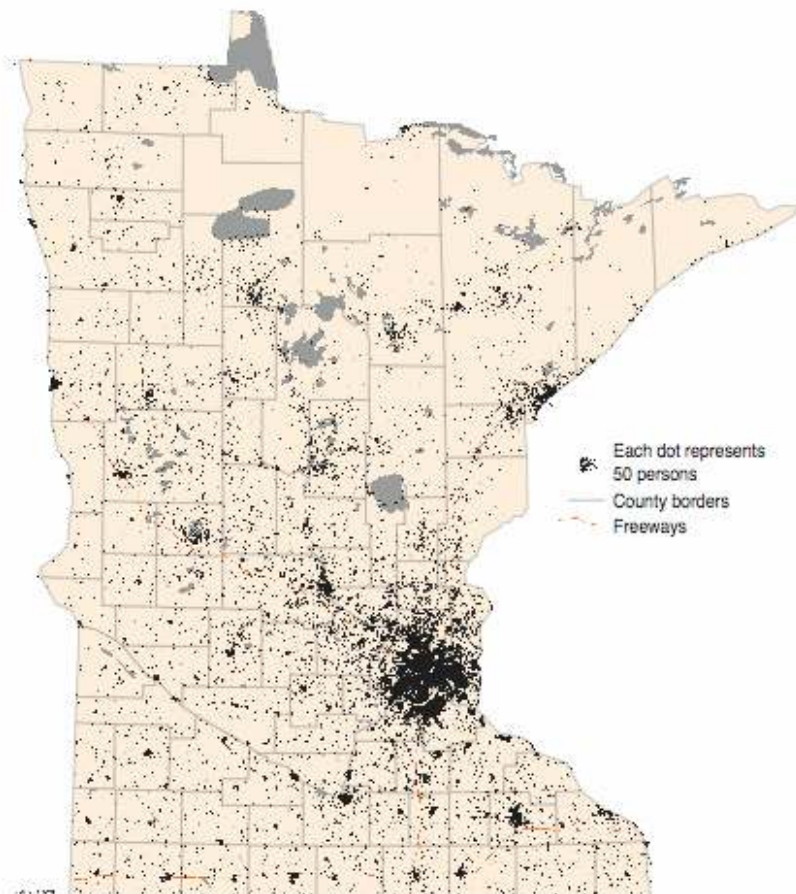


Population Density in 2000

In the 1990s, more than ever before, the population of Minnesota moved increasingly toward regional centers. The state's population is especially concentrated in a band stretching from the Twin Cities southeast to Rochester and northwest through St. Cloud and up into the central lakes region.

Map provided by the Center for Urban and Regional Affairs, University of Minnesota Cartography Laboratory and the Minnesota State Demographic Center.

This map is based on the 2000 U.S. Census. Dots were plotted within each city or township across the state. Within the Twin Cities metropolitan area and for many cities in greater Minnesota, block data were used to allow more accurate placement of dots. Some manual adjustments were made to remove dots from parks, or to add dots where spreading areas would have extended them. In more sparsely populated areas of the state, dots may summarize a population scattered across a wide geographic area.



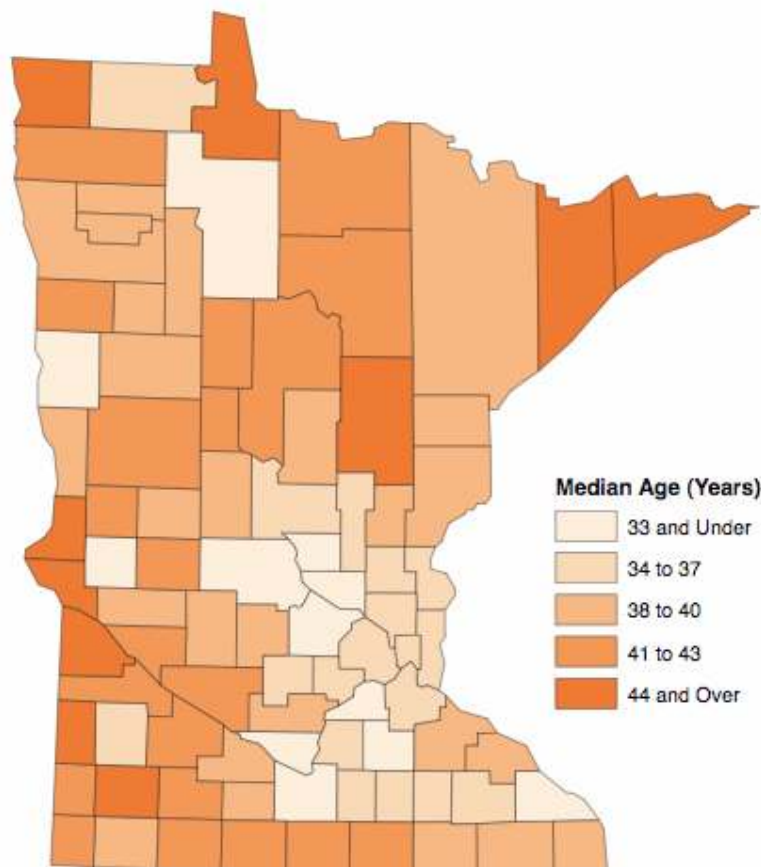
Each dot represents
50 persons
County borders
Freeways

Data source: U.S. Census, 2000

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Median Age of Population, 2004

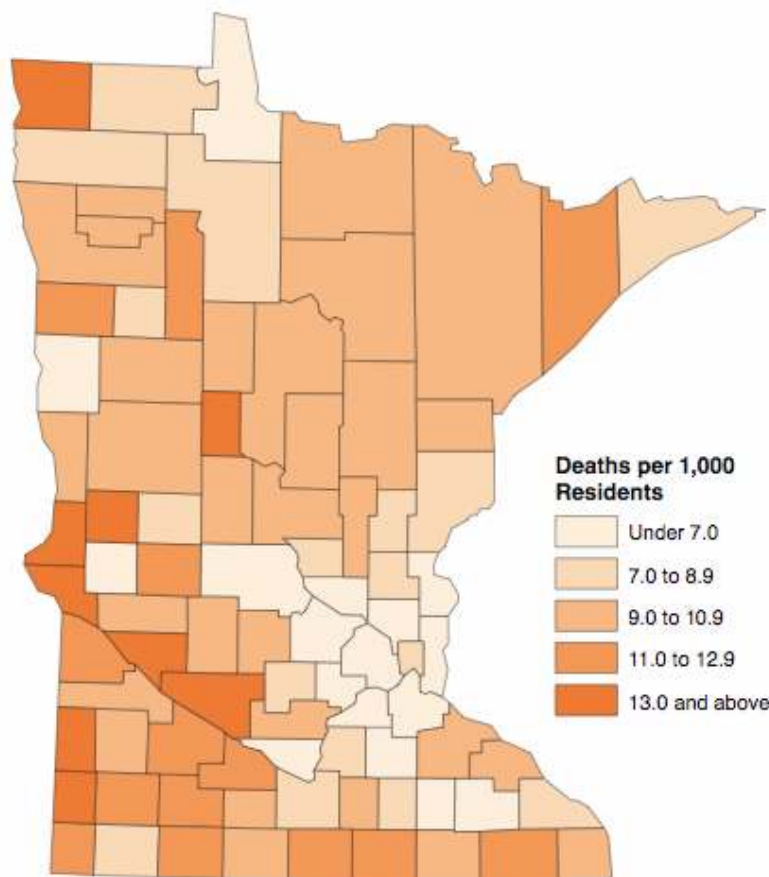
Median age – the age at which half the population is older and half is younger – gives an indication of the overall age of the population. In general, fast-growing suburban areas with young families (Sherburne, Wright and Scott), counties with large institutions of higher education (Lyon, Winona, Stearns and Blue Earth), and counties with large minority populations (Blue Earth, Clay and Beltrami) tend to have a lower median age. On the other hand, counties that have seen a steady increase in retirees or an outward emigration of younger people have seen their median age rise.



Data source: U.S. Census, 2005
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Death Rates, 2004

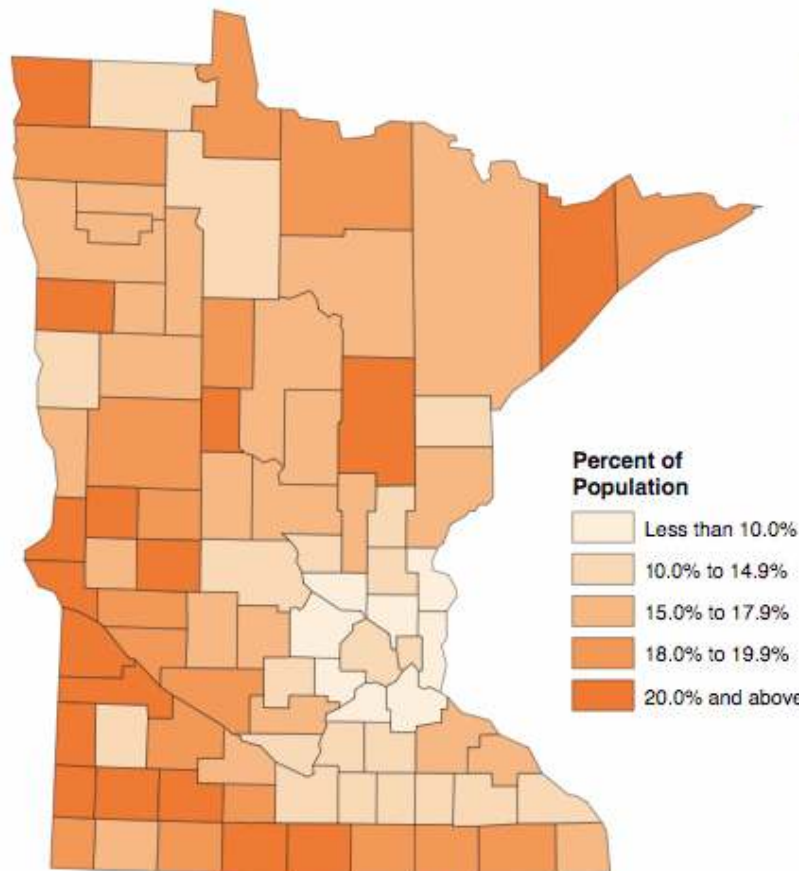
Death rates tend to be higher in areas where there are proportionately more elderly residents. The younger population concentrates around the Twin Cities, St. Cloud and Rochester, and in college counties such as Clay, Stevens and Blue Earth. The older population is clustered in the western and southern counties, where elderly residents have stayed in place, and in the northern counties, where many retirees have moved.



Data source: Minnesota Department of Health
 2004 Minnesota Health Statistics Annual Summary
 © 2005 Center for Rural Policy and Development

Population Age 65 and Over, 2004

The shift of younger people to urban and suburban counties has been an issue for rural areas for years. The higher percentage of seniors remaining in rural counties has many implications, such as a demand for increased levels of service to those living on low and fixed incomes.



Percent of Population

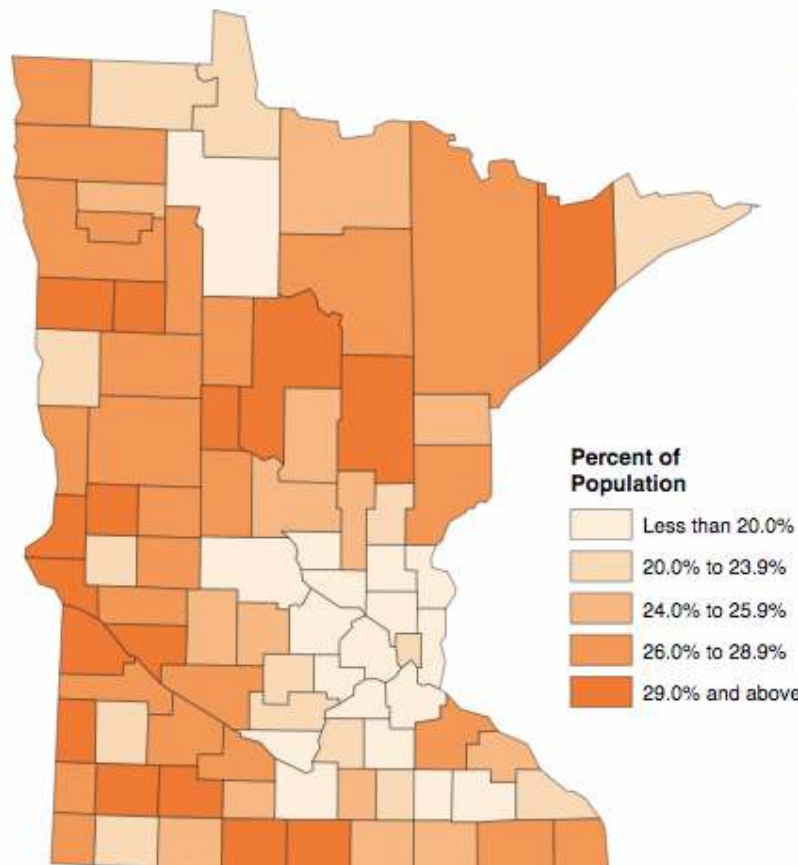
- Less than 10.0%
- 10.0% to 14.9%
- 15.0% to 17.9%
- 18.0% to 19.9%
- 20.0% and above

Data source: U.S. Census, 2005

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Projected Population Age 65 and Over, 2030

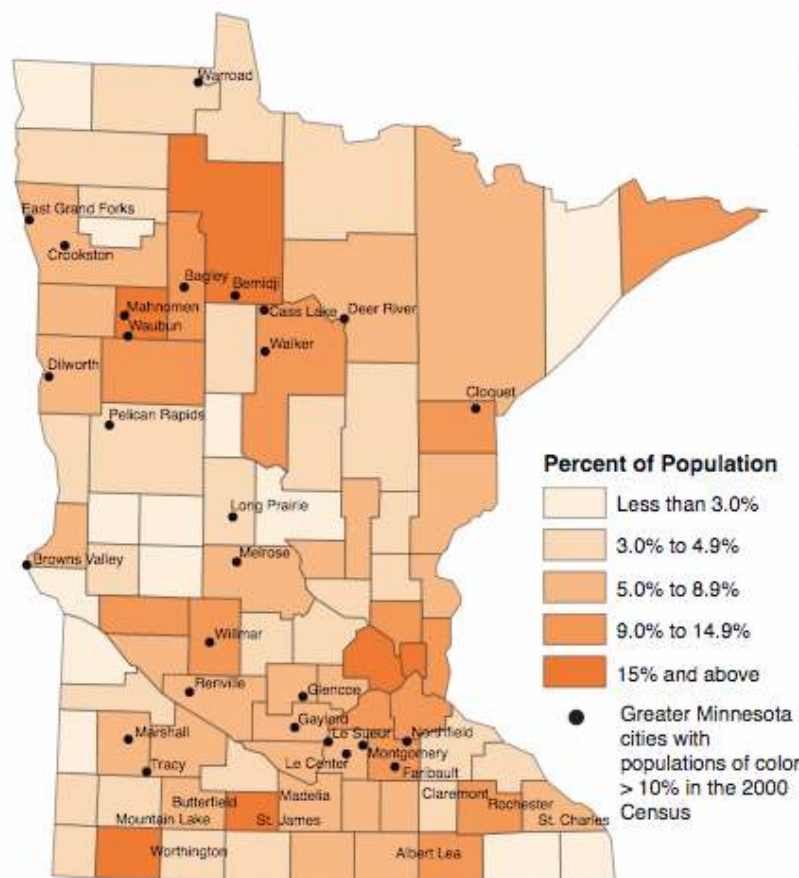
Minnesota's overall median age is projected to increase from 35.4 years on 2000 to 40.2 years in 2030. The trend in aging is expected to continue along the same course as it has in rural Minnesota and even increase in counties attracting retirees. The trend, however, appears to be offset in some southern and western counties like Blue Earth, Lyon, Clay and Nobles.



Data source: Minnesota State Demographic Center
© 2005 Center for Rural Policy and Development

Distribution of People of Color, 2004

While the vast majority of Minnesota's population is still Caucasian, the state's population of color has now more than doubled since the 1990 Census, going from 6.5% of the population to an estimated 13.3% in 2004. While the core urban cities of Minneapolis and St. Paul have always had the most diverse population, many rural cities have also seen their minority populations grow. Cities in the north tend to have large Native American populations, while Latinos make up the largest minority groups in western and southern Minnesota.

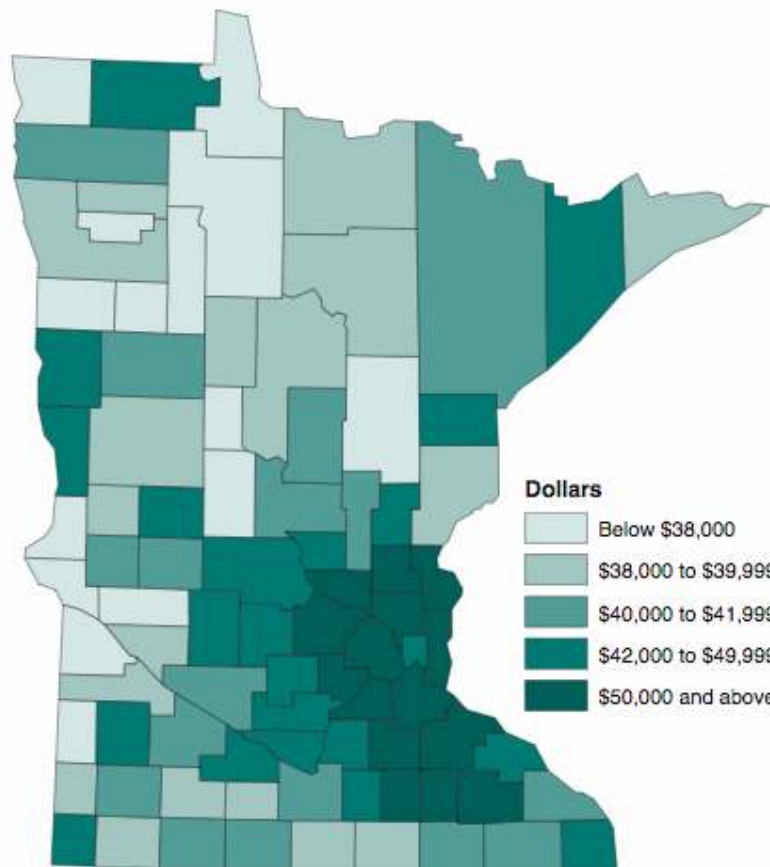


Data source: Minnesota State Demographic Center
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Median Household Income, 2004

In 2004, Minnesota's estimated median household income was \$51,202. Median household income is a frequently used measure showing the point at which half the households of a given geography have a higher income and half have a lower income.

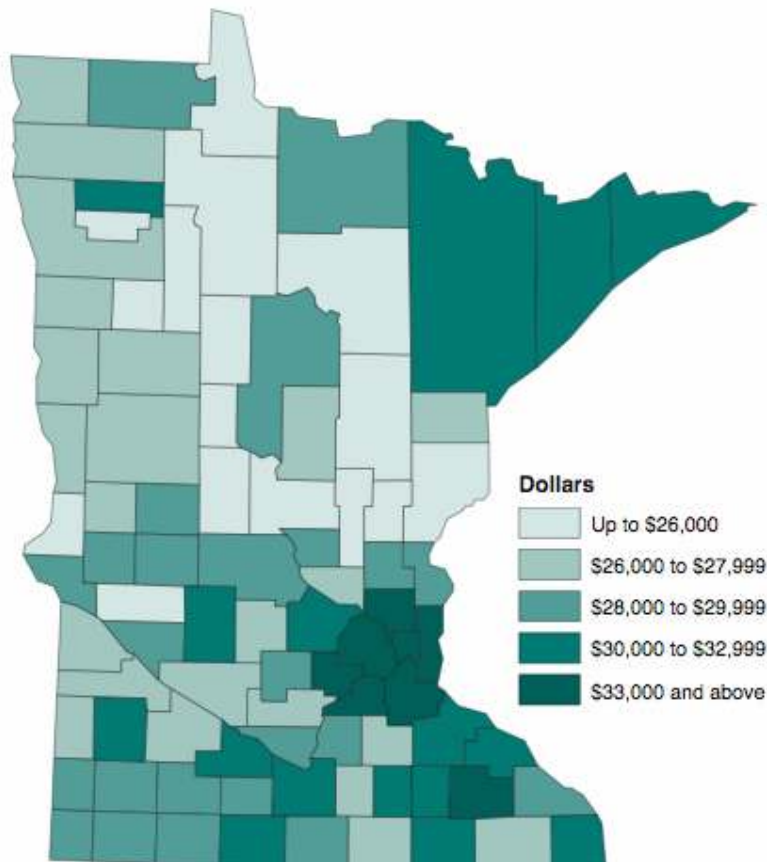
In Minnesota, incomes are highest around the Twin Cities metro area, especially in the more affluent suburban counties that ring the core cities. Scott County had the highest estimated median household income, at \$76,072, while Mahanomen County recorded the lowest, at \$29,645.



Data source: U.S. Census
© Center for Rural Policy and Development

Per Capita Total Personal Income, 2004

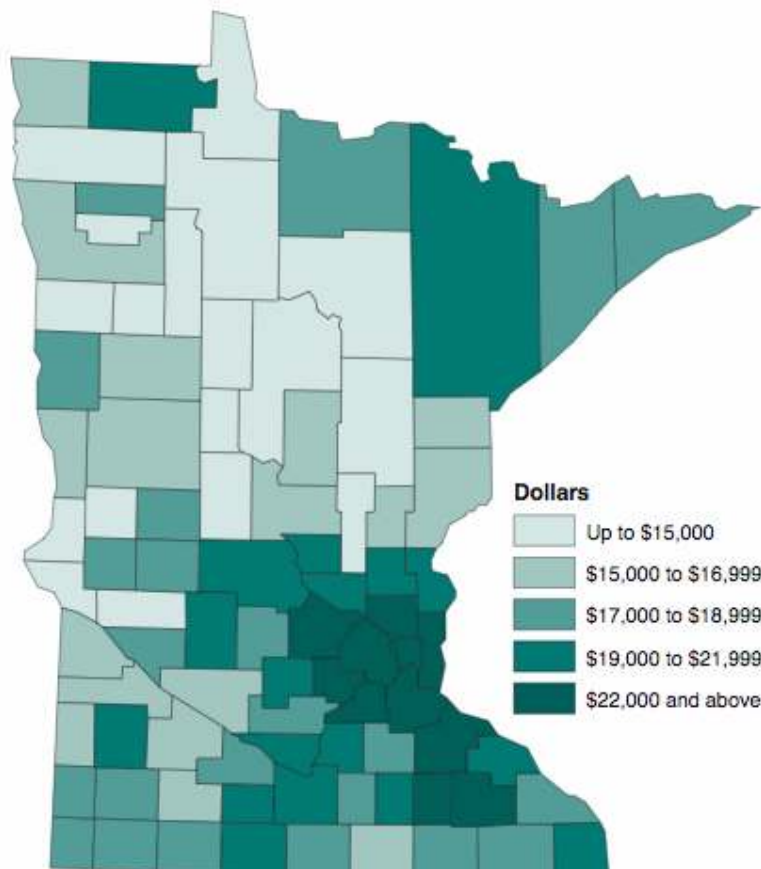
Personal income is determined by adding three figures: income earned from wages or salaries; income derived from interest, dividends and rental property; and government payments such as public assistance and Social Security. The highest personal income can be found in the Twin Cities metropolitan area, Olmsted County, and in the northeast of the state. The north central counties, while experiencing strong population growth, show some of the lowest per-capita personal incomes. Per-capita personal income for the state in 2004 was \$36,184.



Data source: U.S. Dept. of Commerce,
Bureau of Economic Affairs
© Center for Rural Policy and Development

Per Capita Earned Income, 2004

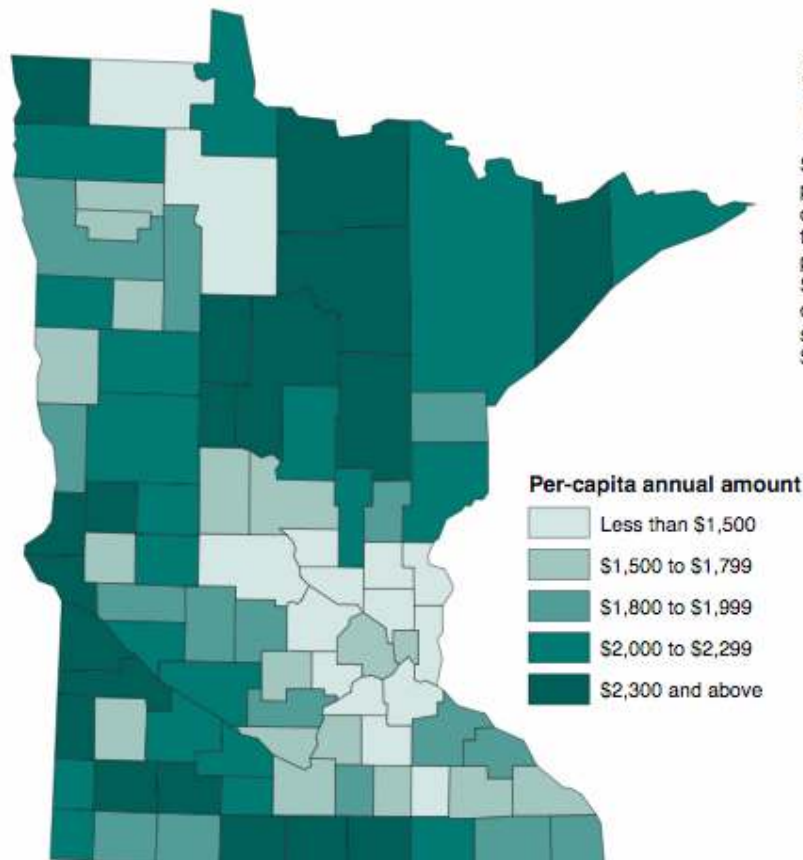
The per-capita earned income for the state of Minnesota was \$25,376 in 2005. As the term implies, earned income is income derived from earned wages or salaries. Counties with the highest per-capita earned income are found in the Twin Cities metro area and around Olmsted County, while some pockets of higher income exist in rural areas. The lowest incomes are found in counties where the economy is dominated by lower-paying service, agricultural and other natural resource-related jobs.



Data source: U.S. Dept. of Commerce,
Bureau of Economic Affairs
© Center for Rural Policy and Development

Social Security Payments Per Capita, 2004

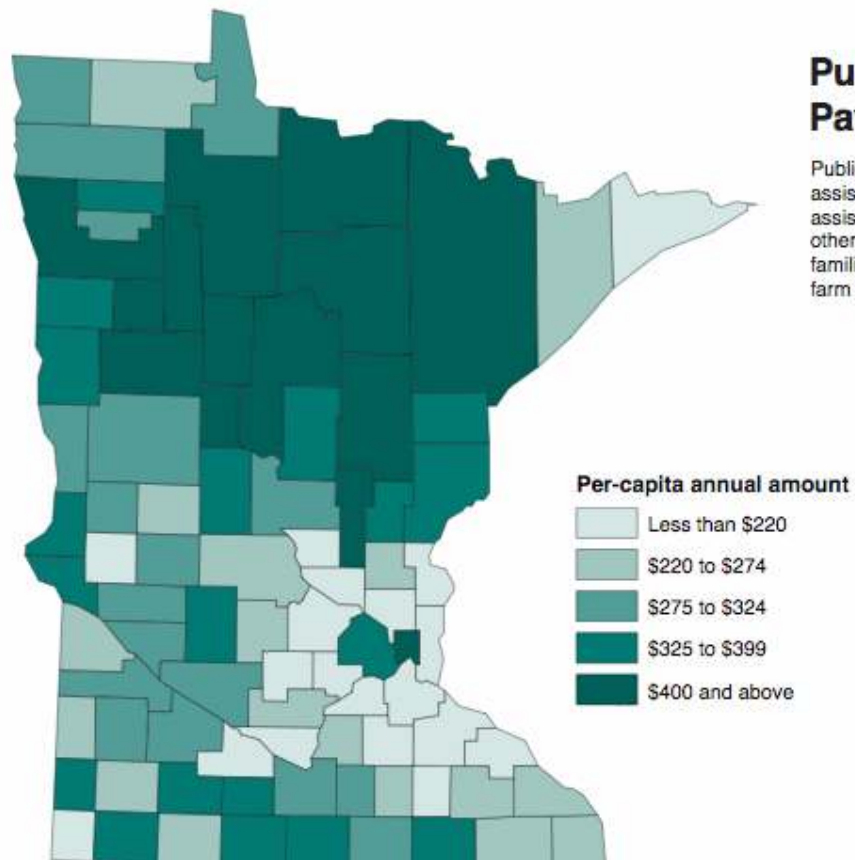
Social Security payments are made up of monthly payments to retired and disabled persons, their dependents and survivors, plus lump-sum payments to survivors. This does not include medical payments, however. The distribution of Social Security payments by dollar amount from county to county is largely a reflection of the distribution of senior citizens. The average per Minnesotan was \$1,592.



Data source: U.S. Dept. of Commerce,
Bureau of Economic Affairs
© Center for Rural Policy and Development

Public Assistance Payments Per Capita, 2004

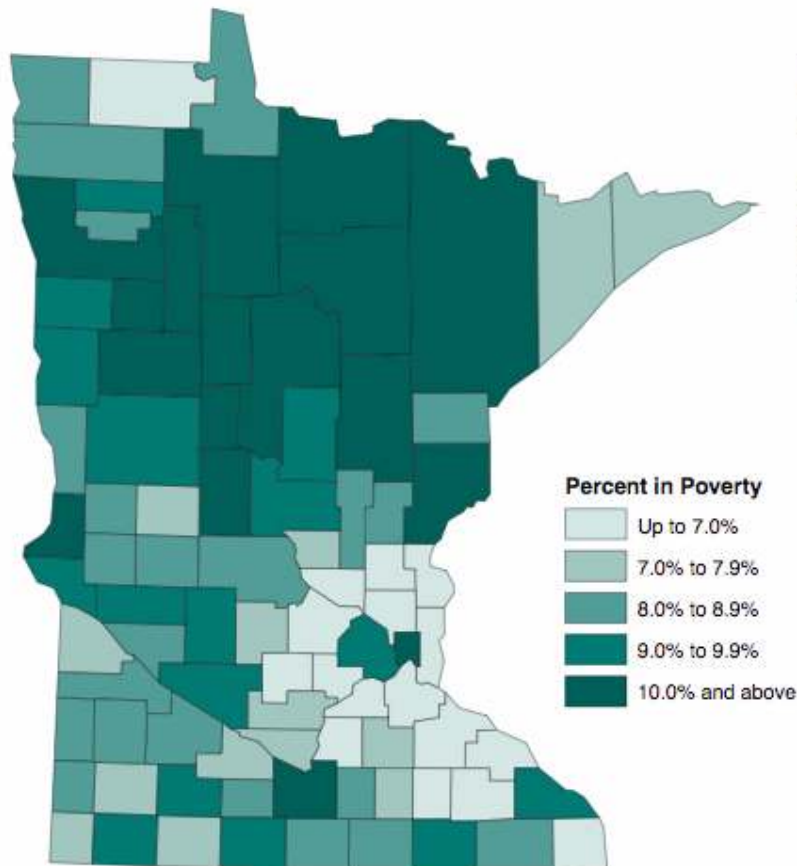
Public assistance payments include family assistance, food stamp payments, general assistance, supplemental security payments and other income maintenance benefits for needy families. It does not include medical payments or farm program payments.



Data source: U.S. Dept. of Commerce,
Bureau of Economic Affairs
© Center for Rural Policy and Development

Population in Poverty, All Ages, 2004

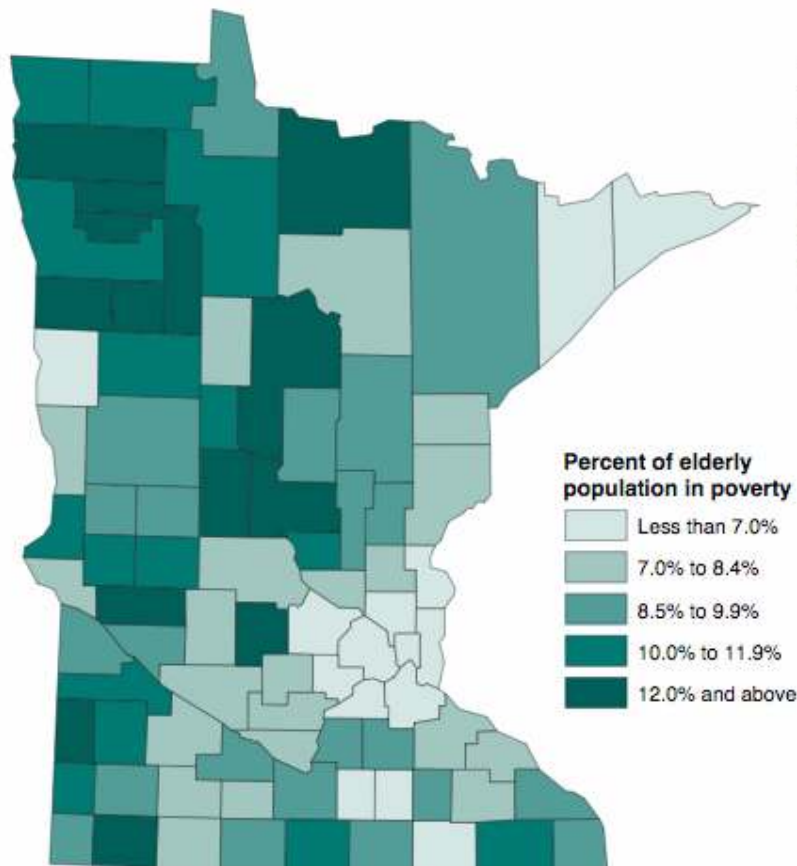
Between Census years, the Census Bureau estimates the poverty rates for counties, the percentage of households that fall below poverty guidelines. The poverty rate for Minnesota in 2004 was estimated at 8.1%, compared to 12.5% for the United States.



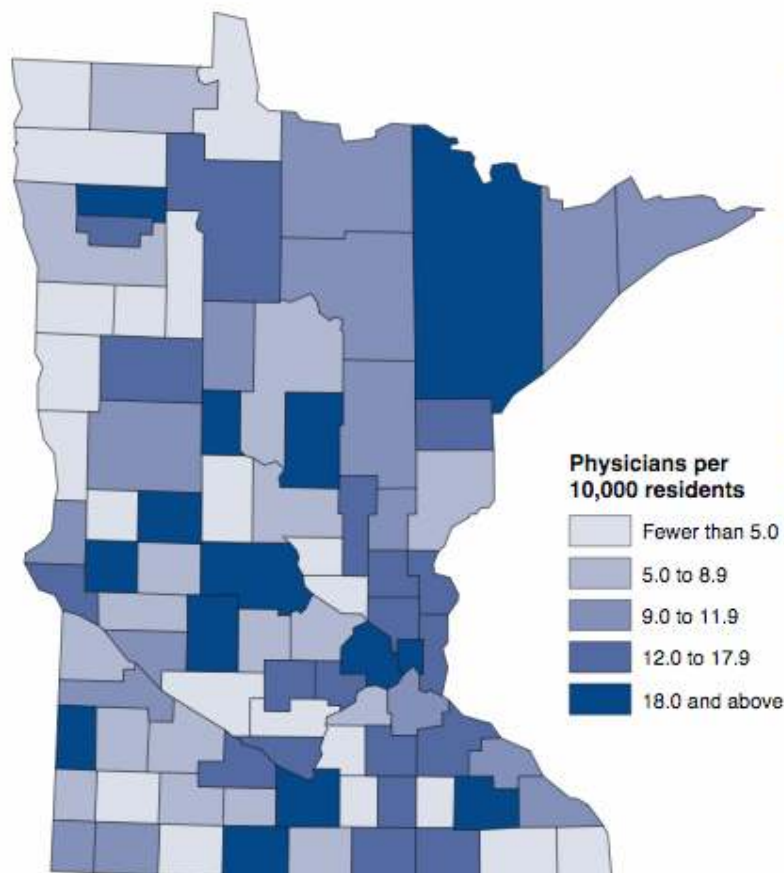
Source: U.S. Census Bureau
© Center for Rural Policy and Development

Elderly in Poverty, 1999

The aging of Minnesota's population, especially outside the Twin Cities, is reflected in this map. While poverty rates among the elderly are not as high as among children, high rates in both groups occur in many of the same counties, with implications for the costs of services in these regions. There was no new data since the 2000 Census for elderly in poverty.



Source: U.S. Census
© Center for Rural Policy and Development



Data source: Minnesota State Board of Medical Practices
 © Center for Rural Policy and Development

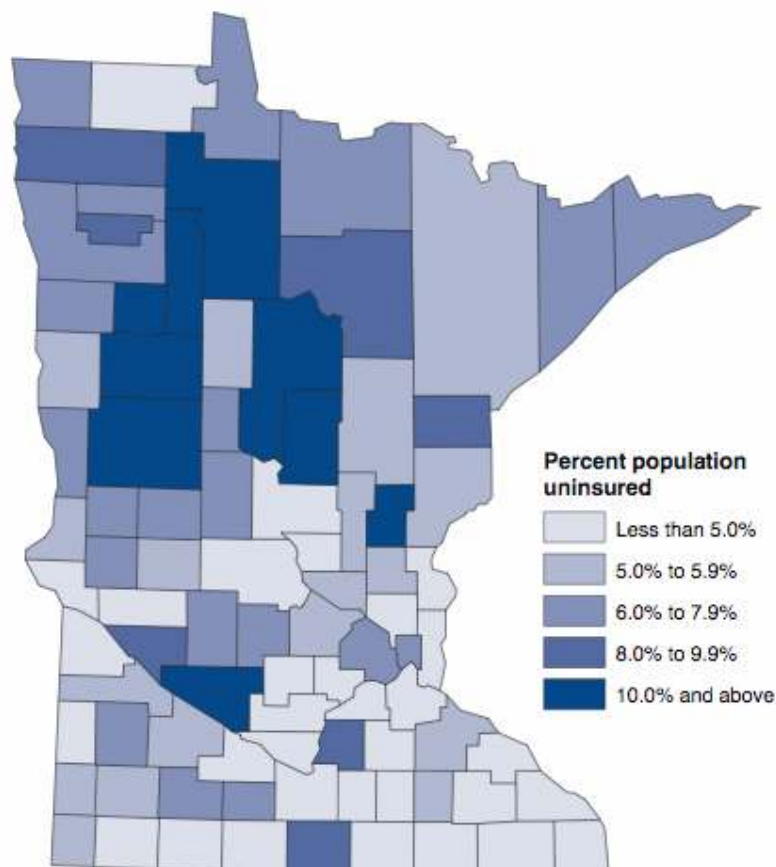
Physicians, 2007

As the map shows, physicians are concentrated in counties with large hospitals, but not necessarily large cities. Hennepin and Ramsey rank high, along with St. Louis, Stearns, and Blue Earth counties. Counties with smaller cities like Brainerd, Willmar and Alexandria also have high ratios, as does Martin County.

On the other hand, the shortage of physicians in some areas is apparent. Some are explainable, such as counties adjacent to a county with a large facility (Sherburne and Benton next to St. Cloud, Dodge and Fillmore adjacent to Rochester, and Clay, adjacent to Fargo). Moving farther west and north, however, there is a distinct drop off in many rural counties.

The Uninsured Population, 2002

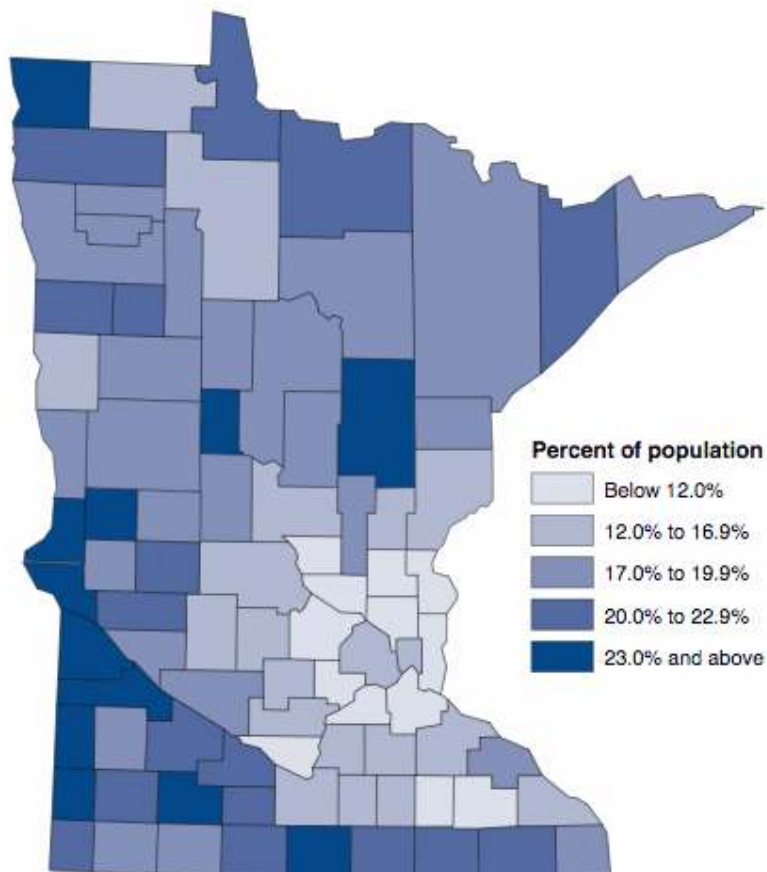
Access to health insurance is a significant issue in Minnesota, especially in rural areas. While employment is the primary means of accessing health insurance, the cost of health insurance can be unattainably high for small businesses. The Minnesota Department of Health completed a report in 2002 examining the extent of this problem. The findings show that in 2001, the highest rates of uninsured people could be found in northern and western Minnesota.



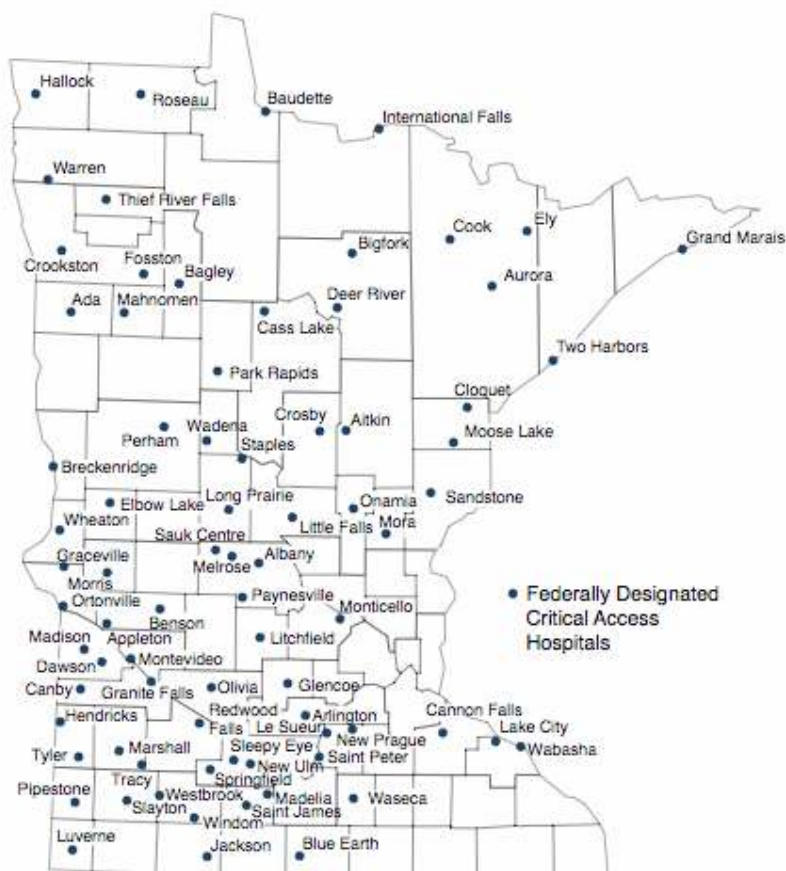
Data source: Minnesota Department of Health, Health Economics Program,
2001 Health Insurance Coverage for Minnesota Counties, December 2002
 © Center for Rural Policy and Development

Population Insured through Medicare, 2003

Minnesota's population is much younger around the urban and suburban core of the Twin Cities metropolitan area and ages rapidly with distance. Counties in the north where retirees settle show a high rate of Medicare beneficiaries, as do western and southwestern counties, where the population is disproportionately older.



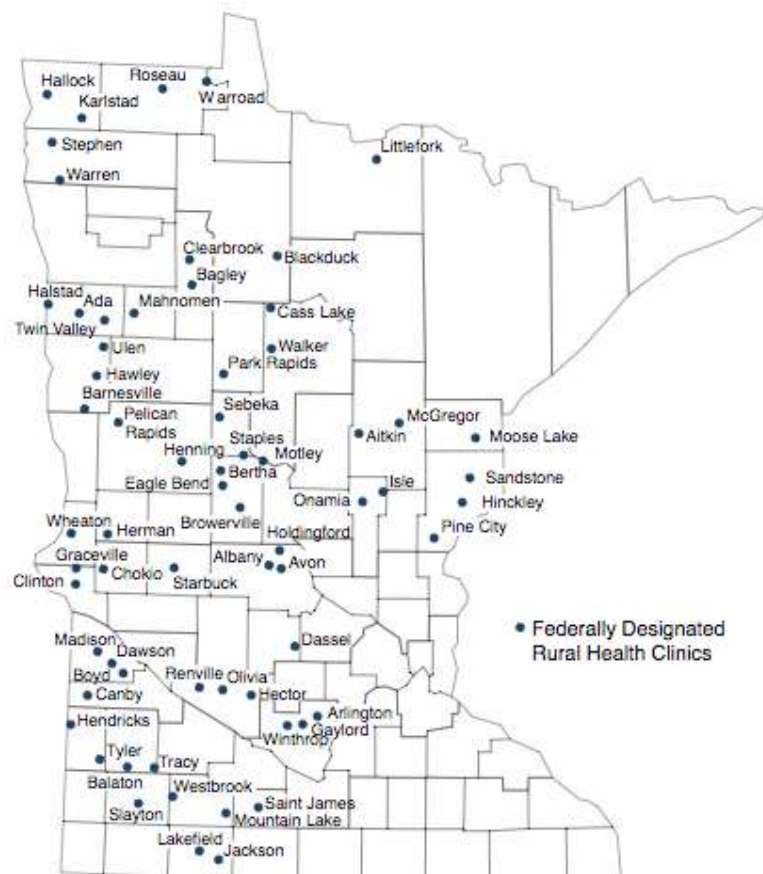
Data source: Minnesota Department of Health
© Center for Rural Policy and Development



Data source: Minnesota Department of Health
© Center for Rural Policy and Development

Critical Access Hospitals, 2007

"Critical access hospital" is a federal designation given to hospitals in rural regions that serve a very low volume of patients. While government rules require hospitals to maintain certain levels of staffing and certain types of staff on hand, many remote hospitals with very low patient numbers cannot adhere to these requirements without serious financial loss. But in places where the next closest hospital may be 40 or 50 miles away, these facilities are crucial to health care access in the region. Being designated a critical access hospital helps these health care centers remain open by allowing them to operate under more flexible guidelines. While they cannot perform some procedures, they do provide many important services such as care for those who require hospitalization (but not necessarily intensive care) and stabilization for those who need transportation to a larger hospital.



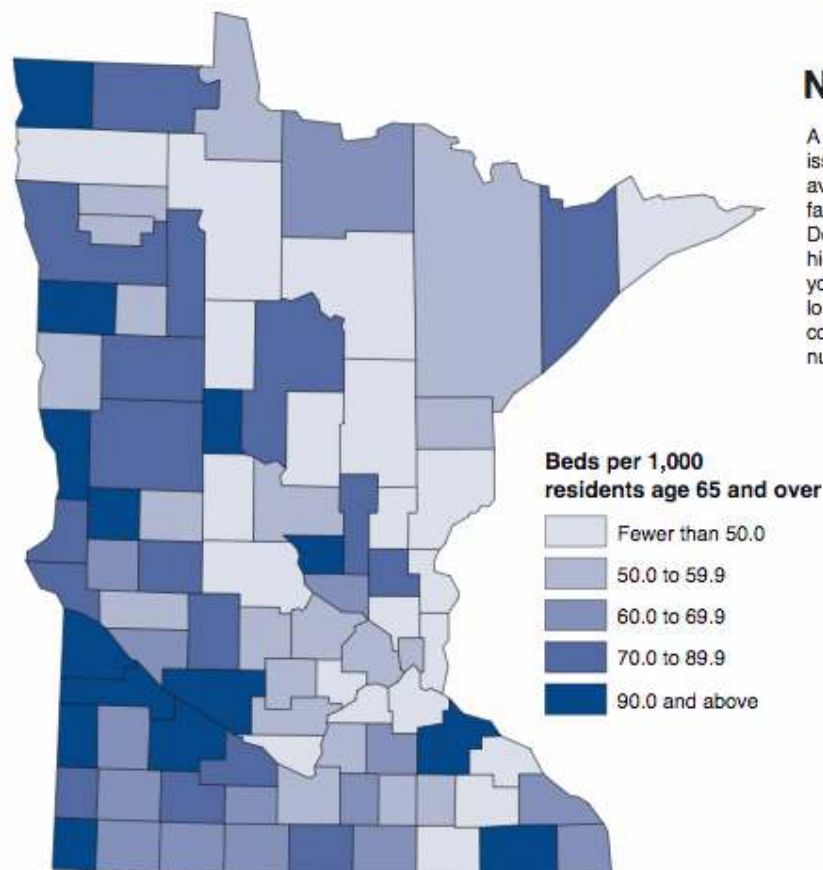
Data source: Minnesota Department of Health
© Center for Rural Policy and Development

Federally Designated Rural Health Clinics, 2004

In rural areas, the shortage of health care providers is a serious issue. The federal government's rural health clinic designation is crucial to keeping clinics open in areas where the number of patients may be too low to make a regular clinic economically viable. Through more generous reimbursement rules, the federal government makes it financially possible to keep health care facilities open, serving area residents who would otherwise have to travel as far as 50 miles to another clinic. Access to such services is especially important to elderly and disabled residents, who may be limited in their mobility.

Nursing Homes, 2006

A shortage of nursing home beds has been an issue for some time in rural Minnesota, where the average age of the population is increasing at a faster rate than in metropolitan Minnesota. Declining population in some counties leads to a higher proportion of nursing home beds there. As younger people leave rural areas, the demand for long-term care facilities for those remaining continues. For the state as a whole, there are 55.1 nursing home beds per 1,000 population.



Data source: Minnesota Department of Health
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