

Carver County

(Twin Cities Region)

CULTURE CARE CONNECTION is an online learning and resource center designed to increase cultural competence of health care providers, administrators, and health care organization staff in serving diverse populations. Simply put, “culture” can refer to a variety of factors, including age, education level, income level, place of birth, length of residency in a country, individual experiences, and identification with community groups; “competence” refers to knowledge that enables a person to effectively communicate; and “care” refers to the ability to provide effective clinical care.

Through Stratis Health’s Culture Care Connection Minnesota County Profiles, health care organizations can better understand their geographic service areas by observing the characteristics of the counties, surrounding region, greater Minnesota, and the nation with respect to demographic, socioeconomic, and health status data. The quantitative and qualitative data in this profile can broaden understanding and help users consider actions for responding to the area’s most pressing needs.

Apply this information to advance your organization’s implementation of the Office of Minority Health’s Culturally and Linguistically Appropriate Services (CLAS) Standards. The 14 CLAS standards serve as guiding principles for ensuring accessibility and appropriateness of health care services delivered to diverse populations. This information is also valuable if your organization is using less formal approaches in providing culturally sensitive services, as well as if you are just interested in learning more about health disparities in your county.

Region is defined as Economic Development Region (EDR), the multi-county groupings established by the Minnesota Department of Employment and Economic Development. The Twin Cities Metropolitan EDR is composed of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

Careful attention should be paid to identifiers in graphs and narrative, which delineate between county, region, and state level data to prevent inaccurate extrapolation.

Demographics Age • Gender • Race • Foreign Born

Demographic data reveal the following state-level trends:

- Minnesota’s population is projected to grow substantially by 2035, with slight growth in the younger age groups and substantial growth in the older age groups. These changes will influence the overall age composition of the state.
- Gender is evenly distributed across age groups, with notable exception in the older age groups which have larger proportions of females.
- Minnesota’s population continues to become more diverse. Between 2000 and 2007, the Asian, black, and Hispanic/Latino populations increased at a faster pace than the white population.



CULTURE CARE CONNECTION

Funding provided by



Age

Between 2005 and 2035, the population of Minnesotans over age 65 will more than double due to greater longevity. By contrast, the population under age 65 will grow only 10 percent. As a result, the age composition of all parts of the state, including Carver County, will be much older in 2035.

Population projections:

- 14 and under to rise 55%
- 15 to 24 to rise 57%
- 25 to 44 to rise 46%
- 45 to 64 to rise 107%
- 65 to 84 to rise 384%
- 85 and above to rise 202%

What providers need to know:

The proportion of Minnesota’s older population, as well as ethnic and immigrant communities, will grow faster than the rest of the state’s population in the next 25 years. Consider whether your organization is prepared to meet the special needs of these populations.

Suggestions:

Become familiar with the needs of older populations, as well as individuals from diverse backgrounds, and develop strategies to accommodate them including: referrals to transportation services, allowing more time for patient encounters, and providing patient education materials in alternative formats.

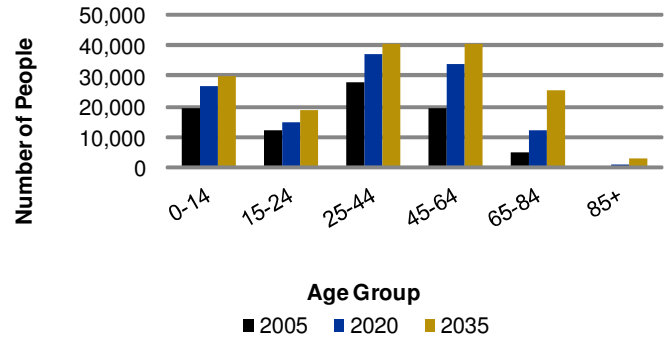
Gender

In 2015, projections indicate the overall gender distribution for Carver County to be 50% female, 50% male

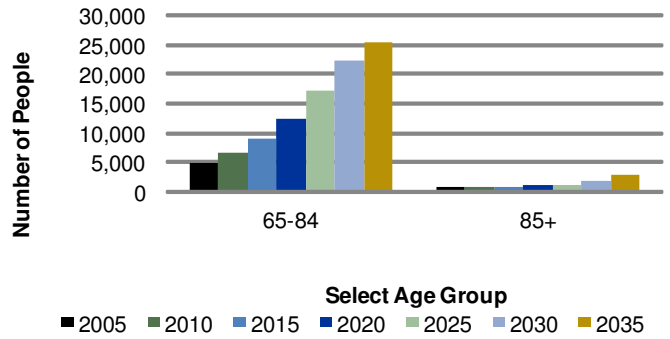
Variations appear when the data are viewed by age range:

- 15 to 24: 46% female, 54% male
- 65 to 84: 53% female, 47% male
- 85 and above: 66% female, 34% male

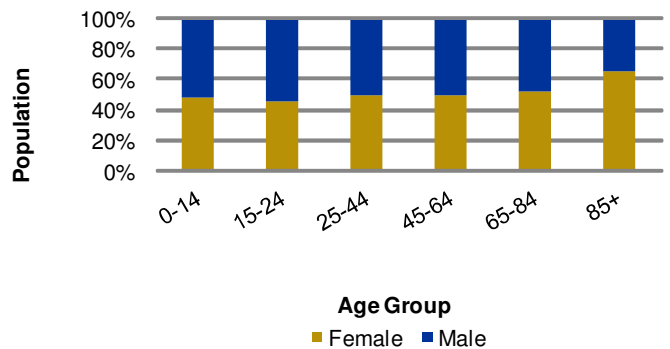
Projected Population - Carver County: 2005-2035



Projected Population - Carver County: 2005-2035



Projected Gender Distribution - Carver County: 2015



Race

Minnesota's population is considerably less diverse than the US population. Minnesota's populations of color accounted for 14 percent of the population in 2007 compared to 34 percent of the national population. However, populations of color are growing faster in Minnesota, 28 percent compared to 19 percent nationally.

In the Twin Cities metro area between 2005 and 2015, the population is expected to grow 9 percent. The white population is not expected to change while populations of color are expected to grow 44.5 percent. Growth will be most notable in the Hispanic/Latino population (62.4%). Growth in populations of color in Carver County (108.1%) will exceed the national growth rate of 47.1 percent.

What providers need to know:

The health issues, health-seeking behaviors, cultural norms, and communication preferences of populations of color vary considerably. As Minnesota's population becomes more diverse, patient populations within the state's health care organizations will become more diverse as well.

Suggestions:

Get to know patients and staff on an individual level. Not all patients and staff from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Understanding an individual's practice of cultural norms can allow providers to quickly build rapport and ensure effective health care communication.

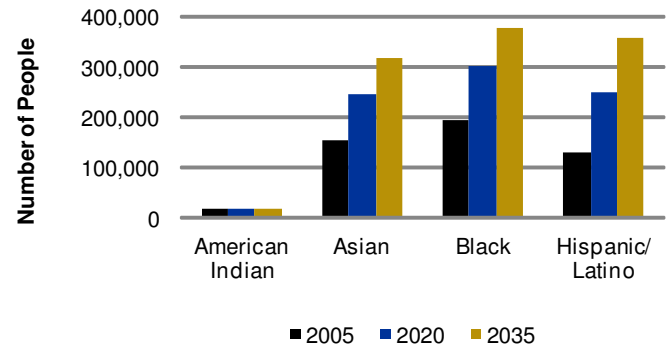
Foreign Born

Thirty-six percent of the minority population in Minnesota is foreign born, compared to 2 percent of the white population. In 2007, one-third of Minnesota's foreign born population came from one of four countries: Somalia (13.0%), Thailand (8.7%), Ethiopia (7.0%), and Mexico (4.0%).

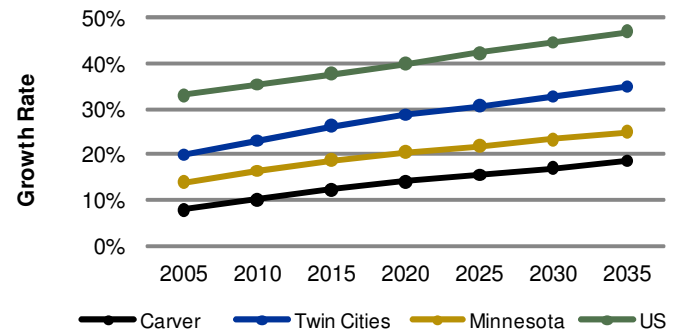
What providers need to know:

Important factors to consider in providing care to foreign born populations include: nutritional status, mental health (especially in refugee populations), infectious disease, dental screening, and preventive health measures, including cancer screenings, which are not often available in third world countries. Specific health care screening recommendations depend on an individual's country of origin and immigration status.

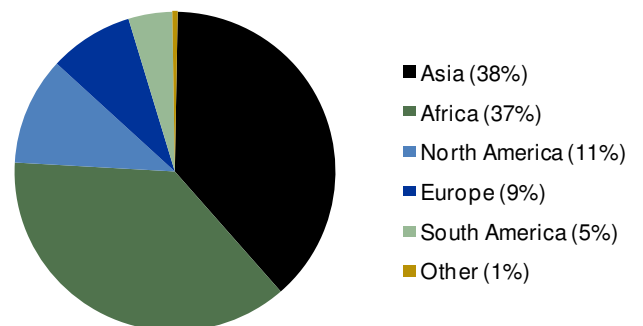
Projected Populations of Color - Twin Cities: 2005-2035



Projected Growth Rates for Populations of Color: 2005-2035



Foreign Born Population by Region of Birth - Minnesota: 2007



Suggestions:

Provide information to patients not familiar with the western medical system, including guidance on obtaining health insurance, setting up initial and follow-up appointments, and practicing preventive health measures.

Socioeconomic Status Education • Income • Occupation

Socioeconomic status, a measure of an individual's economic and social position relative to others based on income, education, and occupation can provide valuable insights about diverse populations.

- Education influences occupational opportunities and earning potential in addition to providing knowledge and life skills that may promote health.
- Income provides a means for purchasing health care coverage but also may determine eligibility for assistance programs for those who cannot afford coverage.
- Occupation, and whether or not one is employed, may expose an individual to a variety of health risks.

Education

Across Minnesota, high school graduation rates increased between 2005 and 2009. While projections indicate a steady decline for the general population, high school graduation rates in populations of color will increase as much as 40 percent between 2005 and 2015.

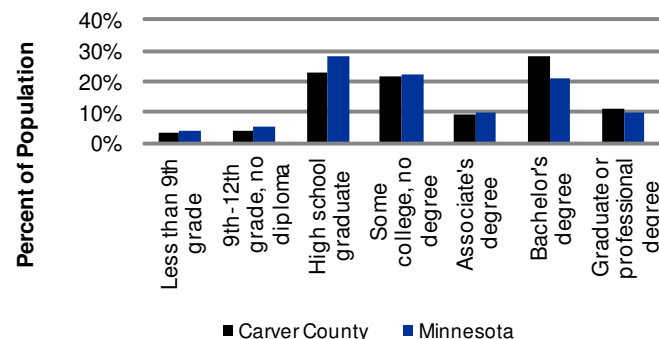
In Carver County, for all races, historic data indicate a higher percentage of individuals receiving at least a high school diploma compared to state level data. Attainment rates of a Bachelor's degree or greater in Carver County were higher than state level rates.

Income

In Carver County, the median household income based on 2005-2007 estimates was \$78,035. Income level influences an individual's access to health care (as measured by rates of uninsurance) and is used to determine poverty status, which may determine eligibility for various assistance programs.

Rates of uninsured can be difficult to measure. One certainty is that wide variability across racial and ethnic groups exists. Historically, white populations are the least likely to be uninsured in contrast to Hispanic/Latino populations which are the most likely to be uninsured.

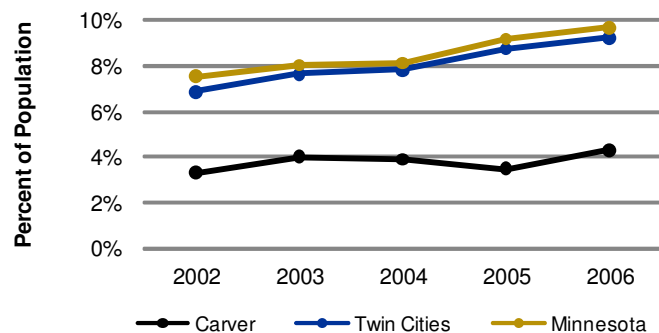
Education Attainment: 2005-2007



Uninsured by Race - Minnesota: 2001-2007



Poverty - All Ages - Minnesota: 2002-2006

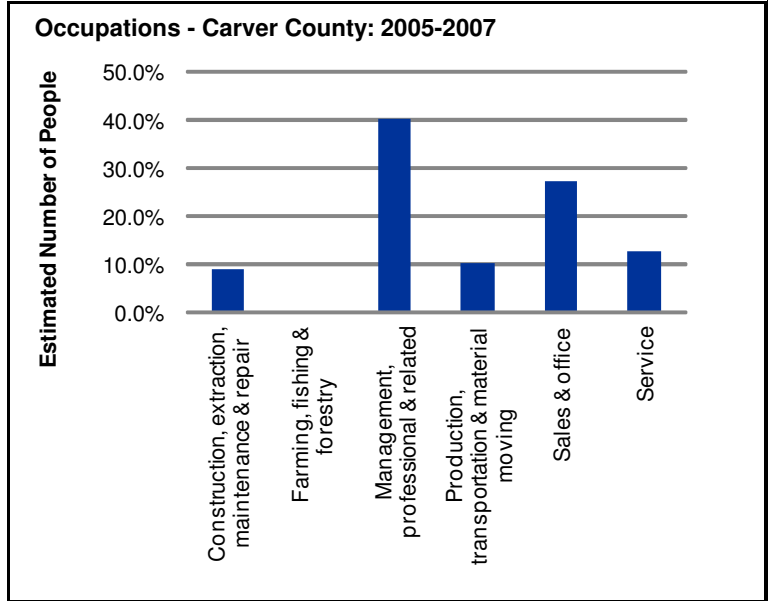


Poverty status, which is based on a minimum level of income necessary to achieve an adequate standard of living, is on the rise in Minnesota. According to federal poverty guidelines this level of income in 2008 equaled \$21,200 for a family of four. Families whose income falls near or below this amount may be eligible for medical assistance and other social service programs.

Occupation

According to 2005-2007 estimates, 76.6 percent of the population in Carver County over 16 years of age were employed. Individuals in office-based occupations are at risk for repetitive stress injuries and musculoskeletal disorders due to the sedentary nature of this work.

For current, quarterly unemployment data, visit the [Minnesota Department of Employment and Economic Development](#). Individuals who are unemployed or experience job insecurity may face health risks such as increased blood pressure and stress.



What providers need to know:

Chronic stress associated with lower socioeconomic status can contribute to morbidity and mortality and is linked to a wide range of health problems including arthritis, cancer, cardiovascular disease, hypertension, and low birthweight.

Suggestions:

Consider how patient's socioeconomic status may affect health risks and ability to follow treatment plans. Become familiar with eligibility requirements and service offerings from local health, housing, and social service programs including medical assistance, food support, and cash assistance. Establish a culturally sensitive plan for identifying and referring patients who may benefit.

Health Status Data Birth Rate • Morbidity

The health status data concerning birth rates and factors contributing to the incidence of disease revealed the following:

- A need for increased efforts to provide prenatal care in the general population as well as an awareness of birth trends in populations of color.
- Greater potential for engagement in behaviors which increase the burden of poor health in populations of color.

Birth Rate

Carver County's birth rate of 14.3 per 1,000 population is on par with the regional and state-level rates of 14.7 and 14.2 respectively. In 2007, prenatal care was received in the first trimester for 92.6 percent of cases compared to 94.4 percent in 2003.

Minnesota's teen birth rates reveal marked disparities. Although teen birth rates decreased for African Americans and American Indians over time, the rates remain 3.8 to 5.5 times higher than that for whites. The Asian rate was over 2.5 times the white rate, and the Hispanic/Latino rate is nearly six times the white rate.

Morbidity

Behavioral risk factors such as use of alcohol and tobacco, diet, exercise, and preventive health practices play an important role in determining a person's overall health status. Control over such factors can decrease a person's risk for adverse health outcomes including illness and premature death.

What providers need to know:

Patients from diverse cultures have varying perceptions of the concepts of disease and preventive care. Help patients understand the reason for their illness and the importance of keeping follow-up appointments and adhering to treatment plans even though they may no longer be feeling symptoms.

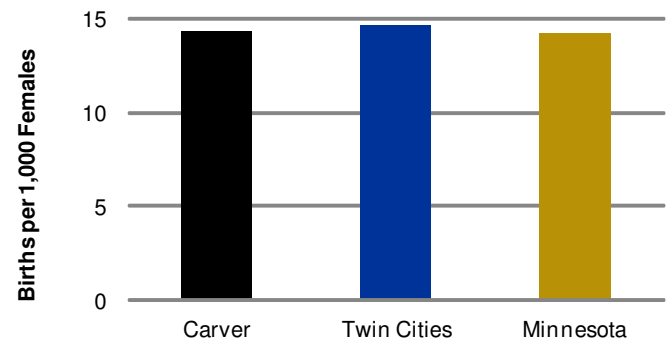
Suggestions:

Provide alternative treatment options and acknowledge that patients may use traditional approaches. Use interpreters with patients who do not speak English or who have Limited English Proficiency as a way to encourage them to freely communicate expectations and preferences.

Next Steps CLAS Assessment • Visit www.culturecareconnection.org

- 1) Conduct a CLAS (Culturally and Linguistically Appropriate Services) Standards Assessment to identify areas of strength and opportunities for improvement in the services your organization offers to diverse populations. An online assessment which offers customized evaluation and recommendations can be found at: CLAS Standards Assessment.
- 2) Visit the Culture Care Connection Web site, an online learning and resource center aimed at providing Minnesota health care organizations with actionable tools in support of providing culturally and linguistically appropriate services.
- 3) Contact Stratis Health to learn more about how we can assist in your organization's efforts to build culturally and linguistically appropriate service offerings.

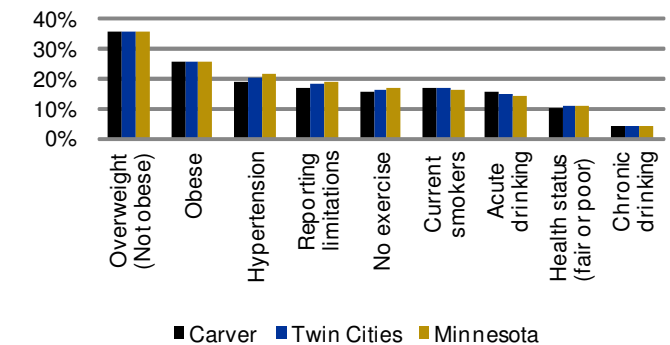
Birth Rate - All Ages: 2007



Teen Birth Rate By Race - Minnesota: - Age 15-19: 2007



Behavioral Risk Factors: 2007



Sources

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“Socioeconomic Disparities in Health: Pathways and Policies,” Adler, N. and Newman, K. *Health Affairs*, 2002.

Supplemental Table 1. Immigrants Admitted by Country of Birth and Intended State of Residence, Department of Homeland Security and Immigration and Naturalization Services, 2007.

The 2008 HHS Poverty Guidelines, Department of Health and Human Services, (<http://aspe.hhs.gov/poverty/08poverty.shtml>) viewed on 6/17/09.



Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.



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