

A large yellow silhouette of the state of Minnesota is centered on the page. The text 'MINNESOTA COUNTY HEALTH TABLES' is printed in a bold, black, serif font across the center of the map.

MINNESOTA COUNTY HEALTH TABLES

Minnesota Department of Health
Minnesota Center for Health Statistics



Minnesota County Health Tables

Minnesota Department of Health
Center for Health Statistics
Golden Rule Building – Suite 300
PO Box 64882
St. Paul, MN 55164-0882

<http://www.health.state.mn.us/divs/chs/countytables/>

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Introduction

The Minnesota County Health Tables (MCHT) replaced the County Health Profiles (CHP) in 2001. The County Health Profiles for 1996, 1998 and 2000 are still available on the Minnesota Planning website, <http://www.lmic.state.mn.us/datanetweb/health.html>

Users of the Minnesota County Health Tables must be aware that all data are subject to potential error. Sources of these errors include under-registration, informant or respondent errors, sampling errors, and data processing errors. Every effort has been made to minimize these errors. However, the most dangerous error remains that of the inaccurate interpretation of data that has been provided.

The user should review the definitions of terms used in the Minnesota County Health Tables. The data included in this publication are from the most recently available year(s). In an area of small population the presence or absence of a relatively rare health event should not be used to confirm or deny a specific public health problem.

Section Descriptions and Notes

Section A: Demographics Tables

This section includes selected demographic statistics from various sources, including the U.S. Census Bureau, Minnesota State Demographer's Office, and the Minnesota Departments of Human Services, Economic Security and Education.

Section B: Natality Tables

This section includes various birth statistics collected from Minnesota birth certificates which are filed with the Office of the State Registrar, Minnesota Department of Health.

All birth data in this section are by county of residence.

Section C: Mortality Tables

This section includes various death statistics collected from Minnesota death certificates which are filed with the Office of the State Registrar, Minnesota Department of Health. Mortality data in this publication are classified using the International Classification of Diseases, version 10 (ICD-10). Version 10 has been used since 1999. From 1979-1998, ICD-9 was used for coding deaths. The ICD-10 differs from ICD-9 in a number of respects although the overall content is similar. The change from ICD-9 to ICD-10 should be taken in consideration when comparing 1999 and newer mortality data to previous years. For more information on ICD-10, please refer to the Centers for Disease Control and Prevention website, <http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>

All death data in this section are by county of residence.

Section D: Morbidity and Service Utilization Tables

Included in this section are surveillance data on cancer, sexually transmitted diseases, traumatic brain injuries, survey data on behavioral risk factors and utilization data. The Minnesota Student Survey results are not included in this section but can be found on the Center for Health Statistics Website: <http://www.health.state.mn.us/divs/chs/mss/>

Section E: Chemical Health

The Chemical Health section focuses on alcohol use. Data in this section include percent of fatalities in which alcohol use was involved and driving while intoxicated. Unless specified these data are by county of occurrence. Adult chemical health use data from the Behavioral Risk Factor Surveillance System are in Section D. Youth chemical use data from the Minnesota Student Survey are located on the Center for Health Statistics website: <http://www.health.state.mn.us/divs/chs/mss/>

Section F: Environmental Health Tables

The Environmental Health Section includes county-specific summary data from the following Environmental Health programs: blood lead; foodborne/waterborne disease outbreaks; hazardous substance emergency events surveillance; and radioactivity and radiation. This section contains a description of the health hazard; the most current data available, generally summarized by county and state; and any limitations or biases to be considered before using the data.