

2012 - 2015

# COMMUNITY HEALTH IMPROVEMENT PLAN

for Hennepin County Residents

*A collaboration of five local community health boards and  
multiple community partners*

*Appendix 3 - Part A  
Data Detail*

**COMMUNITY HEALTH  
IMPROVEMENT PARTNERSHIP**

*Convene ~ Catalyze ~ Collaborate*





**2012 - 2015  
Community Health Improvement Plan  
for Hennepin County Residents  
APPENDIX 3 - Part A: DATA DETAIL**

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*See separate file: Appendix 3 – Part B: Indicator Fact Sheets for a PDF file of the 2012 Community Health Assessment Indicator Fact Sheets used during this process. This is separate due to the size of the file.*

### 3.A.1 Hennepin Public Health Data Web Site Information

A link to the data sources used or created in the Community Health Improvement Partnership planning assessment and planning process can be found on the Hennepin County Public Health Data website [www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData). *If the link does not work, copy this website into your browser.*

On that site, you can link to

- The Community health assessment indicators (PDF file also in Part B)
  - *SHAPE* - Survey on the Health of All the Population and the Environment
  - Minneapolis Department of Health and Family Support
  - *Results Minneapolis*
  - Bloomington Public Health
  - Minnesota Department of Health's Data and Statistics
  - *Minnesota Student Survey*
  - *Healthy People 2020*
  - Minnesota Department of Health Statistics & Data
  - Minnesota Department of Education Data Center
  - Centers for Disease Control and Prevention Data & Statistics
  - Census Bureau
- By selecting the "Community Health Assessment Indicators" link, you can access many of the fact sheets from which data was drawn for the Community Health Improvement Plan for Hennepin. At the time of publishing, a few of the indicators listed on that web page were not fully populated but will be shortly. Those that are underlined indicate an active link.
- A PDF of all available fact sheets with data used in this process is included in *CHIP Appendix 3 - Part B: Community Health Assessment Indicator Fact Sheets*.
- By linking to the other health departments, you can link to their on-line reports or obtain contact information to reach them about additional local reports or data that may be available.

### 3.A.2 2012 CHIP SURVEY Questions & Summary Results

#### 2012 CHIP Survey Question 1

<b>What are the most important characteristics of a healthy community? (n=239)</b>		
<b>Clustered Response Categories</b>	<b>Response Count</b>	<b>Response Percent</b>
Access to affordable quality health care	90	37.7%
Access to affordable opportunities to be physically active	76	31.8%
Safe place (reduced crime)	67	28.0%
Access to affordable healthy foods	58	24.3%
Social and community connectedness	58	24.3%
Engaged committed motivated informed residents	55	23.0%
Access to quality education opportunities for all ages	36	15.1%
Healthy people and lifestyles	29	12.1%
Access to affordable basic services	28	11.7%
Access to employment	26	10.9%
Physically active	25	10.5%
Access to affordable and diverse housing	22	9.2%
Care and support for vulnerable persons seniors, youth, homeless	18	7.5%
Low incidence of disease and mortality	14	5.9%
Available community services	13	5.4%
Clean environment	12	5.0%
Good public transportation	12	5.0%
Good community communications	11	4.6%
Economic development (growth with equity & justice)	11	4.6%
Diversity - age, race, ethnicity	9	3.8%
Clean air	8	3.3%
Access and affordable mental health care	8	3.3%
Tobacco	8	3.3%
Emergency response and preparedness	6	2.5%
Clean water	6	2.5%
Respect and dignity for all	6	2.5%
Responsive public health department	6	2.5%
Responsive local government & resources	6	2.5%
Involved faith communities	6	2.5%
Families and stability	5	2.1%
Access and affordable child care	5	2.1%
Local active business community	2	0.8%
Alcohol & drug free	2	0.8%
Misc./other	23	9.6%
<b>Total</b>	<b>767</b>	

## 2012 CHIP Survey Question 2

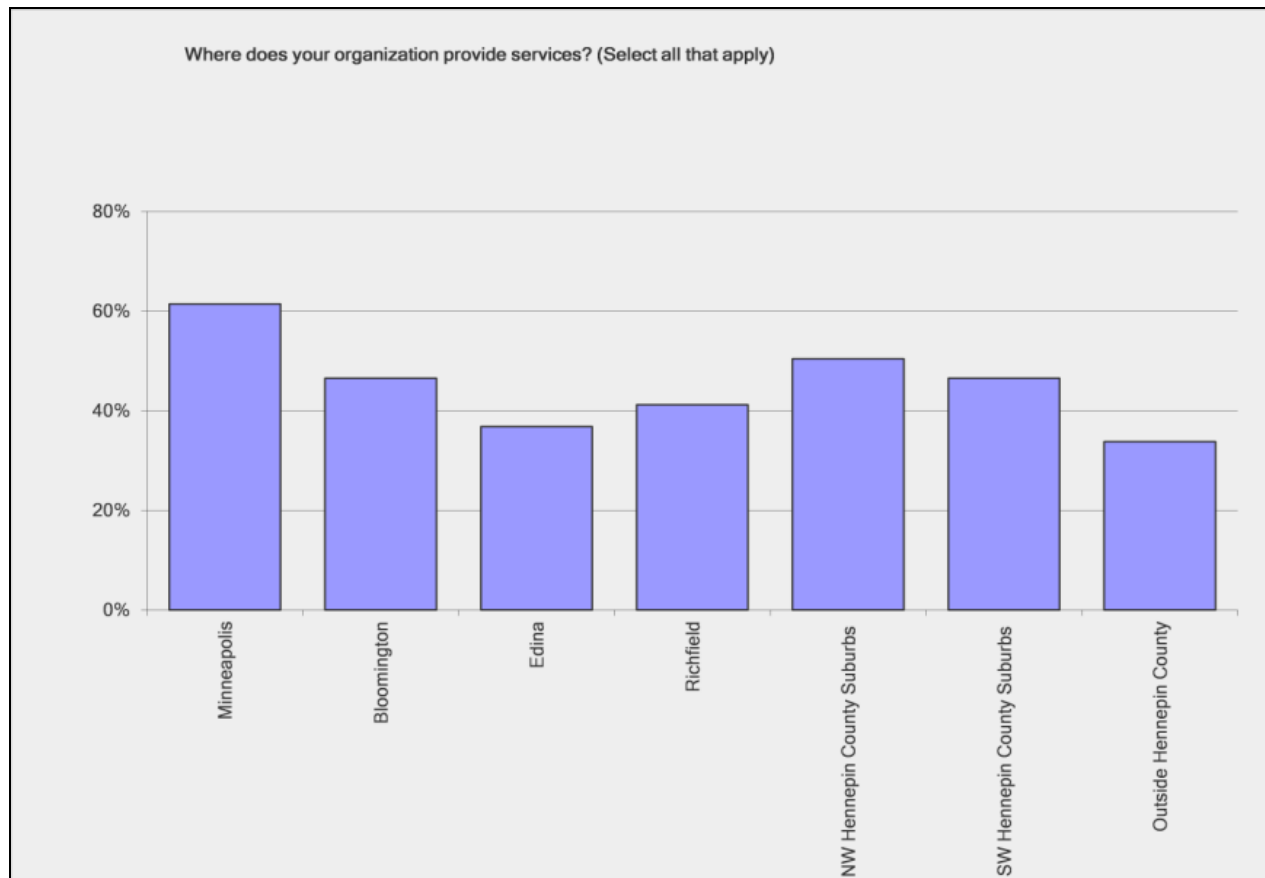
<b>What are the three most critically important changes that need to be made to improve the health of the community?</b>		
<b>Clustered Response Categories</b>	<b>Response Count</b>	<b>Response Percent</b>
Improve local access to affordable health care	45	19.5%
Improve local opportunities to affordable physical activities	36	15.6%
Improve local access to affordable healthy foods	31	13.4%
Education - general	16	6.9%
Improve local access to affordable mental health care	15	6.5%
Employment opportunities and jobs	14	6.1%
Improve local access to affordable housing options	12	5.2%
Eliminate health disparities	3	1.3%
Youth programs after school recreation and homework	3	1.3%
Improve transportation	3	1.3%
Improve local access to affordable dental care	2	0.9%
Support for families and caregivers	2	0.9%
Assault on poverty	2	0.9%
Better communication between facilities/partners	2	0.9%
Improve access to child care	1	0.4%
Services for seniors	1	0.4%
Attract community businesses	1	0.4%
<b>Number of respondents that answered this question</b>	<b>178</b>	

## 2012 CHIP Survey Question 3

<b>Public Health Problems and Issues -- For each item listed below please indicate your organization's current engagement in addressing the problem or issue.</b>				
<b>Answer Options</b>	<b>Direct Services to Affected Individuals</b>	<b>Community Prevention Activities</b>	<b>Other Activities</b>	<b>Response Count</b>
Alcohol and drug use	68	63	65	157
Alzheimer's disease / dementia	52	28	60	120
Arthritis	40	18	52	105
Asthma	58	33	48	123
Barriers to accessing healthcare	102	53	54	162
Cancer	40	35	48	111
Child abuse/neglect	70	68	47	141
Diabetes	76	45	54	143
Environmental hazards	29	50	50	108
Financial hardship	88	48	49	151
Food insecurity	83	48	55	154
Foodborne illness	24	32	52	98
Heart disease and strokes	59	44	45	126
HIV and AIDS	49	42	54	121
Home and community violence	65	71	45	138
Housing instability	80	40	51	147
Infectious diseases	59	40	50	118
Mental health issues	111	64	49	170
Obesity	67	52	57	141
Oral and dental health issues	45	43	54	122
Preventable injuries	42	41	43	105
Rape / sexual assault	45	45	55	117
Sexually transmitted diseases	43	42	54	115
Smoking / tobacco use	60	49	54	132
Social isolation	88	54	46	149
Suicide	42	42	54	113
Teenage pregnancy	49	46	59	117
Other health problem or issues your organization is addressing?				85
			<i>answered question</i>	<b>227</b>
			<i>skipped question</i>	<b>29</b>

2012 CHIP Survey Question 4

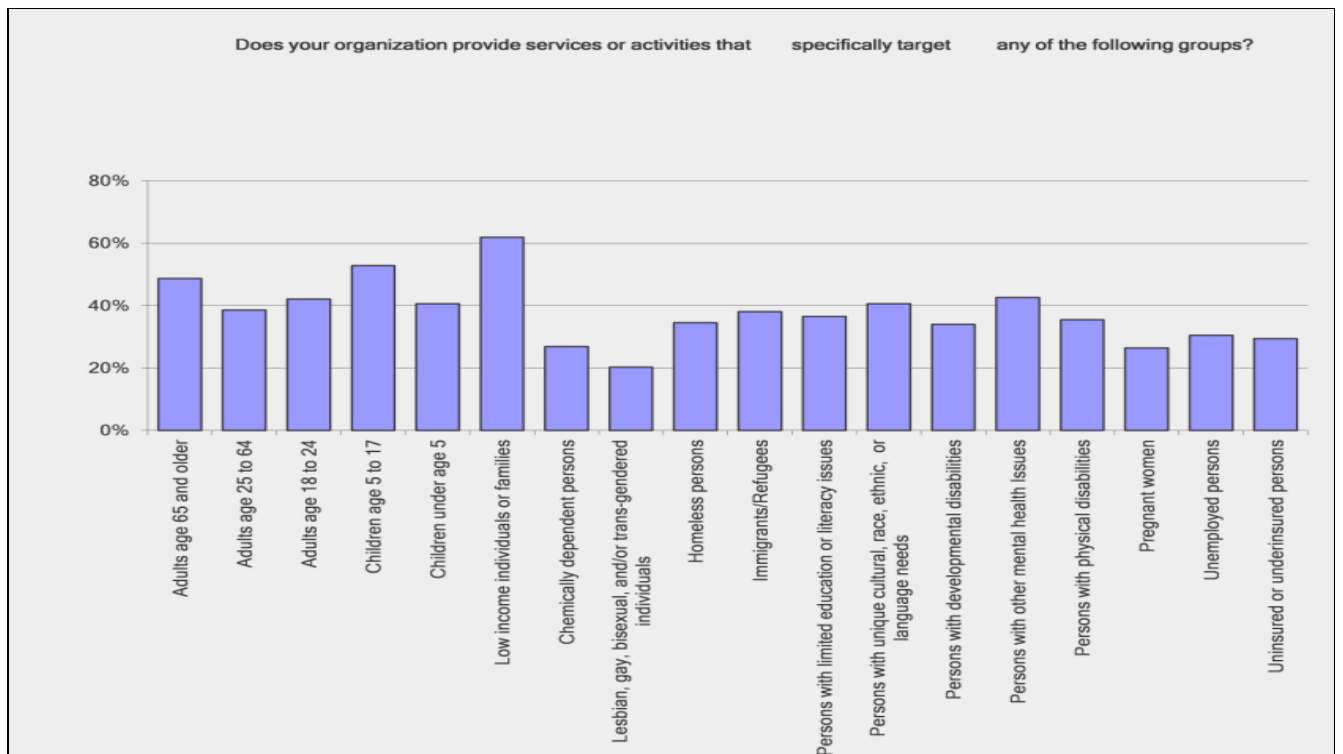
Where does your organization provide services? (Select all that apply)		
Answer Options	Response Count	Response Percent
Minneapolis	140	61.4%
Bloomington	106	46.5%
Edina	84	36.8%
Richfield	94	41.2%
<u>North West Hennepin County Suburbs:</u> Brooklyn Center, Brooklyn Park, Champlin, Corcoran, Crystal, Dayton, Golden Valley, Hanover, Maple Grove, Medicine Lake, New Hope, Osseo, Plymouth, Robbinsdale, Rogers	115	50.4%
<u>SW Hennepin County Suburbs:</u> Deephaven, Eden Prairie, Greenfield, Greenwood, Hopkins, Independence, Long Lake, Loretto, Maple Plain, Medina, Minnetonka, Minnetonka Beach, Minnetrista, Mound, Orono, Rockford, Saint Bonifacius, Saint Louis Park, Shorewood, Spring Park, Tonka Bay, Wayzata, Woodland	106	46.5%
Outside Hennepin County	77	33.8%
<b><i>answered question</i></b>	<b>228</b>	
<b><i>skipped question</i></b>	<b>28</b>	





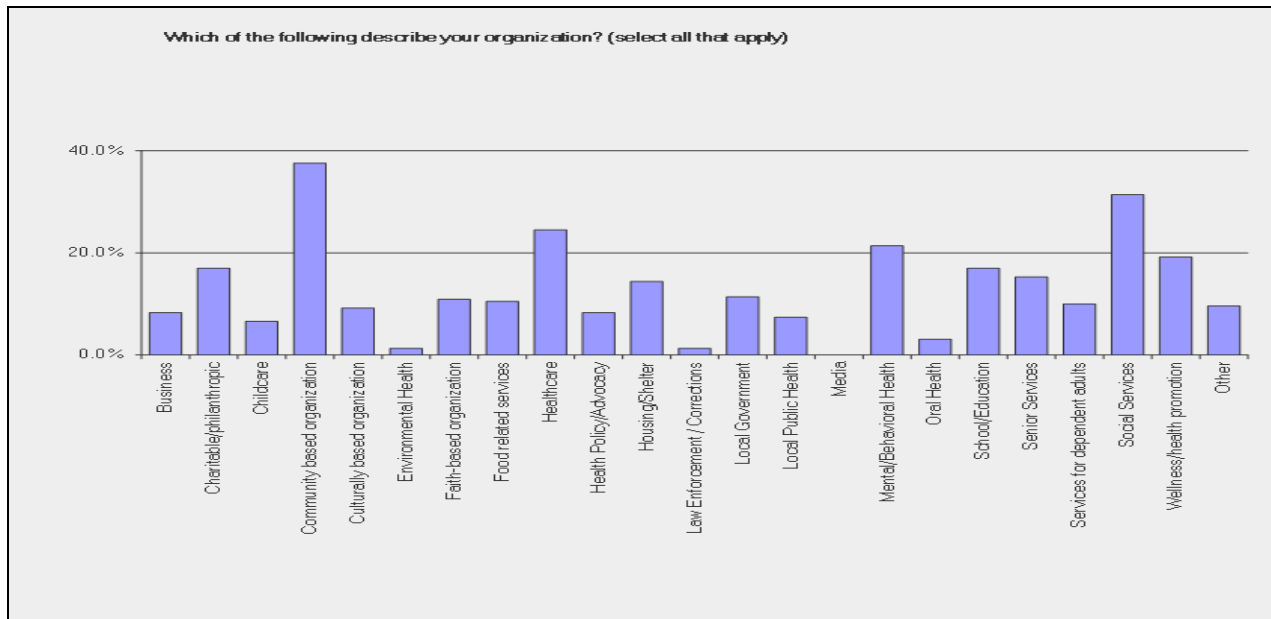
2012 CHIP Survey Question 5

Does your organization provide services or activities that specifically target any of the following groups?		
Answer Options	Response Count	Response Percent
Adults age 65 and older	96	48.7%
Adults age 25 to 64	76	38.6%
Adults age 18 to 24	83	42.1%
Children age 5 to 17	104	52.8%
Children under age 5	80	40.6%
Low income individuals or families	122	61.9%
Chemically dependent persons	53	26.9%
Lesbian, gay, bisexual, and/or trans-gendered individuals	40	20.3%
Homeless persons	68	34.5%
Immigrants / refugees	75	38.1%
Persons with limited education or literacy issues	72	36.5%
Persons with unique cultural, race, ethnic, or language needs	80	40.6%
Persons with developmental disabilities	67	34.0%
Persons with other mental health issues	84	42.6%
Persons with physical disabilities	70	35.5%
Pregnant women	52	26.4%
Unemployed persons	60	30.5%
Uninsured or underinsured persons	58	29.4%
Other targeted groups your organization is serving?	52	
<b>answered question</b>	<b>197</b>	
<b>skipped question</b>	<b>59</b>	



2012 CHIP Survey Question 6

Which of the following describe your organization? (select all that apply)		
Answer Options	Response Count	Response Percent
Business	19	8.3%
Charitable/philanthropic	39	17.0%
Childcare	15	6.6%
Community based organization	86	37.6%
Culturally based organization	21	9.2%
Environmental Health	3	1.3%
Faith-based organization	25	10.9%
Food related services	24	10.5%
Healthcare	56	24.5%
Health policy/advocacy	19	8.3%
Housing / shelter	33	14.4%
Law enforcement / corrections	3	1.3%
Local government	26	11.4%
Local public health	17	7.4%
Media	0	0.0%
Mental / behavioral health	49	21.4%
Oral health	7	3.1%
School / education	39	17.0%
Senior services	35	15.3%
Services for dependent adults	23	10.0%
Social Services	72	31.4%
Wellness / health promotion	44	19.2%
Other	22	9.6%
<b>answered question</b>	<b>229</b>	
<b>skipped question</b>	<b>27</b>	



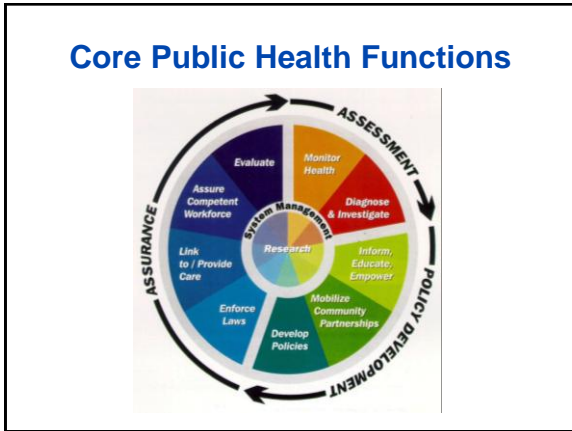
### **3.A.3a Data PowerPoint from the Forums: Forum 1**

The following Data PowerPoint (hand out) was presented to participants at the first CHIP forum held on March 28, 2012.



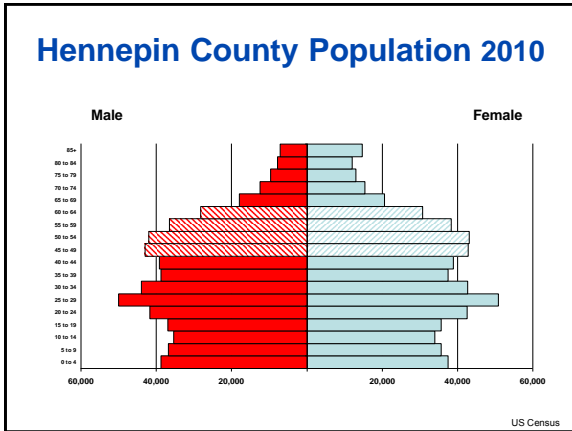
### Public Health Data

- There are many aspects of data to consider when using data to select and set community health priorities including:
  - . Geographic distributions
  - . Racial and ethnic differences
  - . Socio / economic impacts
  - . Total number of people affected
  - . Trends over time
- Where to find relevant data



### Public Health Data

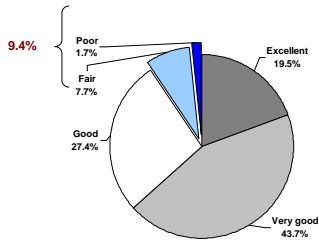
- Population
- Health Status
- Infant Mortality
- Teen Births
- Leading Causes of Death
- Behavior and Lifestyle Factors



### Hennepin County Population Change by Race/Ethnicity 2000-2010

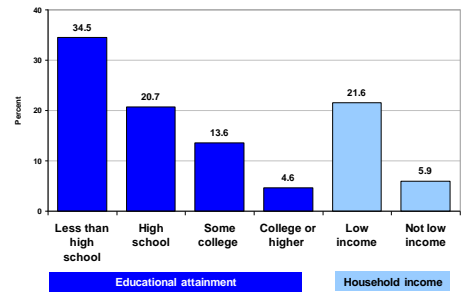
Race/Ethnicity	2000	2010	Percent Change
Hispanic/Latino	45,439	77,676	70.9%
White not Hispanic	881,016	826,670	- 6.2%
Black or African American not Hispanic	98,698	134,240	36.0%
American Indian not Hispanic	10,212	8,848	- 13.4%
Asian/PI not Hispanic	53,702	71,966	34.0%
Some other race not Hispanic	2,115	2,321	9.7%
Two or more races not Hispanic	25,018	30,704	22.7%
<b>Total</b>	<b>1,116,200</b>	<b>1,152,425</b>	<b>3.2%</b>

### Overall Health Status of Adults Hennepin County 2010



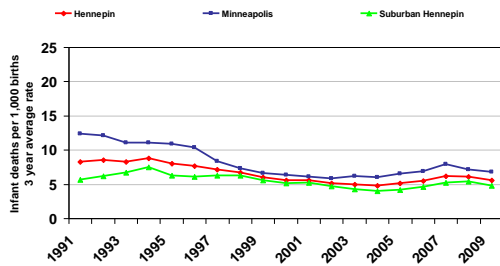
SHAPE 2010

### Percent of Adults Reporting Poor or Fair Health by Education and Household Income Hennepin County 2010



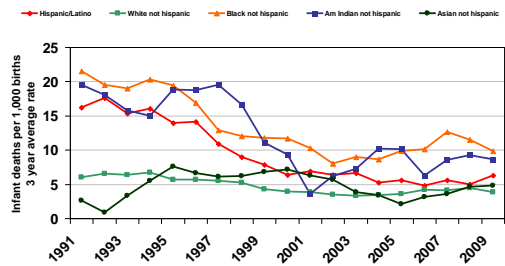
SHAPE 2010

### Hennepin County Infant Mortality Rate by geographic region, 1990-2010



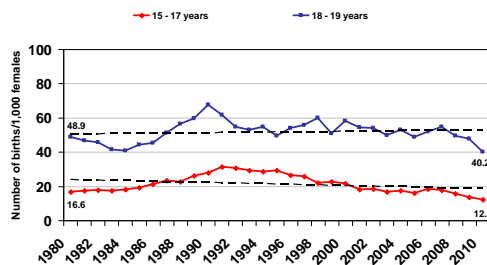
MDH

### Hennepin County Infant Mortality Rate by race/ethnicity, 1990 - 2010



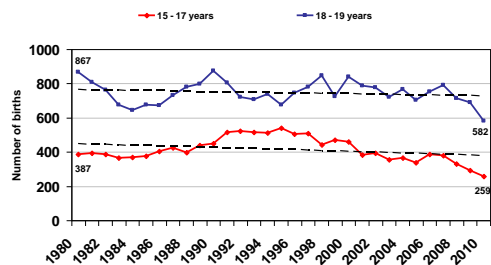
MDH

### Hennepin County Teenage Birth Rate, 1980 - 2010



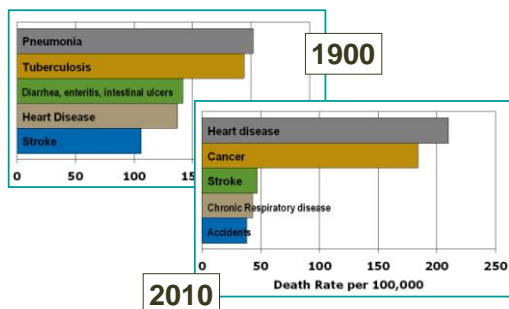
MDH

### Hennepin County Teenage Births 1980 - 2010

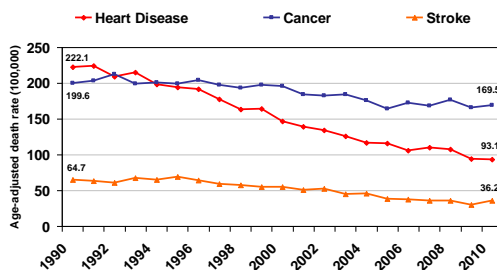


MDH

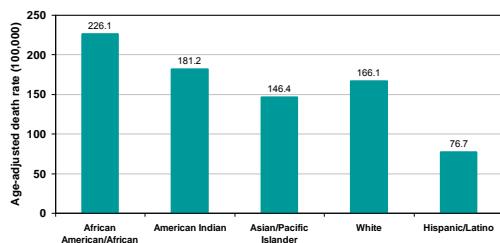
### US Leading Causes of Death, 1900 & 2010



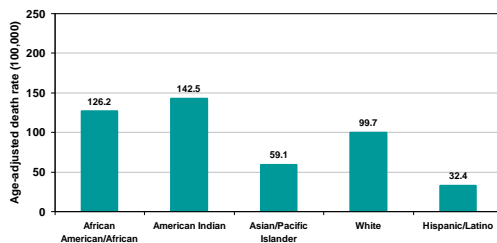
### Leading Cause of Death Hennepin County 1990 – 2010



### Cancer Deaths Hennepin County 2006 - 2010



### Heart Disease Deaths Hennepin County 2006 – 2010

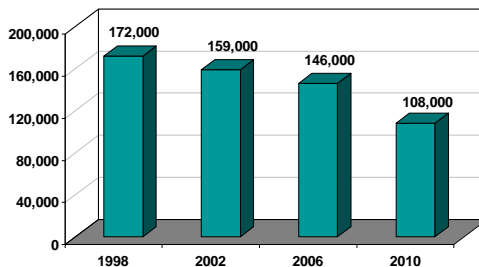


### Top Three Causes of Death in US 2000\*

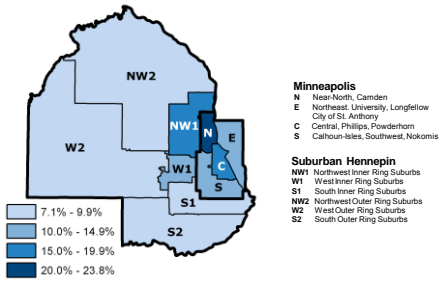
Actual cause	Deaths in US 2000	% of total death
Tobacco	435,000	18.1%
Poor diet and physical inactivity	365,000	15.2%
Alcohol consumption	85,000	3.5%
<b>Total</b>	<b>885,000</b>	<b>36.8%</b>

\* Mokdad, Marks, Stroup & Gerberding. Actual causes of death in the United States, 2000. JAMA. 2004; 291:1238-1245, with correction.

### Number of Adults Who Currently Smoke Hennepin County 1998 – 2010

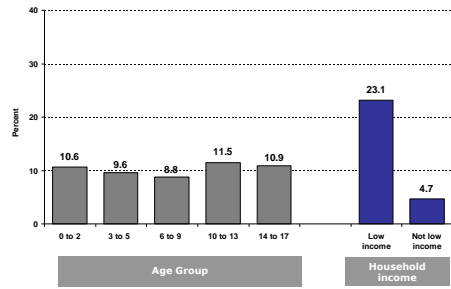


### Percent of Adults Currently Smoking by geographic region, Hennepin County 2010



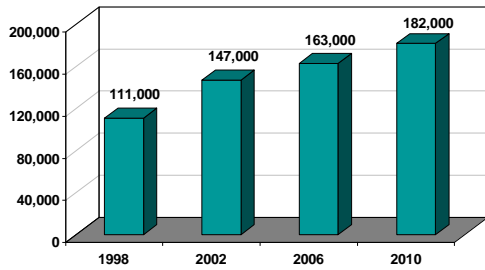
SHAPE 2010

### Children who are Regularly Exposed to Tobacco Smoke, Hennepin County 2010



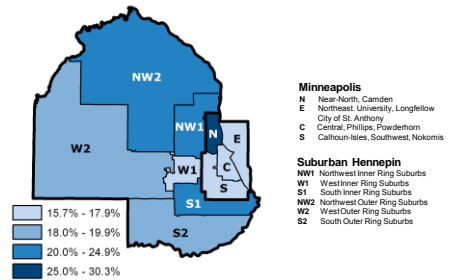
SHAPE 2010

### Number of Adults who are Obese Hennepin County 1998 – 2010



SHAPE

### Percent of Adults who are Obese by geographic regions, Hennepin County 2010



SHAPE 2010

### Health Indicators

- National – *Healthy People 2020*
- State – Minnesota Department of Health
- *America's Health Rankings* – United Health Foundation
- *County Health Rankings* – Robert Wood Johnson Foundation

### Healthy People 2020

#### Overarching Goals

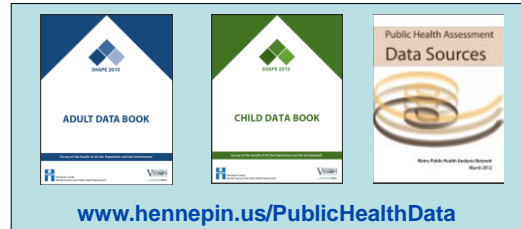
- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

## Hennepin County Community Health Indicators

- Local measurements (60 indicators)
- City and regional measurements
- Comparable to State and Nation

[www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData)

## Handouts



## Youth Health and Maternal and Child Health Data

## Youth Health Data Minnesota Student Survey

*Survey on activities, experiences, and behaviors of youth.*

### Topics covered include

- Tobacco, alcohol and drug use
- School climate
- Physical activity and nutrition
- Violence and safety
- Connections with school and family
- Health (including mental health)
- Sexual activity

## Youth Health Updates

### Example of Youth Health data

[http://www.ci.bloomington.mn.us/cityhall/dept/commser/pulheal/publications/bloomington11\\_.pdf](http://www.ci.bloomington.mn.us/cityhall/dept/commser/pulheal/publications/bloomington11_.pdf)

[http://www.ci.bloomington.mn.us/cityhall/dept/commser/pulheal/publications/trendanalysisB\\_2010.pdf](http://www.ci.bloomington.mn.us/cityhall/dept/commser/pulheal/publications/trendanalysisB_2010.pdf)



## Youth Health Data Local Action

- Present data to community
- Prepare *Youth Health Updates* for each district
- Use data in grant applications and program evaluation
- Use data to support new programs and initiatives
  - new social host ordinance
  - a parent survey



## Maternal Child Health Birth Data

### Available Birth Data from Birth Certificates

- Birth weight
- Prematurity
- Prenatal Care
- Race/Ethnicity
- Substance Use
- Age of Mother
- Education level of parents
- Delivery Method
- Birth place of mother
- Complications

## Additional Local Data Available

- *Youth Health Updates* - MN Student Survey
- Maternal Child Health-birth data
- *2008 Community Assessment* survey results
- *Community Readiness Survey* results
- Key Informant Interviews /Focus group summaries- *Healthy Together Grant*

Access this data at

<http://www.ci.bloomington.mn.us/cityhall/dept/commser/publheal/publheal.htm#reports>

## Qualitative Community Data

## Minneapolis Community Engagement Data

- Steps to a Healthier Minneapolis focus groups, 2005-2006
- Urban Health Storytelling, 2006-2007
- Office of Women's Health mental health focus groups with expectant and new parents, 2011
- Healthy Start safe infant sleep focus groups: 2011-2012
- VOICE (Valuing Our Individual Cultures through Engagement), 2011-2012

## Key Findings from Storytelling

- Family networks and social interaction promote health
- People are resilient despite great hardships
- Health is viewed holistically
- Access to physical activities is important to health
- Cultural pride and maintaining cultural traditions
- Culturally-competent services essential

## Key Findings from Mental Health Focus Groups

- Stigma surrounds mental illness
- Need more help dealing with range of emotions
- More resources are available for mothers than fathers
- Women and men both want group sessions for education, skill-building, and social support

## Local Actions Based on Findings

- Incorporated lessons into guiding principles
- Modified grant-making guidelines
- Provided training in psychological first-aid
- Adopted more place-based strategies and coordinated investments to strengthen social and physical environments
- Wellness Recovery Action Plan groups facilitated by trained peer survivors

## Homework

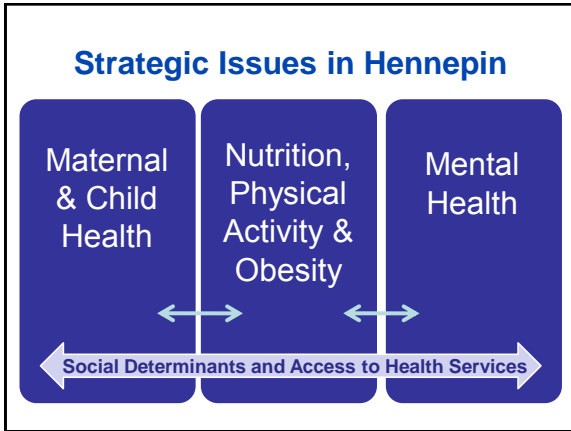
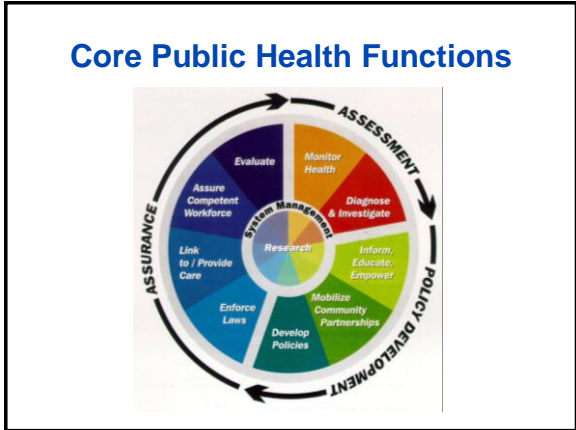
- Review data at:  
[www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData)
- Focus on indicators related to your work
- Identify at least 2 OTHER health issues
- Consider disparities, magnitude and data trends
- Identify what needs to change in the next 4 – 5 years.

## Contact Information

- Sheldon Swaney  
– [sheldon.swaney@co.hennepin.mn.us](mailto:sheldon.swaney@co.hennepin.mn.us)
- Emily Thompson  
– [ethompsosn@ci.bloomington.mn.us](mailto:ethompsosn@ci.bloomington.mn.us)
- David Johnson  
– [David.Johnson@minneapolismn.gov](mailto:David.Johnson@minneapolismn.gov)

### **3.A.3b Data PowerPoint from the Forums: Forum 3**

The following Data PowerPoint (hand out) was presented to participants at the third CHIP forum held on May 2, 2012. *[There was no data PowerPoint at the second forum.]*

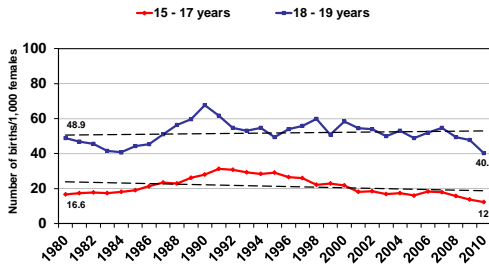


### Maternal and Child Health in Hennepin County

- ### Maternal and Child Health Themes from Forums 1 & 2
- Invest in strong beginnings for young children and their mothers (parents)
  - Comprehensive sexual education at an early age
  - Focus on prevention
  - Promote affordable child care
  - Invest in early social-emotional development
  - Extend maternity leave

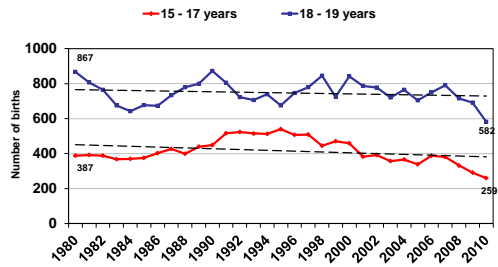
- ### A day in the life of Hennepin County Births 2010
- On an average day in Hennepin county there are... **44 births**
- 18 births are to first-time mothers
  - 2 births are to teen moms (19 years and younger)
  - 8 births are to women 35 years and older
  - 13 births are to foreign-born mothers
  - 19 births are to mothers on public health care programs
  - 1 birth is to a mother who had no prenatal care or care only in the 3<sup>rd</sup> trimester
  - 3 babies will be born too small (less than 5.5 pounds)
  - 5 babies will be born too soon (before 37 weeks)
  - And every 5 days, one baby will die.
- MDH

### Teenage Birth Rate in Hennepin County 1980-2010



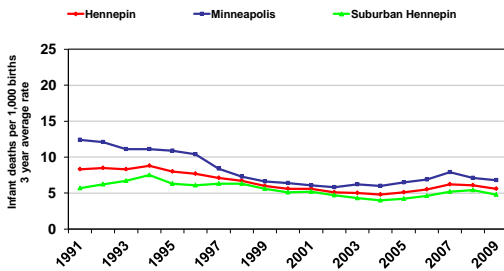
MDH

### Teenage Births in Hennepin County 1980-2010



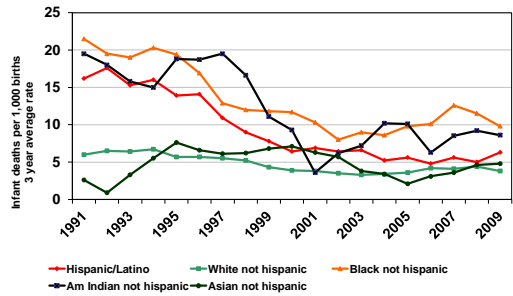
MDH

### Infant Mortality Rate by geographic region in Hennepin County, 1991-2010



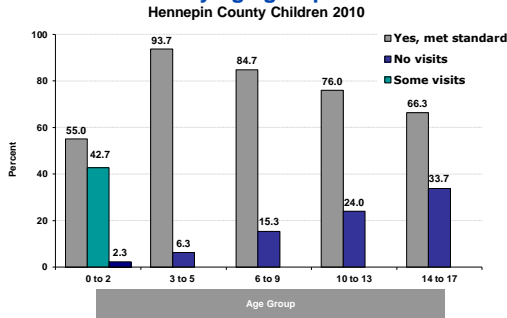
MDH

### Infant Mortality Rate by race/ethnicity in Hennepin County 1991-2010



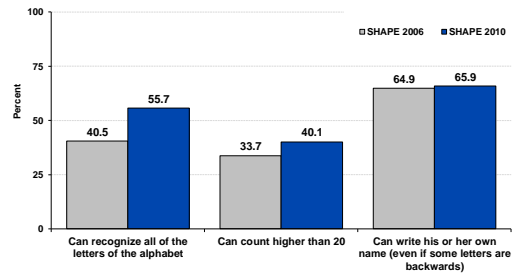
MDH

### Percent of Children who Met the Standard for Preventive Care Visits for their Age by age group



SHAPE 2010

### Percent of Children, 3 to 5 years who Meet Basic Milestones for Pre-school Readiness 2006 vs. 2010



\*Statistically significant differences were noted from 2006 to 2010 for recognizing the alphabet and counting.

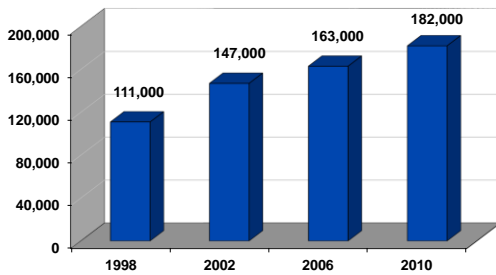
SHAPE 2010

## Nutrition, Physical Activity and Obesity in Hennepin County

### Nutrition, Obesity & Physical Activity Themes from Forums 1 & 2

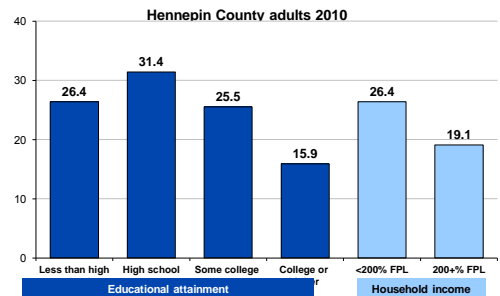
- Healthy beginnings for young children and parents
- Encourage and reward healthy physical activity
- Focus on prevention, tools for making health decisions
- Healthy food and activities in schools
- Incentivize true food markets
- Broad community planning for health-mass transit, bike lanes, multi-use facilities
- Access to high quality food at a reasonable cost
- Decrease promotion of sugary drinks (policy)

### Number of Adults Who are Obese in Hennepin County, 1998 – 2010



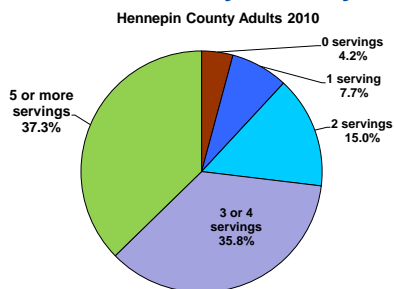
SHAPE 2010

### Percent of Adults who Are Obese by education and household income



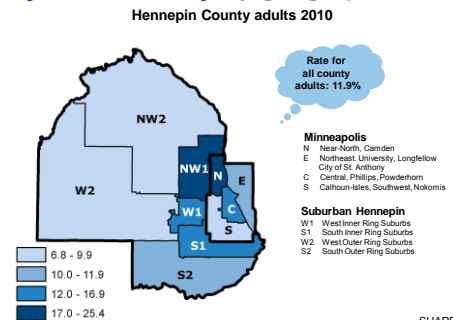
SHAPE 2010

### Total Servings of Fruits and Vegetables consumed yesterday



SHAPE 2010

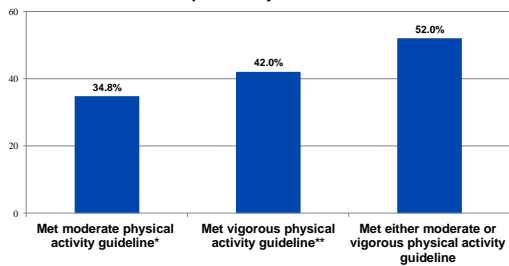
### Percent Engaging in NO Leisure Time Physical Activity by geographic areas



SHAPE 2010

## Percent Meeting Physical Activity Guidelines

Hennepin County Adults 2010



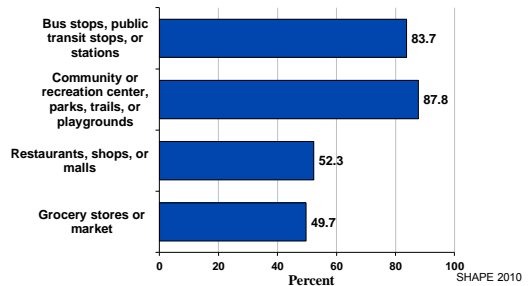
\* Engaging in moderate physical activity for 30 minutes or longer at least 5 days per week.

\*\* Engaging in vigorous physical activity for 20 minutes or longer at least 3 days per week.

SHAPE 2010

## Percent who strongly agree or somewhat agree "In my Neighborhood, Most Residents Can Walk to . . ."

Hennepin County Adults 2010

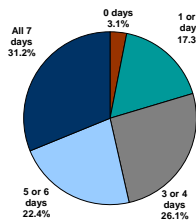


SHAPE 2010

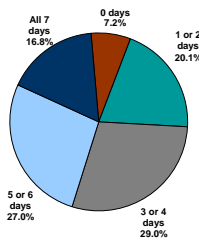
## During the past week, on how many days was the Child Physically Active for at least 60 minutes?

Boys vs. Girls

Hennepin County Boys Aged 6 to 17 years



Hennepin County Girls Aged 6 to 17 years



SHAPE 2010

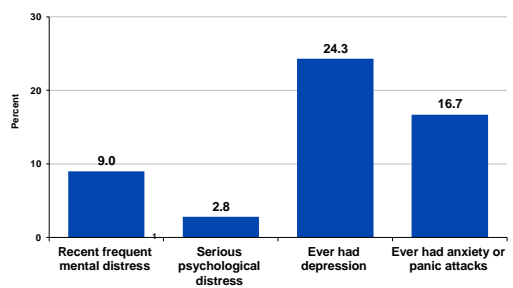
## Mental Health in Hennepin County

### Mental Health Themes from Forums 1 & 2

- Invest in early social-emotional development for young children
- Invest in strong beginnings for children and parents
- Replace hopelessness with hope
- Improve local access to affordable mental health care
- Community is educated about mental health issues and services in early social-emotional development for young children

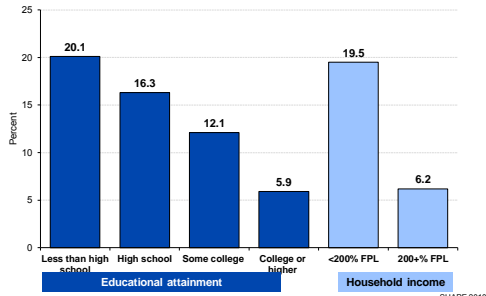
### Selected Mental Health Indicators

Hennepin County adults 2010



SHAPE 2010

### Percent experiencing recent Frequent Mental Distress by education and household income Hennepin County adults 2010



SHAPE 2010

### Unmet Mental Health Care Needs

Hennepin County Adults 2010

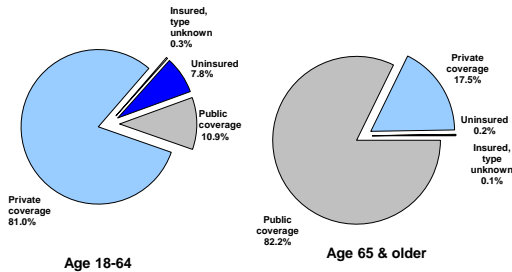
Measure	All Adults	<200% FPL	≥200% FPL
Needed mental health care during the past 12 months	24.9%	35.3%	22.6%
Unmet mental health care needs - either delayed or did not get the needed mental health care (among those who needed mental health care)	60.8%	67.5%	58.2%
Unmet mental health care needs - due to cost or lack of insurance (among those who had unmet mental health care needs)	54.8%	66.2%	48.9%

\* Household income is measured as a percentage of Federal Poverty Level (FPL).

SHAPE 2010

### Current Insurance Coverage

Hennepin County adults 2010

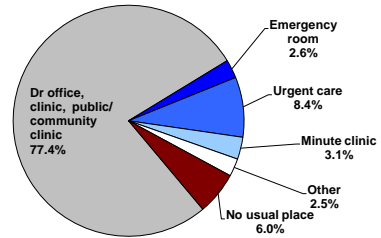


SHAPE 2010

### Usual Place of Care

Q: When you sick or need medical care, where do you usually go?

Hennepin County adults 2010



SHAPE 2010

### Mental Health Key findings from Storytelling City of Minneapolis

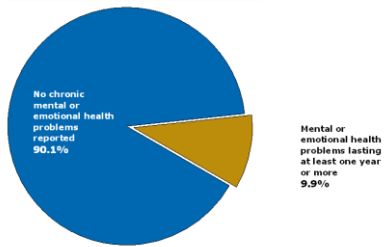
- Family networks and social interaction promote health
- People are resilient despite great hardships
- Health is viewed holistically
- Access to physical activities is important to health
- Cultural pride and maintaining cultural traditions
- Culturally-competent services essential

### Mental Health Key findings from Mental Health Focus Groups City of Minneapolis

- Stigma surrounds mental illness
- Need more help dealing with range of emotions
- More resources are available for mothers than fathers
- Women and men both want group sessions for education, skill-building, and social support

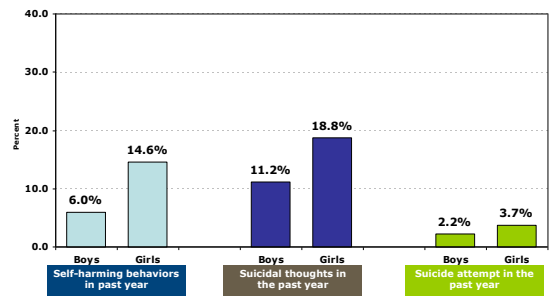


## Chronic Mental or Emotional Health Problems 9<sup>th</sup> Grade Students



MSS 2010

## Major Mental Health Concerns by Gender 9<sup>th</sup> grade students



MSS 2010

## Bullying and Mental Health

Hennepin County Children 2010

Low income children were more likely to be affected by teasing and bullying

- 27.2% of low income school-aged child were ever afraid to go to school because of being picked on, teased or bullied during the past school year (compared to 15.4 % for those who are not low income, statistically significant difference)

SHAPE 2010

Questions??

### **3.A.4 Key findings from the 2010 SHAPE Adult Survey**

What follows is a selection of Key Data from the *2010 SHAPE- Adult Survey* in a PowerPoint hand out format. The complete *SHAPE-Adult Survey Data Book* can be linked to from the Hennepin Public Health Data website: [www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData).



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# SHAPE 2010 ADULT SURVEY

## Findings on key health indicators



Last update: October 1, 2011

Human Services and Public Health Department  
Hennepin County

*SHAPE 2010 is a project of the Hennepin County  
Human Services and Public Health Department.*

*SHAPE 2010 was funded in part by a grant from the  
Minnesota Statewide Health Improvement Program.*

## What is SHAPE?

Survey of the Health of All the Population and Environment

**SHAPE is a public health surveillance effort used to collect local data on health status and factors that affect resident's health and well-being.**

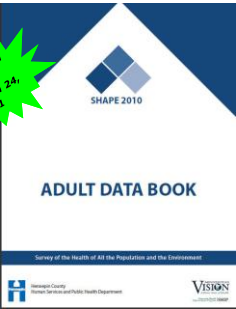

**SHAPE data has been used for public health policy planning and assessment.**

**The SHAPE surveys have been conducted every four years in Hennepin County:**

- 1998 – Adult Survey
- 2002 – Adult Survey
- 2006 – Adult Survey & Child Survey
- 2010 – Adult Survey & Child Survey

## SHAPE 2010 - Adult Data Book

Released on line March 24, 2011





### SHAPE 2010 Adult Survey: data book

Reporting categories	# of respondents
<b>Geographic areas<sup>1</sup>:</b> Minneapolis	3,241
Suburban Hennepin	3,760
<b>Gender:</b> Male	2,272
Female	4,729
<b>Age:</b> 18-24	246
25-44	2,315
45-54	1,323
55-64	1,402
65 and older	1,715

<sup>1</sup> More details on reporting geographic areas are provided in next slide and in Adult Survey Data Book.  
<sup>2</sup> Household income is measured at a household level, not an individual level.

### SHAPE 2010 Adult Survey: data book geographic reporting areas



**Geographic Reporting Areas**

**Minneapolis**

- N** Near North, Camden
- E** Northeast, University, Longfellow, City of St. Anthony
- C** Central, Phillips, Powderhorn
- S** Calhoun-Isles, Southwest, Nokomis

**Suburban Hennepin County**

- NW1** Northwest Inner Ring Suburbs
- W1** West Inner Ring Suburbs
- S1** South Inner Ring Suburbs
- NW2** Northwest Outer Ring Suburbs
- W2** West Outer Ring Suburbs
- S2** South Outer Ring Suburbs

## SHAPE 2010 Adult Survey: domains and topics

### Overall health

- General health, health related quality of life
- Chronic disease and conditions
- Mental health
- Activity limitations

### Health care access & utilization

- Health insurance coverage
- Usual source of care
- Unmet health care need
- Preventive care & chronic disease risk behavior screening

### Healthy lifestyle and behaviors

- Nutrition and weight status
- Physical activity and exercise
- Non-motorized transit use

### Social-environmental factors

- Community connectedness, social support, neighborhood cohesion
- Neighborhood walkability

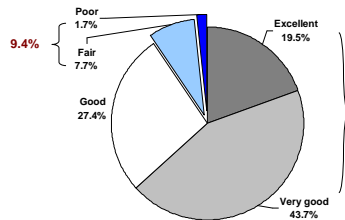


## SHAPE 2010 ADULT SURVEY Self-rated health

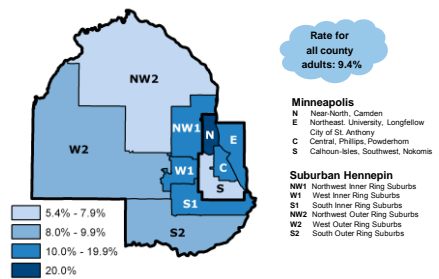


### Self-rated health

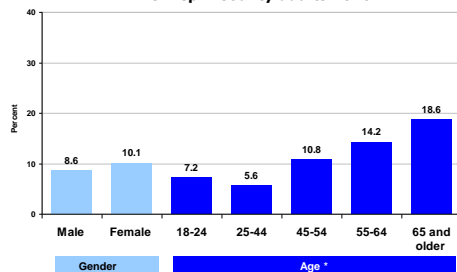
Q. In general, would you say your health is....?  
Hennepin County adults 2010



### Percent reporting poor or fair health by geographic areas Hennepin County adults 2010

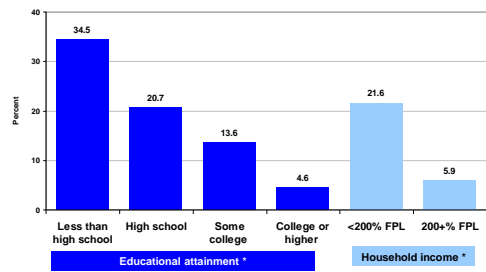


### Percent reporting poor or fair health by gender and age Hennepin County adults 2010

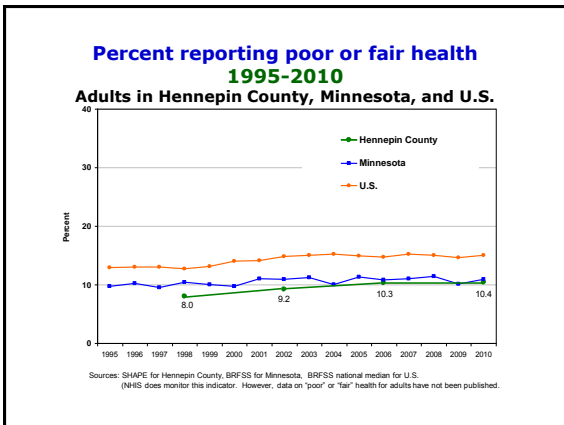
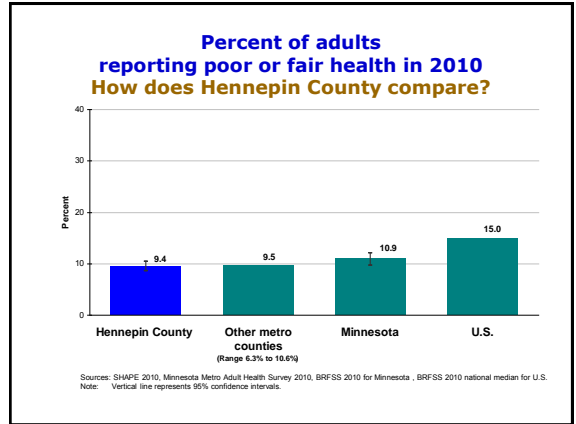
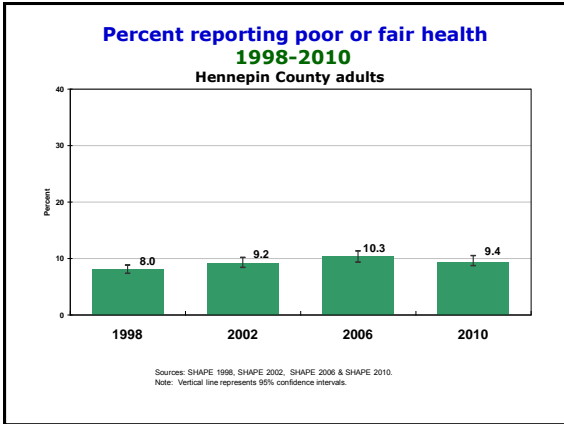


\* Difference in rates between groups is statistically significant at p<0.05.

### Percent reporting poor or fair health by education and household income Hennepin County adults 2010

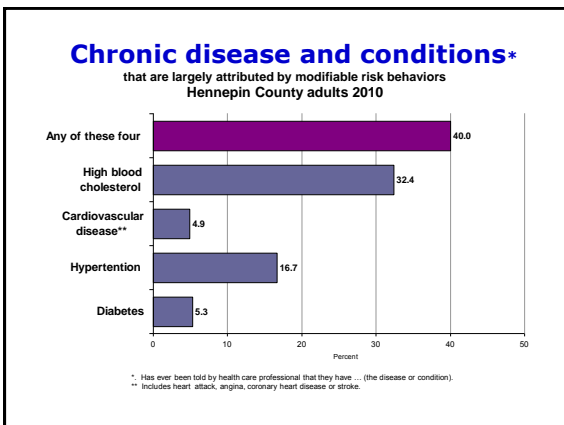


\* Difference in rates between groups is statistically significant at p<0.05.



## SHAPE 2010 ADULT SURVEY

### Chronic disease and conditions- Summary



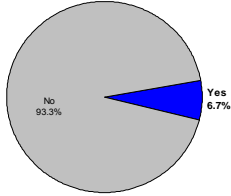
## SHAPE 2010 ADULT SURVEY

### Asthma

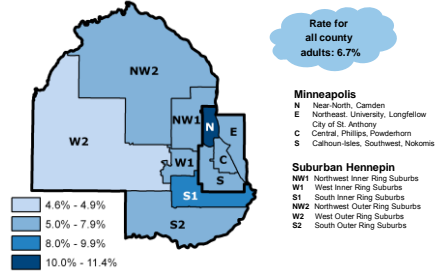
### Currently has asthma

Q: Have you ever been told by a doctor or other health professional that you have asthma?  
Q: Do you still have it?

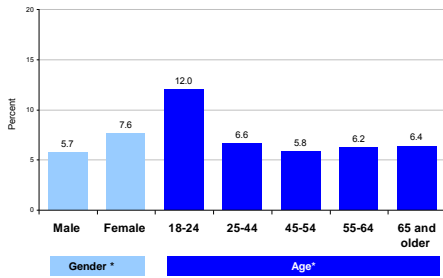
Hennepin County adults 2010



### Percent who currently have asthma Hennepin County Adults 2010

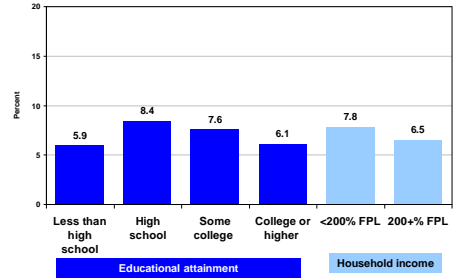


### Percent who currently have asthma Hennepin County adults 2010



\* Difference in rates between groups is statistically significant at p<0.05.

### Percent who currently have asthma Hennepin County adults 2010



Difference in rates between groups is not statistically significant at p=0.05.

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## SHAPE 2010 ADULT SURVEY

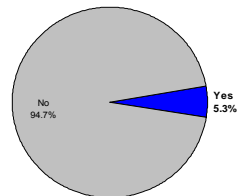
### Diabetes

MINNESOTA'S  
**VISION**  
SHIP  
Community Health Improvement Program

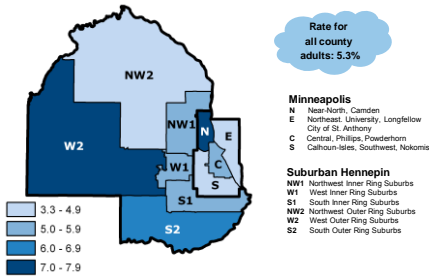


### Having ever had diabetes

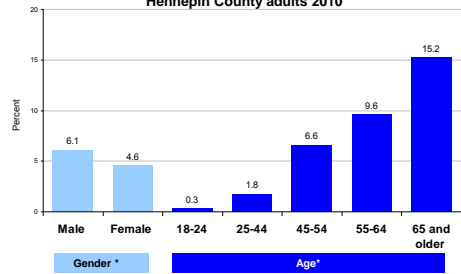
Q: Have you ever been told by a doctor or other health professional that you have diabetes or sugar diseases?  
Hennepin County adults 2010



**Percent who have ever had diabetes by geographic areas**  
Hennepin County adults 2010

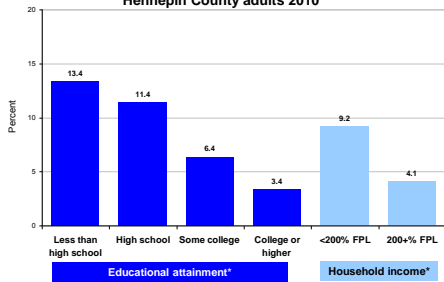


**Percent who have ever had diabetes by gender and age**  
Hennepin County adults 2010



\* Difference in rates between groups is statistically significant at p<0.05.

**Percent who have ever had diabetes by education and household income**  
Hennepin County adults 2010



\* Difference in rates between groups is statistically significant at p<0.05.

**SHAPE 2010**  
Your health matters.  
Your answers matter.

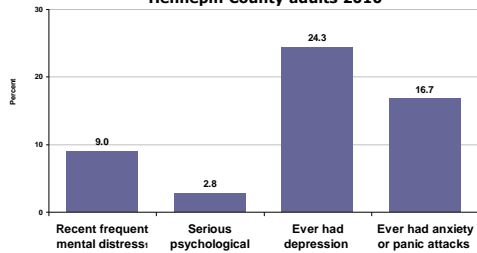
**SHAPE 2010 ADULT SURVEY**

**Mental health indicators-summary**

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Your health matters. | Minnesota's Health Improvement Program



**Selected mental health indicators**  
Hennepin County adults 2010



1. Respondents reported that their mental health was not good for 14 or more days during the past 30 days.  
2. The serious psychological distress (SPD), or non-specific psychological distress, were assessed via a six-item scale of the Kessler Psychological Distress Scale (K6). A value of 13 or more of this scale has been used to define SPD. See technical notes of SHAPE 2010 Adult Data Book ([www.hennepin.us/SHAPE/](http://www.hennepin.us/SHAPE/)) for detailed description.

**SHAPE 2010**  
Your health matters.  
Your answers matter.

**SHAPE 2010 ADULT SURVEY**

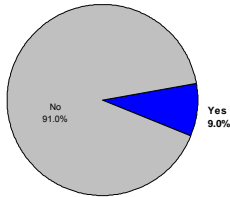
**Recent frequent mental distress**

MINNESOTA'S VISION | SHIP  
Your health matters. | Minnesota's Health Improvement Program

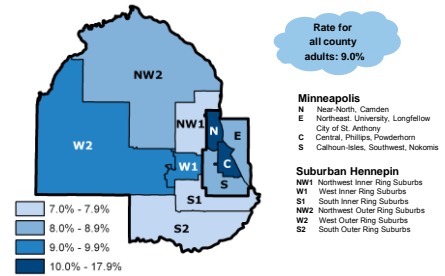


### Recent frequent mental distress

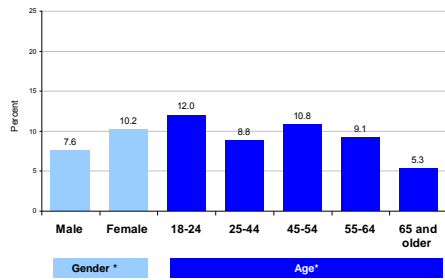
Respondents reported that their mental health was not good for 14 or more days during the past 30 days  
Hennepin County adults 2010



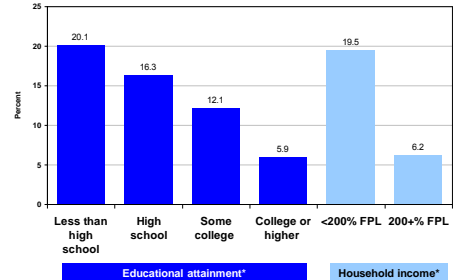
### Percent recent frequent mental distress Hennepin County adults 2010



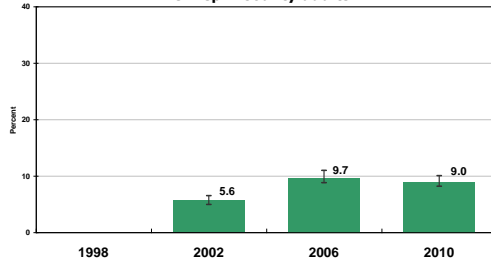
### Percent recent frequent mental distress Hennepin County adults 2010



### Percent recent frequent mental distress by education and household income Hennepin County adults 2010

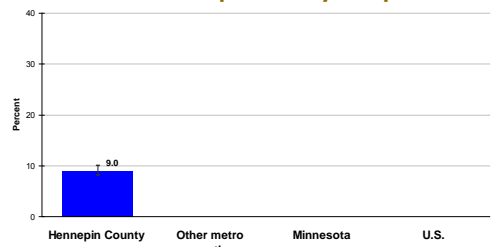


### Percent reporting frequent mental distress 2002-2010 Hennepin County adults



Sources: SHAPE 2002, SHAPE 2006 & SHAPE 2010.  
 Note: SHAPE 1998 used Short Form (SF)12 questions. Started in 2002, Health Related Quality of Life (HRQOL), 4 question scale is used. Vertical line represents 95% confidence intervals

### Percent of adults reporting frequent mental distress How does Hennepin County compare?



Sources: SHAPE 2010, Minnesota Metro Adult Health Survey 2010, BRFS 2010 for Minnesota, BRFS 2010 national median for U.S.  
 Note: Vertical line represents 95% confidence intervals.

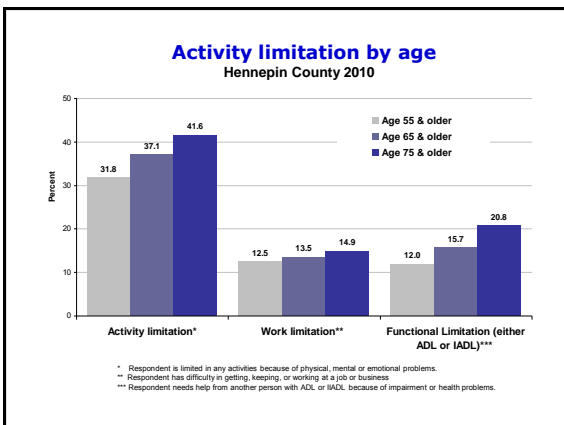
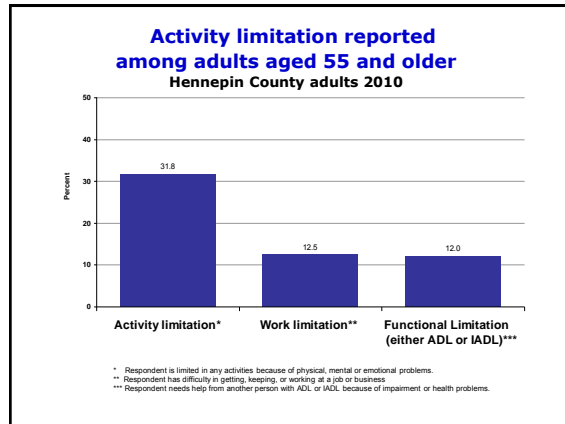


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Your answers matter.

# SHAPE 2010 ADULT SURVEY

## Activity limitations

MINNESOTA'S VISION SHIP  
A Statewide Health Improvement Program

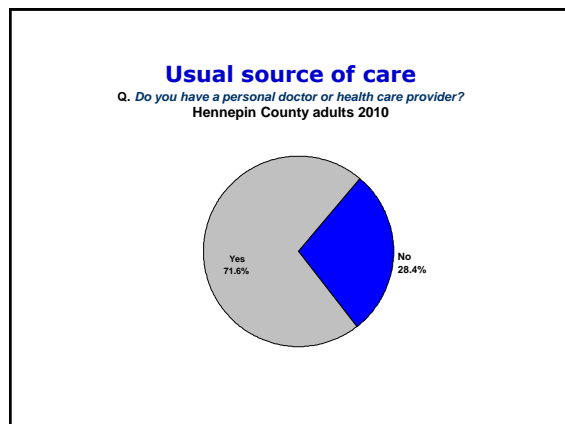
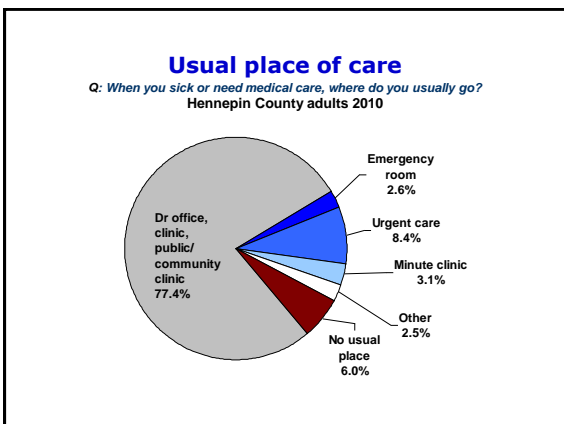


**SHAPE 2010**  
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Your answers matter.

# SHAPE 2010 ADULT SURVEY

## Usual source of care and usual place of care

MINNESOTA'S VISION SHIP  
A Statewide Health Improvement Program

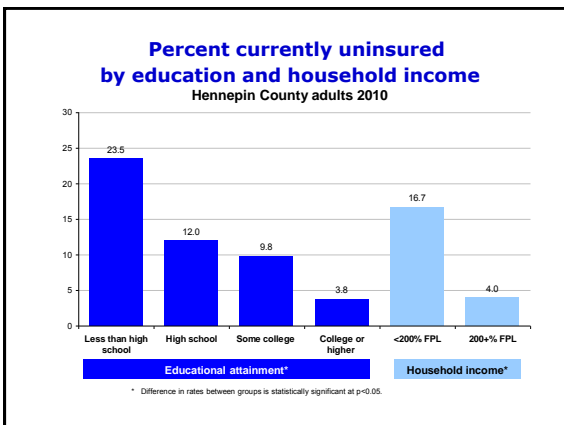
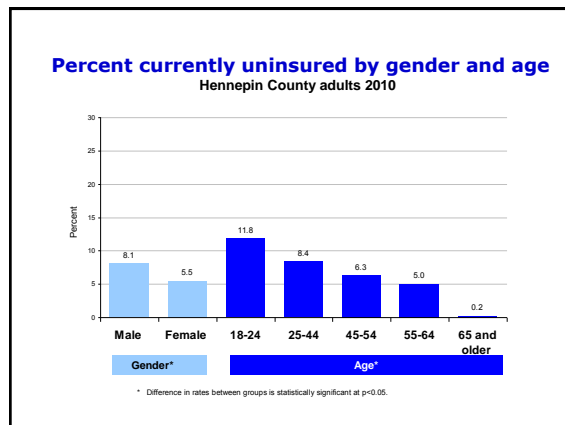
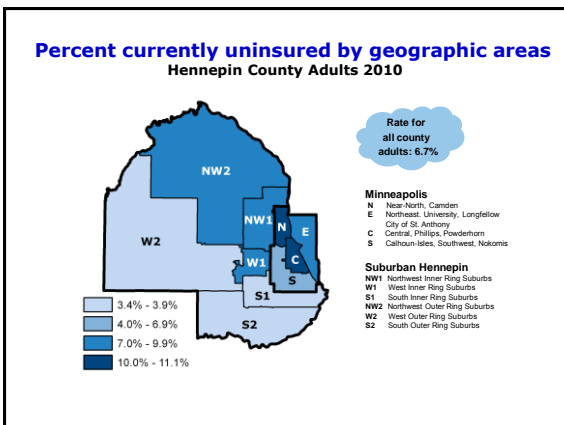
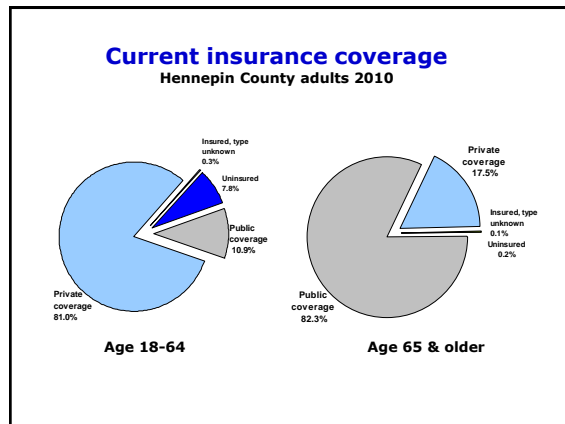


SHAPE 2010  
Your health matters.  
Your answers matter.

# SHAPE 2010 ADULT SURVEY

## Current insurance coverage

MINNESOTA'S VISION SHIP  
Your health matters. Your answers matter. Minnesota Health Improvement Program



SHAPE 2010  
Your health matters.  
Your answers matter.

# SHAPE 2010 ADULT SURVEY

## Unmet health care needs

MINNESOTA'S VISION SHIP  
Your health matters. Your answers matter. Minnesota Health Improvement Program

### Unmet medical care needs by household income

Hennepin County adults 2010

Measure	All Adults	<200% FPL	≥200% FPL
Needed medical care during the past 12 months	68.2%	67.3%	68.7%
Unmet medical care needs - either delayed or did not get the needed medical care (among those who needed medical care)	23.9%	44.0%	18.5%
Unmet medical care needs -			

### Unmet mental health care needs by household income

Hennepin County adults 2010

Measure	All Adults	<200% FPL	≥200% FPL
Needed mental health care during the past 12 months	24.9%	35.3%	22.6%
Unmet mental health care needs - either delayed or did not get the needed mental health care (among those who needed mental health care)	60.8%	67.5%	58.2%
Unmet mental health care needs -			

SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

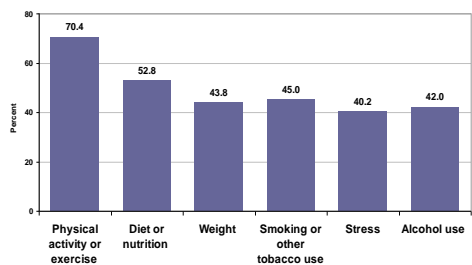
### Risk behavior screening by health care providers

MINNESOTA'S VISION  
Of Better Care of Health

SHIP  
Minnesota Health Improvement Program

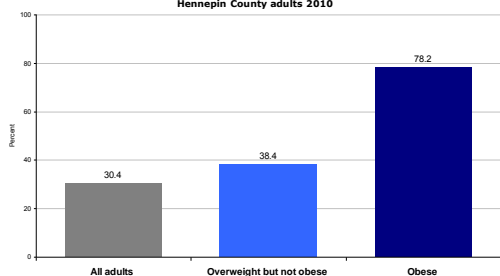
### Provider discussed respondent's risk behaviors

Among those who have seen providers for their own health during the past 12 months  
Hennepin County adults 2010



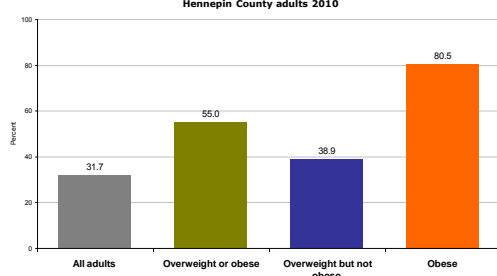
### Percent who have ever received weight loss advice from their providers

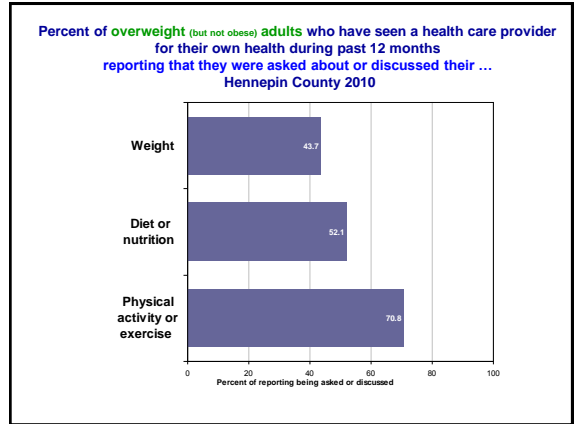
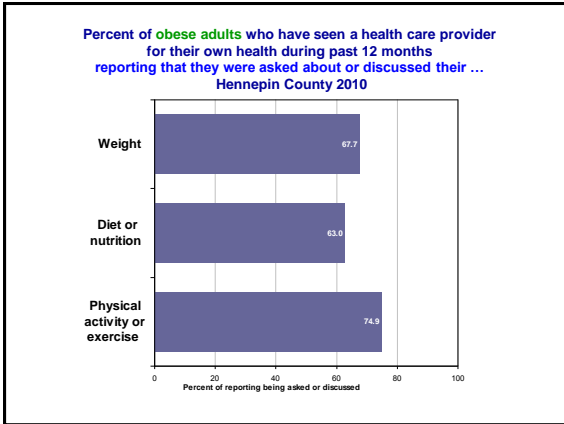
Among those who have seen providers for their own health during the past 12 months  
Hennepin County adults 2010



### Percent who have ever received weight loss advice from their providers

Among those who have had complete physicals during the past 12 months  
Hennepin County adults 2010



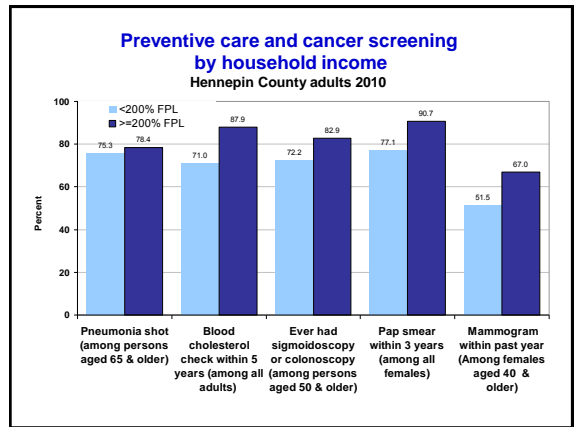


SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

### Preventive care and cancer screening

MINNESOTA'S VISION  
SHIP  
Minnesota's Health Improvement Program



SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

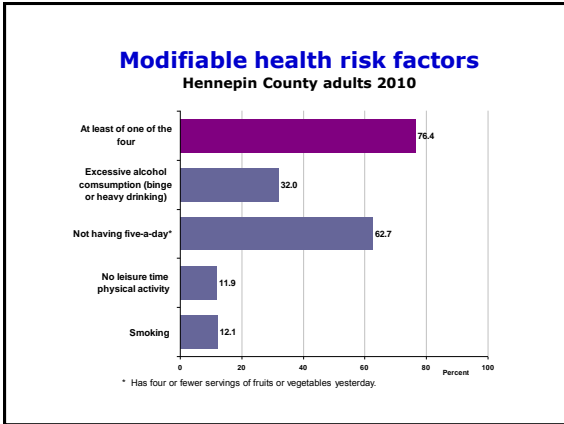
### Risk behaviors – summary

MINNESOTA'S VISION  
SHIP  
Minnesota's Health Improvement Program

**Top three actual cause of death in United States 2000<sup>1</sup>**

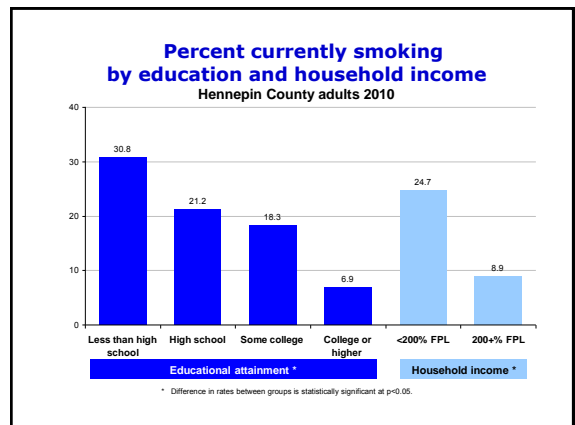
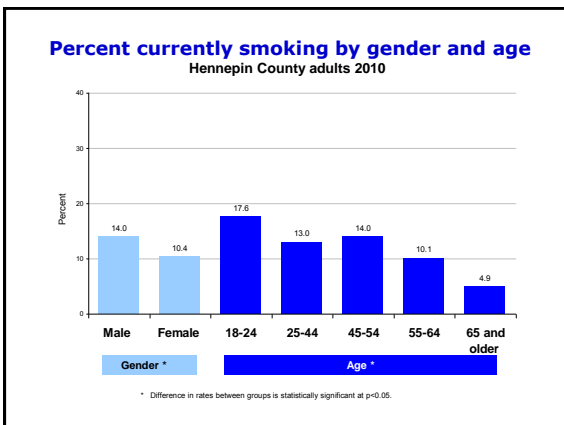
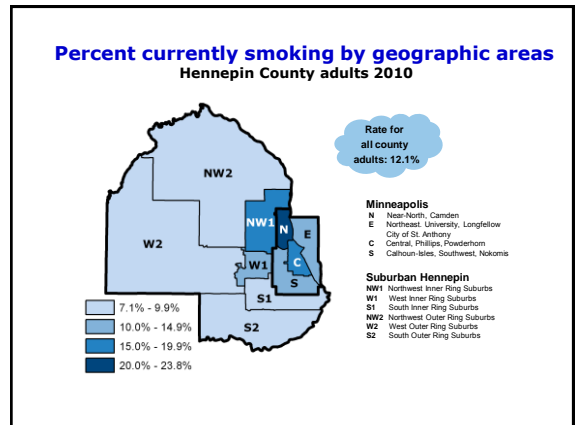
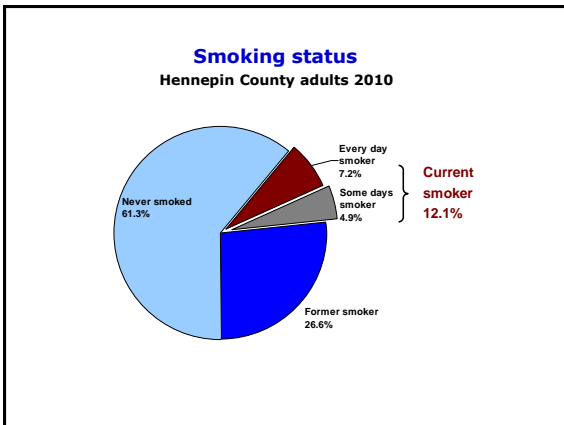
Actual cause	Deaths in US 2000	% of total death
Tobacco	435,000	18.1%
Poor diet and physical inactivity	365,000	15.2%
Alcohol consumption	85,000	3.5%
<b>Total</b>	<b>885,000</b>	<b>36.8%</b>

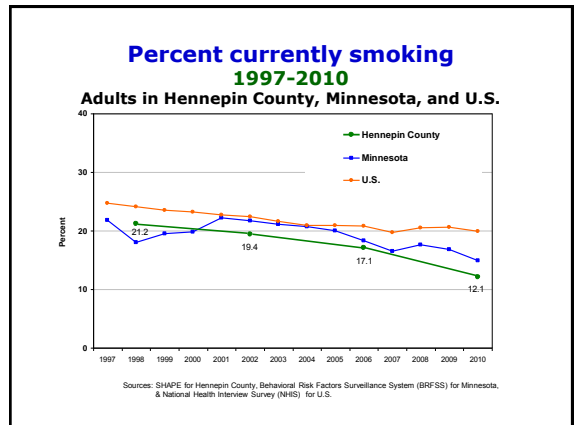
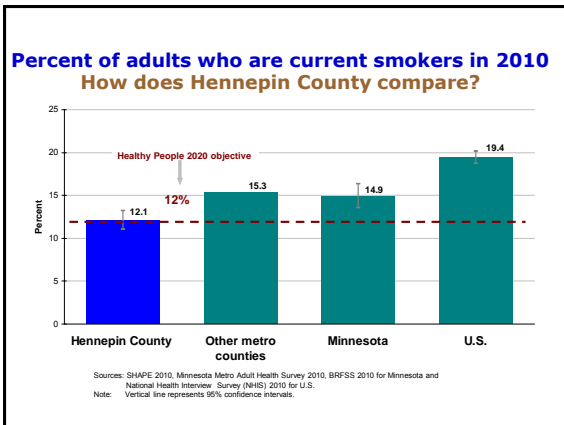
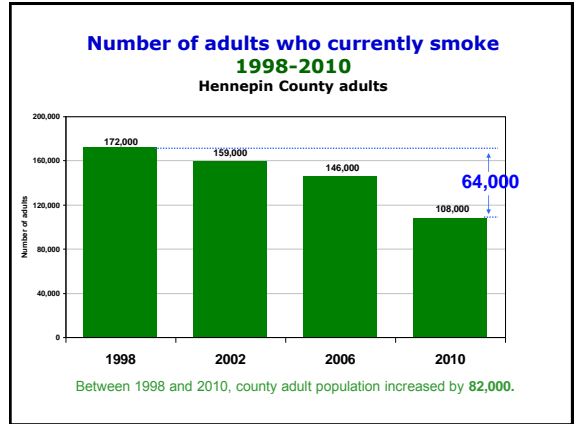
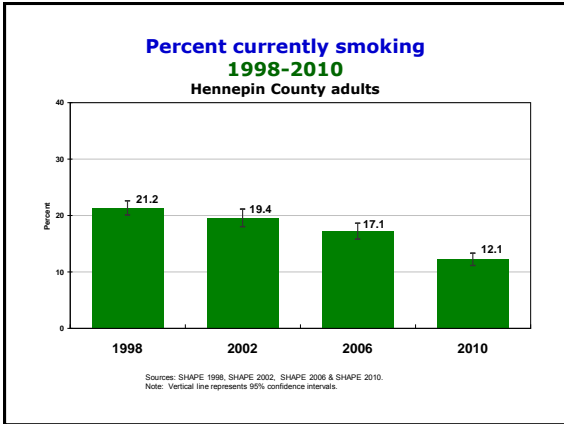
1. Rickstad, Marks, Stroups & Gerberding. Actual causes of death in the United States, 2000. JAMA. 2004; 291:1238-1245, with correction.



## SHAPE 2010 ADULT SURVEY

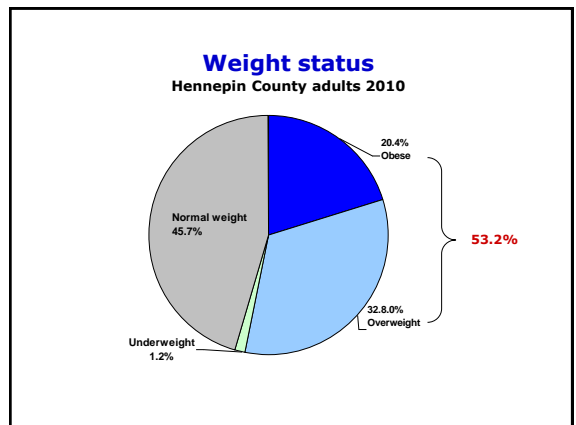
### Smoking



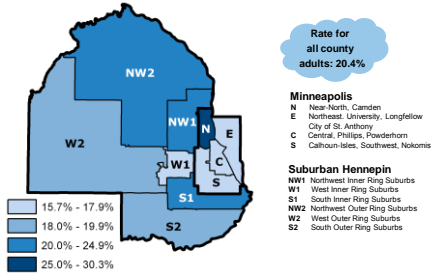


## SHAPE 2010 ADULT SURVEY

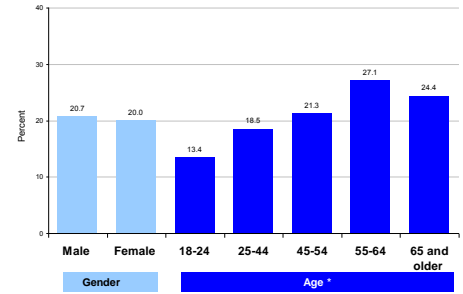
### Weight status



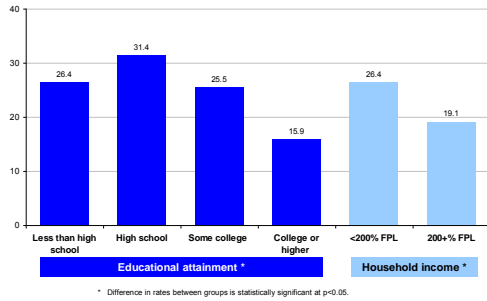
**Percent who are obese by geographic areas  
Hennepin County adults 2010**



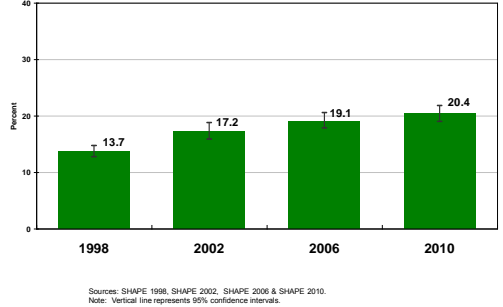
**Percent who are obese by gender and age  
Hennepin County adults 2010**



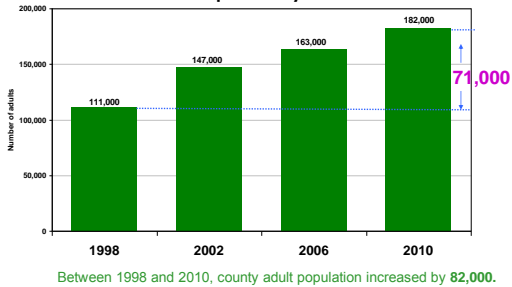
**Percent who are obese by education and household income  
Hennepin County adults 2010**



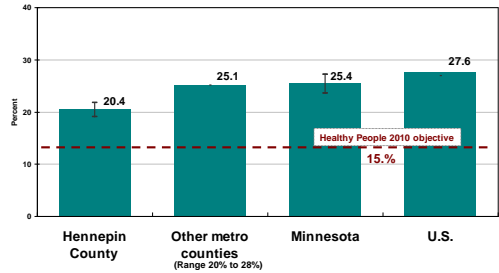
**Percent who are obese 1998-2010  
Hennepin County adults**



**Number of adults who are obese 1998-2010  
Hennepin County adults**

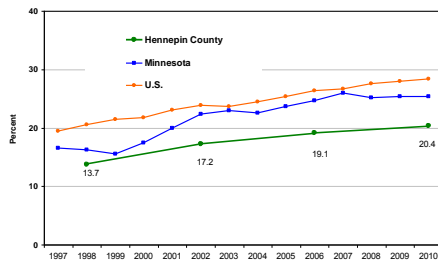


**Percent of adults who are obese  
How does Hennepin County compare?**



Sources: SHAPE 2010, Minnesota Metro Adult Health Survey 2010, BRFSS 2010 for Minnesota, BRFSS 2010 national median for U.S.  
 Note: Vertical line represents 95% confidence intervals.

**Percent who are obese  
1997-2010  
Adults in Hennepin County, Minnesota, and U.S**



Sources: SHAPE for Hennepin County, Behavioral Risk Factors Surveillance System (BRFSS) for Minnesota, & National Health Interview Survey (NHIS) for U.S.

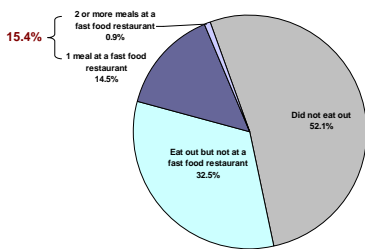
**SHAPE 2010**  
Your health matters.  
Your answers matter.

**SHAPE 2010  
ADULT SURVEY  
Having meal at  
a fast food restaurant**

MINNESOTA'S VISION SHIP  
Statewide Health Improvement Program  
A State-State of Health



**Meals at a fast food restaurant yesterday  
Hennepin County adults 2010**



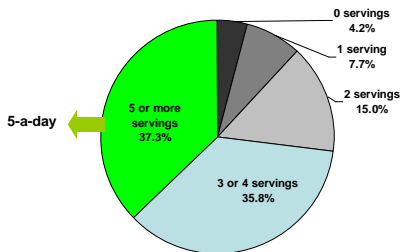
**SHAPE 2010**  
Your health matters.  
Your answers matter.

**SHAPE 2010  
ADULT SURVEY  
Servings of fruits and  
vegetables yesterday**

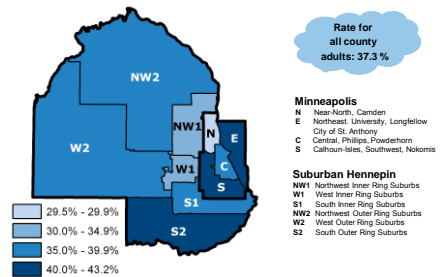
MINNESOTA'S VISION SHIP  
Statewide Health Improvement Program  
A State-State of Health



**Total servings of fruits and vegetables  
consumed yesterday  
Hennepin County adults 2010**

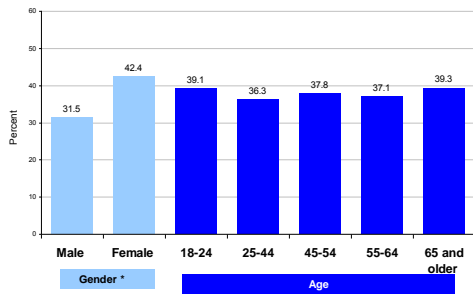


**Percent having 5-a-day by geographic areas  
Hennepin County adults 2010**



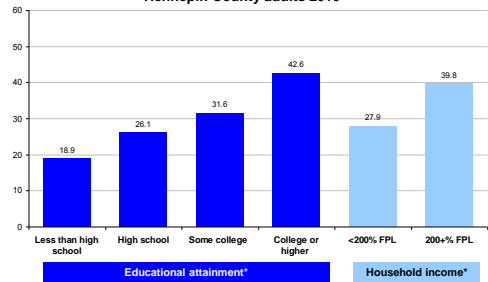


### Percent having 5-a-day by gender and age Hennepin County adults 2010



\* Difference in rates between groups is statistically significant at  $p < 0.05$ .

### Percent having 5-a-day by education and household income Hennepin County adults 2010



\* Difference in rates between groups is statistically significant at  $p < 0.05$ .



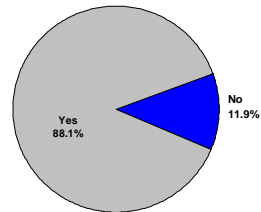
SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY Leisure time physical activity

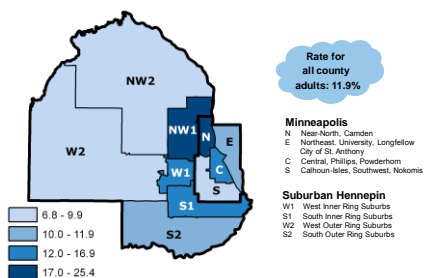


### Leisure time physical activity

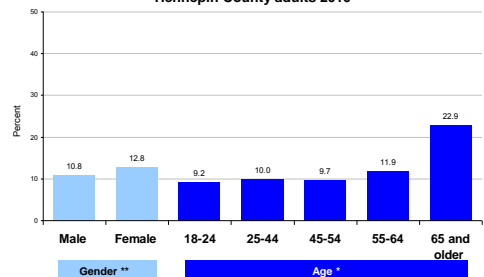
Q. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  
Hennepin County adults 2010



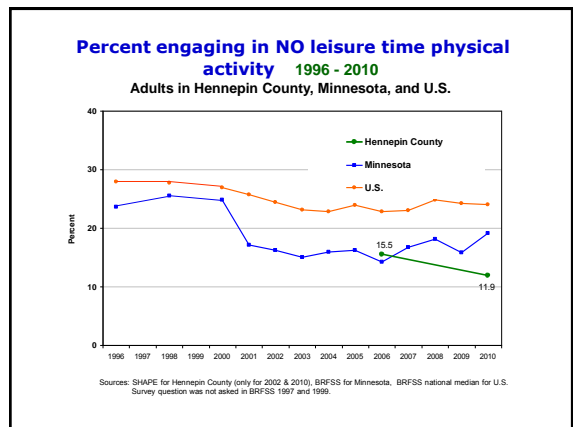
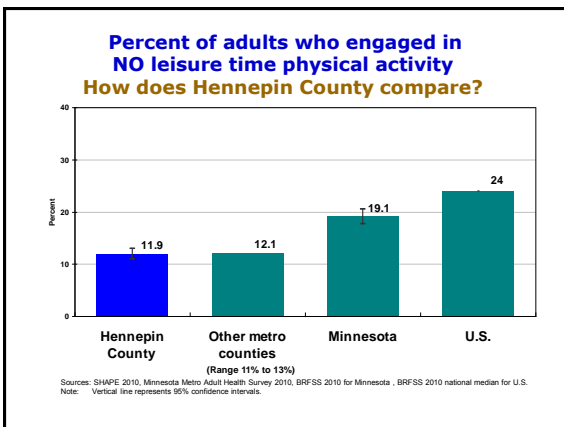
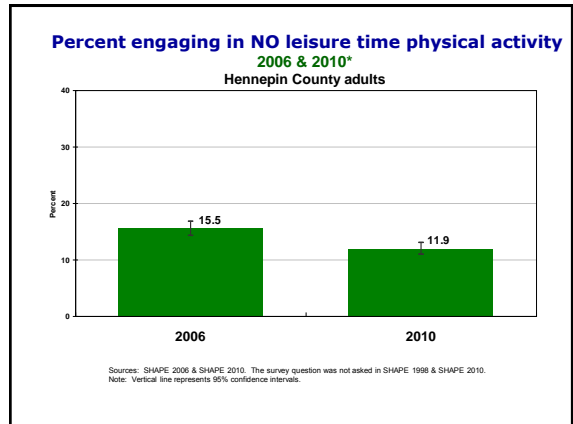
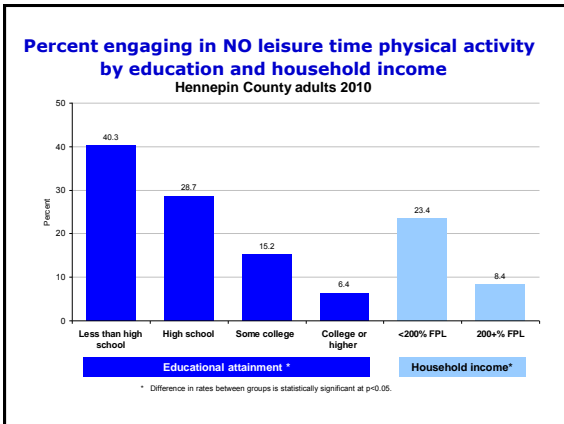
### Percent engaging in NO leisure time physical activity by geographic areas Hennepin County adults 2010



### Percent engaging in NO leisure time physical activity by gender and age Hennepin County adults 2010

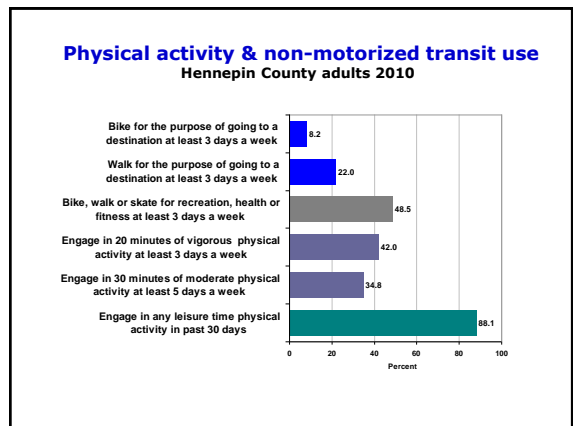


\* Difference in rates between groups is statistically significant at  $p < 0.05$ .  
 \*\* Difference in rates between groups is statistically significant at  $0.05 < p < 0.10$ .



## SHAPE 2010 ADULT SURVEY

### Non-motorized transit use



SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

### Neighborhood walkability

MINNESOTA'S VISION SHIP  
Of Better Lives & Health  
Minnesota's Health Improvement Program

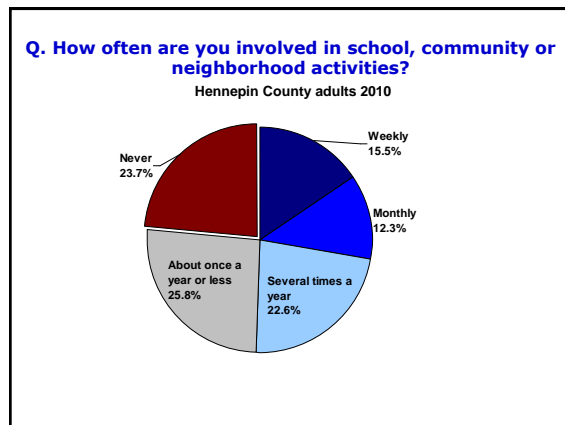


SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

### Community connectedness, social support and neighborhood cohesion

MINNESOTA'S VISION SHIP  
Of Better Lives & Health  
Minnesota's Health Improvement Program

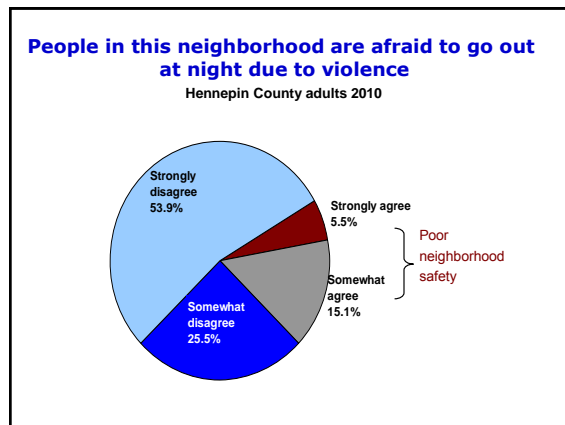


SHAPE 2010  
Your health matters.  
Your answers matter.

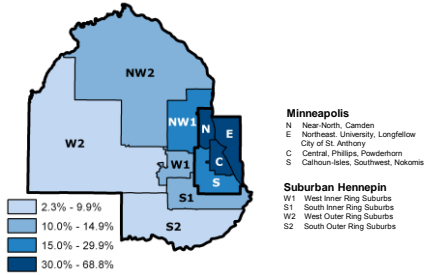
## SHAPE 2010 ADULT SURVEY

### Community safety

MINNESOTA'S VISION SHIP  
Of Better Lives & Health  
Minnesota's Health Improvement Program



**Percent reporting poor neighborhood safety<sup>1</sup> by geographic areas**  
Hennepin County adults 2010



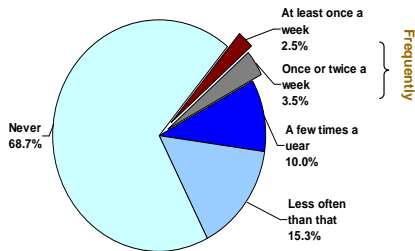
<sup>1</sup> Respondent "strongly agree" or "somewhat agree" to the statement "People in this neighborhood are afraid to go out at night due to violence."



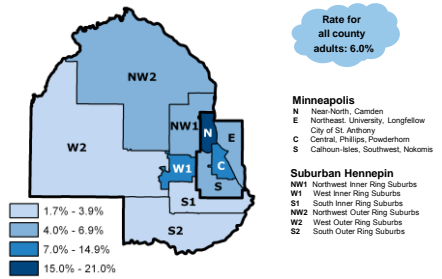
**SHAPE 2010 ADULT SURVEY**  
**Perceived discrimination**



**Q. How often are you in situation where you feel unaccepted because of race, ethnicity and culture?**  
Hennepin County adults 2010



**Percent who frequently felt unaccepted due to race, ethnicity or culture by geographic areas**  
Hennepin County adults 2010



**SHAPE 2010 ADULT SURVEY**  
**Economic distress**

**Experiencing economic distress**  
Hennepin County adults 2010

Measure	All Adults	<200% FPL	≥200% FPL
Worried that food would run out before you had money to buy more during the past 12 months (often/sometimes)	14.2%	44.2%	6.4%
Missed a mortgage or rent payment because not having enough money during the past 12 months	8.7%	23.4%	4.9%
Moved 2 or more times in past two years	9.6%	20.1%	6.9%

\* Household income is measured as a percentage of Federal Poverty Level (FPL)

## Experiencing economic distress

Hennepin County adults 2010

Measure	All Adults	<200% FPL	≥200% FPL
Difficulty in paying health insurance premiums/co-pays/deductibles (very difficult or somewhat difficult)	29.2%	54.3%	22.7%
Difficulty in paying for prescription medications each month (very difficult or somewhat difficult) Among those who regularly take prescription medications	8.7%	23.4%	4.9%
* Household income is measured as a percentage of Federal Poverty Level (FPL).			
Skipped or took smaller doses of			

SHAPE 2010  
Your health matters.  
Your answers matter.

## SHAPE 2010 ADULT SURVEY

### Summary

MINNESOTA'S  
VISION SHIP  
A State-State of Health Minnesota Health Improvement Program



## Summary

### SHAPE 2010 - Adult Survey selected findings:

- County adults enjoy better health than adults nationwide, with 63% reporting *excellent* or *very good* health.
- Smoking rate continues to decline (from 21% in 1998 to 12% in 2010) and is lower than the national average.
- Obesity epidemic continues:
  - More than half of county adults are either obese (20%) or overweight (33%).
  - Current obesity rate (20%) is as high as it was in 2006, and is notably higher than the rate in 1998 (14%) and the rate in 2002 (17%).

## Summary

### SHAPE 2010 - Adult Survey selected findings:

- Good health is not shared equally across populations in Hennepin County. Disparities in health status, either between genders, by age groups, across geographic areas, or at different education attainment and income levels persist.
- The findings present challenges, as well as opportunities in addressing health issues and improving the health for all county adults.

## HSPHD Assessment/SHAPE Team

Sheldon.Swaney@co.hennepin.mn.us, Supervisor (612) 348-6150


Mei.Ding@co.hennepin.mn.us (612) 348-6309  
 Melissa.Barker@co.hennepin.mn.us (612) 348-7416  
 Urban.Landreman@co.hennepin.mn.us (612) 348-2283  
 Komal.Mehrotra@co.hennepin.mn.us (612) 596-9967

[www.hennepin.us/SHAPE](http://www.hennepin.us/SHAPE)

### **3.A.5 Key findings from the 2010 SHAPE Child Survey**

What follows is a selection of Key Data from the *2010 SHAPE- Child Survey* in a PowerPoint hand out format. The complete *SHAPE-Child Survey Data Book* can be linked to from the Hennepin Public Health Data website: [www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData).



1



**SHAPE 2010**  
Your health matters.  
Your answers matter.

**SHAPE 2010  
CHILD SURVEY**  
*Survey of the Health of All the Population and Environment*



Hennepin County - HSPHD  
Assessment Unit /SHAPE Team

2

**SHAPE 2010 is a project of the Hennepin County Human Services and Public Health Department.**

**SHAPE 2010 was funded in part by a grant from the Minnesota Statewide Health Improvement Program.**

3

**HSPHD Assessment Unit / SHAPE Team**

**SHAPE 2010 – Adult Survey**  
Mei Ding, MD, MPH  
Mei.Ding@co.hennepin.mn.us  
(612) 348-6309


**SHAPE 2010 – Child Survey**  
Melissa Barker, PhD  
Melissa.Barker@co.hennepin.mn.us  
(612) 348-7416

**SHAPE 2010 – Survey Team:**  
Sheldon Swaney, supervisor  
Sheldon.Swaney@co.hennepin.mn.us  
(612) 348-6150

Urban Landreman, Hennepin County HSPHD  
Komal Mehrotra, Hennepin County HSPHD  
Christa Meyer, Hennepin County HSPHD  
Ann Kinney, MN Dept of Health



[www.hennepin.us/SHAPE](http://www.hennepin.us/SHAPE)

4



**SHAPE 2010**  
Your health matters.  
Your answers matter.

**Overview of the  
SHAPE Survey**

5

**What is SHAPE?**  
*Survey of the Health of All the Population and Environment*

**Public health surveillance effort used to collect local data on health status and factors that affect residents' health and well-being.**

**Used for public health policy planning and community assessment.**

**The SHAPE surveys have been conducted every four years in Hennepin County:**

- **SHAPE 1998 – Adult Survey**
- **SHAPE 2002 – Adult Survey**
- **SHAPE 2006 – Adult Survey & Child Survey**
- **SHAPE 2010 – Adult Survey & Child Survey**

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**SHAPE - Child Survey**  
*Survey of the Health of All the Population and Environment*

- The **SHAPE 2006 – Child Survey** collected information using a **phone survey** of **4,038** Hennepin County households.
- The **SHAPE 2010 – Child Survey** collected information using a **mail survey** of **2,197** Hennepin County households.
- In both years the surveys were approximately **30** minutes in length, and involved about **100** questions.

## SHAPE 2006 vs SHAPE 2010 Survey demographics by year

	2006	2010
<b>Hennepin County</b>	<b>4,038</b>	<b>2,197</b>
Minneapolis	1,894	1,141
Suburban Hennepin	2,144	1,056
<b>Males</b>	<b>2,088</b>	<b>1,132</b>
<b>Females</b>	<b>1,950</b>	<b>1,065</b>
Age 0 to 2	823	475
Age 3 to 5	678	403
Age 6 to 9	766	488
Age 10 to 13	765	395
Age 14 to 17	1,006	436

\*The numbers in this table are not weighted; they are based on the survey responses only and should not be interpreted as estimates based on the population.

## SHAPE - Child Survey

Survey of the Health of All the Population and Environment

- One child (the child with the next birthday) was selected from the randomly sampled households.
- The surveys were completed by the adult most knowledgeable about the selected child's health.
- Survey responses are weighted to reflect the known population characteristics.

## SHAPE - Child Survey

Survey of the Health of All the Population and Environment

- The surveys included questions on a broad range of health and well-being topics.
- Survey items were age-specific; they were selected to represent relevant developmental stages of childhood and adolescence.
- Roughly half of the households provided survey responses from both an adult and a child; the other half were "child survey only" households.

## SHAPE 2010- Child Survey: Topics

All children aged 0 to 17

- Overall health and chronic conditions
- Health insurance coverage and access to care
- Environment and use of community amenities

Age-based subgroups

- Weight, nutrition and physical activity
- Family connectedness and communication
- Early childhood and pre-school readiness
- School-aged children's activities

## SHAPE 2010 - Child Survey Age Ranges for topics

Topic	Age 0 to 2	Age 3 to 5	Age 6 to 9	Age 10 to 13	Age 14 to 17
Overall Health	✓	✓	✓	✓	✓
Diabetes, Allergies, Autism	✓	✓	✓	✓	✓
Migraines, ADHD, Depression/anxiety		✓*	✓	✓	✓
Health insurance coverage	✓	✓	✓	✓	✓
Access to care, usual place of care, "well child visit"	✓	✓	✓	✓	✓
Weight	✓	✓	✓	✓	✓
Nutrition		✓	✓	✓	✓
Physical activity			✓	✓	✓
Environment - exposure to tobacco smoke	✓	✓	✓	✓	✓
Use of community amenities	✓	✓	✓	✓	✓

\* Part of this age range was included.

## SHAPE 2010 - Child Survey Age Ranges for topics

Topic	Age 0 to 2	Age 3 to 5	Age 6 to 9	Age 10 to 13	Age 14 to 17
Breastfeeding	✓	✓			
Learning and pre-school readiness activities	✓	✓			
Pre-school readiness milestones	✓				
Child care and "gaps" in child care	✓	✓			
Mealtimes together		✓	✓	✓	✓
Talks about healthy and risky behaviors			✓*	✓	✓
Bullied, teased or picked on			✓	✓	✓
Parent's view of school wellness policies			✓	✓	✓
Parental involvement in child's activities			✓	✓	✓
Activities on a typical school day			✓	✓	✓
Activities in a typical school week			✓	✓	✓
Modeling adult roles				✓	✓

\* Part of this age range was included.




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### Hennepin County Children




**US Census 2010**

	All	Males	Females
Total Population	261,345	133,052	128,293
Age 0 to 2	45,742	23,273	22,468
Age 3 to 5	44,976	22,862	22,114
Age 6 to 9	57,927	29,385	28,542
Age 10 to 13	55,478	28,317	27,162
Age 14 to 17	57,473	29,271	28,201
Age 0 to 5	90,718	46,135	44,583
Age 6 to 17	170,878	86,973	83,905

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## Key findings from the SHAPE 2010 - Child Survey

15

### **SHAPE 2010 – Child Survey: Key findings**

- **Overall, Hennepin County children are in good health**

Most are on the right path to establishing habits and patterns that promote healthy growth and development, as well as establishing a strong foundation for life-long health and well-being.

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### **SHAPE 2010 – Child Survey: Key findings**

- **Most children are off to a strong start, but key health indicators show declines in teen years**

Most Hennepin County infants, toddlers and children up to age 9 are doing very well.

However, many of the key health indicators begin to “flatten out” or decline for youth aged 14 to 17.

17

### **SHAPE 2010 – Child Survey: Key findings**

- **Economic well-being is necessary for good health**

Children from low income families were significantly lower on many important measures of health and well-being than their peers.

18

### **SHAPE 2006 & 2010: Group Comparisons**

- **Low Income Households**

Income level comparison groups were constructed using three criteria, any one of which would indicate a low income household:

- Child currently receives free or reduced price meals at school
- Child is covered by an income-based public health insurance program
- Household income and size indicate that the household is at or below 200 percent of the Federal Poverty Level (FPL)

## SHAPE 2006 vs SHAPE 2010 Low Income Household Indicators

	2006	2010
Low income households	1,124	558
Percentage of survey responses	27.8%	25.3%
Free or reduced price meals at school	19.7%	22.3%
Public health insurance program eligibility	14.5%	15.2%
FPL at or below 200%	25.6%	23.6%

\*The percentages in this table are not weighted; they are based on the survey responses only and are not estimates based on the population.



## Overall Health and Chronic Conditions



## SHAPE 2006 & 2010: Key findings

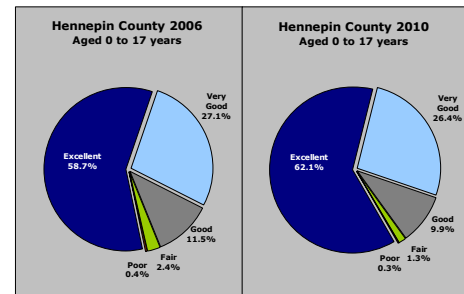
### Overall Health

In both 2006 and 2010, most parents reported that their child was in *excellent* or *very good* overall health.

Very few parents in either year reported that the child's health was *fair* or *poor*.

## Overall Health

How would you describe your child's health ... ?



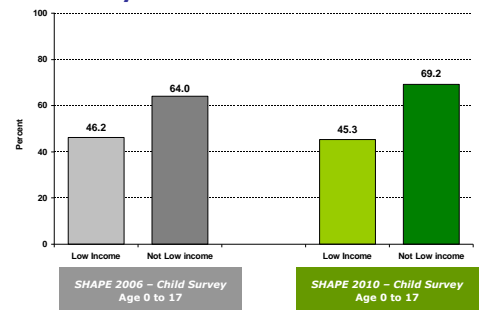
## SHAPE 2006 & 2010: Key findings

### Overall Health

Children from low income households were less likely to enjoy *excellent* overall health as compared to their peers.

The differences between income level groups were statistically significant in both 2006 and 2010.

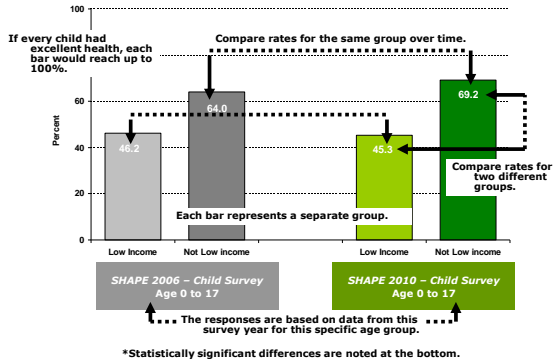
## Percent reported to be in excellent health by household income level



\*Statistically significant differences were noted between income level groups in both 2006 and 2010.

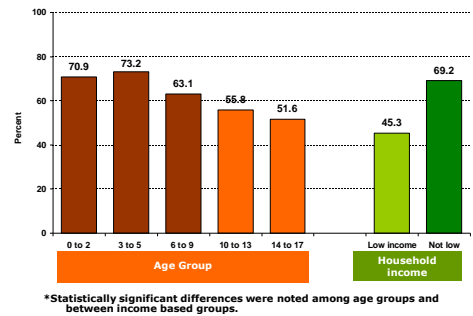
### Chart Model 1: What do the results tell us?

*How to read the group bar charts correctly*



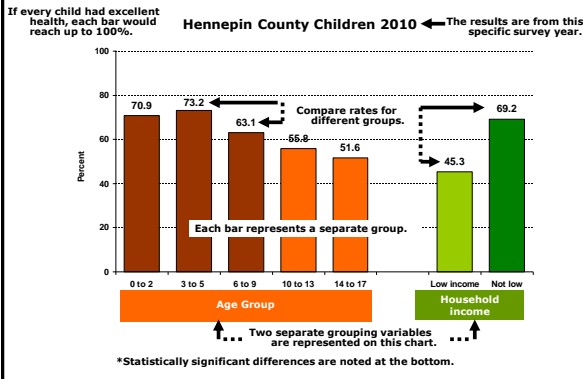
### Percent reported to be in excellent health by age and household income

Hennepin County Children 2010



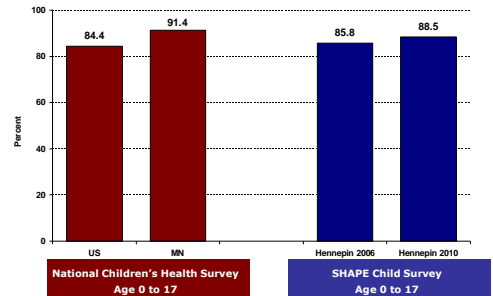
### Chart Model 2: What do the results tell us?

*How to read the group bar charts correctly*



### Percent reporting very good/excellent health Statewide and National Comparisons

Hennepin County Children, 2006 & 2010  
US & Minnesota Children, 2007



### SHAPE 2010 – Child Survey: Key findings

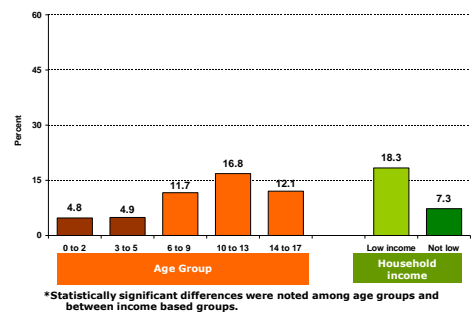
**□ Serious health conditions affect about one in ten children in Hennepin County**

10.6% currently have a serious physical, behavioral or developmental condition.

8.4% have a serious condition expected to last for 12 months or longer.

### Percent who currently have a serious health condition by age and household income

Hennepin County Children 2010



**SHAPE 2010 – Child Survey: Key findings**

**□ Asthma rates in 2010 were nearly identical to 2006**

In 2010, 13.2% of Hennepin County children had ever been diagnosed with asthma (compared to 13.1% in 2006).

In 2010, 9.2% of Hennepin County children were currently reported to have asthma (compared to 9.3% in 2006).

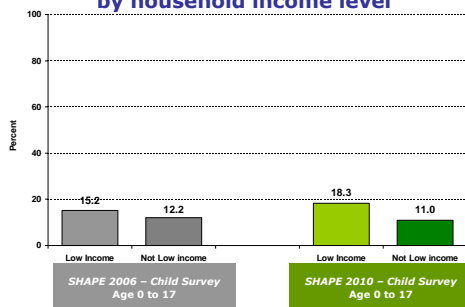
**SHAPE 2010 – Child Survey: Key findings**

**□ Asthma impacts were notable for low income children**

In 2010, low income children were more likely to be diagnosed with asthma, and to currently have asthma, than their peers.

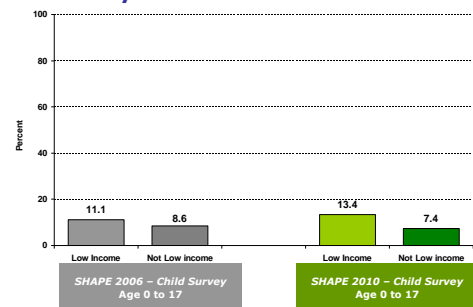
This difference was not found in the 2006 results for asthma.

**Percent who were ever told by a doctor or other health professional that they have asthma by household income level**



\*Statistically significant differences were noted between income level groups in 2010.

**Percent who currently have asthma by household income level**



\*Statistically significant differences were noted between income level groups in 2010.

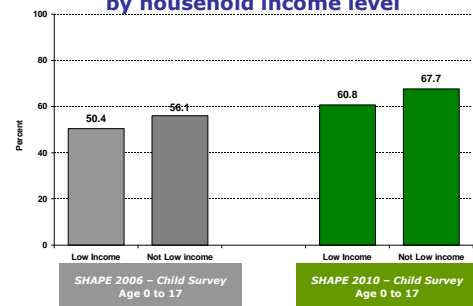
**SHAPE 2010 – Child Survey: Key findings**

**□ Rates for having asthma attacks are similar regardless of income level**

Children with asthma, regardless of household income level, reported having asthma attacks in the past 12 months at nearly the same rates.

Although they appear to be higher, there were no statistically significant differences in the rates over time.

**Percent who have had an asthma attack within the past 12 months by household income level**



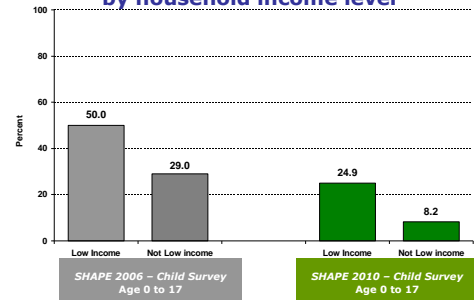
\*No statistically significant differences were noted between income level groups or over time.

**SHAPE 2010 – Child Survey: Key findings**

**□ Asthma impacts are notable for low income children**

In 2010, low income children were three times more likely to require visits to the emergency room or urgent care center for treatment as the result of an asthma attack. The rate ratio for emergency care for asthma attacks is 24.9 to 8.2, or approximately 3 to 1.

**Percent who went to ER or Urgent Care during past 12 months due to asthma attack by household income level**



\*Statistically significant differences were noted over time for both income groups; the rate ratio difference for 2010 was greater than 3 to 1.

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## Mental Health and Behavioral Conditions

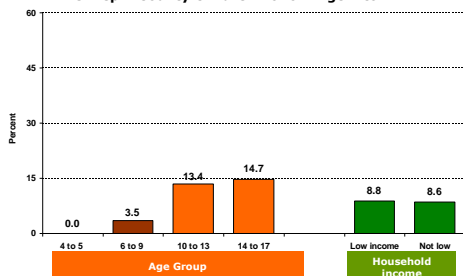
**SHAPE 2010 – Child Survey: Key findings**

**□ Mental health concerns were reported for one out of seven adolescents in Hennepin County**

8.7% of all children aged 4 to 17 have ever been diagnosed with depression or anxiety (compared to 6.2% in SHAPE 2006).

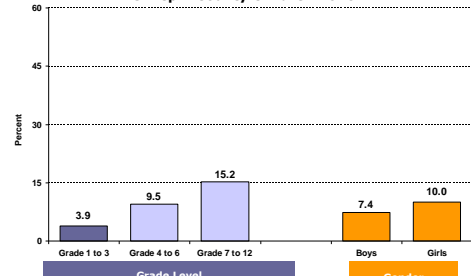
14.7% of adolescents aged 14 to 17 have ever been diagnosed with depression or anxiety by a doctor or other professional

**Percent who were ever told by a doctor or other health professional that they have depression or anxiety by age and household income level**  
Hennepin County Children 2010 – Age 4 to 17



\*Statistically significant differences were noted among age groups, but not between income based groups.

**Percent who were told by a doctor or other health professional that they have depression or anxiety by grade level and gender**  
Hennepin County Children 2010



\*Gender data represent children aged 4 to 17. Statistically significant differences were noted among grade level groups, but not gender.

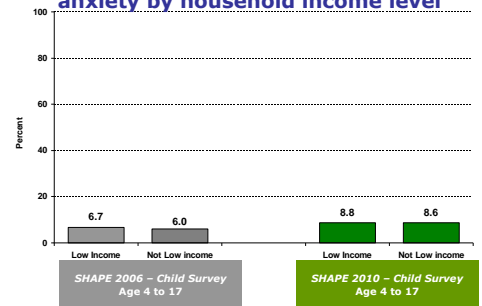
**SHAPE 2006 & 2010:  
Key findings on Income Level Differences**

**□ Children’s Mental Health**

The diagnosis rate for *depression or anxiety* is one of the rare exceptions where low income children appear to be on par with their peers.

No statistically significant differences between income level groups were found for either the *SHAPE 2006* or the *SHAPE 2010* results.

**Percent who were ever told by a doctor or other health professional that they have depression or anxiety by household income level**



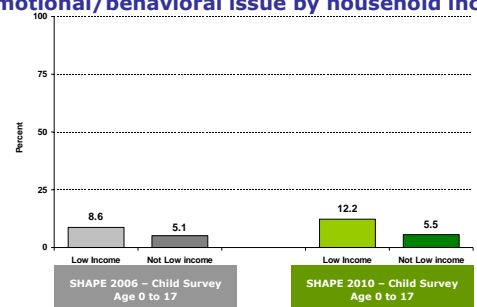
\*No statistically significant differences were noted between income level groups.

**SHAPE 2006 & 2010:  
Key findings on Income Level Differences**

**□ Children’s Mental Health**

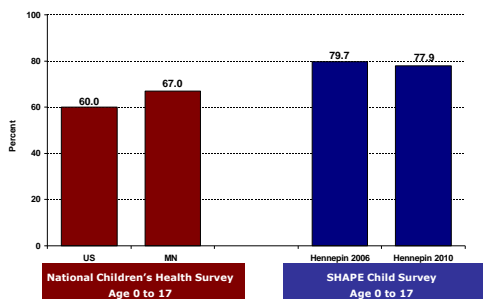
In both 2006 and 2010, low income parents were significantly more likely to be told by a teacher, school counselor or health professional that their child needed professional help for a behavioral or emotional problem than those who were not from low income households.

**Percent who were ever told by a doctor, or school professional that the child needed help for an emotional/behavioral issue by household income**



\*Statistically significant differences were noted between income groups in both 2006 and 2010.

**Percent who received needed mental health care Statewide and National Comparisons  
Hennepin County Children, 2006 & 2010  
US & Minnesota Children, 2007**

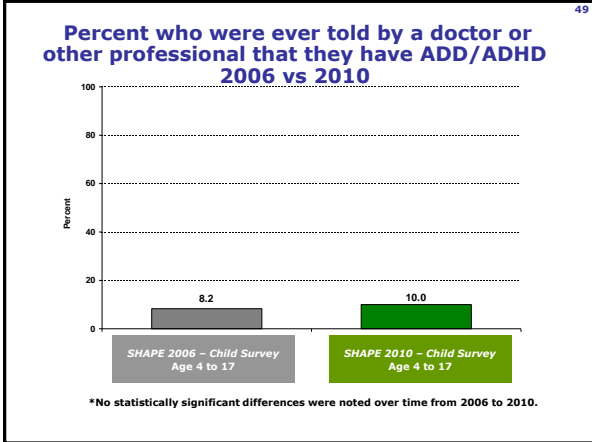


**SHAPE 2006 & 2010:  
Key findings on Income Level Differences**

**□ Behavioral Health Conditions  
ADD/ADHD**

In 2010, 10.0 percent of Hennepin County children aged 4 to 17 were reported to have ever been diagnosed with Attention Deficit Disorders (*ADD or ADHD*).

Although the rate reported for 2010 appears to be higher than 2006, the difference over time was not statistically significant.



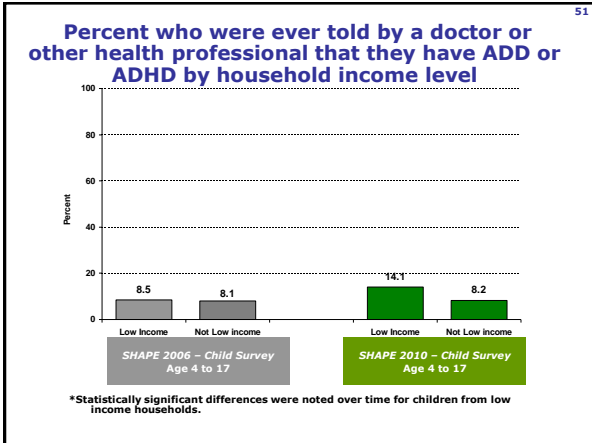
50

### SHAPE 2006 & 2010: Key findings on Income Level Differences

#### Behavioral Health Conditions ADD/ADHD

The ADD/ADHD rate reported for low income children was statistically significantly higher over time from 2006 to 2010 (rising from 8.5% to 14.1%).

However, the differences between the two income level groups for ADD/ADHD were not statistically significant in either 2006 or 2010.



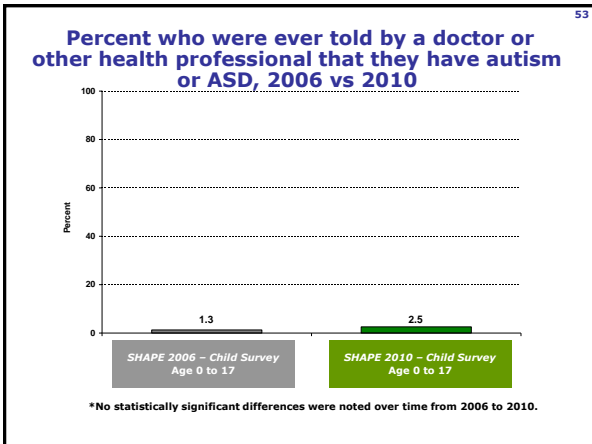
52

### SHAPE 2006 & 2010: Key findings on Income Level Differences

#### Neurological Conditions Autism/ASD

In 2010, 2.5 percent of Hennepin County children aged 0 to 17 were reported to have been diagnosed with *autism or ASD*.

Although the results for 2010 appear to be somewhat higher, this rate was not statistically significantly greater than the diagnosis rate for *autism or ASD* that was found in 2006.



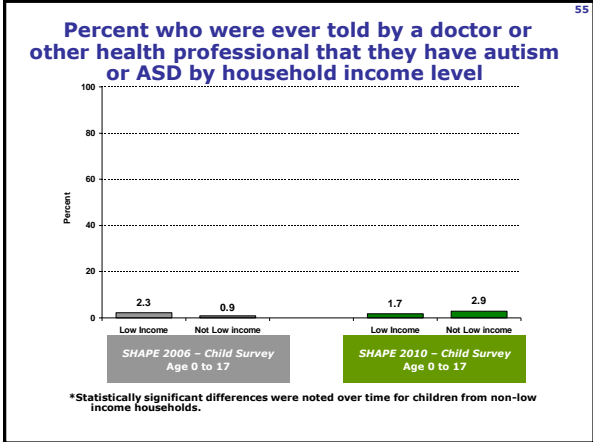
54

### SHAPE 2006 & 2010: Key findings on Income Level Differences

#### Autism/ASD rates for income level groups

The *autism or ASD* rate reported for **non-low income** children was significantly higher over time from 2006 to 2010.

However, the differences between income level groups for *autism or ASD* were not statistically significant in either 2006 or 2010.



56

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Your health matters.  
Your answers matter.

## Health Insurance Coverage and Access to Care

MINNESOTA VISION SHIP  
A Better State of Health  
Minnesota's School Health Improvement Program

57

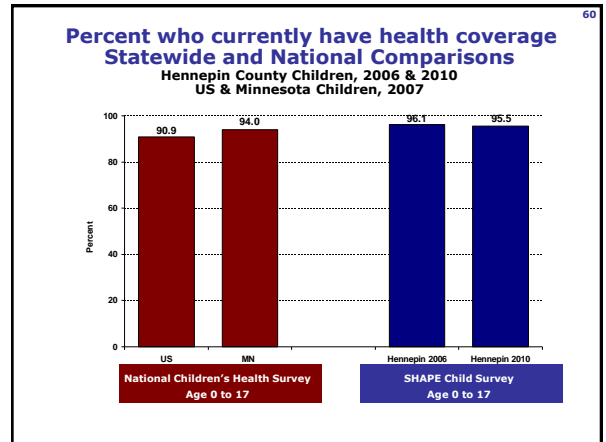
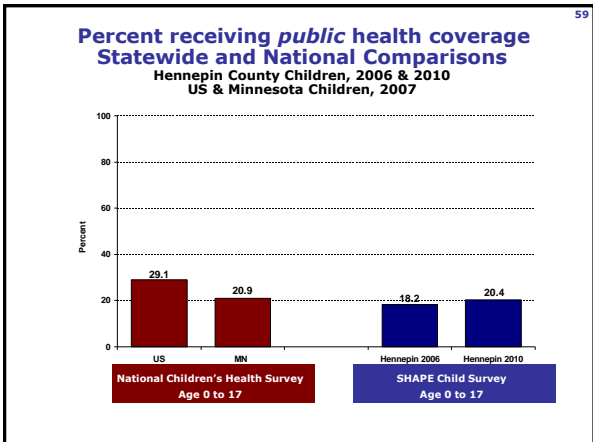
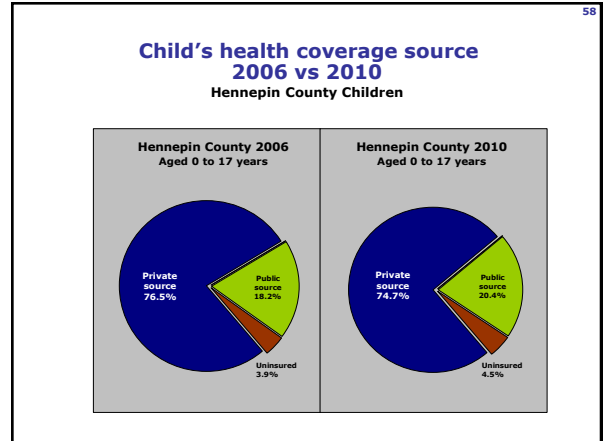
### SHAPE 2010 – Child Survey: Key findings

- Similar patterns of health insurance coverage were found in 2006 and 2010

74.7% are insured by a private source (compared to 76.5% in 2006)

20.4% are insured under a public program (compared to 18.2% in 2006)

4.5% were uninsured (compared to 3.9% in 2006)





**SHAPE 2010 – Child Survey: Key findings**

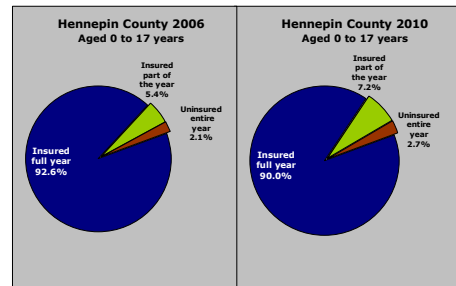
**Some children are experiencing gaps in their health coverage**

4.5% are currently uninsured (compared to 3.9% in 2006)

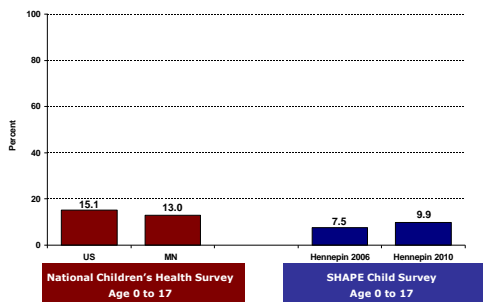
7.2% did not have health coverage for at least part of the year (compared to 5.4% in 2006)

2.7% were uninsured for the entire year (compared to 2.1% in 2006)

**Child's health insurance coverage continuity 2006 vs 2010  
Hennepin County Children**



**Percent lacking consistent health coverage Statewide and National Comparisons  
Hennepin County Children, 2006 & 2010  
US & Minnesota Children, 2007**

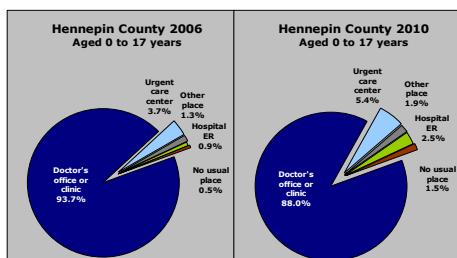


**SHAPE 2010 – Child Survey: Key findings**

**Changes noted in child's usual place of care from 2006 to 2010**

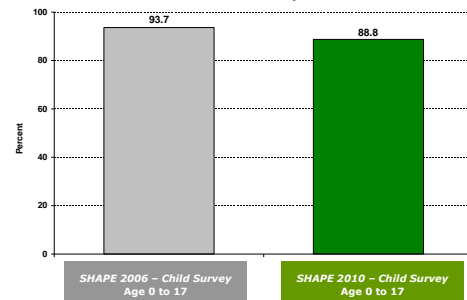
In 2010, 88.8% of all Hennepin County children aged 0 to 17 listed a *doctor's office or clinic* as their *usual place to receive medical care*, as compared to 93.7% in 2006, (a statistically significant difference).

**Child's usual place to receive medical care 2006 vs 2010  
Hennepin County Children**



\*Statistically significant differences were noted over time from 2006 to 2010.

**Percent whose usual place of care was a doctor's office or clinic, 2006 vs 2010**



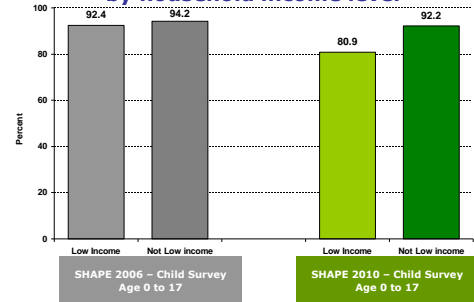
\*Statistically significant differences were noted over time from 2006 to 2010.

**SHAPE 2010 – Child Survey: Key findings**

**Changes noted in child’s usual place of care from 2006 to 2010**

In 2010, although the rates for receiving care in a doctor’s office or clinic did not change for their peers, the rate for children from low income households dropped to 80.9% (a statistically significant difference over time, and as compared to their peers).

**Percent who usually go to a doctor’s office or clinic to receive medical care by household income level**



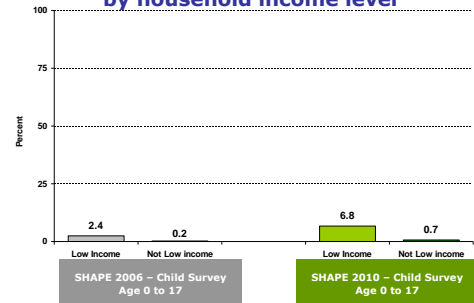
\*Statistically significant differences were noted over time from 2006 to 2010, and between income level groups in 2010.

**SHAPE 2010 – Child Survey: Key findings**

**Changes noted in child’s usual place of care from 2006 to 2010**

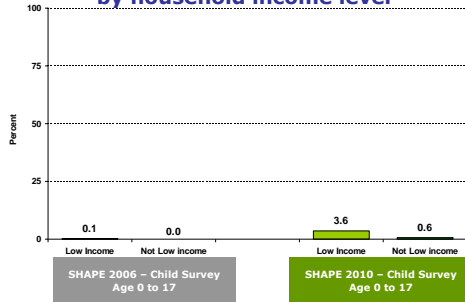
In 2010, there were corresponding rises in emergency room use, urgent care center use and having “no usual place of care” among low income children.

**Percent who usually go to a Hospital Emergency Room to receive medical care by household income level**



\*Statistically significant differences were noted over time from 2006 to 2010, and between income level groups. In 2010, the rate ratio was nearly 10 to 1.

**Percent who reported “no usual place” to receive medical care by household income level**

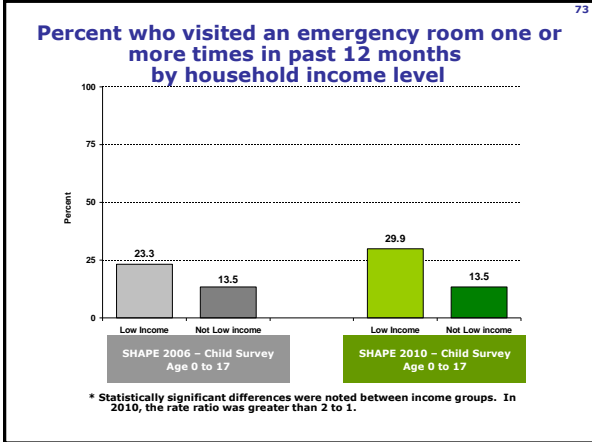


\*Statistically significant differences were noted over time from 2006 to 2010. In 2010, the rate ratio was 6 to 1.

**SHAPE 2010 – Child Survey: Key findings**

**Low income children continue to show higher levels of use of hospital emergency rooms**

In both 2006 and 2010, low income children were much more likely to visit a hospital emergency room for medical care than their peers (statistically significant difference in rates).

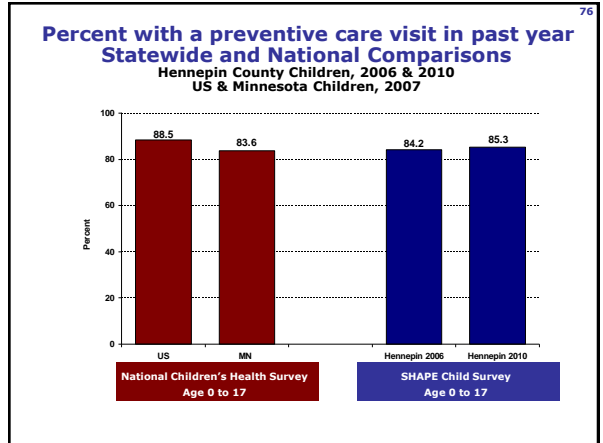
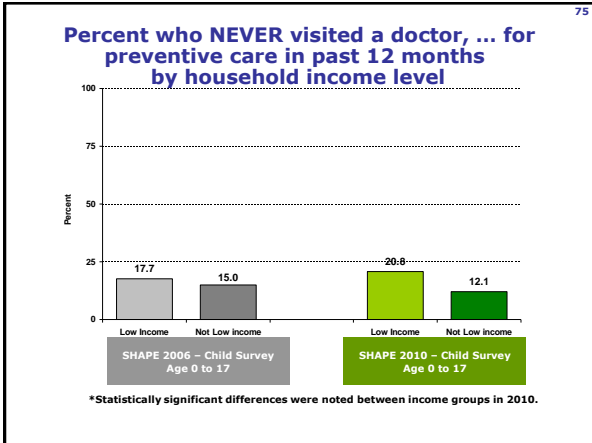


74

### SHAPE 2010 – Child Survey: Key findings

- Medically underserved: No visits to see a doctor or health professional to receive care

In 2010, parents of low income children were also more likely to report that the child had not seen a doctor or other health professional for any preventive care visits.

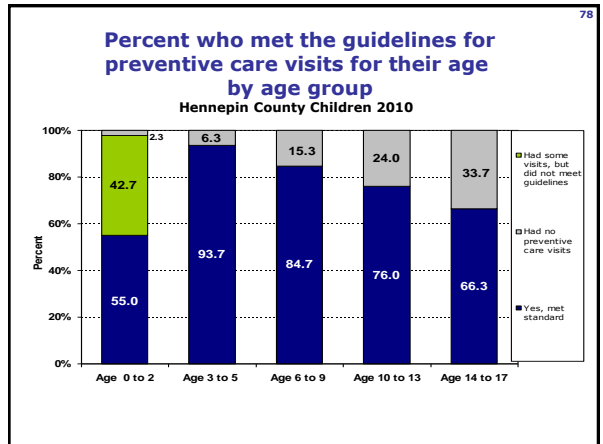


77

### SHAPE 2010 – Child Survey: Key findings

- Visits to see a doctor or health professional for preventive care

In 2010, older children were less likely to have been seen by a doctor or other health professional for preventive care.



### SHAPE 2010 - Child Survey: Comments from survey participants

- My child is late on his 3 year old checkup because we have no insurance and we can't afford to pay out of pocket. I feel like a horrible parent.
- We have a horrible \$10,000 deductible insurance policy on our kids because we can't afford the family plan through my work. Luckily our kids are healthy.
- While we buy our own medical insurance, it is only major medical coverage. We are completely going into debt to even have this coverage - to cover the premiums and then the hundreds of dollars we pay each time a child gets sick.

### SHAPE 2010 - Child Survey: Comments from survey participants

- I paid \$258 for a sports physical for my 14 year old girl. I proposed that if my daughter could do more sit ups, push ups, jumping jacks and distance running than the doctor could, that he should waive the bill. He declined.
- A child may have health insurance but it is very expensive to the family. Good survey questions may be: Are all people in your house health insured? Does the child take daily prescriptions? Has the child experienced a stressful life event in the past 12 months with an increased risk of mental health issues?
- I need medical care for all my children in the home. Most of my children have not been seen doctor for preventative care for more than 5 years now.

SHAPE 2010  
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Your answers matter.

## Weight and Nutrition

### SHAPE 2010 - Child Survey: Key findings

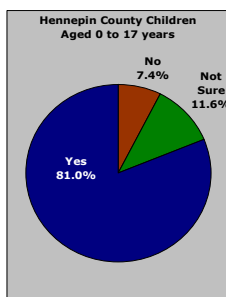
#### □ Children's healthy weight – room for improvement in parental awareness

Nearly one out of five Hennepin County parents "do not know" or "are not sure" how much their child currently weighs.

Parents from low income households were significantly less likely to know their child's current weight.

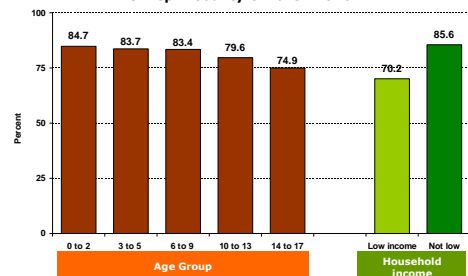
### Does the parent know the child's current weight?

Hennepin County Children 2010



### Percent of parents who reported that they know their child's current weight by age and household income

Hennepin County Children 2010



\*Statistically significant differences were noted for household income groups.

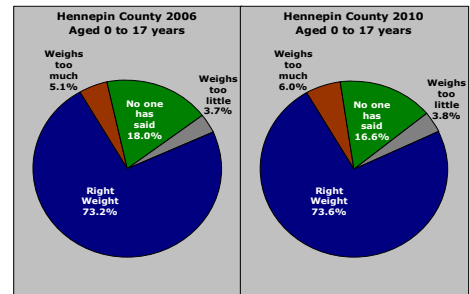
**SHAPE 2010 – Child Survey: Key findings**

**□ Clinical role in improving parental awareness**

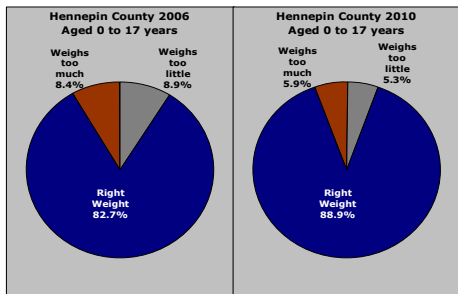
Even if the child was weighed by a doctor or health professional within the past year, nearly one out of six parents stated that the doctor or health professional “never said anything” about their child’s weight.

This result matches the findings from the *SHAPE 2006 – Child Survey*.

**Has a doctor, nurse or other health professional recently told you that the child weighs too much, too little, or is at the right weight? 2006 vs 2010**



**Parent’s own perception of the child’s current weight status 2006 vs 2010**



**SHAPE 2010 – Child Survey: Key findings**

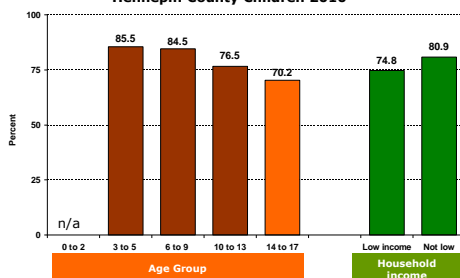
**□ Daily servings of fruit show declines in the teen years**

85.5% of the 3 to 5 year olds are getting two or more servings of fruit each day.

However, among 14 to 17 year olds, the percentage meeting the daily guideline drops to 70.2% (a statistically significant difference).

No differences in terms of income level were detected.

**Percent who met the daily guideline of having two or more servings of fruit (yesterday) by age and household income level group Hennepin County Children 2010**



\*Statistically significant differences were noted among age groups, but not for household income groups.

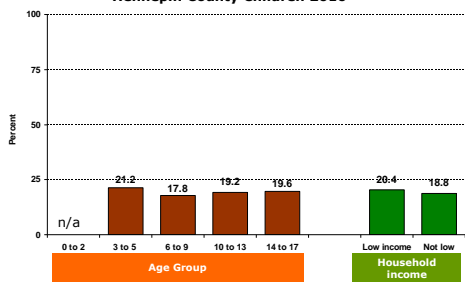
**SHAPE 2010 – Child Survey: Key findings**

**□ Adequate vegetable intake is low for all age groups**

Only one in five children aged 3 to 17 is meeting the recommended guideline of eating three or more servings of vegetables per day.

No significant differences were found on the basis of income level.

**Percent who met the daily guideline of having three or more servings of vegetables (yesterday) by age and household income level**  
Hennepin County Children 2010



\*No statistically significant differences were noted among age groups, or for household income groups.

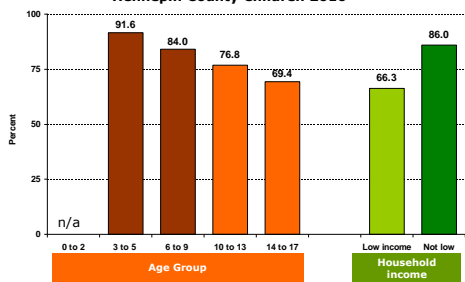
**SHAPE 2010 – Child Survey: Key findings**

**□ Limiting sugar-sweetened drinks starts out strong, but drops off in teen years**

91.6% of all 3 to 5 year old children had zero or only one sugar-sweetened drinks, yesterday. However, this drops to 68.4% for youths ages 14 to 17.

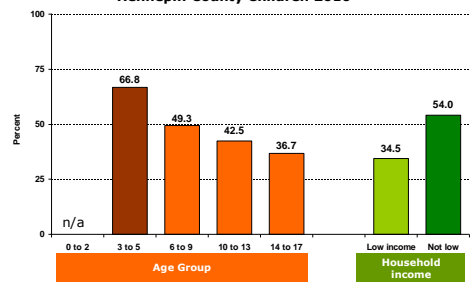
Children from low income households were significantly more likely to have two or more sugar-sweetened drinks per day.

**Percent who had one or fewer sugar-sweetened drinks (yesterday) by age and household income level**  
Hennepin County Children 2010



\*Statistically significant differences were noted among age groups, and also for household income groups.

**Percent who had zero sugar-sweetened drinks (yesterday) by age and household income level**  
Hennepin County Children 2010



\*Statistically significant differences were noted among age groups, and also for household income groups.

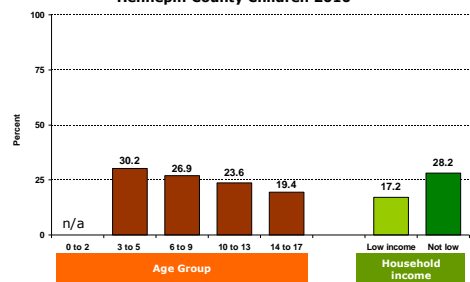
**SHAPE 2010 – Child Survey: Key findings**

**□ Only one in four children aged 3 to 17 are meeting the daily guideline for dairy products**

Overall, 24.9% of children aged 3 to 17 years old children had four or more servings of dairy products, yesterday.

Children from low income households were significantly less likely to have met the standard of four servings of dairy products per day.

**Percent who met the daily guideline of having four or more servings of dairy products (yesterday) by age and household income level**  
Hennepin County Children 2010



\*Statistically significant differences were noted among household income groups, but not for age groups. Note that this also includes lactose-free substitutes.




**SHAPE 2010 - Child Survey:  
Comments from survey participants**

- There should be a widening of the food stamp qualifications. It is hard to provide fresh fruit and vegetables for my children and stay within my income!
- School lunches are horrible. Please focus your efforts in providing healthy, fresh food at school. It results in better learning and instills good eating habits in our kids. Currently we have to continuously educate our kids about why school lunches and fast food are unhealthy.
- We serve veggies everyday but our child may not eat them. Then on another day, he will eat twice as much as the day before.

97

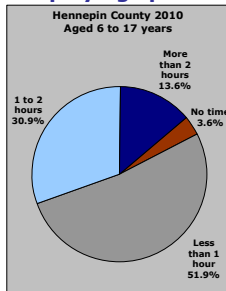
SHAPE 2010  
Your health matters.  
Your answers matter.

## Physical Activity and Screen Time

98

**On a typical school day, how much time does the child spend being physically active or playing sports?**



\* See the next slide for age group guidelines on the recommended amount of time to be spent engaged in this activity.

99

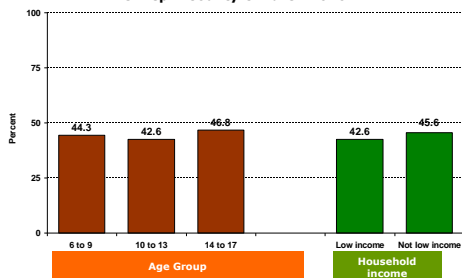
**SHAPE 2010 – Child Survey: Key findings**

- **Suggested guideline for being physically active or playing sports**

Grade Level	Suggested guideline
Grades 1 to 12	<i>At least one hour per day</i>

100

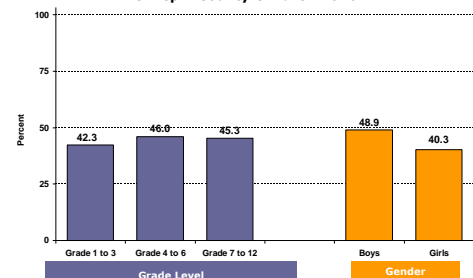
**Percent who met the suggested guideline for being physically active or playing sports by age and household income**  
Hennepin County Children 2010



\*No statistically significant differences were noted among age groups, or for income level groups.

101

**Percent who met the suggested guideline for being physically active or playing sports by grade level and gender**  
Hennepin County Children 2010



\*Gender data represent children aged 6 to 17. No statistically significant differences were noted for grade level groups, or for gender.

102

**SHAPE 2010 – Child Survey: Key findings**

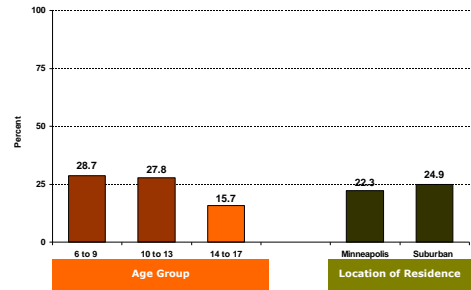
**Physical activity – few are getting recommended level every day**

In 2010, only 28% of Hennepin County children aged 6 to 13 were meeting the guideline of getting at least 60 minutes of daily physical activity each day.

This drops even further to 15.7% for adolescents aged 14 to 17 (statistically significant difference by age).

No differences were observed by residence (urban vs suburban).

**Percent who were physically active for 60 minutes or more all seven days in past week by age and location of residence**  
Hennepin County Children 2010



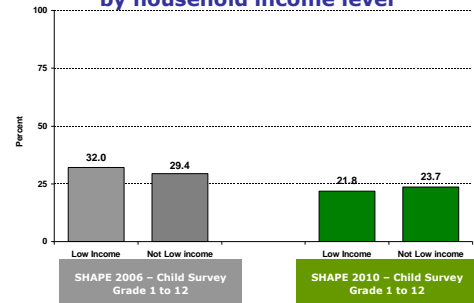
\*Statistically significant differences were noted among age groups.

**SHAPE 2010 – Child Survey: Key findings**

**Physical Activity**

The physical activity rates by income level appear to have declined somewhat from 2006 to 2010; however, none of the differences were found to be statistically significant.

**Percent reported to have been physically active for 60 minutes or more, every day last week by household income level**



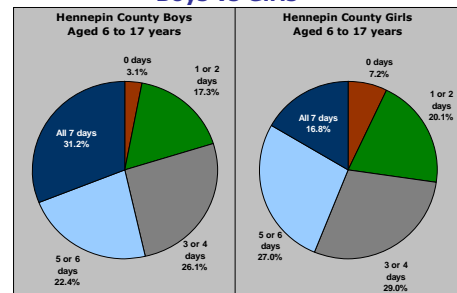
\*No statistically significant differences between income groups or over time were found.

**SHAPE 2010 – Child Survey: Key findings**

**Physical activity – fewer girls are getting the recommended level of activity each day**

In 2010, 31.2% of boys were meeting the guideline of getting at least 60 minutes of daily physical activity, as compared to only 16.8% of girls (a statistically significant difference by gender).

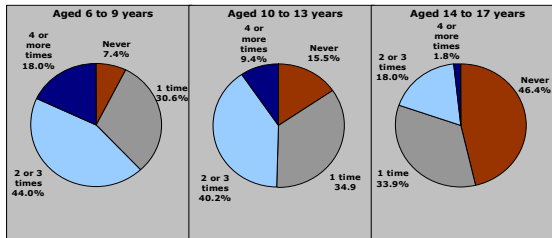
**During the past week, on how many days was the child physically active for at least 60 minutes? Boys vs Girls**





### During a typical school week, including the weekend, how often do you play sports or be physically active with your child?

Hennepin County Children 2010



\*Statistically significant difference were noted by age group.

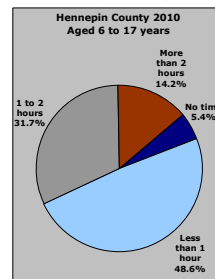
### SHAPE 2010 - Child Survey: Comments from survey participants

- We have four children whose ages range from 10 to 16. We would like very much for them to participate in organized sports, but we cannot afford to pay even the minimum fee required for participation.
- I think the lack of sports/playtime in school is sending the wrong message to kids today. Schools are saying it is not important enough to put it in the daily schedule. My daughter receives 15 minutes after lunch and only one hour per week of PE.
- Schools need more physical activity, not just teaching standardized tests.

### SHAPE 2010 - Child Survey: Comments from survey participants

- School recess time is short, 20 minutes, and gym is offered twice a week for 40 minutes. Being active for 60 minutes is rare ...
- We need more funding in Community centers for staff/personnel to facilitate healthy activities for our children that would stimulate their minds and promote physical fitness for both boys and girls. Please!!

### On a typical school day, how much time does the child spend playing electronic games, watching TV or using computers for recreation?



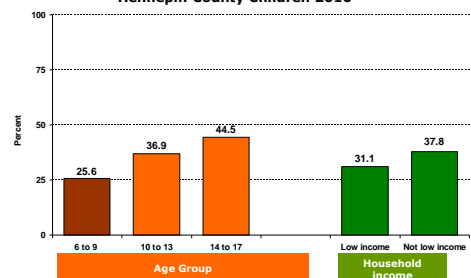
\* See the next slide for age group guidelines on the recommended amount of time to be spent engaged in this activity. Note also that the "desired direction" of this activity (i.e., less time spent) is the reverse of the other charts presented here.

### SHAPE 2010 - Child Survey: Key findings

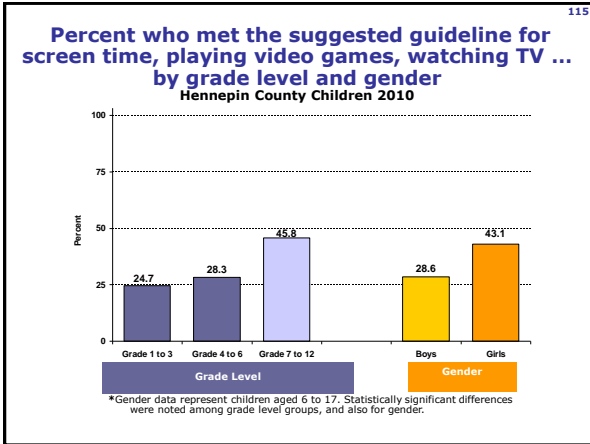
- Suggested guidelines for "screen time," playing electronic games, watching TV, or using a computer for recreation

Grade Level	Suggested guideline
Grades 1 to 6	30 minutes or less per day
Grades 7 to 12	Less than 1 hour per day

### Percent who met the suggested guideline for screen time, playing video games, watching TV ... by age and household income



\*Statistically significant differences were noted among age groups but not for income level groups.



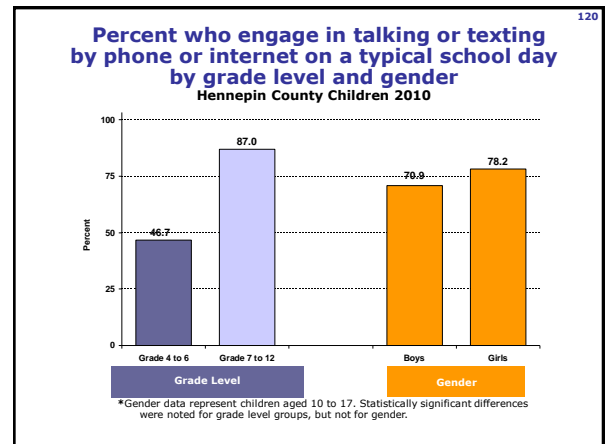
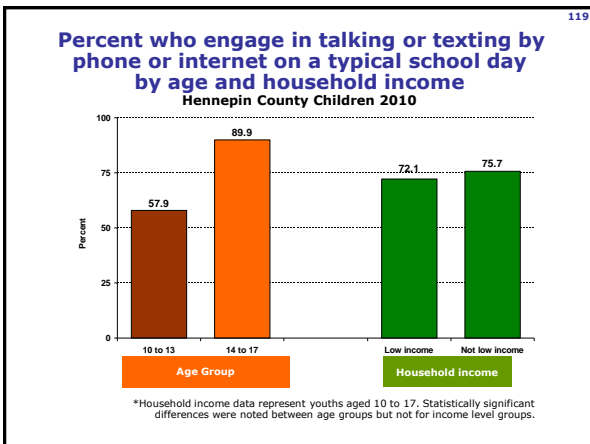
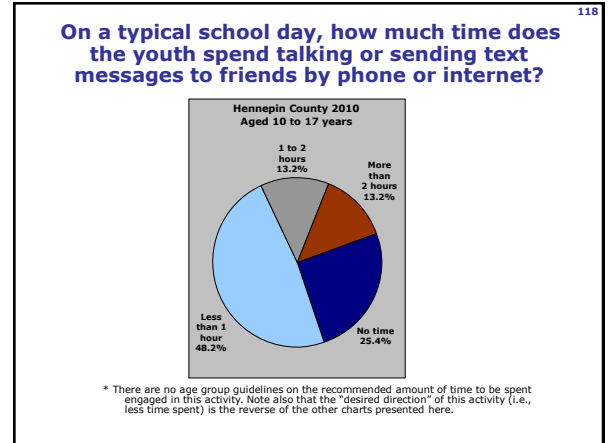
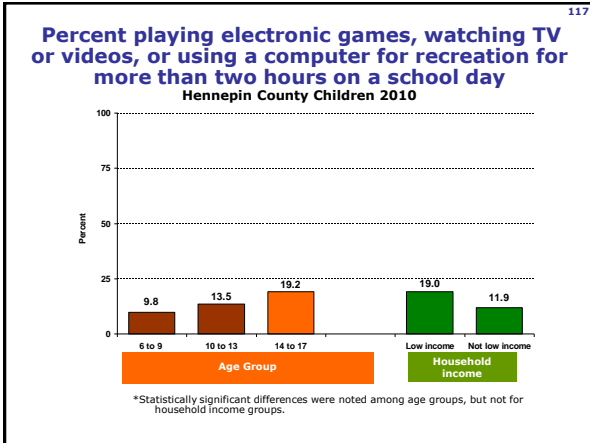
116

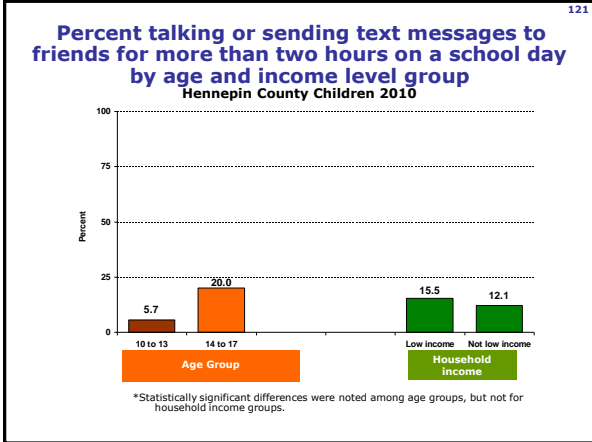
### SHAPE 2010 – Child Survey: Key findings

□ One in five youths are engaged in “screen time” for more than two hours on a typical school day

- 9.8% of children aged 6 to 9
- 13.5% of children aged 10 to 13
- 19.2% of youths aged 14 to 17

“Screen time” includes playing electronic games, watching TV or videos, or using a computer for recreational purposes.





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## Parental Awareness and School Wellness

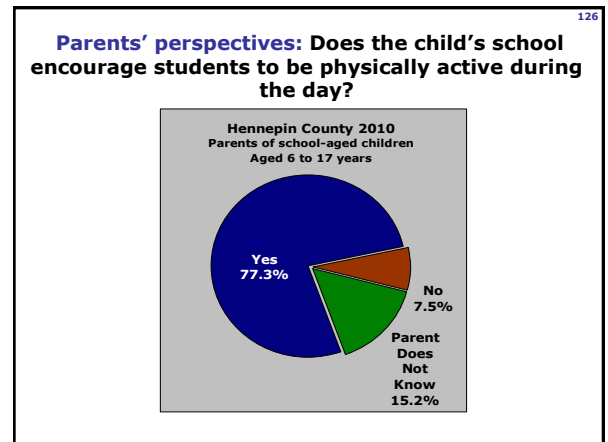
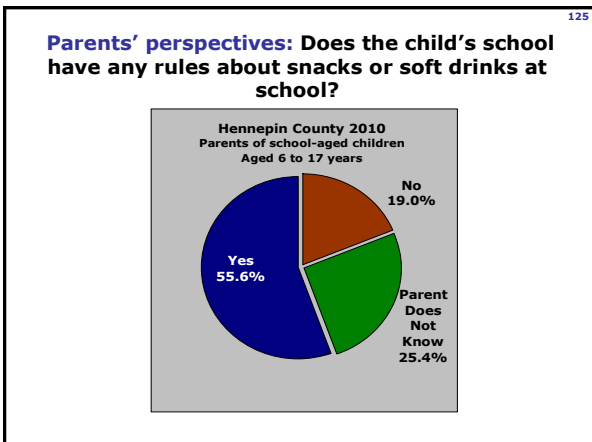
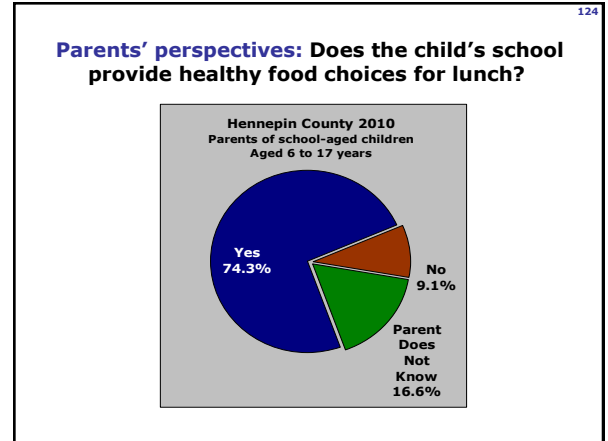
123

### SHAPE 2010 – Child Survey: Key findings

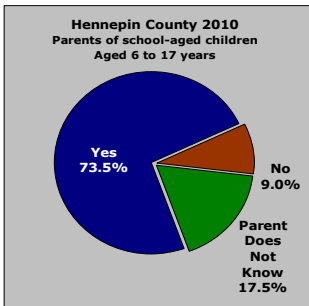
□ **School wellness policies – more parental awareness needed**

Several new questions were added to the *SHAPE 2010* survey to collect information on parents' awareness of various school-based wellness issues:

- Does the child's school provide healthy food choices for lunch?
- Does the child's school have any rules about having snacks or soft drinks at school?
- Does the child's school encourage students to be physically active during the day?
- Does the child's school provide a variety of physical activities for students of all skill levels and abilities?



**Parents' perspectives: Does the child's school provide a variety of physical activities for students of all skill levels and abilities?**



**SHAPE 2010 - Child Survey: Comments from survey participants**

- We have four children whose ages range from 10 to 16. We would like very much for them to participate in organized sports, but we cannot afford to pay even the minimum fee required for participation.
- I think the lack of sports/playtime in school is sending the wrong message to kids today. Schools are saying it is not important enough to put it in the daily schedule. My daughter receives 15 minutes after lunch and only one hour per week of PE.
- Schools need more physical activity, not just teaching standardized tests.

**SHAPE 2010 - Child Survey: Comments from survey participants**

- School recess time is short, 20 minutes, and gym is offered twice a week for 40 minutes. Being active for 60 minutes is rare ...
- We need more funding in Community centers for staff/ personnel to facilitate healthy activities for our children that would stimulate their minds and promote physical fitness for both boys and girls. Please!!

**Exposure to Tobacco**

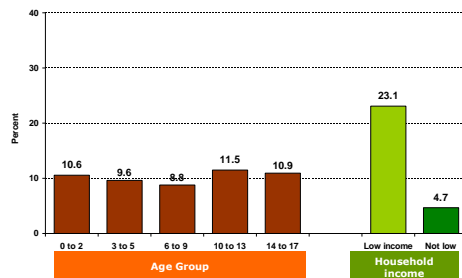
**SHAPE 2010 - Child Survey: Key findings**

**□ New data available on regular exposure to tobacco smoke**

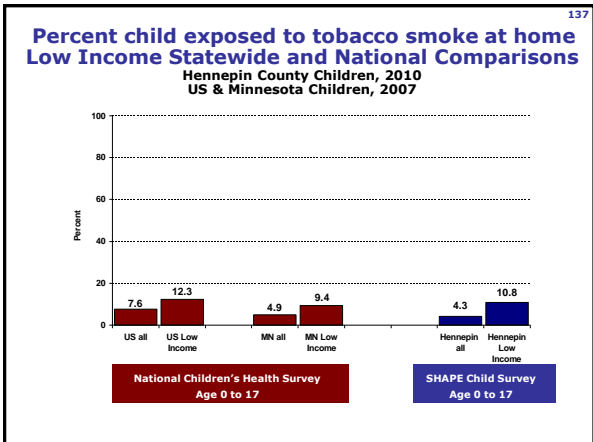
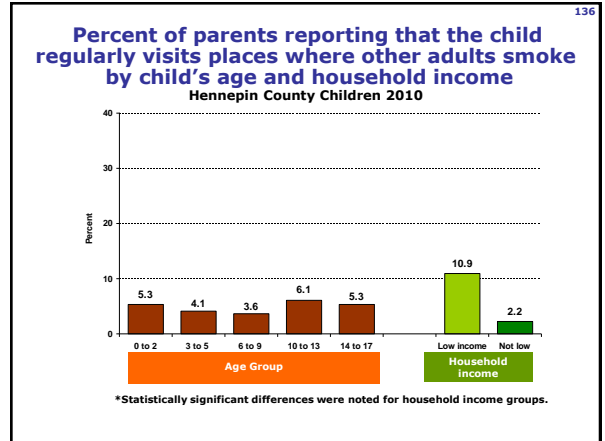
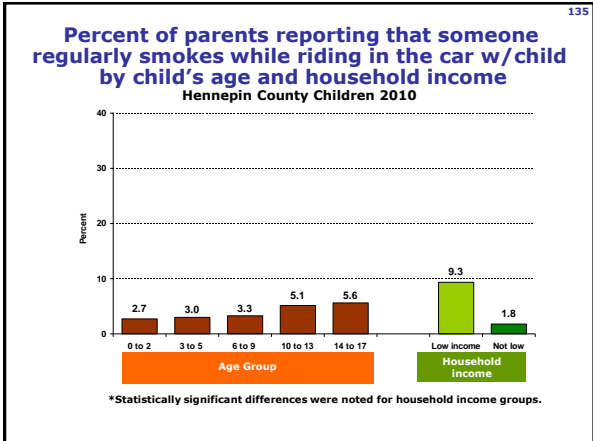
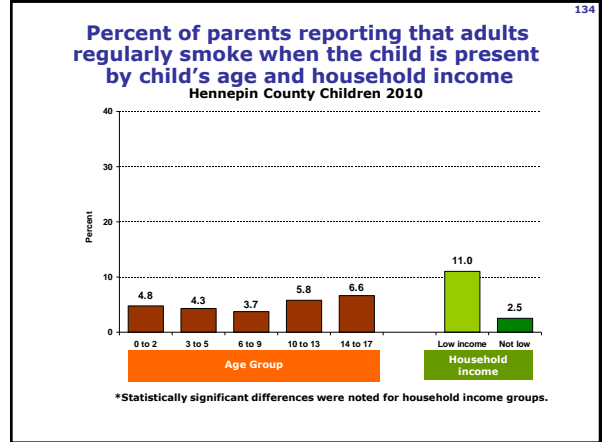
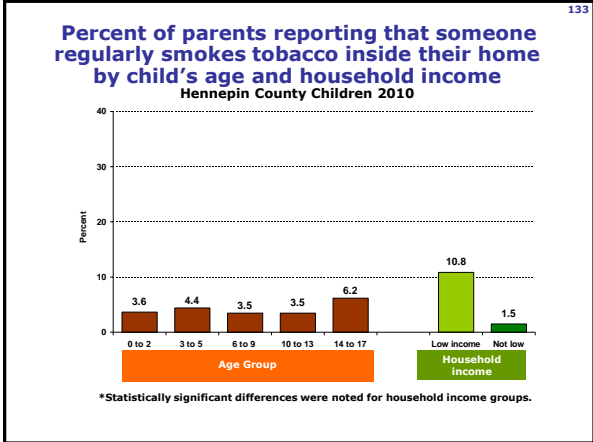
10.2% of Hennepin County children are regularly exposed to one or more sources of tobacco smoke in their homes, in the car, or at other places they regularly visit (regularly was defined as four or more times a week).

Children from low income households were significantly more likely to be in places or environments that regularly exposed them to sources of tobacco smoke.

**Percent with any source of regular exposure to tobacco smoke by age and household income**  
Hennepin County Children 2010



\*Statistically significant differences were noted for household income groups. The rate ratio for low income children is nearly 5 to 1.



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## Community Amenities

MINNESOTA'S VISION SHIP  
A Better State of Health Minnesota's Health Engagement Program

**SHAPE 2010 – Child Survey: Key findings**

**□ Use of common community amenities**

Common community amenities include:

- Walking trails, bike paths or sidewalks
- Parks or playgrounds
- Library or bookmobile
- Beach, swimming pool or water park
- Community center, YMCA, Boys’ or Girls’ Clubs
- Skating rink, roller rink or skate board park

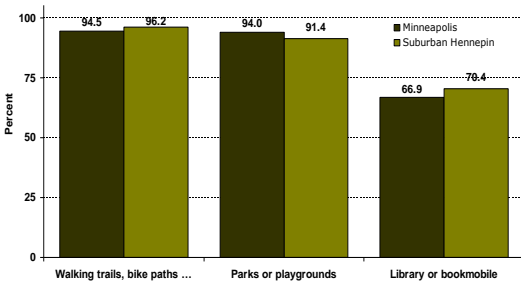
**SHAPE 2010 – Child Survey: Key findings**

**□ No significant urban vs suburban differences detected in use of common amenities**

Four of six common community amenities were used monthly by most children across Hennepin County.

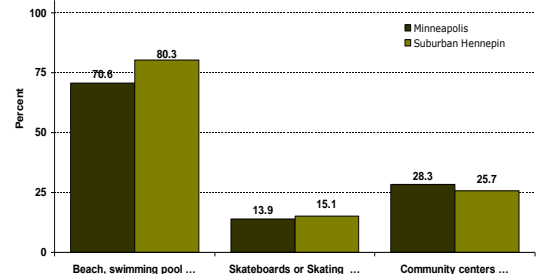
As would be expected, seasonal use of beaches and swimming pools was strong, and use of skating facilities was varied.

**Percent using the community amenity at least once in past month by location of residence**  
Hennepin County Children 2010



\*No statistically significant differences were noted between groups based on the location of residence (urban vs suburban).

**Percent using the community amenity at least once in past month by location of residence**  
Hennepin County Children 2010



\*No statistically significant differences were noted between groups based on the location of residence (urban vs suburban).

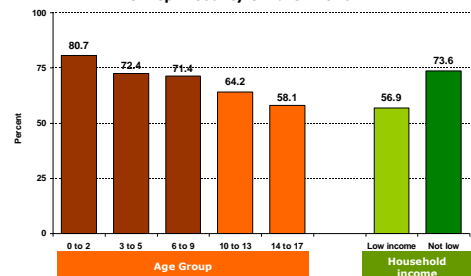
**SHAPE 2010 – Child Survey: Key findings**

**□ Regular use of community amenities differs by age and household income level**

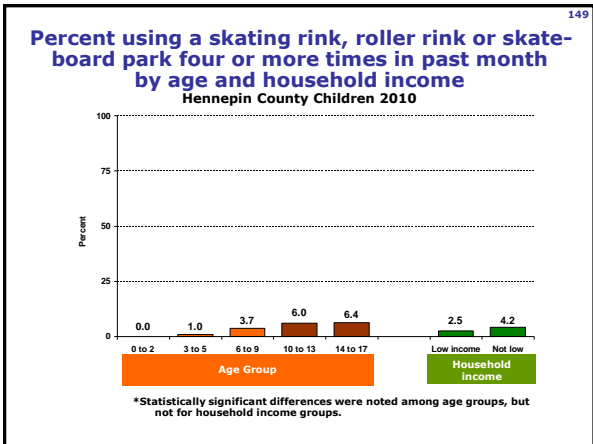
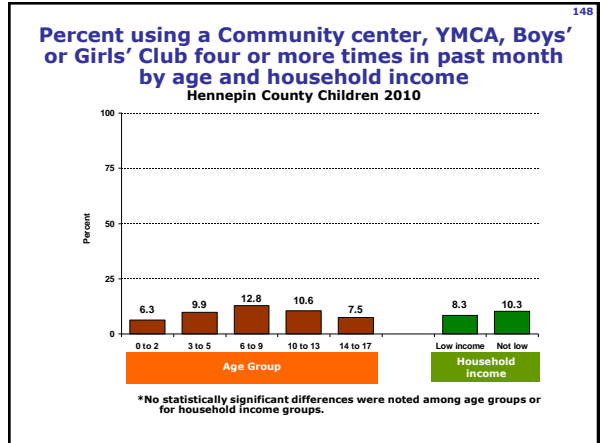
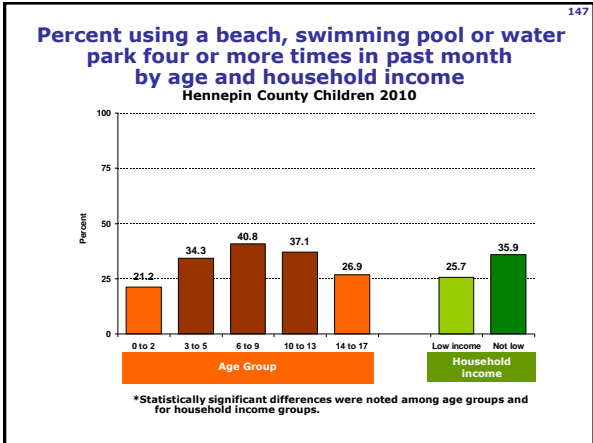
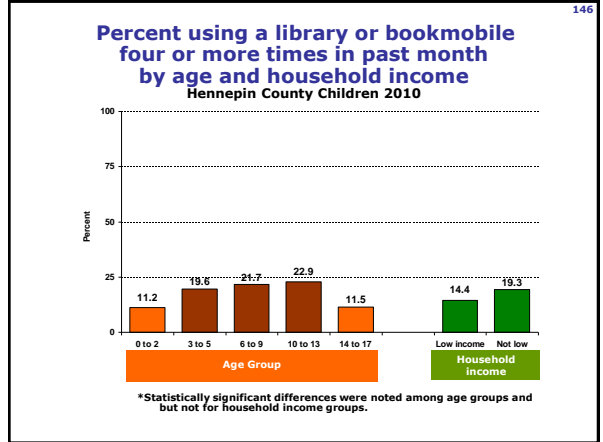
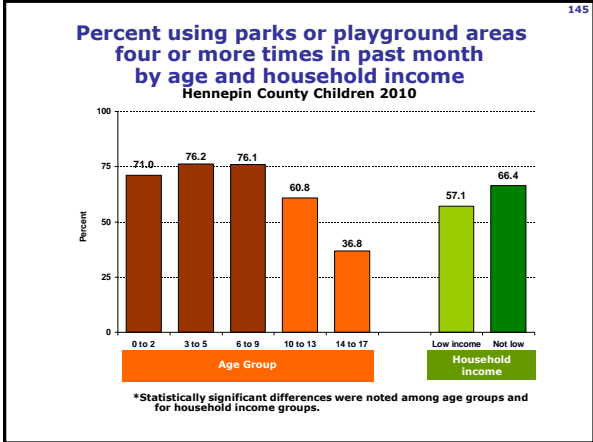
“Regular use” of an amenity was defined as *four or more times in the past month*.

For small children, “use” could include walking with them in a stroller, taking them for a bike ride, or bringing them to a playground, park, library, pool or community center.

**Percent using walking trails, bike paths or sidewalks, four or more times in past month by age and household income**  
Hennepin County Children 2010



\*Statistically significant differences were noted among age groups and for household income groups.



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## Family Connectedness and Communication

MINNESOTA'S VISION SHIP  
A Better State of Health  
Minnesota's Health Improvement Program

### SHAPE 2010 – Child Survey: Key findings

#### Family connectedness and health – mealtimes matter

Several recent studies have found important links between “family connectedness” and health outcomes for children including:

- the child is in “excellent” overall health
- the child is “happy” and has “positive self-worth”
- the child eats more nutritious foods daily
- significantly better results for children on asthma medications.

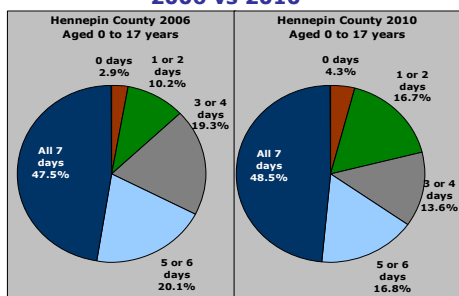
### SHAPE 2010 – Child Survey: Key findings

#### Family mealtimes together

48.5% of Hennepin County children have at least one meal with their families on all 7 days per week.

This is similar to results found in the *SHAPE 2006 – Child Survey*.

During the past week, on how many days did most or all of the family members who live in the household eat at least one meal together? 2006 vs 2010



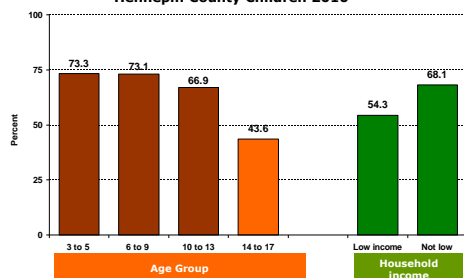
### SHAPE 2010 – Child Survey: Key findings

#### Family mealtimes together

64% of all Hennepin County children share regular mealtimes with their families on 5 or more days per week.

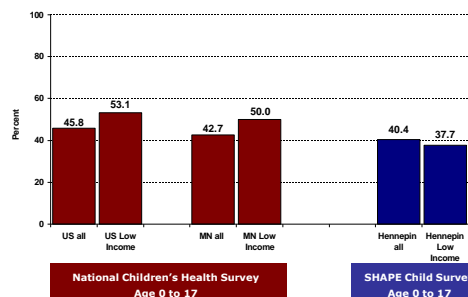
However, for adolescents aged 14 to 17, the rate is below half, 43.6%.

Percent who had one or more meals with most family members 5 or more days in past week by age and household income Hennepin County Children 2010



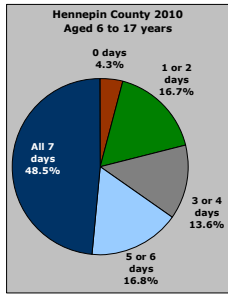
\*Statistically significant differences were noted among age groups.

Percent who eat a meal together every day Low Income Statewide and National Comparisons Hennepin County Children, 2010 US & Minnesota Children, 2007

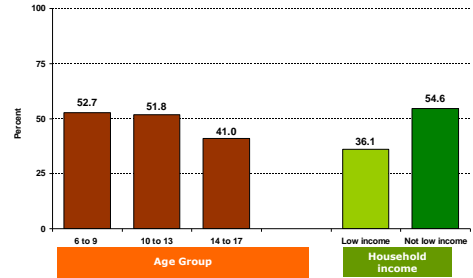




**During the past week, how often did you talk to your child about his/her daily activities?**

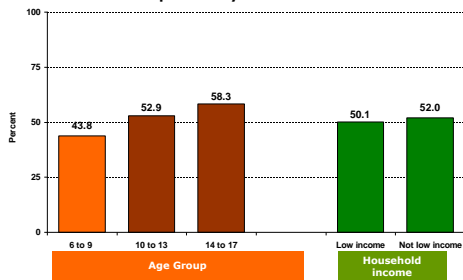


**Percent who talked to their child about his/her daily activities every day in the past week by age and household income**  
Hennepin County Children 2010



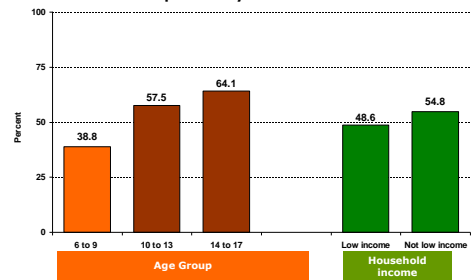
\*Statistically significant differences were noted for income level groups, but not by age.

**Percent who talked to their child three or more times in the past year about smoking or using tobacco by age and household income**  
Hennepin County Children 2010



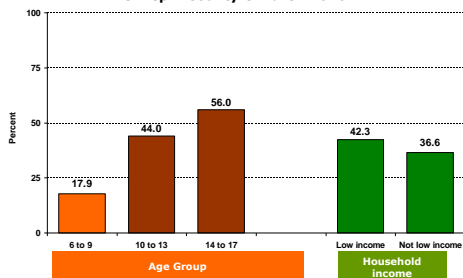
\*Statistically significant differences were noted for age groups, but not for income levels.

**Percent who talked to their child three or more times in the past year about drinking or using alcohol by age and household income**  
Hennepin County Children 2010



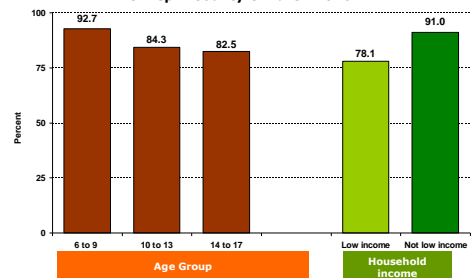
\*Statistically significant differences were noted for age groups, but not for income levels.

**Percent who talked to their child three or more times in the past year about using drugs by age and household income**  
Hennepin County Children 2010

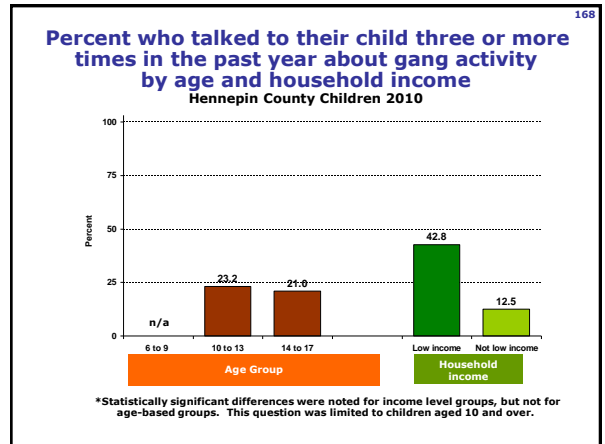
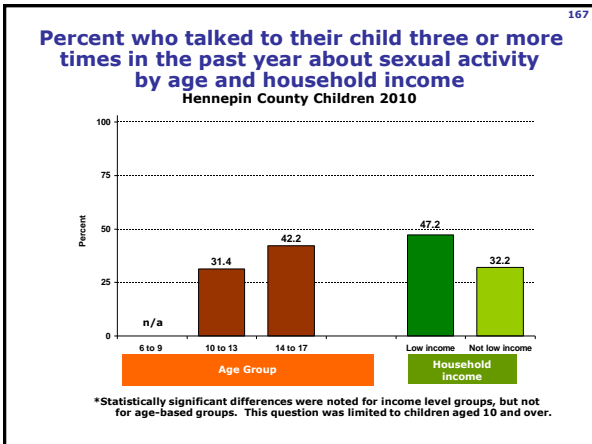
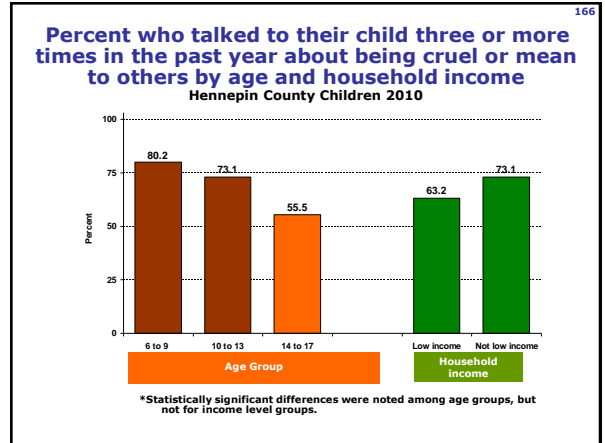
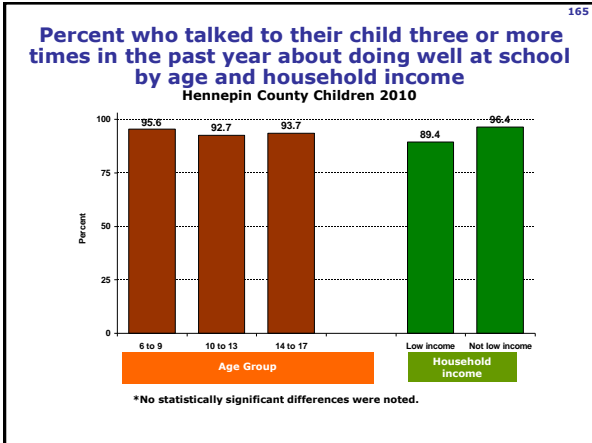
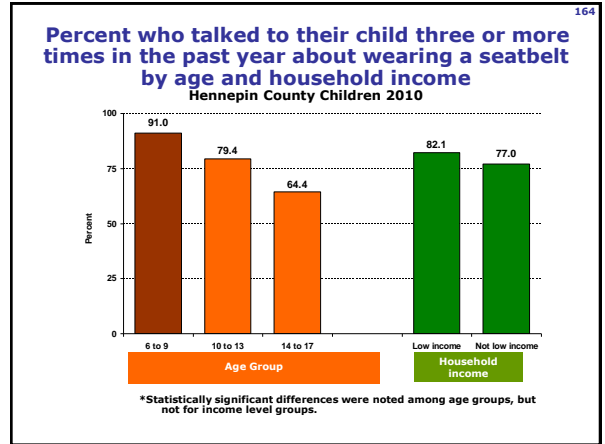
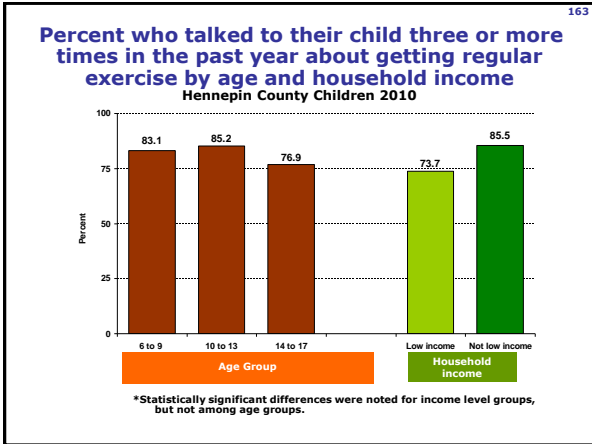


\*Statistically significant differences were noted for age groups, but not for income levels.

**Percent who talked to their child three or more times in the past year about eating healthy foods by age and household income**  
Hennepin County Children 2010






\*Statistically significant differences were noted for income level groups, but not among age groups.



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## Early Childhood and Pre-school Activities

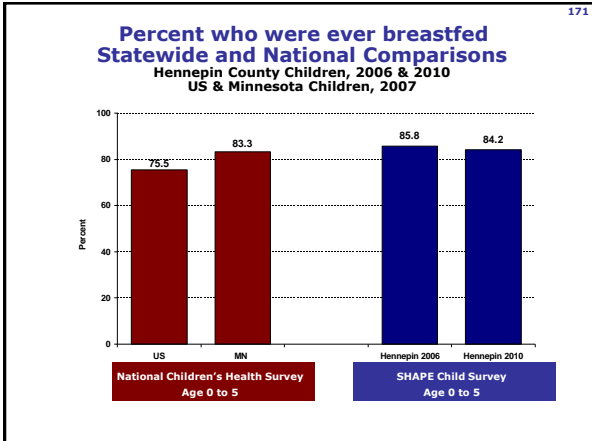
170

### SHAPE 2010 – Child Survey: Key findings

**□ Healthy start – percent of infants receiving breast milk remains high in Hennepin County**

The overall rates for breastfeeding remain high in Hennepin County, at nearly 85 percent.

The rates for children age 0 to 5 who were ever breastfed or who received breast milk are higher than those reported for the state and nation as a whole.

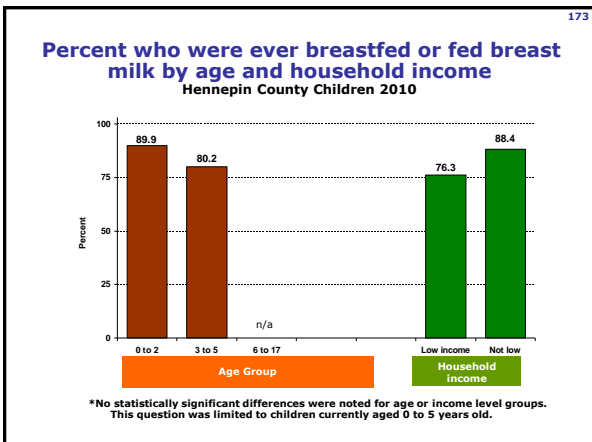


172

### SHAPE 2010 – Child Survey: Key findings

**□ Healthy start – no differences in rates of ever being breastfed or receiving breast milk by income**

Although the rates appear to be lower for low income children, no significant differences in breastfeeding rates were detected for groups based on household income level.



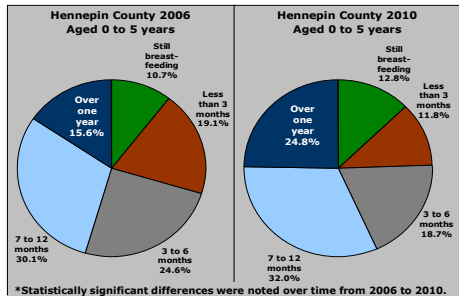
174

### SHAPE 2010 – Child Survey: Key findings

**□ Significant improvements in sustained breastfeeding rates were noted from 2006 to 2010**

Although the overall rates for breastfeeding have not changed significantly over time, the percentage of children who were reported to have been breastfed for at least one year before completely stopping is significantly higher. The rate rose from 15.6 percent in 2006 to 24.8 percent in 2010.

**Among those who were ever breastfed, how old was the child when he or she completely stopped breastfeeding?  
2006 vs 2010**



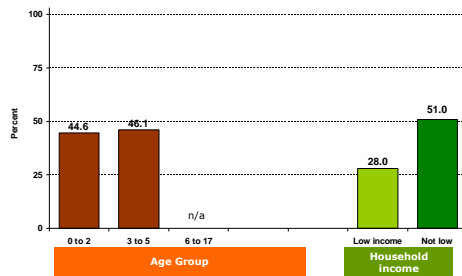
**SHAPE 2010 – Child Survey: Key findings**

**Child care arrangements**

Overall, 45.4% of Hennepin County children aged 0 to 5 are currently receiving child care for at least 10 hours per week from someone other than their parents or other adult relatives.

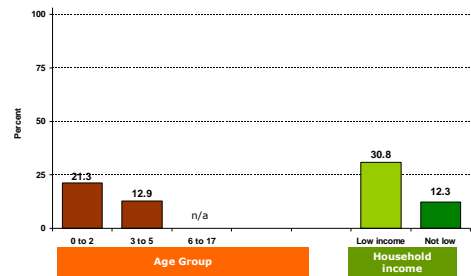
Some statistically significant differences were noted in child care patterns based on household income level.

**Percent receiving child care for 10 or more hours per week by age and household income  
Hennepin County Children 2010**



\*Statistically significant differences were noted for income level groups, but not for age groups. This question was limited to children aged 0 to 5 years old.

**Percent of parents who had to change work hours or quit a job due to problems with child care by age and household income  
Hennepin County Children 2010**



\*Statistically significant differences were noted for income level groups, but not for age groups. This question was limited to children aged 0 to 5 years old.

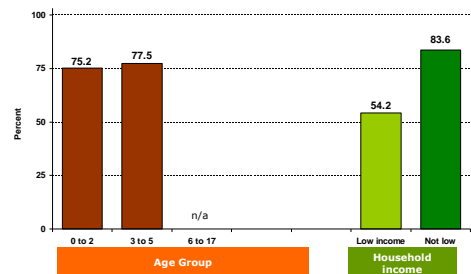
**SHAPE 2010 – Child Survey: Key findings**

**Pre-school activities**

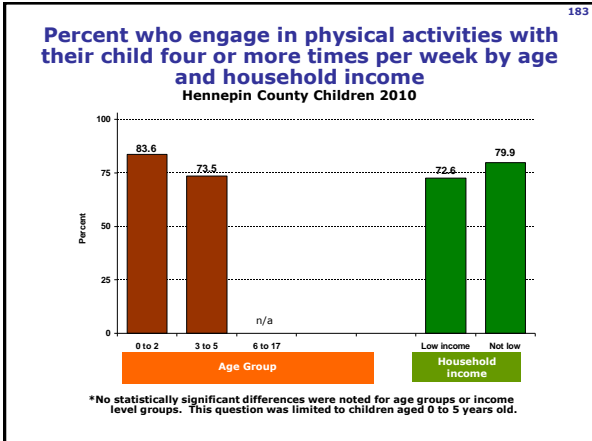
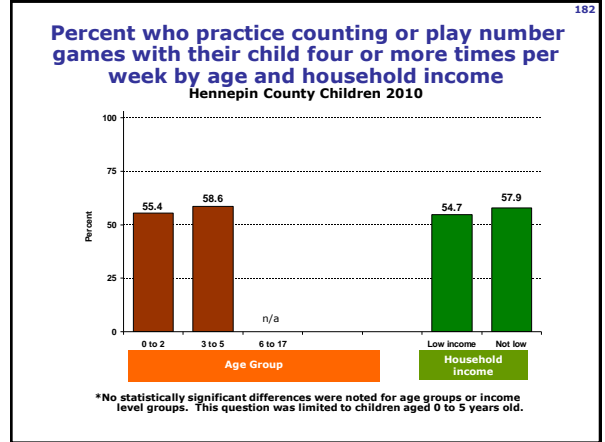
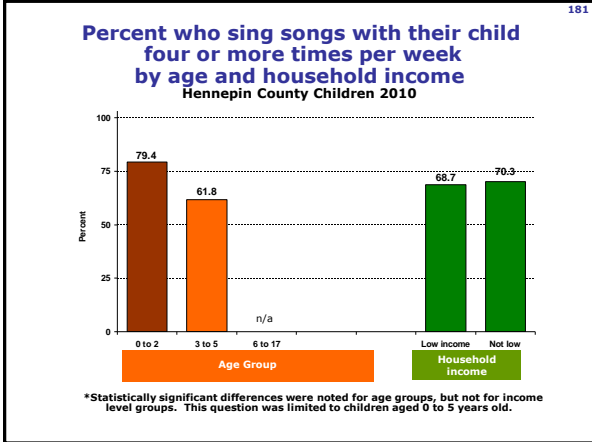
Parents of children aged 0 to 5 were asked about various activities that stimulate brain development and foster language/learning skills.

While nearly all parents reported that they engaged in most of these activities weekly, some significant differences were noted in terms of regularly engaging in these activities at least four or more times a week.

**Percent who tell stories or read books with their child four or more times per week by age and household income  
Hennepin County Children 2010**



\*Statistically significant differences were noted for income level groups, but not for age groups. This question was limited to children aged 0 to 5 years old.



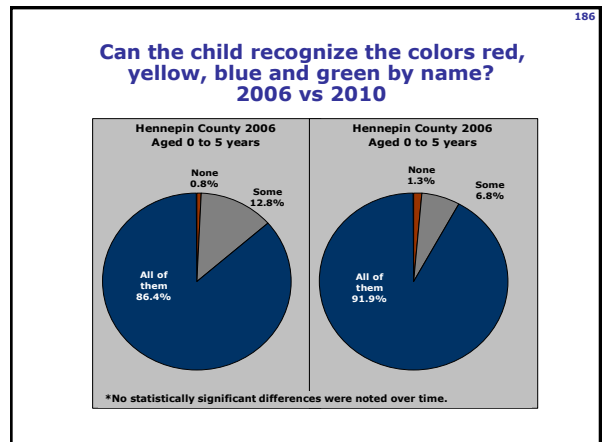
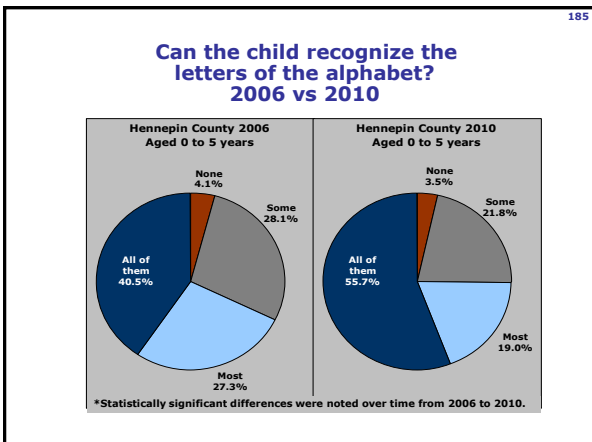
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### SHAPE 2010 – Child Survey: Key findings

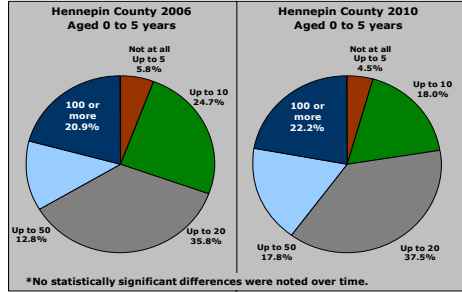
**□ Milestones for school readiness – some significant improvements noted from 2006 to 2010**

Some important improvements over time have been noted in the pre-school readiness measures, including statistically significant increases in alphabet recognition and basic counting skills.

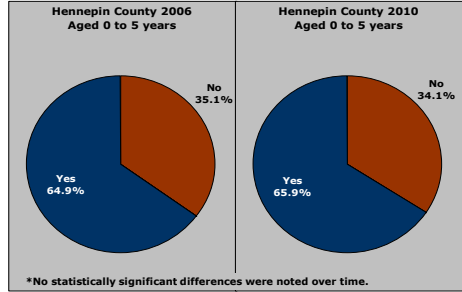
However, only four out of ten children aged 3 to 5 are currently able to count above 20.



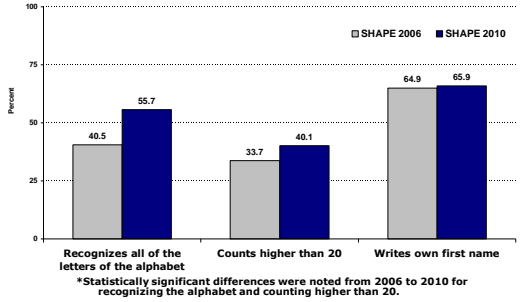
### How high can the child count? 2006 vs 2010



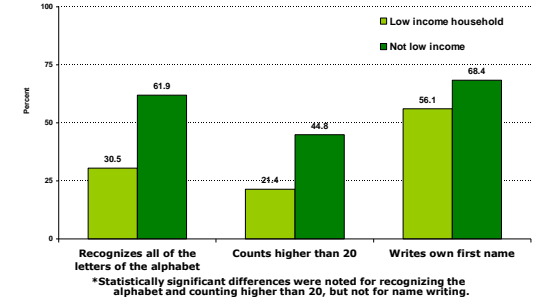
### Can the child write his or her first name, even if some of the letters are backwards? 2006 vs 2010



### Percent of children aged 3 to 5 who meet the basic milestones for pre-school readiness 2006 vs 2010 Hennepin County Children 2010



### Percent of children aged 3 to 5 who meet basic milestones for pre-school readiness by income level group Hennepin County Children 2010



SHAPE 2010  
Your health matters. Your answers matter.

## School-Aged Children and Adolescents

MINNESOTA'S VISION SHIP  
A Better State of Health  
Minnesota's Statewide Health Improvement Program

### SHAPE 2010 – Child Survey: Key findings

#### Parental involvement in the activities of school-aged children

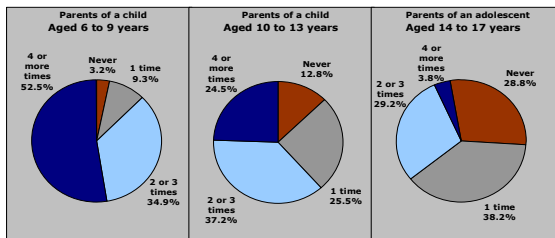
In 2010, parents were asked to indicate how many times during a typical school week, including the weekend, they participated in common activities together with their child.

- The activities included:
- Reading or talking about books together
  - Doing homework or school projects
  - Playing sports or being physically active

The patterns differ significantly by age.

**During a typical school week, including the weekend, how often do you read or talk about books together with your child?**

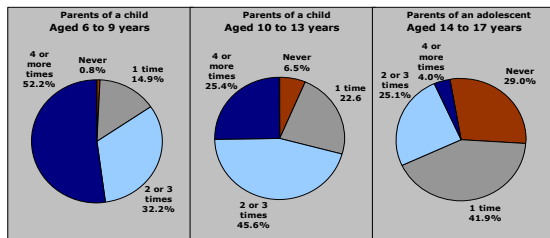
Hennepin County Children 2010



\*Statistically significant differences were noted by age group.

**During a typical school week, including the weekend, how often do you do homework or school projects with your child?**

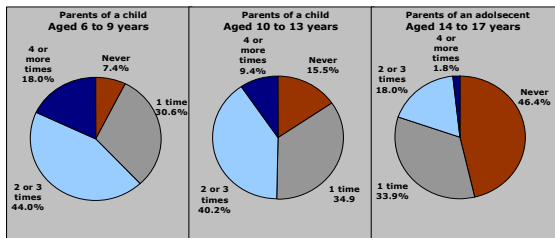
Hennepin County Children 2010



\*Statistically significant differences were noted by age group.

**During a typical school week, including the weekend, how often do you play sports or be physically active with your child?**

Hennepin County Children 2010



\*Statistically significant differences were noted by age group.

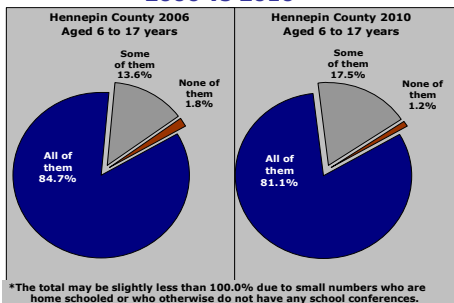
**SHAPE 2010 – Child Survey: Key findings**

**□ Parent’s awareness of child’s performance at school**

In both 2006 and 2010, most parents indicated that they attended all of the parent-teacher conferences provided by the child’s school.

The percentage drops significantly for teens aged 14 to 17, and statistically significant differences were noted by income level.

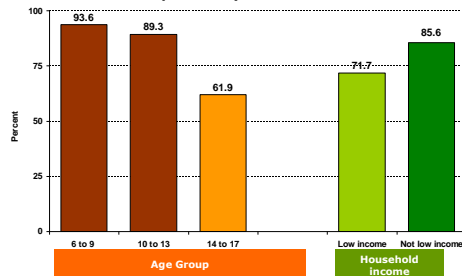
**How often have you gone to a regularly scheduled parent-teacher conference with the child’s teacher? 2006 vs 2010**



\*The total may be slightly less than 100.0% due to small numbers who are home schooled or who otherwise do not have any school conferences.

**Percent whose parents attended all of the child’s regularly scheduled school conferences by age and household income**

Hennepin County Children 2010



\*Statistically significant differences were noted among age groups and between income level groups.

**SHAPE 2010 – Child Survey: Key findings**

**Most children are engaged in appropriate activities that support healthy development**

In 2010, the SHAPE survey asked a series of questions about typical school day activities, including:

- Doing homework, studying or reading
- Being physically active or playing sports
- Doing fine arts, playing music, participating in dance, drama or choir
- "Screen Time," playing electronic games, watching TV or videos, or using computers for recreation

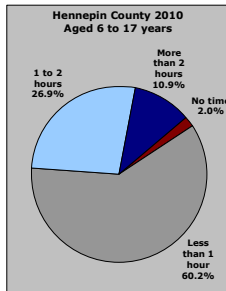
**SHAPE 2010 – Child Survey: Key findings**

**Typical school day activities**

Types of activities and the amounts of time spent tended to vary across age or grade level groups. Some significant gender differences were also noted.

No significant differences on the basis of income level were shown, particularly with regard to meeting the suggested guidelines for healthy behaviors.

**On a typical school day, how much time does the child spend doing homework, studying or reading?**



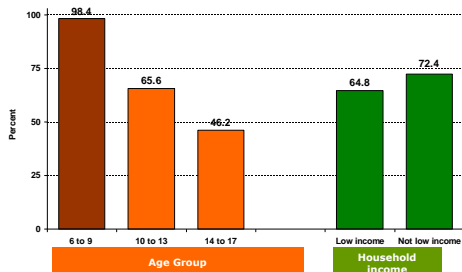
\* See the next slide for age group guidelines on the recommended amount of time to be spent engaged in this activity.

**SHAPE 2010 – Child Survey: Key findings**

**Suggested guidelines for doing homework, studying or reading**

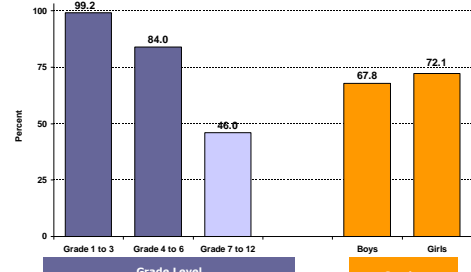
Grade Level	Suggested guideline
Grades 1 to 3	Up to 30 minutes per day
Grades 4 to 6	30 to 59 minutes per day
Grades 7 to 10	1 to 2 hours per day
Grades 11 to 12	At least 2 hours per day

**Percent who met the suggested guideline for doing homework, studying or reading by age and household income**  
Hennepin County Children 2010



\*Statistically significant differences were noted among age groups but not for income level groups.

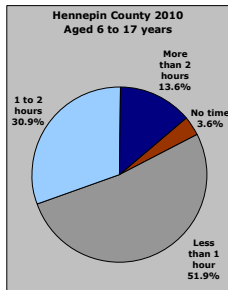
**Percent who met the suggested guideline for doing homework, studying or reading by grade level and gender**  
Hennepin County Children 2010



\*Gender data represent children aged 6 to 17. Statistically significant differences were noted among grade level groups, but not gender.



**On a typical school day, how much time does the child spend being physically active or playing sports?**



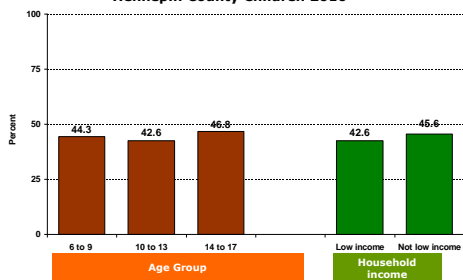
\* See the next slide for age group guidelines on the recommended amount of time to be spent engaged in this activity.

**SHAPE 2010 – Child Survey: Key findings**

□ **Suggested guideline for being physically active or playing sports**

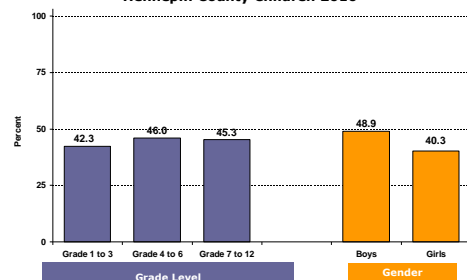
Grade Level	Suggested guideline
Grades 1 to 12	<i>At least one hour per day</i>

**Percent who met the suggested guideline for being physically active or playing sports on a typical day by age and household income**  
Hennepin County Children 2010



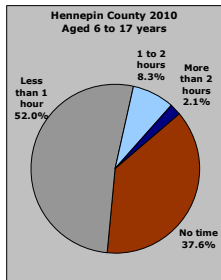
\*No statistically significant differences were noted among age groups, or for income level groups.

**Percent who met the suggested guideline for being physically active or playing sports on a typical day by grade level and gender**  
Hennepin County Children 2010



\*Gender data represent children aged 6 to 17. No statistically significant differences were noted for grade level groups, or for gender.

**On a typical school day, how much time does the child spend doing fine arts, playing music, participating in dance, drama or choir?**

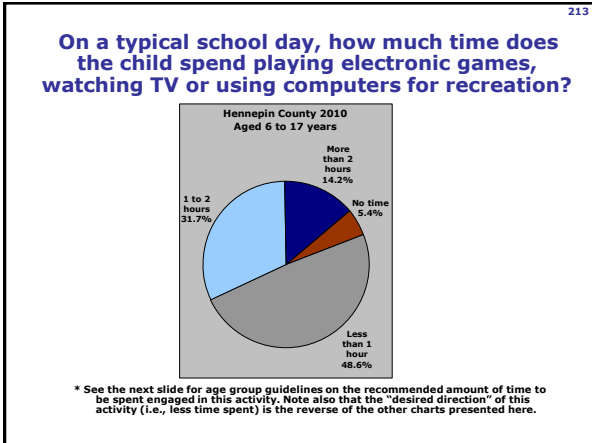
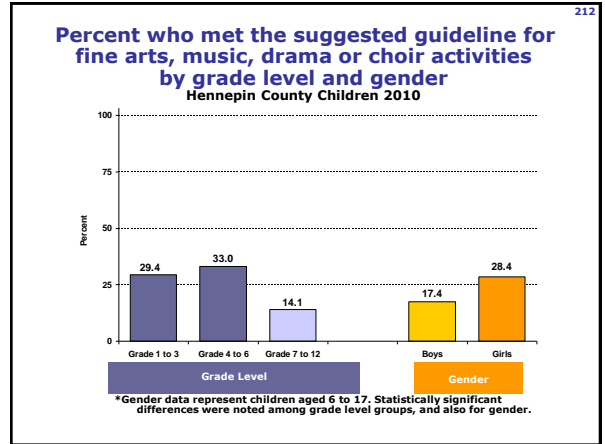
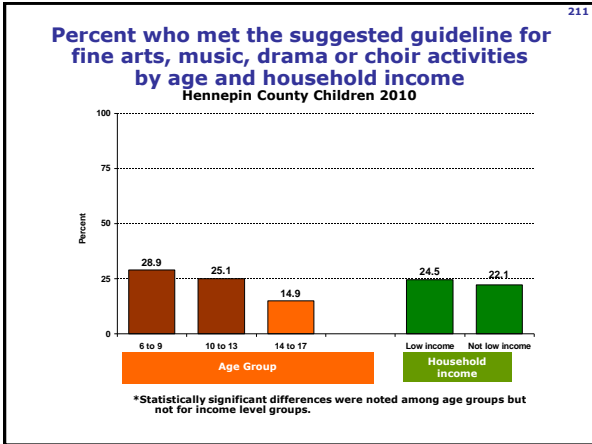


\* See the next slide for age group guidelines on the recommended amount of time to be spent engaged in this activity.

**SHAPE 2010 – Child Survey: Key findings**

□ **Suggested guidelines for fine arts, music, drama or choir activities**

Grade Level	Suggested guideline
Grades 1 to 6	<i>At least 30 minutes per day</i>
Grades 7 to 12	<i>One hour per day</i>

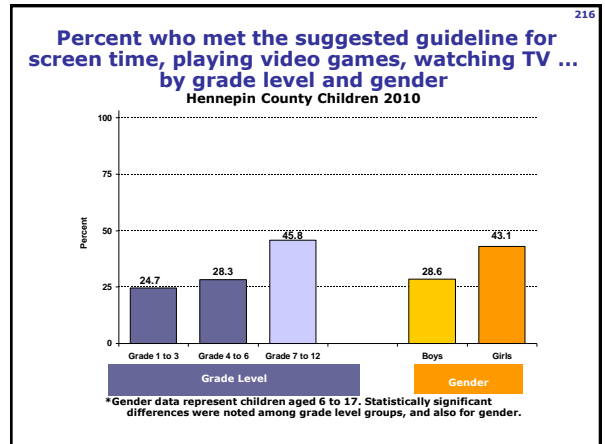
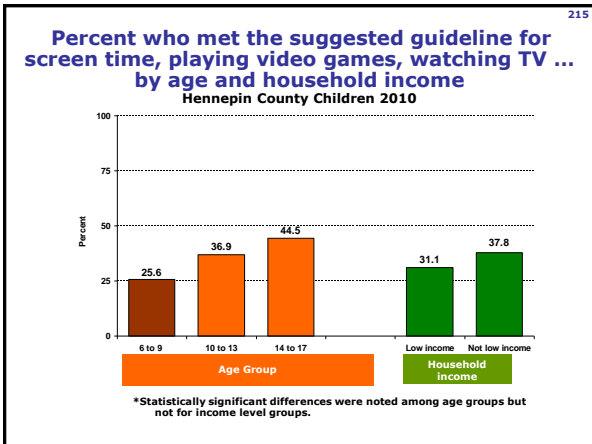


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### SHAPE 2010 – Child Survey: Key findings

□ Suggested guidelines for "screen time," playing electronic games, watching TV, or using a computer for recreation

Grade Level	Suggested guideline
Grades 1 to 6	30 minutes or less per day
Grades 7 to 12	Less than 1 hour per day



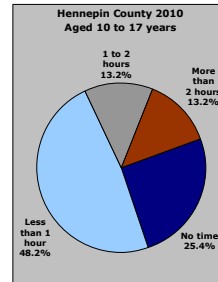
**SHAPE 2010 – Child Survey: Key findings**

□ **Some daily activities have no specific guidelines, but help provide insights on youth engagement**

In 2010, the SHAPE survey tracked participation in common activities among older children and youths aged 10 to 17, including:

- Talking with or texting friends by phone or by internet
- Babysitting or taking care of other children
- Doing tasks or chores to help around the house

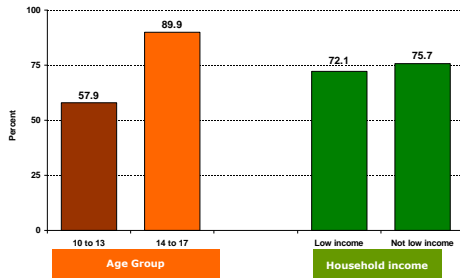
**On a typical school day, how much time does the youth spend talking or sending text messages to friends by phone or internet?**



\* There are no age group guidelines on the recommended amount of time to be spent engaged in this activity. Note also that the "desired direction" of this activity (i.e., less time spent is "better") is the reverse of the other charts presented here.

**Percent who engage in talking or texting by phone or internet on a typical school day by age and household income**

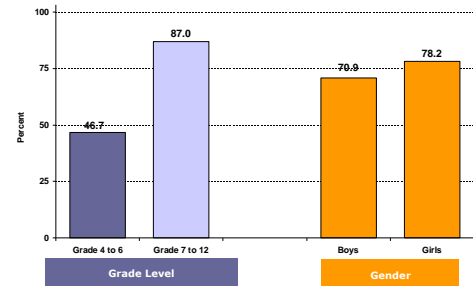
Hennepin County Children 2010



\*Household income data represent youths aged 10 to 17. Statistically significant differences were noted between age groups but not for income level groups.

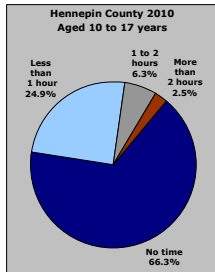
**Percent who engage in talking or texting by phone or internet on a typical school day by grade level and gender**

Hennepin County Children 2010



\*Gender data represent children aged 10 to 17. Statistically significant differences were noted for grade level groups, but not for gender.

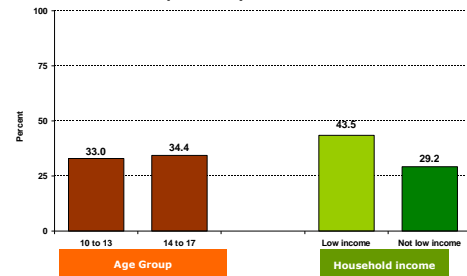
**On a typical school day, how much time does the youth spend babysitting or taking care of other children?**



\* There are no age group guidelines on the recommended amount of time to be spent engaged in this activity. Note also that the "desired direction" of this activity (i.e., less time spent) is the reverse of the other charts presented here.

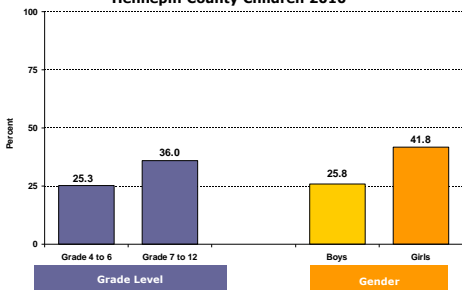
**Percent of youths who babysit or take care of other children on a typical school day by age and household income**

Hennepin County Children 2010



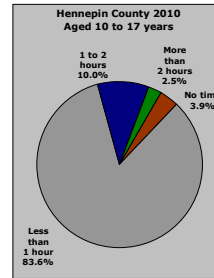
\* Household income data represent youths aged 10 to 17. Statistically significant differences were noted for income level groups, but not for age groups.

**Percent of youths who babysit or take care of other children on a typical school day by grade level and gender**  
Hennepin County Children 2010



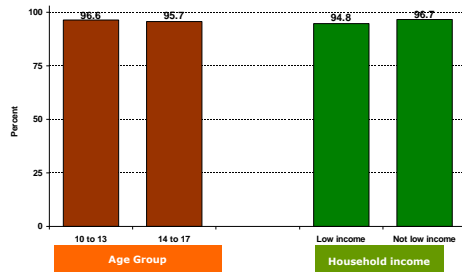
\* Gender data represent children aged 10 to 17. Statistically significant differences were noted for gender but not for grade level.

**On a typical school day, how much time does the youth spend doing tasks or chores to help around the house?**



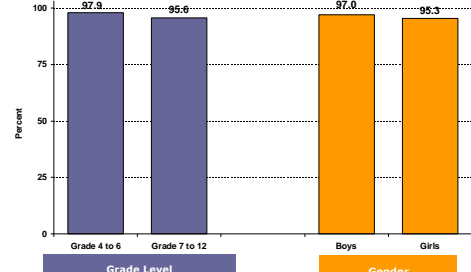
\* There are no age group guidelines on the recommended amount of time to be spent engaged in this activity.

**Percent of youths who do tasks or chores to help around the house on a typical school day by age and household income**  
Hennepin County Children 2010



\* Household income data represent youths aged 10 to 17. No statistically significant differences were noted for age or for income level groups.

**Percent of youths who do tasks or chores to help around the house on a typical school day by grade and gender**  
Hennepin County Children 2010



\* Gender data represent children aged 10 to 17. No statistically significant differences were noted for gender or for grade level.

**SHAPE 2010 – Child Survey: Key findings**

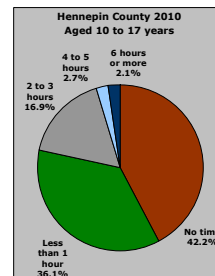
**Engaging in activities that model or support adult role development**

In 2010, parents of older children and youths were asked if their child participated in any activities that would tend to support the development of adult roles.

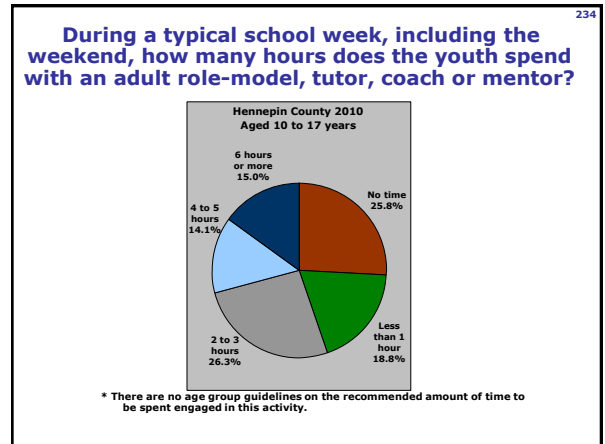
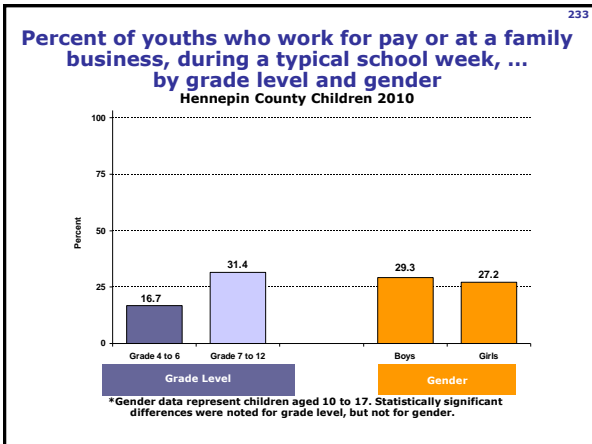
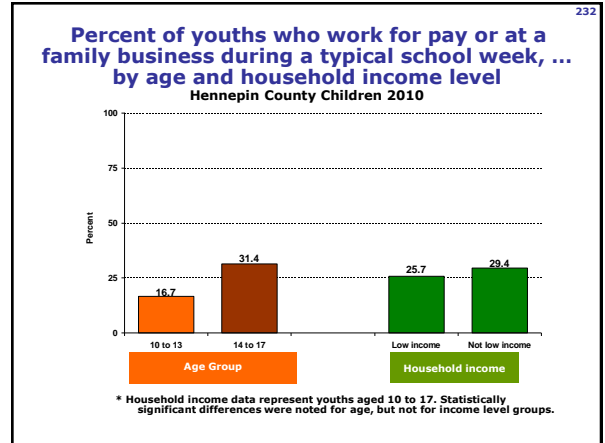
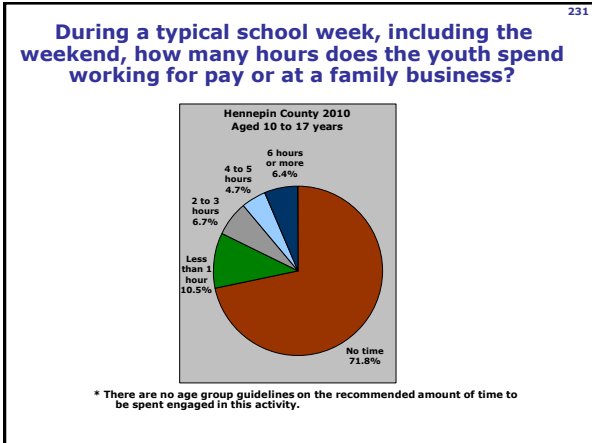
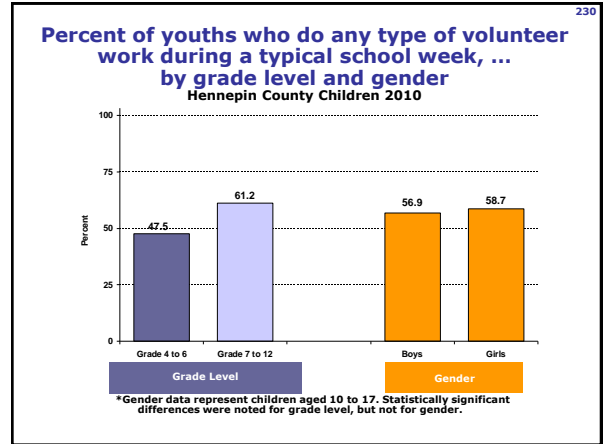
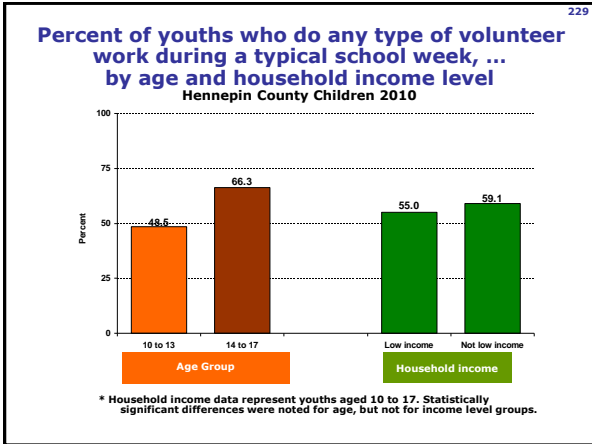
These activities included:

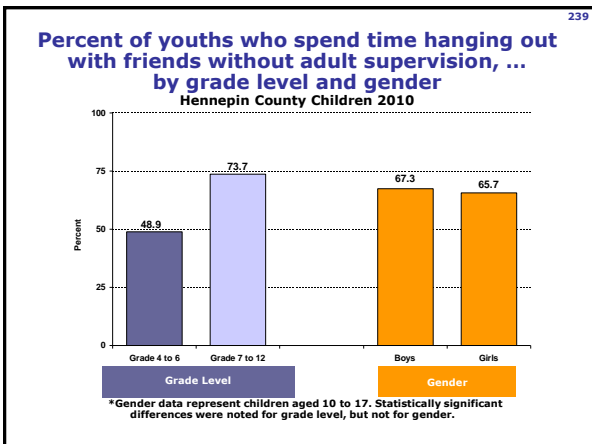
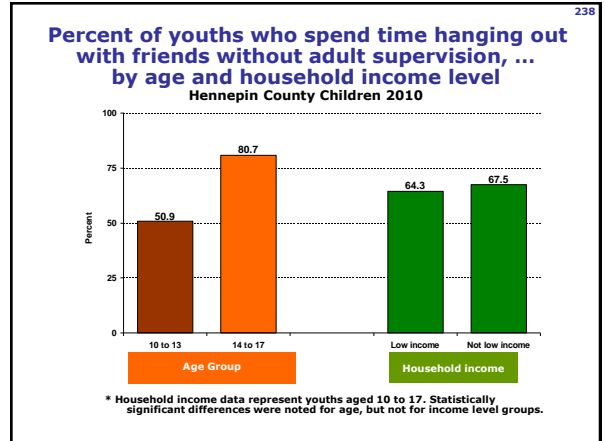
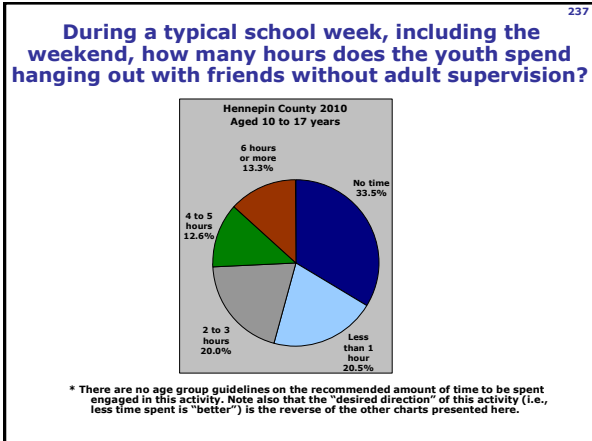
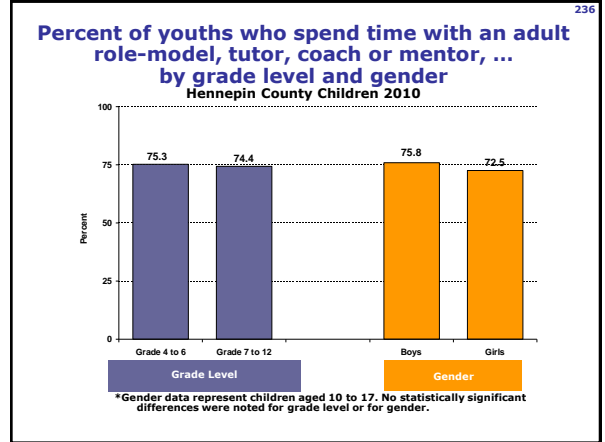
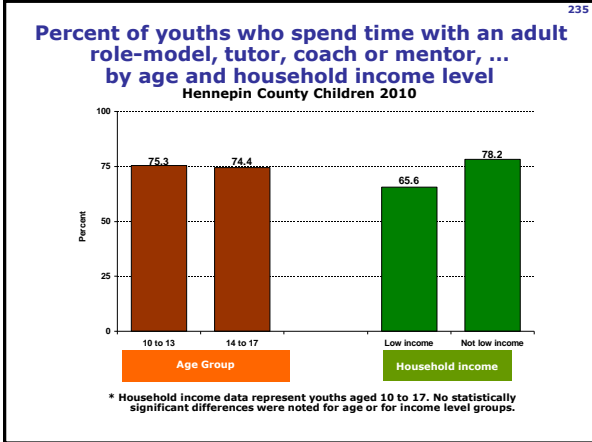
- Doing any type of volunteer work
- Spending time with an adult role-model, such as a tutor, coach or mentor
- Working for pay or working in a family-owned business
- Hanging out with friends without any adult supervision

**During a typical school week, including the weekend, how many hours does the youth spend doing any type of volunteer work?**



\* There are no age group guidelines on the recommended amount of time to be spent engaged in this activity.





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Your health matters.  
Your answers matter.

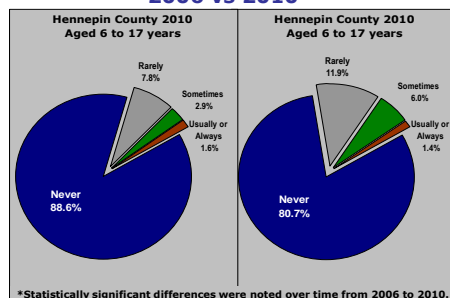
## Bullying at School

**SHAPE 2010 – Child Survey: Key findings**

**Parents report more school-aged children were affected by teasing and bullying**

In 2010, 19.3% of school-aged children were ever afraid to go to school because of being *picked on, teased or bullied* by other children during the past school year (compared to 11.4 % in 2006, a statistically significant difference).

**During the past school year, how often was your child afraid to go to school because of being picked on, teased or bullied? 2006 vs 2010**



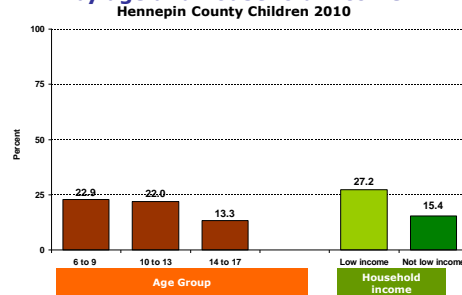
\*Statistically significant differences were noted over time from 2006 to 2010.

**SHAPE 2010 – Child Survey: Key findings**

**Low income children were more likely to be affected by teasing and bullying**

27.2% of low income school-aged children were ever afraid to go to school because of being *picked on, teased or bullied* during the past school year (compared to 15.4 % for those who are not low income, a statistically significant difference).

**Percent who were ever afraid to go to school due to being picked on, teased or bullied by others by age and household income**



\*Statistically significant differences were noted between income level groups, but not among age groups.



**Adequate Sleep**



**SHAPE 2010 – Child Survey: Key findings**

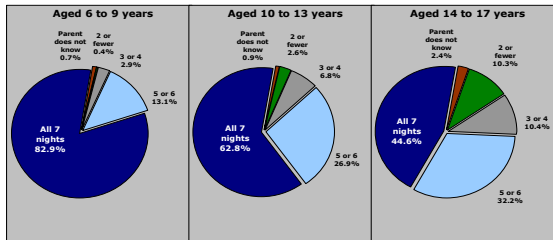
**More sleep is needed for everyone – especially for teens on school nights**

Good sleeping habits are extremely important for all children, but especially for adolescents who are experiencing a period of significant “brain growth.”

However, less than half of all teens aged 14 to 17 got eight or more hours of sleep on all seven nights in the past week.

### During the past week, including the weekend, how often did your child get at least 8 or more hours of sleep?

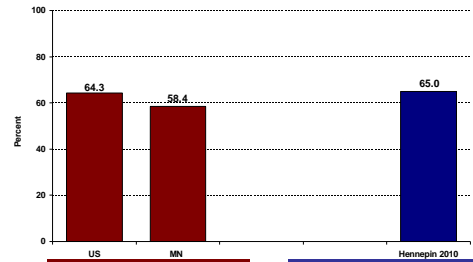
Hennepin County Children 2010



\*Statistically significant difference were noted by age group.

### Percent getting "adequate sleep" every night Statewide and National Comparisons

Hennepin County Children, 2010  
US & Minnesota Children, 2007



\*For the SHAPE survey "adequate sleep" was defined as at least 8 hours per night.

### SHAPE 2010 - Child Survey: Key findings

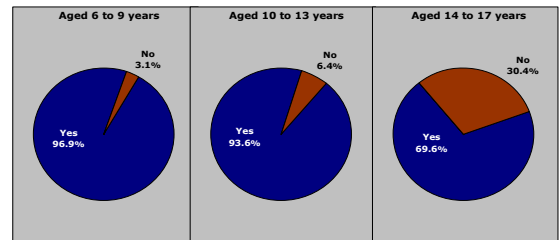
#### Family rules that support good sleeping habits

In 2010, parents were asked about various practices that tend to support sleep:

- Does your child have a specific bedtime on school nights?
- Does your family have any rules about watching TV or playing video games on school nights?

### Does your child have a specific bedtime on school nights?

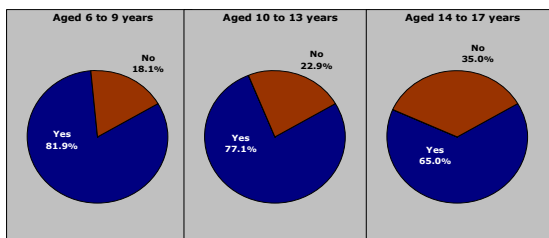
Hennepin County Children 2010



\*Statistically significant difference were noted by age group.

### Does your family have any rules about watching TV or playing video games on school nights?

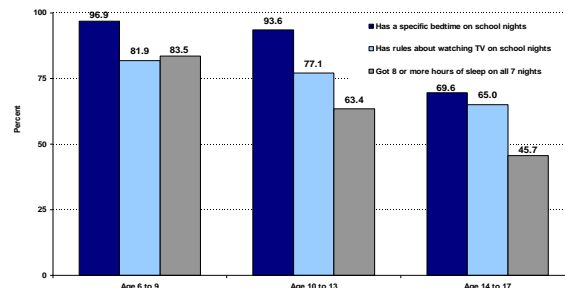
Hennepin County Children 2010



\*Statistically significant difference were noted by age group.

### Percent who have a specific bedtime on school nights, whose family has rules about TV or video games, and who got eight or more hours of sleep on all 7 nights last week

Hennepin County Children 2010






\*Statistically significant differences were noted among age groups.



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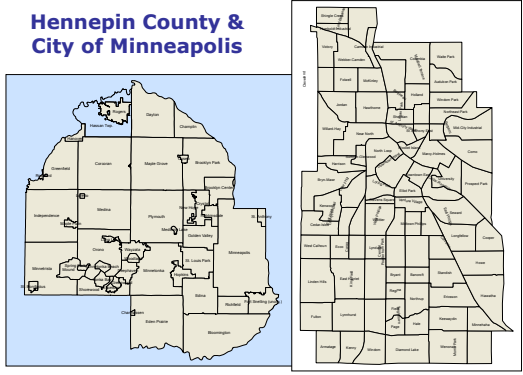
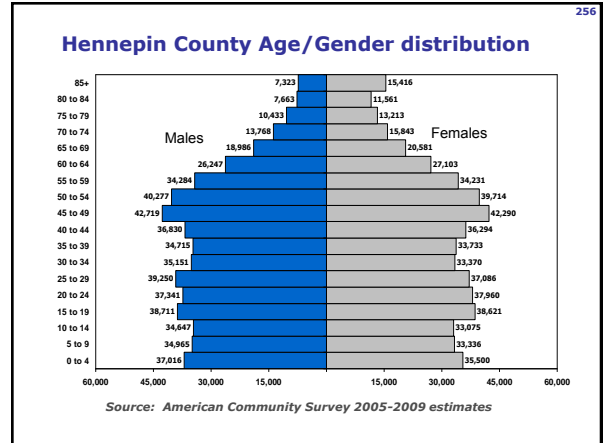
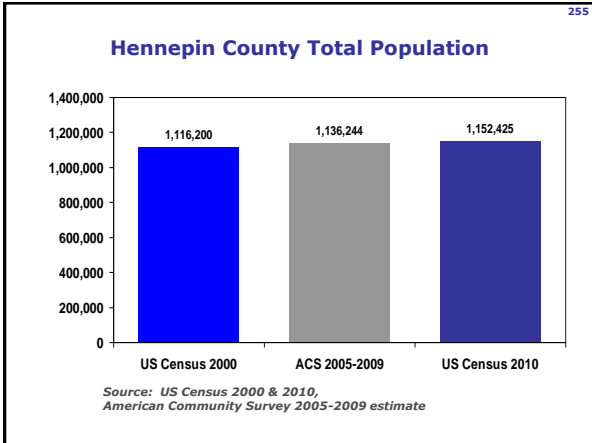
**SHAPE 2010**  
Your health matters.  
Your answers matter.

## Overview of the population of Hennepin County

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### Hennepin County & City of Minneapolis

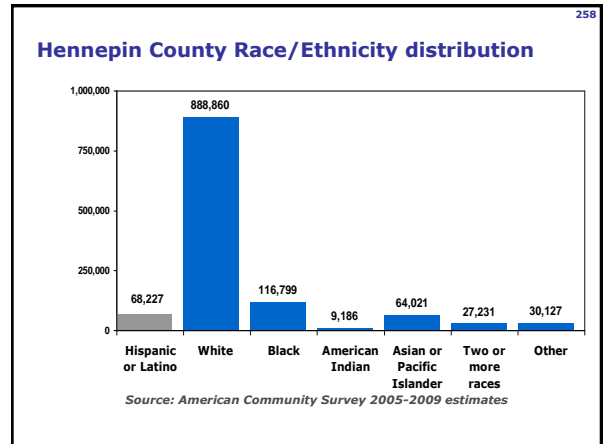



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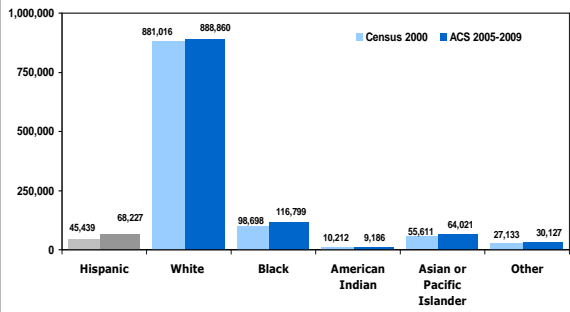
### Hennepin County Children

US Census 2010

	All	Males	Females
Total Population	261,345	133,052	128,293
Age 0 to 2	45,742	23,273	22,468
Age 3 to 5	44,976	22,862	22,114
Age 6 to 9	57,927	29,385	28,542
Age 10 to 13	55,478	28,317	27,162
Age 14 to 17	57,473	29,271	28,201
Age 0 to 5	90,718	46,135	44,583
Age 6 to 17	170,878	86,973	83,905

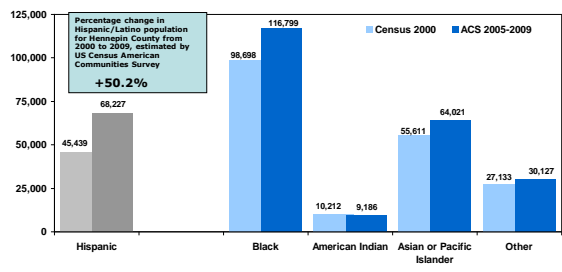


### Hennepin County Race/Ethnicity distribution changes over time



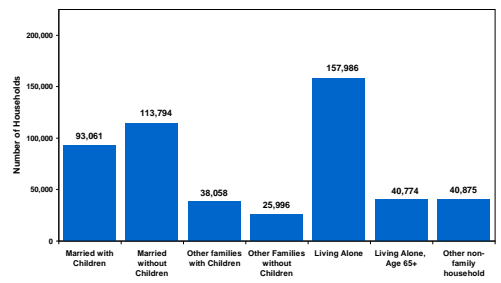
Source: US Census 2000 and ACS 2005-2009

### Hennepin County Race/Ethnicity distribution changes over time



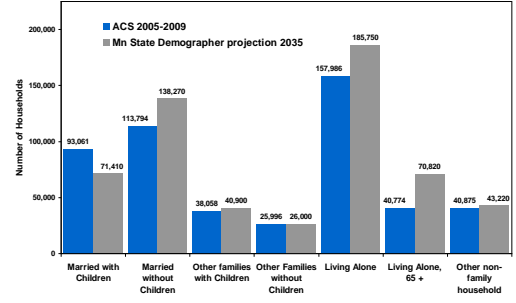
Source: US Census 2000 and ACS 2005-2009

### Hennepin County Household Types



Source: ACS 2005-2009 estimates

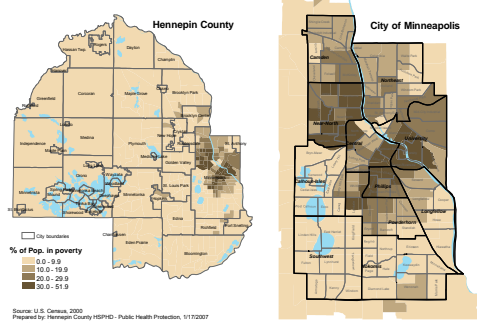
### Hennepin County household types current & projected



Source: ACS 2005-2009 estimates and MN State Demographer projection

### Hennepin County Poverty Distribution

Percentage of the Population in Poverty, 2000  
Data Displayed by Census Tract



Source: U.S. Census, 2000  
Prepared by Hennepin County HSPHD - Public Health Protection, 1/17/2007  
www.hennepin.us/shape

### HSPHD Assessment Unit /SHAPE Team

- Sheldon.Swaney@co.hennepin.mn.us, Supervisor (612) 348-6150
- Mei.Ding@co.hennepin.mn.us (612) 348-6309
- Melissa.Barker@co.hennepin.mn.us (612) 348-7416
- Urban.Landreman@co.hennepin.mn.us (612) 348-2283
- Komal.Mehrotra@co.hennepin.mn.us (612) 596-9967
- Christa.Meyer@co.hennepin.mn.us (612) 348-5111

[www.hennepin.us/SHAPE](http://www.hennepin.us/SHAPE)

### 3.A.6 List of Community Health Assessment Indicator Fact Sheets from the Hennepin Public Health Data website

Below is a listing of community health assessment indicators available on the Hennepin Public Health Data website that were fully populated with data as of July 2012.

This same list is also the table of contents for the PDF file of indicator fact sheets included in *APPENDIX 3 - Part B: Indicator Fact Sheets*.

See the actual website for the most current list of indicators and most current data. [www.hennepin.us/PublicHealthData](http://www.hennepin.us/PublicHealthData).

By hitting "enter" at the end of the indicator name, it should take you directly to the individual fact sheet at the website. *(If this doesn't work go to the website to find the fact sheet.)*

Domain	Indicator
Access to health services	Adults under 65 lacking health insurance
	Adults without usual place of care
	Children without health insurance coverage
	Child's health insurance continuity - gaps in coverage
	Children with dental care coverage
	Child has a medical home where he or she usually receives care
Environmental Quality	Number of good air quality days per year
	Children who are regularly exposed to tobacco smoke
	Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population
	Foreign-born Mothers – births to mothers who were born outside of the US or US territories
	Low birth weight – Singleton births weighing less than 2500 grams
	Maternal Age – Median age of Mother at 1st birth
	Maternal Age – Births to 1st time mothers aged 35 or over
	Limited prenatal care – Started prenatal care in third trimester or received no prenatal care
	Pre-term Births – Singleton births at less than 37 weeks of gestation

Domain	Indicator
<b>Mental Health</b>	Adults with frequent mental distress
	Adults with serious psychological distress
	Chronic mental or emotional health problems among 9th grade students
	Ever experienced physical, emotional or sexual abuse among 9th grade students
	Ever experienced physical, emotional or sexual abuse among 12th grade students
	Bullied at school among 9th grade students
	Bullied at school among 12th grade students
<b>Nutrition, Physical Activity, and Obesity</b>	Adults Being Obese
	Adults engaging in no leisure-time physical activity
	Adolescents who are overweight or obese in 9th grade
	Adolescents who are overweight or obese in 12th grade
	Adolescents meet recommendations for moderate physical activity
	Adolescents meet recommendations for vigorous physical activity
	Child regularly engages in physical activity
	Child meets the standard for servings of fruit
	Child meets the standard for servings of vegetables
	Child has zero sugar-sweetened drinks
<b>Overall health</b>	Adults reporting poor or fair health
	Adults with diabetes
	Adults with disability
	Adults who have had heart disease or a stroke
	Adults with high cholesterol
	Adults with hypertension
	Children are in excellent or very good overall health
	Child currently has a serious health condition

Domain	Indicator
<b>Preventive Services</b>	Adults aged 50 and older who had a colorectal cancer screening within the past 10 years
	Women aged 18 and older who had a cervical cancer screening within the past 3 years
	Women aged 40 and older who had a breast cancer screening within the past year
	Child meets the standard for preventive care visits
	Children with a dental visit in the past year
<b>Reproductive and Sexual Health</b>	HIV infection rate
	Chlamydia rate
	Gonorrhea rate
	Early Syphilis rate
	Adolescent sexual activity
	Adolescent sexual practices – Did not use condoms among 9th grade students
<b>Social Determinants</b>	Adolescent sexual practices – Did not use condoms among 12th grade students
	Adults reporting frequent everyday discrimination
	Adolescent connected to both parents
	Adolescents who are not well connected to school
	Adolescents who are not well connected to caring adults
	Children and teens often talk with their parents
	Child regularly shares family mealtimes together
<b>Tobacco and Substance Abuse</b>	Adults currently smoking
	Adolescent smoking rates
	Family member's alcohol or drug use is causing problems
	Adolescent alcohol use
	Adolescent binge drinking in past two weeks
	Adolescent marijuana use
<b>Demographic information</b>	2010 American Community Survey demographic and housing estimates
	2010 American Community Survey selected economic characteristics
	2010 American Community Survey selected housing characteristics
	2010 American Community Survey selected social characteristics