

Public Use Files Developed from Quality Reporting System Data

AN OVERVIEW

May 2025

Public Use Files Developed from Quality Reporting System Data: An Overview

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Introduction

As part of Minnesota's 2008 health reform initiative, the Minnesota Department of Health (MDH) is required to establish a standardized set of quality measures for health care providers across the state.¹ This standardized quality measure set, which built on earlier voluntary efforts and made data submission by providers mandatory, is called the Minnesota Statewide Quality Reporting and Measurement System (Quality Reporting System).²

Although Minnesota ranks among the healthiest states in the nation, it simultaneously has significant and persistent disparities in health outcomes for some of its population. To eradicate these disparities, it is important for the State to foster health equity through creating the, "conditions in which all people have the opportunity to attain their highest possible level of health."³ One of the challenges related to developing and evaluating programs to address and eliminate health disparities is the relative lack of data on many of the contributing socio-demographic factors, including data directly available to communities concerning health disparities and inequities in clinical care.

In 2015, the Minnesota Legislature directed MDH to begin stratifying quality measures by socio-demographic factors. "Stratifying clinical quality measures" refers to calculating health care performance scores separately for different patient groups based on specific characteristics.⁴ MDH worked with Voices for Racial Justice, a nonprofit that works with communities of color and American Indians on issues of equity and inclusiveness, to obtain community input on the collection and use of stratified quality measure data. To get this feedback, Voices for Racial Justice trained health equity champions and engaged with members and representatives of communities disproportionately impacted by health inequities and community-based organizations. Community representatives made a number of recommendations⁵ narrowly focused on Quality Reporting System data, as well as more broadly regarding data strategies, including providing data and companion materials to communities.

In response to this recommendation, MDH created a first set of Quality Reporting System public use files (PUFs) in 2019 that focused on geographic, health insurance type, and gender breakdowns of the data. This first set of PUFs was based on 2015 service dates. In 2024, MDH released updated PUFs for additional service years that include information on race, Hispanic or Latino ethnicity, and preferred language in addition to payer/health insurance type and gender. In 2025 MDH updated these PUFs with an additional year of data. These PUFs are available at both the patient ZIP Code area and county levels.

This document is a companion document to a range of information available on the [Health Care Quality Measures website](http://www.health.state.mn.us/data/hcquality) (<http://www.health.state.mn.us/data/hcquality>).

¹Minnesota Statutes, section 62U.02.

²Minnesota Rules, chapter 4654.

³Minnesota Department of Health (MDH). (2014). *Advancing Health Equity in Minnesota: Report to the Legislature*. Saint Paul, MN: Minnesota Department of Health.

⁴National Quality Forum (NQF). (2014). Risk adjustment for socioeconomic status or other socio-demographic factors; Technical report. Washington, DC: National Quality Forum.

⁵Voices for Racial Justice. (2016). *Advancing Health Equity by Sharing Data from the Minnesota Statewide Quality Reporting and Measurement System*. Minneapolis, MN: Voices for Racial Justice.

What is the Statewide Quality Reporting and Measurement System?

The goal of the Quality Reporting System is to create a more uniform approach to quality measurement to enhance market transparency and drive health care equity and quality improvement through an evolving measurement and reporting strategy. Physician clinics and hospitals are required to report quality measures through the Quality Reporting System annually. At this point, about 685 clinics report on at least one of six clinical quality measures; similarly, about 130 hospitals report on a number of hospital measures.

- Payers, including the Department of Human Services, use these statewide measures for performance-based contracting or pay-for-performance initiatives.
- Consumers can use available data to choose a clinic, and providers may use their data for quality improvement initiatives and benchmarking.
- Public health agencies, researchers, and all Minnesotans can use measure data to analyze health care quality and disparities, inform interventions, and advocate for health equity.

MDH updates the measure set annually after seeking public comments and recommendations from the community by issuing an updated administrative rule or technical guidance. The rule describes specific data elements that providers are required to submit to MDH for each measure.

The Quality Reporting System does not include sensitive information that would identify unique patients. Specifically, the dataset *does not* include any of the following information for individual patients: name, address, or Social Security number. The Quality Reporting System is not population-level data. Only Minnesota physician clinic patients who met all measure specifications are included in measure data.

MDH contracts with MN Community Measurement (MNCM) for services related to creating analytic data files for physician clinic quality measures included in rule.⁶ MNCM is a nonprofit organization that collects, analyzes, and reports health care data related to quality and costs, and develops quality measures. Physician clinics follow standardized guidelines when submitting their data to MNCM who works closely with data submitters to ensure that reported data are complete and of excellent quality. MNCM is also the steward of five of the six physician clinic measures included in these PUFs.⁷

What Are Public Use Files?

Most generally, public use files (PUFs) provide the opportunity for researchers and the public to use the information contained in datasets in an aggregated form that protects sensitive information. There are a number of state and federal programs that collect health care data for analysis and provide access to that information in a variety of forms. PUFs range from detail-

⁶MN Community Measurement (MNCM), mncm.org.

⁷A “measure steward” is an organization that owns and is responsible for maintaining the quality measure. Measure stewards are often the same as measure developers, but not always.

level, de-identified datasets that require a formal request process and data use agreements, to aggregate tables and interactive tools that are publicly available on state and federal websites.

MDH prepares a range of PUFs as part of its work, including based on health care claims information [i.e., [Minnesota All Payer Claims Database Public Use Files](https://www.health.state.mn.us/data/apcd/publicusefiles) (<https://www.health.state.mn.us/data/apcd/publicusefiles>)]. Specifically, with Quality Reporting System PUFs, MDH takes information on six physician clinic performance measures and stratifies them by a number of demographic characteristics.

What Is the Potential Value of Quality Reporting System Public Use Files?

The Quality Reporting System PUFs support the state’s commitment to “open data” by providing free, user-friendly data on health care quality in Minnesota. Each PUF contains data on the health care that Minnesotans received for a specific condition or set of conditions. These data include the number of people in each ZIP Code area or county who received optimal health care according to quality measure specifications. The PUFs also contain patient counts by gender, payer/health insurance type (as a proxy for income), race and Hispanic or Latino ethnicity, and preferred language, offering a high-level view of health care trends across these categories.

Requesters can use the PUFs to determine how many people in their area were treated for a given condition and how many of those patients received optimal health care, as measured by clinical standards for best practices. They can also investigate variation in care quality broken down by differences in genders, payer/health insurance types, race and Hispanic or Latino ethnicity, or preferred language to find patterns, strengths, and weaknesses in Minnesota’s health care system.

MDH knows there are untapped opportunities to use Quality Reporting System data in ways that can more rapidly inform improvements in population health. MDH is excited that others will use these quantitative data, likely combining them with qualitative data to reveal relationships between neighborhood and community characteristics and health outcomes. As a summarized, aggregated product of the Quality Reporting System, the PUFs allow other users to bring their research questions and expertise to bear on a range of policy issues, thereby continuing to demonstrate the value of the Quality Reporting System. The PUFs make Quality Reporting System data approachable and accessible to any interested requester, which benefits the public and MDH by expanding the community of researchers and citizens working with the data. Broader engagement with the data will also help inform MDH’s continuing efforts to improve the quality and effectiveness of the data and may help prioritize research at the agency.

Using the Data

The PUFs can be used to explore and compare measure data across the state. For example:

- See how many people in a given ZIP Code area were included in each measure, and how many received optimal health care.

- Create optimal care rates for each county by dividing the number of patients that received optimal health care by the total number of patients in the area.
- Compare optimal care rates across different ZIP Code areas or counties and combine geographic units to include all of the patients in a city or a region.
- Compare the optimal care rates of patients across gender, health insurance type, race and ethnicity, or preferred language groups.
- Link the PUFs with other data at the ZIP Code area or county level, like data on average household income or rurality.

Here are some examples of research questions the PUFs can answer:

- **Were adolescents in your county screened for mental health conditions?** Maybe you are wondering how many teenagers in your county received the mental health or depression screening that is recommended for all adolescents. You can look up your county in the PUF and see how many of the adolescents living in your area who had a well-child visit were screened.
- **Did diabetics in Minneapolis receive optimal diabetes care regardless of their health insurance type?** Perhaps you want to know how many of the diabetics in Minneapolis who visited a clinic received optimal diabetes care, and whether patients with different types of health insurance had different optimal care rates. You can sum the patient counts for Minneapolis ZIP Codes to get citywide totals for each health insurance type. Calculating rates for each insurance type will show you whether there were differences between patients with commercial insurance, Medicare, Minnesota Health Care Programs, and uninsured/self-pay patients. You can use a statistical test to determine if any differences are statistically significant.
- **How did colorectal cancer screening rates for Hispanic or Latino patients vary across the state?** If you want to understand the geographic variation in screening rates for this group of patients, you can examine the rates for all ZIP Code areas or counties (or both) to identify regional trends. You could also compare these trends to regional trends for other groups.

See Appendix A for examples of analyses based on the PUFs.

Linking to Other Datasets

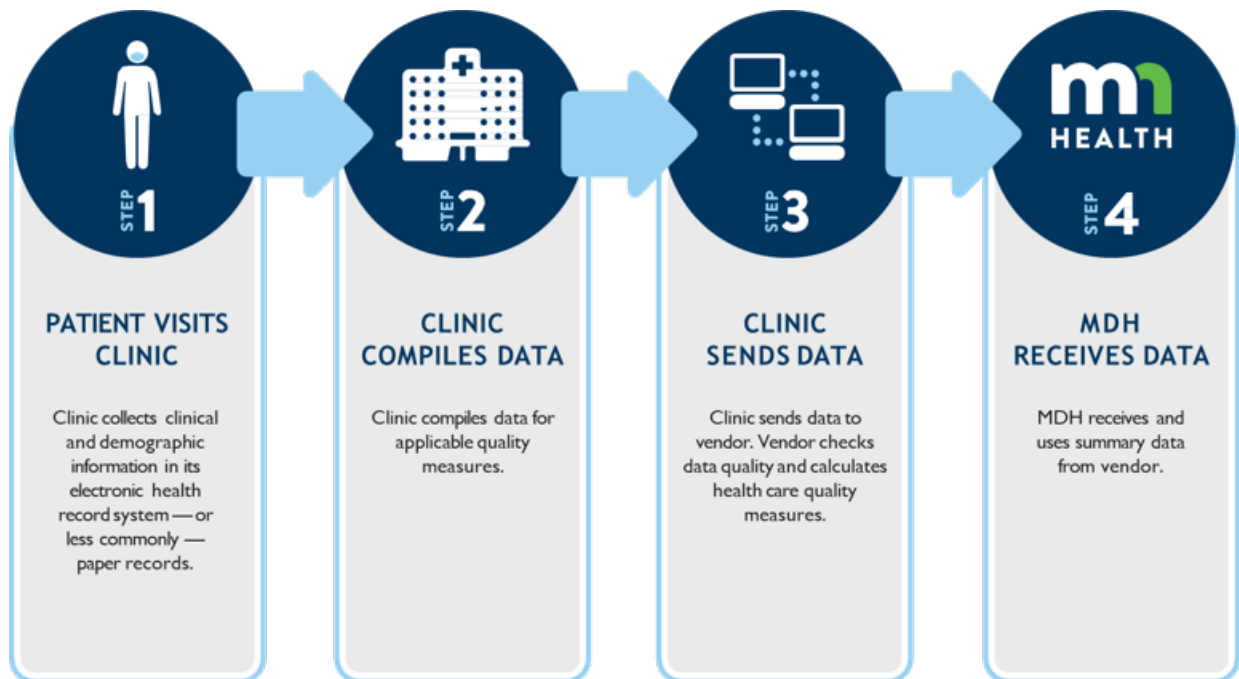
MDH created PUFs so that they protect individual information if users combine PUFs with other information. Therefore, users can link measure data to other data at the ZIP Code area or county level to add information about a geographic area or the people who live in it. The American Community Survey (ACS), an ongoing survey by the U.S. Census Bureau, is one potential source of demographic data. The ACS collects information on many different characteristics of geographic areas—including the racial and ethnic distribution of residents, average household income, the percentage of residents receiving SNAP benefits (i.e. food stamps), and the percentage of residents with bachelor's degrees. However, since ZIP code areas and counties can be diverse, there are limits to the meaningful conclusions that can be drawn by linking PUF data and other data sources at geographic levels.

What Data Are Available in Quality Reporting System PUFs?

The de-identified data for the measures included in the PUFs come from Minnesota physician clinics. See the graphic below for an illustration of how data moves from people visiting clinics to MDH. When patients visit physician clinics, information about their medical conditions and the care they receive is recorded in their health records. Health records are largely stored in electronic health record systems, or they may be documented on paper. Clinics send required patient health record data for each measure to MDH's vendor, MNMCM. MNMCM aggregated the data at the patient ZIP Code level and provided them to MDH. MDH does not receive any data on individual patients through this process (e.g., names, addresses, Social Security numbers).

The PUFs are not population-level data. They do not represent all the residents of a county or ZIP Code area, all of the residents within a particular age range, or all of the residents with a particular diagnosis. Only physician clinic patients who met all measure specifications are included in the data. See the Measure Specifications for each PUF for more details.

How health care quality data moves from people to MDH



Basic Features of PUFs

PUFs are available for Minnesota patients seen in Minnesota clinics during 2018, 2019, 2020, 2021, 2022, and 2023, respectively. Each year has its own set of PUFs. Each measure is focused on a specific medical condition or screening for a specific condition.

- **Adolescent Mental Health and/or Depression Screening:** Measures the number of adolescents who were screened for depression or mental health conditions during a well-child checkup.
- **Asthma Education and Self-Management:** Measures the number of asthmatic patients who received education about asthma and had an up-to-date self-management plan for

their asthma. In 2018 and 2019, this measure is included in the Optimal Asthma Control PUFs as an education component. In 2020-2023, Asthma Education and Self-Management is a standalone PUF.

- **Colorectal Cancer Screening:** Measures the number of patients who were up-to-date on colorectal cancer screening.
- **Optimal Asthma Control:** Measures the number of asthmatic patients who received optimal care for asthma. In the 2018 and 2019 PUFs, this measure includes data on the two components of this measure: asthma control and risk of asthma exacerbation, plus an independent education component that corresponds to Asthma Education and Self-Management. In the 2020-2023 PUFs this measure includes only the control and risk components; asthma education data is included in the Asthma Education and Self-Management PUF.
- **Optimal Diabetes Care:** Measures the number of diabetes patients who received optimal care for managing Type 1 or Type 2 Diabetes. The 2018 PUF for this measure also includes data on the five components of this measure: statin use, blood pressure control, daily aspirin use, blood sugar control, and tobacco use. The 2019-2023 PUFs only have data on composite optimal patient counts and rates.
- **Optimal Vascular Care:** Measures the number of ischemic vascular disease patients who received optimal care for diseases that involve the buildup of a waxy substance, called plaque, inside blood vessels. This measure is only included in the 2018 PUFs. MDH removed this measure from the Quality Reporting System beginning with the 2019 service year to implement a new measure cap.⁸

The specifications for each quality measure articulate the diagnoses included in the measure, the ages of the patients included in the measure, and what aspects of the health condition and its care are being measured. This means that although many factors are considered in the care of patients, only a subset of those considerations are included in the standardized quality measure. For example, to be included in the Optimal Diabetes Care measure, a patient must be between the ages of 18 and 75 and visiting a physician clinic for the treatment of their diagnosed diabetes. The measure tracks the patient's blood sugar, blood pressure, statin use, aspirin use, and tobacco use. While it is important to also screen patients for diabetic retinal disease and nephropathy, these indicators are not included in the Optimal Diabetes Care measure. **Measure specifications are included with the PUFs.**

Many factors that significantly impact a person's health exist outside of the health care system, and physician clinics collect information on some of these factors. These PUFs include information on patient gender, payer/health insurance type (as a proxy for income), race and Hispanic or Latino ethnicity, preferred language, and ZIP Code area or county. It is known that there are many other demographic factors and life experiences that impact health—including disability status, food security, and housing status. Because MDH's data comes from electronic health records, it is limited to demographic factors that are collected in a standardized way

⁸During the 2017 legislative session, the Legislature made a number of changes regarding quality measurement, including by requiring MDH to implement a measure cap by 2020 (Minnesota Statutes, section 62U.02, subdivision 1). Under the measure cap, MDH may require reporting of no more than six statewide measures by single-specialty physician practices and no more than 10 measures by multispecialty physician practices.

within these records. MDH does not currently have access to data on other demographic factors and experiences, but this may change in the future as standard-setting organizations and others make updates to data collection policies and practices. MDH expects health care data collection standards and practices to evolve over time. Future PUFs may include more detailed data in the form of additional gender identity descriptions, updated Office of Management and Budget (OMB) minimum standards for collecting and presenting data on race and ethnicity and enhanced social risk data.

Gender

Gender and payer/health insurance type PUFs include counts of male, female, and other gender patients in each ZIP Code area or county and counts of the patients in each gender category who received optimal care or the recommended screening, depending on the measure. The other gender category includes patients who selected a gender option other than “male” or “female” and patients whose gender data was missing. The gender categories align with electronic health record system standards for representing patient sex.

Payer or Health Insurance Type

Gender and payer/health insurance type PUFs include counts of patients by payer/health insurance type and counts of the patients who received optimal care or the recommended screening, depending on the measure. Payer type serves as somewhat of a proxy for patient income: According to Minnesota Department of Human Services *Insurance Affordability Programs Income and Asset Guidelines* (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3461A-ENG>), Minnesota Health Care Programs primarily serve low-income people. There are five payer categories in the files:

- Commercial insurance—includes most types of insurance from private insurance companies
- Medicare
- Minnesota Health Care Programs—includes Medical Assistance, MinnesotaCare, and the Minnesota Family Planning Program
- Self-pay/uninsured
- Undetermined payer type—includes patients with missing payer type information

Race and Hispanic or Latino Ethnicity

Race, Hispanic or Latino ethnicity, and preferred language PUFs include counts of patients by race and Hispanic or Latino ethnicity and counts of the patients who received optimal care or the recommended screening, depending on the measure. Race and Hispanic or Latino ethnicity were self-reported by patients. Race and Hispanic or Latino ethnicity data were collected separately: Patients selected race option(s) separate from ethnicity, meaning that patients who selected Hispanic or Latino ethnicity also appear within a race category. Patients could choose more than one race option; those who did so appear in the Multiracial category. The race and ethnicity categories in the PUFs are based on federal OMB minimum standards for collecting and presenting data on race and ethnicity for the years the data was collected.

The race categories included in the data are: Asian; Black or African American; Multiracial; American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander; White; and Not Reported Race. The ethnicity category included in the data is Hispanic or Latino.

Preferred language

Race and Hispanic or Latino ethnicity and preferred language PUFs include counts of patients by preferred language and counts of the patients who received optimal care or the recommended screening, depending on the measure. Preferred language was self-reported by patients.

The language categories included in the data are Amharic, Arabic, Bosnian, Burmese, Cambodian, Cantonese, Chinese, English, French, German, Hearing Impaired, Hindi, Hmong, Japanese, Karen, Korean, Laotian, Mandarin, Oromo, Polish, Romanian, Russian, Sign, Somali, Spanish, Swahili, Tagalog, Thai, Tibetan, Tigrinya, Urdu, Yoruba, and Not Reported Language.

ZIP Codes

The ZIP Codes in the PUFs represent where patients live, according to the address in their health record. The average ZIP Code area represents about 90 square miles and 7,500 people, and the area and number of people included in ZIP Codes varies throughout Minnesota.

The demographics of people living in a particular ZIP Code area, including age, race, income and other characteristics, can vary widely. Because of this variation, ZIP Codes are not the ideal geographical unit to use for health care data; however, ZIP Codes are the smallest geographical unit that is available with the current data collection process.

Counties

MDH receives quality measure data aggregated at the patient ZIP Code level. To create county-level PUFs, MDH rolled ZIP Codes up into counties. For ZIP Codes that crossed county lines, MDH assigned patients to counties using the Department of Housing and Urban Development (HUD) ZIP-County crosswalk based on residential population density. This crosswalk process sometimes “splits” a patient across county lines, leading to decimal points in patient counts.

Protection Against Re-Identification

As noted, the underlying data from the Quality Reporting System are de-identified. In addition, MDH deliberately removed, or suppressed, some data from the PUFs. Although re-identification risk is vanishingly small, MDH suppressed this data to protect the identities of people living in areas with very small overall populations, very small patient populations for a particular measure, or very small demographic groups within a particular measure.

- MDH suppressed 24 ZIP Codes in the Adolescent Mental Health Screening PUF. These 24 ZIP Code areas have fewer than 75 total residents according to the U.S. Census. Because this measure only includes adolescents, MDH suppressed more ZIP Code areas to protect the identities of this smaller and thus potentially more identifiable patient population.
- MDH suppressed 16 ZIP Codes in all other PUFs. These 16 ZIP Code areas have populations of 50 or fewer total residents according to the U.S. Census. For a list of the ZIP Codes that were suppressed due to low Census populations, see Appendix B.

- To further protect patient identities, MDH removed all data from counties or ZIP Codes that had fewer than five total patients in a given PUF.
- In the gender and payer/health insurance type PUFs, MDH removed all gender data from counties or ZIP Codes that had only one male, female, or other gender patient or zero optimal patients in a gender category within a given PUF.
- In the race and Hispanic or Latino ethnicity and preferred language PUFs, MDH suppressed all data from race, ethnicity or preferred language categories that had fewer than 10 patients in a given ZIP Code area or county, or zero optimal patients in a given ZIP Code area or county. Patients in these categories were included in the Not Reported Race or Not Reported Language categories along with other patients who declined to provide a race or preferred language, patients who chose "Other" or "Unknown" race or language, and patients whose race or language information was not collected according to best practices.

Each PUF includes a statewide row with the total number of patients in each category for each ZIP Code area or county in the state. The totals in the statewide row include counts from suppressed ZIP Codes or counties. Race, ethnicity, or preferred language categories in the statewide row were suppressed if there were fewer than 10 patients or zero optimal patients at the statewide level. Patients in these categories were included in the Not Reported Race or Not Reported Language categories.

File Size and Format

The PUFs are available in comma-separated value (.csv) files. The data notes, data dictionary, and measure specifications for each file are available in a companion Excel (.xlsx) file.

How Can Potential Data Users Access the PUFs?

The PUFs are available to the general public. Potential data users or interested parties can use an online form to access the PUFs. To gather users' input on MDH's strategy for future PUF expansions and to assure that users are best equipped to effectively use the data, MDH will seek to maintain contact with individuals and organizations that obtained PUFs.

Requesting the PUFs

Complete the **Quality Reporting System Public Use File Request Form** to obtain one or more PUFs. The form is available at [Public Use Files](http://health.state.mn.us/data/hcquality/pufs.html#Access) (<http://health.state.mn.us/data/hcquality/pufs.html#Access>).

- The form collects users' contact information so that the Quality Reporting System team can stay connected to understand users' experience with the PUFs and offer technical assistance.
- The form also asks users to confirm that they have read and understood relevant contextual information regarding the appropriate use of the PUFs.

If you have questions or cannot access the online request form, contact health.sqrms@state.mn.us.

Citation

When reporting findings, please cite the data as follows:

- Minnesota Statewide Quality Reporting and Measurement System Public Use File, Minnesota Department of Health, [INSERT DATA YEAR(S)].

Feedback, Learning, and Future PUFs

MDH values users' feedback, as it will help inform future iterations of the PUFs. Users are encouraged to provide feedback on their experience accessing, obtaining, and using the PUFs by emailing us at health.sqrms@state.mn.us. MDH will survey data users and others about how they are using the data, what they are learning, and what questions and technical assistance needs they have.

To stay informed of opportunities to provide feedback and shape future PUFs, please subscribe to the Statewide Quality Reporting and Measurement System Announcements. Visit [Health Care Quality Measures \(https://www.health.state.mn.us/data/hcquality\)](https://www.health.state.mn.us/data/hcquality) to subscribe.

Resources

MDH

Visit the MDH resources highlighted below to learn more about the Minnesota Statewide Quality Reporting and Measurement System and related analyses.

Minnesota Statewide Quality Reporting and Measurement System

Health Care Quality Measures (<https://www.health.state.mn.us/data/hcquality/index.html>)

- Information on Minnesota's Quality Reporting System.

Health Economics Program Health Care Markets Chartbook

- [Minnesota Health Care Markets Chartbook \(http://www.health.state.mn.us/data/economics/chartbook\)](http://www.health.state.mn.us/data/economics/chartbook)
- Section nine of the Minnesota Health Care Markets Chartbook provides an overview of summary results for selected physician clinic quality measures.

MNCM

MNCM publicly reports a range of health care information through websites and online resources.

Minnesota HealthScores

- [MNHealthScores from MN Community Measurement \(http://www.mnhealthscores.org\)](http://www.mnhealthscores.org)
- HealthScores allows users to compare ratings of the quality and cost of health care in Minnesota and neighboring areas.

MN Community Measurement

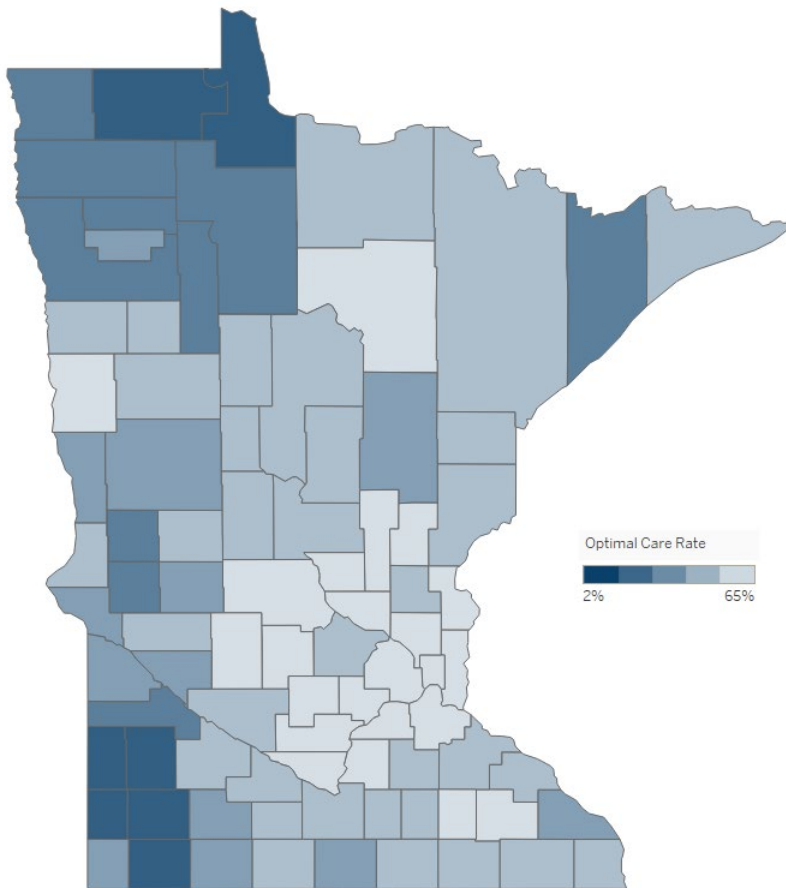
- [MN Community Measurement \(http://www.mncm.org\)](http://www.mncm.org)

QUALITY REPORTING SYSTEM PUBLIC USE FILES

- MNCM's website contains reports and other information about health care equity, disparities, quality, and costs.

Appendix A. Analysis Examples

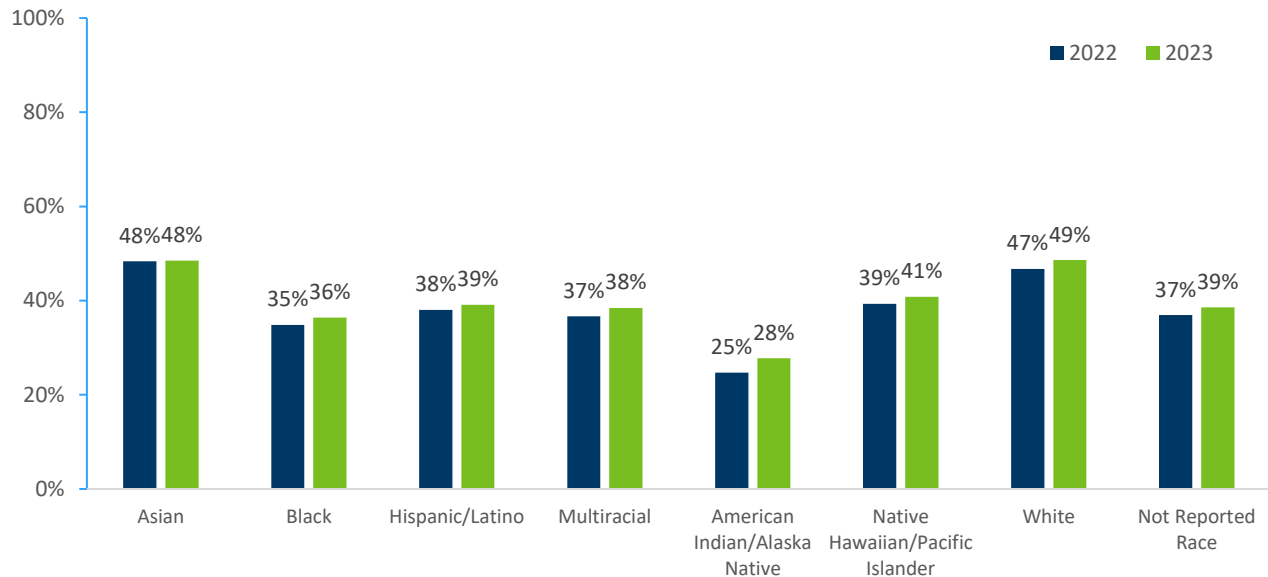
Optimal Asthma Control by county, 2023



Source: Minnesota Statewide Quality Reporting and Measurement System 2023 Public Use File, Minnesota Department of Health, 2023.

Users can create customized ZIP Code area or county maps with the PUF data. This is a map of optimal asthma control rates for patients with asthma in each Minnesota county. These counties represent where patients live, not where they received care. Note that the data displayed in this map were not adjusted for patient characteristics.

Optimal Diabetes Care by race and ethnicity, 2022-2023

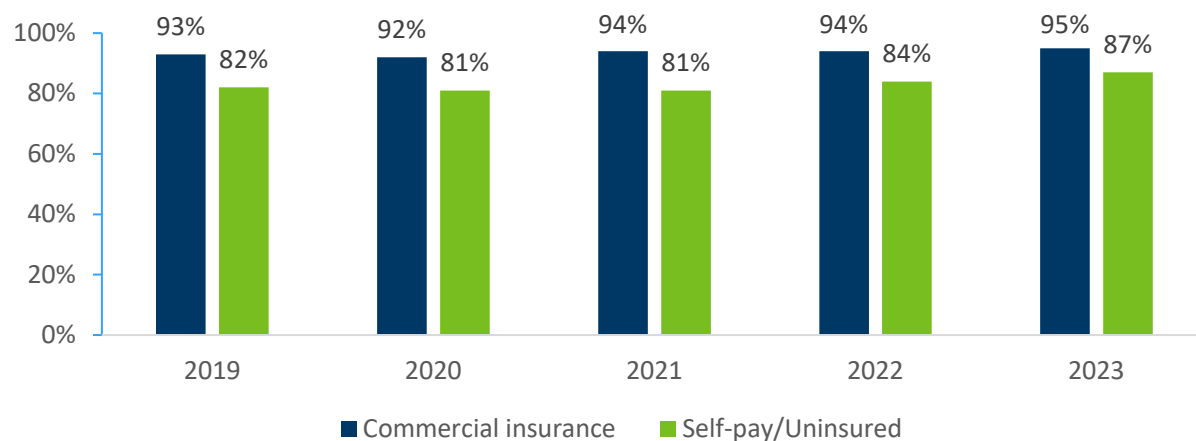


Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2022-2023.

Users can compare optimal care rates across race and Hispanic or Latino ethnicity groups. This chart displays the statewide rates for the Optimal Diabetes Care measure for 2022 and 2023.

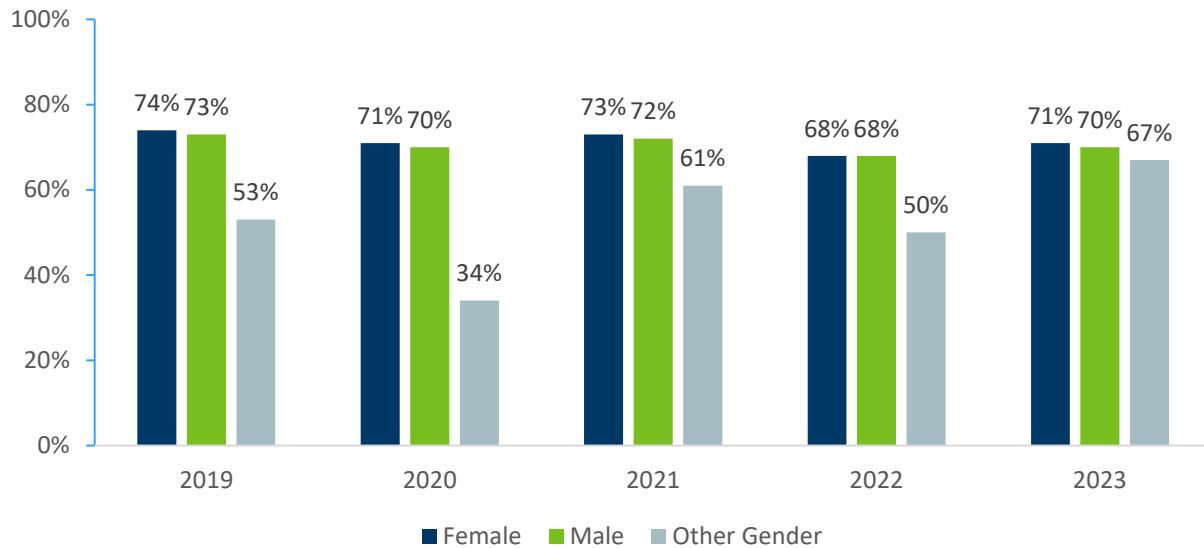
Adolescent Mental Health and/or Depression Screening by health insurance type, 2019-2023

The PUFs include optimal care rates for five payer types: Commercial insurance, Medicare, Minnesota Health Care Programs (including Medicaid), self-pay/uninsured, and undetermined payer type. This chart displays the Adolescent Mental Health Screening rates for self-pay/uninsured patients and commercial insurance patients from 2019 to 2023.



Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2019-2023.

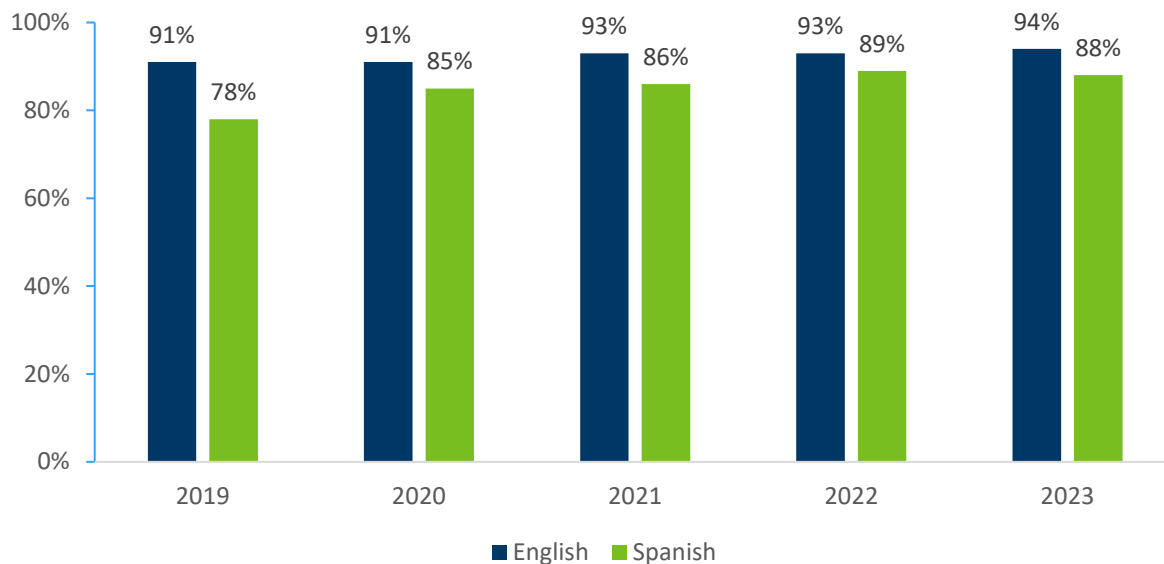
Colorectal Cancer Screening by gender, 2019-2023



Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2019-2023.

The PUFs include three gender categories: Male, Female, and Other Gender. This chart shows the colorectal cancer screening rates for patients in all three groups from 2019 to 2023.

Adolescent Mental Health and/or Depression Screening by preferred language, 2019-2023



QUALITY REPORTING SYSTEM PUBLIC USE FILES

Source: Minnesota Statewide Quality Reporting and Measurement System Public Use Files, Minnesota Department of Health, 2019-2023.

In addition to comparing optimal care rates across ZIP Codes and counties, race and Hispanic or Latino ethnicity categories, and payer types, users can also explore rates by patients' preferred language. This chart displays the proportions of Spanish- and English-preferring adolescent patients who were screened for depression or other mental health conditions between 2019 and 2023.

Appendix B. Census-Suppressed ZIP Codes

The following 24 Minnesota ZIP Codes were suppressed in the Adolescent Mental Health and/or Depression Screening PUF because they had total populations below 75 according to the U.S. Census:

▪ 55111	▪ 56140	▪ 56593
▪ 55155	▪ 56177	▪ 56658
▪ 55450	▪ 56210	▪ 56659
▪ 55601	▪ 56294	▪ 56687
▪ 55766	▪ 56436	▪ 56711
▪ 55905	▪ 56456	▪ 56720
▪ 56022	▪ 56541	▪ 56741
▪ 56125	▪ 56577	▪ 56755

The following 16 Minnesota ZIP Codes were suppressed in all other PUFs because they had total populations below 50 according to the U.S. Census:

▪ 55155	▪ 56210	▪ 56541
▪ 55905	▪ 55450	▪ 56687
▪ 56593	▪ 56577	▪ 56140
▪ 56658	▪ 56720	▪ 56436
▪ 56711	▪ 55111	
▪ 56741	▪ 55766	

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