

## Health Care Access

The health care system is shaped by the number and types of providers located in every community; the range of services available; whether providers reflect the populations served; and whether services are provided in culturally appropriate ways. We can improve health care encounters when providers have ready access to current health information, and when health care is coordinated among different providers.

### Health Insurance

Minnesota has a higher rate of health insurance coverage than the rest of the U.S., in part due to a higher overall employment rate. Individual insurance is available, but for most people insurance is tied to full-time employment. People with part-time, contract, or low-paying jobs may not have access to health insurance or may lack adequate coverage, making it difficult for them or their families to get needed care. People who are uninsured or underinsured tend to get sicker before seeing a doctor, and have a harder time recovering.

Only three percent of Carver County residents are uninsured. However, many individuals are likely underinsured, meaning they face high out-of-pocket costs like high deductibles and co-pays. In 2013, 31 percent of private-sector employees in Minnesota were enrolled in high deductible insurance. In 2017, it nearly doubled to 60 percent. High-deductible health plans are defined as plans that meet the minimum deductible amount required for Health Savings Account (HSA) eligibility (e.g., \$1300 for an individual and \$2600 for a family in 2017).

### Oral Health Care

Oral health is essential to overall health. Oral health means being free of chronic oral-facial pain, mouth and throat cancers, sores and lesions, birth defects (like cleft lip and palate), and other problems affecting the mouth, teeth and face, including tooth

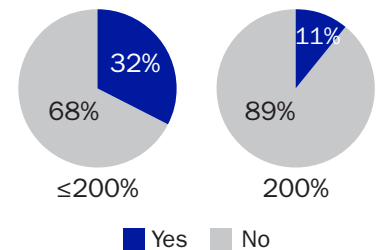


decay, gum disease, or oral-dental trauma.

Carver County residents delayed dental care mostly because it was too costly or they did not have dental insurance. Those living in poverty were much more likely to delay dental care, with over 32% reporting a delay versus 11% of those

above 200% of the federal poverty level. Significant disparities in dental disease and oral conditions exists for low-income children and adults, people of color and American Indians, older adults, and people with disabilities. These disparities are largely due to limited access to and availability of oral health services, lack of comprehensive dental insurance, limited oral health education, and high out-of-pocket costs.

### Delayed Dental Care in Past 12 Months by Federal Poverty Level Percentage

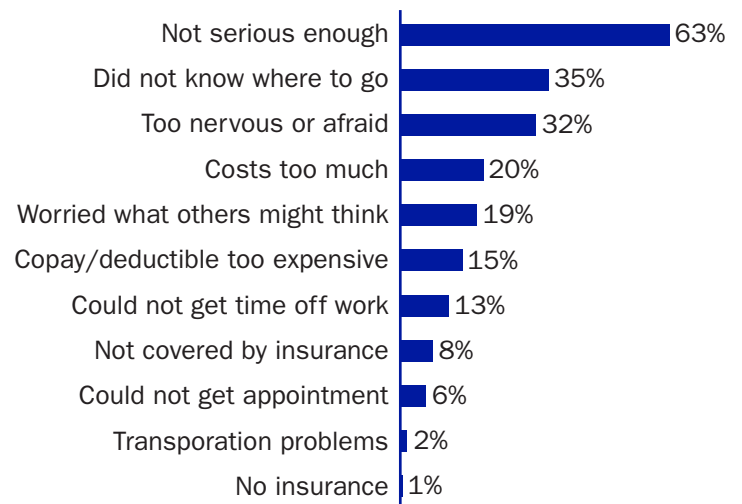


Source: Carver County Adult Health Survey, 2018

### Mental Health Care

About 15% of the county reported delaying mental health care, stating their issue wasn't serious enough, they didn't know where to go, or they were too nervous or afraid. Lack of insurance was the last on the list of barriers.

### Reason for Delaying Mental Health Care



Source: Carver County Adult Health Survey, 2018

Carver County is not designated as an official health care shortage area. However, there is a shortage of mental health providers in the county, with one provider for every 770 individuals. For comparison, Hennepin County has one provider for every 280 individuals.

## Physical Health Care

Over 20% of Carver County residents reported delaying medical care in the last year, citing the illness or injury wasn't serious enough and their copay or deductible was too expensive.



While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. There are fewer primary care physicians per population in Carver County than the statewide ratio.

## References

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