



2025 – 2029 COMMUNITY HEALTH IMPROVEMENT PLAN



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Message from Director

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

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

Healthy regards,

Gina Pistulka

Public Health Director, Dakota County Public Health Department

Executive Summary

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

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

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

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





Call to Action

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

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

Credits and Acknowledgements

Dakota County Board of Commissioners

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

District 1 - Mike Slavik

District 2 - Joe Atkins

District 3 - Laurie Halverson

District 4 - William Droste

District 5 - Liz Workman

District 6 - Mary Liz Holberg

District 7 - Mary Hamann-Roland

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

About This Report

Dakota County Public Health prepares a comprehensive assessment of the health of county residents at least every five years, along with an accompanying Community Health Improvement Plan. This process is called the Healthy Dakota Initiative. Health data is updated periodically throughout the assessment cycle through Community Health Profiles. These resources, along with annual progress reports, are available on the Dakota County website at:

<http://www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx>.

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





Table of Contents

Message from Director	2
Executive Summary	2
Call to Action	3
Credits and Acknowledgements	3
Dakota County Board of Commissioners	3
About This Report	3
Introduction.....	6
Healthy Dakota Initiative.....	6
Dakota County: Snapshot of People and Places	7
Community Health Improvement Planning Process.....	8
Framework and Approach.....	8
CHIP Structure and Partner Engagement.....	8
Internal Steering Committee	9
CHIP Advisory Committee	9
Pathway Action Teams.....	9
Community Health Assessment and Prioritization	10
Transition and Foundation Year: 2024	11
Pathway Development and Implementation: 2025-2029	11
Implementation Model	11
Measuring Progress	12
Mental Health & Substance Use Pathway	13
Priorities: Substance Use, Mental Health and Chronic School Absenteeism.....	13
SHIP Pathway.....	15
Priorities: Access to Healthy Food, Physical Activity, Mental Health.....	15
Access to Care for Children Pathway.....	17
Priorities Addressed: Access to Healthcare and Access to Dental Care	17
Innovations Pathway	19
Priorities Addressed: Housing and Access to Care for Adults.....	19
References	21
Appendix A: Community Partner Rosters	22
CHIP Advisory Council Roster	22
Healthy Dakota Initiative CHA Steering Committee (2023)	22





CHIP Internal Steering Committee (Public Health) Roster23

Appendix B: Mental Health and Substance Use Pathway24

Appendix C: SHIP Pathway27

Appendix D: Access to Care for Children Pathway30

Appendix E: Innovations Pathway33





Introduction

Healthy Dakota Initiative

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

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

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

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

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

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





Dakota County: Snapshot of People and Places

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

Dakota County had an estimated 453,156 residents in 2024.² The county is divided into 22 incorporated municipalities and 12 townships. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County.⁵ In 2024, the five largest cities were: Lakeville (76,746), Eagan (69,273), Burnsville (65,696), Apple Valley (56,361), and Inver Grove Heights (36,596), which made up 67 percent of the population of the county. Lakeville was the ninth largest city in Minnesota. It is also the fastest-growing city in Dakota County with an estimated 24 percent growth from 2010 to 2020, while Hastings had little or no growth during the same period.⁶

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

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

A slightly larger proportion of the Dakota County population (10 percent) is foreign-born than the state (nine percent).⁹ The percent of Dakota County residents living below the poverty level (six percent) is below the state and the nation and remained the same between 2020 and 2024. However, poverty among Dakota County residents varies by race and ethnicity.¹⁰ The estimated unemployment rate for 2024 was 2.7 percent¹¹ The median household income in Dakota County was \$106,318 in 2024.¹²



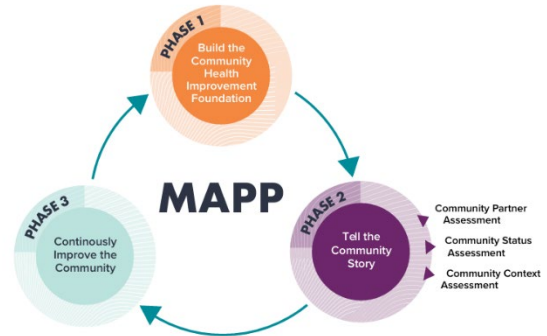


Community Health Improvement Planning Process

Framework and Approach

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

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



This approach allowed Dakota County to:

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

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

CHIP Structure and Partner Engagement

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

Implementation is organized across three primary groups:

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





Internal Steering Committee

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

Responsibilities include:

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

CHIP Advisory Committee

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

Responsibilities include:

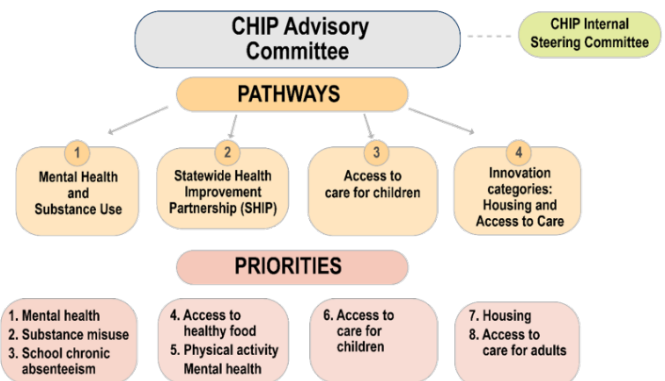
- Advising on priority areas and strategy direction
- Bringing lived experience and sector expertise into discussions
- Reviewing progress updates and providing feedback on adjustments
- Promoting coordination across community efforts
- Ensuring the CHIP remains responsive to community needs

Pathway Action Teams

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

Responsibilities include:

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





Community Health Assessment and Prioritization

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

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

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

In December 2023, the Steering Committee reviewed the findings and identified 22 issues. These were evaluated using six criteria: extent of the issue, data trends, comparison to targets, comparison to the state, health disparities, and community concern. The 22 issues were combined into 12 broader areas and narrowed through a multi-voting process to eight health priorities for 2024–2028.¹⁰

2023 Health Priorities:

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

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

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

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





Transition and Foundation Year: 2024

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

Pathway Development and Implementation: 2025-2029

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

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

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

Implementation Model

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

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

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

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





Measuring Progress

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

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

Goal

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

Result

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

Indicator

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

Strategy

The coordinated actions and approaches used to influence the result.

Objective

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

Performance Measures

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

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

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

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





Mental Health & Substance Use Pathway

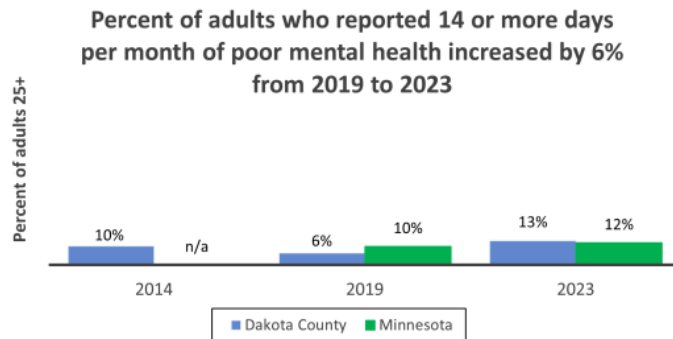
Priorities: Substance Use, Mental Health and Chronic School Absenteeism

Why It Matters

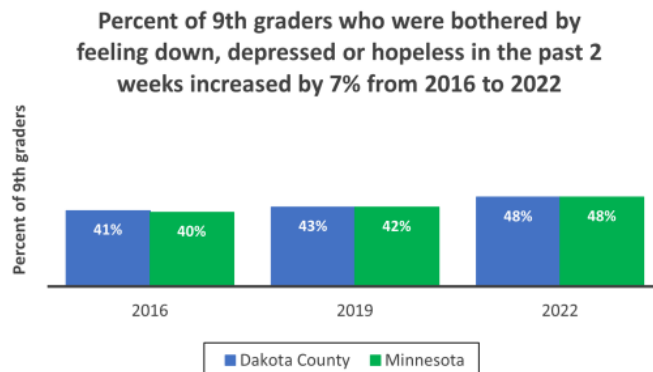
Mental health challenges and substance misuse continue to affect individuals, families, schools, and workplaces across Dakota County. Community members consistently identify anxiety, depression, suicide risk, and substance misuse as significant concerns. These challenges influence educational outcomes,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

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

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



Note: Data for Minnesota are 2019 and 2022.





Strategic Response

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

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

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

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

<p>Results: People who live, work, learn, and gather in Dakota County experience mental well-being, connection, and reduced substance misuse.</p>
<p>Primary Indicators for this Pathway</p> <ul style="list-style-type: none"> • Percent of adults reporting frequent mental distress • Percent of students reporting depressive symptoms • Percent of adults who delayed or did not receive needed mental health care • Drug overdose death rate
<p>Strategies:</p> <p>Advance prevention efforts through mental health literacy, substance use education, stigma reduction campaigns, and youth protective factor strategies.</p> <p>Enhance the Access to Care Crisis Continuum through coordinated cross-sector partnerships that improve patient outcomes and provider well-being.</p> <p>Use data and learning efforts to support evidence-informed action across the Mental Health and Substance Use Pathway.</p> <p>Build trauma-informed systems and organizations to improve access, build trust, and reduce disparities in mental health and substance use care.</p> <p>Expand harm reduction, crisis response, and recovery strategies to reduce the impact of substance misuse across Dakota County.</p>





SHIP Pathway

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

Why It Matters

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

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

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

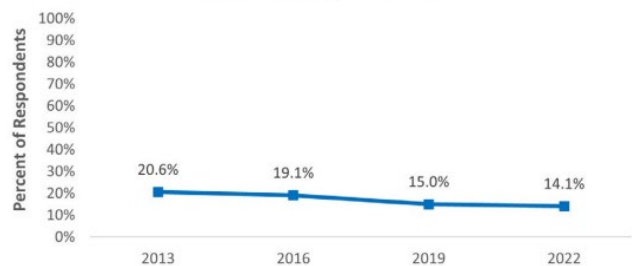
- 30% of adults ate five or more fruits/vegetables the previous day, down from 39% in 2010¹⁵ (Adult Health Survey, 2023)
- 17 out of 125 census tracts in Dakota County had low food access²¹
- Food shelf visits increased 99% from 2021–2022²²
- Food shelf visits among older adults increased 145%²²

Regular physical activity reduces the risk of heart disease, stroke, diabetes, certain cancers, and supports mental health.²⁰ While Dakota County residents value parks, trails, and natural spaces, the percentage meeting recommended activity levels is lower compared to previous years. Youth activity levels remain low, and disparities persist across age, income, and education levels.¹⁰

Community design, safety, and transportation options influence whether residents can engage in consistent movement.²⁰

- 46% of adults met CDC-recommended activity levels in 2023¹⁵ (Adult Health Survey, 2023)
- Less than 20% of students reported 60 minutes of activity every day¹⁶ (MSS, 2022)

Percent of Students Who Ate Fruits and Vegetables Five or More Times Daily - 9th Grade
Dakota County, 2013-2022



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





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

- 6% of adults reported current cigarette smoking and 7% of adults reported e-cigarette use¹⁵ (Adult Health Survey, 2023)
- 8% of students reported use of any commercial tobacco product¹⁶ (MSS, 2022)

Strategic Response

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

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

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

<p>Results: People who live, work, learn, and gather in Dakota County experience community conditions that promote healthy eating, active living, mental well-being, and tobacco-free living.</p>
<p>Primary Indicators for this Pathway:</p> <ul style="list-style-type: none"> • Percent of adults and students meeting recommended activity levels • Census tracts that are considered low food access • Tobacco use rates for adults and youth
<p>Strategies:</p> <p>Partner with schools to strengthen healthy food access, physical activity, mental well-being, and tobacco-free practices that support student health.</p> <p>Collaborate with workplaces to advance policies and practices that promote healthy eating, active living, mental well-being, and tobacco-free environments.</p> <p>Co-create solutions with community partners to strengthen healthy environments and reduce inequities.</p>





Access to Care for Children Pathway

Priorities Addressed: Access to Healthcare and Access to Dental Care

Why It Matters

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

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

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

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

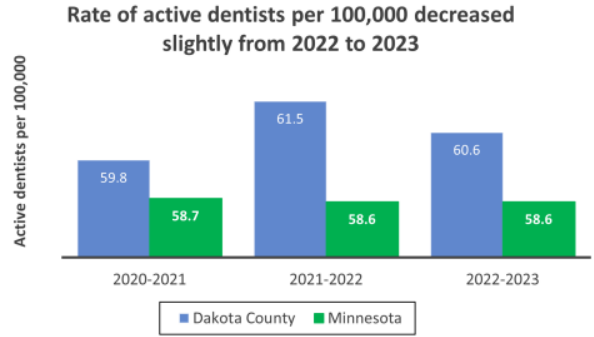
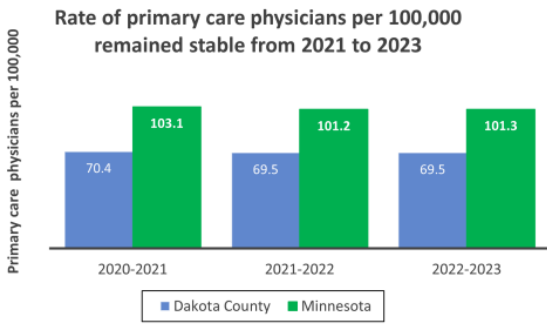
In 2020, among children eligible for Child & Teen Checkups, only 30% received a preventive dental service during the year¹⁰

Percent of Kindergarteners Vaccinated in Dakota County 2024-2025

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

Source: Minnesota Department of Health, School Immunization Data





Strategic Response

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

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

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

<p>Results: Children in Dakota County experience healthy development supported by timely, preventive, and coordinated healthcare and dental care.</p>
<p>Primary Indicators for this Pathway:</p> <ul style="list-style-type: none"> • Percent of kindergarten students who are full vaccinated for the school year. • Percent of children receiving preventive dental visits in the past year.
<p>Strategies:</p> <p>Partner and coordinate initiatives with schools and existing healthcare organizations to increase access to preventive healthcare and address social determinants of health for students and families in Dakota County</p> <p>Advance pediatric oral health by supporting Oral Health Task Force priorities and expanding access to dental care and education.</p>





Innovations Pathway

Priorities Addressed: Housing and Access to Care for Adults

Why It Matters

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

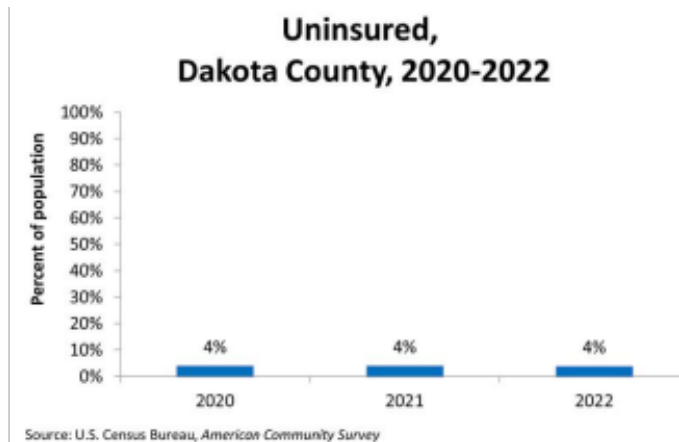
Community input reinforces the urgency of these issues. Food, housing, and income ranked as the number one community concern, and access to health care ranked fourth.¹⁰

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

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

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

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



- About 25% of Dakota County households spent 30% or more of income on housing in 2022²⁶
- 49% of renter households experienced housing cost burden²⁶
- In January 2023, a one-day count found 370 persons in Dakota County homeless (104 unsheltered and 266 sheltered). This was an increase from 124 in 2022. The number of unsheltered people increased by 79 percent from 2022 to 2023.²⁷
- 19% of adults delayed or did not receive needed medical care¹⁵ (Adult Health Survey, 2023)





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

Strategic Response

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

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

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

Result: Adults in Dakota County experience stable housing and timely access to care.
<p>Primary Indicators for this Pathway:</p> <ul style="list-style-type: none"> • Percent of households spending 30% or more of income on housing • Rate of unsheltered homelessness • Percent of adults who delayed or did not receive needed medical care
<p>Strategies:</p> <p>Build and strengthen partnerships focused on housing stability and adult access to care. Use data and partner input to better understand gaps, barriers, and opportunities related to housing and healthcare access.</p> <p>Test practical solutions, including community-based pilots and expanded resource sharing, to improve housing stability and access to care.</p>





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Appendix A: Community Partner Rosters

CHIP Advisory Council Roster

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

Healthy Dakota Initiative CHA Steering Committee (2023)

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





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

CHIP Internal Steering Committee (Public Health) Roster

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





Appendix B: Mental Health and Substance Use Pathway

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

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

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





Strengthen prevention, early intervention, crisis response, and recovery supports for mental health and substance misuse.			
Results: People who live, work, learn, and gather in Dakota County experience mental well-being, connection, and reduced substance misuse.			
Primary Indicators for This Pathway <ul style="list-style-type: none"> • Percent of adults reporting frequent mental distress • Percent of students reporting depressive symptoms • Percent of adults who delayed or did not receive needed mental health care • Drug overdose death rate 			
Strategy	Potential Objectives and Timeline	Lead	Performance Measures
By 2029, advance prevention efforts through mental health literacy, substance use education, stigma reduction campaigns, and protective factor strategies.	From 2025-2029, implement the Youth Well-Being Network as a cross-sector strategy to reduce shared risk factors and strengthen protective factors for Dakota County youth and young adults ages 10–24.	Youth Well-Being Network	# of partners engaged Additional metrics determined by initiatives the network leads
	From 2025-2029, advance coordinated mental health and substance use communication strategies, including CredibleMind, the Opioid Awareness campaign, Little Moments Count and Mental Health Month efforts.	DCPH	# of campaigns launched and their metrics # of partners engaged # of resources distributed
By 2029, use data and learning efforts to support evidence-informed action across the Mental Health and Substance Use Pathway.	By October 31, 2026, Dakota County SHIP will conduct a landscape assessment of prevention efforts related to brain health, healthy aging, and dementia friendly communities.	DCPH CHIP Advisory and Internal Steering Committees	# of organizations interviewed or surveyed # of prevention initiatives identified
	By January 2027, use data collected from the Young Adult Health Survey, focus groups, and additional assessments to guide action under CSUP and SHIP	DCPH Wilder Foundation	Data summary or findings brief developed and shared # of strategies informed by data





By 2029, enhance the Access to Care Crisis Continuum through coordinated cross-sector partnerships that improve patient outcomes and provider well-being.	By July 2026, convene the Access to Care Crisis Continuum Workgroup for one year to develop recommendations that increase staff experience and patient care within the current crisis system.	DCPH and Social Services	# of meetings held # of organizations engaged % of recommendations implemented
By 2029, build trauma-informed systems and organizations to improve access, increase trust, and reduce disparities in mental health and substance use care.	By October 31, 2026, Dakota County Public Health will create a comprehensive, trauma-responsive department workplan informed by previous consultation and training.	DCPH	Workplan created (yes/no) # of PSE strategies in workplan
By 2029, expand harm reduction, crisis response, and recovery strategies to reduce the impact of substance misuse across Dakota County.	By 2029, increase community awareness of Naloxone Access Points, naloxone training, and safe storage resources across Dakota County.	DCPH	# of outreach or promotional efforts conducted annually # of community partners engaged in promotion efforts % change in utilization of Naloxone Access Points
Statewide Health Improvement Framework Alignment	<ol style="list-style-type: none"> 1. Promote policy and system-level approaches to improve mental health and wellbeing, including community identified policies and approaches. 2. Promote primary prevention approaches that support mental health and prevent substance misuse 3. Increase culturally competent and trauma-informed training, care, support, services, and policies across the state 		
Dakota County Strategic Plan Board Priorities Alignment	Create access to opportunities, care for vulnerable people, innovate and collaborate, community engagement, community safety, health and well-being, and welcoming and responsive services for all people		





Appendix C: SHIP Pathway

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

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

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

Strengthen community conditions that support healthy eating, active living, mental well-being, and tobacco-free living.			
Results: People who live, work, learn, and gather in Dakota County experience community conditions that promote healthy eating, active living, mental well-being, and tobacco-free living.			
Primary Indicators for this Pathway:			
<ul style="list-style-type: none"> • Percent of adults and students meeting recommended activity levels • Census tracts that are considered low food access • Tobacco use rates for adults and youth 			
Strategy	Potential Objectives and Timeline	Lead	Performance Measures
Partner with schools to strengthen healthy food access, physical activity, mental well-being, and tobacco-free practices that support student health.	By October 31, 2026, all ten Independent School Districts (ISD) through community partner awards and wellness committee support, will complete a SHIP approved project focused on student health and wellbeing.	ISDs SHIP Health Source Solutions	Tracking metrics for final reporting
	By November 2026, support at least one ISD in the county with implementing their Safe Routes to School (SRTS) work ensuring community voice is heard in the process and using the SRTS prioritizing to help guide the process.	ISDs SHIP Health Source Solutions	# of ISDs supported in implementing SRTS efforts





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





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





Appendix D: Access to Care for Children Pathway

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

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

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

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





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





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





Appendix E: Innovations Pathway

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

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

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

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

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





Explore and advance innovative approaches that support housing stability and access to care for adults.			
Result: Adults in Dakota County experience stable housing and timely access to care.			
Primary Indicators for This Pathway: <ul style="list-style-type: none"> • Percent of households spending 30% or more of income on housing • Rate of unsheltered homelessness • Percent of adults who delayed or did not receive needed medical care 			
Strategy	Potential Objectives and Timeline	Lead	Performance Measures
Build and strengthen partnerships focused on housing stability and adult access to care.	By December 2029, strengthen the Fairview–Public Health Partnership to Improve Housing & Outreach Connections by using the CHIP Advisory Committee as a Housing & Outreach Coordination Workgroup.	CHIP Advisory Committee Social Services Fairview	Tracking metrics to be determined as project unfolds
	By December 2026, conduct a landscape analysis of access to care initiatives in the metro area and provide a recommended scope for Public Health’s role in this work.	Community Services DCPH	Landscape analysis report
Use data and partner input to better understand gaps, barriers, and opportunities related to housing and healthcare access.	By December 2027, utilize GIS mapping to improve visibility and navigation of resources related to CHIP priority areas in Dakota County.	GIS Mapping Team DCPH	# of maps created and resources plotted Engagement metrics
	By December 2025, conduct a focused “mini” community health assessment on access to care to better understand primary drivers and barriers in Dakota County.	CHIP Advisory and Internal Steering Committees	Key Priorities for Access to Care Mini CHA data





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

