

DATA AND TREND ANALYSIS

Access to Health Care



A person's ability to access health services has a profound effect on every aspect of his or her health. People without medical insurance are more likely to lack a usual source of medical care and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

Delay of Care – Prescriptions

DESCRIPTION

Research estimates that three out of four Americans do not take their medication as directed. This can have dangerous, sometimes deadly consequences. For example, not keeping high blood pressure controlled could lead to a heart attack or stroke. Every year, poor medication adherence takes the lives of 125,000 Americans, and costs the health care system nearly \$300 billion in additional doctor visits, emergency department visits and hospitalizations. There are several reasons why people may not take medication as prescribed: they may forget, be fearful, lack understanding, question effectiveness or for many, the cost is not affordable.¹

HOW WE ARE DOING

In 2014, about 3.5 percent of Americans were unable to obtain or were delayed in obtaining necessary prescription medicines, which does not meet the Healthy People goal.² In Ramsey County in 2014, among adults 25 years or older that take prescription medications, about 10 percent could not afford their prescriptions.³ These two data points are not comparable.

BENCHMARK INDICATOR

Healthy People 2020: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines.²
U.S. Target: 2.8 percent.

DISPARITIES

People with lower incomes report being unable to afford prescription medications at significantly higher rates than higher income groups. In the Metro area, 23.8 percent of adults with lower income (<200 percent poverty) had medicine use delays because of cost, compared to 6.9 percent of adults with higher income (>200 percent poverty).⁴ There are also racial and ethnic differences related to delaying medicine use. Research points to two aspects that affect prescription drug use: access and amount used. Research shows that African-American and Hispanic individuals have the highest rates of not being able to get prescription drugs. This could be due to lack of access to a provider to prescribe drugs, or the inability to afford prescriptions.⁵

RISK FACTORS

Being able to take medicine as prescribed (adherence) is a complex process impacted by five sets of factors:

- Social/ economic factors (e.g., insurance coverage, medication cost, language proficiency, literacy)
- Provider-patient/ health care system factors (e.g., high drug costs, communication, education materials)
- Condition-related factors (e.g., severity, chronic, lack of symptoms, depression, disability)
- Therapy-related factors (e.g., side effects, duration, complexity, lifestyle changes, social stigma)
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Information to note

- In Ramsey County in 2014, among adults 25 years or older that take prescription medications, about 10 percent could not afford their prescriptions.
- In the Metro area, 23.8% of adults with lower incomes (<200% poverty) had medicine use delays because of cost, compared to 6.9 percent of adults with higher incomes (>200% poverty).

Community voice

“Language barrier, taking too much medications and no support.”
- Oromo Female, age 35-44

Out of 91 mentions of medication, 25 (27.4%) cited language, economic and social barriers.

¹American Heart Association. Medication Adherence – Taking your meds as directed. http://www.heart.org/HEARTORG/Conditions/More/ConsumerHealthCare/Medication-Adherence---Taking-Your-Meds-as-Directed_UCM_453329_Article.jsp#.Wzuel5VX6Uk. Accessed June 2018.

²Centers for Disease Control and Prevention. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>. Accessed June 2018.

³Saint Paul – Ramsey County Public Health. Metro SHAPE Ramsey County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

⁴Metro Public Health Analyst Network. Metro SHAPE Six County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

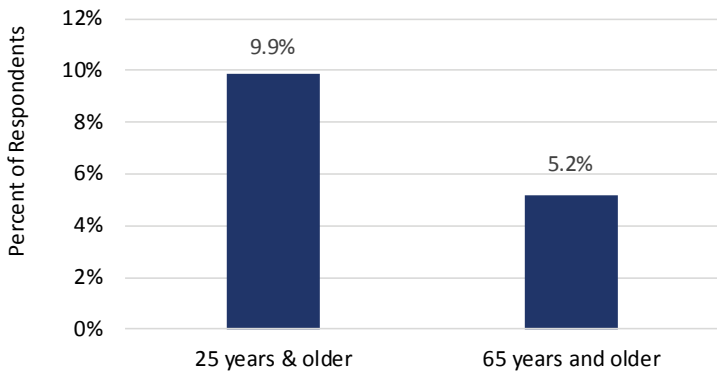
⁵Wang T, Shi L, Nie X, Zhu J. Race/Ethnicity, insurance, income and access to care: the influence of health status. *International Journal for Equity in Health*. 2013; 12:29. <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-29>. Published May 11, 2013. Accessed July 2018.

- Patient-related factors (e.g., disabilities, perceived risk and benefit, fear, stress, expectations, motivation)⁶

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

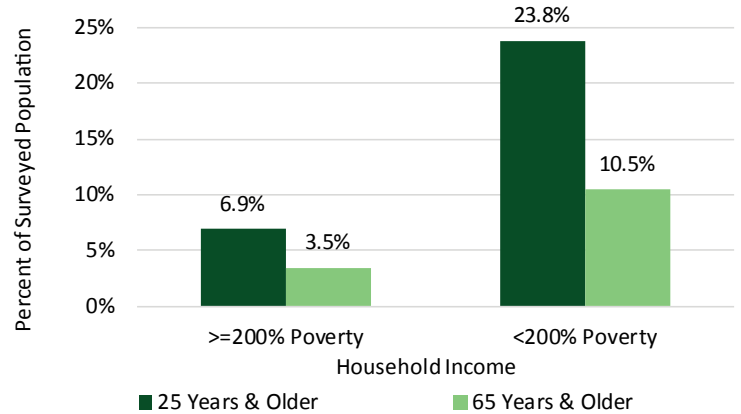
Prescription medication can be a very expensive component to health care. To increase options to access affordable prescription medication, Ramsey County makes low-cost prescription program enrollment information available at various Ramsey County sites and provides information to clients receiving services.

Delay of Medicine Use Due to Affordability by Age Group, Six County Metro, 2014



Source: Metro Public Health Analyst Network, Metro SHAPE Six County Data.⁷

Delay of Medicine Use Due to Affordability by Income, Six County Metro, 2014



Source: Metro Public Health Analyst Network. Metro SHAPE Six County Data Book.⁸

⁶ World Health Organization. Overview of Medication Adherence. Where Are We Today? http://adultmedication.com/OverviewofMedicationAdherence_4.html. Accessed July 2018.

⁷ Metro Public Health Analyst Network. Metro SHAPE Six County Data Book. 2014; <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed August 15, 2017.

⁸ Source: Metro Public Health Analyst Network. Metro SHAPE Six County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

Early Childhood Screening

DESCRIPTION

Early childhood screening is an assessment performed by school districts that identifies potential developmental problems in infants and young children. The screening identifies the potential need for a more intensive diagnostic assessment or educational evaluation.¹ Early childhood screening is required for admittance into all Minnesota public schools and supports preparedness for kindergarten. It is recommended to take place before kindergarten, typically when a child is between three to four years old.² Within the first 30 days of kindergarten, school districts screen children who were not screened earlier.

HOW WE ARE DOING

In the 2016-2017 school year, 77.7 percent of Ramsey County children were screened before age five. This was only slightly lower than the state (80.5 percent) for the same school year.³ Most Ramsey County children were age four when they were screened.³ Between 2005 and 2015, there was a 13.4 percent increase in children who were screened before age five.³ Even though most early childhood screening is occurring before kindergarten entrance, there are still students who are completing their screening after they begin school. During 2013 to 2016, an average of 9 percent of students had not been screened before the first day of kindergarten, which is double the state percentage.³ If a statement signed by the child's parent or guardian is submitted to the school that the child has not been screened because of conscientiously held beliefs of the parent or guardian, the screening is not required.²

BENCHMARK INDICATOR

Minnesota Law²: Increase the proportion of children who receive early childhood screening before kindergarten.

Minnesota Target: 100 percent of children

DISPARITIES

Children from lower-income families, Hispanic/Latino children, and American Indian children have the lowest rates of kindergarten readiness⁴; defined as having received screening, and necessary immunizations.⁵

RISK FACTORS

Parents/guardians who do not realize that early childhood screening is an admission requirement for school might not initiate the screening process until a school demands it. This could delay needed intervention for a child who needs help.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Saint Paul – Ramsey County Public Health began a process in 2017 to share information with the Saint Paul Public Schools (SPPS) regarding children enrolled in WIC. This will enable SPPS to contact the children's families to encourage them to come in for their early childhood screening. This data sharing may be expanded to all Ramsey County school districts in the future.

Information to note

- During the past three school years, an average of 73.9% of Ramsey County children were screened before age five - the lowest rate in the 7-county metro area.

¹ Early Childhood Screening. Minnesota Department of Health. <https://education.mn.gov/MDE/dse/early/scr/>. Accessed August 2, 2018.

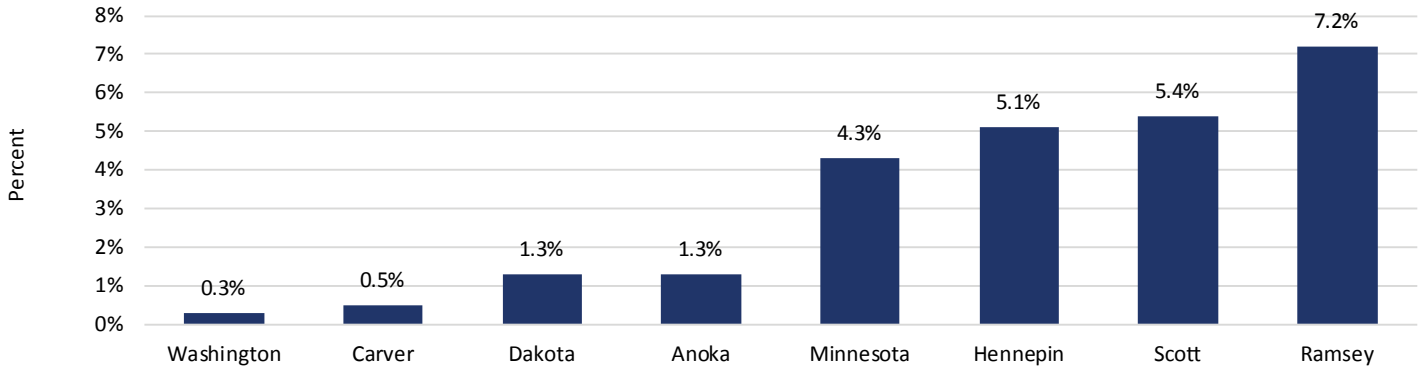
² 2017 Minnesota Statutes 121A.17. The Office of the Revisor of Statutes. <https://www.revisor.mn.gov/statutes/cite/121a.17>. Accessed August 2018.

³ Early Childhood Screening (data). Minnesota Department of Education. <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=290>. Accessed August 3, 2018.

⁴ Chase R. All Kids Ready for Kindergarten. Amherst H. Wilder Foundation. 2013. <https://www.wilder.org/articles/all-kids-ready-kindergarten>. Published November 25, 2013. Accessed August 2, 2018.

⁵ School Readiness. Minnesota Department of Education. <https://education.mn.gov/MDE/dse/early/read/>. Accessed August 2, 2018.

Children Screened after Kindergarten Start Deadline,
Public School Districts, 2015-16



Source: Minnesota Department of Education.⁶

⁶ Early Childhood Screening (data). Minnesota Department of Education Website. <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=290>. Accessed August 3, 2018.

Emergency Department Visits

DESCRIPTION

Rates of Emergency Department (ED) use for treatment of conditions that are potentially preventable have been widely used as an indicator of limited access to primary care, with variations in these rates across groups reflecting disparities in access.^{1,2,3} Differences in potentially preventable ED use by ZIP code or other socio-economic factors can inform us about barriers to primary care that may exist for certain populations of the county and provide insight into the relative depth and success of interventions.

HOW WE ARE DOING

Among ED visits during 2010-2014 made by Ramsey County residents, 77.2 percent were potentially preventable. The rate of potentially preventable ED visits is 687 per 1,000 residents.

DISPARITIES

Children under 5 had the highest rates of potentially preventable ED visits followed by visits among 20 to 24-year-olds. Over half of potentially preventable visits were made by residents who live in high poverty ZIP codes.

RISK FACTORS

Residents receiving publicly funded insurance i.e., Medical Assistance, may be more likely to visit an emergency department. Medicaid patients use the emergency room at twice the rate of those with private insurance, according to the Centers for Medicare & Medicaid Services.⁴

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Thousands of Ramsey County residents used emergency departments under circumstances and with conditions that may be more appropriately managed in other care settings during 2010-2014. To successfully reduce potentially preventable ED use, we need to understand the multifaceted reasons patients visit the ED. Hearing directly from patients will help identify those reasons. To better understand causal pathways and to build a model of patient-centered care for Ramsey County residents, we must include the patient perspective. Saint Paul – Ramsey County Public Health and local hospitals are continuing to explore ED utilization by designing a study that will help us learn directly from patients themselves why they chose to visit the ED.

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Information to note

- **Potentially Preventable Definition:** The nature of the condition was potentially preventable if timely and effective ambulatory care had been received during the episode of illness.
- **77.2% of ED visits made by Ramsey County residents were potentially preventable.**

¹ Falik M, Needleman J, Wells B, Korb J. Ambulatory care sensitive hospitalizations and emergency visits: experiences of Medicaid patients using federally qualified health centers. National Center for Biotechnology Information. 2001; 39(6):551-561. <https://www.ncbi.nlm.nih.gov/pubmed/11404640>. Accessed August 2018.

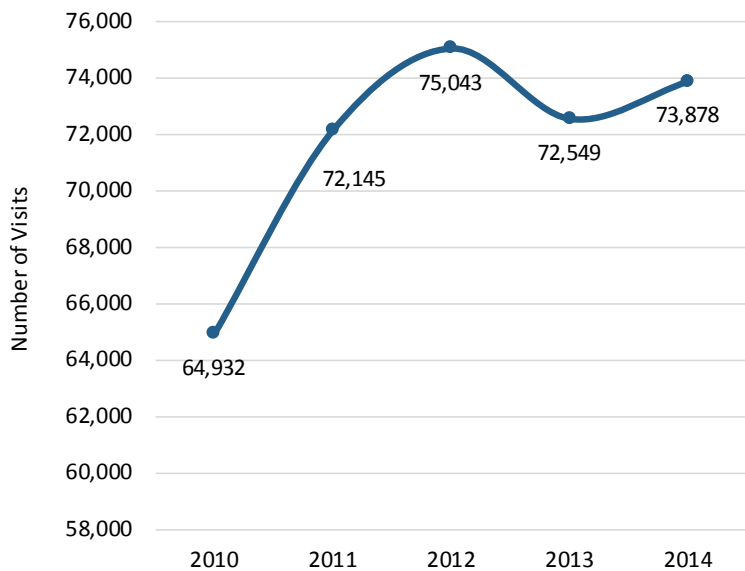
² Epstein A. The role of public clinics in preventable hospitalizations among vulnerable populations. National Center for Biotechnology Information. 2001; 36(2):405-420. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089231/>. Accessed August 2018.

³ Hossain M, Laditka J. Using hospitalization for ambulatory care sensitive conditions to measure access to primary health care: an application of spatial structural equation modeling. Int J Health Geogr. 2009; 8:51. <https://doi.org/10.1186/1476-072X-8-51>.

⁴ Mann C. Reducing nonurgent use of emergency departments and improving appropriate care in appropriate settings. U.S. Department of Health and Human Services. 2014. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-16-14.pdf>. Accessed August 2018.

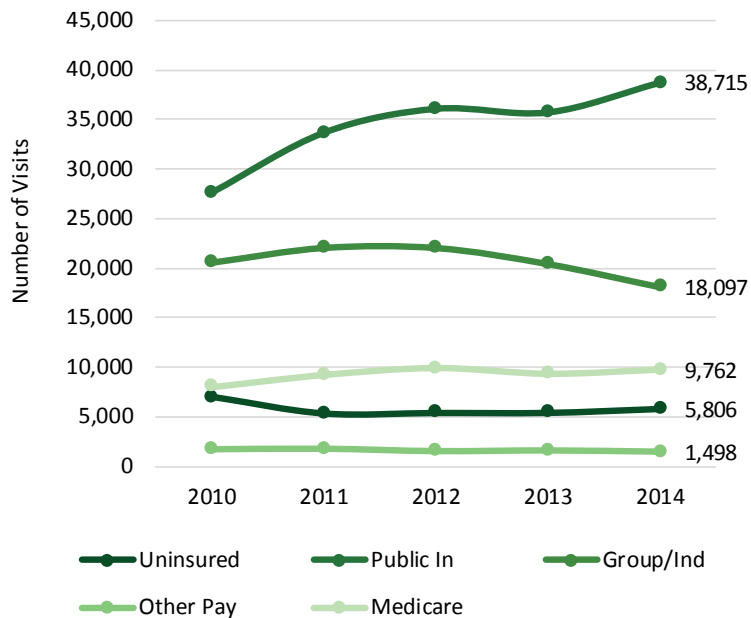
Emergency Department Visits figures

Potentially Preventable ED Visits, Ramsey County Residents



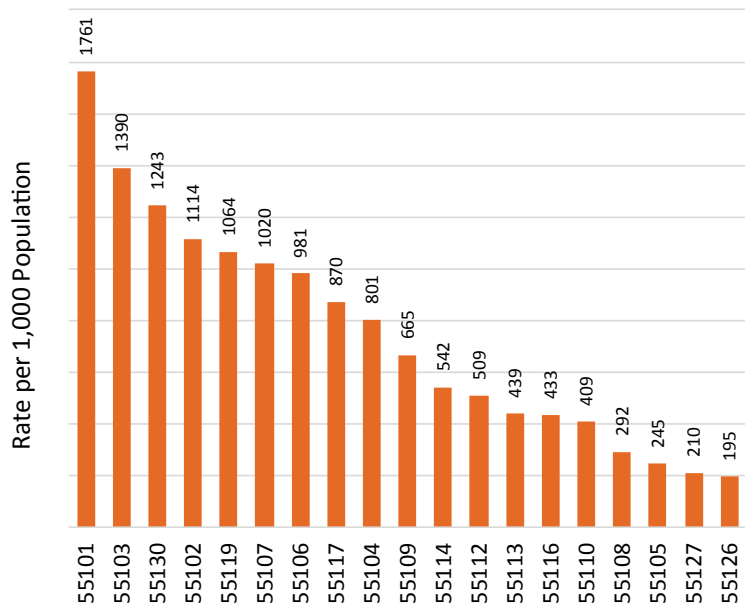
Source: Saint Paul - Ramsey County Public Health.

Potentially Preventable ED Visits by Payer Group and Year



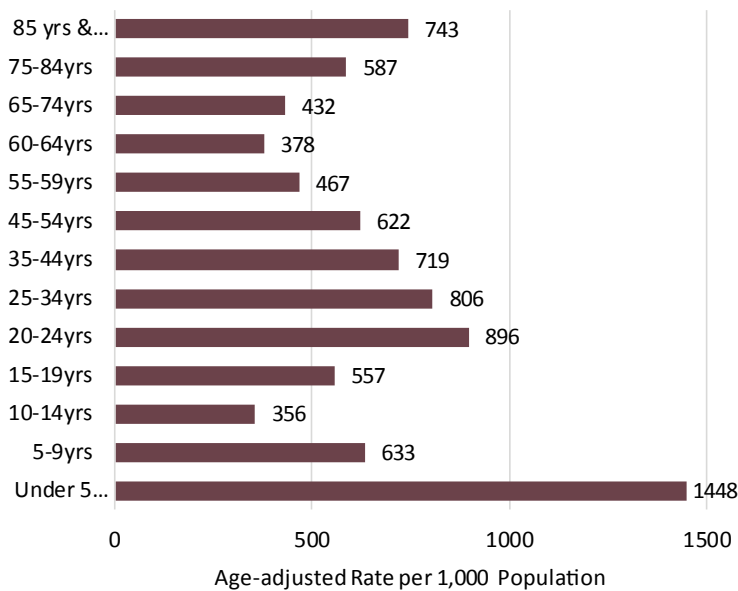
Source: Saint Paul - Ramsey County Public Health.

Potentially Preventable ED Visits by Zipcode, Ramsey County, 2010-2014



Source: Saint Paul - Ramsey County Public Health.

Potentially Preventable ED Visits by Age Group, Ramsey County, 2010-2014



Source: Saint Paul - Ramsey County Public Health.

Health Care Affordability

DESCRIPTION

Cost is one of many barriers that individuals face when accessing health care. A Gallup poll conducted in March 2018 found that 55 percent of Americans worry “a great deal” about the availability and affordability of health care, topping concerns about other issues Gallup tested.¹ Most Americans have worried a great deal about health care each time Gallup has asked about it since 2001. It is the only issue Gallup has measured consistently to maintain this level of worry.¹ Challenges affording care also result in some Americans saying they have delayed or skipped care due to costs in the past year. Large shares of the public say that lowering people’s health care and prescription drug costs should be a top priority for lawmakers. Sizable shares of those with health insurance say that affording their premiums, deductibles, and other cost sharing expenses (copays for doctor visits and prescription drugs) is difficult for them.² In the U.S., the experience of health care has not been equal for everyone. Some people have gotten worse quality health care, have had a harder time getting health care, or have had more health issues because of their disability, race, ethnicity, sexual orientation or income.³

HOW WE ARE DOING

In 2016, in the Twin Cities Metro Area, 9.6 percent of adults reported not seeing a doctor in the past 12 months because of cost, the highest percentage in the past 3 years.⁴ Adults responding to the 2014 SHAPE survey, when asked “During the past 12 months how difficult has it been for you and your family to pay for health insurance premiums, co-pays and deductibles?”, 22.1 percent of Ramsey County adults reported “very difficult” or “somewhat difficult.” Adults aged 35-44 were most likely to report paying as being “very difficult.”⁵

BENCHMARK INDICATOR

Healthy People 2020⁶: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

U.S. Target: 9 percent

DISPARITIES

Within Ramsey County, more St. Paul adults reported struggling to afford health care costs (24.1 percent) than adults in suburban Ramsey County (20.1 percent). Disparities are also present by age and income. Ramsey County adults 65 and older responded it was not too difficult or not at all difficult to pay for health insurance costs, likely because adults 65 and older are eligible for Medicare coverage. It is not surprising that individuals with more education or higher household income reported less difficulty paying for health insurance premiums, co-pays and deductibles than adults with less education or lower income.⁵

RISK FACTORS

Health care-related worries and problems paying for care are particularly prevalent among the uninsured, individuals with lower incomes, and those in poorer health; but women and members of racial minority groups are also more likely than their peers to report these issues.²

Information to note

- Among Ramsey County adults, 22.1% reported it has been very difficult or somewhat difficult to pay for health care expenses.
- Metro adults with less education or lower income report more difficulty affording health insurance costs.

Community voice

“Lack of affordable health care.”

- White Female, age 25-34

Respondents expressed the financial burden of medical care and prescriptions. Many stated medical insurance is becoming unaffordable.

¹Jones J. U.S. concerns about healthcare high; energy, unemployment low. Gallup. 2018. https://news.gallup.com/poll/231533/concerns-healthcare-high-energy-unemployment-low.aspx?utm_source=alert&utm_medium=email&utm_content=morelink&utm_campaign=syndication. Published March 26, 2018. Accessed July 2018.

²Dijulio B, Kirzinger A, Wu B, Brodie M. Data note: Americans’ challenges with health care costs. Kaiser Family Foundation. 2017. <https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/>. Published March 2, 2017. Accessed July 2018.

³Health Care in Minnesota: Overview – The Details. Disability Benefits 101. https://mn.db101.org/mn/programs/health_coverage/aca/program2.htm. Updated June 28, 2016. Accessed July, 2018.

⁴BRFSS Prevalence & Trends Data. Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/brfssprevalence/>. Accessed July 2018.

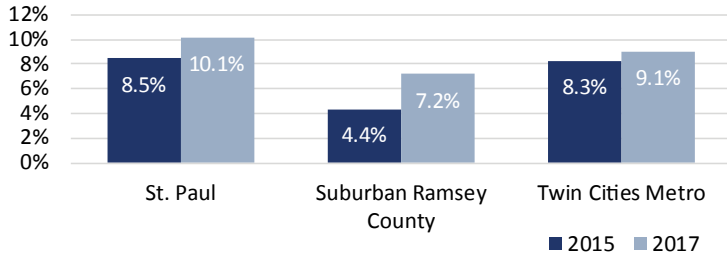
⁵Saint Paul – Ramsey County Public Health. Metro SHAPE Ramsey County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

⁶Access to Health Services. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>. Accessed July 2018.

WHAT RAMSEY COUNTY IS DOING

Ramsey County provides funding to five Ramsey County community clinics to help off-set the cost of medical and dental services provided to uninsured and underinsured clients. Saint Paul – Ramsey County Public Health maintains a surveillance role, monitoring the level of insured/uninsured status in Ramsey County.

Health Care Costs: Financial Burden* and Foregone Care** Among Adults

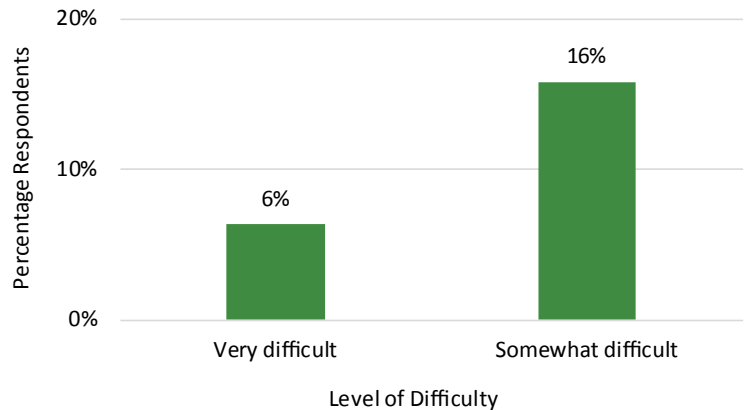


* Financial burden includes having to set up a payment plan with a hospital or doctor's office or problems paying medical bills or other basic bills due to medical bills in the past 12 months.

** Forgone care includes forgone prescriptions, dental care, routine medical care, mental/behavioral health care or specialist care due to cost in the last 12 months.

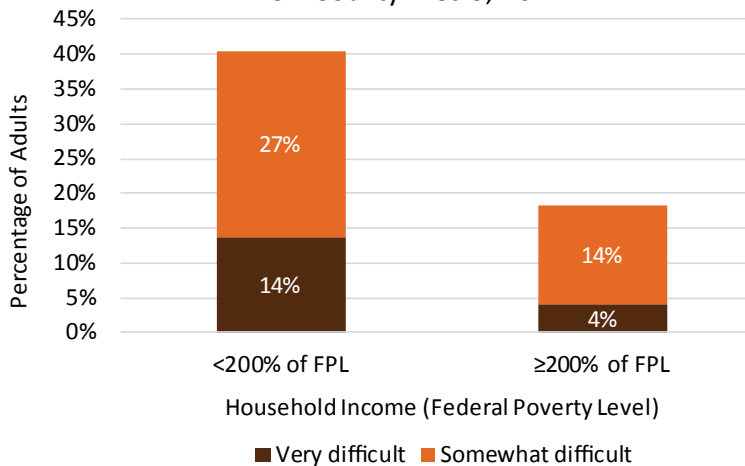
Source: Minnesota Health Access Survey.⁷

Difficulty Paying for Health Insurance, Ramsey County, 2014



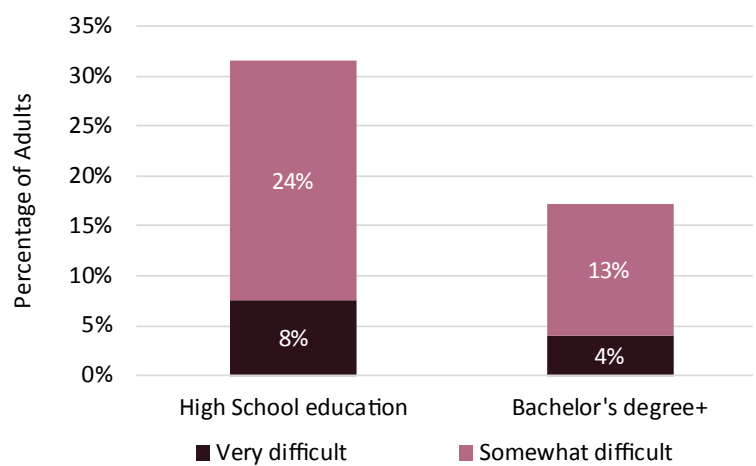
Source: Metro SHAPE Ramsey County Data Book.⁸

Difficulty Paying for Health Insurance Costs, Six County Metro, 2014



Source: Metro SHAPE Six County Data Book.⁹

Difficulty Paying for Health Insurance Costs by Education Level, Six County Metro, 2014



Source: Metro SHAPE Six County Data Book.⁹

⁷ Minnesota Department of Health. Minnesota Health Access Survey. Personal communication from MDH Health Economics Division. July 2018.

⁸ Saint Paul – Ramsey County Public Health. Metro SHAPE Ramsey County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed July 2018.

⁹ Metro Public Health Analyst Network. Metro SHAPE Six County Data Book. 2014.

DESCRIPTION

Health insurance is one of the best known and most common means used to obtain access to health care. Increasingly, the evidence points to harmful health and economic consequences related to being uninsured. These consequences may extend beyond the uninsured individual to the family and community, the health care system and society as a whole.¹ Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a fiscal burden for them and their families.² Low levels of insurance in an area can also burden medical providers because of higher demand for free or reduced-cost care. Safety-net care from hospitals and clinics improves access to care but does not fully substitute for health insurance.² Some may believe that people always have access to medical care because they can simply go to an emergency room. But even areas with well supported safety net care do not remove barriers to access to the same extent as having health insurance.¹ The Institute of Medicine estimated that lack of coverage was associated with about 18,000 extra deaths per year among uninsured adults.³

HOW WE ARE DOING

During 2013 to 2015, Ramsey County's uninsurance rate decreased from 10.6 percent in 2013 to 4.7 percent due to the implementation of the federal health reform legislation under the Patient Protection and Affordable Care Act (ACA). But according to the 2017 Minnesota Health Access Survey, uninsurance rates in Ramsey County increased from 4.8 percent in 2015 to 6.2 percent in 2017.⁴

Health insurance coverage can come from various sources including public coverage, group coverage and individual coverage. In Ramsey County, the greatest source of insurance in 2017 came from group coverage.⁴ Group coverage is provided by employers to employees and their spouses and dependents. The second greatest source of coverage in Ramsey County is public insurance.⁴ The percentage of individuals who are covered through a Minnesota public insurance program increased from 29 percent in 2013 to 40.1 percent in 2017.⁴

BENCHMARK INDICATOR

Healthy People 2020⁵: Increase the proportion of persons with medical insurance.
U.S. Target: 100 percent

DISPARITIES

Significant disparities in health insurance coverage continue in Ramsey County, especially by race, ethnicity, education, income and geography. According to the Minnesota Health Access Survey, Hispanic residents continue to have highest uninsurance rate in Ramsey County, with 17.1 percent uninsured in 2017.⁴ Health insurance coverage also varies by educational attainment. Individuals with a high school degree or less reported a 12 percent uninsurance rate in Ramsey County in 2017.⁴ In comparison, only 2.6 percent of individuals with college or postgraduate degrees were without insurance in 2017.⁴ In suburban Ramsey County, the uninsured rate decreased between 2015 and 2017 (3.7 percent to 2.9 percent) yet increased for City of St. Paul residents (5.6 percent to 8.5 percent).⁴

Information to note

- In Ramsey County, the uninsurance rate increased from 4.8% in 2015 to 6.2% in 2017.
- Hispanic residents continue to have the highest uninsurance rates in Ramsey County.
- Ramsey County residents living below 100% of the Federal Poverty Level are more likely to be uninsured than higher income residents.

¹ Institute of Medicine. Coverage Matters: Insurance and Health Care. The National Academies of Sciences, Engineering, and Medicine. 2001. <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2003/Coverage-Matters-Insurance-and-Health-Care/Uninsurance8pagerFinal.pdf>. Published September 2001. Accessed July 2018.

² Bovbjerg T, Hadley J. Why is health insurance important? The Urban Institute. 2007. DC-SPC no. 1. <https://www.urban.org/sites/default/files/publication/46826/411569-Why-Health-Insurance-is-Important.PDF>. Published November 2007. Accessed July 2018.

³ Institute of Medicine. Care without Coverage: Too Little, Too Late. The National Academies of Sciences, Engineering, and Medicine. 2002. <http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2003/Care-Without-Coverage-Too-Little-Too-Late/Uninsured2FINAL.pdf>. Published May 2002. Accessed July 2018.

⁴ Minnesota Department of Health. Minnesota Health Access Survey. Personal communication from MDH Health Economics Division. July 2018.

⁵ Access to Health Services. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>. Accessed July 2018.

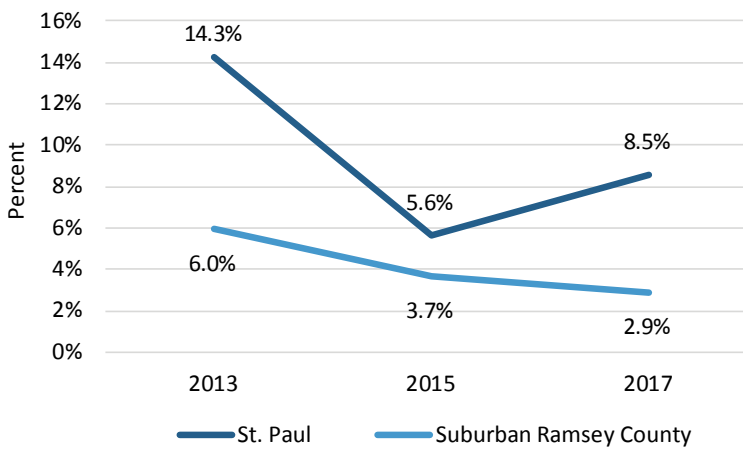
RISK FACTORS

There is an association between poverty and lack of health insurance. Individuals in Ramsey County with incomes below 100 percent of the federal poverty level have the highest rates of uninsurance.⁶

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

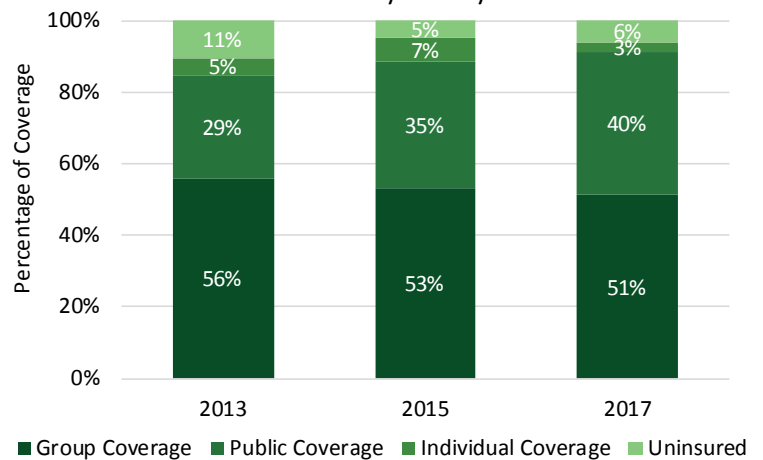
Saint Paul – Ramsey County Public Health and Ramsey County Financial Services provide referrals and/or assistance to uninsured clients to help them obtain health care coverage through Medical Assistance, MinnesotaCare, and specialty programs such as the Minnesota Family Planning Program or SAGE program for cancer screening for women. Ramsey County provides funding to five Ramsey County community clinics to help off-set the cost of medical and dental services provided to uninsured and underinsured clients. Saint Paul – Ramsey County Public Health maintains a disease surveillance role, monitoring the level of insured/uninsured status among Ramsey County residents.

Uninsured Rate, St. Paul vs. Suburbs, Ramsey County



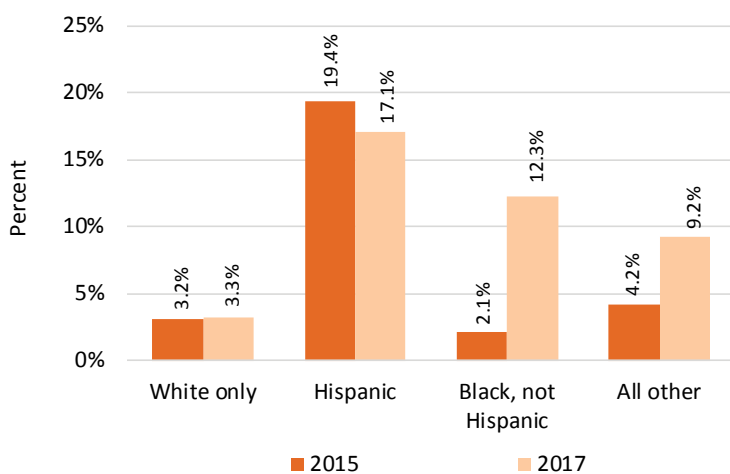
Source: Minnesota Health Access Survey.⁶

Sources of Health Insurance Coverage Over Time, Ramsey County



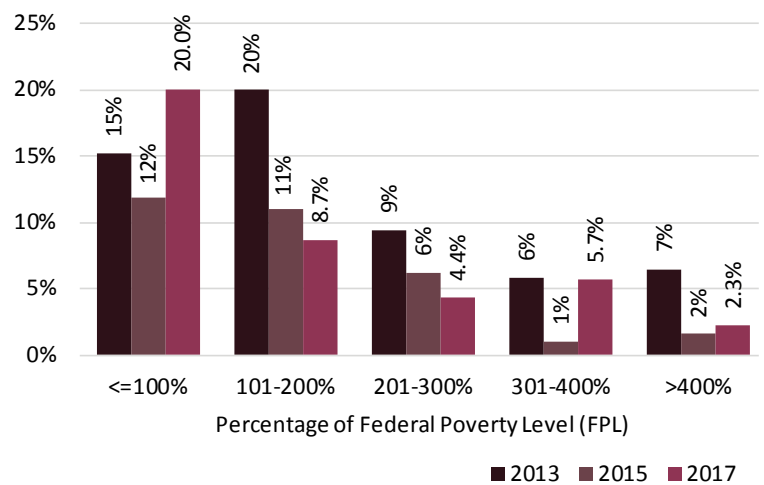
Source: Minnesota Health Access Survey.⁶

Uninsured by Race/Ethnicity, Ramsey County



Source: Minnesota Health Access Survey.⁶

Uninsurance Rate by Income, Ramsey County



Source: Minnesota Health Access Survey.⁶

⁶ Minnesota Department of Health. Minnesota Health Access Survey. Personal communication from MDH Health Economics Division. July 2018.

Health Workforce and Primary Source of Care

DESCRIPTION

Together, health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. Access to care requires not only financial coverage, but also access to providers. While high use of specialist physicians has been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians, dentists and mental health providers is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.¹ Having a usual source of care is associated with a higher likelihood of appropriate care, and a usual source of care is associated with better health outcomes.²

HOW WE ARE DOING

In 2015, the Ramsey County ratio of primary care physicians to population was 942:1, and was the third lowest ratio among Twin Cities metro counties.³ The ratio of dentists to population in Ramsey County was 1210:1 during 2016 and the ratio of mental health providers during 2017 in Ramsey County was 272:1, the lowest ratio among metro counties of the Twin Cities.³ Based on data from the Metro SHAPE 2014 Adult Survey, 79.8 percent of Ramsey County adults aged 25 and older stated they have at least one person they think of as their personal doctor or health care provider. This does not meet the Healthy People goal. Reports of having a personal doctor or health care provider varied by household income. For metro residents with a household income below 200 percent of the federal poverty level (FPL), 25.3 percent reported they did not have someone they identified as their personal doctor, compared to 19.6 percent of individuals with a household income greater than or equal to 200 percent of the FPL. Young people are also much less likely to have a specific source of ongoing care. Among metro adults, 41.1 percent of those 25-34 years do not have a personal doctor, compared to only 3.4 percent of those 75 years or older.⁴

BENCHMARK INDICATOR

Healthy People 2020⁵: Increase the proportion of adults aged 18 to 64 years who have a specific source of ongoing care.
U.S. Target: 89.4 percent.

DISPARITIES

Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.⁵ People with low incomes are less likely than those with higher incomes, and the uninsured were twice as likely as the insured to lack a usual care source.²

RISK FACTORS

Barriers to health services include the high cost of care, inadequate or no insurance coverage, lack of availability of services, and lack of culturally competent care.⁵

Information to note

- Ramsey County's ratio of mental health providers to population is the lowest among counties in the metro area.
- About 20% of adults aged 25 and older in Ramsey County do not have at least one person they think of as their personal doctor or health care provider.

¹ Steinbrook R. Easing the shortage in adult primary care-- Is it all about money? N Engl J Med. 2009;360:2696-2699.

² Clancy C, Munier W, Brady J, et al. 2012 National healthcare quality report. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2013.

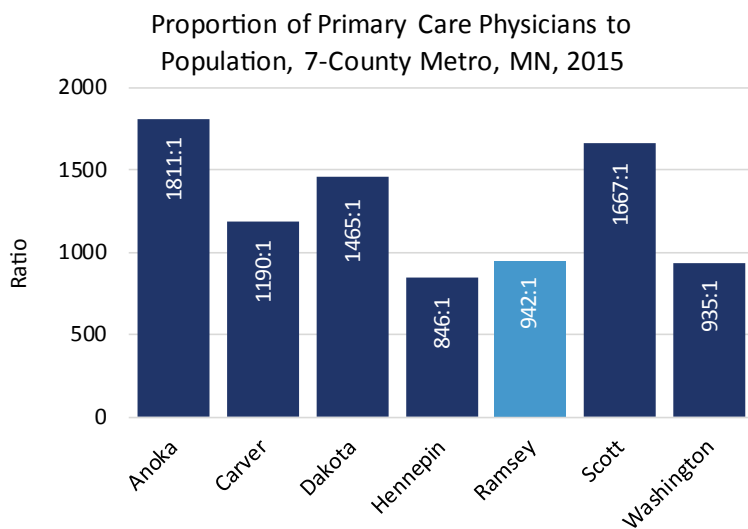
³ Area Health Resource File/American Medical Association, Area Health Resource File/National Provider Identification file, and Centers for Medicare and Medicaid Services (CMS). National Provider Identification file. <http://www.countyhealthrankings.org/app/minnesota/2018/downloads>. Accessed July 2018.

⁴ Metro Public Health Analyst Network. Metro SHAPE Six County Data Book. 2014; Saint Paul – Ramsey County Public Health data set.

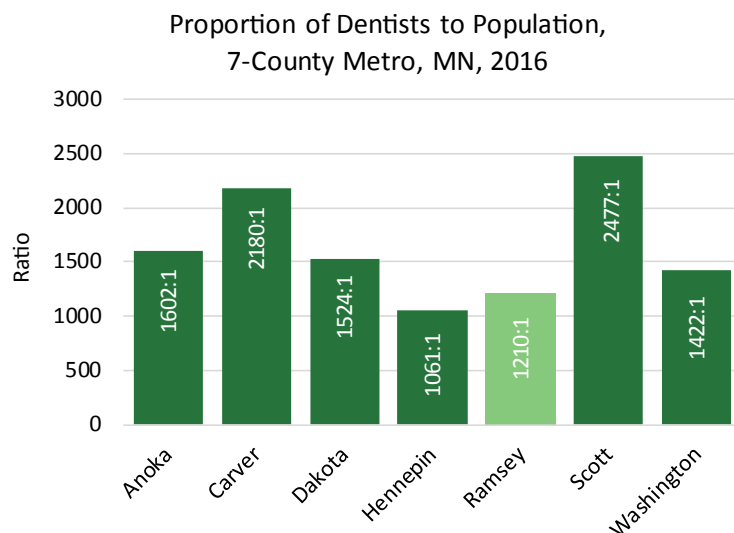
⁵ Access to Health Services. Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>. Accessed July 2018.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

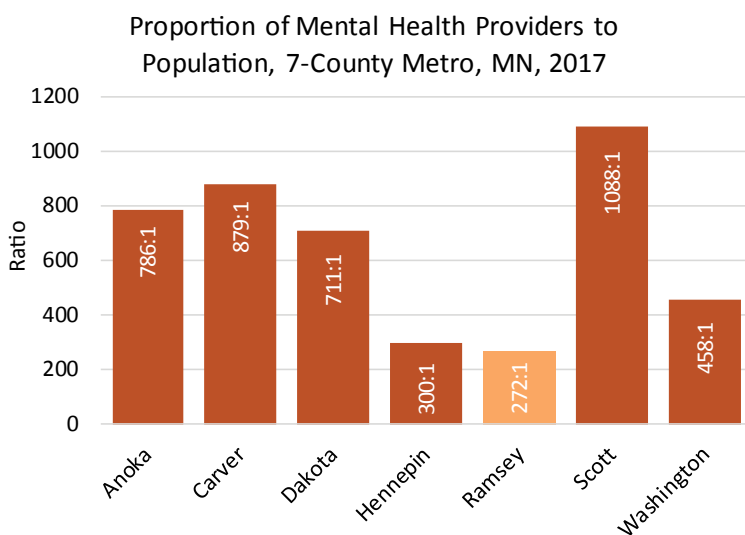
Saint Paul - Ramsey County Public Health provides data monitoring and reporting for this topic in order to better understand the overall health and current conditions in the community. The information may help inform community partners, policy makers or county program leadership.



Source: Area Health Resource File/American Medical Association.⁶



Source: Area Health Resource File/National Provider Identification file.⁷



Source: CMS/National Provider Identification file.⁸

⁶ Area Health Resource File/American Medical Association. <http://www.countyhealthrankings.org/app/minnesota/2018/downloads>. Accessed July 2018.

⁷ Area Health Resource File/National Provider Identification file. <http://www.countyhealthrankings.org/app/minnesota/2018/downloads>. Accessed July 2018.

⁸ CMS/National Provider Identification file. <http://www.countyhealthrankings.org/app/minnesota/2018/downloads>. Accessed July 2018.

DESCRIPTION

Medical Assistance (MA) and MinnesotaCare (MnCare) provide health insurance to low income children and adults who do not have access to insurance through an employer or whose employer's insurance is too expensive.

MA provides health insurance for children in households with incomes up to 275 percent of the Federal Poverty Guideline (FPG), which is critical for low income working families who do not have family insurance through an employer and to parents without employment. Since the Affordable Care Act's (ACA) Medicaid expansion in 2014, many people who were previously ineligible have access to the programs.¹ Adults without children with incomes up to 133 percent of the FPG may now use MA, rather than below 75 percent of FPG before the ACA.

HOW ARE WE DOING

In 2016 among Ramsey County residents, 116,832 adults and 81,856 children received either MA or MnCare. This is 30 percent of all adults and 67 percent of all children in Ramsey County. During that same year in Minnesota, 25 percent of adults and 47 percent of children received MA or MnCare. This comparison shows that a larger percentage of Ramsey County residents receive these programs, which is due to higher poverty in the county than in other areas of the state.

Since 2013, before the Medicaid expansion, participation increased by 39 percent for adults and 31 percent for children. Most of these people were not previously eligible.

DISPARITIES

In 2016, 30 percent of children and 18 percent of adults receiving MA or MnCare had an unknown race/ethnicity. People are not required to provide race/ethnicity information. Due to the large proportion of people with unknown race/ethnicity, it is unknown if racial/ethnic disparities exist in receipt of medical insurance benefits. These insurance programs seek to reduce disparities by aiding those eligible via requirements income and other factors.

RISK FACTORS

The biggest barrier to receipt of Medicaid for those who likely qualify is a lack of information about the program and not believing that they will qualify. Barriers include limited access to applications (either online or transportation to apply in person), language and literacy barriers, lack of required documentation, cognitive impairments, and no stable address or phone number.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

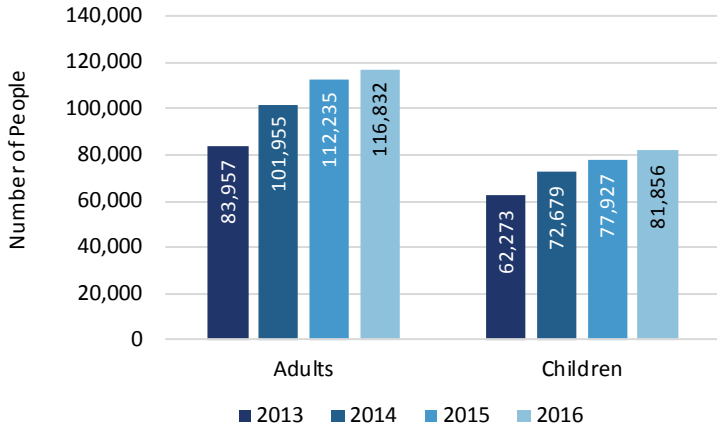
Saint Paul – Ramsey County Public Health and Ramsey County Financial Services provide referrals and/or assistance to uninsured clients to help them obtain health care coverage through Medical Assistance (MA) and MinnesotaCare (MnCare) programs. Saint Paul – Ramsey County Public Health maintains a surveillance role, monitoring the levels of MA and MnCare coverage in Ramsey County.

Information to note

- Two-thirds of Ramsey County children receive health insurance from MA.
- The Medicaid expansion made many people eligible for MA who were not previously. Adults without children were the biggest beneficiaries of this expanded eligibility.
- Nearly one in every three adults in Ramsey County receive medical insurance from MA or MnCare.

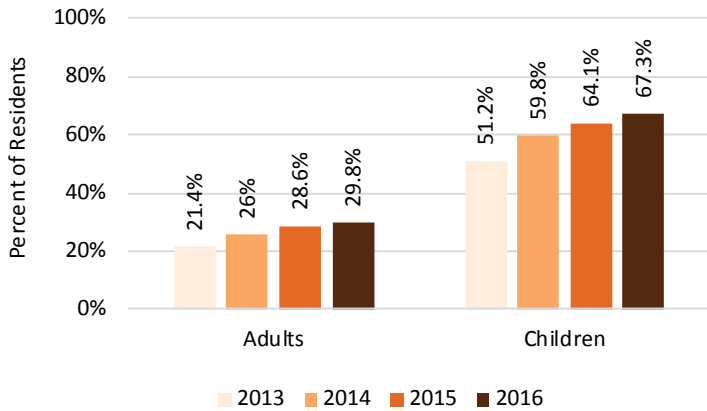
¹ "Medicaid and the Uninsured: Key Lessons to Consider for the 2014 Medicaid Expansion" (2012) The Henry J. Kaiser Family Foundation. Washington, D.C. Accessed on 09/08/2017. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8355-es.pdf>

Adults and Children Receiving Medical Assistance or Minnesota Care, Ramsey County



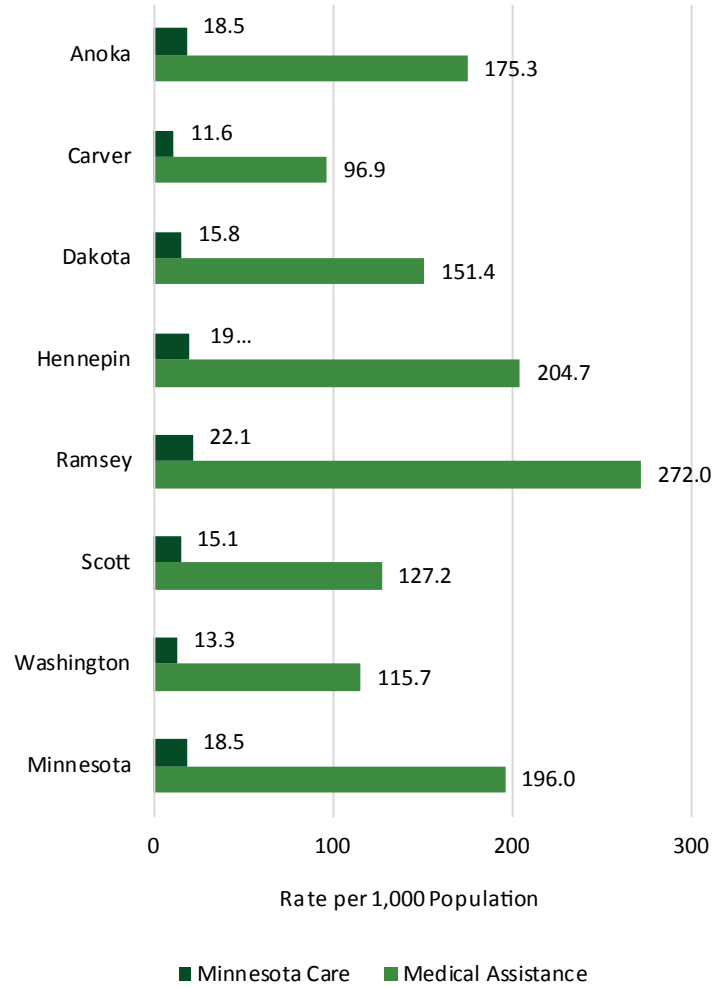
Source: Ramsey County Financial Assistance Services

Ramsey County Residents Receiving Medical Assistance or Minnesota Care



Source: Ramsey County Financial Assistance Services

Average Monthly Eligibles on Medical Assistance and Minnesota Care



Source: Minnesota Department of Human Services

DESCRIPTION

Marijuana prohibition began 80 years ago when the federal government put a ban on the sale, cultivation, and use of the cannabis plant and remains illegal on the federal level. Americans continue to warm to legalizing marijuana, with 64 percent now saying its use should be legal. This is the highest level of public support the Gallup organization has found in nearly a half-century of measurement.¹ As of April 2018, 10 states and Washington, D.C., have legalized the recreational use of marijuana. An additional 20 states, along with U.S. territories Puerto Rico and Guam, allow the use of cannabis for medical purposes.² Minnesota's medical cannabis program began distributing medical cannabis to patients in July 2015 after registering two manufacturers: Minnesota Medical Solutions, LLC (operating in Minneapolis, Rochester, Moorhead, Bloomington) and LeafLine Labs, LLC (operating in Eagan, St. Cloud, Hibbing, St. Paul).³ Health care practitioners must be enrolled in the medical cannabis registry before certifying a patient's qualifying medical condition. Qualifying patients must also be enrolled in the medical cannabis registry to be eligible to legally purchase and possess medical cannabis.

HOW WE ARE DOING

The number of health practitioners registering with the Minnesota's medical cannabis program continues to increase. As of March 31, 2018, the registry system had 1,169 approved practitioners. At the same time, there were 9,435 patients actively enrolled in the patient registry, an increase of 19 percent from March 2017. Of all the Minnesotans in the medical cannabis patient registry, 72 percent of patients live in St. Paul or Minneapolis, 86.6 percent are white, 5.2 percent are black and 2.6 percent are American Indian. Intractable pain is the number one reason for participation in the program (experienced by 67 percent of patients).³

A recent study conducted by the Minnesota Department of Health published in March 2018, reported that a significant number of Minnesota medical cannabis patients with intractable pain reported pain reduction of 30 percent or more. The study also found that among patients who were using opioid medications when they started using medical cannabis, 63 percent reduced or eliminated opioid use after six months. Likewise, the results of a Health Care Practitioner Survey revealed that 38 percent of intractable pain patients reduced opioid medication (nearly 60 percent of these cut use of at least one opioid by half or more), 3 percent of patients reduced benzodiazepines and 22 percent of patients reduced other pain medications.⁴

DISPARITIES

Medical cannabis can only benefit Minnesotans who can afford to pay for it themselves. Health insurance does not cover the cost of medical cannabis, the costs of the medical certification appointment or annual registration fee. The registration fee of \$200 is reduced to \$50 if individuals receive CHAMPVA, Social Security Disability (SSD) benefits, Supplemental Security Income (SSI) or participate in Medicaid or MinnesotaCare. The prescription costs are dependent on the type and amount of cannabis.

(continued on back)

Information to note

- Among patients who were using opioid medications when they started using medical cannabis, 63% reduced or eliminated opioid use after 6 months.
- There are disparities in access to medical cannabis - it can only benefit Minnesotans who can afford to pay for it themselves.

¹ McCarthy J. Record-high support for legalizing marijuana use. Gallup. 2017. http://news.gallup.com/poll/221018/record-high-support-legalizing-marijuana.aspx?g_source=Politics&g_medium=newsfeed&g_campaign=tiles. Accessed April 26, 2018.

² Gonzalez-Ramirez A. All the states where weed is legal. Refinery29. <https://www.refinery29.com/2018/04/196771/where-is-weed-legal-state-marijuana-laws>. Published April 20, 2018. Accessed April 27, 2018.

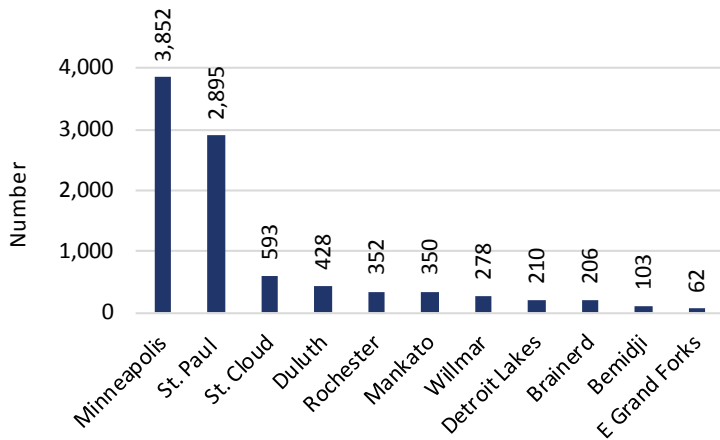
³ Minnesota Department of Health. Medical cannabis program update. <http://www.health.state.mn.us/topics/cannabis/about/update0418.pdf>. Published April 2018. Accessed April 26, 2018.

⁴ Minnesota Department of Health. Intractable pain patients in the Minnesota medical cannabis program: Experience of enrollees during the first five months. <http://www.health.state.mn.us/topics/cannabis/about/ipreport.pdf>. Published 2017. Accessed March 6, 2018.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

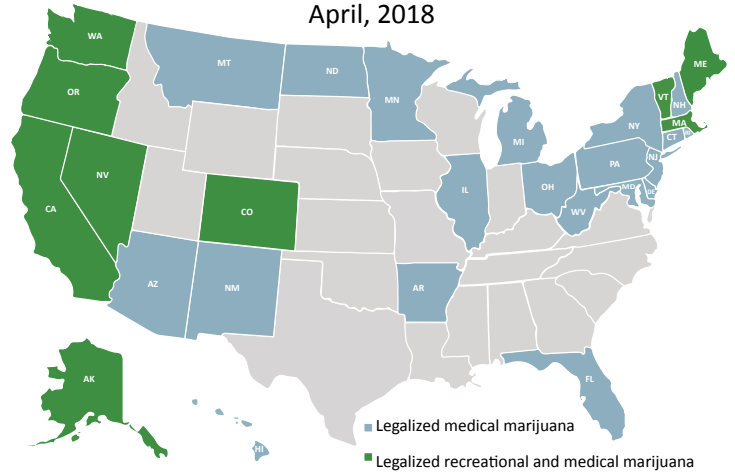
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Active Patients in the Medical Cannabis Registry, Minnesota, March 31, 2018



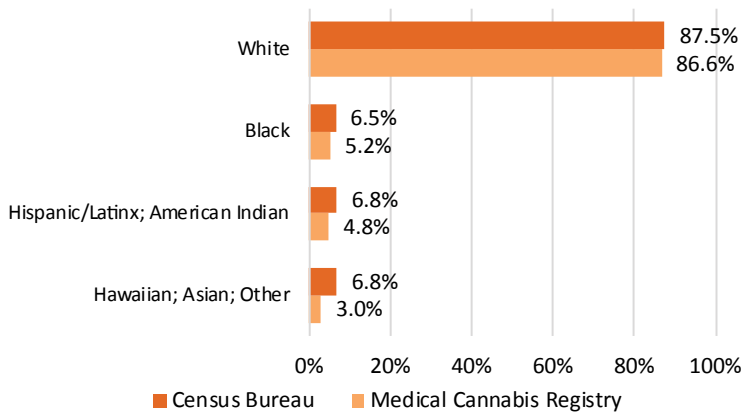
Source: Minnesota Department of Health.⁵

States Where Marijuana is Legal April, 2018



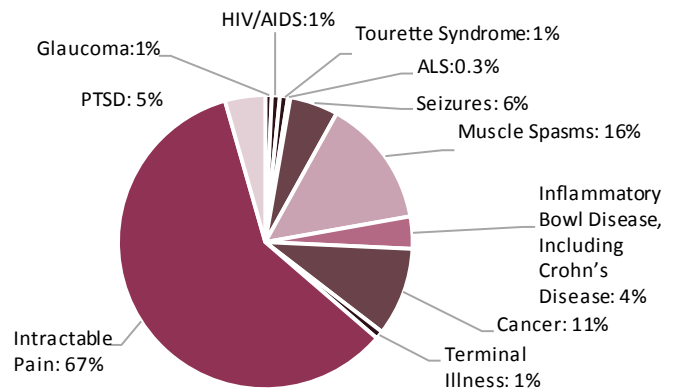
Source: Berke, J. and Gould, S. Marijuana legalization swept the US last year.⁶

Medical Cannabis Patients by Race/Ethnicity Compared to Overall State Demographics, March 31, 2018



Source: Minnesota Department of Health.⁷

Medical Cannabis Patients by Condition*



*Patients certified total more than 100% because 11.2% of the 7022 patients are currently certified for more than one condition; in this chart each certified condition is counted.

Source: Minnesota Department of Health Website.⁸

⁵ Source: Minnesota Department of Health. Medical Cannabis Program Update, April 2018. <http://www.health.state.mn.us/topics/cannabis/about/update1017.pdf>. Accessed April 2018.

⁶ Berke, J. and Gould, S. Marijuana legalization swept the US last year. <https://www.businessinsider.com/legal-marijuana-states-2018-1>. Accessed January 23, 2019.

⁷ Source: Minnesota Department of Health. Medical Cannabis Program Update, April, 2018. <http://www.health.state.mn.us/topics/cannabis/about/update0418.pdf>. Accessed April 2018.

⁸ Source: Medical Cannabis Program Update, October 2017. Minnesota Department of Health Website. <http://www.health.state.mn.us/topics/cannabis/about/update1017.pdf>. Accessed February 2018.

Preventive Care Among Publicly Insured Youth

DESCRIPTION

Nationally representative data suggest that a large proportion of children and young adults in Medicaid have certain health conditions that can be identified or managed by preventive services and that many children were not receiving well-child checkups.¹ In the U.S., every state is required to provide quality well-child care for children eligible for Medicaid called early Periodic Screening, Diagnosis, and Treatment (EPSDT) as specified in Section 1905(r) of the Social Security Act. The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.² In Minnesota, the program is called Child and Teen Checkups (C&TC) and is administered by the Minnesota Department of Human Services with technical and clinical assistance from the Minnesota Department of Health. Periodic examinations or screenings are delivered according to a schedule known as the Periodicity Schedule³, to assure that health problems are screened for, diagnosed, and treated early before they become more complex and treatment becomes costlier. The schedule is a minimum standard; more C&TC visits or screenings can be done and billed for as medically necessary. Children in out-of-home placement or foster care should receive C&TC visits more frequently. Clinical recommendations about best practices in well-child care and training about the required components is provided to all clinics who accept public insurance.⁴ Ultimately, the state is responsible, but managed care plans may also have affirmative duties to ensure that enrollees are provided with the required screenings, diagnostic procedures, and treatment.⁵

HOW WE ARE DOING

States submit data to the federal government including the participant ratio, which is the percentage of children by age group who received at least one screening among the group that was eligible for the screening. In Ramsey County, infants under 1 year, children ages 1-2, and children ages 6-9 met the federal requirement of 80% in federal fiscal year (FFY) 2017. Ramsey County exceeded the federal requirement of 80 percent for youth in foster care during FFY 2017. Ramsey County has never met the overall participation rate for youth in all age groups compared to Hennepin County which has met the overall participation rate each year beginning in 2013⁶.

BENCHMARK INDICATOR

Federal Statutory Requirement: All children and young adults birth through 20 years on public insurance receive well-child checkups according to the Periodicity Schedule.
Minimum Target: 80 percent of eligible youth

DISPARITIES

Low-income youth have a distinct need for comprehensive care in order to lead healthy lives.⁷ Comparing various age groups, Ramsey County publicly insured youth ages 15-21 have the lowest rates of child and teen checkups, followed closely by children 3-5 years.

Information to note

- Ramsey County is not meeting the federal statutory requirement that 80% of eligible youth receive a child and teen checkup. Hennepin County has met the requirement for the past five years.
- Only 30% of Ramsey County's publicly insured children ages 3 - 5 receive federally required preventive care checkups.

¹ Medicaid Preventive Services: Concerted Efforts Needed to Ensure Beneficiaries Receive Services. United States Government Accountability Office. <https://www.gao.gov/assets/300/293989.pdf>. Published August 14, 2009. Accessed September 2018.

² Early and Periodic Screening, Diagnosis, and Treatment. Health Resources & Services Administration. <https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment>. Accessed August 2018.

³ Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards. Minnesota Department of Human Services. 2018. <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3379-ENG>. Accessed September 2018.

⁴ Child and Teen Checkups (C&TC). Minnesota Department of Human Services. <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/ctc.jsp>. Accessed September 2018.

⁵ Whitener K. EPSDT: A primer on Medicaid's pediatric benefit. Georgetown University. 2016. <https://ccf.georgetown.edu/2016/03/04/what-is-epsdt-medicaid-benefit-big-idea/>. Published March 4, 2016. Accessed September 2018.

⁶ Child & Teen Checkups Program. Participation Reports. Minnesota Department of Human Services. https://www.dhs.mn.gov/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_018157. Accessed September 2018.

⁷ 1115 Medicaid Waiver Element: EPSTD. FamiliesUSA. <https://familiesusa.org/1115-waiver-element-epsdt>. Accessed September 2018.

Preventive Care Among Publicly Insured Youth

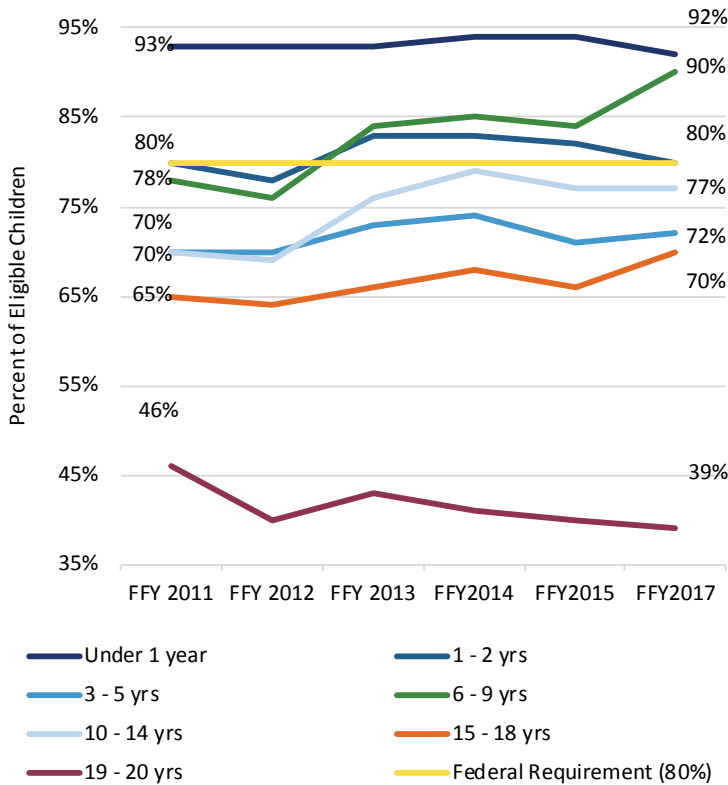
RISK FACTORS

Parents who are new to the U.S. may not understand the importance of preventive care medical visits for their children.

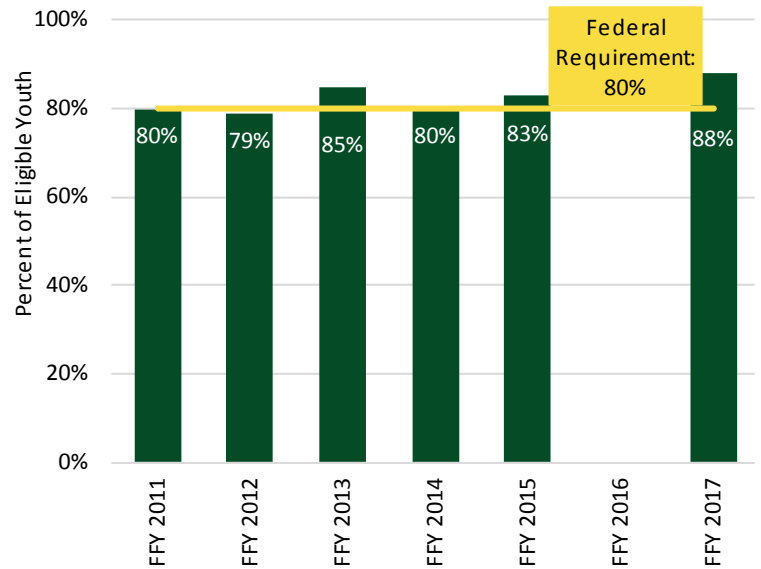
WHAT RAMSEY COUNTY GOVERNMENT IS DOING

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Youth Receiving a Child and Teen Checkup by Age Group Over Time*, Ramsey County



Foster Care Youth Receiving a Child and Teen Checkup * Ramsey County



* Data unavailable for FFY 2016.

Source: U.S. Department of Health and Human Services CMS-416 reports.

* Data unavailable for FFY 2016.

Source: U.S. Department of Health and Human Services CMS-416 reports.