually active did not talk with every partner about protecting against STIs. In 2016, this dropped to 46 percent. This was below the statewide rate of 49 percent. The percent of Dakota County 9th graders who reported not using a condom the last time they had sexual intercourse increased slightly from 38 percent in 2013 to 39 percent in 2016. Dakota County’s rate (39 percent) was slightly higher than the state (38 percent) in 2016.

Who is most affected: Nearly two times as many females as males were diagnosed with chlamydia in 2017. People aged 20-24 were the most likely to be diagnosed with chlamydia. In 2017, 40 percent of Dakota County reported cases were in 20-24 year olds. Forty-three percent of cases in Dakota County were in persons of color.

People aged 20-24 were also the most likely to be diagnosed with gonorrhea. In 2017, 30 percent of Dakota County reported cases were in 20-24 year olds. Forty-seven percent of cases in Dakota County were in persons of color.

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218 Reportable diseases data. Minnesota Department of Health.

219 Sexually transmitted diseases data. Minnesota Department of Health.
receiving free or reduced price lunch, American Indians, blacks and students who identify as transgender, genderqueer, gender fluid, or are unsure of gender identity\textsuperscript{106}.

**Teen parenting**

*Why this is important:* Teen parents and their children have unique challenges. Teens who become parents are less likely to have the life skills and other resources necessary for parenting. Teen parenting may impact a child’s social and emotional wellbeing, making them less ready for school. Teen parents are more likely to drop out of high school, become depressed, and lack social support and financial stability\textsuperscript{220}.

*Statistics:* In 2017, there were 91 births to mothers under 19 (two percent of live births)\textsuperscript{157}. Figure 65 below shows that, for the period 2013-2017, the rate of teen births in Dakota County (9.7 per 1,000 births) was below the state (14.1 per 1,000 births). The teen birth rate has declined in Minnesota since 1995 and Dakota County has followed the state trend\textsuperscript{157}.

![Figure 65. Teen birth rate (mothers aged 15-19) 1999-2014](image)

**Figure 65. Teen birth rate (mothers aged 15-19) 1999-2014**

In 2016, among Dakota County 9th grade students who were sexually active, 41 percent of reported that they do not talk with every partner about preventing pregnancy, slightly below the statewide percent. Fifteen percent of 9th graders did not use birth control the last time they had sexual intercourse. This was slightly above the statewide percent (14 percent)\textsuperscript{106}.

*Who is most affected:* Although birth rates for teens aged 15-19 in Dakota County have decreased for all racial and ethnic groups, during the period 2013-2017, Hispanic teens (aged 15-19) were greater than three times more likely to give birth than non-Hispanic teens and black teens (aged 15-19) were nearly three times more likely to give birth than white teens\textsuperscript{44}.

**Oral health**

Those interviewed identified access to dental care as a need of county residents that is not being addressed, specifically not enough dentists that accept Medical Assistance; cost of services too high; and children not getting dental care.

Why this is important: 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, so they can be treated less expensively and less painfully.221

Statistics: In 2014, 19 percent of Dakota County adults 25 and older had not visited a dentist or dental clinic within the past year.31 This is below the statewide rate of 25 percent.159 Twenty-one percent of Dakota County adults 25 and older did not have dental insurance in 2014.31

Figure 66 below shows that 19 percent of Dakota County 5th graders, 14 percent of 8th and 9th graders, and 16 percent of 11th graders did not see a dentist or dental hygienist in the past year. These rates are similar or below the statewide rates.106

The dentist rate per 10,000 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 2016, there were 274 licensed dentists, or 6.6 per 10,000 residents, in Dakota County. This is about in the middle of the range for the other Twin Cities metropolitan counties (from 4.0 to 9.4).222

Who is most affected: Statewide, in 2014, 47 percent of Hispanics did not visit a dentist or dental clinic within the past year for any reason, compared to 25 percent of non-Hispanic, whites.159 Residents on Medical Assistance may have a more difficult time accessing dental services than residents on private insurance, because many dentists either do not accept Medical Assistance or have closed their practices to new Medical Assistance patients. A survey of Dakota County dental clinics conducted in 2017 and 2018 found that only 14 percent were accepting new Medical Assistance patients. Sixty-two percent of Dakota County dental clinics said that if a current patient gets Medical Assistance, they will no longer see the patient. This means it is difficult for people on Medical Assistance to access regular dental care, even if they have coverage. Only 11 percent of Dakota County dental clinics indicated that they have a sliding fee option.223

223 Dental clinic survey conducted by Fall 2017 and Spring 2018 nursing students. Metropolitan State University.
Community Themes

Table 8 below shows the top concerns of respondents to the Health Matters Survey by percent of all respondents who selected that concern.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>59%</td>
</tr>
<tr>
<td>Tobacco, alcohol and other drugs</td>
<td>47%</td>
</tr>
<tr>
<td>Economic and social factors</td>
<td>33%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>27%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>25%</td>
</tr>
<tr>
<td>Environment</td>
<td>19%</td>
</tr>
<tr>
<td>Availability of health services</td>
<td>18%</td>
</tr>
<tr>
<td>Safety</td>
<td>17%</td>
</tr>
<tr>
<td>Chronic diseases and conditions</td>
<td>16%</td>
</tr>
<tr>
<td>Health of mothers and children</td>
<td>14%</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>6%</td>
</tr>
</tbody>
</table>

Community residents were asked “What stops you, your family and your community stay healthy?” Below is the list of themes mentioned more than once, ordered by frequency of mention:
• Lack of time
• Unable to access quality health care
• Lack of affordable healthy food
• Lack of physical activity
• Poverty/low-income
• Poor nutrition
• Lack of motivation/personal accountability
• Environmental hazards
• Car-dependent culture
• Lack of physical activity/recreational opportunities
• Stress
• Weather
• Nothing
• Concern about safety
• Lack of health education/knowledge
• Lack of social interaction
• Substance use/abuse
• Lack of access to mental health/chemical dependency care
• Lack of transportation
• Housing instability/homelessness
• Lack of interaction with nature
• Mental illness
• Screen time/devices
• Lack of resources/not knowing resources
• Tobacco use/e-cigarettes
• Infectious disease
• Fatigue
• Lack of tolerance for diversity
• Inability to get good jobs
• Chronic disease/obesity
• Not taking care of self
• Government/organizational policy
• Violence/trauma
• Lack of family connections
• Lack of sleep
• Lack of support for healthy behavior
• Disability/mobility issues
• Political divisiveness
• Lack of education
• Lack of access to dental care
• Genetics/family history
• Negativity
• Long commute
• Lack of affordable child care
• Conflict
• Stigma
• Competitiveness
• Language/cultural barriers
• Income inequality
• Not enough things for youth to do
• Criminal justice system
• No paid leave
• Lack of parenting
• Risk-taking behaviors

Representative quotes:

- “We work late and don’t have the energy to be active when we get home”
- “Not enough time to always cook nutritious meals”
- “Working too many hours to make ends meet”
- “Gym programs and memberships are too expensive”
- “Not enough good mental health professionals in the area that are in-network with insurance”
- “Housing costs being so high equals more time at work equals less time to make food, be w/family, and connect”
- “Inability to access healthy foods at an affordable price”
- “Worrying about a potential visit to the doctor and how much it would cost as it will be against our deductible”
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, which was adopted and updated by the Healthy Dakota Initiative Steering Committee to reflect the current local environment. The 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 in the midst of 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, 7/19/2018

<table>
<thead>
<tr>
<th>ON THE HORIZON</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Out of school time – community schools model</td>
<td>• Continuity</td>
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<tr>
<td>• Community schools</td>
<td>• Triage and referral (Department of Human Services)</td>
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<tr>
<td>• Strategies to address social media</td>
<td>• Environmental impacts on health</td>
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<tr>
<td>• Privilege</td>
<td>• Radical change in technology and climate change will drive how we look at community</td>
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<tr>
<td>• Linking clinical care with community health</td>
<td>• Revenue sharing with community based organizations to care for populations</td>
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<tr>
<td>• Multi-generational communities and families (4-5 generations)</td>
<td>• Give people more resources (minimum wage, paid leave, guaranteed basic income, reparations)</td>
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<tr>
<td>• Long-term view of health</td>
<td>• Incorporate lay people into the medical model</td>
</tr>
<tr>
<td>• We drive social media</td>
<td>• Community health is an ethical obligation and should be a non-profit system</td>
</tr>
<tr>
<td>• Support cultural healers</td>
<td>• Cultural outreach corp.</td>
</tr>
<tr>
<td>• Community at center (established financial support)</td>
<td>• Health defined with communities</td>
</tr>
<tr>
<td>• New partners (business, parks, other)</td>
<td>• Mental Health ↔ Housing</td>
</tr>
<tr>
<td>• Informed based practices</td>
<td>• Mental well-being</td>
</tr>
<tr>
<td>• Emerging diseases</td>
<td>• True bridge out of poverty</td>
</tr>
<tr>
<td>• Funding shifts</td>
<td>• Frame public health issues/science in compelling way</td>
</tr>
<tr>
<td>• Mental health system transformation</td>
<td>• Big data and analytics</td>
</tr>
<tr>
<td>• Radical reform of criminal justice</td>
<td>• Understanding historic trauma</td>
</tr>
<tr>
<td></td>
<td>• Universal healthcare</td>
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<td></td>
<td>• Climate change reality</td>
</tr>
<tr>
<td></td>
<td>• 65% of our children’s job not invented</td>
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<tr>
<td></td>
<td>• Digital bio monitoring and telemedicine</td>
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<tr>
<td></td>
<td>• Gutsier initiatives (social activism, language, partnerships, tech)</td>
</tr>
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<td></td>
<td>• Unknown health effects of e-cigarettes (vaping, juuling)</td>
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<td></td>
<td>• Safe Routes to Schools as part of the school district planning process</td>
</tr>
<tr>
<td></td>
<td>• Food access and built environment incorporated into design of cities</td>
</tr>
</tbody>
</table>
## 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
- Working across silos
- Multi-generational interventions
- Spectrum thinking – illness/wellbeing
- Understanding of issues related to caregiving
- Ageing of Baby Boom generation
- Independent (“aging in place”) and healthy living initiatives
- Health in all policies
- Behavioral economics approach (make the effort appealing & easy)
- Anchor institutions
- Recognition of racism/trauma (historical structural, personal bias, ACEs)
- Data collection new ways (participatory, use of technology)
- Those outside of traditional health community seeing their role in solving health issues

## ESTABLISHED

- Community engagement on government time
- Technology
- EHRS (Electronic Health Record System)
- Social media
- Regulations driving practice
- Working in silos
- 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

- Substance abuse is a health problem – new risks: opioids, synthetics, over-the-counter drugs
- Welcoming youth in community decisions
- Community members as experts
- Use of technology to improve connection to resources for SDOH
- Income inequality
- Community based care/health workers
- Working with community
- Health equity
- E-health and informatics
- Interdisciplinary research (U of M) and community based research
- Participatory decision making
- Public Health Accreditation (meeting set benchmarks)
- New media questioning reliability –how do you know what is reliable or accurate/using Google to find information Identity and gender fluidity
- Effect of built environment (ex. walkability) on health is recognized
- Tradition of philanthropy in the community
- Decreased participation in Meals on Wheels by “newer” seniors
- Connection between oral health and physical illness is recognized
- Police shootings – public fear of the police
- Disappearing of churches and people not attending

- Social Determinants of Health (SDOH)
- Increased used of CHWs
- Relationships whole person systems – Orgs collaborative(s)
- Domestic Violence and Substance Abuse is a health concern (addressing healthy masculinity)
- Immigration issues – fear/mistrust of seeking services
- Recognition of cultural differences in health care
- Homeless adolescents/young adults increasing
- Millennials having difficulty making ends meet – student loan debt
- Integrated service delivery in human services
- Hospital mergers
- Legalization of marijuana
- College food pantries
- New risk-taking behaviors
- Active shooter incidents/having to do active shooter drills
- Lack of extended family for caregiving
- Millennials who are isolated
- Social media causing loss of connection
- EMT home visits
- How people receive health care (pharmacies, virtual, telemedicine)
### Disappearing

| • Institutional knowledge                  | • “Clients” rather than participants       |
| • Retirements                              | • Funders funding creativity and flexibility |
| • Homelessness isn’t a health concern      | • -funding becoming prescriptive (less      |
| • Phone calls and voicemail               |   opportunity to innovate)                 |
| • Chemical dependency isn’t a health      | • Obesity just as issue of calories and    |
|   concern                                 |   exercise                                 |
| • Red-lining in land use/ banking (is it  | • One size fits all approach               |
|   disappearing though?)                   | • “Compliance” we know better than         |
| • Health is only physical with clinical    |   participants                           |
|   interventions                           | • Doing “to” rather than “with”            |
| • Old survey techniques                    | • An unwillingness to disaggregate data by |
| • Non-fat/low-fat                          |   race and ethnicity.                      |
| • Top-bottom approach                      | • Trust                                   |
| • Public health clinics/direct services    | • Systems                                 |
| • Legal entities providing services        | • Communities                             |
|   without stakeholder/com. Input          | • Government                              |
| • Education-only approaches for complex    |                                           |
|   issues (e.g. just tell what to eat)      |                                           |
|                                           | • “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                         |
|                                           | • Provider /Medical Doctor knows all       |
|                                           | • Privacy                                 |

Public Health Priorities

The Healthy Dakota Initiative Steering Committee met in November, 2018 to review the findings from the Community Health Assessment and to consider input collected from the community and key informants. The committee initially identified 19 priorities by evaluating six dimensions:

- Extent (e.g., number of people affected);
- Data trend;
- Comparison to state or national target;
- Benchmark to state;
- Health disparities (e.g., differences in impact on various groups);
- and community concern.

The 19 priorities examined were: adult binge drinking; limited food access; adult mental health; housing affordability; inability to access health care due to cost; suicidal ideation in adolescents; adolescent alcohol use; adolescent illicit drug use; commuting alone to work (car dependency); adults feeling nervous (stress); adult suicide; adult physical activity; adult obesity; lack of insurance; adult lack of dental care; diabetes; unemployment; poor air quality; and violence/abuse/trauma. These 19 priorities were narrowed further using a multi-voting process, which resulted in the following five issues as top health priorities in Dakota County:

- Adult mental health
- Adult physical activity
- Housing affordability
- Inability to access health care due to cost
- Suicidal ideation in adolescents

The data displayed in the Community Health Assessment supports the need for population health improvement in Dakota County. Our vision for a healthier Dakota County includes a focus on the values of connectedness, engagement, and inclusiveness.

**Adult mental health**

Depression is one of the most common mental disorders in the United States. In 2014, 20 percent of Dakota County adults 25 and older said they had ever been told by a doctor that they had depression. Among those, 57 percent were currently taking medication prescribed to treat it. Suicide is a leading cause of death in Dakota County. Although the 2015-2017 suicide rate for adults 20 and older was slightly below the state, it increased by 41 percent from the period 2003-2005 to the period 2015-2017, more rapidly than the increase at a statewide level. Females are two times more likely than males to have ever had depression (26 percent, compared to 13 percent in 2014); however, males are nearly four times more likely to die by suicide than females. In 2014, 10 percent of Dakota County adults 25 and older reported that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days in the last 30 days. This was above the statewide rate of 7.5 percent. In addition, there was significant disparity by age, with fifteen percent of adults aged 25-34 reporting poor mental health for 14 or more days in the last 30 days, compared to five percent of those aged 45-54. Statewide, American Indians have the highest rates of poor mental health and suicide. Community members ranked mental health as the top health concern in
Dakota County (59 percent ranked it in the top three). Key informants also identified mental illness as a major health concern for Dakota County residents.

Adult physical activity
The percent of adults who did not engage in leisure-time physical activity increased from 12 percent in 2010 to 2014 and there is a major disparity based on level of educational attainment. People with a high school education or less were 3 times more likely to be physically inactive than those with a bachelor's degree or higher (38 percent, compared to 12.5 percent). Statewide, there are disparities by race, with blacks and Hispanics more likely to be physically inactive than non-Hispanic, whites. Community members ranked physical activity as the fourth leading health concern in Dakota County.

Difficulty paying for health care
If people delay accessing care because they don’t have health insurance or they can’t afford the cost of their deductible, coinsurance, and/or copays, it can result in missed preventive care, preventable hospitalizations, more costly care due to undiagnosed conditions, and premature death. In 2014, 24 percent of Dakota County adults 25 and older reported that it was “very difficult” or “somewhat difficult” for them and their family to pay for health insurance premiums, co-pays, and deductibles. In 2014, 72 percent of adults 25 and older said there was a time in the past year when they needed medical care. Among those, 21 percent delayed or did not get needed medical care and more than two-thirds (76 percent) of those did so because of cost or lack of insurance. Twenty-two percent of adults 25 and older said there was a time in the past year when they wanted to talk with or seek help from a health professional about stress, depression, a problem with emotions, excessive worrying, or troubling thoughts. Among those, 56 percent delayed or did not get needed and more than half (56 percent) did so because of cost or lack of insurance. Fifty-five percent of adults 25 and older said they take a prescription medication, other than birth control on a regular basis. Among those, 10 percent said there was a time in the past year when they skipped doses, took smaller amounts of their prescription, or did not fill a prescription because they could not afford it. Key informants identified access to care, particularly difficulty paying for care and prescriptions as a major concern for county residents.

Affordable housing
Affordable and safe housing is an important factor in both physical and mental health. 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. Dakota County has a higher rate of homeownership than the state or the nation. However, 25 percent of Dakota County households spent 30 percent or more of their household income on housing in 2017. There is a disparity between renters and homeowners, with 45 percent of renters spending 30 percent or more of household income on housing, compared to 18 percent of homeowners. Low-income households are most affected by high housing costs, with 81 percent of households with a household income less than $20,000 per year spending 30 percent or more of their household income on housing. The options for affordable housing for families living in poverty in Dakota County are limited. In 2017, only 2.5 percent of Dakota County housing units were federally subsidized and many of these were specialized housing for seniors or the disabled. Additional low-income housing that is funded by state and local sources is available, but represents a small portion of the total rental units in the county and is often subject to long waiting lists.

Adolescent suicidal ideation
Depression in adolescents puts them at risk of suicide. The number of suicides among Dakota County adolescents (ages 15-19) is low, but it increased from 12 in the 5-year period 2008-2012 to 17 in the 5-year period from 2013-2014. In 2016, 11 percent of Dakota County 9th graders seriously considered attempting suicide during the past year. This was similar to 2013. However, students who identify as transgender, genderqueer, gender fluid, or are unsure
about their gender identity are four times more likely to consider attempting suicide (43 percent) than cisgender students (10.5 percent). Students who identify as lesbian, gay, bisexual, or questioning are more than three times more likely to consider attempting suicide (31 percent) than heterosexual students (nine percent).