

Minnesota Health Profile:

A Chartbook for Health Status and Health Care Indicators Comparing Minnesota to North Dakota and the Nation



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Author

Karen Olson

Contributors

Richard Rathge

Ramona Danielson

North Dakota State Data Center
at North Dakota State University, Fargo



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Foreword

The following report was prepared by the North Dakota State Data Center through funding by the Dakota Medical Foundation. The goal of the project was to provide a comparison of several measures relating to health and health care for Minnesota, North Dakota, and the nation overall.

The various indicators presented in this report are grouped by subject within two main themes: Part I. Health Status and Part II. Health Care. This report adapts the general framework used by the University of North Dakota's (UND) Center for Rural Health report, *An Environmental Scan of Health and Health Care in North Dakota: Establishing the Baselines for Positive Health Transformation*. In the UND study, the selection of health and health care measures was based on their importance to and their impact on health status, severity of the problem at present, and data availability to measure change over time.

Information presented in this report is drawn from a range of sources including many statewide datasets available on the Internet. Data sources, notes, and links to the original datasets are provided for each indicator (i.e., indicators presented in Part I and Part II) in the Data Sources and Notes section of this report.

Unless otherwise referenced, data presented in the Summary section are included in the Part I and Part II data tables and are referenced in the Data Sources and Notes section of this report.

Summary

This report serves as a brief overview of the health status of Minnesotans and the quality of health care within the state. It was designed as a comparative tool, thus information also is provided for the neighboring state of North Dakota and the nation. The primary purpose of the document is to offer decision makers a contextual snapshot of current health circumstances within the state and the corresponding environment in which health care is delivered.

The report is divided into three main sections. The first section focuses on the health status of Minnesota residents and presents information regarding the general population and indicators of birth, death, illness, and behavioral risks. Data for this section are drawn from a wide range of federal, state, and agency health data providers. The selection of indicators was guided by a parallel study conducted by staff at the University of North Dakota's (UND) Center for Rural Health. The report, *An Environmental Scan of Health and Health Care in North Dakota: Establishing the Baseline for Positive Health Transformation*, was based on an extensive literature review of current health and health care indicators¹. The second section examines Minnesota's health care environment. It examines indicators related to health infrastructure, the quality of health care, access to health care, and health care financing. Once again, we adopted the themes and indicators from the environmental scan conducted in North Dakota; their emphasis on developing benchmarks using Centers for Disease Control and Prevention (CDC) guidelines that align with Healthy 2010 indicators offers a unique framework to juxtapose health status indicators with health care indicators. The final section in the report provides a detailed listing of data sources and associated contextual notes for each indicator used in the document. This resource offers the reader easy access to all the information contained in the report.

HEALTH STATUS

An accurate assessment of a state's health status and the quality of its health delivery system begins with a contextual overview of its residential population. The overall health of a population can best be profiled by examining four major categories of health indicators. The first is natality which relates to issues regarding birth and birth outcomes. Monitoring births is vital to understanding the regenerative ability of the state. In contrast, mortality, the second category of indicators, examines the number of deaths occurring within the state and the reasons for those deaths. This category of health indicators is important in understanding the overall success of health care within the state and the major health issues that need to be improved. The third category of indicators is morbidity which focuses on illness and disease. Emphasis is placed on both chronic and infectious diseases, because many of these are preventable. In addition, attention is given to mental and oral health concerns along with disabilities. The final category of health indicators is behavioral health. This set of indicators reflects the behavior of residents in areas that have a direct impact on their health. The three themes on which we concentrate are obesity/physical activity, tobacco use, and alcohol use. Appropriate behavior in these three areas presents the greatest opportunity to avoid chronic diseases that collectively represent the leading preventable causes of death in Minnesota. We also present information on the success of health prevention within the state, including immunization and screening rates and health education.

Population

Minnesota is a state of more than 5.2 million people. Its residential growth of 6.1 percent from 2000 to 2008 was slightly under the national average of 8.0 percent. Health delivery in the state has been aided by the fact that Minnesota's residential base is predominately metropolitan (73 percent). There are economies of scale associated with health services. The type and number of services that can be provided (e.g., medical specialists, hospitals, clinics) depend on population size due to costs. Similarly, access to those services is highly correlated with population density. Residents living in sparsely populated rural areas are more limited in their health care options than metropolitan residents. In addition, Minnesota's population is relatively homogeneous, with 88.1 percent of its population reported as white; a proportion which is 14th highest in the nation. Only 9.7 percent of its residents

speak non-English at home. This means that difficulties in delivering health care due to cultural or language issues are reduced. However, a key driver that will impact Minnesota's future health care is their growing elderly population. The state's seniors (i.e., those 65 years of age and older) are expected to increase by 46 percent from 2008 to 2020. This will have significant implications on increased demand and cost. For example, the relative per capita health cost for people ages 65 to 74 is three times that for people ages 34 to 44. The cost for those ages 75 and older is, on average, 5.6 times more than for the younger 34 to 44 age group². Nonetheless, the economy of the state is much better positioned than the nation because it has less than 10 percent of its households below poverty, civilian unemployment is below national averages, and educational attainment levels are much higher than national averages. These macro indicators are highly correlated with both health status and challenges in successfully delivering health services.

Nativity

The birth profile in Minnesota is relatively strong. The number of live births in the state increased 9.1 percent from 2000 to 2007, adding 73,745 residents to the state during that time period. This increase in the number of Minnesota births was somewhat larger than the national increase of 6.4 percent and represented an actual growth of 1.4 percent in the birth rate (i.e., the number of births relative to the population base). In contrast, the birth rate (i.e., births to 1,000 population) actually declined in the nation by 2.7 percent during this period. A rising concern, however, is the growing proportion of births in Minnesota to unmarried women; the proportion was 32.7 percent in 2007, up from 25.8 percent in 2000. The literature shows that single-parent families, especially single women, have access to fewer resources including income and health care. For example, one-third of single mothers with children under age 18 were impoverished in Minnesota in 2008. Also an issue of concern is that more than one in three mothers in Minnesota indicated their pregnancy was unintended in 2006. The positive news is that Minnesota's teen birth rate (28 per 1,000 females ages 15 to 19 in 2007) is much lower than the national average (42.5 per 1,000) and it declined 7.1 percent from 2000 to 2007.

Mortality

There were 37,028 deaths in Minnesota during 2006. This translates into nearly 673 deaths per 100,000 individuals in the state, a rate much lower than the national average of 777. A very positive sign of the health status of Minnesotans is the fact that this rate declined by 12 percent from 2000 to 2006. An equally revealing positive indicator is life expectancy, which is a measure of the average number of years a person will live. Current statistics indicate that Minnesotans are expected to live an average of 78.9 years, a length of time second only to Hawaii.

The leading cause of death in Minnesota was cancer, killing more than 171 individuals per 100,000 in 2006, a rate slightly lower than the national average of 181. Deaths from heart disease were the second leading cause of death in Minnesota (134 per 100,000), followed by deaths from stroke (39.4 per 100,000) and accidents (35.2 per 100,000).

Morbidity

Cancer is a significant health concern in Minnesota. The leading cancer threat among men is prostate cancer with an incident rate of 181.7 per 100,000 men in 2005. The parallel threat for women is breast cancer with an incident rate of 124.5 per 100,000 women during the same year. These rates are higher than the national average of 142.4 and 117.7, respectively.

According to the American Cancer Society, 24,261 Minnesotans were diagnosed with cancer in 2005, and 8,823 Minnesotans died from this disease. Although cancer survival rates are improving, it is a disease that disproportionately affects older residents. Approximately 60 percent of cancers in Minnesota are diagnosed in those ages 65 and older³. The movement of the baby boom generation into this age category presents a significant challenge for health care providers in Minnesota, since more than one-fourth of Minnesotans are baby boomers (i.e., those born between 1946 and 1964) and the leading edge of this 15-year cohort will turn 65 years of age in 2011⁴.

Minnesota's incidents of major infectious diseases (e.g., AIDS, chlamydia, gonorrhea, and syphilis) are below national averages. Similarly, self-reported measures of mental health and oral health indicators suggest that Minnesotans, in general, perceive themselves as healthier than their American counterparts. Ironically, there are important contradictions to self-reported health measures when one contrasts these overall health perceptions with those that target specific health behavior. Although Minnesotans view themselves as relatively healthy, their actual self-reported behavior suggests they are indulging in relatively unhealthy practices.

Behavioral Health

Self-reported measures of health behavior indicate that Minnesota adults are less physically active, less likely to consume recommended amounts of fruits and vegetables, more overweight, and more likely to participate in binge drinking than adults nationwide. This portrait, based on self-reports, suggests that Minnesotans are more at-risk to health complications than one would deduce from viewing the previous health indicators. Although this insight sounds problematic, it does suggest that appropriate health interventions and educational campaigns can be effective tools in reducing preventable health maladies. For example, although the proportion of Minnesotans who were obese in 2008 is lower than that of the nation, the increase in that proportion from 2000 to 2008 was 44.8 percent in Minnesota relative to a 33.5 percent increase nationwide. A targeted educational campaign in Minnesota regarding the importance of healthy eating habits and proper weight may have a significant impact on changing this trend. A new Statewide Health Improvement Plan (SHIP) funded by the 2008 Minnesota State Legislature appropriated \$20 million in fiscal year 2010 and \$27 million in fiscal year 2011 to address chronic diseases and the rising cost of health care in the state. The specific target of this initiative is to reduce tobacco use and exposure and prevent obesity in Minnesota⁵. Thus, policy makers are aware and dedicated to improving behavioral health risks.

HEALTH CARE

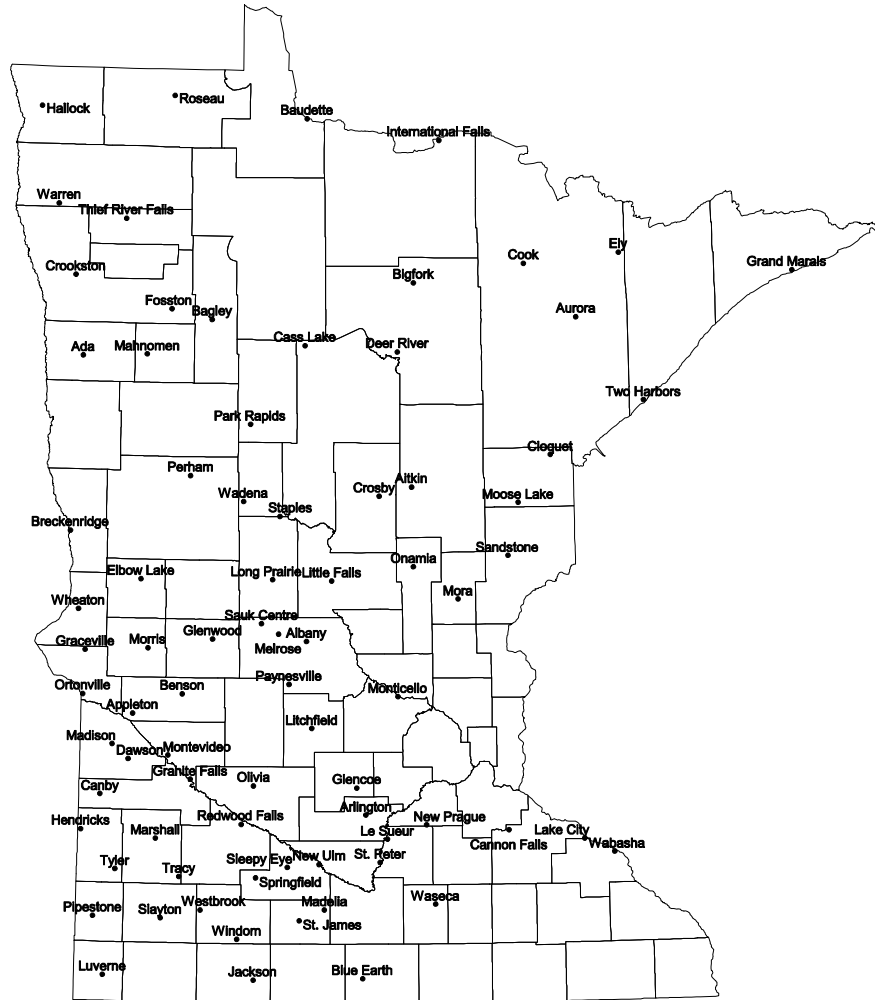
Minnesota's health care system is the second key factor influencing health within the state. The three components that contribute most to a successful and effective health care system are infrastructure and quality of health care, access, and financing. Minnesota faces important challenges in each of these three areas.

Infrastructure and Quality of Health Care

Minnesota has 79 critical access hospitals throughout the state. Federal criteria for eligibility as a critical access hospital require it to be at least 35 miles from another hospital, operate as a not-for-profit facility, and be located outside a metropolitan area. These facilities are small (i.e., 25 or fewer inpatient acute care beds) but provide 24-hour emergency services. They serve an important health coverage role especially for states like Minnesota which has a significant rural population.

Critical Access Hospitals in Minnesota: July 30, 2009

Source: Flex Monitoring Team - University of Minnesota, University of North Carolina at Chapel Hill, and University of Southern Maine Rural Health Research Centers. A Complete List of Critical Access Hospitals as of July 30, 2009. Retrieved from <http://www.flexmonitoring.org/cahlistRA.cgi>.



In addition, Minnesota maintains 131 community hospitals and 79 rural health clinics. Long-term care needs are provided through the 378 certified nursing facilities throughout the state. Quality of health care within the state is difficult to assess because of the difficulties in collecting generalizable information regarding the health care experience of residents. Although various agencies, both state and federal, provide comparative data such as hospital quality reports (e.g., *A Guide to Health Care Quality & Cost in Minnesota* from the Minnesota Department of Health at <http://www.minnesotahealthinfo.org>, and the Hospital Quality Compare website sponsored by the U.S. Department of Health & Human Services at <http://www.hospitalcompare.hhs.gov>), these resources are typically limited to the larger facilities or have small sample sizes in the case of survey data. Nonetheless, the portrait they reveal suggests Minnesota, in general, maintains high quality standards. For example, 66.4 percent of Medicare patients gave Minnesota facilities a “best” rating for health care compared to 61.4 percent nationwide.

Access to Health Care

One of the single greatest barriers to health care is health insurance. People lacking insurance often delay seeking health care until the problems become severe, thus more costly and at times more difficult to treat. A 2004 study estimated that roughly 18,000 deaths in the U.S. could be attributed to lack of insurance⁵. Even higher estimates were cited by a 2009 Harvard study which suggested as many as 44,800 excess deaths annually in the U.S. can be attributed to lack of insurance⁷. The cost of the uninsured upon a state or society in general can be sizeable. An article published in *Health Affairs* estimated the annual value of health foregone in the U.S. at \$65-\$130 billion⁸. These losses include Medicare and disability support payments, increased demand on public health infrastructure, and lost health service capacity. The proportion of people in Minnesota without health insurance is among the lowest in the nation. Estimates from the U.S. Census Bureau for the period 2006-2008 indicate that fewer than 9 percent of Minnesotans are without health insurance relative to the national average of 16 percent. Nonetheless, the approximately 450,000 uninsured residents of the state highlight a key health care access issue.

A second major barrier to accessing health care is location. Minnesota has a significant portion of its population living in rural and remote areas. The Office of Shortage Designation with the Health Resource and Services Administration of the U.S. Department of Health and Human Services identifies geographies nationwide that are medically underserved. In addition, they also classify areas that have health professional shortages in primary care, mental health, and oral health. Even though the majority of counties in Minnesota are nonmetropolitan, health access to residents is relatively good. In Minnesota, 5.3 percent of the population is living in an area which has a shortage of primary care professionals relative to 11.8 percent nationally. Similarly, only 3.7 percent of Minnesota residents are living in areas with a shortage of dental health professionals relative to 10.4 percent nationally. The area of greatest concern is mental health, where 26.6 percent of Minnesota residents are living in areas with a shortage of mental health professionals relative to 18.7 percent nationally.

Financing Health Care

The cost of health care has risen dramatically over time. According to the National Health Expenditure Accounts (NHEA), expenditures in the United States on health care surpassed \$2.3 trillion in 2008. For perspective, this is triple the cost spent in 1990 (\$714 billion) and an eightfold increase from 1980 (\$253 billion). In 2008, health care spending accounted for 16.2 percent of the nation’s Gross Domestic Product (GDP) which translates into \$7,681 per person⁹. The average annual increase in total health care expenditures that year was 4.4 percent, slightly outpacing inflation (3.8 percent)¹⁰ and the growth in national income (1.5 percent)¹¹. Although there is wide debate regarding the factors that are driving up health care costs, four of the factors most often considered include prescription drugs and technology, chronic disease, the aging of the population, and administrative costs.

A 2008 report cited new medical technologies and services as the primary contributor to the increase in overall health spending. The complexity of medical science and developmental costs of advanced technological services continue to increase. Simultaneously, the availability of new technologies generates consumer demand, creating an endless and costly cycle¹².

Chronic illnesses have become more prevalent in the U.S. as the life expectancy of residents increases. Greater demands are placed on the health care system for increased treatment of ongoing illnesses and long-term care services such as nursing homes. The Centers for Disease Control and Prevention estimate that 75 percent of national health expenditures are due to chronic disease treatment¹³.

The aging of the U.S. population also has driven up health expenses. The baby boomers, now in their middle years, will begin qualifying for Medicare in 2011 and much of their health care costs will be shifted to the public sector. Estimates by the Kaiser Family Foundation show that the average health care spending nationwide varied significantly by age. The average cost tended to double as the age of cohorts increased by 20 years. For example, in 2006 the average per capita health care expenditure for residents ages 25 to 44 was \$2,305. This increased to \$4,863 per capita for those ages 45 to 64. For those persons ages 65 and older, health expenditures averaged \$8,776 per person¹⁴.

Finally, the NHEA data show that an estimated 7 percent of health care expenditures were due to administrative costs such as marketing and billing services⁹.

These trends will significantly impact health care financing in Minnesota. Currently, the state's health care expenditures have mirrored the nation. For example, per capita health care expenditures in Minnesota in 2004 were \$5,795, only slightly higher than the national average of \$5,283. Similarly, the annual average growth in health care expenditures rose by 8.6 percent from 2000 to 2004, again only slightly higher than the national growth of 8.0 percent. Nonetheless, the aging of the baby boom and the rural nature of the state will place significant strains on health care financing in the near future.

References

¹ Volkov, B., Gibbens, B., & Wakefield, M. (2009). *An environmental scan of health and health care in North Dakota: Establishing the baselines for positive health transformation*. Grand Forks, ND: Center for Rural Health, University of North Dakota School of Medicine and Health Sciences. Retrieved January 20, 2010, from <http://ruralhealth.und.edu/projects/escan/publications.php>

² Reinhardt, U. (2008, December 5). *Why does U.S. health care cost so much? (Part III: An aging population isn't the reason)*. Retrieved January 20, 2010, from Economix website: <http://economix.blogs.nytimes.com/2008/12/05/why-does-us-health-care-cost-so-much-part-iii-an-aging-population-isnt-the-reason>

³ American Cancer Society. *Minnesota cancer facts and figures 2009*. Retrieved January 20, 2010, from http://www.cancer.org/docroot/COM/content/div_Midwest/COM_12x_Minnesota_Cancer_Facts_and_Figures_2009.asp

⁴ U.S. Census Bureau, Population Division, Population Estimates Program in collaboration with the National Center for Health Statistics. (2009, September 2). *Vintage 2008 bridged-race postcensal population estimates for July 1, 2000 – July 1, 2008*. Retrieved January 20, 2010, from http://www.cdc.gov/nchs/nvss/bridged_race.htm

⁵ Steps to a Healthier MN. (2008, May/June). *Make strides! - Steps to a HealthierMN newsletter*. Retrieved January 20, 2010, from <http://www.stepstohealthiermn.org/minnesota.cfm?gcAreaType=Communications%20and%20Marketing>

⁶ National Academy of Science's Institute of Medicine. (2004, January 13). *Insuring America's health: Principles and recommendations*. Retrieved January 20, 2010, from <http://www.iom.edu/Reports/2004/Insuring-Americas-Health-Principles-and-Recommendations.aspx>

⁷ Wilper, A., Woolhandler, S., Lasser, K., McCormick, D., Bor, D., & Himmelstein, D. (2009). Health insurance and mortality in U.S. adults. *American Journal of Public Health, 99*(12), 1–7.

⁸ Miller, W., Richardson Vigdor, E., & Manning, W. (2004, March 31). *Covering the uninsured: What is it worth?* (Health Affairs – web exclusive, 10.1377/hlthaff.w4.157). Retrieved January 20, 2010, from <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w4.157>

⁹ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. (n.d.) *National health expenditure data: Historical overview*. Retrieved January 20, 2010, from <http://www.cms.hhs.gov/NationalHealthExpendData>

¹⁰ U.S. Bureau of Labor Statistics, 2008 Consumer Price Index Detailed Report Tables, Annual Average Indexes 2008. (n.d.) *Table 1A. Consumer price index for all consumers (CPI-U): U.S. city averages, by expenditure category and commodity and service group*. Retrieved January 20, 2010, from http://www.bls.gov/cpi/cpi_dr.htm

¹¹ U.S. Bureau of Economic Analysis, National Economic Accounts, National Income and Product Accounts Tables. (n.d.) *Table 1.12. National income by type of income*. Retrieved January 20, 2010, from <http://www.bea.gov/national/nipaweb/Index.asp>

¹² Congressional Budget Office. (2008, January). *Technological change and the growth of health care spending*. Washington, D.C.: Government Printing Office. Retrieved January 20, 2010, from <http://www.cbo.gov/doc.cfm?index=8947>

¹³ The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2009, December). *The power of prevention*. Retrieved January 20, 2010, from <http://www.cdc.gov/chronicdisease/overview/pop.htm>

¹⁴ The Kaiser Family Foundation. (2009, March 19). *Health care costs: A primer – key information on health care costs and their impact*. Retrieved January 20, 2010, from <http://www.kff.org/insurance/7670.cfm>

Part I. Health Status

POPULATION

Minnesota's population grew to 5.2 million in 2008, a 6.1 percent increase from Census 2000. Population decreased by 0.1 percent in North Dakota and grew 8.0 percent nationwide from 2000 to 2008.

Nearly three-fourths of Minnesotans lived in a metropolitan area (73.0 percent) in 2008. Less than half of North Dakotans lived in metro areas (48.6 percent) and 83.6 percent of people nationwide lived in metro areas in 2008.

The elderly population (i.e., ages 65 and older) in Minnesota grew 9.6 percent from 2000 to 2008 and is expected to grow 45.5 percent by 2020. Similar growth rates from 2008 to 2020 are expected in North Dakota (59.6 percent) and the nation overall (41.2 percent).

In contrast, both Minnesota and North Dakota experienced a decrease in the number of children ages 0 to 17 from 2000 to 2008 (2.9 percent and 12.1 percent, respectively); nationally, the number of children grew 2.3 percent.

Minnesota's population remains largely white (88.1 percent), though slightly more diverse than North Dakota in which 91.0 percent of the population was white in 2008 and somewhat less diverse than the nation overall (75.0 percent white in 2008).

Approximately 10 percent of people in Minnesota had some type of disability in 2008; 19.2 percent of Minnesotans with a disability were living in poverty.

Population - Demographic Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States
Total Population	Total population	2008	5,220,393	641,481	304,059,728
	Percent change in population	2000-2008	6.1%	-0.1%	8.0%
Metro Status	Population in Metropolitan Statistical Areas - Percent	2008	73.0%	48.6%	83.6%
Age	Population ages 0 to 17 - Percent	2008	23.9%	22.0%	24.3%
	Percent change in population ages 0 to 17	2000-2008	-2.9%	-12.1%	2.3%
	Population ages 65 and older - Percent	2008	12.5%	14.6%	12.8%
	Percent change in population ages 65 and older	2000-2008	9.6%	-0.8%	10.9%
	Percent change in population ages 65 and older (PROJECTION)	2008-2020	45.5%	59.6%	41.2%
	Median age - in years	2008	37.4	37.0	36.9
Race and Ethnicity	White alone - Percent	2008	88.1%	91.0%	75.0%
	Percent change in White alone	2000-2008	4.6%	-1.6%	7.9%
	Black alone - Percent	2008	4.4%	1.0%	12.4%
	American Indian alone - Percent	2008	1.0%	5.3%	0.8%
	Asian, Hawaiian, and Pacific Islander alone - Percent	2008	3.5%	0.9%	4.6%
	Some other race alone - Percent	2008	1.1%	0.6%	4.9%
	Two or more races - Percent	2008	1.8%	1.3%	2.3%
	Percent change in 'non-white alone' and 'two or more races'	2000-2008	19.3%	17.8%	8.5%
	Hispanic origin of any race - Percent	2008	4.1%	2.0%	15.4%
Disability	Population with a disability	2008	496,458	67,795	36,071,802
	Population with a disability - Percent	2008	9.6%	10.9%	12.1%
	Population ages 0 to 4 - Percent with a disability	2008	0.8%	0.3%	0.7%
	Population ages 5 to 17 - Percent with a disability	2008	4.7%	3.3%	5.2%
	Population ages 18 to 34 - Percent with a disability	2008	4.8%	4.6%	5.6%
	Population ages 35 to 64 - Percent with a disability	2008	9.4%	11.0%	12.7%
	Population ages 65 to 74 - Percent with a disability	2008	20.9%	23.3%	26.5%
	Population ages 75 and older - Percent with a disability	2008	45.9%	47.7%	51.4%
	Total population with a disability - Percent below poverty	2008	19.2%	20.1%	21.2%

Three in ten Minnesota households consisted of one person in 2008 (29.1 percent). From 2000 to 2008, the number of one-person households grew 19.4 percent, which is twice the growth rate of all Minnesota households (10.3 percent from 2000 to 2008). The number of householders living alone grew 13.8 percent in North Dakota and 15.3 percent nationwide from 2000 to 2008.

Family households in Minnesota (households with at least two people who are related by blood, marriage or adoption) comprised 64.3 percent of all households in 2008. Of these Minnesota families, 34.9 percent were married couples with children under 18 and 9.2 percent were single mothers with children under 18.

While most families with children under 18 are married-couple families, the number of married couples with children is decreasing in Minnesota, North Dakota, and nationwide. From 2000 to 2008, the number of married couples with children under 18 decreased by 1.8 percent in Minnesota, 8.4 percent in North Dakota, and 4.0 percent nationwide. At the same time, the number of single mothers grew 11.0 percent in Minnesota, 9.0 percent in North Dakota, and 10.2 percent nationwide.

The proportion of adults ages 25 and older with at least a bachelor's degree was higher in Minnesota (31.5 percent) than in North Dakota (26.9 percent) and nationally (27.7 percent) in 2008.

Approximately one in ten Minnesotans ages 5 and older was speaking a language other than English at home in 2008 (9.7 percent). The proportion of people ages 5 and older speaking a language other than English at home was twice as large in Minnesota than in North Dakota (5.5 percent) and half the proportion in Minnesota than nationwide (19.7 percent).

Population - Social Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States
Household Composition	Total households	2008	2,089,449	274,743	113,101,329
	Percent change in total households	2000-2008	10.3%	6.8%	7.2%
	Householders living alone - Percent of households	2008	29.1%	31.2%	27.8%
	Percent change in householders living alone	2000-2008	19.4%	13.8%	15.3%
	Family households - Percent of households	2008	64.3%	62.2%	66.3%
	Total family households	2008	1,342,724	170,921	75,030,551
	Married couple families with own children under 18 - Percent of families	2008	34.9%	33.2%	31.8%
	Percent change in married couple families with own children under 18	2000-2008	-1.8%	-8.4%	-4.0%
	Single mothers with own children under 18 - Percent of families	2008	9.2%	8.7%	11.1%
	Percent change in single mothers with own children under 18	2000-2008	11.0%	9.0%	10.2%
Education	Total population ages 25 and older	2008	3,456,013	418,893	200,030,018
	With less than a high school diploma - Percent	2008	8.4%	10.4%	15.0%
	With bachelor's degree or higher - Percent	2008	31.5%	26.9%	27.7%
Limited English Proficiency	Total population ages 5 and older	2008	4,865,059	600,752	283,149,507
	Speaking non-English language at home - Percent	2008	9.7%	5.5%	19.7%

The median household income for Minnesota was \$57,288 in 2008. The median household income was somewhat larger in Minnesota than in North Dakota (\$45,685) and nationally (\$52,029) in 2008.

The unemployment rate was 4.9 percent in Minnesota, 3.2 percent in North Dakota, and 6.4 percent nationally in 2008.

About one in ten Minnesotans was living in poverty in 2008 (9.6 percent). The poverty rate was lower in Minnesota than in North Dakota (12.0 percent) and nationally (13.2 percent) in 2008.

Minorities, single mothers, and children were all at greater risk for poverty than the general population in all three geographies in 2008. In Minnesota, poverty rates averaged 37.3 percent for American Indians, 32.7 percent for single mothers, 30.1 percent for the Black population, 20.3 percent for Hispanics, 16.9 percent for Asians, and 11.4 percent for children.

In 2008, 9.8 percent of Minnesota households had incomes below poverty. That same year, 3.1 percent of Minnesota households received public assistance. On average, these Minnesota households received \$235 per month in assistance.

Population - Economic Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States
Income and Unemployment	Median household income - In dollars	2008	\$57,288	\$45,685	\$52,029
	Labor force (civilian labor force and armed forces)	2008	2,976,185	367,350	157,465,113
	Average wage per job - In dollars	2007	\$43,460	\$32,755	\$43,889
	Unemployed - Percent of civilian labor force	2008	4.9%	3.2%	6.4%
Poverty	Total persons - Percent living in poverty	2008	9.6%	12.0%	13.2%
	Children ages 0 to 17 - Percent living in poverty	2008	11.4%	15.3%	18.2%
	Elderly ages 65 and older - Percent living in poverty	2008	8.6%	13.1%	9.9%
	Single mothers with related children under 18 - Percent living in poverty	2008	32.7%	43.8%	36.3%
	White population - Percent living in poverty	2008	7.8%	9.8%	10.7%
	Black population - Percent living in poverty	2008	30.1%	--	24.1%
	American Indian population - Percent living in poverty	2008	37.3%	41.1%	24.2%
	Asian population - Percent living in poverty	2008	16.9%	--	10.7%
	Hispanic population (of any race) - Percent living in poverty	2008	20.3%	--	21.3%
	Households - Percent with incomes below poverty	2008	9.8%	12.5%	12.6%
Assistance	Households receiving public assistance - Percent	2008	3.1%	1.9%	2.3%
	Aggregate public assistance income in past 12 months for households - In 2008 inflation-adjusted dollars	2008	\$181,277,000	\$16,167,700	\$8,589,381,700
	Average public assistance income per month for households - In 2008 inflation-adjusted dollars	2008	\$235	\$259	\$271

Note: -- indicates that data cannot be displayed because the number of cases is too small.

OVERALL HEALTH

Minnesotans, on average, live longer and report healthier adults, healthier children, and fewer unhealthy days than do people nationwide.

The majority of Minnesotans considered themselves to be in good, very good, or excellent health (88.6 percent) in 2008. Approximately one in ten Minnesota adults reported their health to be fair or poor (11.4 percent). The proportion of adults reporting fair or poor health was smaller in Minnesota than in North Dakota (13.4 percent) and nationally (14.4 percent).

Likewise, Minnesota parents report healthier children than do North Dakota parents and parents nationwide. In 2007, 1.5 percent of Minnesota children were considered in fair or poor health (as described by their parents), compared to 2.1 percent in North Dakota and 3.5 percent nationwide.

The number of unhealthy days (physically and mentally) during the past month averaged 5.1 days for adults in Minnesota, 4.5 in North Dakota, and 6.1 nationwide in 2008.

Life expectancy values, which are based on the analysis of mortality statistics during a five-year period (1997 to 2001), indicate that Minnesotans are likely to live longer (78.9 years) than people living in North Dakota (77.6 years) and the nation overall (76.5 years).

Summary Health Measures

Subject	Indicator	Year	Minnesota	North Dakota	United States
Overall Health	Adults ages 18 and older whose overall health status is fair or poor - Percent	2008	11.4%	13.4%	14.4%
	Children ages 0 to 17 whose overall health status is fair or poor - Percent	2007	1.5%	2.1%	3.5%
Unhealthy Days	Average number of physically or mentally unhealthy days experienced by adults ages 18 and older in past month	2008	5.1	4.5	6.1
Life Expectancy	Life expectancy at birth - Average number of years	1997-2001	78.9	77.6	76.5

NATALITY

Minnesota reported 73,745 resident live births in 2007, an increase of 9.1 percent from 2000. North Dakota reported a 15.2 percent increase in births from 2000 to 2007 and the nation overall showed an increase of 6.4 percent during this time.

From 2000 to 2007, Minnesota's fertility rate rose 9.2 percent to 69.7 births per 1,000 women ages 15 to 44 years. During this same time, the fertility rate in North Dakota grew by 18.9 percent and the national fertility rate rose 3.0 percent.

The birth rate for Minnesota teens ages 15 to 19 decreased 7.1 percent from 2000 to 2007 to 27.5 births per 1,000 females ages 15 to 19. During this same time, North Dakota's teen birth rate decreased 4.2 percent to 27.0 births per 1,000 females ages 15 to 19 and the national teen birth rate decreased 12.4 percent to 42.5 per 1,000.

Births to unmarried women in Minnesota comprised 32.7 percent of all births in 2007. This proportion is up from 25.8 percent in 2000. Cesarean delivered births comprised 26.2 percent of all Minnesota births in 2007, which is up from 19.9 percent in 2000. North Dakota reported similar rates and increases during this time.

One-fifth of Minnesota mothers received late or no prenatal care in 2006 (20.1 percent), 36.0 percent of births were unintended, and 13.6 percent of mothers smoked during their last three months of pregnancy. North Dakota mothers reported similar characteristics in 2002. North Dakota data for 2006 are unavailable.

Nativity Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States
Births	Total resident live births	2007	73,745	8,840	4,317,119
	Percent change in total resident live births	2000-2007	9.1%	15.2%	6.4%
	Births to mothers less than 20 years old - Percent	2007	7.1%	8.0%	10.5%
	Low-weight births (less than 2,500 grams) - Percent	2007	6.7%	6.3%	8.2%
	Preterm births (less than 37 weeks of gestation) - Percent	2007	10.4%	11.6%	12.7%
	Births to unmarried women - Percent	2000	25.8%	28.3%	33.2%
		2007	32.7%	32.6%	39.7%
	Cesarean delivered births - Percent	2000	19.9%	20.9%	22.9%
2007		26.2%	28.4%	31.8%	
Birth Rates	Birth rate - Total resident live births per 1,000 population	2007	14.2	13.8	14.3
	Percent change in birth rate	2000-2007	1.4%	13.1%	-2.7%
	Fertility rate - Total resident live births per 1,000 women ages 15 to 44	2007	69.7	69.8	69.5
	Percent change in fertility rate	2000-2007	9.2%	18.9%	3.0%
	Teen birth rate - Total resident live births to teens per 1,000 females ages 15 to 19	2007	27.5	27.0	42.5
	Percent change in teen birth rate	2000-2007	-7.1%	-4.2%	-12.4%
	Infant Deaths	Infant deaths (less than 1 year) - Rate per 1,000 live births	2006	5.2	5.8
Risk	Mothers receiving late (after first trimester) or no prenatal care - Percent	2002	18.5%	21.1%	--
		2006	20.1%	--	--
	Mothers with unintended pregnancy - Percent	2002	33.8%	36.1%	--
		2006	36.0%	--	--
	Mothers who smoked during last three months of pregnancy - Percent	2002	15.4%	15.6%	--
		2006	13.6%	--	--

Note: -- indicates that data are not available.

MORTALITY

In 2006, a total of 37,028 deaths were reported in Minnesota. The age adjusted death rate in Minnesota was 672.8 deaths per 100,000 population in 2006, which is down 12.2 percent from 2000. The age adjusted death rate was 726.9 deaths per 100,000 population in North Dakota and 776.5 nationwide in 2006.

Cancer and heart disease are the leading and second-leading causes of death in Minnesota, North Dakota, and the nation. Together, cancer and heart disease accounted for 45.1 percent of all deaths in Minnesota, 49.1 percent in North Dakota, and 49.6 percent nationwide according to the 2004-2006 three-year average. Three-year averages are provided by the Centers for Disease Control and Prevention to control for year to year variations; thus providing a more stable estimate for geographic comparisons.

For the first time in 2000, and each year since then, more Minnesotans died of cancer than heart disease. The current 2004-2006 three-year average indicates that one in four Minnesotans died from cancer (24.3 percent) and one in five died from heart disease (20.8 percent). However, heart disease is still the leading cause of death in North Dakota (26.1 percent of all deaths) and the nation (26.6 percent of all deaths).

The third leading cause of death in all three geographies being compared, cerebrovascular disease (i.e., stroke), contributes to 6 percent of all deaths in Minnesota, 7 percent in North Dakota and 6 percent nationwide.

Mortality - Deaths and Leading Causes of Death

Subject	Indicator	Year	Minnesota	North Dakota	United States
Deaths	Total deaths	2006	37,028	5,868	2,426,264
	Total deaths - Rate per 100,000 population, age adjusted	2006	672.8	726.9	776.5
	Percent change in age adjusted death rate	2000-2006	-12.2%	-5.2%	-11.0%
Leading Causes of Death (Rank is included in parenthesis, 1=leading cause of death)	Total deaths	2004-2006 3-year avg.	37,237	6,011	2,423,965
	Malignant neoplasm (cancer) deaths - Percent	2004-2006 3-year avg.	24.3% (1)	23.0% (2)	23.0% (2)
	Diseases of heart deaths – Percent	2004-2006 3-year avg.	20.8% (2)	26.1% (1)	26.6% (1)
	Cerebrovascular disease (stroke) deaths - Percent	2004-2006 3-year avg.	6.4% (3)	7.4% (3)	5.9% (3)
	Accidental deaths - Percent	2004-2006 3-year avg.	5.1% (4)	4.9% (5)	4.8% (5)
	Chronic lower respiratory disease deaths - Percent	2004-2006 3-year avg.	5.0% (5)	4.8% (6)	5.2% (4)
	Alzheimer's disease deaths - Percent	2004-2006 3-year avg.	3.4% (6)	5.1% (4)	2.9% (7)
	Diabetes mellitus deaths - Percent	2004-2006 3-year avg.	3.2% (7)	3.6% (7)	3.0% (6)
	Influenza and pneumonia deaths - Percent	2004-2006 3-year avg.	2.0% (8)	2.8% (8)	2.5% (8)
	Kidney diseases - Percent	2004-2006 3-year avg.	1.8% (9)	1.1% (10)	1.8% (9)
Intentional self-harm (suicide) deaths - Percent	2004-2006 3-year avg.	1.4% (10)	1.4% (9)	1.4% (11)	
Other - Percent	2004-2006 3-year avg.	26.6%	19.9%	22.9%	

It should be noted that the leading cause of death has changed significantly over time. The historical data demonstrates that the major shift has been from death due to infectious diseases to death due to chronic diseases. This largely reflects advances in treatment and technology.

For example, in 1910 pneumonia, tuberculosis, and diarrhea /enteritis were three of the top four leading causes of death in Minnesota. However, currently only pneumonia still remains in the top ten leading causes of death. In contrast, cancer, stroke, and respiratory disease have risen to the top leading causes of death in Minnesota, alongside heart disease which has been the leading or second leading cause of death since 1910.

Mortality - Top 10 Causes of Death in Minnesota over the Past Century

Subject	Rank	1910	1950	2006
Leading Causes of Death in Minnesota	1	Tuberculosis (all forms)	Diseases of the heart	Malignant neoplasms (cancer)
	2	Diseases of the heart	Cancer and other malignant tumors	Diseases of the heart
	3	Pneumonia (all forms) and influenza	Vascular lesions affecting central nervous system	Cerebrovascular disease (stroke)
	4	Diarrhea, enteritis, and ulceration of the intestines	All accidents	All accidents
	5	All accidents	Congenital malformations and diseases peculiar to first year of life	Chronic lower respiratory disease
	6	Cancer and other malignant tumors	Pneumonia and influenza	Alzheimer's disease
	7	Congenital malformations and diseases peculiar to first year of life	Diseases of the digestive system	Diabetes mellitus
	8	Nephritis (all forms) (kidney diseases)	Nephritis and other diseases of the genitor-urinary system (kidney diseases)	Pneumonia and influenza
	9	Intracranial lesions of vascular origin	Diabetes mellitus	Kidney diseases
	10	Senility	Tuberculosis	Intentional self-harm (suicide)

Mortality - Top 10 Causes of Death in North Dakota over the Past Century

Subject	Rank	1925	1950	2006
Leading Causes of Death in North Dakota	1	Pneumonia (all forms) and influenza	Diseases of the heart	Diseases of the heart
	2	Diseases of the heart	Malignant neoplasms (cancer)	Malignant neoplasms (cancer)
	3	Congenital malformations and diseases peculiar to first year of life	Vascular lesions affecting central nervous system	Cerebrovascular disease (stroke)
	4	Cancer and other malignant tumors	All accidents	Alzheimer's disease
	5	Intracranial lesions of vascular origin	Congenital malformations and diseases peculiar to first year of life	All accidents
	6	Tuberculosis (all forms)	Diseases of the digestive system	Chronic lower respiratory disease
	7	Accidents	Pneumonia and influenza	Diabetes mellitus
	8	Nephritis (all forms) (kidney diseases)	Senility	Pneumonia and influenza
	9	Diarrhea, enteritis, and ulceration of the intestines	Diabetes mellitus	Intentional self-harm (suicide)
	10	Appendicitis	Kidney diseases	Kidney diseases

Mortality - Top 10 Causes of Death in the United States over the Past Century

Subject	Rank	1910	1950	2006
Leading Causes of Death in the United States	1	Diseases of the heart	Diseases of the heart	Diseases of the heart
	2	Pneumonia (all forms) and influenza	Malignant neoplasms (cancer)	Malignant neoplasms (cancer)
	3	Tuberculosis (all forms)	Vascular lesions affecting central nervous system	Cerebrovascular disease (stroke)
	4	Diarrhea, enteritis, and ulceration of the intestines	All accidents	Chronic lower respiratory disease
	5	Intracranial lesions of vascular origin	Certain diseases of early infancy	All accidents
	6	Nephritis (all forms) (kidney diseases)	Pneumonia and influenza	Diabetes mellitus
	7	Accidents excluding motor-vehicle	Tuberculosis	Alzheimer's disease
	8	Cancer and other malignant tumors	General arteriosclerosis	Pneumonia and influenza
	9	Premature birth	Chronic and unspecified nephritis and other renal sclerosis	Kidney diseases
	10	Senility	Diabetes mellitus	Septicemia (blood poisoning)

A crude death rate is a ratio of deaths during a year applied to a total population. However, populations used to compute rates often vary considerably according to age, race, sex, and other demographics. Areas with higher proportions of older residents will typically have higher crude death rates for all deaths as well as for major chronic conditions, compared to areas with younger populations. Conversely, areas with younger populations tend to have higher crude death rates for deaths due to unintentional injuries, especially motor vehicle crashes.

Since age is a prime factor in mortality, especially with chronic diseases such as heart disease and diabetes, the following table provides death rates that have been adjusted for age. Age adjusted death rates eliminate the bias of age in the populations being compared, thereby providing a much more reliable rate for comparison purposes.

The age adjusted death rates for the leading 10 causes of death in Minnesota were smaller than those same rates in North Dakota and the nation according to the 2004-2006 three-year averages – with the exception of kidney disease deaths, for which Minnesota’s rate was nearly twice as high as North Dakota’s rate.

The age adjusted mortality rate from cancer in Minnesota was 172.6 deaths per 100,000 persons. In 2005, the five leading types of cancer deaths in Minnesota were lung and bronchus, prostate, breast, colon and rectum, and pancreatic. The age adjusted lung and bronchus mortality rate in Minnesota (44.7 deaths per 100,000 population) was nearly twice as high as the second leading type of cancer death in the state, male prostate cancer (24.1 deaths per 100,000 males), in 2005.

Mortality - Death Rates and Cancer Deaths by Site

Subject	Indicator	Year	Minnesota	North Dakota	United States
Leading Causes of Death - Top 10 Death Rates in Minnesota	Malignant neoplasm (cancer) deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	172.6	179.7	183.3
	Diseases of heart deaths – Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	137.9	183.4	209.0
	Cerebrovascular disease (stroke) deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	42.1	50.2	46.6
	Accidental deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	34.9	40.5	38.9
	Chronic lower respiratory disease deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	34.8	35.6	41.6
	Alzheimer's disease deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	21.9	31.9	22.4
	Diabetes mellitus deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	21.9	27.0	24.1
	Influenza and pneumonia deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	12.5	18.3	19.2
	Kidney diseases - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	12.3	7.2	14.3
	Intentional self-harm (suicide) deaths - Rate per 100,000 population, age adjusted	2004-2006 3-year avg.	10.2	13.1	10.9
Other Deaths	Occupational deaths - Number	2008	65	27	5,071
	Infant deaths (less than 1 year) - Rate per 1,000 live births	2006	5.2	5.8	6.7
	Induced terminations of pregnancy - Rate per 1,000 women ages 15 to 44	2005	12.0	10.0	15.0
Cancer Deaths - Top 5 in Minnesota	Lung and bronchus - Rate per 100,000 population, age adjusted	2005	44.7	43.0	52.8
	Male prostate - Rate per 100,000 males, age adjusted	2005	24.1	26.9	24.7
	Female breast - Rate per 100,000 females, age adjusted	2005	22.3	22.8	24.0
	Colon and rectum - Rate per 100,000 population, age adjusted	2005	14.8	18.8	17.4
	Pancreatic - Rate per 100,000 population, age adjusted	2005	10.7	10.0	10.8

MORBIDITY

The five most common types of cancer in Minnesota in 2005 were prostate, breast, lung and bronchus, colon and rectum, and corpus and uterus. The age adjusted incidence rate for prostate cancer in Minnesota was 181.7 new cases per 100,000 males in 2005. The prostate cancer incidence rate was somewhat higher in Minnesota than in North Dakota (169.6 new cases per 100,000 males) and nationally (142.4 new cases per 100,000 males) in 2005.

Female breast cancer was the second leading type of cancer in Minnesota, with an age adjusted incidence rate of 124.5 new cases per 100,000 females in 2005. The breast cancer incidence rate was somewhat higher in Minnesota than in North Dakota (117.9 new cases per 100,000 females) and nationally (117.7 new cases per 100,000 females) in 2005.

Alzheimer's disease is projected to affect 94,000 persons ages 65 and older in Minnesota by 2010, which is 13.9 percent of the projected 2010 population of elderly. From 2010 to 2020, the number of elderly with Alzheimer's is expected to increase by 6.4 percent in Minnesota, 5.6 percent in North Dakota, and 8.6 percent nationally.

In 2007, 22.9 percent of adults in Minnesota had arthritis. The proportion of adults with arthritis was somewhat smaller in Minnesota than in North Dakota (26.9 percent) and nationally (27.5 percent) in 2007. The proportion of adults with asthma was similar in Minnesota (7.8 percent) and in North Dakota (7.9 percent) in 2008. Nationally, 8.8 percent of adults reported having asthma in 2008. Also in 2008, 7.1 percent of adults in Minnesota had diabetes. The proportion of adults with diabetes was somewhat smaller in Minnesota than in North Dakota (8.4 percent) and nationally (9.2 percent) in 2008.

Nationally, chlamydia and gonorrhea are the most commonly reported infectious diseases. The rate of reported chlamydia in 2007 was 259.6 cases per 100,000 population in Minnesota, 281.3 in North Dakota, and 370.2 nationally.

Morbidity - Chronic and Infectious Disease Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States	
Chronic Diseases	Cancer Related Disease (Incidence Rates) - Top 10 in Minnesota					
		Male prostate - Rate per 100,000 males, age adjusted	2005	181.7	169.6	142.4
		Female breast - Rate per 100,000 females, age adjusted	2005	124.5	117.9	117.7
		Lung and bronchus - Rate per 100,000 population, age adjusted	2005	57.6	62.2	67.7
		Colon and rectum - Rate per 100,000 population, age adjusted	2005	46.9	51.7	48.3
		Corpus and uterus - Rate per 100,000 population, age adjusted	2005	28.1	22.0	23.4
		Urinary bladder - Rate per 100,000 population, age adjusted	2005	22.9	24.2	21.1
		Non-Hodgkin lymphoma - Rate per 100,000 population, age adjusted	2005	21.1	19.4	18.9
		Melanomas of the skin - Rate per 100,000 population, age adjusted	2005	19.3	12.1	18.5
		Kidney and renal pelvis - Rate per 100,000 population, age adjusted	2005	14.9	13.7	14.5
		Leukemia - Rate per 100,000 population, age adjusted	2005	14.8	16.6	11.6
		Other Chronic Diseases				
		Alzheimer's: Projections of adults ages 65+ with Alzheimer's disease	2010	94,000	18,000	5,292,100
		Percent change in projections of adults ages 65+ with Alzheimer's	2010-2020	6.4%	5.6%	8.6%
		Arthritis: Adults ages 18+ who have ever been told they have arthritis - Percent	2007	22.9%	26.9%	27.5%
		Asthma: Adults ages 18+ who currently have asthma - Percent	2008	7.8%	7.9%	8.8%
		Diabetes: Adults ages 18+ who have ever been told they have diabetes - Percent	2008	7.1%	8.4%	9.2%
Infectious Diseases	Tuberculosis cases - Rate per 100,000 population	2007	4.6	1.1	4.4	
	Human West Nile virus - New cases	2008	10	37	1,356	
	AIDS cases reported - Rate per 100,000 population	2007	3.8	1.3	12.4	
	Chlamydia cases - Rate per 100,000 population	2007	259.6	281.3	370.2	
	Gonorrhea cases - Rate per 100,000 population	2007	66.9	18.2	118.9	
	Syphilis cases - Rate per 100,000 population	2007	3.6	0.3	13.7	

In 2008, 19.9 percent of adults in Minnesota said they were limited in activities due to physical, mental, or emotional problems and 7.7 percent of Minnesota adults required special equipment for assistance (e.g., cane, wheelchair, special bed, telephone). The proportion of children in Minnesota with special health care needs was 14.4 percent in 2005/06. The proportion of children with special health care needs was somewhat higher in Minnesota than in North Dakota (12.2 percent) and nationally (13.9 percent).

Minnesota adults reported, on average, 2.7 mentally unhealthy days in the past month, North Dakota adults reported 2.2 days, and adults nationally reported 3.4 mentally unhealthy days per month in 2008. On average, 7.5 percent of Minnesota adults reported 14 or more mentally unhealthy days during the past month in 2008. This proportion was somewhat smaller in Minnesota than nationally (10.3 percent of adults reporting 14 or more unhealthy days) and slightly larger in Minnesota than in North Dakota (6.0 percent).

In 2007, 8.2 percent of Minnesota children ages 4 months to 5 years were at high risk of developmental, behavioral, or social delays and 3.6 percent of Minnesota children ages 6 to 17 years consistently exhibited problematic social behaviors. Both of these proportions are somewhat smaller in Minnesota than nationally.

Of Minnesota children ages 2 to 17 who needed mental health care services in 2007, 67.0 percent received the necessary services (compared to 72.4 percent in North Dakota and 60.0 percent nationally).

In 2007, 3.9 percent of Minnesota children had teeth in fair or poor condition. The proportion of children whose teeth were in fair or poor condition was smaller in Minnesota than in North Dakota (6.2 percent) and nationally (8.4 percent).

Morbidity - Disability and Mental and Oral Health Characteristics

Subject	Indicator	Year	Minnesota	North Dakota	United States
Disabilities	Adults ages 18 and older who are limited in any activities because of physical, mental, or emotional problems - Percent	2008	19.9%	17.0%	20.6%
	Adults ages 18 and older who require special equipment such as cane, wheelchair, special bed, or telephone - Percent	2008	7.7%	5.6%	7.2%
	Children ages 0 to 17 with special health care needs - Percent	2005/06	14.4%	12.2%	13.9%
Mental Health	Adults ages 18 and older with 14 or more mentally unhealthy days - Percent	2008	7.5%	6.0%	10.3%
	Average number of mentally unhealthy days experienced by adults ages 18 and older in past year	2008	2.7	2.2	3.4
	Children ages 4 months to 5 years who are at high risk of developmental, behavioral, or social delays - Percent	2007	8.2%	7.5%	10.6%
	Children ages 6 to 17 who consistently exhibit problematic social behaviors - Percent	2007	3.6%	5.5%	8.8%
	Children ages 2 to 17 who needed mental health care services - Percent who received needed services	2007	67.0%	72.4%	60.0%
Oral Health	Adults ages 18 and older who visited a dentist or dental clinic in the past year - Percent	2008	75.3%	74.1%	71.3%
	Adults ages 18 and older who have had any permanent teeth extracted - Percent	2008	35.0%	45.7%	43.9%
	Adults ages 65 and older who have had all of their natural teeth extracted - Percent	2008	13.0%	20.1%	18.5%
	Children ages 1 to 17 whose teeth are in fair or poor condition - Percent	2007	3.9%	6.2%	8.4%
	Children ages 1 to 17 with 2 or more oral health problems in past six months - Percent	2007	4.4%	7.0%	8.4%
	Population on public water supply systems receiving fluoridated water - Percent	2006	98.7%	96.2%	69.2%

BEHAVIORAL HEALTH

About half of Minnesota adults get the recommended amount of cardiovascular exercise per week. In 2007, 48.9 percent of adults in Minnesota did 30 minutes of moderate physical activity five days a week or 20 minutes or more of vigorous physical activity three days a week.

One in five Minnesota adults consumed five or more servings of fruits and vegetables per day in 2007 (19.4 percent), compared to 21.9 percent in North Dakota and 24.4 percent nationally.

In 2008, 37.6 percent of Minnesota adults were considered overweight (i.e., with a Body Mass Index, BMI, from 25 to 29) and 25.2 percent of Minnesota adults were obese (i.e., BMI greater than 29). The proportion of adults considered obese in Minnesota grew 44.8 percent from 2000 to 2008. While the proportion of adults who were obese in 2008 was slightly smaller in Minnesota than in North Dakota and the nation, the growth in the proportion of obese adults from 2000 to 2008 was larger in Minnesota than in North Dakota (36.3 percent) and nationally (33.5 percent).

Among Minnesota children ages 10 to 17, 23.1 percent were overweight or obese in 2007. The proportion of overweight or obese children was smaller in Minnesota than in North Dakota (25.7 percent) and nationally (31.6 percent) in 2007.

Two in five Minnesota children ages 1 to 5 watched more than one hour of television per day in 2007 (40.9 percent). The proportion of children watching more than one hour of television per day was lower in Minnesota than in North Dakota (50.7 percent) and nationally (54.4 percent).

The proportion of adults who were smokers in 2008 was 17.6 percent in Minnesota, 18.1 percent in North Dakota, and 18.4 percent nationwide. The proportion of children living in homes where someone smoked inside the home was 4.9 percent in Minnesota, 6.0 percent in North Dakota, and 7.6 percent nationwide in 2007.

One in five Minnesota and North Dakota adults was a binge drinker in 2008 (19.8 percent and 21.6 percent, respectively). The proportion of adults who were binge drinkers in 2008 was somewhat larger in Minnesota than nationwide (15.6 percent). The proportion of adults who were heavy drinkers in 2008 was similar in Minnesota (4.7 percent), North Dakota (5.1 percent), and the nation (5.1 percent).

Behavioral Health - Obesity, Tobacco, and Alcohol

Subject	Indicator	Year	Minnesota	North Dakota	United States
Obesity and Physical Activity	Adults ages 18 and older with 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week - Percent	2007	48.9%	52.7%	49.5%
	Adults ages 18 and older who consume 5+ servings of fruits and vegetables per day - Percent	2007	19.4%	21.9%	24.4%
	Adults ages 18 and older who are overweight (BMI <30 and >=25) - Percent	2008	37.6%	39.6%	36.5%
	Adults ages 18 and older who are obese (BMI >=30) - Percent	2008	25.2%	27.8%	26.7%
	Percent change in the proportion of adults ages 18 and older who are obese (BMI >=30)	2000-2008	44.8%	36.3%	33.5%
	Children ages 1 to 5 watching more than 1 hour of TV/day - Percent	2007	40.9%	50.7%	54.4%
Tobacco Use	Children ages 10 to 17 who are overweight or obese (at or above 85th percentile for BMI) - Percent	2007	23.1%	25.7%	31.6%
	Adults ages 18 and older who are current smokers - Percent	2008	17.6%	18.1%	18.4%
Alcohol Use	Children ages 0 to 17 living in households where someone smokes inside the home - Percent	2007	4.9%	6.0%	7.6%
	Heavy drinkers - Percent of adult men having more than two drinks per day and adult women having more than one drink per day	2008	4.7%	5.1%	5.1%
	Binge drinkers - Percent of adult men having 5+ drinks on one occasion and female adults having 4+ drinks on one occasion	2008	19.8%	21.6%	15.6%

About three-fourths of infants in Minnesota received the recommended immunizations in 2008 (77.4 percent). A similar proportion of Minnesota elderly (i.e., ages 65 and older) received the influenza vaccine in 2008 (76.4 percent). The proportion of elderly who received the influenza vaccine in 2008 was somewhat larger in Minnesota than in North Dakota (73.2 percent) and nationally (71.1 percent).

The proportion of elderly who have ever received the pneumonia vaccine was 70.5 percent in Minnesota, 68.4 percent in North Dakota, and 66.9 percent nationwide in 2008.

Of Minnesotans ages 50 and older, 71.0 percent have had a colonoscopy/sigmoidoscopy. The proportion of older adults who have ever had a colonoscopy was somewhat larger in Minnesota than in North Dakota (57.9 percent) and nationally (62.2 percent).

In 2008, most women ages 18 and older in Minnesota, North Dakota, and the United States reported having had a pap test within the past three years (86.0 percent, 82.8 percent, and 82.9 percent, respectively). At least three-fourths of women ages 40 and older in Minnesota, North Dakota, and the United States reported having a mammogram in the past two years (79.1 percent, 76.9 percent, and 76.0 percent, respectively).

In 2008, the proportion of adults ages 50 and older who reported having a blood stool test performed in the past two years was 15.5 percent in Minnesota, 20.1 percent in North Dakota, and 21.0 percent nationally.

The proportion of children ages 10 months to 5 years who received a standardized developmental/behavioral screening in 2007 was more than twice as high in Minnesota (41.6 percent) than in North Dakota (17.6 percent) and nationally (19.5 percent).

Approximately two-thirds of Minnesota schools required students to take two or more health education courses in 2008 (67.0 percent). The proportion of schools requiring students to take two or more health education courses was about the same in Minnesota and North Dakota (67.2 percent) and somewhat larger in Minnesota than nationally (50.6 percent). A little more than half of Minnesota schools have a health education curriculum that addresses all eight national standards for health education* (56.8 percent).

Behavioral Health - Immunization, Screening, and Education

Subject	Indicator	Year	Minnesota	North Dakota	United States
Immunization	Children ages 19 to 35 months with recommended immunizations - Percent	2008	77.4%	74.2%	78.2%
	Adults ages 65 and older receiving influenza vaccine in past year - Percent	2008	76.4%	73.2%	71.1%
	Adults ages 65 and older who have ever received a pneumonia vaccination - Percent	2008	70.5%	68.4%	66.9%
Screening	Colonoscopy/sigmoidoscopy ever performed - Percent of adults ages 50 and older	2008	71.0%	57.9%	62.2%
	Blood stool test within past two years - Percent of adults ages 50 and older	2008	15.5%	20.1%	21.0%
	Pap test within past three years - Percent of women ages 18 and older	2008	86.0%	82.8%	82.9%
	Mammogram within past two years - Percent of women ages 40 and older	2008	79.1%	76.9%	76.0%
	Children ages 10 months to 5 years who received a standardized developmental/behavioral screening during a health care visit - Percent	2007	41.6%	17.6%	19.5%
Education	Schools that required students to take two or more health education courses - Percent	2008	67.0%	67.2%	50.6%
	Schools with a health education curriculum that addresses all 8 national standards for health education* - Percent	2008	56.8%	62.8%	66.1%

*See the Data Sources and Notes section for an explanation of the eight national standards for health education.

Part II. Health Care

INFRASTRUCTURE AND QUALITY OF HEALTH CARE

In 2007, Minnesota reported 131 community hospitals, 378 nursing facilities, and 14 federally-funded, federally-qualified health centers. According to 2009 statistics, Minnesota had 79 rural health clinics and 79 critical access hospitals.

Based on the four quality measures in the table below, Minnesota health care is doing better than the nation overall. In 2007, 76.6 percent of heart failure patients were given written instructions at discharge. The proportion of heart failure patients given written instructions at discharge in 2007 was larger in Minnesota than nationally (74.7 percent) and smaller in Minnesota than in North Dakota (88.8 percent).

Medicare patients whose health care provider always listens, explains, shows respect, and spends enough time with them was 77.4 percent in Minnesota, 70.8 percent in North Dakota, and 74.1 percent nationally in 2007.

Two-thirds of Medicare patients in Minnesota gave a “best” rating for health care they received in 2007 (66.4 percent). The proportion of Medicare patients giving a “best” rating for health care received in 2007 was larger in Minnesota than in North Dakota (59.7 percent) and nationally (61.4 percent).

The proportion of high risk nursing home residents with pressure sores was smaller in Minnesota (7.7 percent) than nationally (12.0 percent) and relatively similar between Minnesota and North Dakota (7.5 percent).

Health Care - Infrastructure and Quality of Health Care

Subject	Indicator	Year	Minnesota	North Dakota	United States
Infrastructure	Community hospitals	2007	131	41	4,897
	Critical access hospitals	2009	79	36	1,305
	Rural health clinics	2009	79	61	3,757
	Certified nursing facilities	2007	378	80	15,281
	Federally-funded, federally-qualified health centers	2007	14	5	1,067
Quality	Heart failure patients given written instructions at discharge - Percent	2007	76.6%	88.8%	74.7%
	Medicare patients whose health care provider always listens, explains, shows respect, and spends enough time with them - Percent	2007	77.4%	70.8%	74.1%
	Medicare patients giving a "best" rating for health care received in the past year - Percent	2007	66.4%	59.7%	61.4%
	High risk nursing home residents - Percent with pressure sores	2007	7.7%	7.5%	12.0%

ACCESS TO HEALTH CARE

Health Insurance

Minnesotans without any form of health insurance coverage numbered 450,000 according to the 2006-2008 three-year average. The proportion of individuals that do not have health insurance was smaller in Minnesota (8.7 percent) than in North Dakota (11.4 percent) and nationally (15.5 percent).

The proportion of uninsured children also was smaller in Minnesota (7.1 percent) than in North Dakota (8.7 percent) and nationally (10.8 percent).

For Minnesotans who do have health insurance coverage, 66.1 percent had plans sponsored by their employer (a proportion somewhat larger in Minnesota than in North Dakota, 60.7 percent, and nationally, 59.2 percent). The next largest form of coverage in Minnesota was Medicare (13.5 percent).

Approximately half of employers offered health insurance to their employees in Minnesota (53.5 percent), North Dakota (52.2 percent), and nationally (56.4 percent) in 2008. About three-fourths of employees were enrolled in health coverage offered by their employer in Minnesota (78.4 percent), North Dakota (78.9 percent), and nationally (78.7 percent) in 2008.

In 2004, the proportion of working adults spending 20 percent or more of their income on out-of-pocket medical expenses was somewhat smaller in Minnesota (5.0 percent) than in North Dakota (5.8 percent) and nationally (8.0 percent).

Of the population living below 200 percent of the poverty level in Minnesota, 55.6 percent were enrolled in Medicaid in 2005. The proportion of impoverished individuals enrolled in Medicaid was much higher in Minnesota than in North Dakota (28.4 percent) and somewhat higher in Minnesota than nationally (46.4 percent).

Access to Health Care - Health Insurance

Subject	Indicator	Year	Minnesota	North Dakota	United States
Coverage	People with health insurance coverage - Percent of population	2006-2008 3-year avg.	91.3%	88.6%	84.5%
Sources of Coverage	Employer sponsored - Percent of population	2006-2008 3-year avg.	66.1%	60.7%	59.2%
	Direct purchase - Percent of population	2006-2008 3-year avg.	12.6%	16.5%	9.0%
	Medicare - Percent of population	2006-2008 3-year avg.	13.5%	13.5%	13.9%
	Medicaid - Percent of population	2006-2008 3-year avg.	11.9%	8.7%	13.4%
	Military health care - Percent of population	2006-2008 3-year avg.	2.5%	4.0%	3.7%
Uninsured	People without health insurance coverage	2006-2008 3-year avg.	450,000	70,000	46,330,000
	People without health insurance coverage - Percent of population	2006-2008 3-year avg.	8.7%	11.4%	15.5%
	Children without health insurance coverage	2006-2008 3-year avg.	88,000	13,000	8,053,000
	Children without health insurance coverage - Percent of children ages 0 to 17	2006-2008 3-year avg.	7.1%	8.7%	10.8%
Other Health Insurance Related Indicators	Private-sector employers offering health insurance to employees - Percent	2008	53.5%	52.2%	56.4%
	Employees enrolling in health coverage offered by private-sector employer - Percent	2008	78.4%	78.9%	78.7%
	Working adults spending 20% or more of income on out-of-pocket medical expenses (including copayments, coinsurance, and deductibles) - Percent	2004	5.0%	5.8%	8.0%
	Medicaid enrollment - Percent of population <200% of the federal poverty level	2005	55.6%	28.4%	46.4%

Health Care Workforce and Utilization of Health Care Services

In 2008, there were 1.4 primary care physicians for every 1,000 Minnesotans. The primary care physician rate was slightly larger in Minnesota than in North Dakota (1.2 physicians per 1,000 population) and nationally (1.2). The rate of registered nurses also was higher in Minnesota (10.7 per 1,000 population) than in North Dakota (9.9) and nationally (8.4).

The rates of dentists and physician assistants were similar in Minnesota and nationally, each having 0.8 dentists per 1,000 population and 0.2 physician assistants per 1,000 population in 2008.

A much larger proportion of Minnesota's population lived in a mental health professional shortage area (26.6 percent) than in a primary care (5.3 percent) or dental care (3.7 percent) professional shortage area in 2008.

Regarding the population living in a primary care health professional shortage area in 2008, a much smaller proportion existed in Minnesota (5.3 percent) than in North Dakota (22.0 percent) and nationally (11.8 percent).

In 2007, Minnesota reported 122.0 hospital admissions per 1,000 population. The hospital admission rate in 2007 was somewhat smaller in Minnesota than in North Dakota (139.0 hospital admissions per 1,000 population) and slightly larger in Minnesota than nationally (117.0).

The emergency room visit rate was smaller in Minnesota (332.0 emergency room visits per 1,000 population) than in North Dakota (429.0) and nationally (401.0) in 2007.

Each Minnesotan filled, on average, 10.1 prescriptions in 2008. Fewer prescription drugs per capita were filled in Minnesota than in North Dakota (11.6) and nationally (12.0) in 2008.

Approximately one in ten Minnesota adults was not able to see a doctor in 2008 due to cost (9.6 percent). In addition, 4.5 percent of Minnesota children had one or more unmet health care needs in 2007. The proportion of children with unmet health care needs was smaller in Minnesota than in North Dakota (5.3 percent) and nationally (6.9 percent) in 2007.

Access to Health Care - Health Care Workforce and Utilization of Health Care Services

Subject	Indicator	Year	Minnesota	North Dakota	United States
Health Care Workforce	Nonfederal primary care physicians - Rate per 1,000 population	2008	1.4	1.2	1.2
	Dentists - Rate per 1,000 population	2008	0.8	0.6	0.8
	Registered nurses - Rate per 1,000 population	2008	10.7	9.9	8.4
	Physician assistants - Rate per 1,000 population	2008	0.2	0.5	0.2
	Population living in primary care health professional shortage area - Percent	2008	5.3%	22.0%	11.8%
	Population living in mental health professional shortage area - Percent	2008	26.6%	34.4%	18.7%
	Population living in dental health professional shortage area - Percent	2008	3.7%	7.6%	10.4%
Utilization of Health Care Services	Hospital admissions - Rate per 1,000 population	2007	122.0	139.0	117.0
	Hospital inpatient days - Rate per 1,000 population	2007	756.0	1,208.0	645.0
	Hospital outpatient visits - Rate per 1,000 population	2007	1,896.0	2,733.0	2,000.0
	Hospital emergency room visits - Rate per 1,000 population	2007	332.0	429.0	401.0
	Hospital beds - Rate per 1,000 population	2007	3.0	5.5	2.7
	Certified nursing facility occupancy - Residents as a percent of beds	2007	92.4%	92.1%	84.8%
	Prescription drugs filled at retail pharmacies - Per capita	2008	10.1	11.6	12.0
	Adults ages 18 and older not able to see doctor in past year due to cost - Percent	2008	9.6%	6.2%	14.1%
	Children ages 0 to 17 with one or more unmet needs for health care - Percent	2007	4.5%	5.3%	6.9%

FINANCING HEALTH CARE

Health care expenditures totaled \$29.5 billion for Minnesota residents in 2004, which averages to \$5,795 per person. Per capita health care expenditures were higher in Minnesota than nationally (\$5,283 per capita) and lower in Minnesota than in North Dakota (\$5,808) in 2004.

From 2000 to 2004, health care expenditures rose 8.6 percent per year on average for Minnesota residents. The annual average growth in health care expenditures from 2000 to 2004 was slightly higher in Minnesota than in North Dakota (8.0 percent) and nationally (8.0 percent).

Medicare funded 15.0 percent of all health care expenditures for Minnesota residents in 2004. On average, each Medicare enrollee in Minnesota received \$6,435 in health care. The annual average growth in Medicare funded health care expenditures from 2000 to 2004 was higher in Minnesota (10.3 percent) than in North Dakota (9.4 percent) and nationally (8.8 percent).

Hospital expenses averaged \$1,500 per inpatient day in Minnesota, \$958 in North Dakota, and \$1,696 nationally in 2007. The annual average growth in hospital inpatient expenses from 1999 to 2007 was higher in Minnesota (7.3 percent) than in North Dakota (4.7 percent) and nationally (5.5 percent).

Financing Health Care

Subject	Indicator	Year	Minnesota	North Dakota	United States
Health Care Expenditures: All Payers	Personal health care expenditures - Millions of dollars	2004	\$29,524	\$3,693	\$1,551,255
	Personal health care expenditures - Dollars per capita	2004	\$5,795	\$5,808	\$5,283
	Personal health care expenditures - Annual average growth	2000-2004	8.6%	8.0%	8.0%
Health Care Expenditures: Medicare Funded	Medicare funded personal health care expenditures - Millions of dollars	2004	\$4,418	\$603	\$303,417
	Medicare funded personal health care expenditures - Dollars per enrollee	2004	\$6,435	\$5,823	\$7,439
	Medicare funded personal health care expenditures - Annual average growth	2000-2004	10.3%	9.4%	8.8%
Hospital Expenses	Hospital adjusted expenses per inpatient day - Dollars	2007	\$1,500	\$958	\$1,696
	Hospital adjusted expenses per inpatient day - Annual average growth	1999-2007	7.3%	4.7%	5.5%

Data Sources and Notes

Subject	Indicator, Source, and Notes
Part I. Health Status	
POPULATION	
Total Population	Total population: American Community Survey, 2008 1-Year Estimates, Table B01003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in population: American Community Survey, 2008 1-Year Estimates, Table B01003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Census 2000 Summary File 1, 100-Percent Data, Table QT-P1. Age Groups and Sex: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
Metro Status	Population in Metropolitan Statistical Areas - Percent: American Community Survey, 2008 1-Year Estimates, Table B01003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
Age	Population ages 0 to 17 - Percent: American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in population ages 0 to 17: American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Census 2000 Summary File 1, 100-Percent Data, Table QT-P1. Age Groups and Sex: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Population ages 65 and older - Percent: American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in population ages 65 and older: American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Census 2000 Summary File 1, 100-Percent Data, Table QT-P1. Age Groups and Sex: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in population ages 65 and older (PROJECTION): American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Minnesota 2020 projections from the Minnesota State Demographic Center, http://www.lmic.state.mn.us/datanetweb/php/DemProjection/prj.html . North Dakota 2020 projections from the North Dakota State Data Center at North Dakota State University, <i>North Dakota Population Projections: 2005 to 2020</i> . September 2002, http://www.ndsu.nodak.edu/sdc/data/ndpopulationprojections.htm . National 2020 projections from U.S. Census Bureau, Population Division, 2008 National Population Projections, <i>Table 2. Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050</i> . Retrieved at http://www.census.gov/population/www/projections/summarytables.html .
	Median age - in years: American Community Survey, 2008 1-Year Estimates, Table B01001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
Race and Ethnicity	White alone - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in White alone: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Census 2000 Summary File 1, 100-Percent Data, Table QT-P3. Race and Hispanic or Latino: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Black alone - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	American Indian alone - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Asian, Hawaiian, and Pacific Islander alone - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Some other race alone - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Two or more races - Percent: American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Percent change in "non-white alone" and "two or more races": American Community Survey, 2008 1-Year Estimates, Table B02001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov . Census 2000 Summary File 1, 100-Percent Data, Table QT-P3. Race and Hispanic or Latino: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Hispanic origin of any race - Percent: American Community Survey, 2008 1-Year Estimates, Table B03002. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
Disability	Population with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Population with a disability - Percent: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Population ages 0 to 4 - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Population ages 5 to 17 - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .

Subject	Indicator, Source, and Notes
	<p>Population ages 18 to 34 - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Population ages 35 to 64 - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Population ages 65 to 74 - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Population ages 75 and older - Percent with a disability: American Community Survey, 2008 1-Year Estimates, Table B18108. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Total population with a disability - Percent below poverty: American Community Survey, 2008 1-Year Estimates, Table B18130. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>
Household Composition	<p>Total households: American Community Survey, 2008 1-Year Estimates, Table B11001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Percent change in total households: American Community Survey, 2008 1-Year Estimates, Table B11001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov. Census 2000 Summary File 1, 100-Percent Data, Table QT-P10. Households and Families: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Householders living alone - Percent of households: American Community Survey, 2008 1-Year Estimates, Table B11001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Percent change in householders living alone: American Community Survey, 2008 1-Year Estimates, Table B11001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov. Census 2000 Summary File 1, 100-Percent Data, Table QT-P10. Households and Families: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Family households - Percent of households: American Community Survey, 2008 1-Year Estimates, Table B11001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Total family households: American Community Survey, 2008 1-Year Estimates, Table B11003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Married couple families with own children under 18 - Percent of families: American Community Survey, 2008 1-Year Estimates, Table B11003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Percent change in married couple families with own children under 18: American Community Survey, 2008 1-Year Estimates, Table B11003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov. Census 2000 Summary File 1, 100-Percent Data, Table QT-P10. Households and Families: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Single mothers with own children under 18 - Percent of families: American Community Survey, 2008 1-Year Estimates, Table B11003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Percent change in single mothers with own children under 18: American Community Survey, 2008 1-Year Estimates, Table B11003. U.S. Census Bureau. Retrieved at http://factfinder.census.gov. Census 2000 Summary File 1, 100-Percent Data, Table QT-P10. Households and Families: 2000. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>
Education	<p>Total population ages 25 and older: American Community Survey, 2008 1-Year Estimates, Table B15002. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>With less than a high school diploma - Percent: American Community Survey, 2008 1-Year Estimates, Table B15002. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>With bachelor's degree or higher - Percent: American Community Survey, 2008 1-Year Estimates, Table B15002. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>
Limited English Proficiency	<p>Total population ages 5 and older: American Community Survey, 2008 1-Year Estimates, Table B16007. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Speaking non-English language at home - Percent: American Community Survey, 2008 1-Year Estimates, Table B16007. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>
Income and Unemployment	<p>Median household income - In dollars: American Community Survey, 2008 1-Year Estimates, Table B19013. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Average wage per job - In dollars: Regional Economic Information System, 2007 Local Area Personal Income, Table CA34 Average Wage Per Job. U.S. Bureau of Economic Analysis. April 2009. Retrieved 11/9/09 at http://www.bea.gov/regional/reis/.</p> <p>Labor force (civilian labor force and armed forces): American Community Survey, 2008 1-Year Estimates, Table B23001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Unemployed - Percent of civilian labor force: American Community Survey, 2008 1-Year Estimates, Table B23001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>
Poverty	<p>Total persons - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Children ages 0 to 17 - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Elderly ages 65 and older - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p> <p>Single mothers with related children under 18 - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17010. U.S. Census Bureau. Retrieved at http://factfinder.census.gov.</p>

Subject	Indicator, Source, and Notes
	White population - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001A. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Black population - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001B. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	American Indian population - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001C. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Asian population - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001D and B17001E. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Hispanic population (of any race) - Percent living in poverty: American Community Survey, 2008 1-Year Estimates, Table B17001I. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Households - Percent with incomes below poverty: American Community Survey, 2008 1-Year Estimates, Table B17017. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
Assistance	Households receiving public assistance - Percent: American Community Survey, 2008 1-Year Estimates, Table B19057. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Aggregate public assistance income in past 12 months for households - In 2008 inflation-adjusted dollars: American Community Survey, 2008 1-Year Estimates, Table B19067. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .
	Average public assistance income per month for households - In 2008 inflation-adjusted dollars: American Community Survey, 2008 1-Year Estimates, Tables B19057 and B19067. U.S. Census Bureau. Retrieved at http://factfinder.census.gov .

OVERALL HEALTH

Overall Health	Adults ages 18 and older whose overall health status is fair or poor - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/26/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=HS&yr=2008&qkey=4414&state=MN .
	Children ages 0 to 17 whose overall health status is fair or poor - Percent: Child and Adolescent Health Measurement Initiative, 2007. National Survey of Children's Health. Child Health Status Indicator 1.1. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
Unhealthy Days	Average number of physically or mentally unhealthy days experienced by adults ages 18 and older in past month: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/26/09 at http://apps.nccd.cdc.gov/HRQOL/ .
Life Expectancy	Life expectancy at birth - Average number of years: Community Health Status Indicators (CHSI), Summary Measures of Health. U.S. Department of Health & Human Services. Retrieved 10/16/09 at http://communityhealth.hhs.gov/ . NOTES: This measure represents the average number of years that a baby born in a particular year is expected to live if current age-specific mortality trends continue to apply. Calculations for the 5-year life expectancies (1997–2001) were made by Chris Murray and colleagues at the Harvard School of Public Health. Methodology and data source information is described in: Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al. (2006), Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States. PLoS Med 3(9), e260 doi:10.1371/journal.pmed.0030260, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564165/?tool=pubmed . County averages were averaged together to calculate a statewide average. The statewide averages were obtained by calculating the average of all county life expectancies within a state.

NATALITY

Births	Total resident live births: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf .
	Percent change in total resident live births: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf . Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i> . National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf .
	Births to mothers less than 20 years old - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf .
	Low-weight births (less than 2,500 grams) - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf .
	Preterm births (less than 37 weeks of gestation) - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf .
	Preterm births (less than 37 weeks of gestation) - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i> . National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf .

Subject	Indicator, Source, and Notes
	<p>Births to unmarried women - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i>. National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf.</p> <p>Cesarean delivered births - Percent: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i>. National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf.</p>
Birth Rates	<p>Birth rate - Total resident live births per 1,000 population: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf.</p> <p>Percent change in birth rate: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i>. National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf.</p> <p>Fertility rate - Total resident live births per 1,000 women ages 15 to 44: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf.</p> <p>Percent change in fertility rate: Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i>. National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf.</p> <p>Teen birth rate: Total resident live births to teens per 1,000 females ages 15 to 19: U.S. data from Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. MN data from Minnesota Department of Health, Center for Health Statistics. <i>2008 Minnesota County Health Tables</i>. December 2008. Retrieved at http://www.health.state.mn.us/divs/chs/countyttables. ND data from North Dakota Department of Health, Division of Vital Records. <i>North Dakota Resident Vital Event Summary Data 1993-2007</i>. Retrieved at http://www.ndhealth.gov/vital/pubs.htm.</p> <p>Percent change in teen birth rate: U.S. 2007 data from Hamilton BE, Martin JA, Ventura SJ. <i>Births: Preliminary data for 2007</i>. National vital statistics reports, Web release; vol. 57 no. 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf. U.S. and state data for 2000 from Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. <i>Births: Final data for 2000</i>. National vital statistics reports; vol. 50 no. 5. Hyattsville, MD: National Center for Health Statistics. Released February 12, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf. MN 2007 data from Minnesota Department of Health, Center for Health Statistics. <i>2008 Minnesota County Health Tables</i>. December 2008. Retrieved at http://www.health.state.mn.us/divs/chs/countyttables. ND 2007 data from North Dakota Department of Health, Division of Vital Records. <i>North Dakota Resident Vital Event Summary Data 1993-2007</i>. Retrieved at http://www.ndhealth.gov/vital/pubs.htm.</p>
Infant Deaths	<p>Infant deaths (less than 1 year) - Rate per 1,000 live births: Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. <i>Deaths: Final data for 2006</i>. National vital statistics reports; vol. 57 no. 14. Hyattsville, MD: National Center for Health Statistics. Released April 17, 2009. Retrieved at http://www.cdc.gov/NCHS/data/nvsr/nvsr57/nvsr57_14.pdf.</p>
Risk	<p>Mothers receiving late (after first trimester) or no prenatal care - Percent: Pregnancy Risk Assessment Monitoring System (PRAMS), Centers for Disease Control and Prevention. CPONDER web-based query system. Retrieved at http://www.cdc.gov/PRAMS/CPONDER.htm. NOTE: The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. Each participating state samples between 1,300 and 3,400 women per year. National level data are unavailable from this source as only 12 states participated in the 2006 survey. In 2002, 27 states participated.</p> <p>Mothers with unintended pregnancy - Percent: Pregnancy Risk Assessment Monitoring System (PRAMS), Centers for Disease Control and Prevention. CPONDER web-based query system. Retrieved at http://www.cdc.gov/PRAMS/CPONDER.htm. NOTE: The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. Each participating state samples between 1,300 and 3,400 women per year. National level data are unavailable from this source as only 12 states participated in the 2006 survey. In 2002, 27 states participated.</p>

Subject	Indicator, Source, and Notes
	<p>Mothers who smoked during last three months of pregnancy - Percent: Pregnancy Risk Assessment Monitoring System (PRAMS), Centers for Disease Control and Prevention. CPONDER web-based query system. Retrieved at http://www.cdc.gov/PRAMS/CPONDER.htm. NOTE: The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. Each participating state samples between 1,300 and 3,400 women per year. National level data are unavailable from this source as only 12 states participated in the 2006 survey. In 2002, 27 states participated.</p>

MORTALITY

<p>Deaths</p>	<p>Total deaths: Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. <i>Deaths: Final data for 2006</i>. National vital statistics reports; vol. 57 no. 14. Hyattsville, MD: National Center for Health Statistics. Released April 17, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf.</p> <p>Total deaths - Rate per 100,000 population, age adjusted: Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. <i>Deaths: Final data for 2006</i>. National vital statistics reports; vol. 57 no. 14. Hyattsville, MD: National Center for Health Statistics. Released April 17, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf. NOTE: Age adjusted death Rates are constructs that show what the level of mortality would be if no changes occurred in the age composition of the population from year to year.</p> <p>Percent change in age adjusted death rate: Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. <i>Deaths: Final data for 2006</i>. National vital statistics reports; vol. 57 no. 14. Hyattsville, MD: National Center for Health Statistics. Released April 17, 2009. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf. Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. <i>Deaths: Final Data for 2000</i>. National vital statistics reports; vol. 50 no. 15. Hyattsville, MD: National Center for Health Statistics. Released September 16, 2002. Retrieved at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_15.pdf.</p>
<p>Leading Causes of Death</p>	<p>Leading causes of death - Percent: Centers for Disease Control and Prevention, National Center for Health Statistics, Health Data Interactive. Retrieved at http://www.cdc.gov/nchs/hdi.htm. Data represent a three-year 2004-2006 average.</p>
<p>Leading Causes of Death in Minnesota and North Dakota</p>	<p>Leading causes of death: United States Public Health Service, National Office of Vital Statistics, <i>Vital Statistics Rates in the United States 1900-1940</i> (Table 20) and <i>Vital Statistics of the United States 1950</i> (Table 54). Retrieved at http://www.cdc.gov/nchs/products/vsus.htm. Centers for Disease Control and Prevention, National Center for Health Statistics, Health Data Interactive. Retrieved at http://www.cdc.gov/nchs/hdi.htm. 2006 data represent a three-year 2004-2006 average.</p>
<p>Leading Causes of Death in the United States</p>	<p>Leading causes of death: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, <i>Historical Data, 1990-1998</i>. Retrieved at http://www.cdc.gov/nchs/nvss/mortality_historical_data.htm. Centers for Disease Control and Prevention, National Center for Health Statistics, Health Data Interactive. Retrieved at http://www.cdc.gov/nchs/hdi.htm. 2006 data represent a three-year 2004-2006 average.</p>
<p>Leading Causes of Death - Top 10 Death Rates</p>	<p>Leading causes of death – Rate per 100,000 population, age adjusted: Centers for Disease Control and Prevention. National Center for Health Statistics. Health Data Interactive. Retrieved at http://www.cdc.gov/nchs/hdi.htm. Data represent a three-year 2004-2006 average.</p>
<p>Other Causes of Death</p>	<p>Occupational deaths - Number: U.S. Department of Labor, Bureau of Labor Statistics, in cooperation with State, New York City, District of Columbia, and Federal agencies, <i>Census of Fatal Occupational Injuries. Table 5. Fatal occupational injuries by State and event or exposure, 2008</i>. August 2009. Retrieved at http://www.bls.gov/news.release/cfoi.t05.htm.</p> <p>Infant deaths (less than 1 year) - Rate per 1,000 live births: Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. <i>Deaths: Final data for 2006</i>. National vital statistics reports; vol. 57 no. 14. Hyattsville, MD: National Center for Health Statistics. Released April 17, 2009. Retrieved at http://www.cdc.gov/NCHS/data/nvsr/nvsr57/nvsr57_14.pdf.</p> <p>Induced terminations of pregnancy - Rate per 1,000 women ages 15 to 44: Abortion Surveillance -- United States, 2005. Table 3. <i>Morbidity and Mortality Weekly Report</i>, vol. 57, no. SS-13. Centers for Disease Control and Prevention, November 2008. Retrieved at http://www.cdc.gov/mmwr/pdf/ss/ss5713.pdf. NOTE: As data are reported voluntarily by providers to state or area health departments, information may be incomplete and result in undercounting abortions when calculating rates and ratios in some states. Abortions by state of occurrence include abortions obtained by non-residents of the state as well as those obtained by residents.</p>
<p>Cancer Deaths - Top 5 in Minnesota</p>	<p>United States Cancer Statistics: Incidence and Mortality. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the National Cancer Institute, in collaboration with the North American Association of Central Cancer Registries. Retrieved at http://apps.nccd.cdc.gov/uscs.</p>

MORBIDITY

<p>Chronic Diseases: Cancer Related Disease (Incidence Rates) - Top 10 in Minnesota</p>	<p>United States Cancer Statistics: Incidence and Mortality. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the National Cancer Institute, in collaboration with the North American Association of Central Cancer Registries. Retrieved at http://apps.nccd.cdc.gov/uscs.</p>
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Subject	Indicator, Source, and Notes
Chronic Diseases: Other Chronic Diseases	Alzheimer's: Projections of adults ages 65+ with Alzheimer's disease - Percent: Alzheimer's Association, 2009 <i>Alzheimer's Disease Facts and Figures</i> . Retrieved at http://www.alz.org/alzheimers_disease_facts_figures.asp .
	Percent change in projections of adults ages 65+ with Alzheimer's: Alzheimer's Association, 2009 <i>Alzheimer's Disease Facts and Figures</i> . Retrieved at http://www.alz.org/alzheimers_disease_facts_figures.asp .
	Arthritis: Adults ages 18+ who have ever been told they have arthritis - Percent: Behavioral Risk Factor Surveillance System, 2007. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=AR&yr=2007&qkey=4498&state=All .
	Asthma: Adults ages 18+ who currently have asthma - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=AS&yr=2008&qkey=4416&state=MN .
	Diabetes: Adults ages 18+ who have ever been told they have diabetes - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=DB&yr=2008&qkey=1363&state=MN .
Infectious Diseases	Tuberculosis cases - Rate per 100,000 population: Centers for Disease Control and Prevention, Reported Tuberculosis in the United States, 2007, Table 20. Retrieved at http://www.cdc.gov/tb/statistics/reports/2007/default.htm .
	Human West Nile virus - New cases: Centers for Disease Control and Prevention, Division of Vector Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, Final 2008 West Nile Virus Activity in the United States. Retrieved at http://www.cdc.gov/ncidod/dvbid/westnile/surv&controlCaseCount08_detailed.htm .
	AIDS cases reported - Rate per 100,000 population: HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States, 2007, Table 16. Centers for Disease Control and Prevention, 2009. Retrieved at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm .
	Chlamydia cases - Rate per 100,000 population: STD Surveillance 2007, Table 3. Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, 2009. Retrieved at http://www.cdc.gov/std/stats07/tables/3.htm .
	Gonorrhea cases - Rate per 100,000 population: STD Surveillance 2007, Table 13. Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, 2009. Retrieved at http://www.cdc.gov/std/stats07/tables/13.htm .
	Syphilis cases - Rate per 100,000 population: STD Surveillance 2007, Table 22. Division of Sexually Transmitted Diseases, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, 2009. Retrieved at http://www.cdc.gov/std/stats07/tables/22.htm .
Disabilities	Adults ages 18 and older who are limited in any activities because of physical, mental, or emotional problems - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=DL&yr=2008&qkey=4000&state=MN .
	Adults ages 18 and older who require special equipment such as cane, wheelchair, special bed, or telephone - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=DL&yr=2008&qkey=4001&state=MN .
	Children ages 0 to 17 with special health care needs - Percent: Child and Adolescent Health Measurement Initiative. 2005/06 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.cshcndata.org .
Mental Health	Adults ages 18 and older with 14 or more mentally unhealthy days - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/27/09 at http://apps.nccd.cdc.gov/HRQOL/ .
	Average number of mentally unhealthy days experienced by adults ages 18 and older in past year: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/27/09 at http://apps.nccd.cdc.gov/HRQOL/ .
	Children ages 4 months to 5 years who are at high risk of developmental, behavioral, or social delays - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 2.2. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
	Children ages 6 to 17 who consistently exhibit problematic social behaviors - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 2.6. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
	Children ages 2 to 17 who needed mental health care services - Percent who received needed services: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 4.5. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
Oral Health	Adults ages 18 and older who visited a dentist or dental clinic in the past year - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OH&yr=2008&qkey=6610&state=MN .

Subject	Indicator, Source, and Notes
	Adults ages 18 and older who have had any permanent teeth extracted - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OH&yr=2008&qkey=6607&state=MN .
	Adults ages 65 and older who have had all of their natural teeth extracted - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/15/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OH&yr=2008&qkey=6606&state=MN .
	Children ages 1 to 17 whose teeth are in fair or poor condition - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 1.2. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
	Children ages 1 to 17 with 2 or more oral health problems in past six months - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 1.2a. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://www.nschdata.org .
	Population on public water supply systems receiving fluoridated water - Percent: Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, <i>Water Fluoridation Statistics for 2006</i> . Retrieved at http://www.cdc.gov/fluoridation/statistics/2006stats.htm .

BEHAVIORAL HEALTH

Obesity and Physical Activity	Adults ages 18 and older with 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week - Percent: Behavioral Risk Factor Surveillance System, 2007. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=PA&yr=2007&qkey=4418&state=All .
	Adults ages 18 and older who consume 5+ servings of fruits and vegetables per day - Percent: Behavioral Risk Factor Surveillance System, 2007. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=FV&yr=2007&qkey=4415&state=MN .
	Adults ages 18 and older who are overweight (BMI <30 and >=25) - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2008&qkey=4409&state=MN .
	Adults ages 18 and older who are obese (BMI >=30) - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2008&qkey=4409&state=MN .
	Percent change in the proportion of adults ages 18 and older who are obese (BMI >=30): Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2008&qkey=4409&state=MN . Behavioral Risk Factor Surveillance System, 2000. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 11/03/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2000&qkey=4409&state=MN .
	Children ages 1 to 5 watching more than 1 hour of television per day - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 6.10a. Data Resource Center for Child and Adolescent Health website. Retrieved 10/16/09 at http://nschdata.org/Rankings/RankingMap.aspx?item=07_ind6_10achbk .
	Children ages 10 to 17 who are overweight or obese (at or above 85th percentile for BMI) - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 1.4a. Data Resource Center for Child and Adolescent Health website. Retrieved 10/16/09 at http://nschdata.org/Rankings/RankingMap.aspx?item=07_ind1_4a .
Tobacco Use	Adults ages 18 and older who are current smokers - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=TU&yr=2008&qkey=4396&state=MN .
	Children ages 0 to 17 living in households where someone smokes inside the home - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 6.4a. Data Resource Center for Child and Adolescent Health website. Retrieved 10/16/09 at http://www.nschdata.org .
Alcohol Use	Heavy drinkers - Percent of adult men having more than two drinks per day and adult women having more than one drink per day: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2008&qkey=4413&state=MN .
	Binge drinkers - Percent of adult men having 5+ drinks on one occasion and female adults having 4+ drinks on one occasion: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2008&qkey=7307&state=MN .

Subject	Indicator, Source, and Notes
Immunization	<p>Children ages 19 to 35 months with recommended immunizations - Percent: Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State -- U.S., National Immunization Survey, Q1/2008-Q4/2008. National Immunization Program, Centers for Disease Control and Prevention. Retrieved at http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2008.htm. NOTE: For the purpose of this dataset, immunized children are those who receive 4:3:1:3:3, which is four or more doses of diphtheria, tetanus, and pertussis, three or more doses of poliovirus vaccine, one or more doses of any measles containing vaccine (MCV), three or more doses of Haemophilus Influenza type B (Hib), and three or more doses of hepatitis B vaccine (HepB).</p>
	<p>Adults ages 65 and older receiving influenza vaccine in past year - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=IM&yr=2008&qkey=4407&state=MN.</p>
	<p>Adults ages 65 and older who have ever received a pneumonia vaccination - Percent: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=IM&yr=2008&qkey=4408&state=MN.</p>
Screening	<p>Colonoscopy/sigmoidoscopy ever performed - Percent of adults ages 50 and older: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=CC&yr=2008&qkey=4425&state=MN.</p>
	<p>Blood stool test within past two years - Percent of adults ages 50 and older: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=CC&yr=2008&qkey=4424&state=MN.</p>
	<p>Pap test within past three years - Percent of women ages 18 and older: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=WH&yr=2008&qkey=4426&state=MN.</p>
	<p>Mammogram within past two years - Percent of women ages 40 and older: Behavioral Risk Factor Surveillance System, 2008. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Retrieved 10/19/09 at http://apps.nccd.cdc.gov/brfss/list.asp?cat=WH&yr=2008&qkey=4421&state=MN.</p>
	<p>Children ages 10 months to 5 years who received a standardized developmental/behavioral screening during a health care visit - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 4.16. Data Resource Center for Child and Adolescent Health website. Retrieved 10/12/09 at http://nschdata.org/Rankings/RankingMap.aspx?item=07_ind4_16.</p>
Education	<p>Schools that required students to take two or more health education courses - Percent: Brener ND, McManus T, Foti K, Shanklin SL, Hawkins J, Kann L, Speicher N. School Health Profiles 2008: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2009. Retrieved at http://www.cdc.gov/HealthyYouth/profiles/index.htm. NOTE: Survey data include responses from principals and lead health education teachers at public schools that serve students in grades 6 through 12.</p>
	<p>Schools with a health education curriculum that addresses all 8 national standards for health education - Percent: Brener ND, McManus T, Foti K, Shanklin SL, Hawkins J, Kann L, Speicher N. School Health Profiles 2008: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2009. Retrieved at http://www.cdc.gov/HealthyYouth/profiles/index.htm. NOTES: Survey data include responses from principals and lead health education teachers at public schools that serve students in grades 6 through 12. The National Health Education Standards are written expectations for what students should know and be able to do by specified grade levels to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education. The most recent version of the National Health Education Standards was released in 2007 and includes the following: 1) Students will comprehend concepts related to health promotion and disease prevention to enhance health. 2) Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. 3) Students will demonstrate the ability to access valid information and products and services to enhance health. 4) Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. 5) Students will demonstrate the ability to use decision-making skills to enhance health. 6) Students will demonstrate the ability to use goal-setting skills to enhance health. 7) Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. 8) Students will demonstrate the ability to advocate for personal, family, and community health.</p>

Part II. Health Care

INFRASTRUCTURE AND QUALITY OF HEALTH CARE

Infrastructure	<p>Community hospitals: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/28/09 at http://www.statehealthfacts.org/comparemaptable.jsp?ind=382&cat=8. NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.</p>
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Subject	Indicator, Source, and Notes
	<p>Critical access hospitals: Flex Monitoring Team - University of Minnesota, University of North Carolina at Chapel Hill, and the University of Southern Maine Rural Health Research Centers. "Number of CAHs per State." Last updated on 7/30/09. Retrieved 11/12/09 at http://www.flexmonitoring.org/cahlistRA.cgi. NOTE: A critical access hospital must meet very specific CMS (Centers for Medicare and Medicaid Services) criteria and thus gets special payments for Medicare patients. Hospitals can only provide short-term, limited care and must have a referral agreement.</p> <p>Rural health clinics: Rural Assistance Center website. Rural Health Clinics, Medicare Certified Rural Health Clinics by State and County, "Name and Address Listing for Rural Health Clinics Based on Current Survey." Last updated on 10/06/09. Retrieved 10/27/09 at http://www.raconline.org/info_guides/clinics/rhc.php. A direct link to the table is at http://www.cms.hhs.gov/MLNProducts/downloads/rhclistbyprovidername.pdf. NOTE: Five states do not have rural health clinics. To view an interactive map of rural health clinics nationwide, visit the following link provided by the Center for Applied Research and Environmental Systems: <code>javascript:openCIRCmap('pos12','Rural%20Health%20Clinic')</code>.</p> <p>Certified nursing facilities: C. Harrington, H. Carrillo, and B. Blank. Table 1, Nursing, Facilities, Staffing, Residents, and Facility Deficiencies, 2001 Through 2007. Department of Social and Behavioral Sciences, University of California, San Francisco. Retrieved 10/30/09 at http://www.pascenter.org/nursing_homes/nursing_trends_2007.php. NOTE: Data based on the Online Survey, Certification, and Reporting system (OSCAR), Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services.</p> <p>Federally-funded, federally qualified health centers: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/29/09 at http://www.statehealthfacts.org/comparemaptable.jsp?ind=424&cat=8. NOTES: Data are for calendar year 2007. The federally-funded Federally-Qualified Health Centers (FQHCs) meet federal health center grant requirements and are required to report administrative, clinical and other information to the federal Bureau of Primary Health Care. Other health centers known as "FQHC Look-Alikes" are not included here because they do not receive federal health center grants and do not report to the Bureau of Primary Health Care. The data provided here consequently underreport the services provided by FQHCs. There are approximately 100 FQHC Look-Alikes across the United States. US total includes territories.</p>
Quality	<p>Heart failure patients given written instructions at discharge - Percent: The Commonwealth Fund, Supplement to Aiming Higher: Results from a State Scorecard on Health System Performance, 2009. Table 3.12. October 2009. Retrieved at http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx.</p> <p>Medicare patients whose health care provider always listens, explains, shows respect, and spends enough time with them - Percent: The Commonwealth Fund, Supplement to Aiming Higher: Results from a State Scorecard on Health System Performance, 2009. Table 3.13. October 2009. Retrieved at http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx. NOTE: The national figure is an average of all 50 states and the District of Columbia.</p> <p>Medicare patients giving a "best" rating for health care received in the past year - Percent: The Commonwealth Fund, Supplement to Aiming Higher: Results from a State Scorecard on Health System Performance, 2009. Table 3.14. October 2009. Retrieved at http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx. NOTE: The national figure is an average of all 50 states and the District of Columbia.</p> <p>High risk nursing home residents - Percent with pressure sores: The Commonwealth Fund, Supplement to Aiming Higher: Results from a State Scorecard on Health System Performance, 2009. Table 3.15. October 2009. Retrieved at http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx.</p>

ACCESS TO HEALTH CARE

Coverage	<p>People with health insurance coverage - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p>
Sources of Coverage	<p>Employer sponsored - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>Direct purchase - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>Medicare - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>Medicaid - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p>

Subject	Indicator, Source, and Notes
	Military health care - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html . NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.
Uninsured	<p>People without health insurance coverage: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>People without health insurance coverage - Percent of population: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>Children without health insurance coverage: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p> <p>Children without health insurance coverage - Percent of children ages 0 to 17: U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2007 through 2009. Data obtained through the Current Population Survey Table Creator at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html. NOTE: The Census Bureau recommends using 3-year averages to compare estimates across states.</p>
Other Health Insurance Related Indicators	<p>Private-sector employers offering health insurance to employees - Percent: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. <i>Table II.A.2 Percent of private-sector establishments that offer health insurance by firm size and State, 2008.</i> Medical Expenditure Panel Survey - Insurance Component. Retrieved 10/20/09 at http://www.meps.ahrq.gov/mepsweb/data_stats/meps_query.jsp.</p> <p>Employees enrolling in health coverage offered by private-sector employer - Percent: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. <i>Table II.B.2.a.1 Percent of private-sector employees eligible for health insurance that are enrolled in health insurance at establishments that offer health insurance by firm size and State, 2008.</i> Medical Expenditure Panel Survey - Insurance Component. Retrieved 10/20/09 at http://www.meps.ahrq.gov/mepsweb/data_stats/meps_query.jsp.</p> <p>Working adults spending 20% or more of income on out-of-pocket medical expenses (including copays, coinsurance, and deductibles) - Percent: State Health Access Profile: A Chartbook of Health Care Access Indicators for States, 2007. The State Health Access Data Assistance Center (SHADAC), a program of the Robert Wood Johnson Foundation and a part of the Health Policy and Management Division of the School of Public Health at the University of Minnesota, December 2007. Retrieved at http://www.shadac.org/publications/state-health-access-profile-downloadable-file.</p> <p>Medicaid enrollment - Percent of population <200% of the federal poverty level: State Health Access Profile: A Chartbook of Health Care Access Indicators for States, 2007. The State Health Access Data Assistance Center (SHADAC), a program of the Robert Wood Johnson Foundation and a part of the Health Policy and Management Division of the School of Public Health at the University of Minnesota, December 2007. Retrieved at http://www.shadac.org/publications/state-health-access-profile-downloadable-file. NOTE: The population under 200% of poverty includes those people living below poverty as well as those with incomes up to twice the federal poverty level.</p>

HEALTH CARE WORKFORCE AND UTILIZATION OF HEALTH CARE SERVICES

Health Care Workforce	<p>Nonfederal primary care physicians - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/20/09 at http://statehealthfacts.org/comparemactable.jsp?ind=689&cat=8.</p> <p>Dentists - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10-20-09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=691&cat=8.</p> <p>Registered nurses - Rate per 1,000 population: Occupation numbers from the Bureau of Labor Statistics, National and State Occupational Employment and Wage Estimates, May 2008. Retrieved at http://www.bls.gov/oes/2008/may/oesrcst.htm. Population numbers used to calculate the rate from the U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008 (NST-EST2008-01). Retrieved at http://www.census.gov/popest/states/NST-ann-est.html.</p> <p>Physician assistants - Rate per 1,000 population: Occupation numbers from the Bureau of Labor Statistics, National and State Occupational Employment and Wage Estimates, May 2008. Retrieved at http://www.bls.gov/oes/2008/may/oesrcst.htm. Population numbers used to calculate the rate from the U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008 (NST-EST2008-01). Retrieved at http://www.census.gov/popest/states/NST-ann-est.html.</p> <p>Population living in primary care health professional shortage area - Percent: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=682&cat=8.</p> <p>Population living in mental health professional shortage area - Percent: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=680&cat=8.</p> <p>Population living in dental health professional shortage area - Percent: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=681&cat=8.</p>
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Subject	Indicator, Source, and Notes
Utilization of Health Care Services	Hospital admissions - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparetable.jsp?ind=398&cat=8 . NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.
	Hospital inpatient days - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparetable.jsp?ind=402&cat=8 . NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.
	Hospital outpatient visits - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparetable.jsp?ind=404&cat=8 . NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.
	Hospital emergency room visits - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=388&cat=8 . NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.
	Hospital beds - Rate per 1,000 population: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=384&cat=8 . NOTE: Data are for community hospitals, which represent 85% of all hospitals nationally. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally retarded, and alcoholism and other chemical dependency hospitals are not included.
	Certified nursing facility occupancy - Residents as a percent of beds: C. Harrington, H. Carrillo, and B. Blank. <i>Table 4, Total Number of Residents and Facility Occupancy Rates For Certified Nursing Facilities</i> , Department of Social and Behavioral Sciences, University of California, San Francisco. Retrieved 10/30/09 at http://www.pascenter.org/nursing_homes/nursing_trends_2007.php . NOTE: Data based on the Online Survey, Certification, and Reporting system (OSCAR), Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. The occupancy rate is calculated by dividing the number of nursing residents in a certified facility by the total number of certified beds (excluding all uncertified residents and beds).
	Prescription drugs filled at retail pharmacies - Per capita: Kaiser Family Foundation, Health Costs and Budgets. Retrieved 10/21/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=267&cat=5 . NOTE: Data shown here are for calendar year 2008 and include the total number of prescription drugs filled at retail pharmacies only. Retail pharmacies include independent pharmacies, chain pharmacies, food stores, and mass merchandisers. These data include prescriptions filled at pharmacies only and exclude those filled by mail order. Retail prescriptions filled by mail order totaled 238 million nationwide or 6.7% of total prescriptions filled in 2008 according to industry statistics reported by The National Association of Chain Drug Stores (http://www.nacds.org/wmspage.cfm?parm1=6536).
	Adults ages 18 and older not able to see doctor in past year due to cost - Percent: Kaiser Family Foundation, Providers and Service Use. Retrieved 10/22/09 at http://www.statehealthfacts.org/comparemactable.jsp?ind=747&cat=8 .
	Children ages 0 to 17 with one or more unmet needs for health care - Percent: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health. Child Health Status Indicator 4.6a. Data Resource Center for Child and Adolescent Health website. Retrieved 10/16/09 at http://www.nschdata.org .

FINANCING HEALTH CARE

Health Care Expenditures: All Payers	Personal health care expenditures - Millions of dollars: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage . NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.
	Personal health care expenditures - Dollars per capita: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage . NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.

Subject	Indicator, Source, and Notes
	<p>Personal health care expenditures - Average annual growth: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage. NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.</p>
Health Care Expenditures: Medicare Funded	<p>Medicare funded personal health care expenditures - Millions of dollars: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage. NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.</p>
	<p>Medicare funded personal health care expenditures - Dollars per enrollee: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage. NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.</p>
	<p>Medicare funded personal health care expenditures - Average annual growth: National Health Expenditure Data, Health Expenditures by State of Residence, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released September 2007. Retrieved at http://www.cms.hhs.gov/NationalHealthExpendData/05_NationalHealthAccountsStateHealthAccountsResidence.asp#TopOfPage. NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total.</p>
Hospital Expenses	<p>Hospital adjusted expenses per inpatient day - Dollars: Kaiser Family Foundation, Health Costs and Budgets. Retrieved 10/22/09 at http://www.statehealthfacts.org/comparemaptable.jsp?ind=273&cat=5. NOTE: Includes all operating and non-operating expenses for registered U.S. community hospitals, defined as nonfederal short-term general and other special hospitals whose facilities and services are available to the public. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services. It is important to note that these figures are only an estimate of expenses incurred (by the hospital to provide a day of) inpatient care and are not a substitute for either actual charges or reimbursement for care provided.</p>
	<p>Hospital adjusted expenses per inpatient day - Annual average growth: Kaiser Family Foundation, Health Costs and Budgets. Retrieved 10/22/09 at http://www.statehealthfacts.org/comparetable.jsp?ind=275&cat=5. NOTE: Includes all operating and non-operating expenses for registered U.S. community hospitals, defined as nonfederal short-term general and other special hospitals whose facilities and services are available to the public. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services. It is important to note that these figures are only an estimate of expenses incurred (by the hospital to provide a day of) inpatient care and are not a substitute for either actual charges or reimbursement for care provided.</p>

