Editor's note

Jack Geller

Few topics today are closer to the front burner of policy development at both the state and national levels than health care. So we are excited that we have the opportunity to infuse some rural aspects into this policy discussion as both the Minnesota Legislature and the U.S. Congress tackle this important issue.

Health care and Minnesota seem to go hand in hand. Minnesota is home to the Mayo Clinic, one of our nation's most prominent health care providers. Minnesota is also a national leader in the medical device industry. We take pride in our consistently high national rankings as one of the "healthiest" states in the nation. And by national standards, we experience a relatively low rate of uninsurance. Yet we all know that all is not well in the health care sector; and that is especially true in rural Minnesota. Accordingly, we are pleased to dedicate an issue of the ***Rural Minnesota Journal*** to bringing attention to this dimension of health care that is often overlooked.

As you will see throughout this volume, while rural Minnesota communities, residents and health care institutions experience some of the same health care issues found in the Twin Cities metro, they also experience unique problems of their own. For example, Jay Fonkert elaborates on the issues of the rural health care workforce, where aging practitioners and health profession shortages create significant access barriers for many of our rural residents. And Sarah Sprengeler, a fourth-year medical student at the University of Minnesota in Duluth, provides us with a very personal first-person account of why she has chosen to become a rural family physician.

The issue of health insurance is front and center in the policy debate as state after state line up with some new type of experiment or initiative. Two articles by Kathleen Call and Julie Sonier help us understand how this insurance issue is playing out in both the rural and metro areas of our state. As these articles document,

the percentage of Minnesotans receiving comprehensive health care coverage from their employers has actually declined in Minnesota (even in the metro). Accordingly, public programs such as MinnesotaCare are receiving much greater attention. And in communities throughout rural Minnesota, where small businesses are the only businesses, these public programs that are designed for working individuals and families who are not offered employer-based coverage take on even added importance.

While everyone is concerned about quality of care, how do we actually measure it within the rural health care context? Michelle Casey from the U of M explores this issue within the hospital experience. And Larhae Knatterud addresses one of the most important issues facing many rural communities — that of long-term care. With a disproportionately high percentage of senior citizens and longer life expectancies, rural Minnesota communities will become the testing ground for long-term care solutions that will soon affect every community in Minnesota.

And lastly, we also try to address in this volume some topics that are uniquely rural, such as the steady disappearance of small, rural, independently owned community pharmacies; the opportunities and barriers that face the delivery of telehealth services in rural places; and the challenges facing the delivery emergency medical services, where unlike in urban areas, the distances are often much greater and the workforce is overwhelmingly made up of volunteers.

So as Minnesota moves forward with its own health care proposals and initiatives, I hope policymakers keep in mind how these dynamics play out in our rural communities. And it is with that idea in mind that I hope that after you have had an opportunity to read and digest the articles and perspectives in this volume that you join us on June 18-19 at the harbor in Duluth to discuss and debate these topics at our ***Rural Minnesota Forum*** **on Rural Health Care** along with Minnesota's annual State Rural Health Conference. Information on these events can be found on page ix.