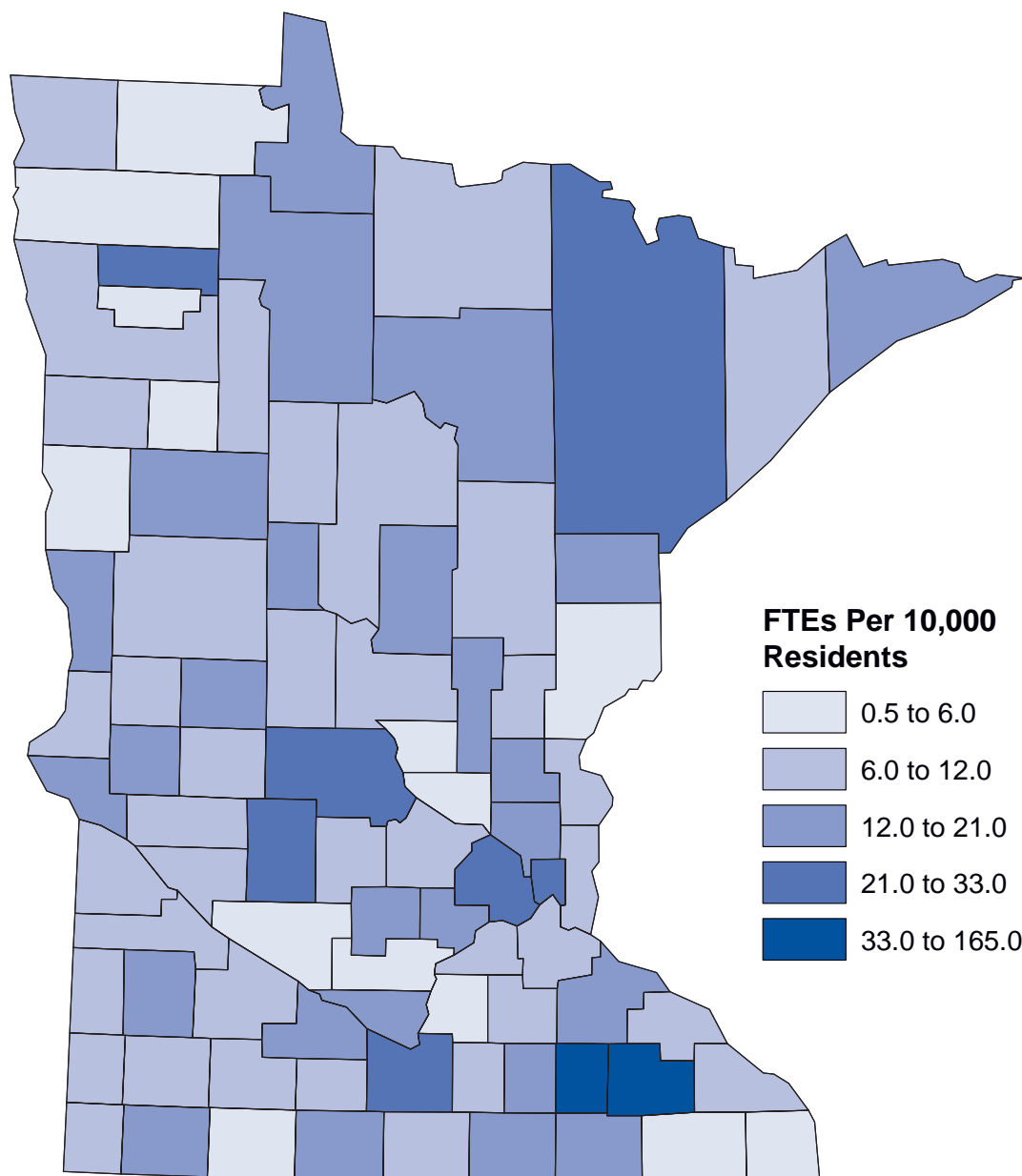


## Physicians, 2002

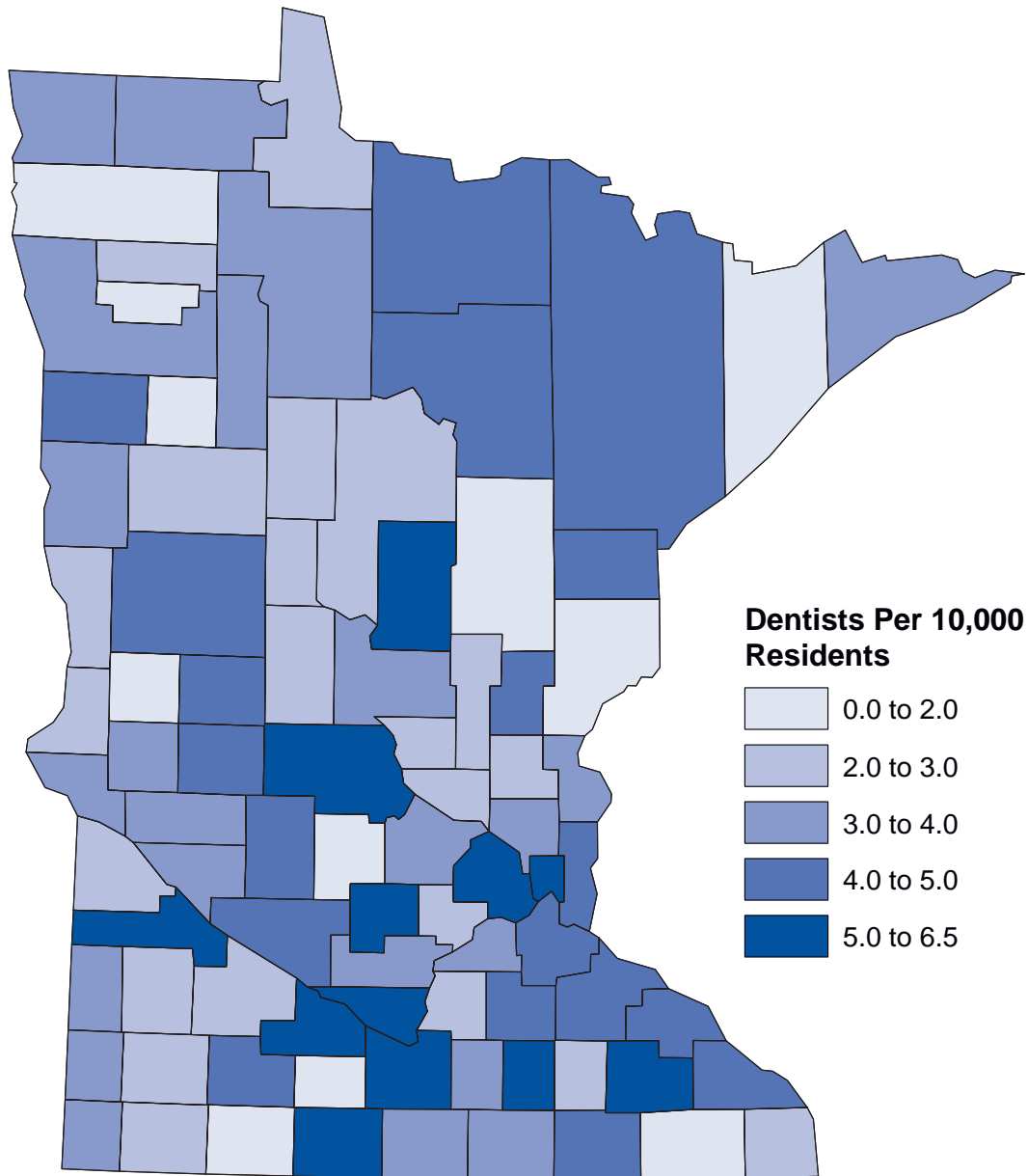
Aside from the distinct cluster of physicians around Rochester (165 full time equivalents [FTEs] in Olmsted and 163 FTEs in Dodge), physicians are concentrated in counties with large hospitals—but not necessarily large cities. The Twin Cities and Duluth rank high as well as Blue Earth (Mankato), Stearns (St. Cloud), Kandiyohi (Willmar) and Pennington County (Thief River Falls). On the other hand, a shortage of physicians is also apparent. Some are explainable: the very lowest numbers appear in counties that are adjacent to a county with a large facility, such as Sherburne and Benton County (St. Cloud), Fillmore County (Rochester), Houston County (La Crosse), and Clay County (Fargo). However, moving farther west and north there is a distinct drop-off in physicians in many rural counties. Most counties in western Minnesota reported physician FTEs well below the state average of 22.5.



Source: Minnesota Department of Health, Office of Rural Health and Primary Care, 2002 Survey of Physicians

## Dentists, 2002

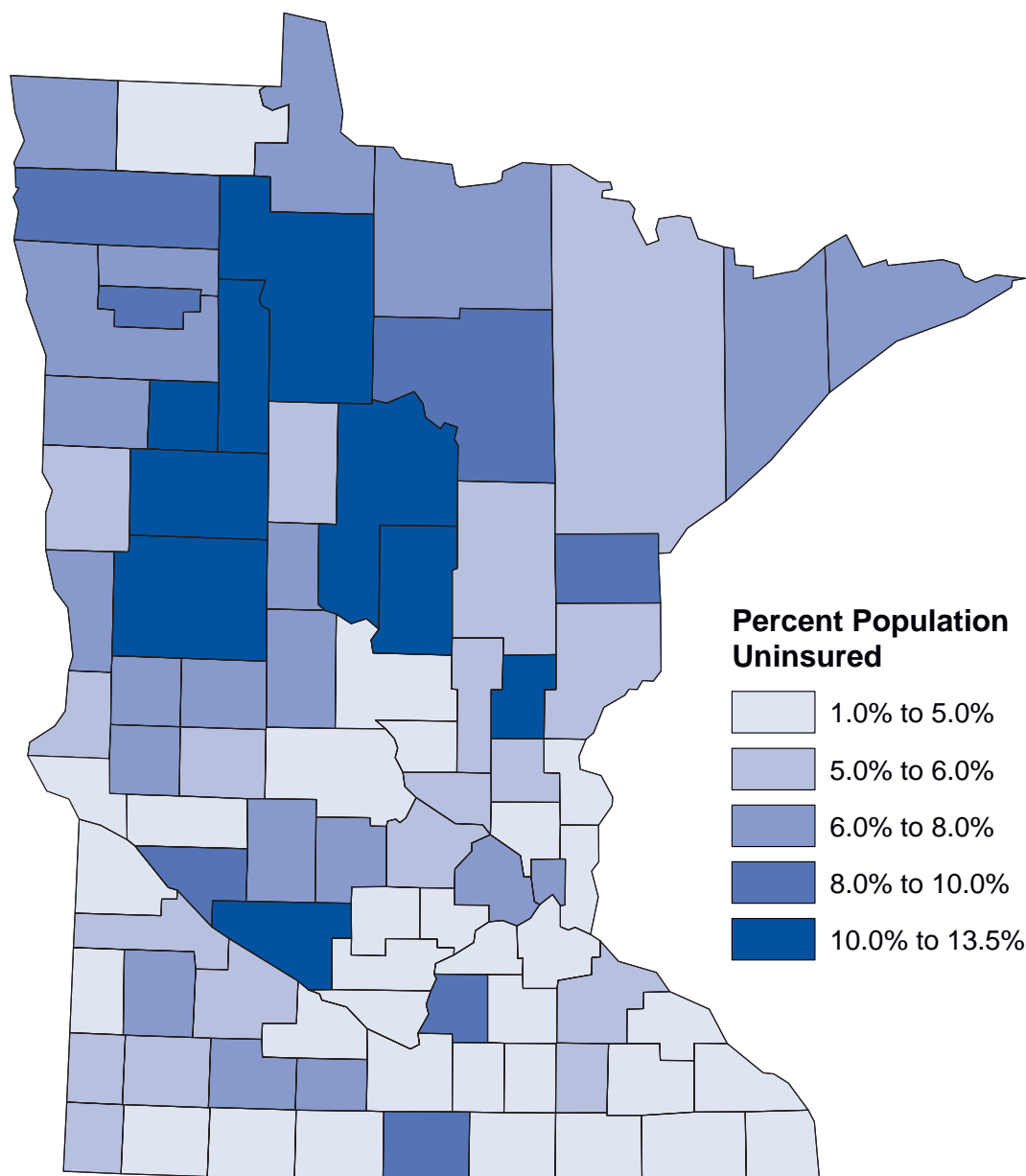
Dental health care is another significant but sometimes overlooked part of the total health care picture. As might be expected, a larger proportion of dentists tend to be found in populous areas.



Source: Minnesota Department of Health, Center for Health Statistics, 2002 Minnesota County Health Tables

## The Uninsured Population, 2002

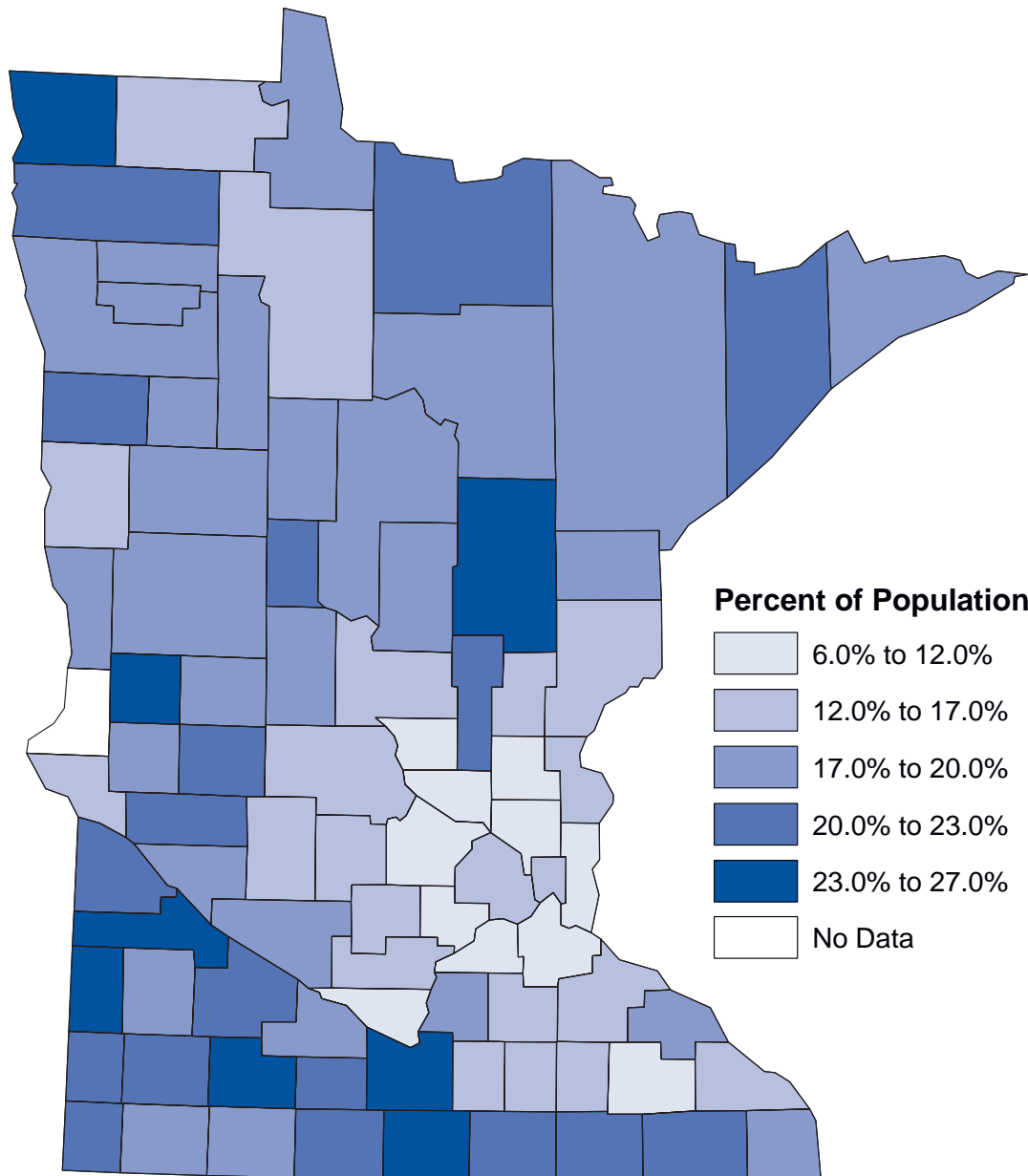
Access to health insurance is a significant issue in Minnesota, especially in rural areas. While employment is the primary means of accessing health insurance, health insurance can be unattainably high for small businesses. The Minnesota Department of Health completed a report in 2002 examining the extent of this problem and the causes. The findings show that in 2001, the highest rates of uninsured people can be found in northern and western Minnesota.



Source: Minnesota Department of Health, Health Economics Program, *2001 Health Insurance Coverage for Minnesota Counties*, December 2002

## Population Insured through Medicare, 2001

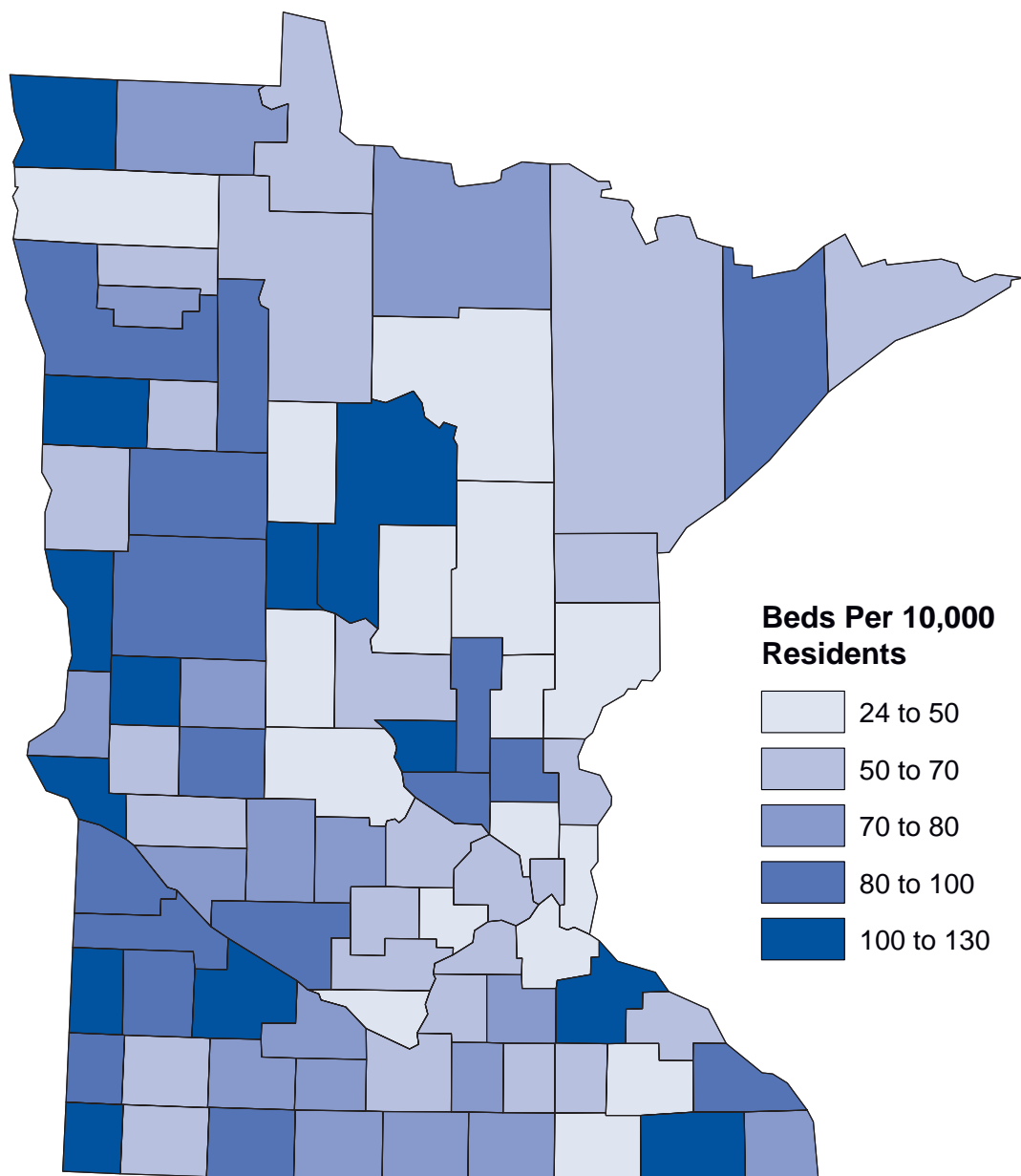
Minnesota's population is much younger around the urban and suburban core of the Twin Cities metropolitan area, but ages rapidly with distance. Counties in the north attracting retirees show a high rate of Medicare beneficiaries, but so do western and southwestern counties, where the population is disproportionately older.



Source: Minnesota Department of Health, Health Economics Program, 2001 Health Insurance Coverage for Minnesota Counties, December 2002

## Nursing Homes, 2002

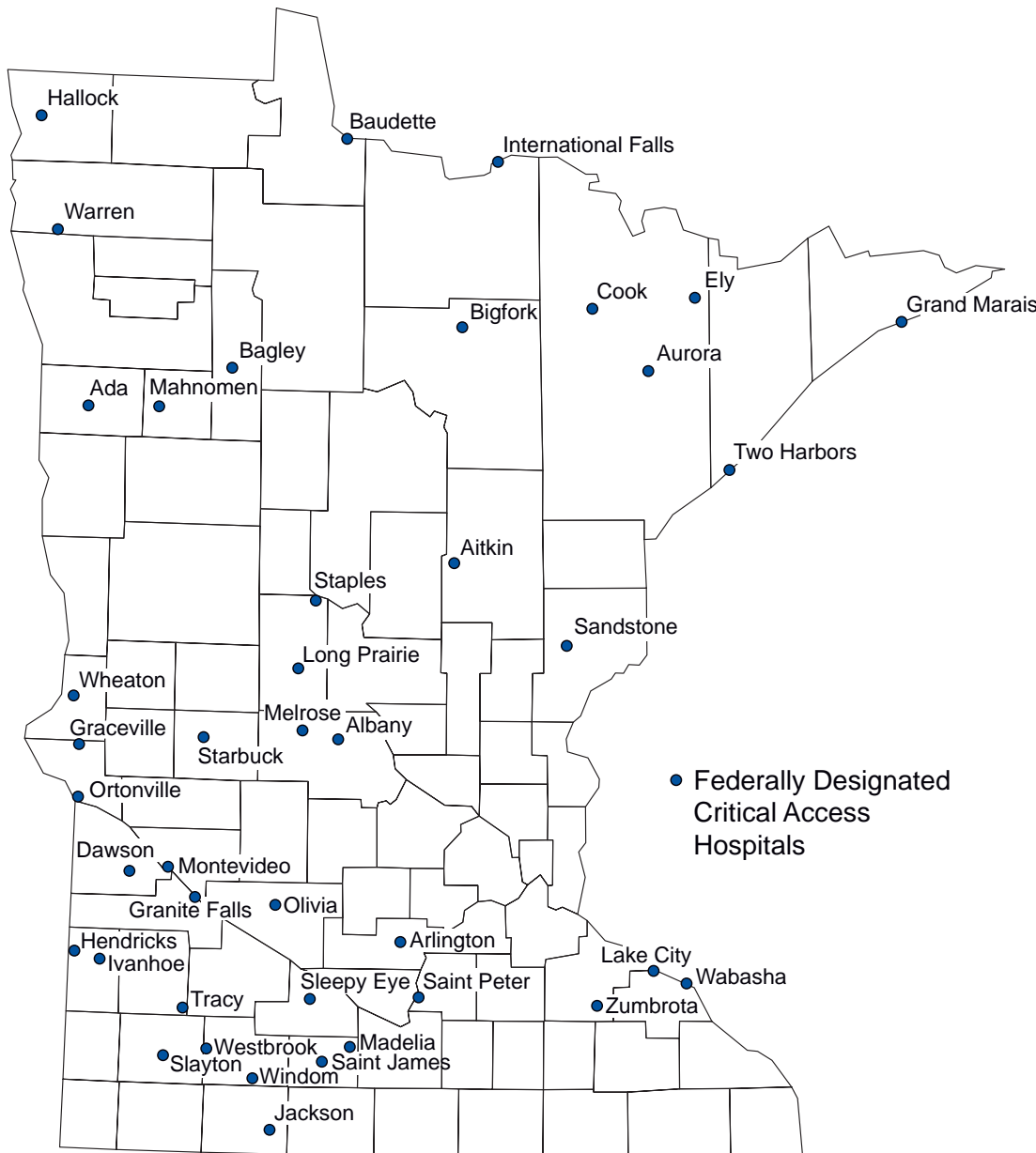
The shortage of nursing home beds is an ever-increasing issue in rural Minnesota, where the average age of the population is increasing much faster than in metropolitan Minnesota. There are over five times more nursing home beds per 10,000 residents over 65 in Big Stone County (the highest at 129.7) than in Anoka County (the lowest at 24.7). Declining population in some counties leads to a higher proportion of nursing home beds in those counties. As younger people leave rural areas, the demand for long-term care facilities for those remaining continues. As people leave the county, the nursing homes remain in place to care for those who stay.



Source: Minnesota Department of Health, Facility and Provider Compliance Division

## Critical Access Hospitals, 2003

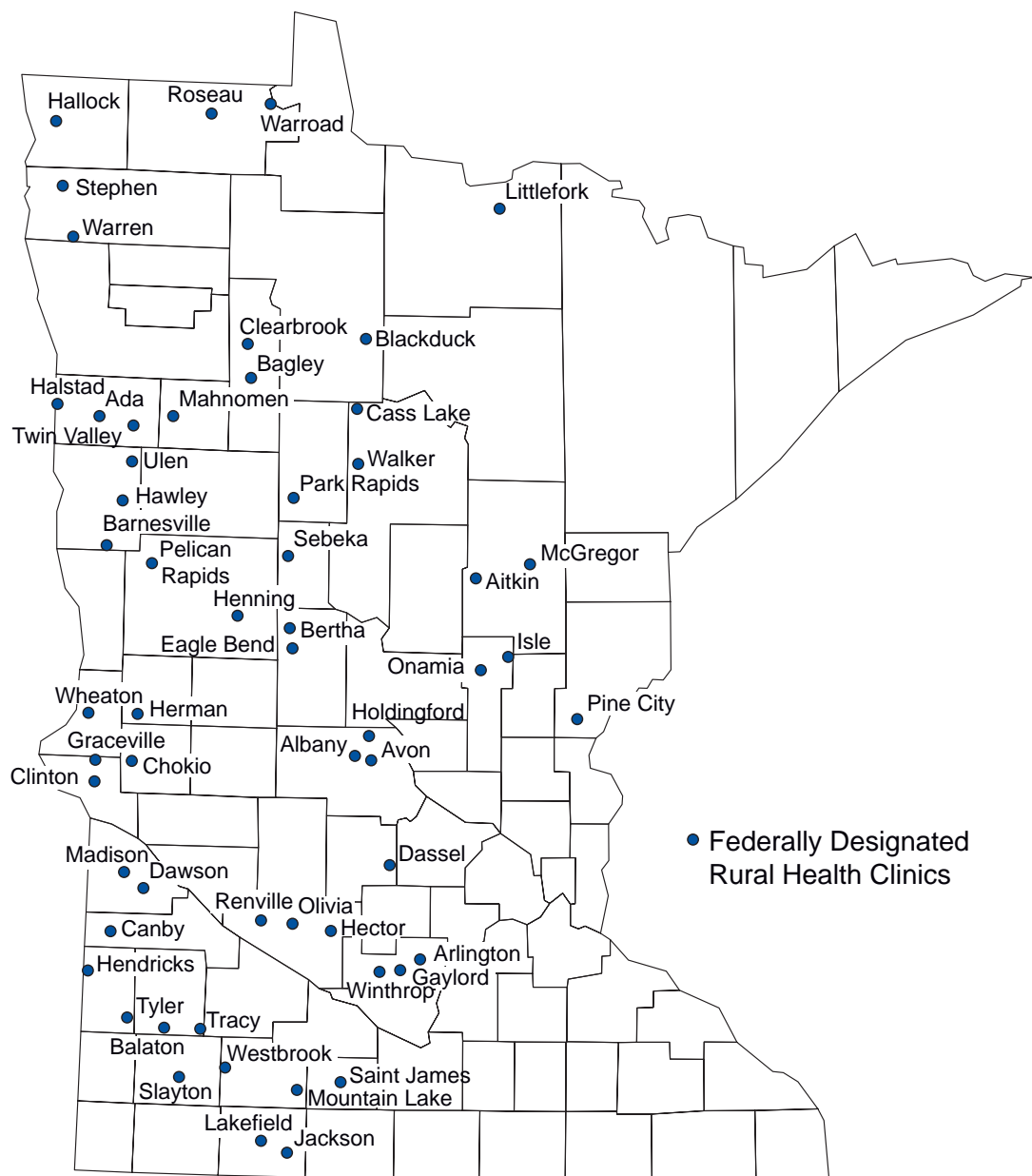
“Critical access hospital” is a federal designation given to hospitals in rural regions that serve a very low volume of patients. While government rules require hospitals to maintain certain levels of staffing and certain types of staff on hand, many remote hospitals with very low patient numbers cannot adhere to these requirements without serious financial loss. But in places where the next closest hospital may be 40 or 50 miles away, these facilities are crucial to health care access in the region. Being designated a critical access hospital helps these health care centers remain open by allowing them to operate under more flexible guidelines. While they cannot perform some procedures, they do provide many important services such as care for those who require hospitalization (but not necessarily intensive care) and stabilization for those who need transportation to a larger hospital.



Source: Minnesota Department of Health

## Federally Designated Rural Health Clinics, 2003

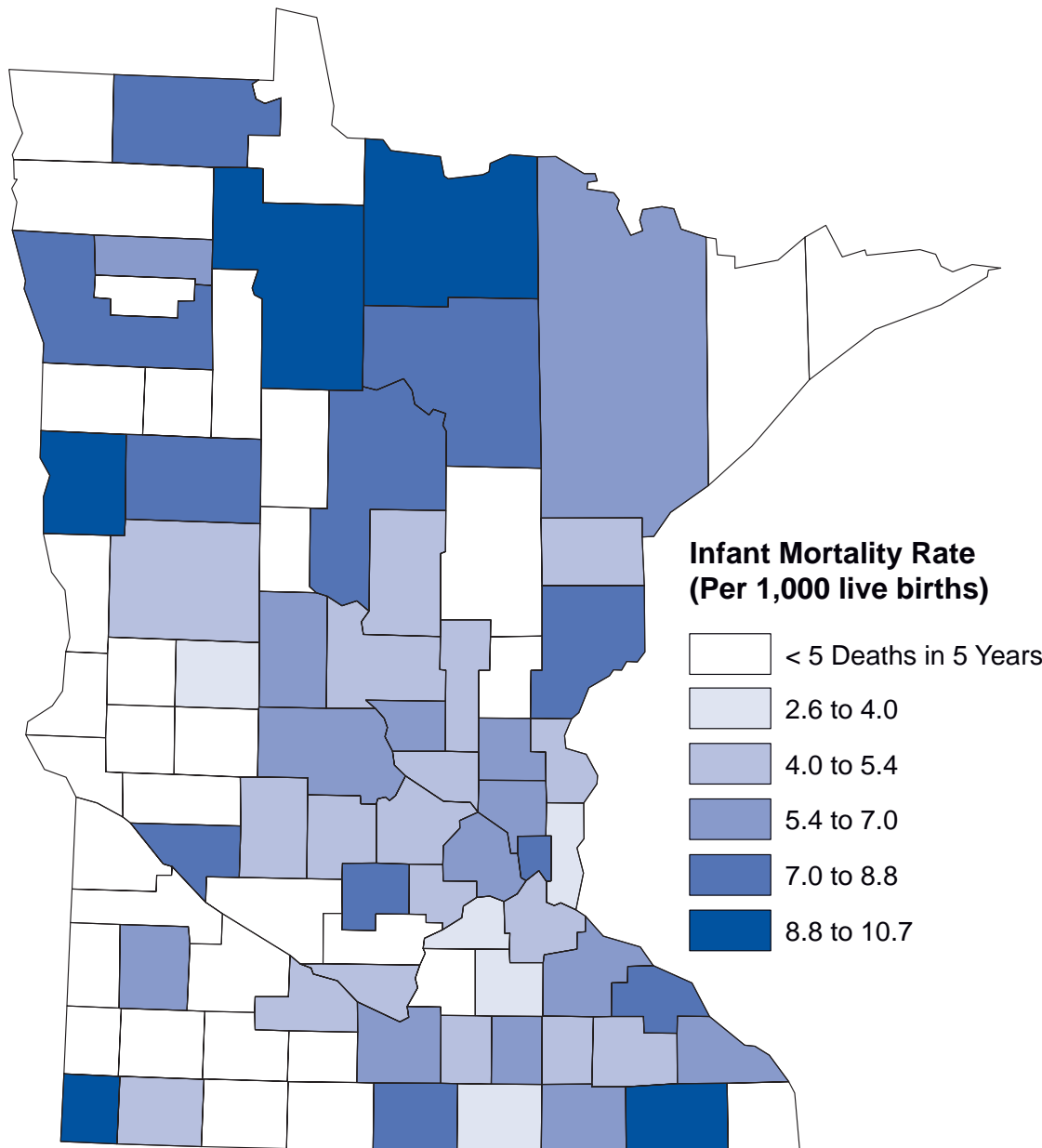
In rural areas, the shortage of health care providers is a serious issue. The federal government's rural health clinic designation is crucial to keeping clinics open in areas where the number of patients may be too low to make a regular clinic economically viable. Through more generous reimbursement rules, the federal government makes it financially possible to keep health care facilities open, serving area residents who would otherwise have to travel as much as 50 miles to another clinic. Access to such services is especially important to elderly and disabled residents, who may be limited in their mobility.



Source: Minnesota Department of Health

## Infant Mortality Rate, 1996–2000

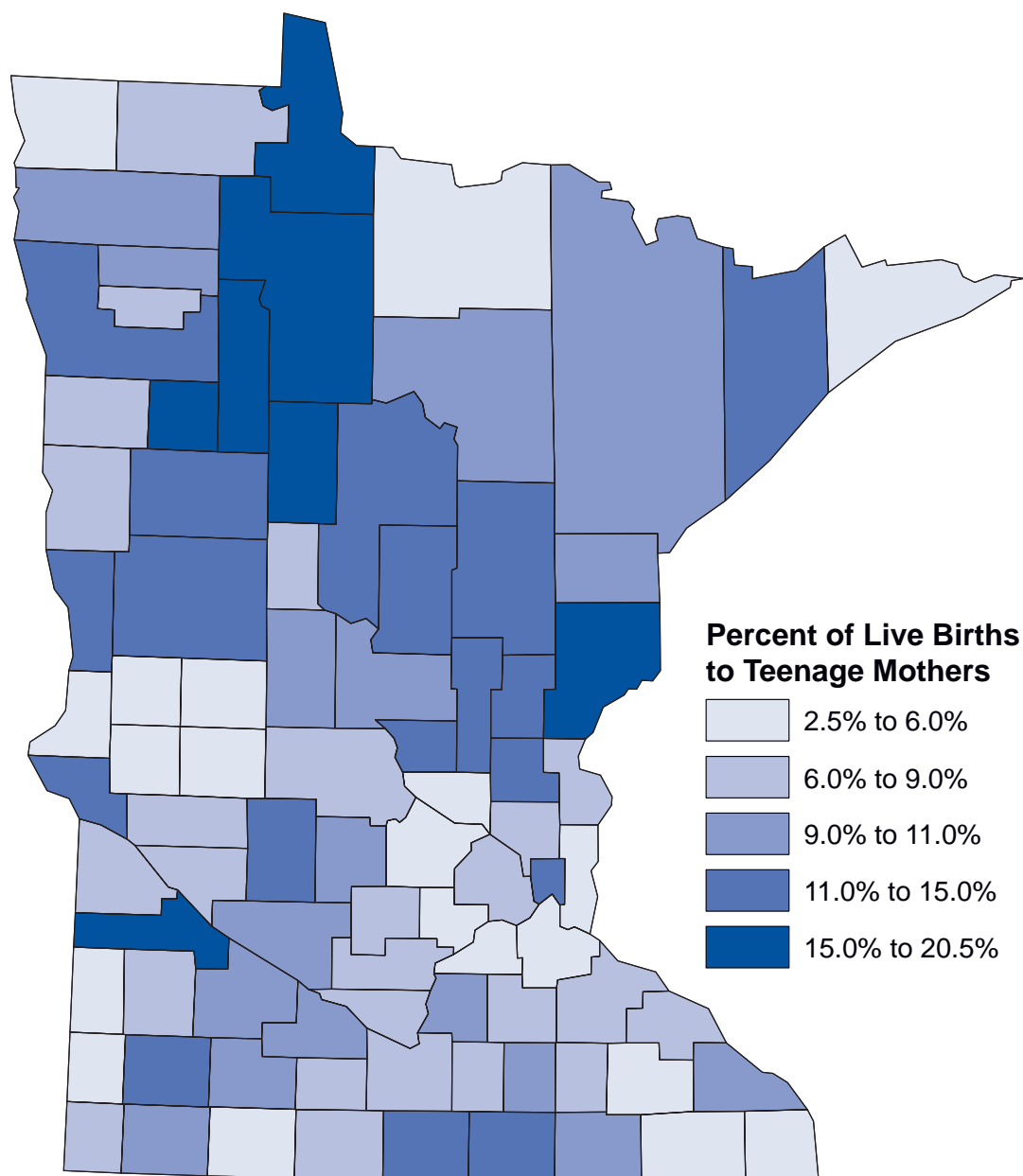
While the rate of infant mortality is very low in many of Minnesota’s counties (white designates counties where there were fewer than five deaths over the five years), the map documents pockets of high rates, especially in northern counties.



Source: Minnesota Department of Health, Center for Health Statistics, 2002 Minnesota County Health Tables

## Births to Teen Mothers, 2000

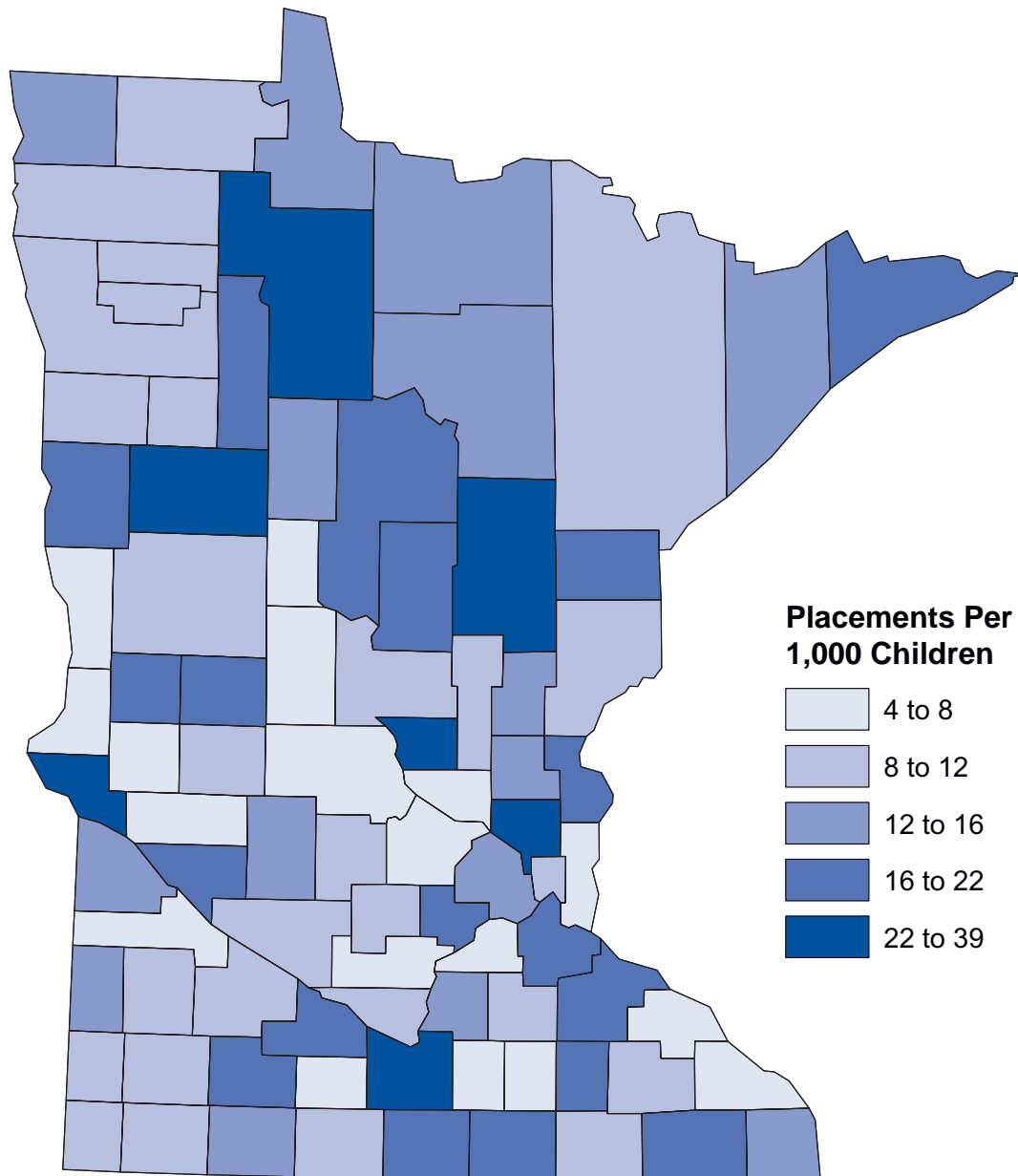
Many factors, including income, education and ethnicity, affect the rate of births to teenage mothers. The lowest rates of births to teenage mothers can be seen in the counties that include the Twin Cities suburbs and in some far western counties, while higher rates can be seen in counties in northern and southern Minnesota.



Source: Minnesota Department of Health, Center for Health Statistics, 2002

## Out-of-home Placements, 2000

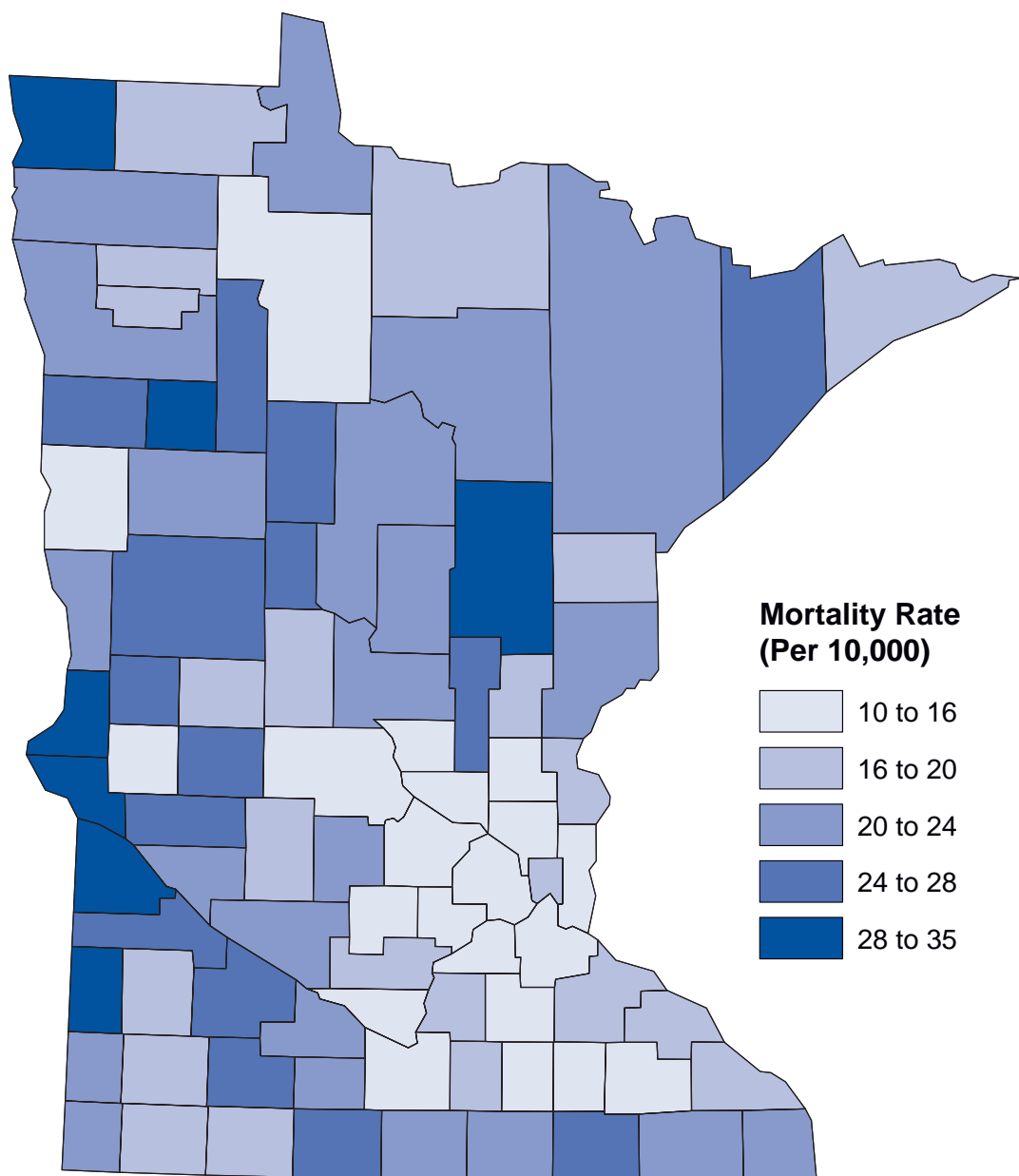
Of the more than 17,000 reports of child maltreatment in 2000, 1,141 children were removed from their homes for reasons ranging from neglect (the most common) to abuse, abandonment, parent incarceration, the child's behavior or substance abuse. Often children were removed on an emergency basis—they were at immediate risk of harm either from an adult or themselves. About one-third of children placed out of home were in care for less than a week, and over 80 percent of them were returned to their parent or guardian. (This map reflects unique children, where each child is counted once, irrespective of the number of placements for that child. Fewer than 10% of children were placed out of home more than once during the year.)



Source: Minnesota Department of Human Services, Children's Services, *Minnesota's Child Welfare Report for 2000*, April 2002

## Deaths Due to Cancer, 1996–2000

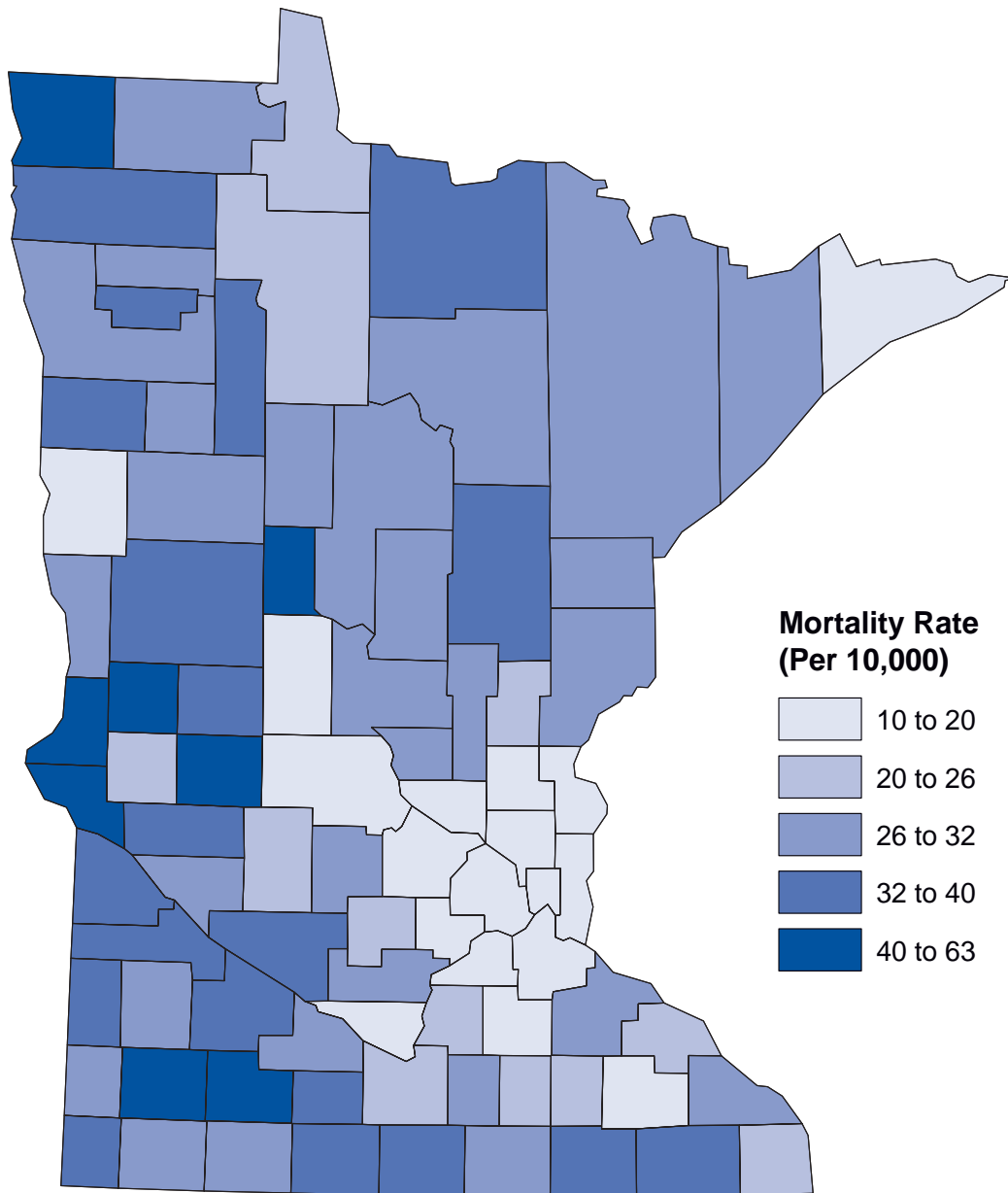
There is really no one disease called “cancer.” There are many different kinds of cancer, each with its own degree of severity and mortality and method of treatment. According to the Centers for Disease Control, Minnesota ranks near the bottom in cancer mortality rates among states (42<sup>nd</sup> in 2001). The cause of cancer still eludes researchers, but many factors contribute to its development including lifestyle and age. This map suggests a correlation between counties with the highest median ages and the highest mortality rate due to cancer.



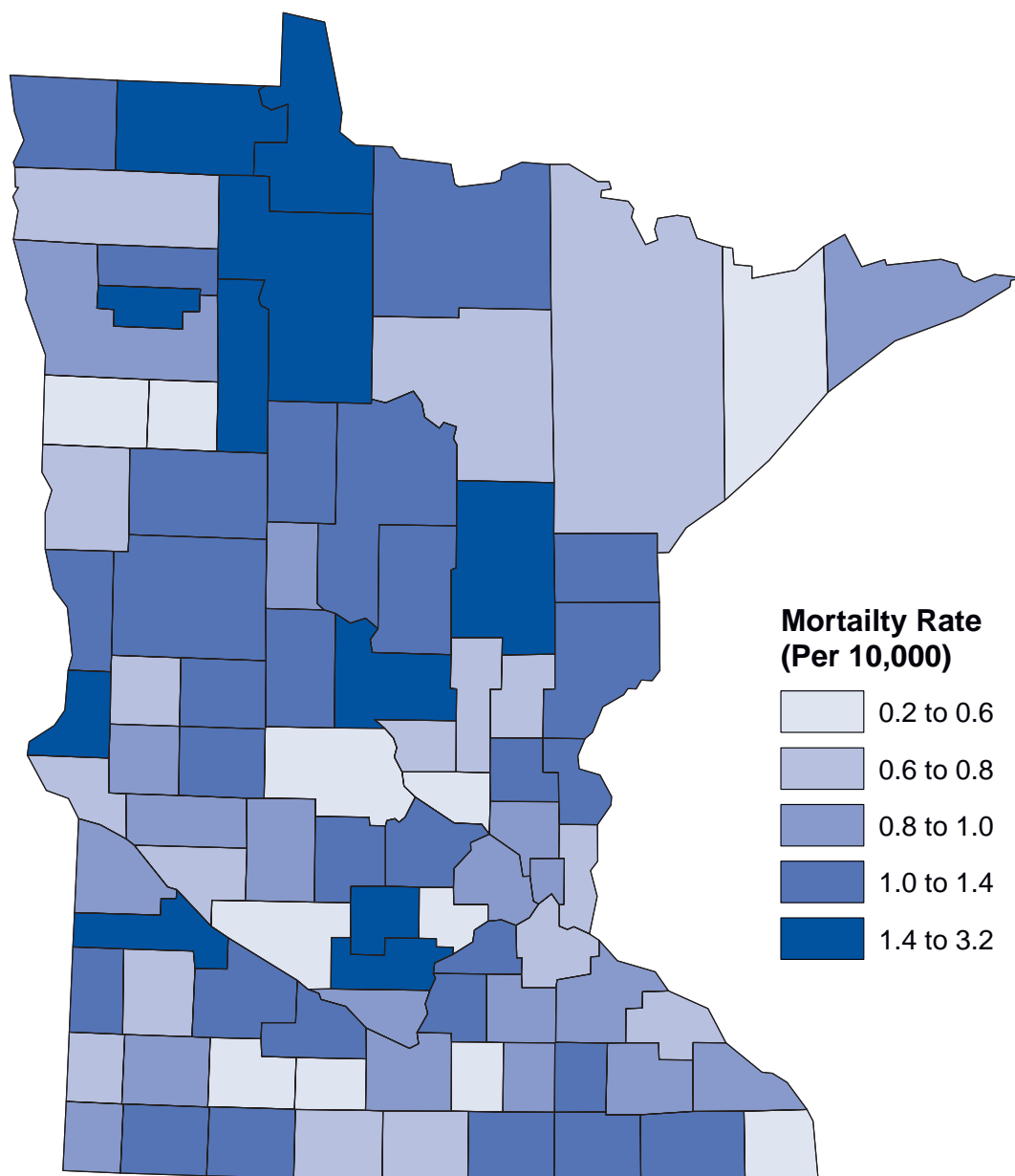
Source: Minnesota Department of Health, Center for Health Statistics

## Deaths Due to Heart Disease, 1996–2000

Like cancer, the map of the mortality rate from heart disease shows higher incidence in counties with higher median ages. The highest rates appear in the far western counties, while the lowest rates occur in the suburban counties with their younger populations. Unlike cancer, the factors that contribute to heart disease can be more clearly identified: diet, exercise and smoking.



Source: Minnesota Department of Health, Center for Health Statistics



## Deaths Due to Suicide, All Ages, 1996–2000

In Minnesota, the suicide rate per 100,000 people declined from 12.3 in 1990 to 8.9 in 2000. Suicide is the second-leading cause of death in Minnesota for people between ages 10 and 34, after accidental injury. It is the eighth-leading cause of death for all ages. Three times as many people in Minnesota die from suicide as from homicide.

Male suicide deaths account for approximately 80% of all suicide deaths in the state. The suicide rate for Native Americans is consistently higher than for any other ethnic group. Minnesotans 65 and older have the highest suicide rate of all age groups. Recent national research suggests that 20% of all suicides are committed by people over 65. The three leading methods of suicide in Minnesota are firearms, suffocation and poisoning.

Source: Minnesota Department of Health, Center for Health Statistics