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.

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.

### 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 14,537 acute inpatient admissions and 86,618 emergency room registrations at these hospitals in 2017.
- There are 38 primary care clinics in Dakota County. In 2016, there were an estimated 275 practicing primary care physicians.
- In 2017, an estimated 283 dentists were professionally active in Dakota County.

### Health insurance coverage
- In 2017, an estimated five percent of Dakota County residents were uninsured, similar to the state. This was a decrease from seven percent in 2013.
- 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.
Minnesota Health Care Programs

- In 2017, 89,638 Dakota County residents were ever eligible for one of the state's publicly-funded health care programs (Medical Assistance and MinnesotaCare).
- In 2017, the payments through Minnesota Health Care Programs for care for Dakota County residents totaled $681.7 million, an increase from $650.8 million in 2016.

Access to medical care

- Twenty-one percent of Dakota County adults ages 25 and older who needed medical care 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 $16.4 million in uncompensated care in 2017, a 16.5 percent increase from 2016.

Long term care

- Licensed facilities in the county include 18 supervised living facilities with a total of 174 beds; 122 housing facilities with services, including 76 that provide assisted living and 50 that provide dementia care; and 10 nursing homes with 921 beds.
- In 2017, the average long-term care spending per person in Dakota County was: $24,456 for people over 65 and $32,371 for people with a disability.

Emergency Medical Services

- In 2017, the Dakota Communications Center handled 300,203 - 911 calls for police and more than 24,845 calls for fire and EMS.

Dental Care

- Dakota County children ages 3-18 enrolled in Medical Assistance who had a preventive dental visit in 2015 included 37 percent of children ages 3-5, 46 percent of children ages 6-14, and 37 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 2013-2017, there were 32 adverse events in Dakota County hospitals. Two deaths resulted and 19 events caused serious injury or disability.
- In 2017, Dakota County hospitals all received a 4 or 5 overall star rating for patient experience.
- From 2014-2018, there were 43 substantiated complaints posted against 28 Dakota County long-term care facilities and home health providers.

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)
- Minnesota Department of Human Services [www.mn.gov/dhs/](http://www.mn.gov/dhs/)
- Kaiser Family Foundation [www.kff.org](http://www.kff.org)

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For more information about the Dakota County community health assessment, email public.health@co.dakota.mn.us or call 651.554.6100.
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.

- Underage drinking in Dakota County has decreased since 1992; however, in 2016, 18 percent of 9th graders and 40 percent of 11th graders used alcohol at least once in the previous year. Twelve percent of 11th graders reported drinking five drinks or more on one occasion in the past month.

- 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 2018, 24 percent of Minnesota college students reported binge drinking in the past two weeks.
Youth access to alcohol in Dakota County

- Five percent of compliance checks conducted in licensed establishments in Dakota County from 2014 to 2018 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 2017, seven percent of Minnesota adults were considered heavy drinkers, similar to the U.S. (Heavy drinking is defined as: males who drink more than 14 drinks per week, and females who drink more than seven drinks per week.)
- 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 2017, alcohol contributed to injuries to 134 people (6.5 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 were stable from 2008 to 2017.

Marijuana use

- In 2016-17, an estimated eight percent of persons 12 and older reported marijuana use in the previous month. The highest rate was among 18-25 year olds (19 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 2016, 17 percent of Dakota County residents who were admitted to chemical dependency treatment reported marijuana as their primary substance of abuse.
- In 2016, a total of 83 exposures to synthetic marijuana were reported to Hennepin County Regional Poison Control Center, a drop from 223 in 2015. 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, three percent of Dakota County 8th graders, five percent of 9th graders and 10 percent of 11th graders reported using prescription drugs not prescribed to them in the past 12 months.
- Opioids were reported as the primary substance of abuse in 19 percent and methamphetamine in 17 percent of chemical dependency treatment admissions for Dakota County residents in 2016. Both have increased since 2012.
- In 2017, there were a total of 39 deaths due to drug overdose in Dakota County residents. The number of drug overdose deaths increased from 2013 to 2015 and slightly decreased from 2016 to 2017. Seventy-two percent of drug overdose deaths involve heroin or other opiates.
- In 2016, seven exposures to “bath salts” were reported to the Hennepin County Regional Poison Center, a decrease from 2015 (20 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.

For more information:
- Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
- MN Department of Public Safety [https://dps.mn.gov](http://https://dps.mn.gov)
- National Institute on Drug Abuse [www.drugabuse.gov](http://www.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)

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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 24 percent of the deaths in Dakota County residents in 2017, 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 2003 to 2013, and was similar to the statewide rate for the period 2011-2015. The rate of new breast cancer cases in Dakota County women increased from 2003 to 2013 and was above the statewide rate for the period 2011-2015.
- Seventy-six percent of Minnesota women over age 40 had a mammogram in the past two years (2016). 73.5 percent of Minnesotans aged 50–75 were screened for colon cancer (2016).
- In Dakota County, the rate of new melanoma cases increased by 72 percent from 2003 to 2013. 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 2017; heart disease is the second and stroke is the fifth leading cause of death.
- The heart disease death rate decreased from 2007 to 2016. It was below the state rate for 2015–2017.
- The stroke death rate steadily decreased from 2007 to 2016. It was below the state rate for 2015–2017.
- 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 tied with unintentional injuries for the third leading cause of death in Dakota County residents in 2017, causing seven percent of the deaths.
- The Alzheimer’s death rate increased from 2007 to 2016 and was above the state rate for 2015–2017.
- In 2018, it was estimated that 94,000 Minnesotans had Alzheimer’s disease. This is expected to increase by 28 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 2017, causing six percent of the deaths.
- Thirteen percent of Dakota County adults (25 and older) said they had ever been told they had asthma. Eight percent still had asthma (2014).

Diabetes

- Diabetes was the sixth leading cause of death in Dakota County residents in 2017, causing 2.5 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 2017, 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 (29 percent in 2017).
- Twenty percent of Dakota County adults (25 and older) were ever told they had arthritis (2014), the leading cause of disability.

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 https://www2.heart.org

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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: seven cases were reported in Dakota County residents from 2013 to 2017.
- Lyme disease: 90 confirmed cases were reported in Dakota County residents in 2017.

Quality of drinking water

- Most Dakota County residents receive their drinking water from public systems (21 community and 118 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 1,391 private wells in the cities of Hastings, Farmington and Rosemount and 11 rural cities and townships in 2013 and 2014. The study found that 26 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 2016.

Food/waterborne illnesses

- Giardiasis is the most common waterborne illness. In 2017, there were 24 cases reported in Dakota County residents. The rate fluctuated from 2008 to 2017.
- Each year an estimated one in six U.S. residents gets sick, 128,000 are hospitalized, and 3,000 die of foodborne illness.
- In 2017, 167 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 2013-2017, there were 10 air pollution alert days in the Twin Cities region.

- Concentrations of fine particles (PM 2.5) generally decreased from 2012-2016 in Dakota County.

- Of the 21 Dakota County lakes in which fish were tested for mercury, polychlorinated biphenyls (PCBs) or the perfluorocarbon PFOS in 2018, all have some restrictions for children under 15 and pregnant women, and 19 have restrictions for the general population.

Indoor air

- **Radon**: Among 11,081 Dakota County properties tested for radon from 2010-2016, 40 percent were at a level above which action is recommended (4.0 pCi/L).

- **Mold**: Dakota County Public Health received 29 complaints due to mold in 2018.

- **Asthma**: 13 percent of Dakota County 5th graders, 17.5 percent of 8th graders, 18.5 percent of 9th graders, and 19 percent of 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 38 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-three percent of Dakota County children under age six were tested for blood lead levels in 2017, an increase from 2008. The percent of tested children with elevated blood lead levels (5 micrograms/deciliter or greater) was stable from 2011 to 2017 at 0.3 percent.

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)

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Diseases caused by bacteria, viruses, fungi and parasites are major causes of death, disability, and social and economic disruption for millions of people worldwide. Nearly 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.

There is increasing concern about the health risk posed by new and re-emerging diseases.

Immunization rates are high in Dakota County school-aged children. Difficulties remain in effectively implementing new immunization requirements which contributes to continued occurrence of disease.

Chlamydia has increased in Dakota County residents.

Tuberculosis (TB) cases and contact investigations have become more complex.

Reportable infectious diseases

- In 2017, 2,948 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 94-96 percent of Dakota County kindergarteners and 95-98 percent of 7th grade students were protected by each of the required immunizations, according to parent report for the 2017-2018 school year. Two percent of kindergarteners and one percent of 7th graders are not vaccinated due to conscientious objection.
- Sixty-five percent of Dakota County children aged 24-35 months are up-to-date on all immunizations, slightly below the state (68 percent).

Diseases preventable by immunization

- Pertussis (whooping cough): In 2017, there were 42 confirmed and probable cases reported in Dakota County residents, six percent of the total cases reported in Minnesota.
- Measles: 83 cases reported in Minnesota from 2013-2017. Minnesota experienced its largest outbreak since 1990 in 2017 (75 cases). There has been one measles case reported in Dakota County since 2013.
- Mumps: 12 confirmed and probable cases reported in Dakota County residents from 2013 to 2017.
Tuberculosis (TB)

- In 2018, there were 24 cases of active TB and 65 cases of latent TB infection that were managed by Dakota County Public Health.
- In 2016, 21 percent of new culture-confirmed cases in Minnesota residents that were tested were resistant to at least one first-line TB drug.

Sexually transmitted diseases (STDs)

- In 2017, 1,887 cases of STDs were reported in Dakota County residents, excluding AIDS/HIV.
- Chlamydia is the most commonly reported STD, with 1,506 cases reported in Dakota County residents in 2017. The rate increased by 80 percent from 2008 to 2017. Sixty-three percent of cases occurred in 15-24 year olds, and 42 percent of cases occurred in persons of color.

![Chlamydia Incidence Rates 2007-2016](chart.png)

- There were 334 cases of gonorrhea reported in Dakota County residents in 2017. The rate increased by 186 percent since 2008. Forty-nine percent of cases occurred in 15-24 year olds, and 47 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 2018, 19 percent of Dakota County adolescents aged 13-19 were fully vaccinated for HPV, slightly below the state (20 percent).
- In 2016, 82 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 (80 percent).

AIDS/HIV

- In 2017, there were 20 newly diagnosed cases of HIV or AIDS reported in Dakota County residents. The incidence rate generally decreased from 2014 to 2017, after an increase from 2012 to 2014. The rate is below the rate for the state in 2017.
- In 2017, 458 Dakota County residents were living with HIV or AIDS (249 HIV, 209 AIDS). The rate increased from 2008 to 2017, but is below the state and metro in 2017.
- Five Dakota County residents died due to AIDS from 2013 to 2017.

Seasonal influenza

- On average, 5-20 percent of the U. S. population gets seasonal influenza every year.
- Sixty-five percent of Minnesota adults 65 and older reported having a flu shot in the previous year (2017), compared to 61 percent nationwide.
- The Centers for Disease Control and Prevention estimated that 62 percent of Minnesota children 6 months-17 years were fully immunized against the seasonal flu in the 2017-18 influenza season.

Pneumonia

- There were 717 hospitalizations of Dakota County residents in 2016 for pneumonia and influenza. The highest rate of hospitalizations was in adults 75 and older.
- In 2017, 78 percent of Minnesota adults 65 and older reported ever having an immunization that protects against pneumonia, meningitis and other infections, compared to 75 percent nationwide.
- In 2018, 80 percent of Dakota County children 24-35 months received the series of four immunizations that prevent pneumonia, meningitis and other infections.

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)
- World Health Organization (WHO) [www.who.int/en](http://www.who.int/en)
- American Academy of Pediatrics [www.aap.org](http://www.aap.org)

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Ensuring the health of mothers, infants, and children is important for the health of the current generation and future generations. Access to quality care before, during and between pregnancies can reduce complications during pregnancy and ensure positive outcomes for the mother and infant. A positive, supportive environment for mother and infant following birth is also critical for the healthy growth and development of infants. This can set children on the path to reach their full potential.

Pregnancies and births in Dakota County
- Dakota County had an estimated 80,473 women of childbearing age (15-44 years) in 2017.
- In 2017, there were 5,144 births to Dakota County residents.

Pre-conception risk factors can affect the outcome of a pregnancy
- 45.5 percent of Minnesota women of childbearing age did not take folic acid supplements daily (2012-2015).
- In 2016, five percent of Dakota County mothers smoked during pregnancy, the same as 2015.

Unintended pregnancy
- In 2017, 14 percent of pregnancies in Dakota County residents resulted in induced abortions, slightly above the state (12 percent). The abortion rate per 1,000 females ages 15-44 increased from 2013 to 2017.
- Twenty-seven percent of live births to Dakota County residents in 2017 were to unmarried mothers – a percent that was stable from 2013 to 2017. (NOTE: Not all births to unmarried mothers are unintended).
- Two percent of live births to Dakota County mothers were to mothers younger than 19 years old (2017).
- Twenty-six percent of Minnesota mothers surveyed in 2013 said their pregnancy was unintended.

Infant mortality
- In 2017, 20 Dakota County infants under one year died.
- The infant death rate increased from 2009 to 2014.
Early prenatal care is associated with improved birth outcomes

- Eighty-three percent of Dakota County mothers started prenatal care in the first trimester (2017), a rate that has decreased since 2008.
- Three percent of Dakota County mothers started prenatal care in the third trimester or had no prenatal care (2017).
- In 2017, five percent of live singleton births in Dakota County were low-birthweight, similar to the state. The percentage was stable from 2013 to 2017.
- Seven percent of singleton births in 2017 in Dakota County were preterm, a percentage that is similar to the state overall and was stable since 2013.
- One in ten women suffer from depression during pregnancy or within the first year of delivery.

Adolescent reproductive health

- In 2016, 10 percent of Dakota County 9th graders and 31 percent of 11th graders reported ever being sexually active.
- In 2016, the percents for both grades were below the state (11 percent for 9th graders and 35 percent for 11th graders).
- In 2016, 81 percent of 9th graders and 91 percent of 11th graders who were sexually active reported using birth control the last time they had intercourse, slightly above the state for both grades.

Children with special health needs

- The preschool population in Early Childhood Special Education grew by 29 percent from 2010 to 2019.
- Fifteen percent of the K-12 population was enrolled in special education in public schools in the 2018-19 school year, similar to Minnesota.

For information about breastfeeding, see the Nutrition profile.

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 2013 to 2017 (25 percent of Dakota County infant deaths).
- Seventy percent of birth defects have unknown causes, and 10 percent are due to environmental causes – some preventable.

Teen births and parenting

- The rate of births for 15-19 year olds in Dakota County decreased by 38 percent from the period 2008-2012 to the period 2013-2017.
- The Dakota County rate for 15-19 year olds is below the state for the period 2013-2017.

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For more information:
- U.S. Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov)
- Minnesota Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
- Association of Maternal & Child Health Programs [www.amchp.org](http://www.amchp.org)
- March of Dimes [www.marchofdimes.org](http://www.marchofdimes.org)

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More than 18 percent of adults in the U.S. lives with 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**

- The rate of hospitalizations of Dakota County residents for mental illnesses remained stable from 2012 to 2016.
- 10.5 percent of Dakota County 8th graders, 11 percent of 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, 39.5 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 59 suicides in Dakota County residents in 2017.

- The suicide rate is higher for males than females. The rate generally increased from 2007 to 2016. The Dakota County rate was slightly below the state for the period 2015-2017.
- In 2016, 11 percent of Dakota County 8th and 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 11th graders and slightly below the state for 8th and 9th 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 in Dakota County from 2014 to 2016. The rate is highest for 15-19 year olds, and females have a higher rate than males (2016).
- In 2016, 15 percent of Dakota County 8th and 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 all grades.

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 neuro-behavioral disorders in children. It can persist into adolescence and adulthood. About half of those with ADHD also have other behavioral disorders.
- Nine percent of U.S. children ages 2-17 were ever diagnosed with ADHD (2016).

Eating disorders

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

Autism spectrum disorders (ASD)

- An estimated two percent of Minnesota children are affected by an ASD, slightly higher than the U.S. overall.
- 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 31 percent from school years 2009-10 to 2018-19.

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 https://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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Unhealthy eating, along with physical inactivity, is one of the most important risk factors for chronic disease in the United States. A 2017 study found that dietary risks were the third leading risk factor driving death and disability in Minnesota. 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.

**KEY FACTS**

Overweight and obesity has increased in adults and children.

Breastfeeding initiation among Dakota County infants is high, but only 39 percent of infants in Minnesota are still breastfed at 12 months.

One-fourth or fewer of Dakota County students consumed fruits or vegetables five or more times per day in the previous week.

Milk consumption has decreased in 9th graders. Pop or soda intake has dropped, but a large percentage of Dakota County students drink other sugar-sweetened beverages.

Fewer people have adequate access to food.

**Overweight and obesity**

- Thirty-five percent of Dakota County adults (25 and older) are considered overweight (but not obese) and 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 2017, 12 percent had a body mass index (BMI) greater than or equal to the 95th percentile for their age. This is slightly below 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 2016, among Dakota County babies for whom breastfeeding status could be determined, 93 percent were breastfeeding upon discharge from the hospital.
- Sixty-five percent of all Minnesota babies born in 2015 were still breastfed at six months, above the Healthy People 2020 goal of 61 percent. Only 37 percent were exclusively breastfed at six months. 43.5 percent of infants served by Dakota County WIC who were born in 2016 were still breastfed at six months.
- Thirty-nine percent of all Minnesota babies born in 2015 were still breastfed at 12 months, above the Healthy People 2020 goal of 34 percent. Twenty-one percent of infants served by Dakota County WIC who were born in 2016 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).

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).

Inadequate access to food (food insecurity)

- An estimated eight percent of the population of Dakota County were food insecure in 2016. An estimated 11 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 2017. It increased slightly from 2013 to 2017.
- In Dakota County, the number of WIC recipients decreased by five percent from 2016 to 2018.
- During the 2018-19 school year, 27 percent of students in Dakota County public and charter schools were eligible for free or reduced-price lunches. Although this is lower than the state as a whole (36 percent), this percent increased steadily from 23 percent in the 2009-10 school year. It remained relatively stable from 2017 to 2019.

For more information:
- Minnesota Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
- U.S. Centers for Disease Control and Prevention (CDC) [www.cdc.gov/nutrition/index.html](http://www.cdc.gov/nutrition/index.html)
- U.S. Department of Agriculture (USDA) [www.usda.gov](http://www.usda.gov)
Physical inactivity is one of the most important risk factors for chronic disease in the United States, with more than 300,000 deaths annually attributed to 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**
- The 2018 CDC guidelines for physical activity recommend at least 150-300 minutes of moderate-intensity activity or 75-150 minutes of vigorous-intensity activity per week for adults.
- In 2014, 61 percent of Dakota County adults 25 and older said they were moderately physically active at least 150 minutes per week and 48 percent were vigorously physically active at least 75 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.

**Active Living**
- One percent of Dakota County residents 16 years and older who work walked or biked to work in 2017. 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.
- 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

- The 2018 CDC guidelines for physical activity recommend 60 minutes or more of moderate-to-vigorous physical activity per day for children and adolescents (ages 6 to 17).
- 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.

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)

The Dakota County Public Health Department is accredited by the national Public Health Accreditation Board.
For more information about the Dakota County community health assessment, email public.health@co.dakota.mn.us or call 651.554.6100.
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.

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 2017 population estimate is 421,751.
- 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 2017, it is estimated to be 37.9.
- The State of Minnesota Demographer’s Office projects that there will be 85,908 Dakota County residents 65 and older in 2030 – an increase of 116 percent from 2010.
Racial/ethnic distribution

- In 2017, people of color made up an estimated 21 percent of the Dakota County population. In the 2018-19 school year, 35.5 percent of Dakota County public and charter school students were students of color. Hispanics, blacks, 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 80.5 percent from 2010 to 2030. The white population is projected to grow by four percent in the same period.
- In the 2018-19 school year, 18 percent of Dakota County public and charter school students spoke a language other than English in their home – a total of 159 different languages. Spanish was the most commonly-spoken language after English.

Economic factors

- In 2017, 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 (10.5 percent) in 2017.
- An estimated nine percent of Dakota County children under 18 lived in households with incomes below the federal poverty level in 2017. Poverty in children under 18 decreased from 11 percent in 2013.
- In 2017, the median household income in Dakota County was an estimated $79,995–higher than the state ($65,699) and an increase from 2013.
- In 2018, unemployment in Dakota County was 2.6 percent, on average. This was a decrease from a 3.8 percent average in 2014. Dakota County was slightly below the state average (2.9 percent) for 2018.

Housing

- In 2017, an estimated 74 percent of housing in Dakota County was owner-occupied. Forty-five percent of renter households and 18 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 273 in 2017. The number of foreclosures represents less than one percent of all resident parcels in the county.

Transportation

- In 2017, 81 percent of Dakota County workers 16 and older commuted to work alone, slightly higher than Minnesota (78 percent).
- Four percent of Dakota County households have no vehicle available (2017), below the state (seven percent).

Education

- In 2017, 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 2018, Dakota County ranked fourth among metro area counties for third-grade reading scores and eighth-grade math scores.

Community

- In 2018, 20 percent of people of voting age were not registered and 29 percent of people of voting age did not vote in the 2018 general election.
- In 2014, 25 percent of Dakota County adults 25 and older said they did not interact with friends or neighbors at least weekly.

For more information:
- U.S. Census Bureau [www.census.gov](http://www.census.gov)
- Minnesota State Demographic Center [www.mn.gov/admin/demography/](http://www.mn.gov/admin/demography/)
- MN Department of Education [www.education.state.mn.us](http://www.education.state.mn.us)

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Tobacco use is the single most preventable cause of disease, disability, and death in the United States, with tobacco ranking as the second highest risk factor driving death and disability in Minnesota. 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.

**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 2016 percentages were slightly 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).

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**KEY FACTS**

Since 2001, the percent of Dakota County students who reported smoking cigarettes on one or more days in the previous month decreased significantly. However, rates of e-cigarette use have increased in adolescents.

The number of adults who smoke cigarettes 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.
In 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.

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).

Youth access to tobacco in Dakota County

- Six percent of compliance checks conducted in licensed retail outlets in Dakota County from 2014–2018 resulted in an illegal tobacco sale to an underage person.

Tobacco use by adults

- In 2018, 14 percent of Minnesota adults 18 or older currently smoked cigarettes every day or some days.
- 8.5 percent of Minnesota 18–24 year olds currently smoke cigarettes (2018).
- In 2016, five percent of Dakota County mothers reported smoking during pregnancy, the same as 2015.

Adult tobacco cessation

- Forty-six percent of current Minnesota adult smokers stopped smoking in the past 12 months because they were trying to quit (2018).
- Twelve percent of Minnesota adult smokers who tried to quit in the past year were successful.

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
- Surgeon General’s Reports on Smoking and Tobacco Use
  www.cdc.gov/tobacco/data_statistics/sgr/index.htm

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For more information about the Dakota County community health assessment, email public.health@co.dakota.mn.us or call 651.554.6100.
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 172 deaths in Dakota County residents in 2017.
- Unintentional injuries caused an average of 17,312 emergency room visits or hospitalizations per year in Dakota County residents from 2014 to 2016.
- The rate of non-fatal, unintentional injuries for Dakota County residents increased by 17 percent from 2007 to 2016.

Injury demographics

- Unintentional injuries caused 168 deaths in Dakota County adults 20 and older in 2017. The rate decreased from 2013 to 2017 and was below the state for 2017.
- Unintentional injuries were tied with suicides for the leading cause of death in Dakota County 15–24 year olds from 2013 to 2017.
- The highest rates of non-fatal, unintentional injuries are in persons 80 and older. Persons 80 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 2012 to 2016,
  - there were 30 near-drowning accidents and 10 accidental drowning deaths.
  - there were 44 non-fatal accidental injuries due to firearms.
  - there were 179 non-fatal burn injuries and nine people died in fires.
  - there were 1,827 non-fatal accidental poisonings and 161 deaths due to accidental poisoning.

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

- Bicycle crashes increased slightly in Minnesota from 2016 to 2017.

Falls

- Falls are the leading cause of unintentional injuries for Dakota County residents and the leading cause of hospitalized injury among residents over 65.

- In 2016, 50 percent of all unintentional fatal injuries and 40 percent of all unintentional non-fatal injuries were caused by falls.
- The rate of unintentional fall injuries for Dakota County residents generally increased from 2012 to 2016.
- For people 65 and older, the rate of deaths due to falls increased from 2014 to 2017 and is above the statewide rate for 2017.

Motor vehicle crashes

- Motor vehicle crashes that occurred in Dakota County caused an average of 16 deaths per year from 2013 to 2017.
- From 2013 to 2017, 57 vehicle occupants 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). Fifteen percent of fatal or severe injuries involved inattentive driving and 17 percent involved speeding.
- Motor vehicle crashes that occurred in Dakota County caused an average of 2,055 non-fatal injuries per year from 2013 to 2017.
- The rate of deaths from motor vehicle crashes occurring in Dakota County declined from 2007 to 2016 and is below the state rate for 2015-2017.

Traumatic brain and spinal cord injuries

- Traumatic brain and spinal cord injuries may lead to long-term disability with multiple secondary conditions.
- There were 301 non-fatal, hospitalized traumatic brain injury (TBI) events for Dakota County residents in 2016. The rate of TBI injuries generally decreased by 3.5 percent from 2007 to 2016.
- The leading cause of TBI injuries is falls. Persons 75 and older are most susceptible to TBI 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).

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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For more information about the Dakota County community health assessment, email public.health@co.dakota.mn.us or call 651.554.6100.
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 2017, more than 19,000 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 2008 to 2017, there were 58 deaths of Dakota County residents due to homicide. The homicide rate was lower than the rate for Minnesota in the period 2013-2017.
- There were 361 aggravated assaults reported to law enforcement in Dakota County in 2017. The rate decreased from 2013 to 2017; but, it remains significantly higher than it was in 2008.
- There were 680 non-fatal, assaultive injuries to county residents that required an emergency room visit or hospitalization in 2016.
- Persons ages 20-29 have the highest rate of assaultive injuries, and females have a higher rate than males.

Maltreatment
- In 2017, 2,143 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 (67 percent), physical abuse (28 percent), and sexual abuse (10 percent).
- The rate of determined victims in Dakota County was below the rate for Minnesota in 2017.
- Many cases of abuse or neglect are not reported to police or social services.

Intimate partner Violence
- In 2016, 36 injuries to county residents due to intimate partner violence required an emergency room visit or hospitalization. These injuries were most common in women aged 25–29.
- In 2018, 10.5 percent of female college students in Minnesota reported that they experienced intimate partner violence within the past 12 months.

KEY FACTS
In general, Dakota County is very safe. Homicide rates are low and the rate of alleged child maltreatment is below Minnesota overall.
Most Dakota County students feel safe going to and from school and at school, and many school violence and bullying indicators have decreased; however, as adolescents increase their use of electronic media, the opportunity for online bullying and victimization increases.
Aggravated assaults have increased since 2008.
Reported incidents of sexual violence have generally increased since 2013, but many incidents go unreported.
Violence at school
• The percentage of students in 9th grade who said that they hit or beat up another person at least once in the past 12 months dropped sharply from 1992 to 2016.

School safety
• More than 95 percent of Dakota County students felt safe going to and from school and more than 91 percent felt safe at school (2016).

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.

Sexual violence
• There were 120 rapes reported in 2017 to Dakota County law enforcement. The rate generally increased from 2013 to 2017, but dropped from 2016 to 2017.
• 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 2018 national survey of teen Internet usage found that 89 percent of teens are online almost constantly or several times a day and 97 percent of teens use social networking sites.
• 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.

For more information:
• Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
• MN Department of Health [www.health.state.mn.us](http://www.health.state.mn.us)
• MN Department of Human Services [https://mn.gov/dhs/](https://mn.gov/dhs/)

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For more information about the Dakota County community health assessment, email public.health@co.dakota.mn.us or call 651.554.6100.
Community Health Profiles - REFERENCES

These sources were used to compile the Dakota County Community Health Profiles. This list of references was last updated in March 2019.

INDEX:
- Alcohol and Other Drug Use
- Chronic Disease
- Environmental Health
- Health Care Access and Quality of Care
- Infectious Disease
- Maternal Child Health
- Mental Health
- Nutrition
- Physical Activity
- Social Determinants of Health
- Tobacco Use
- Unintentional Injuries
- Violence

ALCOHOL AND OTHER DRUG USE

Alcohol-attributable deaths: Centers for Disease Control and Prevention. Alcohol-Related Disease Impact (ARDI)

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

**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:** Drug Overdose Deaths Among Minnesota Residents, 2000-2017

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

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**CHRONIC DISEASE**

**General cancer statistics (Minnesota):** Minnesota Department of Health, Cancer in Minnesota

**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

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**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

**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**: Minnesota Pollution Control Agency, Annual AQI summary reports

**Fine particle concentrations**: Minnesota Department of Health, Minnesota Public Health Data Access Portal

**Mercury in fish**: Minnesota Department of Health, Fish Consumption Advice
Radon statistics: Minnesota Department of Health, Minnesota Public Health Data Access Portal

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 1980: Minnesota Department of Health, Minnesota Public Health Data Access Portal

Blood lead levels: Minnesota Department of Health, Minnesota Public Health Data Access Portal

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: University of Wisconsin Population Health Institute, County Health Rankings

Dentists: University of Wisconsin Population Health Institute, County Health Rankings

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

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, Minnesota Public Health Data Access Portal
Hospital adverse events: Minnesota Department of Health, Adverse Event Reporting

Quality measures – hospitals: Minnesota Hospital Association, Minnesota Hospital Quality Report

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

INFECTION DISSEASE

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

Childhood immunizations: Minnesota Department of Health, School Immunization Data and Minnesota Department of Health, Public Health Data Access

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

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: Minnesota Department of Health, Public Health Data Access

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, Minnesota Vital Statistics Interactive Queries

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

Infant deaths: Centers for Disease Control and Prevention, CDC WONDER and 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, Minnesota Vital Statistics Interactive Queries

Teen birth 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

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**

**Actual causes of death:** University of Washington, Institute for Health Metrics and Evaluation, Global Burden of Disease

**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 and 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

Actual causes of death: University of Washington, Institute for Health Metrics and Evaluation, Global Burden of Disease

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, 2018 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, 2018 Physical Activity Guidelines

**SOCIAL DETERMINANTS OF HEALTH**

**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)

**Median household 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:** Dakota County (Community Indicators)

**Commuting to work:** U.S. Census Bureau (American Community Survey)

**Households with no vehicle available:** U.S. Census Bureau (American Community Survey)

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

**Test scores:** Minnesota Compass

**Voting statistics:** Minnesota Secretary of State, Election Data and Maps

**Interactions with neighbors and friends:** Metro SHAPE Survey, 2014
TOBACCO USE

Tobacco-related mortality: University of Washington, Institute for Health Metrics and Evaluation, Global Burden of Disease

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)

Burn injuries and deaths in fires: Minnesota Department of Health, Minnesota Injury Data Access System and 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)

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


Fall injuries and deaths: Minnesota Department of Health, Minnesota Injury Data Access System; Minnesota Department of Health death data (ICD-10 codes: W00-W19) and Centers for Disease Control and Prevention, CDC WONDER

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 and deaths: Minnesota Department of Public Safety, Office of Traffic Safety, Crash Facts and Centers for Disease Control and Prevention, CDC WONDER

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.