Alcohol and Other Drug Use

The misuse of alcohol and other drugs are important risk factors for chronic disease, death and disability in the United States. An estimated 88,000 deaths annually in the U.S. can be attributed to excessive alcohol use. Alcohol and illicit drug use are associated with unintentional injuries, violence, risky sexual behavior, and illegal behavior, and can lead to liver disease, cancer, heart disease, and neurological and psychiatric problems. Children exposed to alcohol or other drugs during pregnancy can suffer lifelong physical and mental disabilities. Use of alcohol or illicit drugs can lead to dependence in some people, which increases the risk of harmful consequences.

Alcohol use by Dakota County youth

- The percent of Dakota County students who reported drinking alcohol one or more times in the previous year generally decreased for 9th graders from 1992 to 2016. In 2016, 18 percent of Dakota County 9th graders and 40 percent of 11th graders reported using alcohol at least once in the previous year, below the state for both grades.

- There was also a decrease in 9th graders who reported frequent drinking (drinking 20 or more times in the past year) from 2004 to 2016. In 2016, Dakota County 9th graders were similar to the state and 11th graders were slightly below the state.

- In 2016, three percent of Dakota County 9th graders and 12 percent of Dakota County 11th graders reported binge drinking (drinking five or more drinks on one occasion) in the past 30 days, rates that are slightly below the Minnesota rate for both grades.

- Binge drinking increases by age, peaking between the ages of 21 and 25 for young adults. In 2015, 24 percent of Minnesota college students reported binge drinking in the past two weeks.
Youth access to alcohol in Dakota County

Six percent of compliance checks conducted in licensed establishments in Dakota County from 2011 to 2015 resulted in an illegal alcohol sale to an underage person.

Alcohol use by adults

In 2014, 76 percent of Dakota County adults (25 and older) drank alcohol on at least one day in the previous 30 days.

In 2014, six percent of Minnesota adults were considered heavy drinkers, similar to the U.S. (Heavy drinking is defined as: males who drink more than two drinks per day, and females who drink more than one drink per day.)

26 percent of Dakota County adult males (25 and older) and 17 percent of adult females (25 and older) reported binge drinking in the past 30 days (2014). (Binge drinking is defined as: males who drink five or more drinks on one occasion and females who drink four or more drinks on one occasion).

Alcohol and motor vehicle crashes

In 2015, alcohol contributed to injuries to 167 people (eight percent of all motor vehicle injuries) and two deaths (18 percent of all motor vehicle deaths). The rates of deaths and injuries for alcohol-related crashes that occurred in Dakota County generally decreased from 2006 to 2015.

Marijuana use

In 2013-14, an estimated seven percent of persons 12 and older reported marijuana use in the previous month. The highest rate was among 18-25 year olds (20 percent).

The rate of Dakota County students who reported using marijuana during the previous 12 months generally dropped for 9th graders from 1998 to 2016. In 2016, four percent of 8th graders, nine percent of 9th graders, and 24 percent of 11th graders used marijuana during the previous 12 months, slightly below the state for 8th and 9th graders and slightly above the state for 11th graders.

In 2015, 16 percent of Dakota County residents who were admitted to chemical dependency treatment reported marijuana as their primary substance of abuse.

Sixty-nine percent of arrests for sale or possession of narcotics in Dakota County in 2015 were for marijuana.

In 2015, a total of 223 exposures to synthetic marijuana were reported to Hennepin County Regional Poison Center, double what was reported in 2014. Since July 1, 2011, the possession and sale of synthetic marijuana is illegal in Minnesota.

Use of other drugs

For Dakota County 9th and 11th graders, the use of drugs other than marijuana and prescription drugs declined or remained stable from 2013 to 2016, with the exception of over-the-counter drugs. (2016: 9th graders-three percent or less and 11th graders-less than five percent, for each of eight other drugs, including psychedelics, MDMA, heroin, and methamphetamine).

In 2016, four percent of Dakota County 8th and 9th graders and seven percent of 11th graders reported using prescription drugs not prescribed to them in the previous 30 days.

In 2016, four percent of Dakota County 8th and 9th graders and seven percent of 11th graders reported using prescription drugs not prescribed to them in the previous 30 days, similar to the state for 8th and 9th graders and slightly above the state for 11th graders.

Opioids were reported as the primary substance of abuse in 17 percent and methamphetamine in 15 percent of chemical dependency treatment admissions for Dakota County residents in 2015. Both have increased since 2010.

In 2014, there were a total of 30 deaths due to drug overdose in Dakota County residents. The number of drug overdose deaths nearly tripled from 2005 to 2011. Although they decreased from 2011 to 2014, they remained higher than 2005. Forty percent of drug overdose deaths are due to heroin or other opiates.

In 2015, 20 exposures to “bath salts” were reported to the Hennepin County Regional Poison Center, a decrease from 2012 (87 exposures). A 2011 Minnesota law makes it illegal for people to use synthetic drugs that are “substantially similar” in chemical structure and pharmacological effects to illegal drugs.

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For more information:

- Centers for Disease Control and Prevention www.cdc.gov
- MN Department of Public Safety www.dps.state.mn.us/ots
- National Institute on Drug Abuse www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration www.samhsa.gov

DCPHD-HR-2588 December 19, 2016
Chronic diseases, including heart disease, stroke, cancer and diabetes, are among the most common, costly and preventable illnesses. About seven out of ten deaths in the United States each year are due to a chronic disease. In addition, the long course of illness for some chronic diseases results in activity limitations and pain, decreasing the quality of life for millions of Americans. Healthy behaviors, such as eating nutritious foods, engaging in physical activity, and avoiding tobacco use can prevent much chronic disease and control its complications.

**Cancer**

- About half of Minnesotans will be diagnosed with cancer in their lifetime and about one-fourth will die from cancer.
- Cancer caused 25 percent of the deaths in Dakota County residents in 2015, making it the leading cause of death.
- Four types of cancer (lung, breast, prostate, and colorectal) account for the majority of cancer in both genders.
- In Dakota County, the rate of all new cancer cases decreased from 2001 to 2011, but was above the statewide rate for the period 2009-2013. The rate of new breast cancer cases in Dakota County women increased from 2006 to 2011 and was above the statewide rate for the period 2009-2013.
- Seventy-seven percent of Minnesota women over age 40 have had a mammogram in the past two years (2014). Seventy-one percent of Minnesotans 50–75 have been screened for colon cancer (2014).
- In Dakota County, the rate of new melanoma cases increased by 45 percent from 2001 to 2011. One percent of Dakota County 9th grade females and four percent of 11th grade females reported they had used an indoor tanning device three or more times in the previous year (2016), a decrease from 2013. A 2014 Minnesota law now prohibits persons under 18 from using commercial indoor tanning facilities.
Heart disease and stroke
• Heart disease and stroke accounted for 21 percent of deaths in Dakota County residents in 2015; heart disease is the second and stroke is the fifth leading cause of death.
• The heart disease death rate steadily decreased from 2002 to 2014. It was below the state and metro-wide rates for 2013–2015.
• The stroke death rate generally decreased from 2002 to 2011 and remained stable from 2011 to 2014. It was below the state rate and similar to the metro-wide rate for 2013–2015.
• Twenty-nine percent of Dakota County adults (25 and older) said they had ever been told they had high blood pressure, an increase from 2010, 34 percent said they had ever been told they had high cholesterol (2014).

Alzheimer’s Disease
• Alzheimer’s disease was the sixth leading cause of death in Dakota County residents in 2015, causing five percent of the deaths.
• The Alzheimer’s death rate generally increased from 2002 to 2014 and was above the state and metro-wide rates for 2013–2015.
• In 2016, it is estimated that 91,000 Minnesotans have Alzheimer’s disease. This is expected to increase by 32 percent to 120,000 in 2025.

Chronic lower respiratory disease
• Chronic lower respiratory disease (asthma, chronic bronchitis and emphysema) was the fourth leading cause of death in Dakota County residents in 2015, causing five percent of the deaths.
• In 2016, 13 percent of Dakota County 5th graders, 18 percent of 8th graders, and 19 percent of 9th and 11th graders said a doctor or nurse had ever told them they had asthma, slightly higher than the state for 8th, 9th, and 11th graders and similar to the state for 5th graders.
• Thirteen percent of Dakota County adults (25 and older) said they had ever been told they had asthma. Eight percent still had asthma (2014).
• There were 428 hospitalizations and 2,036 emergency room visits for asthma for Dakota County residents in 2013-2014. The highest rate of hospitalizations for asthma was in children ages 0–4.

Diabetes
• Diabetes was the seventh leading cause of death in Dakota County residents in 2015, causing three percent of deaths.
• In 2014, ten percent of Dakota County adults (25 and older) reported ever being told they had diabetes (Type 1 or 2).

Disabilities
• An estimated 40 million American adults have a disability, including physical or mental limitations and hearing or vision impairment.
• In 2015, an estimated nine percent of Dakota County residents over age five years who were not institutionalized had a disability. This was below the state (11 percent) and the U.S. (13 percent) rates.
• Persons 65 and older were the most likely to have a disability (31 percent in 2015).
• Twenty percent of Dakota County adults (25 and older) reported activity limitations due to a physical, mental or emotional problem (2014).
• Twenty percent of Dakota County adults (25 and older) were ever told they had arthritis (2014), the leading cause of disability.

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For more information:
• Centers for Disease Control and Prevention www.cdc.gov
• Minnesota Department of Health www.health.state.mn.us
• Alzheimer’s Association www.alz.org/mnnd
• American Cancer Society www.cancer.org
• American Heart Association www.americanheart.org
The economic and social conditions in which people live and work can influence health and life expectancy. Examples of these social determinants of health are: income, employment, education, housing, early life experiences, social exclusion, and social support. 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.

**Key facts about Dakota County**

The Dakota County population continues to grow but at a slower rate than in the 1990s. The population is getting older and is becoming more racially and ethnically diverse. Poverty is increasing, especially for children under 18. Unemployment has decreased and is now below 2006 rates. Educational attainment of adults is high and Dakota County students do well on standardized tests. Most residents think the quality of life in the county is favorable.

**General population**

- Dakota County’s population grew from 355,904 in 2000 to 398,552 in 2010 – a 12 percent increase. The state population grew by eight percent during the same period. The 2015 population estimate is 414,686.
- Although the county reached its population growth peak during the 1980s and 1990s, there was still a 12 percent increase during the decade from 2000-2010.
- Dakota County has the third largest population in the state and represents an estimated 7.6 percent of the state’s population.

**Age distribution**

- The median age of Dakota County residents increased from 30.2 years in 1990 to 36.8 years in 2010 – a 22 percent increase. In 2015, it is estimated to be 37.8.
- The State of Minnesota Demographer’s Office projects that there will be 115,074 Dakota County residents 65 and older in 2030 – an increase of 189 percent from 2010.
Racial/ethnic distribution

- In 2015, people of color made up an estimated 20 percent of the Dakota County population. In the 2015-16 school year, 31.5 percent of Dakota County public and charter school students were students of color. Blacks, Hispanics, and Asian/Pacific Islanders are the largest racial and ethnic groups in the county.
- The State of Minnesota Demographer’s Office projects that the populations of color in Dakota County will increase by 74 percent from 2010 to 2030. The white population is projected to grow by 10 percent in the same period.
- In the 2015-16 school year, 15.5 percent of Dakota County public and charter school students spoke a language other than English in their home – a total of 127 different languages. Spanish was the most commonly-spoken language after English.

Economic factors

- In 2015, an estimated seven percent of Dakota County residents had incomes below the poverty level – the same as in 2010. Dakota County was below the state overall (10 percent) in 2015.
- An estimated 11 percent of Dakota County children under 18 lived in households with incomes below the federal poverty level in 2015. Poverty in children under 18 increased from 10 percent in 2010.
- In 2015, the per capita income in Dakota County was an estimated $36,688–higher than the state ($33,425) and a decrease from 2014.
- In 2015, unemployment in Dakota County was 3.3 percent, on average. This was a decrease from a 7.2 percent average in 2009. Dakota County was slightly below the state average (3.7 percent) for 2015.

Housing

- In 2015, an estimated 73.5 percent of housing in Dakota County was owner-occupied. Forty-three percent of renter households and 17 percent of homeowners spent 30 percent or more of their monthly household income on housing.
- Foreclosures decreased in the county from a peak of 2,147 in 2010 to 555 in 2015. The number of foreclosures represents less than one percent of all resident parcels in the county.

Education

- In 2015, an estimated 95 percent of Dakota County residents 25 and older had a high school education or higher; 41 percent had a Bachelor’s degree or higher.
- In 2016, Dakota County ranked fourth among metro area counties for third-grade reading scores and eighth-grade math scores.

Quality of life/community engagement

- In 2016, 95 percent of Dakota County residents said the quality of life was excellent or good, slightly more than in 2013.

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For more information:

- Dakota County Residential Survey (2016) www.DakotaCounty.us (search “Residential Survey”)
- U.S. Census Bureau www.census.gov
- Minnesota State Demographic Center www.mn.gov/admin/demography/
- Minnesota Department of Education www.education.state.mn.us
- Minnesota Department of Employment and Economic Development www.mn.gov/deed/
- Unnatural Causes – Is Inequality Making Us Sick? www.unnaturalcauses.org/
The mission of local public health departments has expanded in recent years to include readiness for emergency response and recovery. Public health concerns include emerging infectious diseases, possibility of bioterrorism incidents, disease pandemics, and public health impacts of natural and man-made disasters. The Dakota County Public Health Department and other public health agencies use rigorous drills and exercises—the same tools that have proven effective for the U.S. military, law enforcement, and firefighters—to test and improve systems.

Emergencies in Dakota County
- Disasters - natural and man-made - have a significant impact on life, property and the economy every year in the U.S.
- The most common types of hazards in Dakota County are violent storms, extreme temperatures, and floods.
- Over the past several decades, Dakota County had six federal disaster declarations for flooding, severe storms, tornadoes and straight-line winds.
- In recent years, the Dakota County Public Health Department has responded to a number of disease outbreaks, including novel H1N1 influenza, measles, and pertussis. Staff from Public Health and other departments have also responded to other health hazards.

Emergency Preparedness in Dakota County
- The Dakota County Emergency Preparedness Coordinator in the Sheriff’s Office works closely with cities, other county departments, and state agencies to coordinate emergency preparedness and response.
- Each year since 2002, Dakota County has received a Homeland Security Grant that has supported emergency preparedness and financed the purchase of equipment for police, fire and the emergency medical system in the county.
- Equipment purchased includes respirators; radio equipment; search and rescue equipment; trailers and supplies for chemical decontamination and treating mass casualties; and protective suits, helmets and vests.
- Grant funding has also provided support for the Dakota County Communication Center and the Special Operations Team, an emergency response unit made up of firefighters, paramedics, police officers, and sheriff’s deputies.
Public health emergencies

- Public health services have historically included preventive medicine, health education, control of communicable diseases, sanitation, and monitoring of environmental hazards.
- Since the 9/11 attack and the anthrax incidents in 2001, the public health system has adopted an “all-hazards” approach to emergencies, including preparing for biological, chemical, radiological, and nuclear terrorism; infectious disease outbreaks; natural disasters; and accidents.

Public health preparedness

- Public health preparedness includes continual testing and updating of plans; collaboration among jurisdictions and organizations; communications; disease surveillance; and recruiting, training and retention of the public health workforce.
- Each year since 2002, the Dakota County Public Health Department has received funding from the Centers for Disease Control and Prevention that has enabled the department to hire staff for coordinating emergency preparedness plans, training and exercises. The grant has also provided funding to purchase equipment and supplies for mass dispensing and other public health responses, personal protective equipment, and communication systems.

Medical Reserve Corps

- Medical Reserve Corps is a nationwide initiative to mobilize and coordinate health care professionals and other volunteers to assist in a public health emergency.
- As of June 2016, the Medical Reserve Corps of Dakota County had 501 registered volunteers. 87 percent of the volunteers are health professionals; 13 percent do not have a healthcare background.
- MRC volunteers receive periodic training and participate in both emergency and non-emergency events in Dakota County.

Public readiness for emergencies

- A 2012 FEMA survey found that 46 percent of respondents believe their community will experience a natural disaster, an increase since 2007. Forty-three percent reported making a household emergency plan and 52 percent reported having emergency supplies at home. These percentages have been stable since 2007.
- Recommended actions include: create a family communication plan; prepare a disaster kit; and have a three-day supply of food, water and medications.

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For more information:

- Centers for Disease Control and Prevention [http://www.cdc.gov](http://www.cdc.gov)
- Minnesota Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
- Ready.gov [www.ready.gov](http://www.ready.gov)
- National Association of County and City Health Officials [www.naccho.org](http://www.naccho.org)
Environmental health addresses the health-related aspects of the natural environment and the built environment. The environment includes physical, chemical, and biological factors that are external to us – air, water, food, chemicals, radiation, animals, insects. Certain populations, such as children, pregnant women, and elderly people, are more vulnerable to environmental hazards. Environmental health is a continuously evolving field of study. Much environmental data available is hazard data, which is difficult to link to health outcomes. Another challenge is to understand how chemicals interact and affect human health.

### Diseases transmitted from insects to humans
- West Nile virus: four cases were reported in Dakota County residents from 2011 to 2015.
- Lyme disease: 87 confirmed cases were reported in Dakota County residents in 2015.

### Quality of drinking water
- Most Dakota County residents receive their drinking water from public systems (21 community and 115 non-community systems), which are highly regulated and tested regularly.
- About 7,500 households in Dakota County rely on drinking water from private wells.
- The “Targeted Townships” Project tested 1,384 private wells in the city of Hastings and 11 rural cities and townships in 2013 and 2014. The study found that 27 percent of the wells exceeded the standard for nitrate (10 mg/L).
- None of the public water systems in Dakota County exceeded the standard for nitrate in 2014.

### Food/waterborne illnesses
- Giardiasis is the most common waterborne illness. In 2015, there were 23 cases reported in Dakota County residents. The rate generally decreased from 2006 to 2015.
- Each year an estimated one in six U.S. residents gets sick, 128,000 are hospitalized, and 3,000 die of foodborne illness.
- From 2011-2015, there were 20 confirmed foodborne outbreaks in Dakota County, resulting in 73 cases of illness.
- In 2015, 166 cases of foodborne illness were reported in Dakota County residents. Many mild cases are not detected and therefore not reported and not all foodborne illnesses are reportable.
Outdoor air

- Emissions and concentrations of key pollutants, especially fine particles and ozone, have decreased in Minnesota, according to the Minnesota Pollution Control Agency; however, current levels of air pollution still have health impacts. In the five-year period 2010-2014, there were seven air pollution alert days in Dakota County.
- In 2008, 41 percent of the most common air pollutants in Dakota County came from mobile sources, such as motor vehicles; seven percent from point sources, such as industrial plants; and 52 percent from non-point sources, such as gas stations, dry cleaners and residential burning.
- Of the 19 Dakota County lakes in which fish were tested for mercury or the perfluorocarbon PFOS in 2016, all have some restrictions for children under 15 and pregnant women, and 16 have restrictions for the general population.

Indoor air

- The average radon level measured by the reusable “E-Perm” test kits distributed by Dakota County from 2011 to 2015 was above the level at which action is recommended (4.0 pCi/L).
- Mold: Dakota County Public Health received 41 complaints due to mold in 2015.
- Asthma: 13 percent of Dakota County 5th graders, 18 percent of 8th graders, and 19 percent of 9th and 11th graders reported in 2016 that they had ever been told they had asthma. In 2014, 13 percent of Dakota County adults (25 and older) reported that they had asthma.
- Secondhand smoke: In 2014, six percent of Dakota County adults reported exposure in a car in the past week and four percent said someone smokes regularly in their home. Twelve percent of Dakota County 5th graders reported riding in a car one or more days in the past seven days with someone who was smoking and 21 percent reported being in the same room as someone who was smoking cigarettes (2016).

Lead

- Approximately 39 percent of housing units in Dakota County were built before 1980. Lead paint was banned in housing in 1978. Lead-based paint is the greatest source of exposure for children under age six.
- Twenty-one percent of Dakota County children under age six were tested for blood lead levels in 2015, an increase from 2004. The percent of tested children with elevated blood lead levels (5 micrograms/deciliter or greater) decreased from nearly twelve percent in 2009 to less than one percent in 2015.

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For more information:

- Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
- Minnesota Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
- Minnesota Pollution Control Agency [www.pca.state.mn.us](http://www.pca.state.mn.us)
- U.S. Environmental Protection Agency [www.epa.gov](http://www.epa.gov)
Ability to access health care is affected by insurance coverage, cost, language and cultural barriers, availability of providers, and transportation. People who are not able to access health care are at increased risk for serious medical problems, premature mortality and poor health outcomes. Inability to access health care often results in receiving medical treatment later in the course of illness and in more costly settings, which increases the financial burden on the health care system.

**Dakota County health system**

- There are three hospitals in Dakota County (Fairview Ridges, Regina Medical Center, Northfield Hospital), with a total of 244 beds. There were 14,498 acute inpatient admissions and 76,893 emergency room registrations in 2014.
- There are 36 primary care clinics in Dakota County. In 2014, there were an estimated 290 practicing primary care physicians.
- In 2015, an estimated 259 dentists were professionally active in Dakota County.

**Health insurance coverage**

- In 2015, an estimated four percent of Dakota County residents were uninsured, slightly below the state (4.5 percent). This was a decrease from seven percent in 2010.

**Key facts about Access and Quality of Health Care**

Unemployment rates are declining and more people are acquiring health insurance coverage through the Affordable Care Act. Less than half of children on Medical Assistance receive annual preventive dental care. Elderly and disabled residents often do not access the services that are available to help them stay in their homes. There are limited low-cost services for medical, dental, and mental health available in the county or within a reasonable distance for residents.

- It is difficult to measure the number of state and county residents who are underinsured, but given the increase in high-deductible plans, use of health savings accounts and limited benefit plans, it is likely that an increasing percentage of people are underinsured.
- The Affordable Care Act that was implemented in 2014 has had a major impact on health insurance coverage in Minnesota. In the first six months of 2014, the number of uninsured Minnesotans dropped by 41 percent.
Minnesota Health Care Programs

- In 2015, 84,850 Dakota County residents were ever eligible for one of the state’s publicly-funded health care programs (Medical Assistance and MinnesotaCare).
- In 2015, the payments through Minnesota Health Care Programs for care for Dakota County residents totaled $640.5 million, an increase from $602.2 million in 2014.

Access to medical care

- Twenty-one percent of Dakota County adults ages 25 and older delayed or did not get needed medical care in the previous 12 months (2014). Among those who delayed care, 76 percent said it was due to cost or lack of insurance.
- In 2014, three percent of Dakota County adults aged 25 and older did not have a usual place they go for medical care.
- Dakota County hospitals provided $16.1 million in uncompensated care in 2014, an eight percent decrease from 2013.

Long term care

- Licensed facilities in the county include 19 supervised living facilities with a total of 170 beds; 115 housing facilities with services, including 63 that provide assisted living; and 10 nursing homes with 951 beds.
- In 2015, the average long-term care spending per person in Dakota County was: $21,408 for people over 65 and $29,284 for people with a disability.

Emergency Medical Services

- In 2015, the Dakota Communications Center handled 291,000 - 911 calls for police and more than 22,000 calls for fire and EMS.

Dental care

- Dakota County children ages 3-18 enrolled in Medical Assistance who had a preventive dental visit in 2014 included 39 percent of children ages 3-5, 50 percent of children ages 6-14, and 39 percent of adolescents ages 15-18.
- Many dentists in the county have waiting lists for new Medical Assistance patients.

Quality of care and patient safety

- From 2011-2015, there were 33 adverse events in Dakota County hospitals. One death resulted and 22 events caused serious disability.
- In 2014, 71-82 percent of patients gave their Dakota County hospital one of the top two ratings – similar to the state.
- From 2013-2015, there were three substantiated complaints posted against three Dakota County long-term care facilities and home health providers.

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For more information:

- Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
- Minnesota Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
- Minnesota Community Measurement [www.mncm.org](http://www.mncm.org)
- Kaiser Family Foundation [www.kff.org](http://www.kff.org)
Diseases caused by bacteria, viruses, fungi and parasites are major causes of death, disability, and social and economic disruption for millions of people worldwide. More than 70,000 Americans die each year from infectious diseases. Effective public health interventions, such as immunizations and improved sanitation, have significantly decreased infectious disease deaths in the U.S. since the early 20th century. However, trends since the 1980s, including new and re-emerging infections, antibiotic resistance, and increased global travel, have raised the importance of continued vigilance with respect to infectious diseases.

**Reportable infectious diseases**
- In 2015, 2,288 cases of infectious diseases in Dakota County residents were reported to the Minnesota Department of Health.
- Many infectious diseases are not reportable and some that are reportable, like sexually transmitted infections, may go undetected.

**Immunizations**
- Twelve immunization series are currently recommended for children birth-18 years. Seven are required for school entry in Minnesota.
- From 95-97 percent of Dakota County kindergarteners and 95-99 percent of 7th grade students were protected by each of the required immunizations, according to parent report for the 2015-2016 school year.
- Two percent of Dakota County kindergarten and one percent of 7th grade students have not received any vaccines due to conscientious objection – the same as the statewide percent.

**Diseases preventable by immunization**
- Pertussis (whooping cough): In 2015, there were 117 confirmed and probable cases reported in Dakota County residents, 20 percent of the total cases reported in Minnesota.
- Measles: 38 cases reported in Minnesota from 2006-2015. In 2011, 26 cases were reported in Minnesota, including three in Dakota County. This was the highest total since 1991. One measles case was reported in Dakota County in 2014.
- Mumps: four confirmed and probable cases reported in Dakota County residents from 2011 to 2015.

**Tuberculosis (TB)**
- In 2015, there were 25 cases of active TB and 82 cases of latent TB infection that were managed by Dakota County Public Health.
- In 2014, 24 percent of new culture-confirmed cases in Minnesota residents that were tested were resistant to at least one first-line TB drug.
Seasonal influenza

- On average, 5-20 percent of the U.S. population gets seasonal influenza every year.
- Sixty-four percent of Minnesota adults 65 and older reported having a flu shot in the previous year (2014), compared to 61 percent nationwide.
- The Centers for Disease Control and Prevention estimated that 61 percent of Minnesota children 6 months-17 years were fully immunized against the seasonal flu in the 2015-16 influenza season.

Pneumonia

- There were 804 hospitalizations of Dakota County residents in 2014 for pneumonia and influenza. The highest rate of hospitalizations was in adults 65 and older.
- In 2014, 73 percent of Minnesota adults 65 and older reported ever having an immunization that protects against pneumonia, meningitis and other infections, compared to 70 percent nationwide.
- The Centers for Disease Control and Prevention estimated that 61 percent of Minnesota children 6 months-17 years were fully immunized against the seasonal flu in the 2015-16 influenza season.

Cervical cancer

- Human papillomavirus (HPV) can cause changes in cells which increase the risk of cervical cancer. In 2006, a vaccine was developed that prevents types of HPV that most commonly cause cervical cancer. In 2014, 42.5 percent of Minnesota females and 14 percent of males, aged 13-17, were fully vaccinated.
- There were 55 new cases of cervical cancer in Dakota County residents from 2005-2009. The rate decreased slightly from 2000 to 2007.
- In 2014, 77 percent of Minnesota women 18 and older said they had a Pap test to detect cervical cancer in the previous three years, below the national goal of 93 percent, but above the U.S. overall rate (75 percent).

AIDS/HIV

- In 2015, there were 21 newly diagnosed cases of HIV or AIDS reported in Dakota County residents. The incidence rate generally increased from 2012 to 2015, after a decrease from 2009 to 2012. The rate is below the rate for the metro area and the state in 2015.
- In 2015, 404 Dakota County residents were living with HIV or AIDS (222 HIV, 182 AIDS). The rate increased from 2006 to 2015, but is below the state and metro in 2015.
- Six Dakota County residents died due to AIDS from 2011 to 2015.

Sexually transmitted diseases (STDs)

- In 2015, 1,528 cases of STDs were reported in Dakota County residents, excluding AIDS/HIV.
- Chlamydia is the most commonly reported STD, with 1,343 cases reported in Dakota County residents in 2015. The rate increased by 73 percent from 2006 to 2015. 64.5 percent of cases occurred in 15-24 year olds, and 34.5 percent of cases occurred in persons of color.
- There were 156 cases of gonorrhea reported in Dakota County residents in 2015. The rate increased by 66 percent since 2010. Forty-four percent of cases occurred in 15-24 year olds, and 39 percent of cases occurred in people of color.

Chlamydia Incidence Rates 2006-2015

Source: Minnesota Department of Health, STD Surveillance

- There were 156 cases of gonorrhea reported in Dakota County residents in 2015. The rate increased by 66 percent since 2010. Forty-four percent of cases occurred in 15-24 year olds, and 39 percent of cases occurred in people of color.

Cervical cancer

- Human papillomavirus (HPV) can cause changes in cells which increase the risk of cervical cancer. In 2006, a vaccine was developed that prevents types of HPV that most commonly cause cervical cancer. In 2014, 42.5 percent of Minnesota females and 14 percent of males, aged 13-17, were fully vaccinated.
- There were 55 new cases of cervical cancer in Dakota County residents from 2005-2009. The rate decreased slightly from 2000 to 2007.
- In 2014, 77 percent of Minnesota women 18 and older said they had a Pap test to detect cervical cancer in the previous three years, below the national goal of 93 percent, but above the U.S. overall rate (75 percent).

About this Community Health Profile

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For more information:
- Centers for Disease Control and Prevention  www.cdc.gov
- Minnesota Department of Health  www.health.state.mn.us
- World Health Organization (WHO)  www.who.int/en
- American Academy of Pediatrics  www.aap.org

www.DakotaCounty.us

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DCPHD-HR-2592   December 19, 2016
The health of mothers, infants, and children is important for the health of the current generation and future generations. Healthy growth and development of infants depends on the health of the mother before conception and the health and safety of mother and infant during delivery. A positive, supportive environment for mother and infant following birth is also critical.

**Key facts in Maternal Child Health**

The rate of teen pregnancy has decreased and the percent of births to unmarried mothers has decreased over the past five years. More mothers are starting prenatal care after the first trimester. The majority of 9th and 11th graders who are sexually active report using birth control.

**Pregnancies and births in Dakota County**
- Dakota County had an estimated 80,007 women of childbearing age (15-44 years) in 2015.
- In 2015, there were 5,277 births to Dakota County residents.

**Pre-conception risk factors can affect the outcome of a pregnancy**
- Sixty percent of U.S. women of childbearing age did not take folic acid supplements daily (2007).
- In 2015, five percent of Dakota County mothers smoked during pregnancy, a decrease from six percent in 2014.

**Unintended pregnancy**
- Eleven percent of pregnancies in Dakota County residents resulted in induced abortions, slightly below the state percent (2014). The abortion rate per 1,000 females ages 15-44 dropped by 18 percent from 2010 to 2014.
- Twenty-six percent of live births to Dakota County residents in 2015 were to unmarried mothers – a percent that decreased slightly from 2011 to 2015. (NOTE: Not all births to unmarried mothers are unintended).
- One percent of live births to Dakota County mothers were to mothers younger than 19 years old (2015).
- Thirty-nine percent of Minnesota mothers surveyed in 2011 said their pregnancy was unintended.

**Infant mortality**
- In 2015, 25 Dakota County infants under one year died. The infant death rate declined from 2006 to 2011.
Early prenatal care is associated with improved birth outcomes

• Eighty-three percent of Dakota County mothers started prenatal care in the first trimester (2015), a rate that has slightly decreased since 2006.
• Three percent of Dakota County mothers started prenatal care in the third trimester or had no prenatal care (2015).
• In 2015, 4.5 percent of live singleton births in Dakota County were low-birthweight, similar to the state. The percentage remained stable from 2011 to 2015.
• 7.5 percent of singleton births in 2015 in Dakota County were preterm, a percentage that is slightly less than the state overall and has decreased since 2013.
• One in ten women suffer from depression during pregnancy or within the first year of delivery.

Birth defects

• An estimated 2,000 babies are born each year in Minnesota with a serious birth defect.
• Birth defects were one of the leading causes of death in infants under one year of age from 2011 to 2015 (19 percent of Dakota County infant deaths).
• Seventy percent of birth defects have unknown causes, and 10 percent are due to environmental causes – some preventable.

Children with special health needs

• The preschool population in Early Childhood Special Education grew by 20 percent from 2007 to 2016.
• 13.5 percent of the K-12 population was enrolled in special education in public schools in the 2015-16 school year, similar to Minnesota.

For information about breastfeeding, see the Nutrition profile.

About this Community Health Profile

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For more information:

• Bright Futures, American Academy of Pediatrics http://brightfutures.aap.org/
• U.S. Centers for Disease Control and Prevention (CDC) www.cdc.gov
• Minnesota Department of Health www.health.state.mn.us
• Association of Maternal & Child Health Programs www.amchp.org
• March of Dimes www.marchofdimes.org
More than 18 percent of adults in the U.S. suffer from a mental illness in any given year, with four percent experiencing a severe mental illness. Mental illnesses are the leading cause of disability in the U.S. for 15-44 year olds. According to the U.S. Surgeon General, a range of effective treatments exist for most mental illnesses, yet nearly half of all Americans who have a severe mental illness fail to seek treatment. Good mental health is essential to leading a healthy life.

Mental illness in Dakota County
- Hospitalizations of Dakota County residents for mental illnesses generally increased from 2010 to 2014.
- Eleven percent of Dakota County 8th and 9th graders and 15 percent of 11th graders were treated for a mental illness in the previous year (2016). More females than males reported treatment for a mental illness.

Depression
- In 2014, an estimated 20 percent of Dakota County adults 25 and older reported having ever been told they have depression. Among those who reported having depression, 57 percent reported they are currently taking medication prescribed for depression.
- In 2016, 35 percent of Dakota County 8th graders, 40 percent of 9th graders and 46 percent of 11th graders said they were bothered by feeling down, depressed and hopeless in the last two weeks. The percents were below the state for 8th graders and similar to the state for 9th and 11th graders.

Anxiety and stress
- Nineteen percent of Dakota County adults 25 and older reported having ever been told they have anxiety.
- In 2016, 33 percent of Dakota County 5th graders agreed that they worry a lot, slightly below the state.
Suicide

- There were 54 suicides in Dakota County residents in 2015.

Suicide was the leading cause of death in 15-24 year olds in 2015. The rate is higher for males than females. The rate generally increased from 2006 to 2014 after several years of relative stability. The Dakota County rate was below the state for the period 2013-2015.

- In 2016, 11 percent of Dakota County 8th graders, 11.5 percent of 9th graders and 12 percent of 11th graders said they seriously considered attempting suicide during the past year. These percents are similar to the state for 9th and 11th graders and slightly below the state for 8th graders.

- In 2016, three percent of Dakota County 8th and 11th graders and four percent of 9th graders reported they had actually attempted suicide during the past year. These percents are similar to the state for 9th and 11th graders and slightly below the state for 8th graders.

Self-injury

- The rate of non-fatal, self-inflicted injuries requiring emergency room or inpatient care increased by 13 percent in Dakota County from 2013 to 2014. The rate is highest for 15-24 year olds, and females have a higher rate than males (2014).

- In 2016, 15 percent of Dakota County 8th graders, 15.5 percent of 9th graders and 14 percent of 11th graders reported hurting themselves on purpose during the last year. These percents are slightly below the state for 8th and 11th graders and similar to the state for 9th graders.

Family connections

- Dakota County students who reported that they can talk to their father or mother some or most of the time increased in 9th graders from 1992 to 2016.

Attention deficit hyperactivity disorder (ADHD)

- ADHD is one of the most common neurobehavioral disorders in children. It can persist into adolescence and adulthood. About half of those with ADHD also have other behavioral disorders.

- Ten percent of U.S. children ages 5-17 were ever diagnosed with ADHD (2012-2014).

Eating disorders

- During their lifetime, an estimated 0.6 percent of females suffer from anorexia or bulimia, and three percent from binge eating disorders.

Autism spectrum disorders (ASD)

- An estimated 1 in 68 U.S. children are affected by an ASD.

- More children than ever before are being classified with ASDs. This increase may be due to improved diagnosis.

- Children with autism enrolled in special education in Dakota County schools increased by 66 percent from school years 2006-07 to 2015-16.

About this Community Health Profile

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For more information:

- Mental Health Association of Minnesota www.mentalhealthmn.org
- Minnesota Department of Health (MDH) www.health.state.mn.us
- National Institutes of Mental Health www.nimh.nih.gov
- U.S. Centers for Disease Control and Prevention (CDC) www.cdc.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

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DCPHD-HR-2579   December 19, 2016
Unhealthy eating, along with physical inactivity, is one of the most important risk factors for chronic disease in the United States. A study in 2013 estimated that more than 900,000 deaths annually could be attributed to poor diet and physical inactivity. Unhealthy eating, combined with physical inactivity, contributes to the development of obesity and chronic diseases, such as heart disease, stroke, type 2 diabetes, high blood pressure, osteoporosis and certain cancers. Since the late 1970s, the prevalence of overweight and obesity in the United States has nearly doubled in adults, more than doubled in children and more than tripled in adolescents.

**Overweight and obesity**
- About 35 percent of Dakota County adults (25 and older) are considered overweight (but not obese) and about 28 percent are considered obese. The obesity rate does not differ significantly from Minnesota, but is below the Healthy People 2020 goal for obesity in adults (30.5 percent).
- Among children ages 2-5 enrolled in Dakota County WIC in 2015, 12 percent had a body mass index (BMI) greater than or equal to the 95th percentile for their age. This is similar to the rate for WIC enrollees in the state but higher than the Healthy People 2020 goal for children ages 2-5 (nine percent).

**Infant nutrition**
- In 2015, among Dakota County babies for whom breastfeeding status could be determined, 92 percent were breastfeeding upon discharge from the hospital.
- Sixty-six percent of all Minnesota babies born in 2013 were still breastfed at six months, above the Healthy People 2020 goal of 61 percent. Only 31 percent were exclusively breastfed at six months. Forty percent of infants served by Dakota County WIC who were born in 2014 were still breastfed at six months.
- Forty-one percent of all Minnesota babies born in 2013 were still breastfed at 12 months, above the Healthy People 2020 goal of 34 percent. Twenty percent of infants served by Dakota County WIC who were born in 2014 were still breastfed at 12 months.
Fruit and vegetables

- In 2014, 31 percent of Dakota County adults (25 and older) reported eating five or more fruits and vegetables the previous day. Adults in six metro counties (Carver, Dakota, Hennepin, Ramsey, Scott and Washington) were above this percent overall (34 percent).

- Fewer than one-fourth of Dakota County students reported consuming fruits or vegetables (including fruit juice) five or more times per day in the previous week (2016 percents – 5th grade: 25 percent, 8th grade: 19 percent, 9th grade: 19 percent, and 11th grade: 18 percent).

Inadequate access to food (food insecurity)

- An estimated eight percent of the population of Dakota County were food insecure in 2014. An estimated 13 percent of Dakota County children were food insecure.

- The percent of Dakota County households accessing food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits (six percent) is slightly lower than the state (nine percent) in 2015. It steadily increased from 2008 to 2013, but dropped slightly in 2014.

- In Dakota County, the number of WIC recipients decreased by six percent from 2013 to 2015.

- During the 2015-16 school year, 28 percent of students in Dakota County public and charter schools received free or reduced-price lunches. Although this is lower than the state as a whole (38 percent), this percent increased steadily from 17 percent in the 2006-07 school year. It remained relatively stable from 2014 to 2016.

Milk and other beverages

- In Dakota County, the percent of students who drank three or more glasses of milk the previous day decreased for 9th graders from 34.5 percent in 2001 to 27 percent in 2016.

- Males reported more milk consumption than females. From 2010 to 2016, the percentage who drank three or more glasses of milk in the previous day decreased by six percentage points for 9th grade females, and by four percentage points for 9th grade males.

- The percent of Dakota County students who drank one or more cans, bottles or glasses of pop or soda the previous day decreased in 9th graders from 65 percent in 2001 to 37 percent in 2016.

- While the consumption of pop has decreased, 63 percent of Dakota County 9th graders reported drinking one or more cans, bottles or glasses per day of other types of sugar-sweetened drinks (including sports drinks, energy drinks, sweet teas, lemonade, juice drinks and coffee drinks).

About this Community Health Profile

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For more information:

- Minnesota Department of Health www.health.state.mn.us
- U.S. Centers for Disease Control and Prevention (CDC) www.cdc.gov/nutrition/index.html
- U.S. Department of Agriculture (USDA) www.usda.gov

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DCPHD-HR-2594    December 14, 2016
Public health infrastructure refers to all aspects of the public health system that help health professionals carry out essential public health services to promote, protect and maintain the health of the community as a whole. Components of the public health system include: workforce capacity and competency, information and data systems, and organizational and systems capacity. The public health system includes activities that are required by law, efforts to assure the delivery of public health services to diverse populations, and actions that help maintain the public health system.

**Organization**

- The mission of the Dakota County Public Health Department is: Building healthy families and communities in Dakota County through partnerships to:
  - Prevent disease, disability and injury;
  - Promote physical health, mental health and safety; and
  - Protect health and the environment.

The Dakota County Public Health Department is organized into four major areas: Family Health Services, Health Promotion Services, Disease Prevention and Control, and Emergency Preparedness and Response.

- In August 2016, Dakota County Public Health was awarded national accreditation by the Public Health Accreditation Board. This accreditation is effective for five years.

**Expenditures and funding**

- The Dakota County Public Health Department expenditures in 2015 were $9.3 million. This represents a seven percent increase in spending from 2014.

- In 2015, state and federal funds accounted for the largest portion of funding (60 percent), followed by local tax levy (22 percent).

- Reimbursements from Medicaid and private insurance accounted for eight percent of the funding. Ten percent of funding is Local Public Health Act dollars from the state general fund.

**Key facts about Public Health Infrastructure**

Minnesota’s local public health system has long been regarded as one of the strongest in the nation. However, in recent years tighter funding at the federal, state and local level have compromised the ability of local public health departments to provide essential health protection and prevention. At the same time, additional requirements have been mandated for emergency planning and response. In addition, demand for public health service is growing and clients are increasingly diverse. There has been little growth in Public Health staff to accommodate increased need.

**Community Health Profiles**

**Revenue by Funding Source**

- State Funds: 27%
- Local Tax Levy: 22%
- Federal Funds: 33%
- Reimbursements: 8%
- Other Locally Generated Funds: 10%

Source: Dakota County Financial Services
Overview of Public Health services

• In 2015, 66 percent of Dakota County Public Health clients were people of color, in contrast to the general population of the county in which 20 percent are racially or ethnically diverse.
• The Women, Infants, and Children (WIC) nutrition program is a U.S. Department of Agriculture program designed to help keep low-income women, infants, and children up to age five healthy. Dakota County Public Health served 10,246 WIC clients in 2015.
• Public Health nurses conducted home visits for 1,186 clients (mothers and children) in 2015. An additional 405 clients were visited through the Dakota Healthy Families program, part of the Metro Alliance for Healthy Families.
• Dakota County Public Health partners with 89 coalitions and collaborative groups to support health in the community.
• Public health nurses gave 1,615 immunizations in 2015.
• Dakota County Public Health develops plans, conducts exercises, and collaborates with other federal, state and local agencies to prepare for emergencies.
• Dakota County Public Health supports five school districts in the county to improve the food environment to promote healthier eating and increase physical activity.
• The Dakota County Communities for a Lifetime Initiative engages community members and leaders proactively in preparing for an increase in older residents. The goal is to create a network of accessible communities that enables all residents to have active and vital lifestyles.

Workforce

• In 2015, Dakota County Public Health had 89.66 filled and contracted full-time equivalents (FTEs), an increase of three percent from 2014.
• Nine percent of the Dakota County Public Health workforce in 2015 was racially or ethnically diverse. This compares to 20 percent of the county population that is racially or ethnically diverse.
• Each year, more than 60 students from a number of colleges and universities learn about public health and gain clinical experience at Dakota County Public Health.

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For more information:
• Local Public Health Association of Minnesota http://lpha-mn.org/
• National Association of County and City Health Officials www.naccho.org
• Minnesota Department of Health www.health.state.mn.us
Physical inactivity is one of the most important risk factors for chronic disease in the United States, with more than 900,000 deaths annually attributed to poor diet and physical inactivity. Regular physical activity helps reduce the risk of chronic diseases, such as heart disease, stroke, diabetes, and certain cancers; helps control weight; strengthens bones, muscles, and joints; prevents falls or helps reduce injuries from falls among older adults; and relieves anxiety and depression. People who live in communities that support active living are more likely to engage in physical activity as part of their daily routine, such as walking or biking for transportation.

**Physical activity in adults**

- Seventy percent of Dakota County adults 25 and older engaged in regular physical activity (150 minutes or more of aerobic activity per week through leisure time) (2014).
- In 2014, 26 percent of Dakota County adults 25 and older said they were moderately physically active 150-299 minutes per week.
- Nineteen percent of Dakota County adults reported no leisure-time physical activity during the previous month in 2014. Nationally, older adults, women, African-American adults and Hispanic adults are at risk for not getting enough physical activity.
- The 2008 CDC guidelines for physical activity recommend at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity per week for adults.

**Active living**

- One percent of Dakota County residents 16 years and older who work walked or biked to work in 2015. Statewide, about four percent walked or biked to work.
- Sixty-six percent of Dakota County adults 25 and older rated their neighborhood as a very pleasant place to walk (2014).
- Fifty-seven percent of Dakota County adults 25 and older said it is very easy to safely cross the streets or roads in their neighborhood (2014).
- Twenty-two percent of Dakota County adults 25 and older said they have no sidewalks in their neighborhood (2014).
Physical activity in youth

- About one-fifth of Dakota County students reported engaging in 60 minutes of physical activity every day (2016: 21 percent of 5th and 8th graders, 18 percent of 9th graders and 15 percent of 11th graders).

- In 2016, Dakota County 5th and 9th graders were below the state for engaging in the recommended amount of physical activity; and 8th and 11th graders were similar to the state (statewide percents – 5th grade: 25 percent, 8th grade: 21 percent, 9th grade: 20 percent, and 11th grade: 15 percent).

- More males than females report engaging in the recommended amount of physical activity.

- Fifth and 8th graders were the most likely to engage in the recommended amount of physical activity.

- The 2008 CDC guidelines for physical activity recommend at least 60 minutes of moderate or vigorous aerobic activity per day for children and adolescents.

Youth engaged in more “screen time”

- In 2013, 48 percent of 5th graders, 59 percent of 8th and 11th graders and 54 percent of 9th graders reported 10 or more hours of screen time per week. (Screen time refers to: watching TV, movies or videos on a TV, computer, or phone; playing video or online games; or using a computer.)

\[\begin{array}{cccc}
\text{5th grade} & 19\% & 21\% & 21\% \\
\text{8th grade} & 21\% & 21\% & 18\% \\
\text{9th grade} & 21\% & 18\% & 15\% \\
\text{11th grade} & 18\% & 15\% & 10\% \\
\end{array}\]

Source: Minnesota Student Survey Interagency Team, Minnesota Student Survey

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For more information:
- Active Living by Design  [www.activelivingbydesign.org](http://www.activelivingbydesign.org)
- MN Dept. of Health (MDH)  [www.health.state.mn.us](http://www.health.state.mn.us)
- President’s Council on Physical Fitness and Sports  [www.fitness.gov](http://www.fitness.gov)
- U.S. Centers for Disease Control and Prevention (CDC)  [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)
- Growing Healthy Kids in Dakota County  [www.DakotaCounty.us](http://www.DakotaCounty.us) (search “Fitness and exercise”)
Tobacco use is the single most preventable cause of disease, disability, and death in the United States, with more than 480,000 people dying each year from tobacco-related illness. Cigarette smoking is associated with cancer, emphysema, chronic bronchitis, heart disease, and stroke. In addition, there are health effects for non-smokers who are exposed to secondhand smoke, including an increased risk of dying from lung cancer or heart disease, and children are at increased risk of sudden infant death syndrome (SIDS), ear infections and asthma. Mothers who smoke cigarettes during pregnancy are at risk for poor birth outcomes, such as preterm birth, low birth weight, and stillbirth.

Key facts about tobacco use
Since 2001, the percent of Dakota County students who reported smoking on one or more days in the previous month decreased significantly. The number of adults who smoke also decreased in recent years. State law that prohibits smoking in workplaces and public places has decreased secondhand smoke exposure in Minnesota, but exposure in homes and cars is still a concern.

Cigarette smoking by Dakota County youth
- The percent of Dakota County students who reported smoking cigarettes on one or more days in the previous month steadily decreased in 9th graders from 2001 to 2016. The percentages were below the state for all grades.

- The percent of students who reported smoking every day during the previous 30 days also steadily decreased in Dakota County 9th graders from 2001 to 2016 (2016 percent: less than one percent of 9th graders).
Use of other tobacco products and e-cigarettes by Dakota County youth

- In 2016, one percent of Dakota County 8th graders, two percent of Dakota County 9th graders, and five percent of Dakota County 11th graders reported smoking cigars or cigarillos during the previous 30 days. The percent is nearly the same as the state for 8th and 9th graders and slightly lower than the state for 11th graders.
- In 2016, one percent of 8th and 9th graders and three percent of 11th graders reported using smokeless tobacco during the previous 30 days, similar to the state for 8th graders and slightly below the state for 9th and 11th graders.
- In 2016, five percent of 8th graders, 10 percent of 9th graders and 17 percent of 11th graders used an electronic cigarette during the past 30 days, slightly below the state for 8th graders, slightly above the state for 9th graders and similar to the state for 11th graders.

Youth access to tobacco in Dakota County

- Eight percent of compliance checks conducted in licensed retail outlets in Dakota County from 2011–2015 resulted in an illegal tobacco sale to an underage person.

Exposure to secondhand tobacco smoke

- More than 7,300 adult non-smokers die of lung cancer and an additional 34,000 die of coronary heart disease each year due to secondhand smoke exposure.
- The Freedom to Breathe Act (2007) requires all indoor Minnesota workplaces and public places to be smoke-free.
- Six percent of Dakota County adults 25 and older reported exposure in a car in the previous week and four percent said someone smokes regularly in their home (2014).
- Twenty-one percent of Dakota County 5th graders reported being in a room with someone who was smoking one or more days in the past seven days (2016).
- Twelve percent of Dakota County 5th graders reported riding in a car with someone who was smoking one or more days in the past seven days (2016).

Tobacco use by adults

- In 2014, 14 percent of Minnesota adults 18 or older currently smoked every day or some days. This is below the U.S. rate (17 percent).
- Fifteen percent of Minnesota 18–24 year olds currently smoke (2014).
- In 2015, five percent of Dakota County mothers reported smoking during pregnancy, a decrease from six percent in 2014.

Adult tobacco cessation

- Fifty-three percent of current Minnesota adult smokers stopped smoking in the past 12 months because they were trying to quit (2014).
- Fifteen percent of Minnesota adult smokers who tried to quit in the past year were successful.

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For more information:
- U.S. Centers for Disease Control and Prevention (CDC)  www.cdc.gov
- Minnesota Department of Health (MDH)  www.health.state.mn.us
- National Cancer Institute  www.cancer.gov/cancertopics/tobacco
Unintentional Injuries

The consequences of injuries can be extensive and wide-ranging. Injuries have physical, emotional, and financial consequences that can impact the lives of individuals, their families, and society. Some injuries can result in temporary or long-term disability. Injuries also place an enormous burden on hospital emergency departments and trauma care systems, accounting for approximately one-third of all emergency department visits and eight percent of all hospital stays.

Deaths and injuries from unintentional injury
- Unintentional injuries caused 159 deaths in Dakota County residents in 2015.
- Unintentional injuries caused an average of 15,350 emergency room visits or hospitalizations per year in Dakota County residents from 2012 to 2014.
- The rate of non-fatal, unintentional injuries for Dakota County residents decreased by 22 percent from 2005 to 2014.

Injury demographics
- Unintentional injuries were one of the leading causes of death in Dakota County 15–24 year olds from 2011 to 2015.
- The highest rates of non-fatal, unintentional injuries are in persons 75 and older. Persons 75 and older also have the highest rate of fatal unintentional injuries.
- Males have a higher rate of injury than females.

General safety
- For Dakota County residents from 2010 to 2014,
  - there were 26 near-drowning accidents and five accidental drowning deaths.
  - there were 60 non-fatal accidental injuries due to firearms.
  - four people died in fires.
  - there were 1,397 non-fatal accidental poisonings and 155 deaths due to accidental poisoning.

Note: To protect confidentiality, data on fatal injuries is not reported when the number is small.

Recreational injuries
- Wearing a helmet reduces the risk of severe brain injury in a crash, but in 2015, 81 percent of U.S. 9th–12th graders reported rarely or never wearing a bike helmet. Non-fatal, hospitalized traumatic brain injuries are increasing.
- Bicycle crashes increased by 16 percent in Minnesota from 2014 to 2015.
- An estimated 3,329 sports-related concussions occurred among Minnesota high school athletes in the 2014–15 school year.
Falls

- Falls are the leading cause of unintentional injuries for Dakota County residents.
- In 2014, 60 percent of all unintentional fatal injuries and 38 percent of all unintentional non-fatal injuries were caused by falls.

Motor vehicle crashes

- Motor vehicle crashes that occurred in Dakota County caused an average of 15 deaths per year from 2011 to 2015. The rate was below the metro and Minnesota (2013–2015).
- From 2013 to 2015, 29 people who were killed or severely injured in crashes in Dakota County were not wearing seat belts (16 percent of fatal or severe motor vehicle injuries). Nineteen percent of fatal or severe injury crashes involved inattentive driving and 17 percent involved speeding.
- Motor vehicle crashes that occurred in Dakota County caused an average of 1,996 non-fatal injuries per year from 2011 to 2015. Twenty-three percent of non-fatal injuries were moderate and three percent were severe in 2012.
- The rate of motor vehicle injuries from crashes occurring in Dakota County remained stable from 2011 to 2015 and is below the state and metro rates for 2015.

Traumatic brain and spinal cord injuries

- Traumatic brain and spinal cord injuries may lead to long-term disability with multiple secondary conditions.
- There were 278 non-fatal, hospitalized traumatic brain injury (TBI) events for Dakota County residents in 2014. The rate of TBI injuries generally increased by 35 percent from 2005 to 2014.
- The leading cause of TBI injuries is falls. Persons 75 and older are most susceptible to injury from falls.

Automobile safety

- In 2014, an observational study done in Minnesota found that 73 percent of children aged 4–7 were correctly restrained in a booster seat, an increase from 2011. Seven percent of children aged 4–7 were unrestrained.
- In 2016, 84 percent of Dakota County 9th graders and 94 percent of 11th graders who drive said that they always wear a seatbelt when driving.
- Among Dakota County 11th graders who drive, 46 percent send or read text or email messages while driving and 62 percent made or answered phone calls while driving (2016).

About this Community Health Profile

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For more information:

- Minnesota Department of Health (MDH) www.health.state.mn.us/injury
- Minnesota Department of Public Safety www.dps.state.mn.us/ots
- U.S. Centers for Disease Control and Prevention (CDC) www.cdc.gov/injury

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DCPHD-HR-2581  December 15, 2016
Violence

Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life. In 2014, more than 15,000 people in the United States were victims of homicide. The number of violent deaths tells only part of the story; many more survive violence and are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

Homicide and assaults

- From 2006 to 2015, there were 47 deaths of Dakota County residents due to homicide. The homicide rate was lower than the rate for Minnesota and the metro area in the period 2011-2015.
- There were 334 aggravated assaults reported to law enforcement in Dakota County in 2015. From 2009 to 2011, the rate increased by 148 percent. It decreased from 2011 to 2015; but, it remains significantly higher than it was in 2009.
- There were 560 non-fatal, assaultive injuries to county residents that required an emergency room visit or hospitalization in 2014.
- Persons ages 15–24 have the highest rate of assaultive injuries, and males have a higher rate than females.

Maltreatment

- In 2015, 1,624 Dakota County children were alleged to have been maltreated, including those who went through a family assessment or an investigation. Types of abuse in reported cases included: neglect (71 percent), physical abuse (24 percent), and sexual abuse (nine percent).
- The rate of alleged child maltreatment in Dakota County children was below the rate for Minnesota in 2015.
- In 2014, there were 1,531 reports of suspected maltreatment of vulnerable adults in Dakota County. Types of abuse in reported cases included: financial exploitation (18 percent), caregiver neglect (41 percent), self-neglect (26 percent), emotional/mental abuse (eight percent), and physical abuse (eight percent).
- Many cases of abuse or neglect are not reported to police or social services.

Intimate partner violence

- In 2014, 50 injuries to county residents due to intimate partner violence required an emergency room visit or hospitalization. These injuries were most common in women aged 20–39.
- In 2015, 11 percent of female college students in Minnesota reported that they experienced intimate partner violence within the past 12 months.
Sexual violence

• There were 145 rapes reported in 2015 to Dakota County law enforcement. The rate generally increased from 2006 to 2015, with a 78 percent increase from 2014 to 2015.

• In 2016, three percent of Dakota County 8th, 9th and 11th graders reported being touched sexually or being forced to touch someone else sexually (non-family member).

Internet safety

• A 2012 national survey of teen Internet usage found that 95 percent of teens are online and 81 percent of online teens use social networking sites. Since 2006, the amount of personal information that teens share on social networking sites has increased.

• In 2016, 14 percent of Dakota County 5th graders, 15 percent of 8th graders, 13 percent of 9th graders, and 10 percent of 11th graders reported that they had been bullied one or more times in the past month through email, chat rooms, instant messaging, websites, or texting.

Harassment and bullying at school

• Sixteen percent of Dakota County 5th graders, 12 percent of 8th graders, nine percent of 9th graders and five percent of 11th graders reported that another student threatened to beat them up during the past 30 days (2016).

• Nineteen percent of 5th graders, 20 percent of 8th graders, 18 percent of 9th graders and 15 percent of 11th graders reported being harassed or bullied for their size or weight during the past 30 days (2013).

Destructive and antisocial behavior

• In 2016, 12 percent of Dakota County 5th, 9th and 11th graders and 11 percent of 8th graders reported that they had damaged or destroyed property in the previous year.

• In 2016, four percent of Dakota County 5th graders, seven percent of 8th graders, nine percent of 9th graders and 13 percent of 11th graders reported that they had taken something from a store without paying for it in the past year.

About this Community Health Profile

For more information about the Dakota County community health assessment, contact: Melanie Countryman, Epidemiologist (melanie.countryman@co.dakota.mn.us or 651-554-6131).

For more information:
• Centers for Disease Control and Prevention www.cdc.gov
• MN Department of Health www.health.state.mn.us
• MN Department of Human Services www.dhs.state.mn.us
• MN Center Against Violence & Abuse www.mincava.umn.edu

www.DakotaCounty.us
Dakota County Public Health Department
1 Mendota Road West, Suite 410
West St. Paul, MN  55118-4771
651-554-6100
DCPHD-HR-2582   December 20. 2016
Community Health Profiles - REFERENCES

These sources were used to compile the Dakota County Community Health Profiles. Sections of this list of references were last updated October 2016 by Melanie Countryman, Public Health Epidemiologist.

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- Mental Health
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- Physical Activity
- Public Health Infrastructure
- Tobacco Use
- Unintentional Injuries
- Violence

ALCOHOL AND OTHER DRUG USE


**Alcohol use – Dakota County students:** Minnesota Student Survey

*NOTE:* Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Frequent drinking – Dakota County students:** Minnesota Student Survey

*NOTE:* Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Binge drinking – Dakota County students:** Minnesota Student Survey

*NOTE:* Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Binge drinking – college students (Minnesota):** University of Minnesota, College Student Health Survey Report
Alcohol compliance checks: Dakota County Public Health

Alcohol use – adults: Metro SHAPE Survey, 2014

Heavy drinking – adults (Minnesota): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Binge drinking – adults: Metro SHAPE Survey, 2014

Alcohol-related motor vehicle accidents: Minnesota Department of Public Safety, Minnesota Impaired Driving Facts Report

Marijuana use – adults (Minnesota): U.S. DHHS, Substance Abuse and Mental Health Administration, National Survey on Drug Use and Health

Marijuana use – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Marijuana admissions: Substance Use in Minnesota

Narcotics arrests: Substance Use in Minnesota

Synthetic Marijuana: Drug Abuse Dialogues, Drug Abuse Trends in Minneapolis/St. Paul

Use of other drugs – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document. A composite measure for use of prescription drugs was calculated by Dakota County Public Health for 9th and 12th graders.

Opioid and meth admissions: Substance Use in Minnesota

Drug overdose deaths: Minnesota Department of Health

Synthetic drugs: Drug Abuse Dialogues, Drug Abuse Trends in Minneapolis/St. Paul

CHRONIC DISEASE

General cancer statistics (Minnesota): Minnesota Department of Health, Minnesota Cancer Facts and Figures

Cancer deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Cancer incidence (new cases of cancer): Minnesota Department of Health, Minnesota Public Health Data Access Portal

Cancer screening (Minnesota): Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Melanoma incidence: Minnesota Department of Health, Minnesota Public Health Data Access Portal

Tanning bed usage - adolescents: Minnesota Student Survey

Heart disease and stroke deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries
High blood pressure and high cholesterol: Metro SHAPE Survey, 2014

Alzheimer’s deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Alzheimer’s disease statistics (Minnesota): Alzheimer’s Association, Alzheimer’s Facts and Figures

Chronic lower respiratory disease deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Asthma – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Asthma – adults: Metro SHAPE Survey, 2014

Asthma hospitalizations: Minnesota Hospital Association

Asthma emergency room visits: Minnesota Hospital Association

Diabetes deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Diabetes – adults: Metro SHAPE Survey, 2014

Persons with disabilities: U.S. Census Bureau, American Community Survey

Activity limitations: Metro SHAPE Survey, 2014

Arthritis: Metro SHAPE Survey, 2014

DAKOTA COUNTY DEMOGRAPHICS

Population 2000 and 2010: U.S. Census Bureau (decennial censuses)

Population rank: U.S. Census Bureau (decennial censuses)

Median age: U.S. Census Bureau (decennial censuses, American Community Survey)

Population age distribution and projections: U.S. Census Bureau (decennial censuses) and Minnesota State Demographic Center

Racial/ethnic composition: U.S. Census Bureau (population estimates)

School racial/ethnic composition: Minnesota Department of Education

Population projections by race/ethnicity: Minnesota State Demographic Center

Language spoken at home: Minnesota Department of Education

Poverty: U.S. Census Bureau (American Community Survey)
**Per capita income:** U.S. Census Bureau (American Community Survey)

**Unemployment:** Minnesota Department of Employment and Economic Development, Local Area Unemployment Statistics

**Housing tenure/cost burden:** U.S. Census Bureau (American Community Survey)

**Foreclosures:** Minnesota Home Ownership Center

**Educational attainment:** U.S. Census Bureau (American Community Survey)

**Test scores:** Minnesota Compass

**Quality of life:** Dakota County Residential Survey

**EMERGENCY PREPAREDNESS**

**Hazards in Dakota County:** Dakota County All-Hazard Mitigation Plan

**Medical Reserve Corps:** Dakota County Public Health

**Public preparedness (United States):** Federal Emergency Management Agency, 2012 FEMA National Survey

**ENVIRONMENTAL HEALTH**

**West Nile Virus cases:** Minnesota Department of Health, Reportable Infectious Diseases

**Lyme disease cases:** Minnesota Department of Health, Reportable Infectious Diseases

**Public water systems:** U.S. Environmental Protection Agency, Safe Drinking Water Information System

**Private well statistics:** Dakota County Water Resources

**Water quality statistics:** Dakota County Water Resources

**Nitrate in water:** Minnesota Department of Health, Drinking Water Protection, Annual Reports

**Giardia cases:** Minnesota Department of Health, Reportable Infectious Diseases

**General food-related illness statistics (United States):** Centers for Disease Control and Prevention, Estimates of Foodborne Illness in the United States

**Food related outbreaks:** Minnesota Department of Health

**Foodborne illness cases:** Minnesota Department of Health, Reportable Infectious Diseases

**Outdoor air trends (Minnesota):** Minnesota Pollution Control Agency, Air Quality in Minnesota

**Air alert days:** U.S. Environmental Protection Agency, Air Compare
**Emission sources:** Minnesota Pollution Control Agency, Air Quality Search - Emissions by County

**Mercury in fish:** Minnesota Department of Health, Fish Consumption Advice

**Radon statistics:** Dakota County Public Health

**Mold complaints:** Dakota County Public Health

**Asthma – Dakota County students:** Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Asthma – adults:** Metro SHAPE Survey, 2014

**Secondhand smoke exposure - adults:** Metro SHAPE Survey, 2014

**Secondhand smoke exposure – Dakota County students:** Minnesota Student Survey

**Housing built before 1978:** Minnesota Department of Health, Public Health Data Access

**Blood lead levels:** Minnesota Department of Health, Blood Lead Surveillance Data

**HEALTH CARE ACCESS AND QUALITY OF CARE**

**Dakota County hospitals:** Minnesota Department of Health, Health Care Facility and Provider Database

**Hospital admissions and emergency room visits:** Minnesota Department of Health, Health Care Cost Information System

**Primary care clinics:** Dakota County Public Health

**Primary care physicians:** Health Resources and Services Administration, Area Resources File

**Dentists:** Health Resources and Services Administration, Area Resources File

**Health insurance statistics:** U.S. Census Bureau (American Community Survey)

**Affordable Care Act statistics:** University of Minnesota, State Health Access Data Assistance Center

**Minnesota Health Care Programs enrollment:** Minnesota Department of Human Services, Medical Programs Eligibility

**Minnesota Health Care Programs costs:** Minnesota Department of Human Services, Medical Programs: Annual Payment

**General access to care statistics:** Metro SHAPE Survey, 2014

**Uncompensated care – hospitals:** Minnesota Department of Health, Health Care Cost Information System

**Long-term care facilities:** Minnesota Department of Health, Health Care Facility and Provider Database
Long-term care spending: Minnesota Department of Human Services, Average Long-Term Care Spending Per Person by Program

Dakota County dispatch statistics: Dakota Communications Center

Preventive dental utilization – Minnesota Health Care Programs: Minnesota Department of Health, Public Health Data Access

Hospital adverse events: Minnesota Department of Health, Adverse Event Reporting

Quality measures – hospitals: Medicare Hospital Compare

Long-term care facility complaints: Minnesota Department of Health, Complaint information

INFECTIONIOUS DISEASE

Infectious diseases reported to MDH: Minnesota Department of Health, Reportable Infectious Diseases

Childhood immunizations: Minnesota Department of Health, School Immunization Statistics

Pertussis (whooping cough) statistics: Minnesota Department of Health, Reportable Infectious Diseases

Measles (Minnesota): Minnesota Department of Health, Reportable Infectious Diseases

Mumps: Minnesota Department of Health, Reportable Infectious Diseases

Active and latent tuberculosis infections: Dakota County Public Health

Drug-resistant tuberculosis (Minnesota): Minnesota Department of Health, TB Statistics

Sexually-transmitted diseases (STDs): Minnesota Department of Health, STD Statistics and Reports

HPV vaccination statistics: Minnesota Department of Health, Adolescent Immunization Coverage in Minnesota

Cervical cancer: Minnesota Cancer Surveillance System

Pap test: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

AIDS/HIV incidence and prevalence: Minnesota Department of Health, HIV/AIDS Surveillance Reports

AIDS deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

General seasonal flu statistics (United States): Centers for Disease Prevention and Control

Influenza immunization 65 and older: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Influenza immunization children 6 months to 17 years: Centers for Disease Control and Prevention, FluVaxView

Hospitalizations – pneumonia and influenza: Minnesota Hospital Association
Pneumonia immunization 65 and older: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Children 24-35 months pneumonia immunization: Minnesota Department of Health, Public Health Data Access

MATERNAL AND CHILD HEALTH

Women of childbearing age: U.S. Census Bureau (population estimates)

Births: Minnesota Department of Health, County Health Tables

Folic acid supplements: Centers for Disease Control and Prevention

Smoking during pregnancy: Minnesota Department of Health, County Health Tables

Induced abortions: Minnesota Department of Health, County Health Tables

Unmarried mothers: Minnesota Department of Health, County Health Tables

Births to mothers under 19: Minnesota Department of Health, Vital Statistics Interactive Queries

Unintended pregnancy (Minnesota): Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

Infant deaths: Minnesota Department of Health, Vital Statistics Interactive Queries; Minnesota Department of Health, County Health Tables

Prenatal care: Minnesota Department of Health, County Health Tables

Low birth weight: Minnesota Department of Health, County Health Tables

Preterm births: Minnesota Department of Health, County Health Tables

Depression in pregnancy/postpartum (United States): Centers for Disease Control and Prevention

General birth defects facts (Minnesota): Minnesota Department of Health

Birth defects in infant deaths: Minnesota Department of Health, Vital Statistics Interactive Queries

Teen pregnancy rate: Minnesota Department of Health, County Health Tables

Sexual activity/use of birth control – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Early Childhood Special Education (ECSE) and special education population: Minnesota Department of Education, Enrollment for Special Populations

NOTE: Pre-kindergarten enrollment represents ECSE population.
MENTAL HEALTH

General mental health statistics (United States): National Institute of Mental Health

Mental health hospitalizations: Minnesota Hospital Association

Mental health treatment – Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Depression - adults: Metro SHAPE Survey, 2014

Depression – Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Anxiety disorders – adults: Metro SHAPE Survey, 2014

Anxiety– Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Suicides: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Suicidal thoughts/suicide attempts – Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Non-fatal, self-inflicted injuries: Minnesota Department of Health, Minnesota Injury Data Access System

Self-injury – Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Family connections – Dakota County students: Minnesota Student Survey
   NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Attention-deficit hyperactivity disorder (ADHD) (United States): Centers for Disease Control and Prevention

Eating disorders (United States): National Institute of Mental Health

Autism-spectrum disorders (United States): Centers for Disease Control and Prevention

Autism-spectrum disorders (Dakota County): Minnesota Department of Education, Minnesota Funding Reports - Special Education Unduplicated Child Count Report
NUTRITION


General overweight and obesity statistics (United States): Centers for Disease Control and Prevention

Overweight and obesity – adults: Metro SHAPE Survey, 2014

Overweight and obesity – children in WIC: Minnesota Department of Health, WIC Data and Reports

Breastfeeding at discharge: Minnesota Department of Health

Breastfeeding – Minnesota and WIC infants: Centers for Disease Control and Prevention, Breastfeeding Report Card; Minnesota Department of Health, WIC Data and Reports

Fruit and vegetable consumption – adults: Metro SHAPE Survey, 2014

Fruit and vegetable consumption – Dakota County students: Minnesota Student Survey
NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Milk consumption – Dakota County students: Minnesota Student Survey
NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Pop or soda consumption – Dakota County students: Minnesota Student Survey
NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Sugar-sweetened beverage consumption – Dakota County students: Minnesota Student Survey
NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Food insecurity: Feeding America, Map the Meal Gap

Food support: U.S. Census Bureau (American Community Survey)

WIC recipients: Minnesota Department of Health, WIC Data and Reports

Free and reduced price lunches: Minnesota Department of Education, Enrollment for Special Populations

PHYSICAL ACTIVITY


Physical activity – adults: Metro SHAPE Survey, 2014

No leisure time physical activity – adults: Metro SHAPE Survey, 2014
Physical activity guidelines - adults: Centers for Disease Control and Prevention, 2008 Physical Activity Guidelines

Bike or walk to work: U.S. Census Bureau (American Community Survey)

Neighborhood for walking: Metro SHAPE Survey, 2014

Safety crossing roads and streets: Metro SHAPE Survey, 2014

Sidewalks in neighborhood: Metro SHAPE Survey, 2014

Physical activity – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Physical activity guidelines – children and adolescents: Centers for Disease Control and Prevention, 2008 Physical Activity Guidelines

Screen time – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

PUBLIC HEALTH INFRASTRUCTURE

Expenditures and funding: Dakota County Financial Services

Race/ethnicity of public health clients: Dakota County Public Health; Minnesota Department of Health, WIC Data and Reports

Women, Infants, and Children (WIC) clients: Minnesota Department of Health, WIC Data & Reports

Home visits - clients: Dakota County Public Health

Coalitions and collaboratives: Dakota County Public Health

Immunizations: Minnesota Immunization Information Connection, Vaccine Usage Report

Public health FTEs: Dakota County Public Health

Racial/ethnic diversity of public health staff: Dakota County Employee Relations

Racial/ethnic diversity of population: U.S. Census Bureau (population estimates)

Public Health interns: Dakota County Public Health

TOBACCO USE

Tobacco-related mortality: Centers for Disease Control and Prevention, Smoking and Tobacco Use

Cigarette smoking – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.
Heavy cigarette smoking – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Cigar smoking – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Smokeless tobacco use – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

E-cigarette use – Dakota County students: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Tobacco compliance checks: Dakota County Public Health

General secondhand smoke exposures statistics (United States): Centers for Disease Control and Prevention, Smoking and Tobacco Use

Secondhand smoke exposure – adults: Metro SHAPE Survey, 2014

Secondhand smoke exposure – teens: Minnesota Student Survey

NOTE: Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

Tobacco use – adults (Minnesota): Minnesota Adult Tobacco Survey

Smoking during pregnancy: Minnesota Department of Health, County Health Tables

Tobacco cessation – adults: Minnesota Adult Tobacco Survey

UNINTENTIONAL INJURIES

Unintentional injury deaths: Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

Unintentional injuries general: Minnesota Department of Health, Minnesota Injury Data Access System

Drowning incidents and deaths: Minnesota Department of Health, Minnesota Injury Data Access System; Minnesota Department of Health death data (ICD-10 codes: V90, V92, W16, W65-W74, X34-X39)

Unintentional injuries due to firearms: Minnesota Department of Health, Minnesota Injury Data Access System; Minnesota Department of Health death data (ICD-10 codes: W32-W34)

Deaths in fires: Minnesota Department of Public Safety, State Fire Marshal, Fire in Minnesota

Poisoning incidents: Minnesota Department of Health, Minnesota Injury Data Access System; Minnesota Department of Health death data (ICD-10 codes: X40-X49)
**Bicyclists wearing helmets (United States):** Centers for Disease Control and Prevention, Youth Risk Behavior Survey

**Bicycle crashes (Minnesota):** Minnesota Department of Public Safety, Office of Traffic Safety, Crash Facts


**Fall injuries:** Minnesota Department of Health, Minnesota Injury Data Access System; Minnesota Department of Health death data (ICD-10 codes: W00-W19)

**Motor vehicle crashes:** Minnesota Department of Public Safety, Office of Traffic Safety, Crash Facts

**Seat belts and crash types:** Minnesota Department of Public Safety, Office of Traffic Safety, County-Specific Fact Sheets

**Motor vehicle crash injuries:** Minnesota Department of Public Safety, Office of Traffic Safety, Crash Facts

**Traumatic brain injury (TBI) events:** Minnesota Department of Health, Minnesota Injury Data Access System

**Child restraints:** Minnesota Department of Public Safety, Office of Traffic Safety, 2014 Observational Study of Booster Seat Use

**Use of seat belts – Dakota County students:** Minnesota Student Survey

*NOTE:* Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document. Use of seat belts while driving was calculated by Dakota County Public Health only for students who drive.

**Texting and emailing while driving – Dakota County students:** Minnesota Student Survey

*NOTE:* Texting and emailing while driving was calculated by Dakota County Public Health only for students who drive.

**VIOLENCE**

**Homicides:** Minnesota Department of Health, Minnesota Vital Statistics Interactive Queries

**Aggravated assaults:** Minnesota Bureau of Criminal Apprehension, Minnesota Uniform Crime Reports

**Non-fatal, assaultive injuries:** Minnesota Department of Health, Minnesota Injury Data Access System

**Child maltreatment and neglect:** Minnesota Department of Human Services, Minnesota's Child Welfare Report

**Vulnerable adult maltreatment:** Minnesota Department of Human Services, Adult Protection Reports

**Intimate partner violence:** Minnesota Department of Health, Minnesota Injury Data Access System

**Intimate partner violence – female college students:** University of Minnesota, College Student Health Survey

**Violence at school:** Minnesota Student Survey

*NOTE:* Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.
**Safety going to or from school:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Threatened at school – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Harassed or bullied for weight or physical appearance – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Damaged or destroyed property – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Taken something from a store without paying – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Reported rapes:** Minnesota Bureau of Criminal Apprehension, Minnesota Uniform Crime Reports

**Sexual assault – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.

**Internet usage - teens (United States):** Pew Research Center, Pew Internet and American Life Project

**Online bullying – Dakota County students:** Minnesota Student Survey

**NOTE:** Dakota County Public Health uses a trend file which only includes school districts that participated in all years of the survey. For this reason, percentages may differ slightly from this document.