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 B
Data Detail - Indicator Fact Sheets

COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP

Convene ~ Catalyze ~ Collaborate

Hennepin

CITY OF BLOOMINGTON MINNESOTA

CITY OF EDINA, MINNESOTA

RICHFIELD

Minneapolis
City of Lakes

2012 - 2015
Community Health Improvement Plan
for Hennepin County Residents
APPENDIX 3 - Part B: INDICATOR FACT SHEETS

2012 Fact Sheets from the Hennepin Public Health Data website

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

A PDF file of indicator fact sheets follows this table of contents for those who wish to scan indicator summaries available *at the time of the 2012 CHIP Planning*.

For the most current list of indicators and most current data go to the website **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.)*

PDF File of indicator Fact Sheets

Indicator: Adults under 65 Lacking Health Insurance

Overview

Why Is This Indicator Important?

Health insurance in one of the best known and most common means used to obtain access to health care. *Healthy People 2020* sets a goal of 100% coverage for Americans under age 65.

How Are We Doing?

- Currently, 7.8% Hennepin County working age adults (age 18-64), an equivalent to 60,000 persons, lack health insurance coverage.
- Social and economic status matters. Working age adults of racial and ethnic minorities, low income, low education, not being married, reported a disproportionately higher rate of *currently uninsured* than their counterparts. Significant geographic variation in rates is also observed.
- While the young adults (age 18-24) still reported a highest *currently uninsured* rate (11.8%) among all adults, this rate represents 114% reduction from the rate in 2006 (25.3%).

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 -64		**7.8%**	± 1.1
Age (years)	18-24	**11.8%**	± 6.1
	25-34	**9.6%**	± 2.5
	35-44	**7.0%**	± 2.4
	45-54	**6.3%**	± 1.9
	55 -64	**5.0%**	± 1.9
Gender	Male	**9.2%**	± 2.1
	Female	**6.5%**	± 1.2
Household income	<200% federal poverty level *	**19.7%**	± 3.7
	≥200% federal poverty level *	**4.6%**	± 1.1
Geographic region	Minneapolis	**9.6%**	± 1.8
	Northwest suburbs	**8.7%**	± 2.8
	West suburbs	**5.9%**	± 3.1
	South suburbs	**4.5%**	± 2.3

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: Health insurance coverage is assessed via a survey question *"Do you have any of the following types of health coverage*?" with a wide range of public and private insurance categories for respondents to choose from. *Currently uninsured* is being defined if respondents answered *"I have no health insurance*" only. *Currently uninsured* measures residents' lack of health insurance coverage at the time of the survey. This is also known as a "point-in-time estimate," and provides an estimate of persons without coverage at any point in time. *Uninsured at least some time during the past year* measures residents' lack of coverage some time or all the time during the past year. Also known as "12-month-esitamte," this measure provides an annual caseload of persons without coverage. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey*, are used to monitor this indicator over time. Data from *SHAPE 2006* is used to report this indicator by race and ethnicity *as SHAPE 2010* does not have enough sample to do so. Data sources used for the chart "How does Hennepin County Compare" include *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and *2010 National health Interview Survey.*

Importance of this indicator: A person's ability to access health services has a profound effect on every aspect of his or her health. People without medical insurance are more likely to lack usual sources of medical care, and more likely to skip routine medical care due to cost, thus increasing their risk for serious and disabling health conditions. *Health People 2020* sets a goal of 100 % coverage for Americans under age 65.

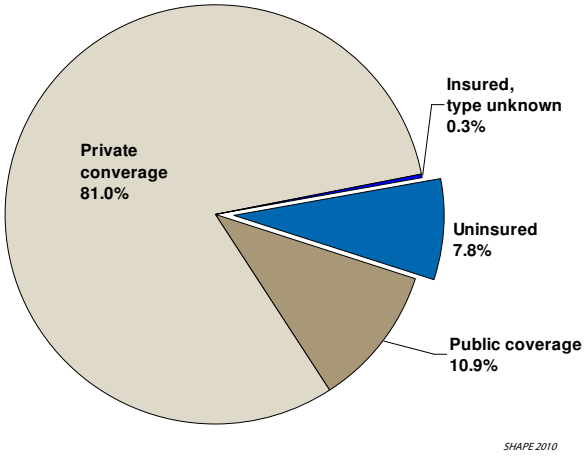
The great majority (92%) of Hennepin County working age adults (age 18-64) currently have health insurance coverage. Specifically, 11% working adults are covered through public programs and 81% are covered through private health plans. The rate of *currently uninsured* is 7.8%, an equivalent to about 60,000 county working age adults lacking health insurance coverage at any point of time. Compared to the *currently uninsured,* almost twice as many working age adults (11,000 persons, or 14.4%) lack health insurance *at least some time during the past the year.* The *currently uninsured rate* for county working age adults fluctuated between 1998 and 2010.

Health disparities: The rate of *currently uninsured* among county working age adults compares favorably to the rates among their peers in the state and in the nation. However, significant disparities in rates across different groups of working age adults within Hennepin County are observed. Working age adults who are males, of racial and ethnic minorities, low income, low education, not being married, or being lesbians, reported a disproportionately high rate of *currently uninsured.* Working age adults in North Minneapolis have a current uninsured rate almost three times as high as the rate for their counterparts in west and south suburb outer rings (11.5% vs. 4.1% or 4.2%). Young adults (age 18-240 have historically been one of the greatest segment of population without health insurance, and this is still true in 2010. However, the magnitude of being *uninsured* for young adults has been reduced from 25.3% in 2006 to 11.8% in 2010. This reduction may largely be due to the new Minnesota Law that was effective in January 2008 to cover dependents under their parents' policy up to age 25.

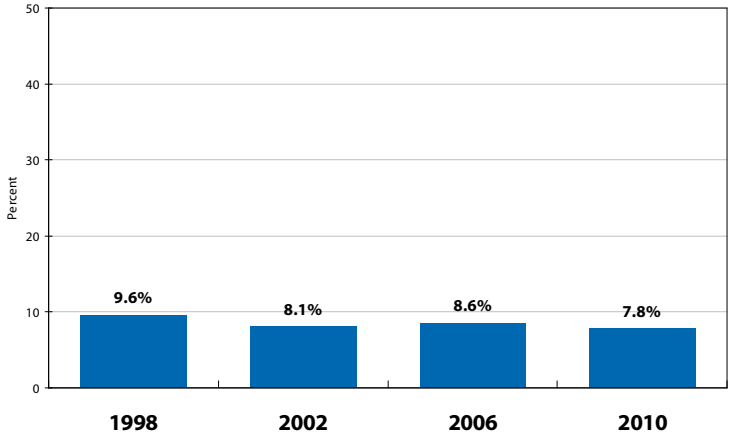
Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults (age 18-64) is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same variable or factor is statistically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the state of Minnesota is statistically significant. The level of statistical significance was determined at $p < 0.05$.

Indicator: Adults under 65 Lacking Health Insurance

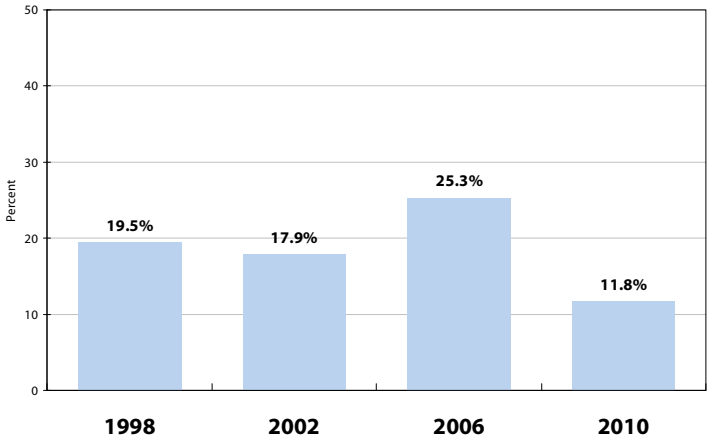
Current insurance states among adults age 18-64



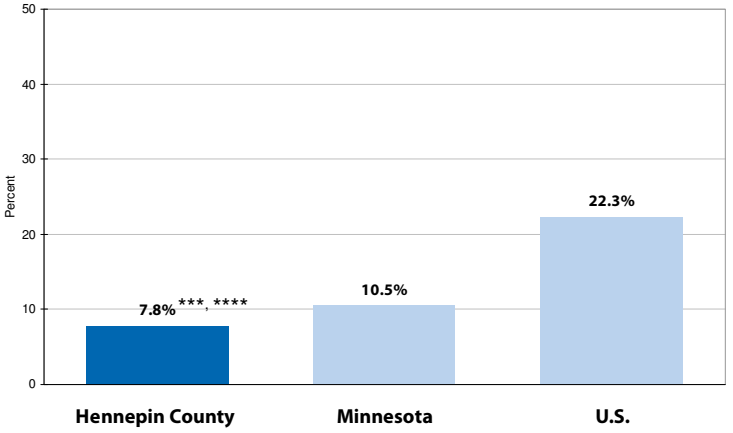
Currently uninsured among adults age 18-64
Time trend 1998-2010



Currently uninsured among young adults age18-24
Time trend 1998-2010



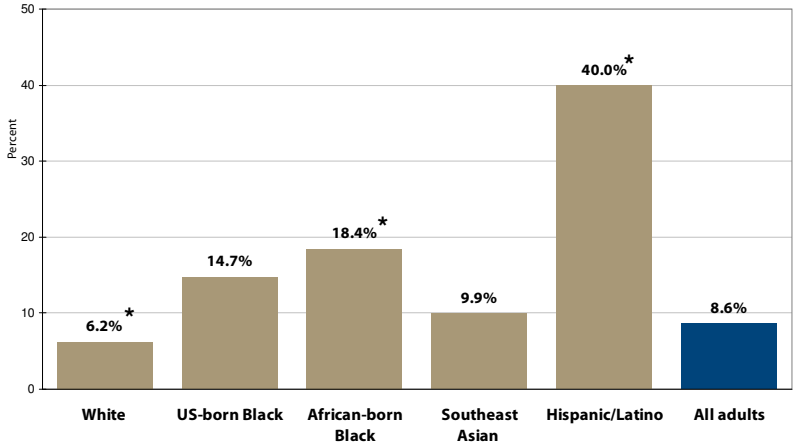
Currently uninsured among adults age 18-64 in 2010
How does Hennepin County compare?



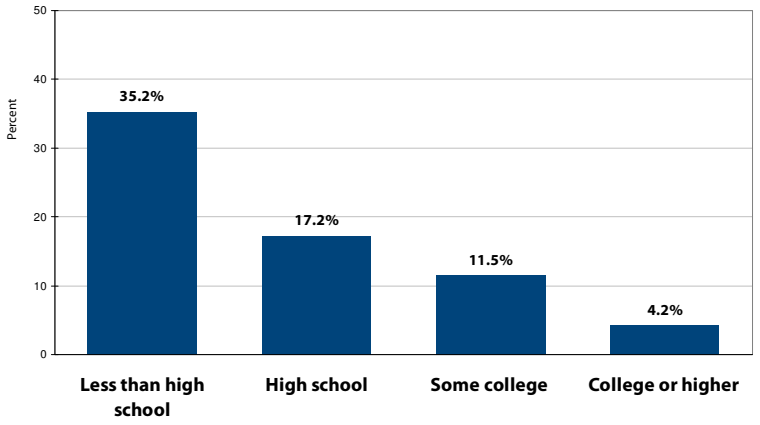
See technical notes for information on data sources and chart notations.

Indicator: Adults under 65 Lacking Health Insurance

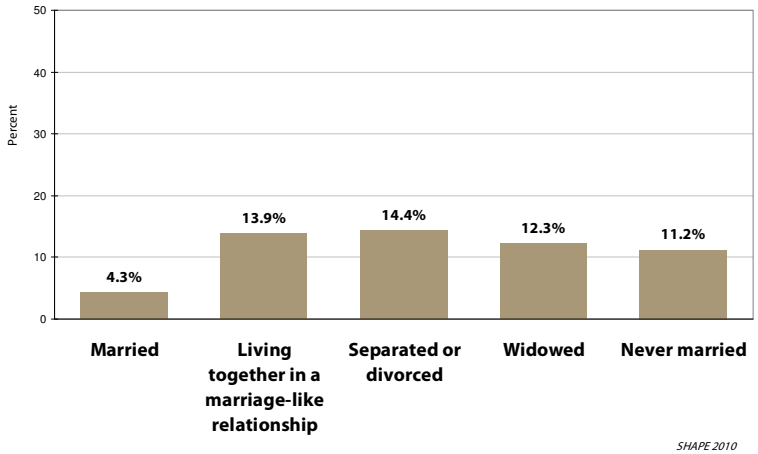
Currently uninsured among adults age 18-64 by race and ethnicity



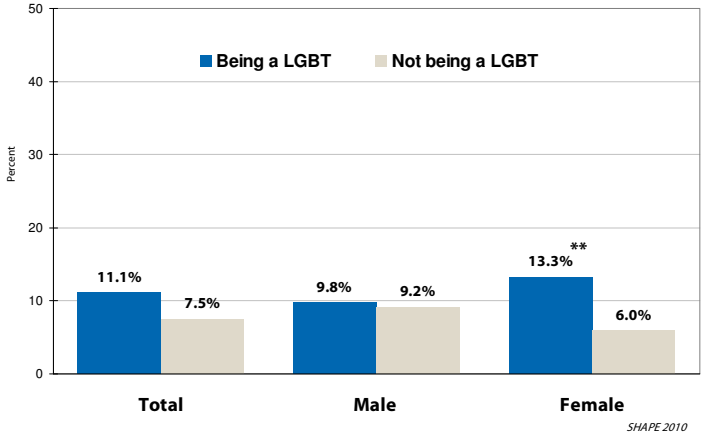
Currently uninsured among adults age 18-64 by educational level**



Currently uninsured among adults age 18-64 by marital status**



Currently uninsured among adults age 18-64 by lesbian, gay, bisexual or transgender (LGBT) status and gender



See technical notes for information on data sources and chart notations.

Indicator: Adults under 65 Lacking Health Insurance

Currently uninsured among adults age 18-64 (tbd) by geographic areas**

Map to be made:

Point: lowest in south and west suburban outer rings (4%)
highest in North Minneapolis (11.5%).

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart notations.

Indicator: Adults without Usual Place of Care

Overview

Why Is This Indicator Important?

Usual place of care is an important measure for access to health care.

How Are We Doing?

- While the majority (78.4%) of Hennepin County adults have a usual place of care when they are sick or need medical care, over one-fifth of them (22%) don't, either having no place to go, using emergency room, urgent care or minute clinic for the needed care.
- The rate of adults without usual place of care has increased from 14% in 2006 and in 1998 to 22% in 2010.
- The rate is higher among younger adults and among adult males.
- Residents of low income, low education, being US-born Blacks, being Hispanics or Latinos, experiencing recent frequent mental distress or psychological distress, being lesbians, reported a higher rate of no usual place of care. There is wide variation in rates across geographic areas.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults		**21.6%**	± 1.5
Age (years)	18-24*	**30.6%**	± 7.7
	25-44*	**27.1%**	± 2.6
	45-54	**17.5%**	± 3.0
	55-64 *	**11.1%**	± 2.4
	65 and older *	**10.8%**	± 2.0
Gender	Male*	**25.8%**	± 2.7
	Female*	**17.9%**	± 1.6
Household income	<200% federal poverty level *	**33.4%**	± 3.7
	≥200% federal poverty level	**18.5%**	± 1.7
Geographic region	Minneapolis	**25.1%**	± 2.5
	Northwest suburbs	**22.1%**	± 3.3
	West suburbs	**20.6%**	± 4.0
	South suburbs *	**15.4%**	± 2.6

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: *Usual place of care*, also known as regular place of care, usual place for on-going care, is assessed via a survey question *"When you are sick or need medical care, where do you usually go*?" followed a list of care places for respondents to choose from. *Lack of usual place of care* is being defined if respondents checked *no usual place* or checked *emergency room*, *urgent care*, or *minute clinic* as the place they usually go for care. *Usual source of care*, also known as regular source of care or having usual primary care provider, is being defined via the answer to the question "*Do you have a personal doctor or health provider?"* Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 2002* and *SHAPE 2006- Adult Survey* are used to monitor this indicator over time. Data from *SHAPE 2006* is used to report this indicator by race and ethnicity *as SHAPE 2010* does not have enough sample to do so.

Importance of this indicator: Usual place of care is an important indicator that measures person's ability to access health services. Persons without usual place of care are less likely to receive preventive care, more likely to have unmet health care needs, more hospitalizations, and higher costs of care.

Health disparities: In 2010, a great majority (78%) of Hennepin County adults has a usual place of care. However, over one-fifth of county adults (22%) have no usual source of care. This means when they are sick or need medical care, they either have no place to go, or use emergency room, urgent care or minute clinic. This rate far exceeds *Health People 2020* aims to reduce persons (all ages) without usual place of care to 5 % or lower. In 2010, 72% of Hennepin County adults reported that they have regular source of care or have a primary care provider.

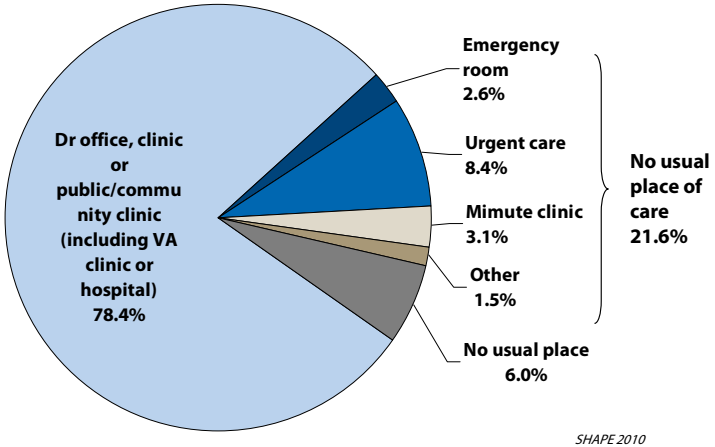
Disparities in rates of no usual place care are found across different groups in Hennepin County. Young adults, adult males have sizable higher rates of no usual place of care than older adults and adult females. Compared to their counterparts in Hennepin County, adults of low income, low education, being US-born Blacks, being Hispanics or Latinos, experiencing recent frequent mental distress or psychological distress, and being lesbians, reported a higher rate of no usual place of care. Wide variation in rates across geographic areas is also observed with the lowest rate (13%) in south suburban outer ring and the highest (29%) in North Minneapolis. The rate of no usual source of care is 3.5 times higher among those currently uninsured than among those currently insured, either publicly insured or privately insured (64% vs. 19%; and 64% vs. 18% respectively).

The rate of no usual place of care in 2010 (22%) is a large increased from the rate in 2006 (14.2%) or in 2002 (14.2%). Further analyses show that the increase in rates of no usual place of care between 2006 and 2010 is much greater among persons without health insurance than among those having health insurance.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. The level of statistical significance was determined at $p < 0.05$.

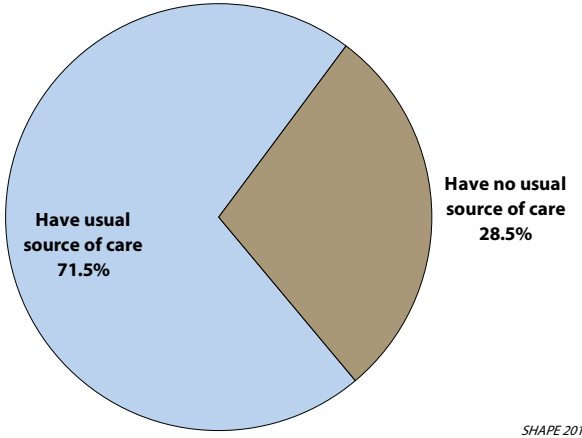
Indicator: Adults without Usual Place of Care

Adults usual place of care



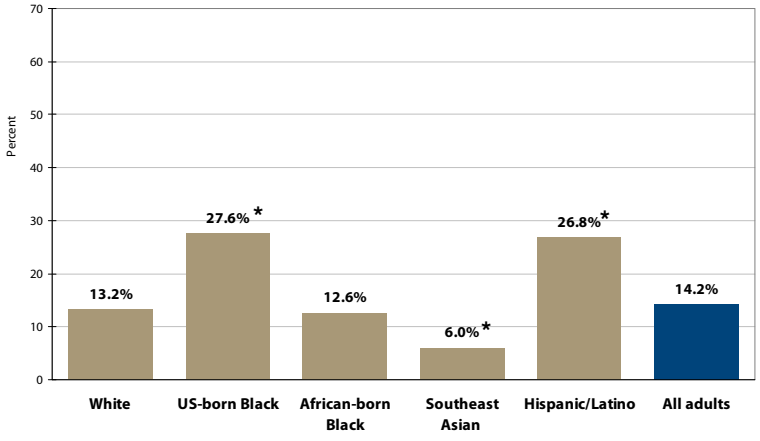
SHAPE 2010

Adults usual source of care



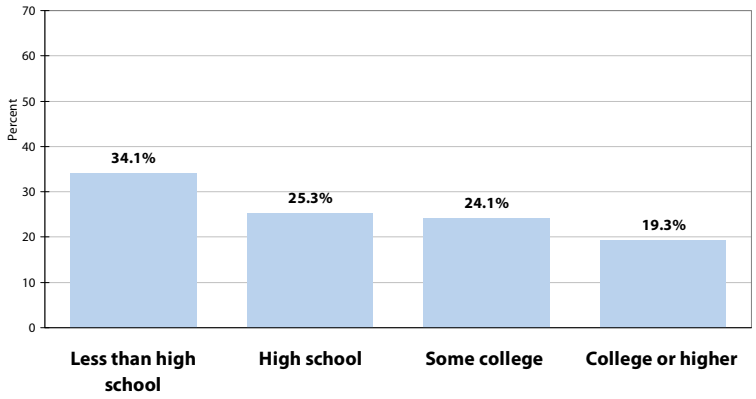
SHAPE 2010

Adults without usual place of care by race and ethnicity



SHAPE 2006

Adults without usual place of care by education**

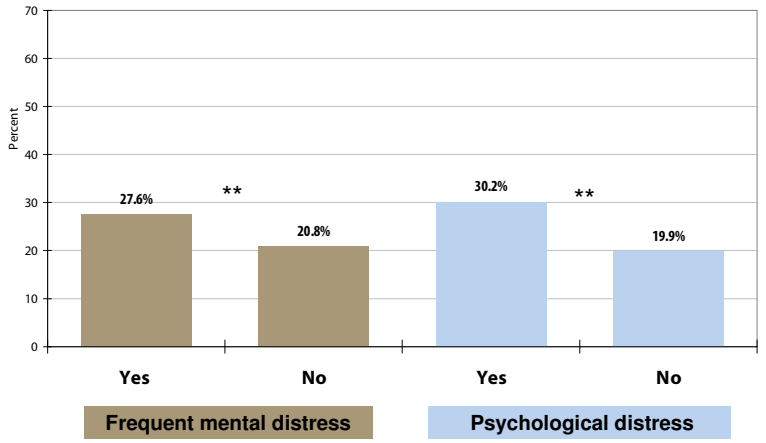


SHAPE 2010

See technical notes for information on data sources and chart notations.

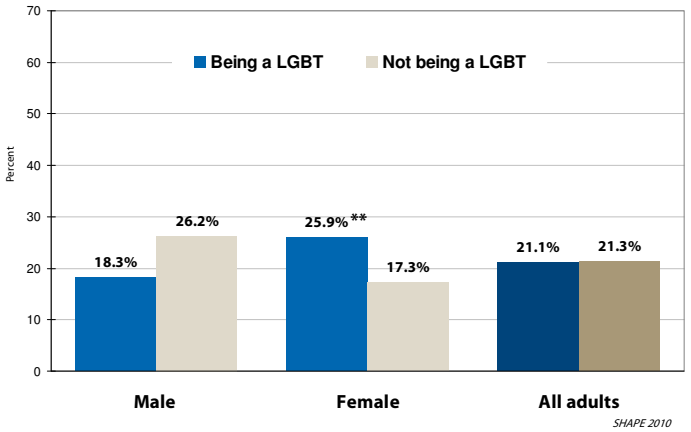
Indicator: Adults without Usual Place of Care

Adults without usual place of care by mental health status



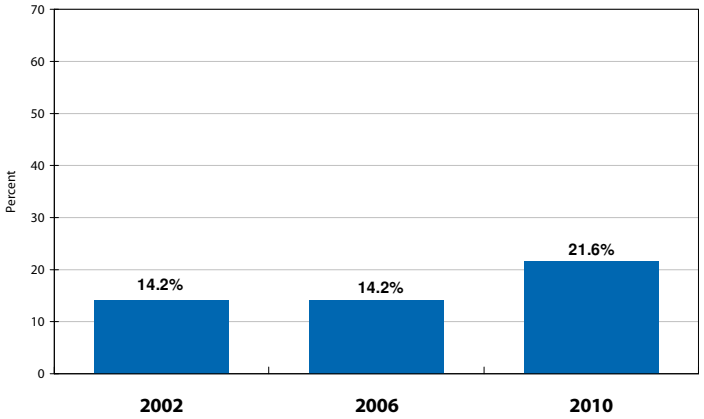
SHAPE 2010

Adults without usual place of care by lesbian, gay, bisexual or transgender (LGBT) status and gender

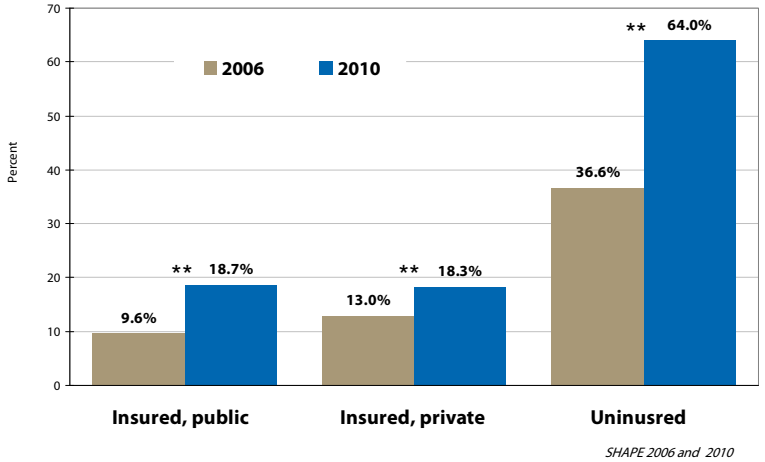


SHAPE 2010

Adults without usual place of care Time trend 2002-2010



Adults without usual place of care by current insurance status



SHAPE 2006 and 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults without Usual Place of Care

Adults without usual place of care by geographic areas**

Map will be available soon.
Rate variation range:
from 13.0% south suburban outer ring
to 29.3% North Minneapolis

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart notations.

Indicator: *Children without Health Insurance Coverage*

Overview

Why Is This Indicator Important?

Coverage for health care increases the likelihood that a child is regularly seen by a doctor or health professional. Regular health care visits are important for: monitoring healthy growth and development; accessing preventive screenings and immunizations; and, for diagnosing or treating serious health conditions.

How Are We Doing?

- Most Hennepin County parents report that their child currently has insurance coverage that pays for his or her health care. Yet, nearly one out of twenty Hennepin County children (4.5%) is currently uninsured.
- Data from *SHAPE 2006* indicated that *Hispanic/Latino* children were significantly less likely to have access to health insurance coverage than Hennepin County children overall (29.2 % are currently uninsured).

Data Source:

SHAPE 2006 & SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**4.5%**	± 1.3
Age Groups	0 - 2 years	**2.0%**	± 2.2
	3 - 5 years	**2.4%**	± 2.9
	6 – 9 years	**3.9%**	± 2.7
	10 – 13 years	**6.3%**	± 3.7
	14 – 17 years	**6.7%**	± 4.6
Geographic Location	Minneapolis	**6.5%**	± 3.0
	Suburban Hennepin	**3.5%**	± 1.6
Race / Ethnicity**	Asian / Pacific Islander	**0.7%**	± 1.3
	Black / African American	**5.3%**	± 2.6
	Native American/ American Indian	**	
	White	**2.5%**	± 0.8
	Hispanic / Latino*	**29.2%**	± 5.9

*** Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old who *are currently without health insurance coverage*.

Data source: The data on *children without health insurance coverage* are drawn from both the *SHAPE 2006 and SHAPE 2010 – Child Surveys*. These surveys asked parents about various types of health coverage they may have for their child: "Does your child currently have any of the following types of health coverage … ?" Based on the responses given, children were classified as having a *private source*, a *public source*, or *uninsured* (*currently without health insurance coverage*). More information about the questions and methodology of the *SHAPE 2006* and *SHAPE 2010* surveys is available in the *SHAPE - Child Data Books* (accessible on-line at *www.Hennepin.us/SHAPE)*.

Importance of this indicator: Coverage for health care may increase the likelihood that children are seen regularly by a doctor or health professional. Regular health care visits are important for: monitoring healthy development; accessing preventive screenings and immunizations; and, for treating significant chronic conditions. The lack of adequate health care coverage is a considered a significant risk to a child's overall health and well-being.

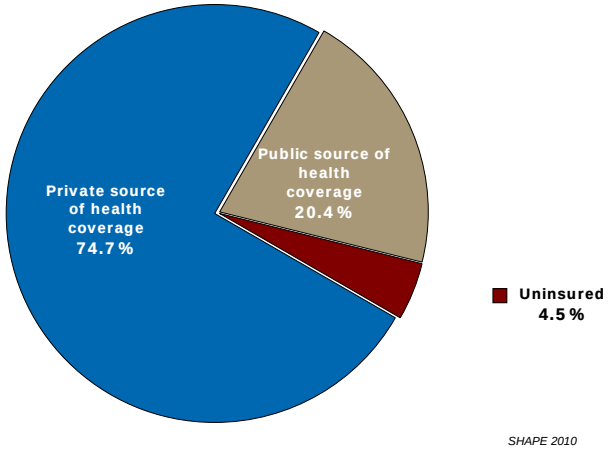
Health disparities: Data from the *SHAPE 2006 – Child Survey*, found that *Hispanic/Latino* children were significantly less likely to have health insurance coverage compared to Hennepin County children overall, and as compared to any other racial or ethnic group within the county (statistical significance was determined at $p < 0.05$). Children from urban areas (Minneapolis) appeared to be somewhat more likely to be uninsured; however, the difference in the rates reported by location of residence is not statistically significant.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly higher or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, lower rates are "better" than higher rates as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates by Race / Ethnicity: The most recent data showing a breakdown for this indicator for various racial or ethnic groups are drawn from the *SHAPE 2006 – Child Survey*. The number of children whose race /ethnicity was identified as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Children whose ethnicity was identified as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* children combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

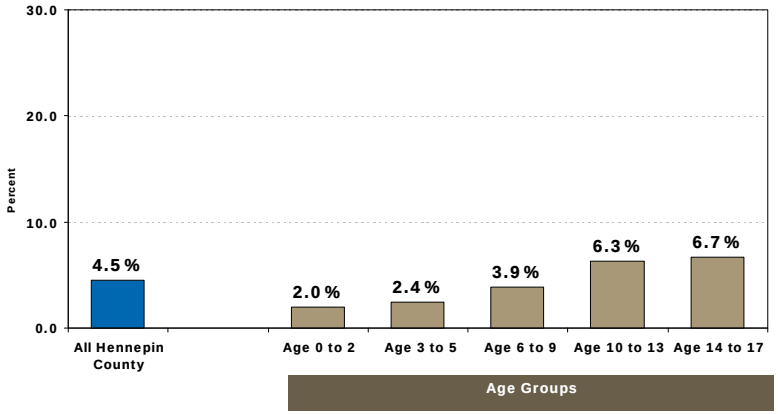
Indicator: *Children without Health Insurance Coverage*

Health Insurance Coverage



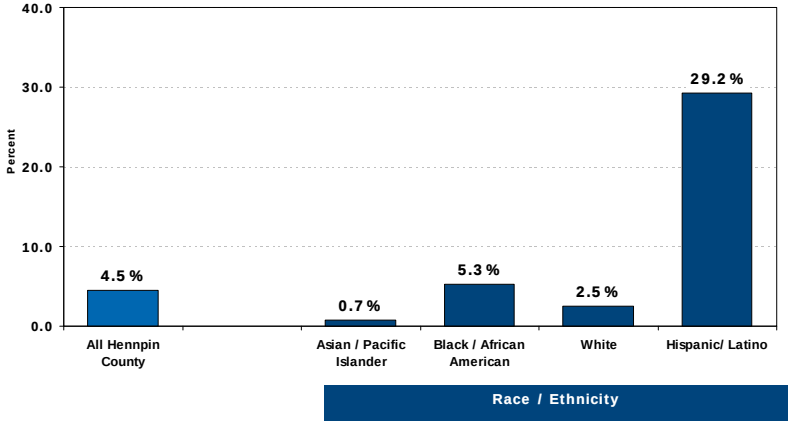
SHAPE 2010

Currently Uninsured
by Age of Child



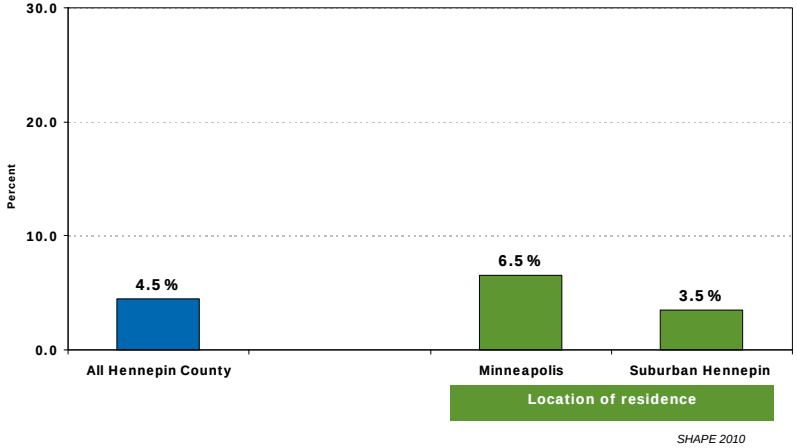
SHAPE 2010

Currently Uninsured
by Race / Ethnicity



SHAPE 2006

Currently Uninsured
by Location of residence



SHAPE 2010

** See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child's Health insurance continuity - Gaps in coverage*

Overview

Why Is This Indicator Important?

Children who were *uninsured*, or who experienced *gaps in their health care coverage,* lacked *health insurance continuity*. If there are *gaps* in a child's health care coverage (i.e., they were not covered for at least part of last year), it can create obstacles to having the child receive consistent, timely, and affordable medical care.

How Are We Doing?

- Most Hennepin County parents report that their child had *continuous health insurance coverage* for the past year. Yet, nearly one out of ten Hennepin County children (9.9%) experienced a *gap in the continuity* of their health insurance coverage.
- The rates for *income level groups* show significant disparities; the rate for children from *low income households* is more than 10 times greater than the rate for those who are *not from low income households* (27.4% and 2.6% respectively).

Data Source:

SHAPE 2006 & SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**9.9%**	± 1.8
Age Groups	0 - 2 years	**9.4%**	± 4.0
	3 - 5 years	**9.8%**	± 5.2
	6 – 9 years	**9.7%**	± 3.9
	10 – 13 years	**10.2%**	± 4.0
	14 – 17 years	**10.5%**	± 5.0
Geographic Location	Minneapolis	**13.4%**	± 3.8
	Suburban Hennepin	**8.5%**	± 2.1
Household Income **	Low income	**27.4%**	± 5.2
	Not low income	**2.6%**	± 1.2
Race / Ethnicity**	Asian / Pacific Islander	**5.7%**	± 4.7
	Black / African American*	**14.8%**	± 4.0
	Native American/ American Indian	**	
	White	**4.6%**	± 1.1
	Hispanic / Latino*	**35.5%**	± 6.1

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old *who were without health care coverage for all or part of the past 12 months.*

Data source: The data on *children's health insurance coverage continuity* are drawn from both the *SHAPE 2006 and the SHAPE 2010 – Child Surveys*. Parents were asked: "During the past 12 months, did your child have health insurance for the *entire year*, only *part of the year*, or was your child *uninsured for the entire year*?" Based on the responses given, children were identified as *lacking health coverage continuity* if they were *uninsured* or *insured for only part of the year*. More information about the questions and methodology of the *SHAPE 2006* and *SHAPE 2010* surveys is available in the *SHAPE - Child Data Books* (accessible on-line at *www.Hennepin.us/SHAPE)*.

Importance of this indicator: Children who were *uninsured*, or who experienced *gaps in their health care coverage,* lacked *health insurance continuity*. If there are *gaps* in a child's health care coverage (i.e., they were not covered for at least part of last year), it can create obstacles to having the child receive consistent, timely, and affordable medical care.

Health disparities: The rates for *income level groups* show significant disparities; for children from *low income households,* the rate is more than 10 times greater than the rate for those who are *not from low income households* (27.4% and 2.6% respectively). Data from the *SHAPE 2006 – Child Survey*, found that *Hispanic/Latino* children were significantly less likely to have had *continuous health insurance coverage* compared to *Hennepin County children overall*, and as compared to any other racial or ethnic group within the county. In 2006, children who are *Black/African American* were also found to have *gaps in their health insurance continuity* at rates significantly higher than *Hennepin County children overall* (statistical significance was determined at $p < 0.05$).

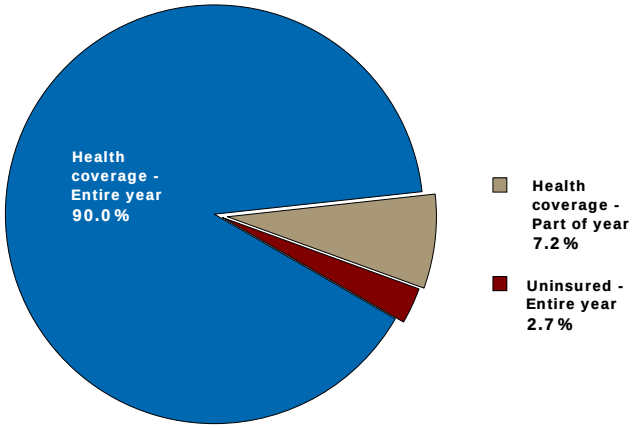
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly higher or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, lower rates are "better" than higher rates as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special Notes on reporting rates by Race / Ethnicity: The most recent data showing a breakdown for this indicator for various racial or ethnic groups are drawn from the *SHAPE 2006 – Child Survey*. The number of children whose race /ethnicity was identified as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Children whose ethnicity was identified as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* children combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

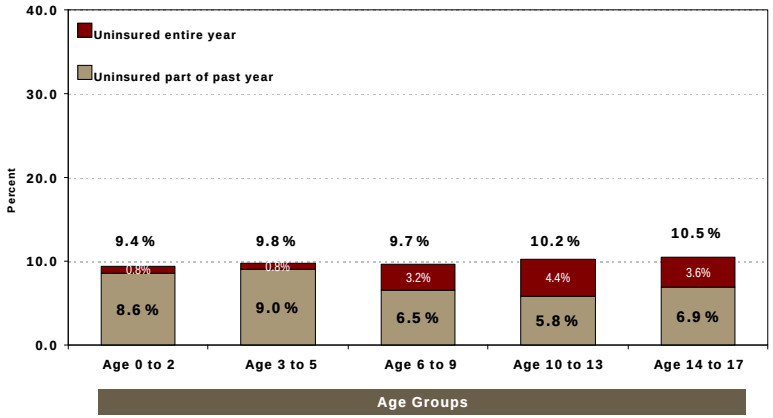
Indicator: *Child's Health insurance continuity - Gaps in coverage*

Health Insurance Continuity of Coverage



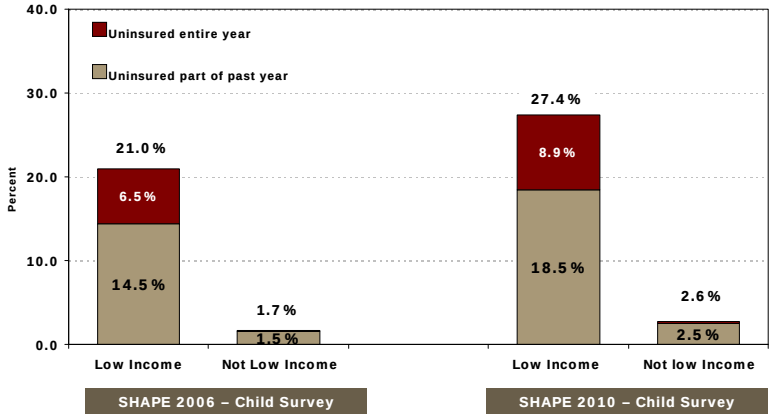
SHAPE 2010

Uninsured for all or part of the year by Age of Child



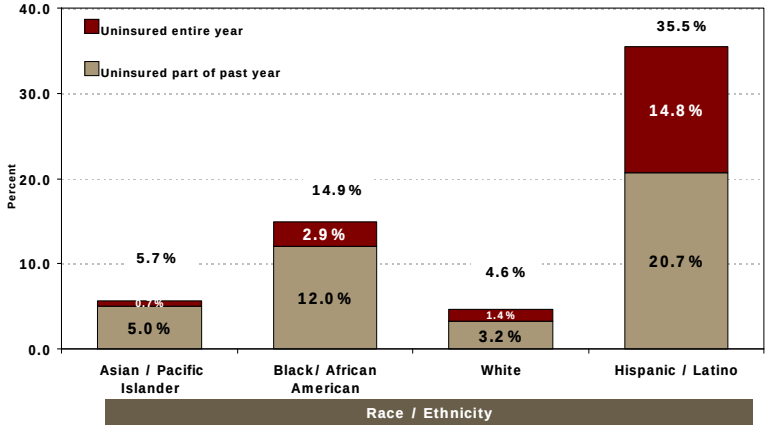
SHAPE 2010

Uninsured for all or part of the year by Household Income** 2006 – 2010



SHAPE 2006 & 2010

Uninsured for all or part of the year by Race/Ethnicity**



SHAPE 2006

** See *Technical Notes* for information on data sources and chart notations.

Indicator: *Children with Dental Care Coverage*

Overview

Why Is This Indicator Important?

Coverage for dental care may increase the likelihood that children are seen regularly for dental care visits. Regular visits to a dentist or oral hygienist are important for monitoring healthy development, and for preventing cavities, gum disease or other serious oral health conditions.

How Are We Doing?

- In 2006, most Hennepin County parents reported that their child had insurance that paid for all or part of his or her dental care (87.0%)
- Hispanic or Latino children were significantly less likely to have access to dental coverage than Hennepin County children overall.
- Children from low income households were less likely to have insurance that covered their dental care when compared to Hennepin County children overall (82.1% compared to 87.0%, respectively).

Data Source:

SHAPE 2006 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**87.0%**	± 1.4
Age Groups	3 – 5 years	**84.5%**	± 3.4
	6 – 11 years	**87.6%**	± 2.3
	12 – 17 years	**87.6%**	± 2.2
Geographic Location	Minneapolis	**84.4%**	± 2.4
	Suburban Areas	**88.2%**	± 1.8
Household Income**	Low income	**82.1%**	± 2.9
	Not low income	**89.1%**	± 1.6
Race / Ethnicity**	Black / African American	**91.5%**	± 3.5
	Asian / P. I.	**90.2%**	± 5.8
	Native American/ American Indian	**	
	White	**86.9%**	± 1.8
	Hispanic / Latino*	**66.8%**	± 6.8

*** Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**

**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old who currently have dental care coverage.

Data source: The data on *dental care coverage* are drawn from the *SHAPE 2006 – Child Survey*. This survey question was asked about children aged 3 to 17: "Does your child currently have any insurance that pays for all or part of his or her dental care?" More information about the questions and methodology of the *SHAPE 2006* survey is available in the *SHAPE 2006 - Child Data Book* (accessible on-line at *www.Hennepin.us/SHAPE)*.

Importance of this indicator: Although dental care coverage is an important indicator of children's health, coverage alone does not guarantee access to visits with dentists or oral hygienists. In the case of low income children, or others who may be covered by publicly supported health programs, access to dental care providers may be dependent of more factors than simply having some form of dental care coverage. Data on children actually receiving regular visits with dentists or hygienists has also been provided as a separate indicator. These data reveal some significant gaps in actual visits, as opposed to simply having access to coverage to pay for visits.

Health disparities: *Hispanic/ Latino* children are significantly less likely to be covered for all or part of their dental care compared to Hennepin County children overall, and as compared to any other racial or ethnic group within the county (statistical significance was determined at $p < 0.05$). Children from *low income households* are statistically significantly less likely to have coverage for dental care when compared to all Hennepin County children aged 3 to 17 years old, and as compared to children who are *not* from *low income households*. There were no statistically significant differences in dental care coverage noted by age or by location of residence.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

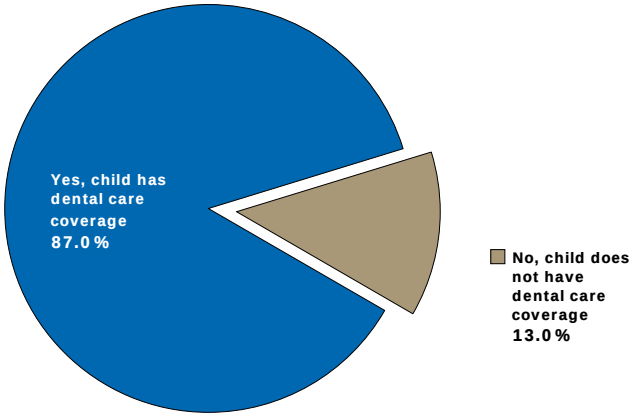
Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special Notes on reporting rates by Race / Ethnicity: The most recent data showing a breakdown for this indicator for various racial or ethnic groups are drawn from the *SHAPE 2006 – Child Survey*. The number of children whose race /ethnicity was identified as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Children whose ethnicity was identified as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* children combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Indicator: *Children with Dental Care Coverage*

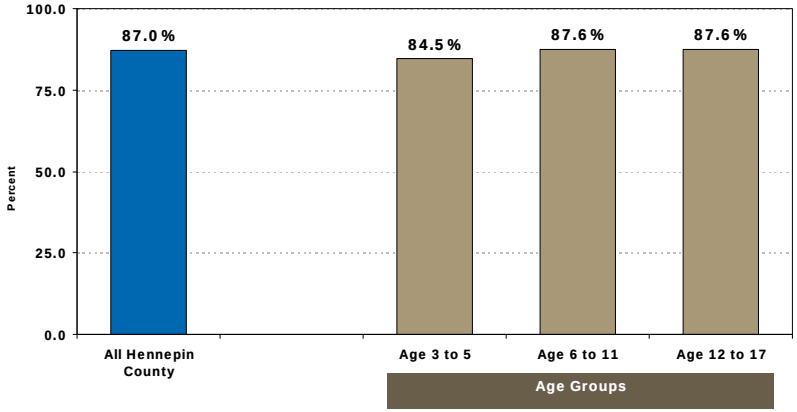
Does your child have any insurance that pays for all or part of his or her dental care?

Children Aged 3 to 17



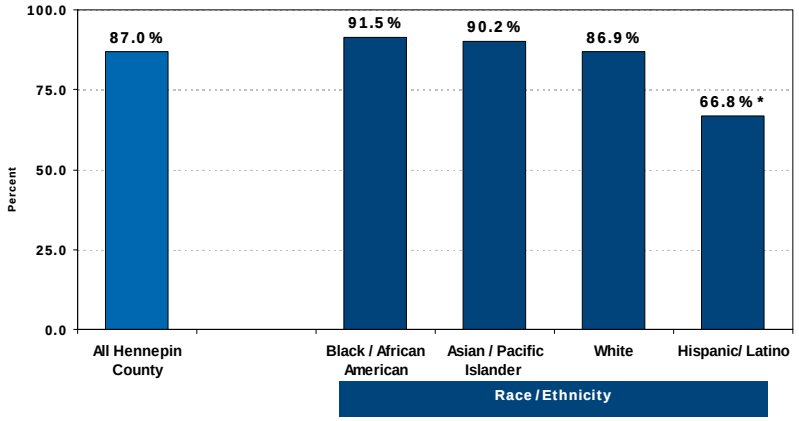
SHAPE 2006

Dental Care Coverage
by Age of Child



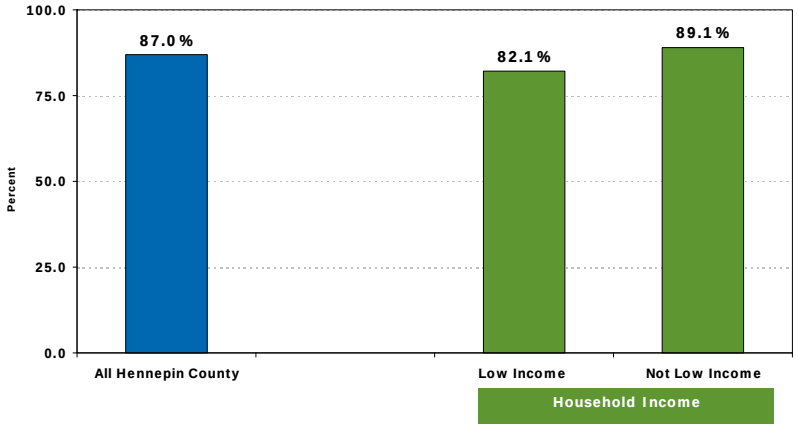
SHAPE 2006

Dental Care Coverage
by Race / Ethnicity of child**



SHAPE 2006

Dental Care Coverage
by Household Income Level**



SHAPE 2006

** See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child has a Medical Home where he or she usually receives care*

Overview

Why Is This Indicator Important?

A *medical home* is a doctor's office or clinic (including a public health clinic) where the child *usually goes when he or she is sick or needs medical care*. It is important for children to have a consistent source of medical care, where their health concerns can be monitored by health professionals who know their conditions, and where the child can receive any needed follow-up care.

How Are We Doing?

- Most Hennepin County parents report that their child has a usual medical home (88.8%).
- Children from *low income households* were significantly less likely to have *a usual medical home* as compared to the rate for *all Hennepin County children overall* (80.9% compared to 88.8%, respectively).

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**88.8%**	± 1.9
Age Groups	0 – 2 years	**93.1%**	± 4.1
	3 – 5 years	**87.6%**	± 5.1
	6 – 9 years	**89.5%**	± 4.1
	10 – 13 years	**89.2%**	± 4.7
	14 – 17 years	**85.9%**	± 5.5
Gender	Male	**88.3%**	± 2.7
	Female	**89.4%**	± 3.1
Geographic Location	Minneapolis	**86.7%**	± 3.8
	Suburban Areas	**89.8%**	± 2.4
Household Income**	Low income*	**80.9%**	± 4.7
	Not low income	**92.2%**	± 2.1
Usual source of care, if other than a *medical home*	*Urgent Care Center*	**5.4%**	± 1.6
	Hospital ER	**2.5%**	± 0.9
	Clinic at a drug store or grocery	**1.9%**	± 0.9
	Has no usual place	**1.5%**	± 0.9

*** Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old who, *when they are sick or need medical care, usually go to a doctor's office or clinic*.

Data source: The data on the *child's usual source of medical care* are drawn from the *SHAPE 2006 & 2010 – Child Surveys*. Parents were asked: "When the child is sick or needs medical care, where does he or she usually go … *A doctor's office or clinic*, *the hospital Emergency Room*, *an urgent care center*, *a clinic in a drug store or grocery*, or *no usual place*?" More information about the questions and methodology of the *SHAPE 2006 and SHAPE 2010* surveys is available in the *SHAPE 2010 - Child Data Book* (accessible on-line at *www.Hennepin.us/SHAPE)*.

Importance of this indicator: A *medical home* is a doctor's office or clinic (including a public health clinic) where the child *usually goes when he or she is sick or needs medical care*. It is important for children to have a consistent source of medical care, where their health concerns can be monitored by health professionals who know their conditions, and where the child can receive any needed follow-up care.

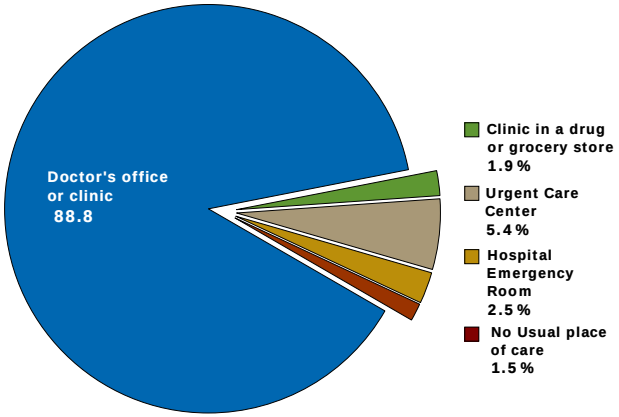
Health disparities: Children from *low income households* are statistically significantly less likely to have a consistent *medical home* for their health care needs when compared to *all Hennepin County Children overall* (statistical significance was determined at $p < 0.05$). Additionally, children from *low income households* are significantly less likely to have a consistent medical home when compared to children who are not from low income households. There are statistically significant differences by income level for the combined rates of using *an urgent care*, *hospital Emergency Room* and having *no usual pace of care*, in 2010 (but not in 2006); and, a statistically significant increase over time from 2006 to 2010 was noted in the percentage of *low income children* who do *not* have a medical home.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

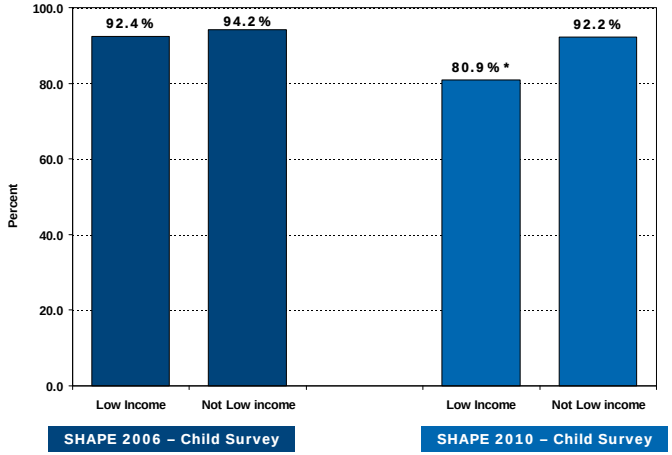
Indicator: *Child has a Medical Home where he or she usually receives care*

When your child is sick or needs medical care, where does he or she usually go?

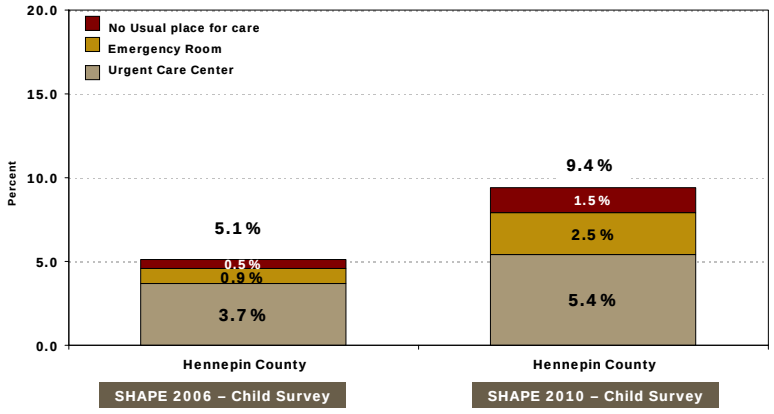


SHAPE 2010

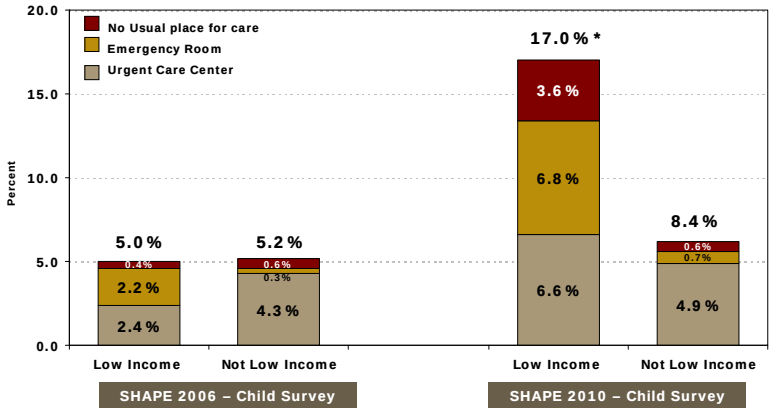
Child usually goes to a doctor's office or clinic to receive medical care by Household income level**



Child usually goes to Urgent Care, ER or has No usual place to go



Child usually goes to Urgent Care, ER or has No usual place to go by Household Income Level**



** See *Technical Notes* for information on data sources and chart notations.

Indicator: *Number of Good Air Quality days per year*

Overview

Why Is This Indicator Important?
Poor air quality contributes to or increases the symptoms associated with several respiratory conditions, making it difficult for adults and children to breathe. These conditions include asthma, bronchitis, emphysema and chronic obstructive pulmonary disease (COPD).

How Are We Doing?

- Most days, Hennepin County residents enjoy *Healthy* air quality (224 days, or 61.4% of the days per year).
- Compared to other areas in the state, the Metro Area has more unhealthy AQI days than other places.
- Peak periods for *unhealthy AQI readings* occur in single and multi-day air pollution events, most often in February and March.

Data Source:
Minnesota Pollution Control Agency – Annual AQI Summary Reports (Mn PCA).

Hennepin County		Number of Days	Percent of year
Air quality index (AQI)**	Healthy	224	61.4%
	Moderately unhealthy	137	37.5%
	Unhealthy for sensitive groups	4	1.1%
	Unhealthy	0	0.0%
Other Locations		**Number of Days**	**Percent of year**
Healthy AQI **	Brainerd	312	85.5%
	Duluth	318	87.1%
	Marshall	306	83.8%
	Rochester	268	73.4%
	St. Cloud	260	71.2%

** See *Technical Notes* for information on data sources and chart notations.

Technical Notes

Definition of indicator: *The number of days per year that the air quality index (AQI) reported for the Twin Cities is considered "Good"* (defined as the peak daily reading at or below 50 on the *AQI scale* of 1 to 500).

Data source: The *Air Quality Index (AQI)* was developed by the U.S. Environmental Protection Agency *(EPA)* to provide a simple, uniform way to report daily air quality conditions. The *AQI* in Minnesota is determined by measuring four pollutants: ozone, sulfur dioxide (SO2), fine particulate matter (PM2.5), and carbon monoxide. The *AQI* uses numbers from 0 to 500 to describe the air quality conditions and their possible effects on human health. Readings of 0-50 are described as *Good*, 51-100 as *Moderate*, 101-150 as *Unhealthy for Sensitive Groups*, 151-200 *Unhealthy*, 201-300 *Very Unhealthy*, and 301 or above as *Hazardous*. More information is available on-line through the Minnesota Pollution Control Agency.

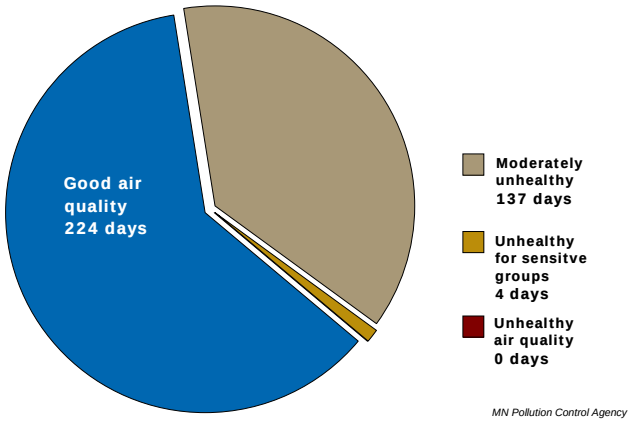
Importance of this indicator: Poor air quality contributes to or increases the symptoms associated with several respiratory conditions, making it difficult for adults and children to breathe. These conditions include asthma, bronchitis, emphysema and chronic obstructive pulmonary disease (COPD). While the *AQI* in Minnesota cities rarely reaches the *unhealthy* level, on days when the index rises above the *moderate level*, respiratory symptoms may appear in sensitive individuals, such as: possible aggravation of heart or lung disease in people with cardiopulmonary disease and in older adults; increased cardiovascular symptoms, such as chest pain, in people with cardiovascular disease; and the increased likelihood of respiratory symptoms, such as chest tightness and breathing discomfort, in people with asthma.

Health disparities: Of greatest concern are individuals with chronic heart and lung conditions, those who are older and have reduced lung capacity, or very young children. Workers who perform strenuous activities out of doors and others who engage in vigorous physical activity may also be disproportionately affected on days when the *AQI* rises above the *moderate level*.

Indicator: *Number of Good Air Quality days per year*

Air Quality Index

Healthy and Unhealthy Days in 2011

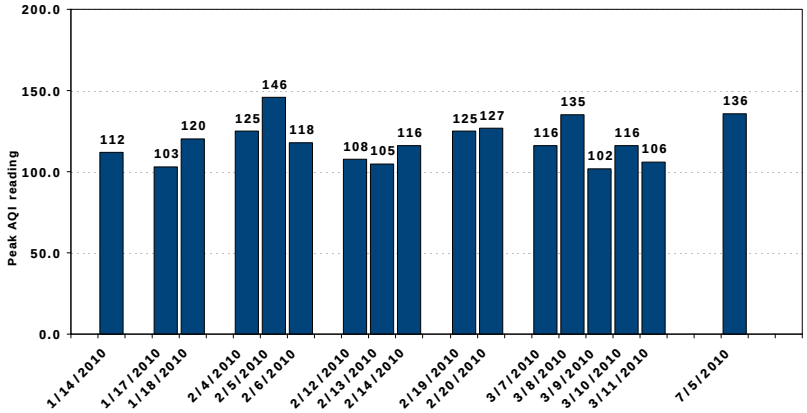


MN Pollution Control Agency

Unhealthy for Sensitive Groups

Single and Multi-day Pollution events

Peak AQI exceeding 100 in Metro Area, 2010

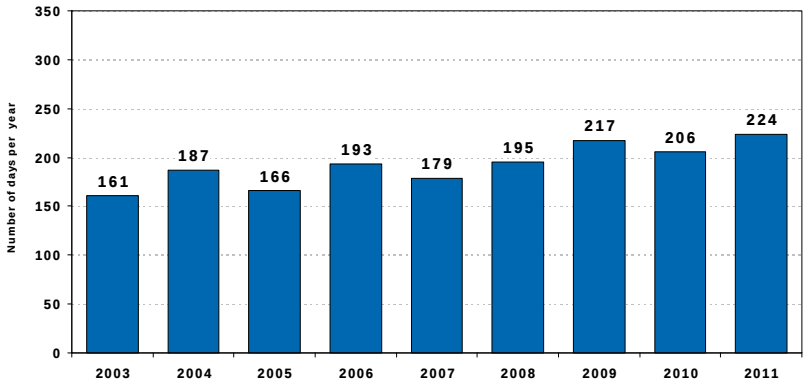


MN Pollution Control Agency

Good Air Quality

Days per year for Twin Cities Metro Area

Trend Data 2003 to 2011

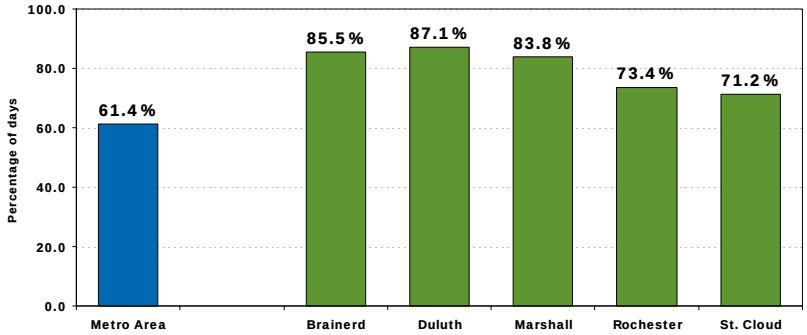


MN Pollution Control Agency

Good Air Quality

percent of days per year in Metro Area

Compared to other locations, 2011



MN Pollution Control Agency

Indicator: *Children who are regularly Exposed to Tobacco smoke*

Overview

Why Is This Indicator Important?

Regular exposure to tobacco smoke may contribute to a child's susceptibility to respiratory infections, lead to asthma attacks, or aggravate other chronic health conditions. Long-term exposure to tobacco smoke has been linked to chronic lung diseases and cancer.

How Are We Doing?

- Most Hennepin County parents report that their child aged 0 to 17 is *free* from *regular exposure to tobacco smoke*. However, one out of ten children is *regularly exposed to tobacco smoke* (10.2% overall).
- Children from *low income households* were significantly more likely to be *regularly exposed to tobacco smoke* than *Hennepin County children overall* (23.2% compared to 10.2%).
- Children residing in *multi-unit housing* are significantly more likely to be exposed to regular tobacco smoke than children who do *not* reside in *multi-unit housing*.

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**10.2%**	± 1.8
Age	0 – 2 years	**10.6%**	± 4.7
	3 – 5 years	**9.6%**	± 4.8
	6 – 9 years	**8.8%**	± 3.9
	10 – 13 years	**11.5%**	± 4.4
	14 – 17 years	**10.9%**	± 4.5
Gender	Male	**9.7%**	± 2.4
	Female	**10.8%**	± 2.9
Geographic Location	Minneapolis	**14.4%**	± 3.3
	Suburban Areas	**8.4%**	± 2.3
Household Income**	Low income*	**23.1%**	± 4.8
	Not low income	**4.7%**	± 1.5
Type of housing**	Multi-unit housing	**11.5%**	± 6.2
	Not multi-unit	**3.2%**	± 1.2

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**

**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years *who are regularly exposed to tobacco smoke*.

Data source: The data on children's *regular exposure to tobacco smoke* are drawn from the *SHAPE 2010 – Child Survey*. The results are compiled from responses to four specific questions, including: "Does anyone *regularly* smoke cigarettes, cigars, or pipe tobacco inside your home?"; "Does anyone *regularly* smoke cigarettes, cigars, or pipe tobacco when the child is present?"; "Does anyone *regularly* smoke cigarettes, cigars, or pipe tobacco while riding in a car (or other vehicle) with the child?"; and, "Does the child *regularly* visit any other places where adults smoke cigarettes, cigars, or pipe tobacco when the child is present?"; *regularly* was defined as *four or more times per week*. For each of these questions, parents responded *yes* or *no*. Answering *yes* to any one of the four questions was defined as *regular exposure to tobacco smoke*.

Importance of this indicator: Regular exposure to tobacco smoke may contribute to a child's susceptibility to respiratory infections, lead to asthma attacks, or aggravate other chronic health conditions. Long-term exposure to tobacco smoke has been linked to chronic lung diseases and cancer.

Health disparities: Children from *low income households* are significantly more likely to have *regular exposure to one or more sources of tobacco smoke* when compared to *Hennepin County children overall*, and when compare to children who are *not from low income households*. There were no statistically significant differences by age, gender or geographic location. Further analysis of the data based on *housing type* indicates that children residing in *multi-unit housing* are significantly more likely to be exposed to regular tobacco smoke than children who do *not* reside in *multi-unit housing*. The risk is greatest for children from *low income households* who reside in *multi-unit housing* (their rate is 15.6%, which is ten times the reported rate of 1.5% for children who are *not low income* who do *not* reside in *multi-unit housing).*

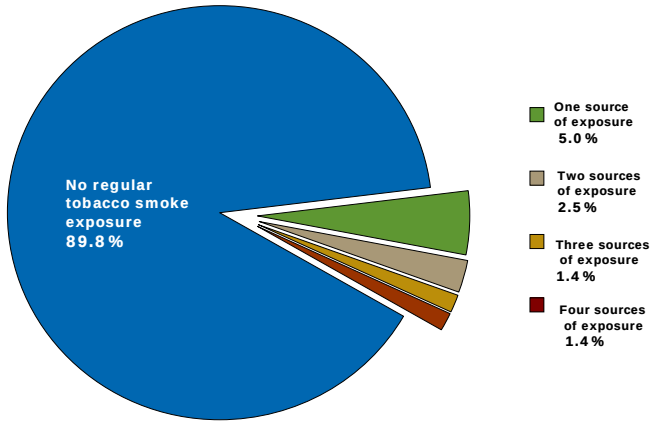
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly higher or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, lower rates are "better" than higher rates as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special notes on analysis by Type of Housing: For determining if a child is exposed to tobacco smoke by *type of housing*, a separate analysis was performed using this specific question: "Does anyone *regularly* smoke cigarettes, cigars, or pipe tobacco inside your home?"; *regularly* was defined as *four or more times per week*. Answering *yes* to this question was defined as regular *exposure to tobacco smoke in the child's household*. Housing type (*multi-unit* vs. *not multi-unit*) was determined for all residential household addresses prior to stratification of the survey sample. The *multi-unit housing* designation included all residences with at least *four or more separate dwelling spaces* (apartments, flats, quads or condominiums) located at the same address.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

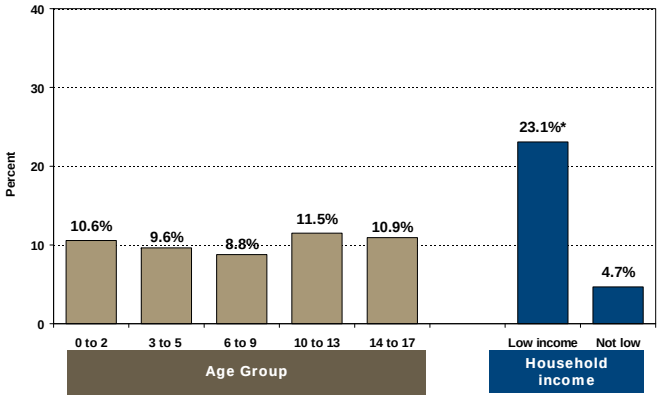
Indicator: *Children who are regularly Exposed to Tobacco smoke*

Regular exposure to tobacco smoke



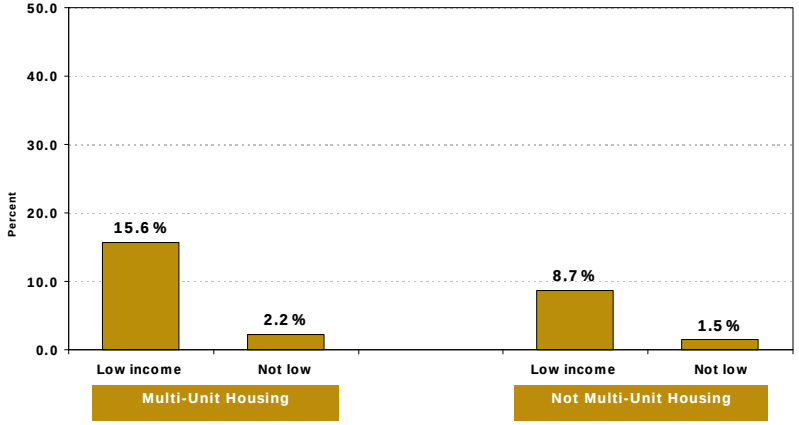
SHAPE 2010

Percent with any source of regular exposure to tobacco smoke by Age and Household income**

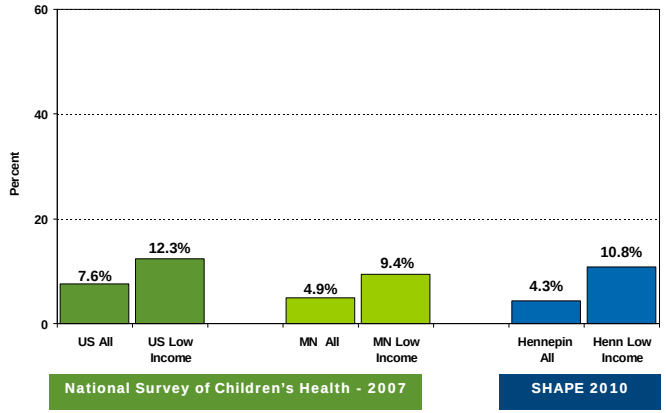


SHAPE 2010

Child is exposed to tobacco smoke at home by Household income and Type of housing**



Child exposed to tobacco smoke at home
State and National Comparisons
Hennepin County Children, 2010
US & Minnesota Children, 2007



** See *Technical Notes* for information on data sources and chart notations.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

Overview

Why Is This Indicator Important?

Births to teen mothers who may not yet be fully mature, stable, or financially able to adequately support their child, can have significant consequences for the health and well-being of the infants, their parents, and their communities. Older mothers are most often more able to provide both a healthier start for the infant, and a stronger, more supportive family setting for raising the child.

How Are We Doing?

- In 2010, there were 840 births to teen mothers aged 15 to 19.
- There are notable differences in the teen birth rates by race/ethnicity. The rates are notably higher in the Native American (72 per 1,000), African American (64 per 1,000) and Hispanic (63 per 1,000) communities, when compared to the overall rate for Hennepin County (23 per 1,000).
- The teen birth rates for all groups are down over the time period from 2000 to 2010.

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of births to Mothers Aged 15 to 19	Rate per 1,000 females Aged 15 to 19
Teen Mothers aged 15 to 19		**840**	**23**
Age Group	Age 15 to 17	**259**	**13**
	Age 18 or 19	**581**	**42**
Race / Ethnicity*	Asian / Pacific Islander	**77**	**26**
	Black / African American	**367**	**64**
	Native American / American Indian	**35**	**72**
	White	**166**	**8**
	Hispanic / Latino	**182**	**63**

* See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

Technical Notes

Definition of indicator: The teen birth rate reported for Hennepin County is based on the number of births to mothers aged 15 to19 per 1,000 females in the population. There is a very small set of births to mothers under age 15; these were not included in the graphs and charts, unless otherwise indicated.

Data source: The number of births to teen mothers is based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these will include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a resident of Hennepin County. The population data used for creating the birth rates were drawn from the US Census 2010, American Community Survey, 1-year County population estimates.

Importance of this indicator: Births to teen mothers who may not yet be fully mature, stable, or financially able to adequately support their child, can have significant consequences for the health and well-being of the infants, their parents, and their communities. Older mothers are most often more able to provide both a healthier start for the infant, and a stronger, more supportive family setting for raising the child.

Health disparities: There are notable differences in the teen birth rates by race/ethnicity. The rates are notably higher in the Native American (72 per 1,000), African American (64 per 1,000) and Hispanic (63 per 1,000) communities, when compared to the overall rate for Hennepin County (23 per 1,000). The percentage of births to mothers aged 15 to 19 is notably higher for NW Hennepin County and Minneapolis; 12.8% of all births to mothers in NW Hennepin County were to mothers who were under age 20; 9.0% of all births to mothers in Minneapolis were to those under age 20.

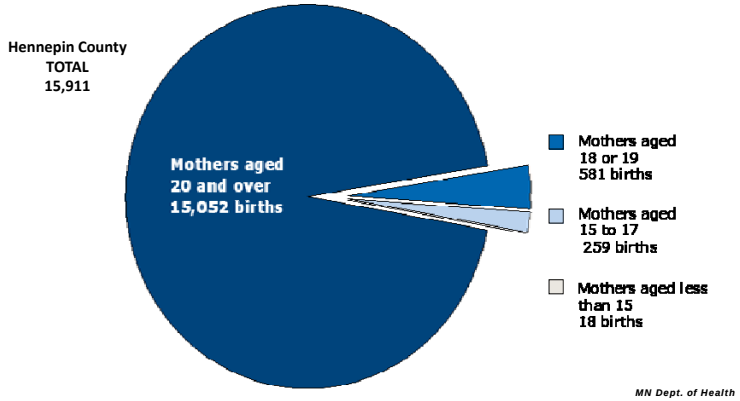
Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall rate reported for Hennepin County includes 13 births to mothers whose race/ethnicity was not identified.

Special Notes on reporting population rates using Birth Certificate file data: For some smaller population groups within the community, the birth rate per 1,000 exceeds the actual number of births recorded for the mothers. For example, the number of births to mothers identifying themselves as Native American or American Indian is 35, but the rate per 1,000 females aged 15 to 19 is over twice that number (72 per 1,000). This is because the base population for 2010 is only 485. Therefore, for small populations, readers are cautioned to look at both the actual number of births recorded as well as the rate per 1,000. Additionally, it should be noted that each year, there are a small number of births to mothers under age 15 (usually fewer than 20 births); these are not reported here.

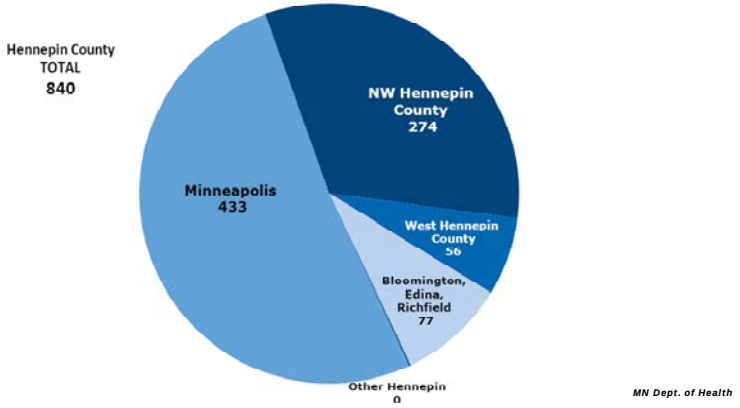
Special Notes on interpreting the graphs presenting age profiles and median ages of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the 1st time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time Native American mothers were age 19 or under; 50% were age 20 or under; and 75% were age 23 or under.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

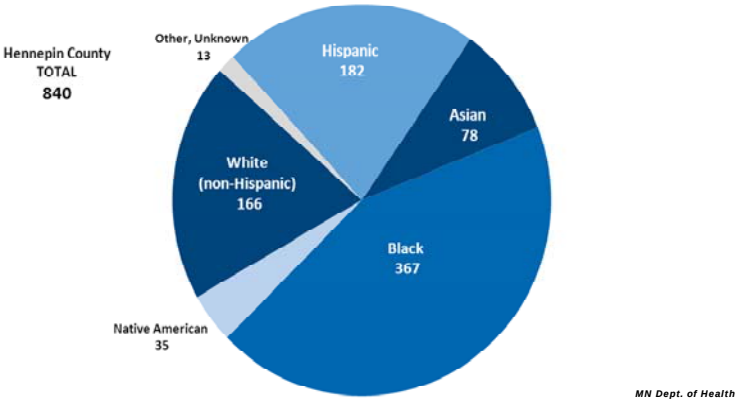
Hennepin County Births 2010 by Age Groups



Births to Mothers Age 15 to 19 by Location of Residence

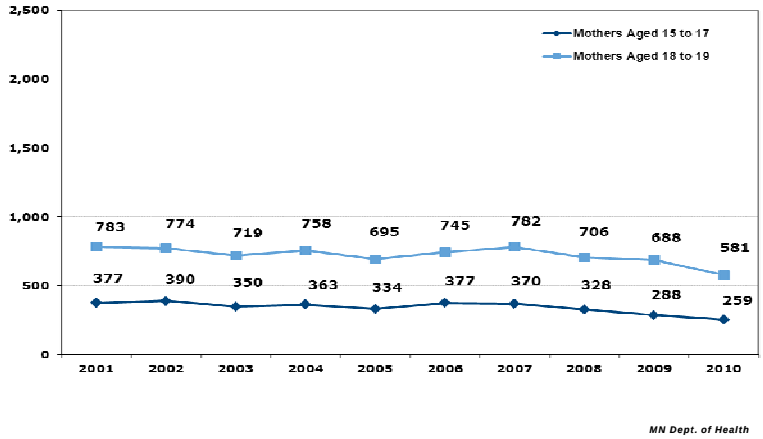


Births to Mothers Aged 15 to 19 by Race / Ethnicity



Number of births to Teen Mothers by Age Group

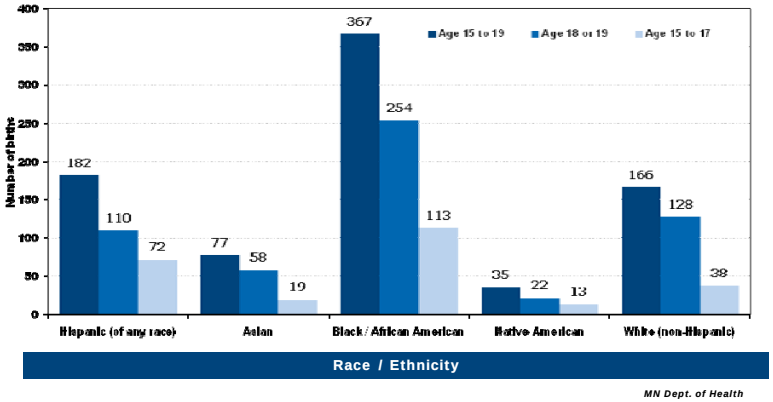
Trend Data 2000-2010



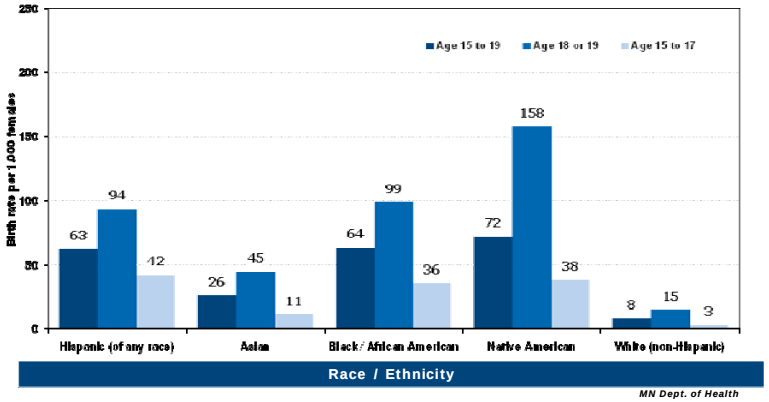
See *Technical Notes* for information on data sources and chart notations.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

Number of Births to Teen Mothers by Age Groups and Race / ethnicity

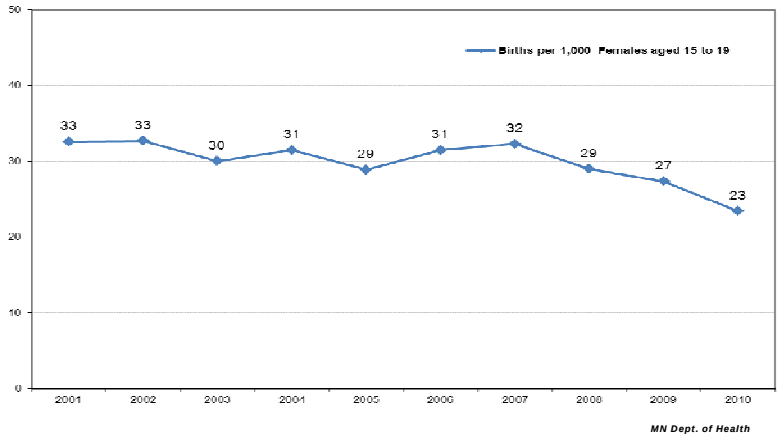


Births Rates for Teen Mothers by Age Groups and Race / ethnicity



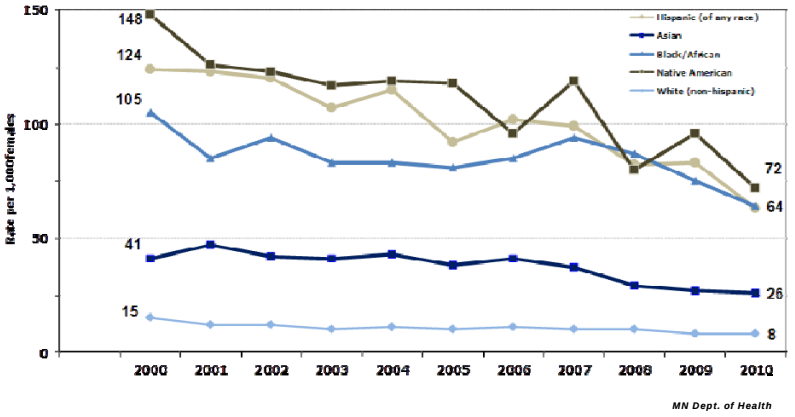
Births to Teen Mothers Rate per 1,000 females age 15 to 19

Trend Data 2000-2010



Births to Teen Mothers by Race / Ethnicity Rate per 1,000 females age 15 to 19

Trend Data 2000-2010

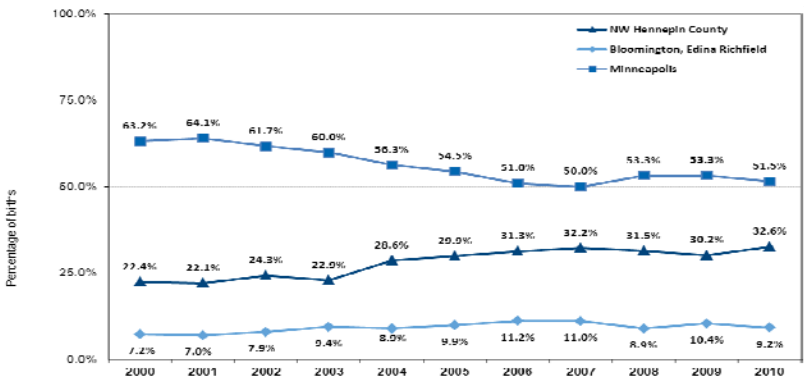


See *Technical Notes* for information on data sources and chart notations.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

Percentage of births to Mothers Aged 15 to 19 by Location of Mother's residence

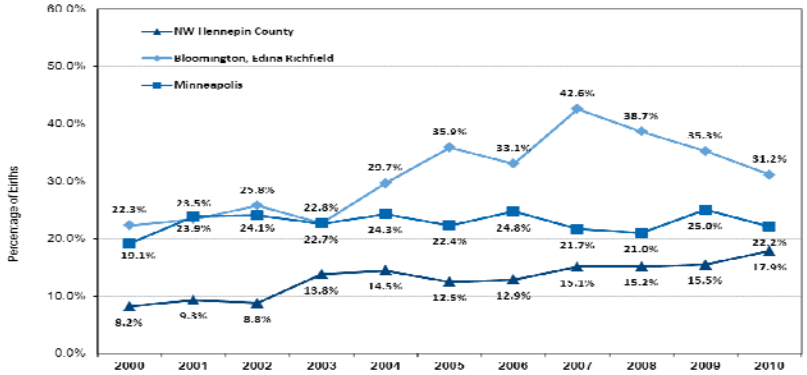
Trend Data 2000-2010



MN Dept. of Health

Percentage of all births to Teen Mothers Hispanic Mothers by Location of Residence

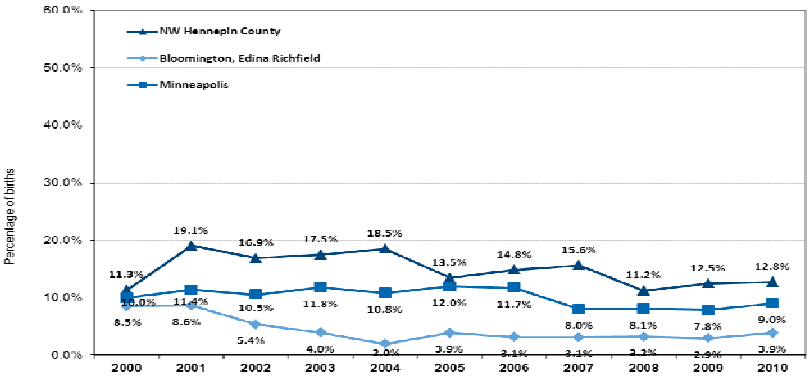
Trend Data 2000-2010



MN Dept. of Health

Percentage of all births to Teen Mothers Asian Mothers by Location of Residence

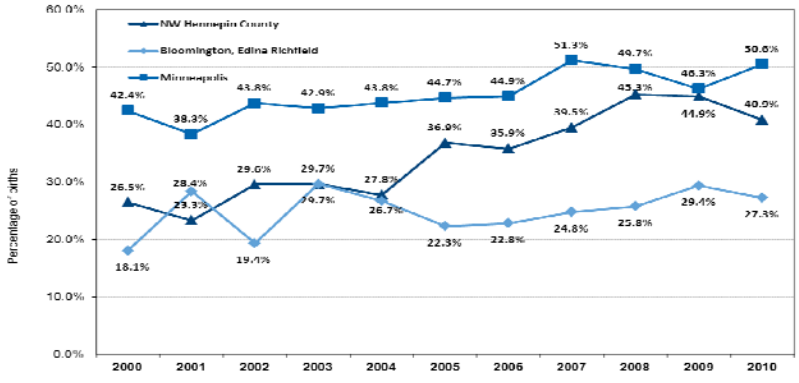
Trend Data 2000-2010



MN Dept. of Health

Percentage of all births to Teen Mothers Black Mothers by Location of Residence

Trend Data 2000-2010



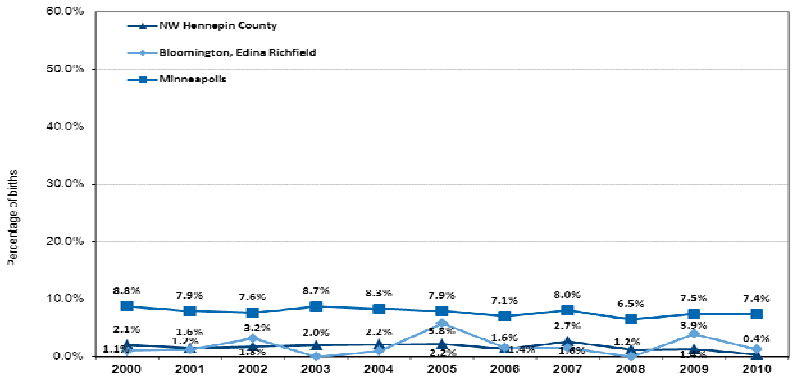
MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population

Percentage of all births to Teen Mothers Native American Mothers by Location

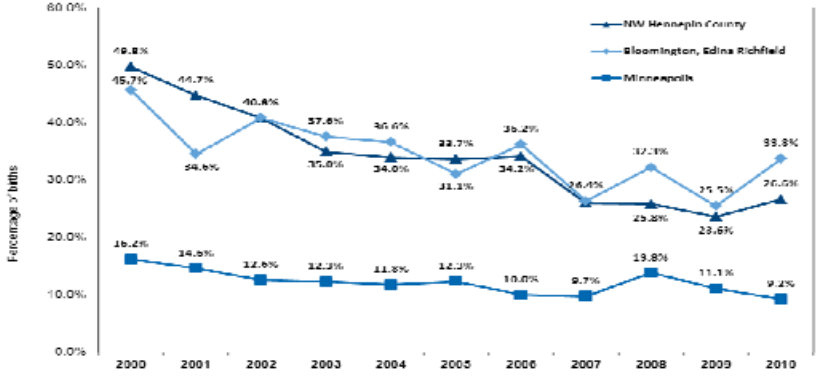
Trend Data 2000-2010



MN Dept. of Health

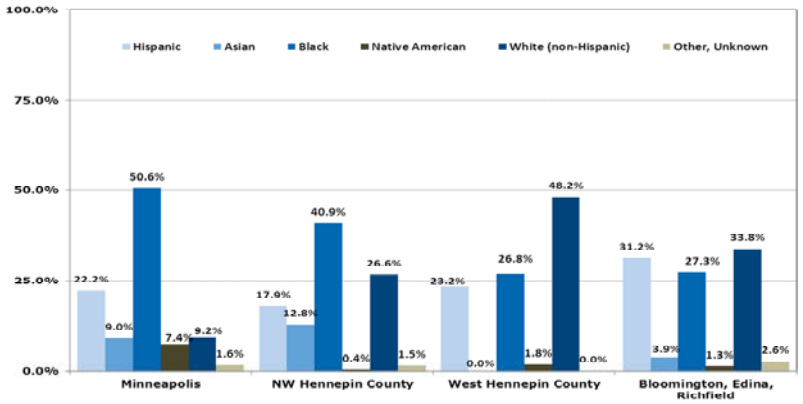
Percentage of all births to Teen Mothers White Mothers by Location of Residence

Trend Data 2000-2010



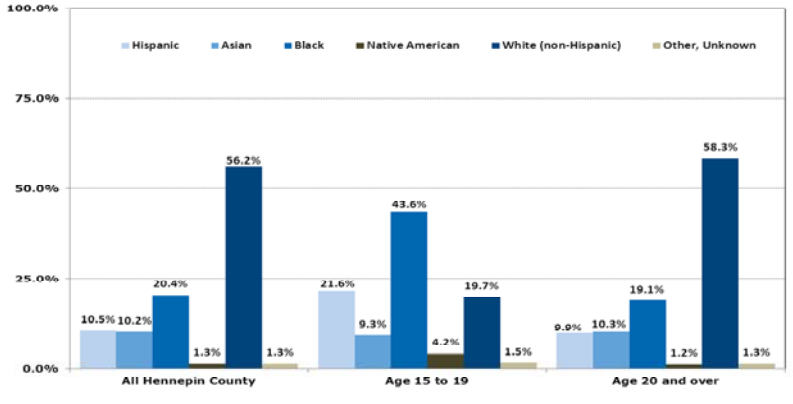
MN Dept. of Health

Percentage of births to Teen Mothers by Race / Ethnicity within Location of Residence



MN Dept. of Health

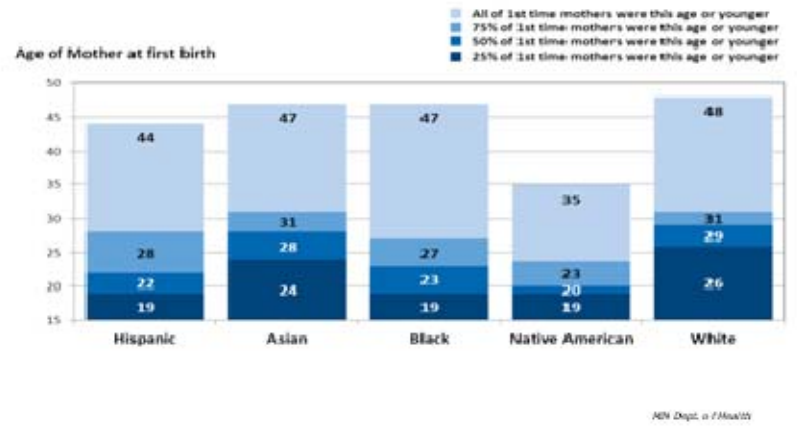
Percentage of births by Race / Ethnicity within Age Groups

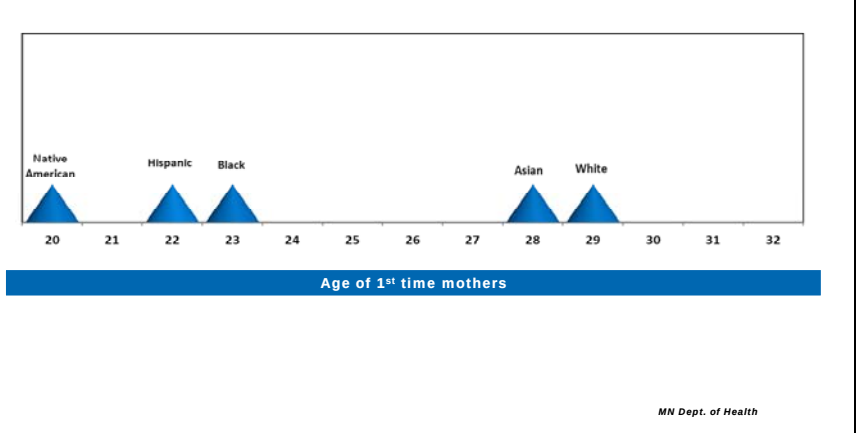


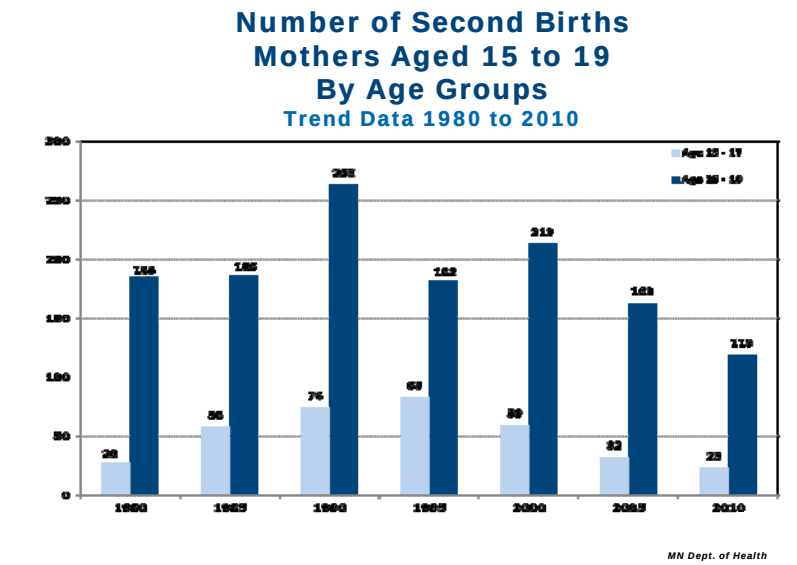
MN Dept. of Health

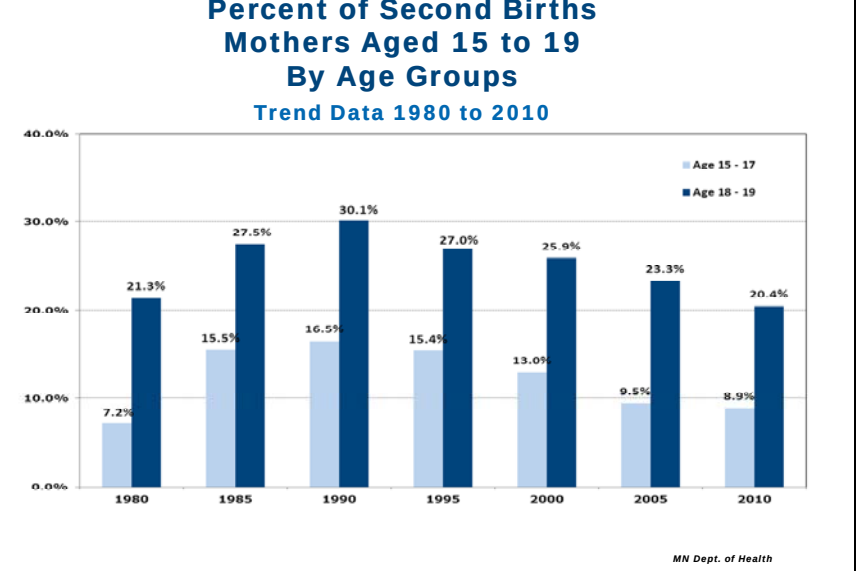
See *Technical Notes* for information on data sources and chart notations.

Indicator: Teen Births – Rate of births to mothers aged 15 to 19 per 1,000 females in the population









See *Technical Notes* for information on data sources and chart notations.

Indicator: Foreign-born Mothers – births to mothers who were born outside of the US or US territories

Overview

Why Is This Indicator Important?

Tracking statistics on the number or percentages of births to mothers from outside of the US or US Territories (i.e., *foreign-born mothers*) can help healthcare providers better understand the many, varied cultural backgrounds of the families they serve. An awareness of these changes can help providers plan for pregnancy and maternal support services that are a better fit for all mothers and babies in Hennepin County.

How Are We Doing?

- In 2010, there were 4,765 births to foreign-born mothers, making up 29.9% of all births in Hennepin County.
- There are notable differences in the percentages by race/ethnicity. Births to foreign-born mothers are notably higher in the Asian (80.5%), Hispanic (79.9%), and Black (47.8%) communities.
- Overall, births to foreign-born mothers have a similar age profile, to births to mothers who are US-born, but for some specific countries of origin, the age profile is much younger.

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of Births to Foreign-born Mothers	Percentage of Births to Foreign-born Mothers
Hennepin County births to Mothers who were born in places outside of the US or US Territories		**4,765**	**29.9%**
Age Group	Under age 20	**165**	**18.7%**
	Age 20 and Over	**4,600**	**30.6%**
Race / Ethnicity*	Asian / Pacific Islander	**1,306**	**80.5%**
	Black / African American	**1,552**	**47.8%**
	Native American / American Indian	**2**	**1.1%**
	White	**493**	**5.5%**
	Hispanic / Latino	**1,336**	**79.9%**
Location of Residence	City of Minneapolis	**1,979**	**33.2%**
	Suburban Hennepin (all)	**2,786**	**28.0%**
	NW Hennepin County	**1,444**	**27.7%**
	Bloomington, Edina, Richfield	**636**	**33.3%**
	South /West Suburbs	**699**	**25.3%**

***See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: The numbers and percentages presented in the tables and charts are based on births to mothers who were born outside of the US or US Territories. The term "foreign-born" is used to identify these mothers; it does not indicate or provide any information on the mother's current citizenship or residency status.

Data source: The number of births to foreign-born mothers is based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these will include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a resident of Hennepin County.

Importance of this indicator: Tracking statistics on the number or percentages of births to mothers from locations outside of the US or US Territories (i.e., *foreign-born mothers*) can help healthcare providers better understand the many, varied cultural backgrounds of the families they serve. An awareness of these population changes, can help providers plan for pregnancy and maternal support services that are a better fit for mothers and babies in Hennepin County.

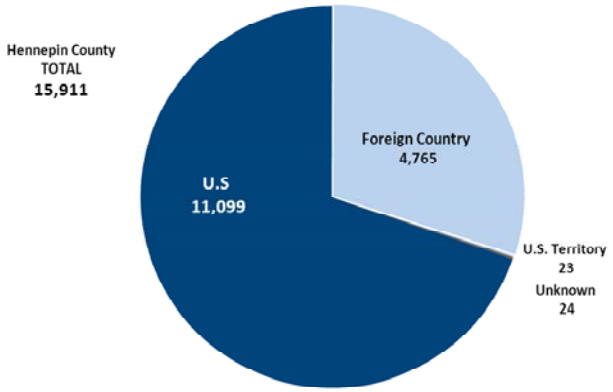
Health disparities: There are notable differences in the percentages of births to foreign-born mothers by race/ethnicity. Births to foreign-born mothers are notably higher in the Asian (80.5%), Hispanic (79.9%), and Black (47.8%) communities. Overall, births to foreign-born mothers have a similar age profile, to births to mothers who are US-born, but for some specific countries of origin, the median age is much younger. For example, the median age of mothers from Minnesota is 28; it is notably younger for mothers from Mexico (22), Ecuador, Liberia and Thailand (24), Somalia and Laos (25).

Special Notes on interpreting the graphs presenting age profiles of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the first time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time mothers who were born in Mexico were age 19 or under; 50% were age 22 or under; and 75% were age 27 or under.

Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall rate reported for Hennepin County includes some births to mothers whose race/ethnicity was not identified.

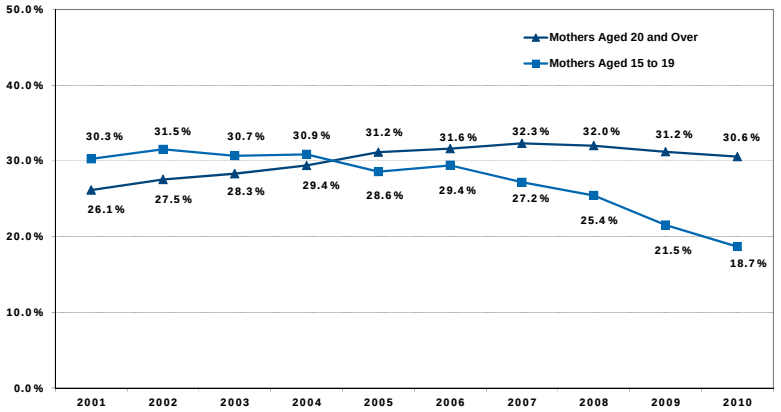
Indicator: Foreign-born Mothers – births to mothers who were born outside of the US or US territories

Births by Mother's own place of birth
Hennepin County - 2010



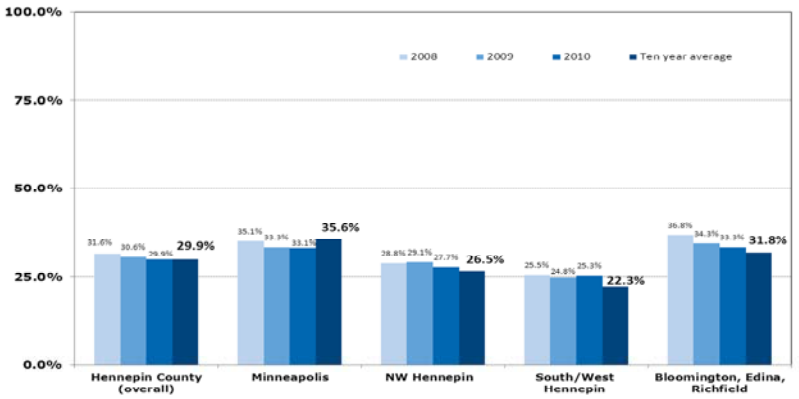
MN Dept. of Health

Births to Foreign-born Mothers by Age Group of Mother
Hennepin County 2001 - 2010



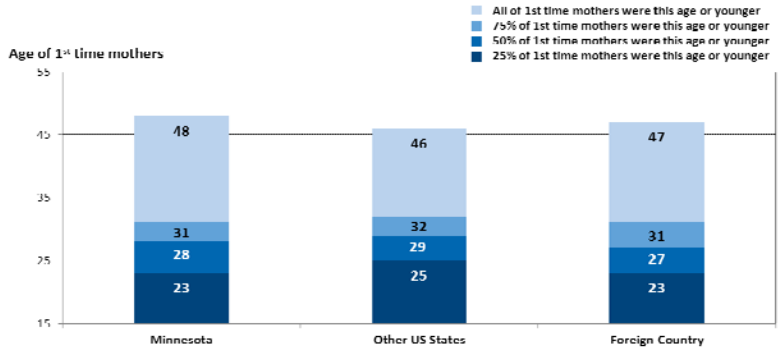
MN Dept. of Health

Births to Foreign-born Mothers by Location of residence
Recent trend with 10 year average



MN Dept. of Health

Age Profiles of 1st time mothers by Mother's own place of birth
Hennepin County - 2010



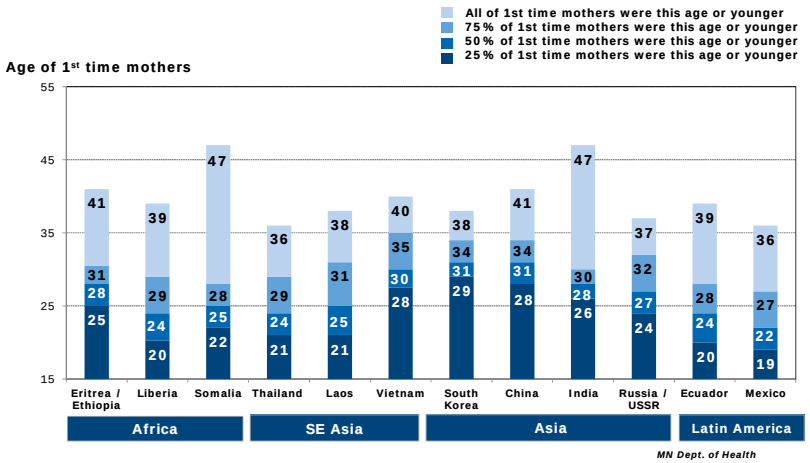
MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

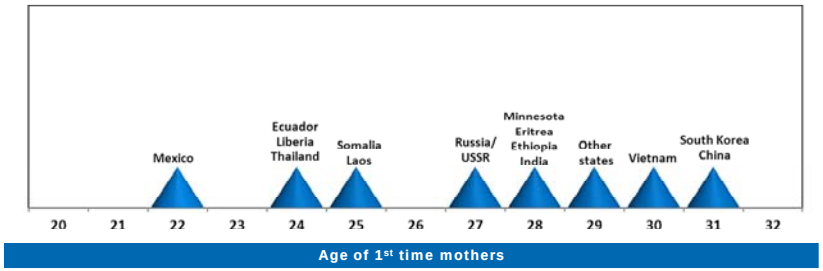
Indicator: Foreign-born Mothers – births to mothers who were born outside of the US or US territories

Births to Foreign-born Mothers Age Profiles of 1st time mothers by Mother's own place of birth

Hennepin County - 2010

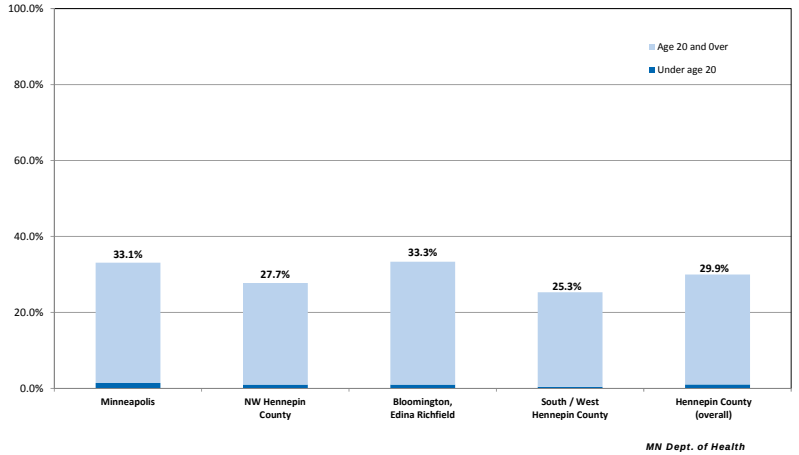


Median Age of 1st time mothers by Mother's own place of birth 2010



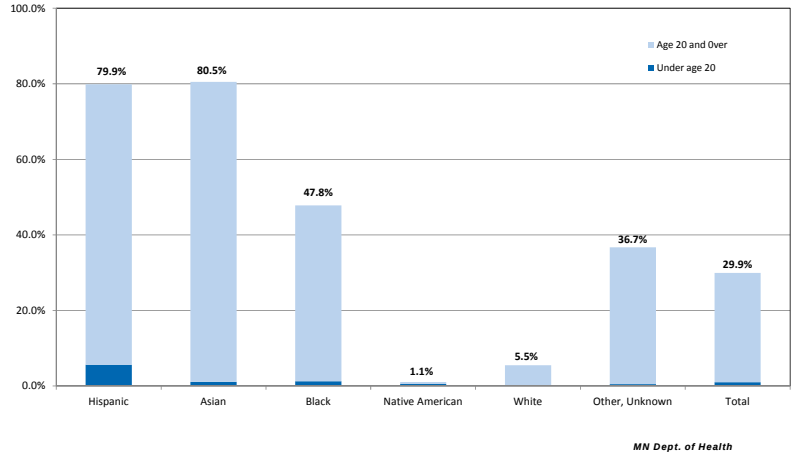
Births to Foreign-born Mothers by Mother's Location of residence

Hennepin County - 2010



Births to Foreign-born Mothers by Mother's Race / Ethnicity

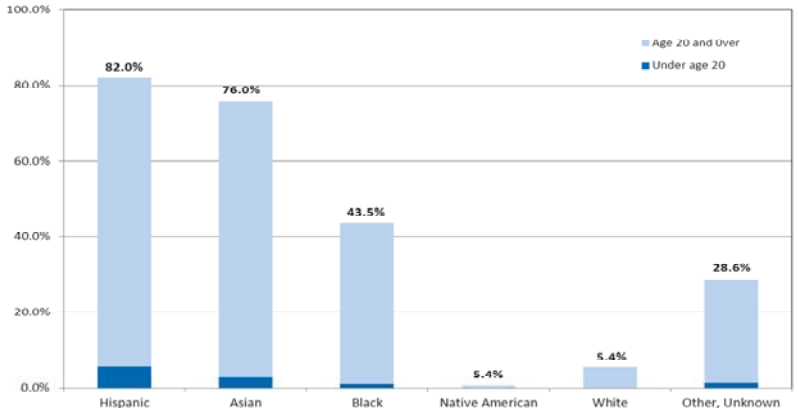
Hennepin County - 2010



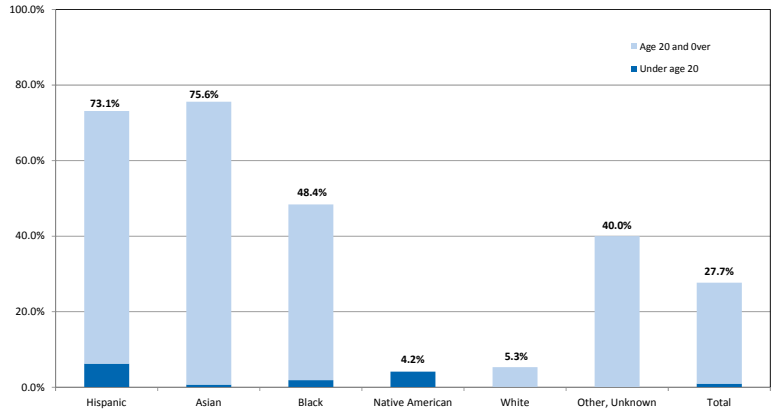
See *Technical Notes* for information on data sources and chart notations.

Indicator: Foreign-born Mothers – births to mothers who were born outside of the US or US territories

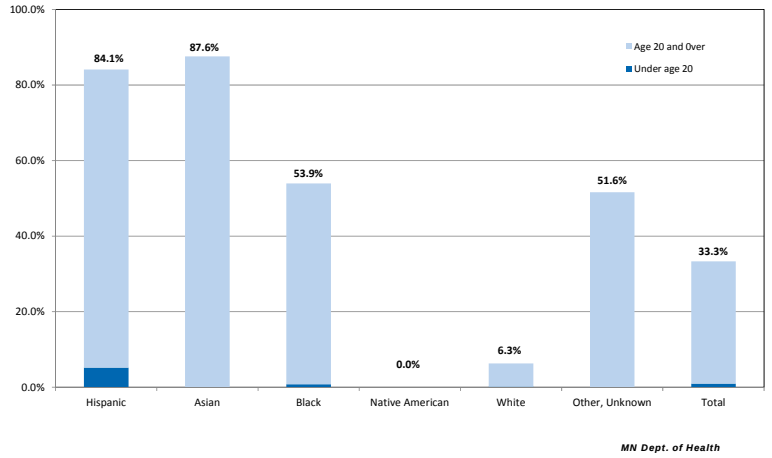
Births to Foreign-born Mothers by Mother's Race / Ethnicity
Minneapolis - 2010



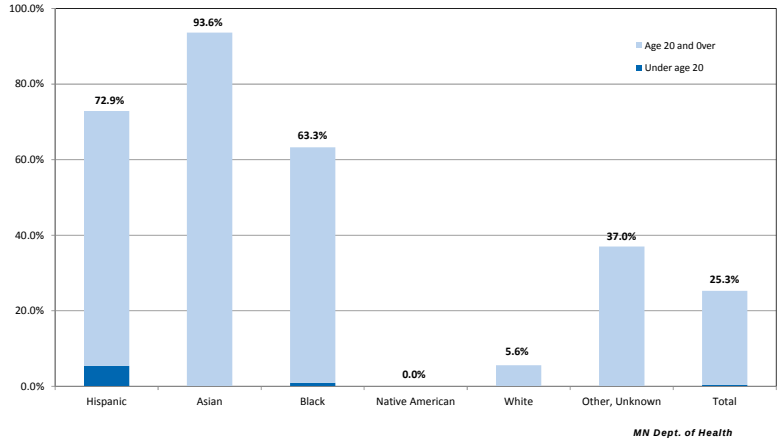
Births to Foreign-born Mothers by Mother's Race / Ethnicity
NW Hennepin County - 2010



Births to Foreign-born Mothers by Mother's Race / Ethnicity
Bloomington, Edina, Richfield - 2010



Births to Foreign-born Mothers by Mother's Race / Ethnicity
South and West Hennepin County - 2010



See *Technical Notes* for information on data sources and chart notations.

Indicator: Low Birth Weight – Singleton births weighing less than 2500 grams (5.5 pounds)

Overview

Why Is This Indicator Important?

Babies born weighing less than 2500 grams (5.5 pounds) are at risk for multiple health complications. They may have been born prematurely before all of their body functions are fully developed, or they may have underlying health conditions. Low birth weight is more common among twins and multiples. For this indicator, the statistics are limited to singleton births (one child births).

How Are We Doing?

- In 2010, there were 832 low weight singleton births, making up 5.4% of all singleton births.
- There are notable differences in the percentages by race/ethnicity. Low birth weight singletons births are notably higher among African American (8.7%), Native American (6.6%), and Asian (8.2%) mothers.
- Low birth weight singleton births are more likely to occur to mothers under age 20 (8.3% compared to 5.3% for mothers over age 20).

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of Low Birth Weight - Singleton births	Percentage of Low Birth Weight - Singleton births
Hennepin County Low Birth Weight - Singleton births		**832**	**5.4%**
Age Group	Under age 20	**71**	**8.3%**
	Age 20 and Over	**761**	**5.3%**
Race / Ethnicity*	Asian / Pacific Islander	**128**	**8.2%**
	Black / African American	**271**	**8.7%**
	Native American / American Indian	**12**	**6.6%**
	White	**322**	**3.8%**
	Hispanic / Latino	**87**	**5.3%**
Location of Residence	City of Minneapolis	**354**	**6.2%**
	Suburban Hennepin (all)	**478**	**5.0%**
	NW Hennepin County	**275**	**5.5%**
	Bloomington, Edina, Richfield	**83**	**4.5%**
	South /West Suburbs	**119**	**4.5%**

***See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: For this indicator, the statistics are limited to singleton births (one child births). The percentages presented in the tables and charts identify the number or proportion of singleton births of babies weighing less than 2500 grams (5.5 pounds).

Data source: The numbers and percentages of low weight singleton births are based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these will include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a resident of Hennepin County. The data reported here are from 2010, unless identified otherwise as trends or averages.

Importance of this indicator: Babies born weighing less than 5.5 pounds (2500 grams) are at risk for multiple health complications. They may have been born prematurely before all of their body functions are fully developed, or they may have underlying health conditions. Low birth weight is more common among twins and multiples. For this indicator, the statistics are limited to singleton births (one child births).

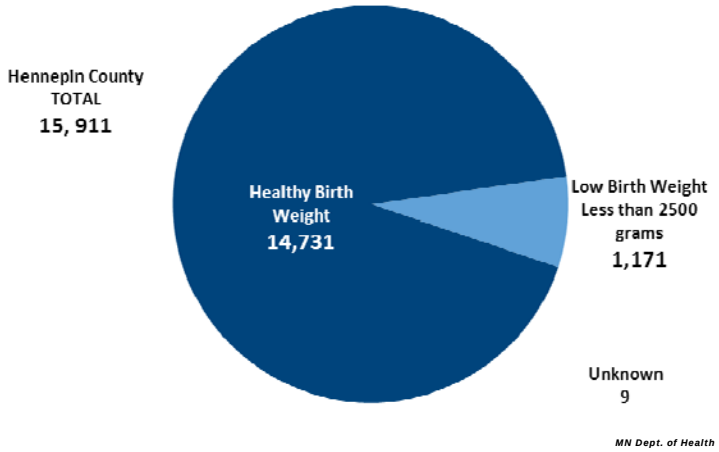
Health disparities: There are notable differences in the percentages by race/ethnicity. Low birth weight singletons births are notably higher among African American (8.7%), Native American (6.6%), and Asian (8.2%) mothers. Low birth weight singleton births are more likely to occur to mothers under age 20 (8.3% compared to 5.3% for mothers aged 20 or over). Higher percentages of low weight singleton births are reported in Minneapolis as compared to other Suburban Hennepin County areas. The percentage of singleton births that are of low birth weight was 6.2% in Minneapolis; it was 5.0% across the suburban areas of Hennepin County.

Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall percentage reported for Hennepin County includes a small number of births to mothers whose race/ethnicity was not identified.

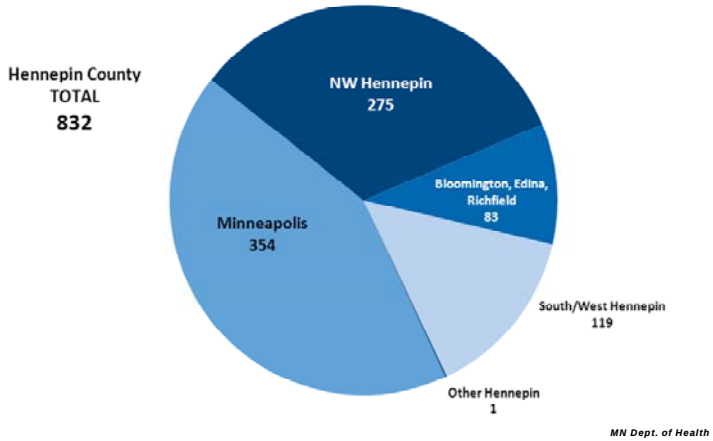
Special Notes on interpreting the graphs presenting age profiles of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the 1st time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time mothers who gave birth to a low birth weight baby (singleton) were age 22 or under; 50% were age 28 or under; and 75% were age 32 or under.

Indicator: Low Birth Weight – Singleton births weighing less than 2500 grams (5.5 pounds)

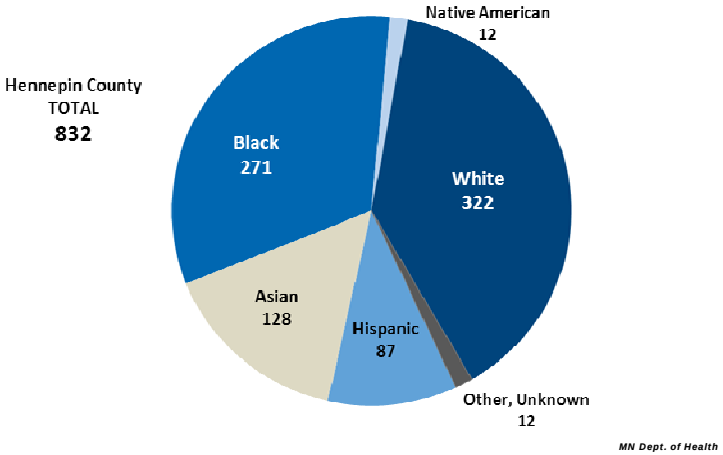
Birth Weight - All Births
Hennepin County 2010



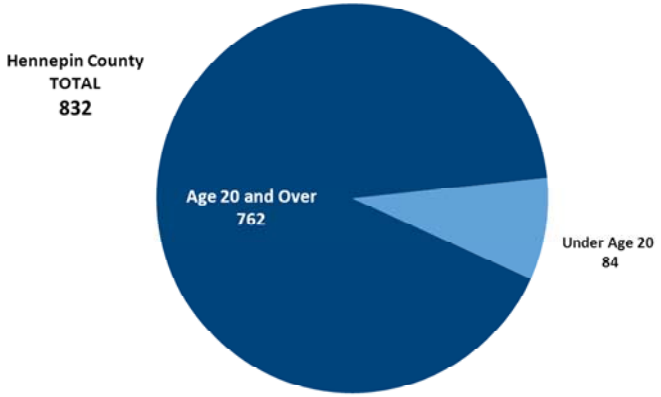
Low Birth Weight – Singletons by Location of residence
Hennepin County 2010



Low Birth Weight – Singletons by Mother's Race / Ethnicity
Hennepin County 2010



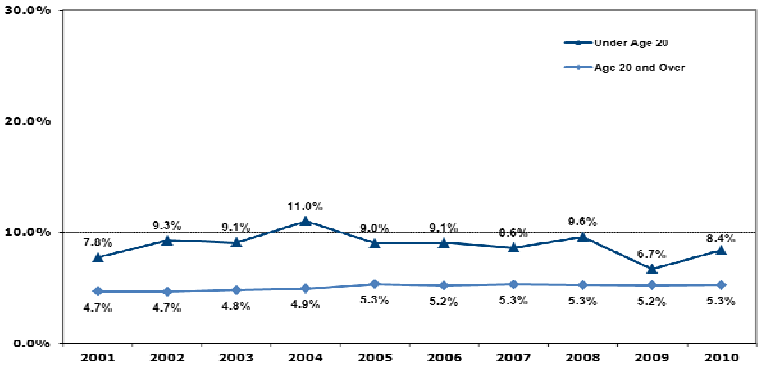
Low Birth Weight – Singletons by Mother's Age Group
Hennepin County 2010



See *Technical Notes* for information on data sources and chart notations.

Indicator: Low Birth Weight – Singleton births weighing less than 2500 grams (5.5 pounds)

Low Birth Weight Births – Singletons by Age Group of Mother
Hennepin County 2001 - 2010



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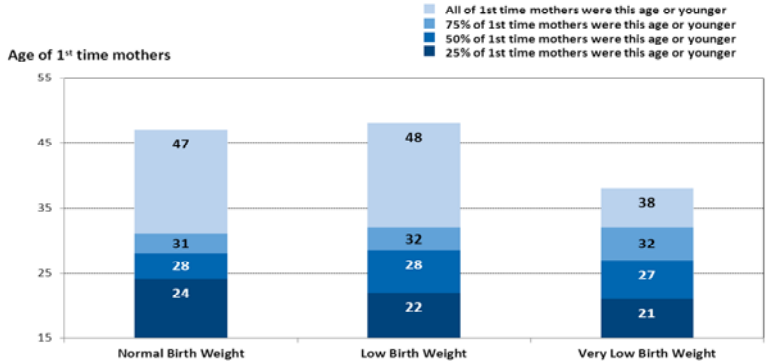
Low Birth Weight Births - Singletons Age Profile of 1st time mothers
Hennepin County - 2010



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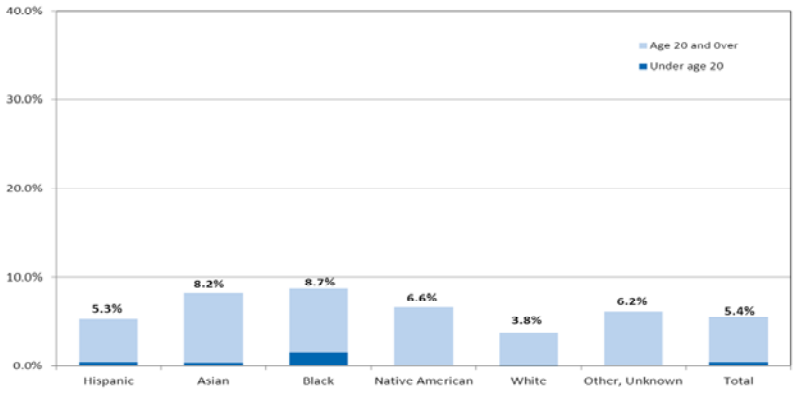
Low Birth Weight Births - Singletons by Mother's Race / Ethnicity
Hennepin County - 2010



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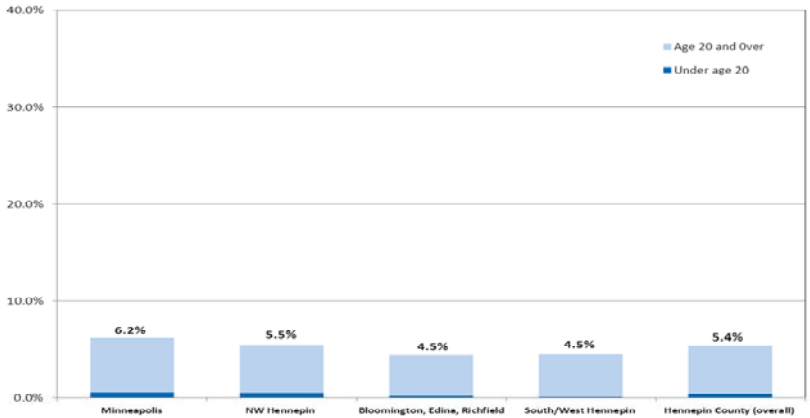
Low Birth Weight Births - Singletons by Mother's Location of residence
Hennepin County - 2010

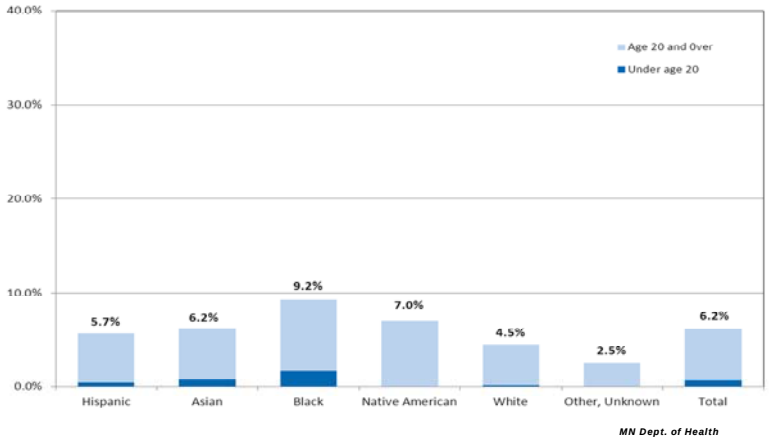


MN Dept. of Health

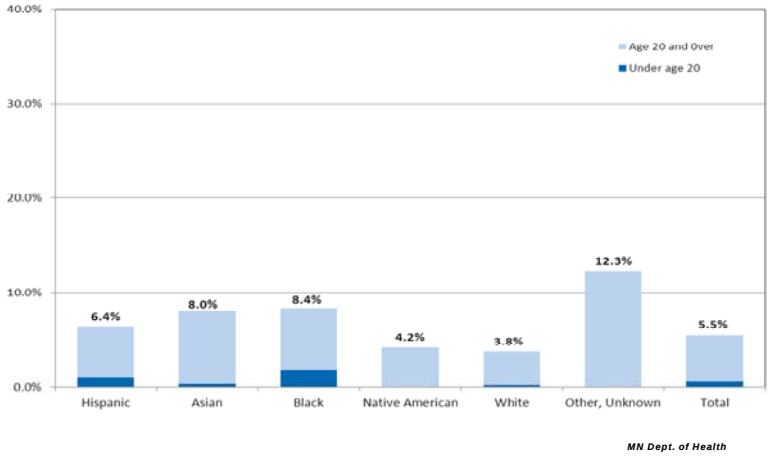
See *Technical Notes* for information on data sources and chart notations.

Indicator: Low Birth Weight – Singleton births weighing less than 2500 grams (5.5 pounds)

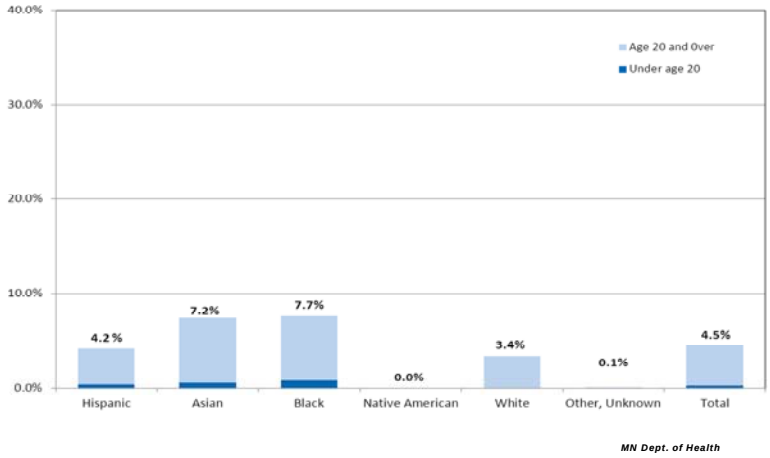
Low Birth Weight Births - Singletons by Mother's Race / Ethnicity
Minneapolis - 2010



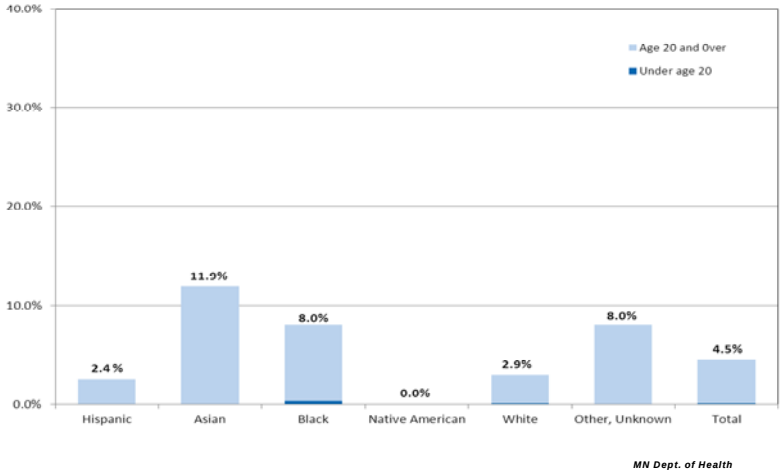
Low Birth Weight Births - Singletons by Mother's Race / Ethnicity
NW Hennepin County - 2010



Low Birth Weight Births - Singletons by Mother's Race / Ethnicity
Bloomington, Edina, Richfield - 2010



Low Birth Weight Births - Singletons by Mother's Race / Ethnicity
South and West Hennepin County - 2010

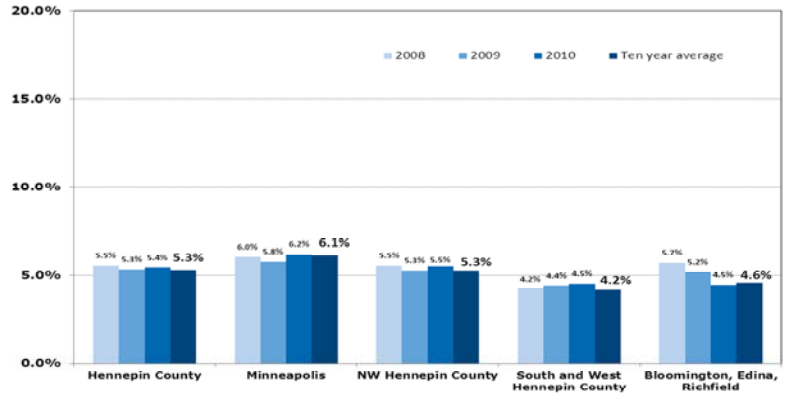


See *Technical Notes* for information on data sources and chart notations.

Indicator: Low Birth Weight – Singleton births weighing less than 2500 grams (5.5 pounds)

Low Birth Weight Births - Singletons by Location of residence

Recent trends with 10 year average



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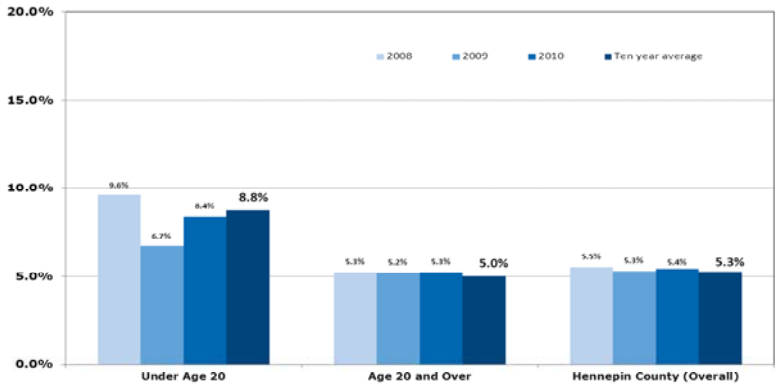
Low Birth Weight Births - Singletons by Age of Mother

Recent trends with 10 year average



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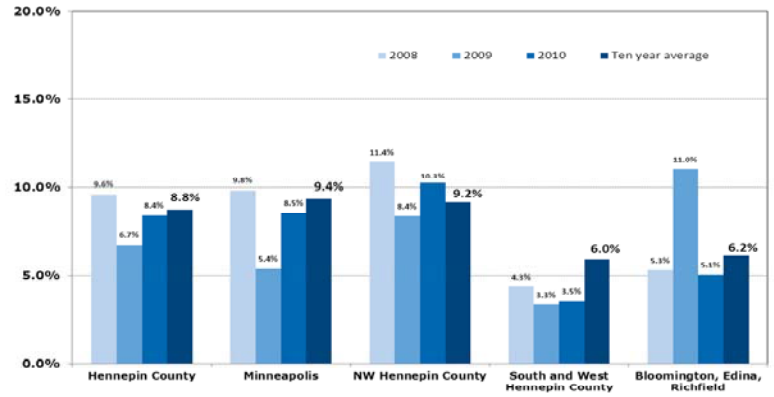
Low Birth Weight Births - Singletons Mothers Under age 20 by Location of residence



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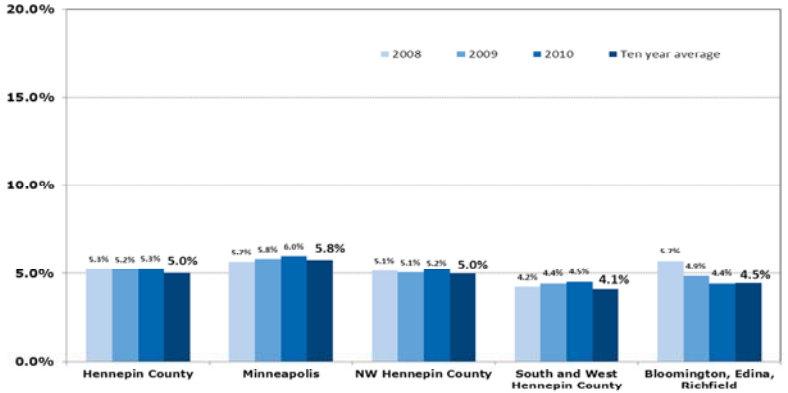
Low Birth Weight Births - Singletons Mothers Age 20 and Over by Location of residence



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See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Median age of Mother at 1st birth

Overview

Why Is This Indicator Important?

This indicator tracks the median age of mothers in various populations or communities within Hennepin County. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the first time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age.

How Are We Doing?

- The median age for mothers in Hennepin County is 28 years.
- There are notable differences in median age by race/ethnicity. The median age is notably lower in the Native American (20 years), Hispanic (22 years), and Black (23 years) communities.
- Overall, births to foreign-born mothers have a similar age profile, to births to mothers who are US-born, but for some specific countries of origin, the age profile is much younger.

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Median Age of Mother
Hennepin County All Births		**28 years**
Race / Ethnicity*	Asian / Pacific Islander	**28 years**
	Black / African American	**23 years**
	Native American / American Indian	**20 years**
	White	**29 years**
	Hispanic / Latino	**22 years**
Location of Residence	City of Minneapolis	**28 years**
	Suburban Hennepin (all)	**28 years**
	NW Hennepin County	**28 years**
	Bloomington, Edina, Richfield	**28 years**
	South /West Suburbs	**29 years**
Mother's Place of Birth	Minnesota	**28 years**
	Other US states	**29 years**
	Foreign Countries	**27 years**

*** See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: The charts and table in this factsheet provide the median age of mothers in various populations or communities within Hennepin County. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the first time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. The data presented in these charts and graphs are based on first time mothers (unless otherwise indicated). Age profiles are also provided. These profiles provide information on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. For example, 25% of all first time mothers were age 24 or under; 50% were age 28 or under; and 75% were age 32 or under.

Data source: The mother's age at the time of the birth is based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a current resident of Hennepin County.

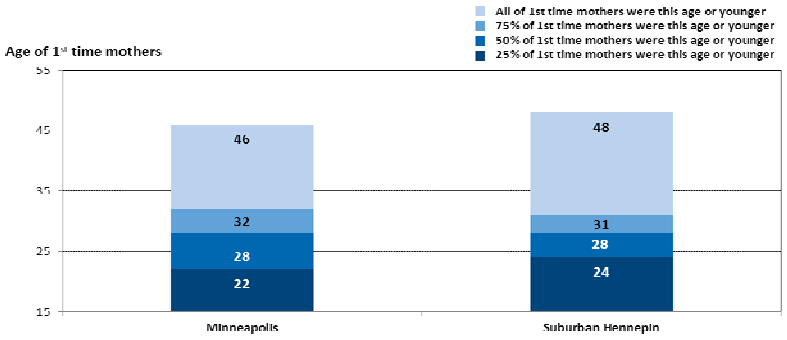
Importance of this indicator: Births to young mothers who may not yet be fully mature, stable, or financially able to adequately support their child, can have significant consequences for the health and well-being of the infants, their parents, and their communities. Additionally, pre-term singleton births are more likely to occur to mothers under age 20 (10.1% compared to 8.3% for mothers over age 20; and low birth weight singleton births are more likely to occur to mothers under age 20 (8.3% compared to 5.3% for mothers over age 20). Older mothers are most often more able to provide both a healthier start for the infant, and a stronger, more supportive family setting for raising the child. Yet, in previous generations, delaying or deferring motherhood beyond age 35 was less likely to occur. Now, in an era of medically supported pregnancies and fertility interventions, the age range for first time mothers is moving upward. Although more likely to possess the social and economic resources needed to support and raise their children than younger aged mothers, older aged mothers (age 35 and over) may have other health complications or have children who are at greater risk for certain congenital conditions related to maternal age. Additionally, first time mothers over aged 35 who were aided in becoming pregnant as the result of fertility interventions are at higher risk of giving birth to multiples (twins, triples, or quads). Giving birth to multiple babies at one time can lead to birth complications such as prematurity (less than 37 weeks gestation) and low birth weight (less than 2500 grams or 5.5 pounds).

Health disparities: There are notable differences in median age by race/ethnicity. The median age is notably lower in the Native American (20 years), Hispanic (22 years), and Black (23 years) communities. Overall, births to foreign-born mothers have a similar age profile, to births to mothers who are US-born, but for some specific countries of origin, the age profile is much younger. For example, 25% of all first time mothers who were born in Mexico were age 19 or under; 50% were age 22 or under; and 75% were age 27 or under.

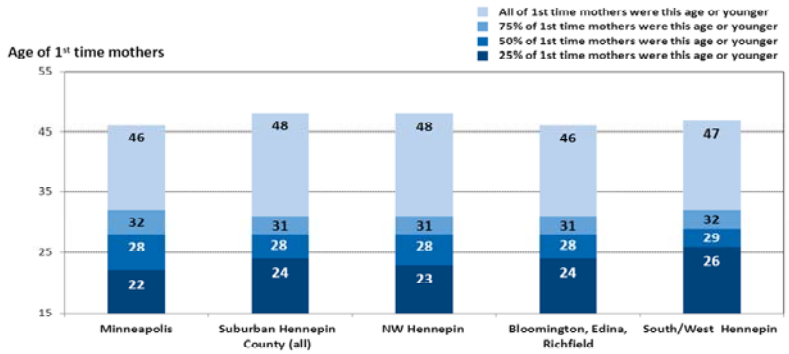
Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall rate reported for Hennepin County includes a small number of births to mothers whose race/ethnicity was not identified.

Indicator: Maternal Age – Median age of Mother at 1st birth

Age profile for 1st time mothers by Location of residence Minneapolis and Suburban Areas 2010



Age profile for 1st time mothers by Location of residence Minneapolis and Suburban Areas 2010



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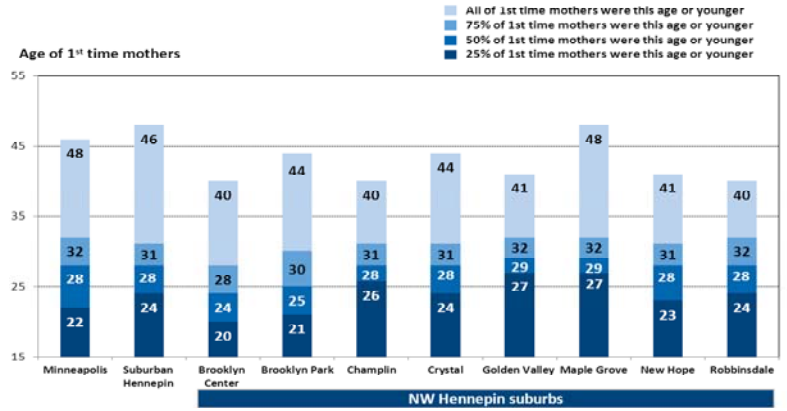
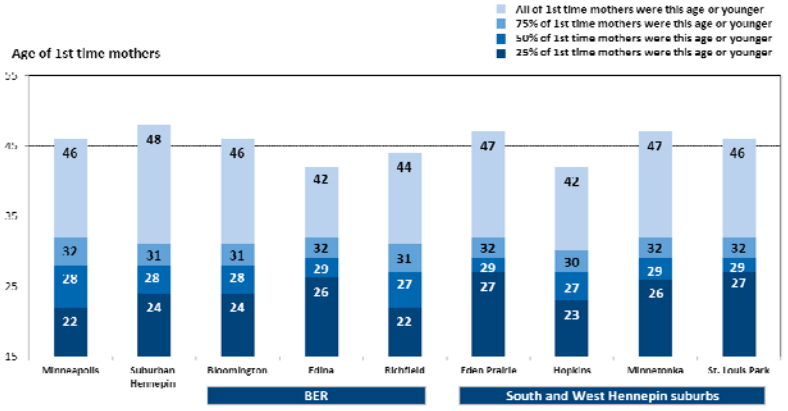
Age profile for 1st time mothers Major Communities – NW Hennepin 2010



MN Dept. of Health

Age profile for 1st time mothers Major Communities – South and West Hennepin 2010

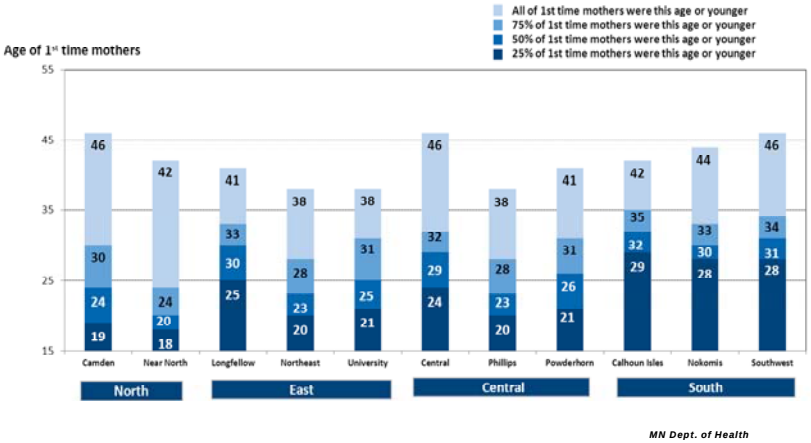


MN Dept. of Health

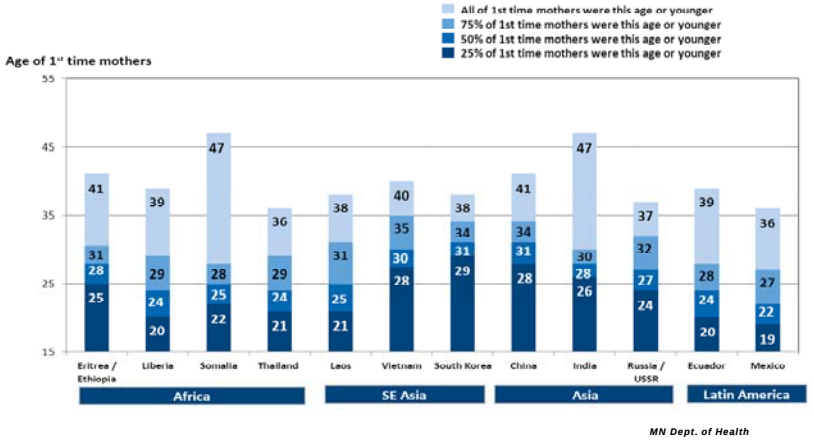
See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Median age of Mother at 1st birth

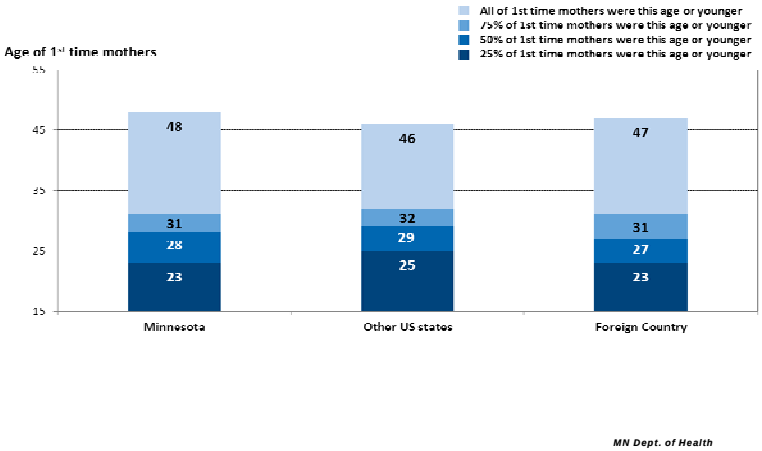
Age profile for 1st time mothers by Location of residence Minneapolis Communities 2010



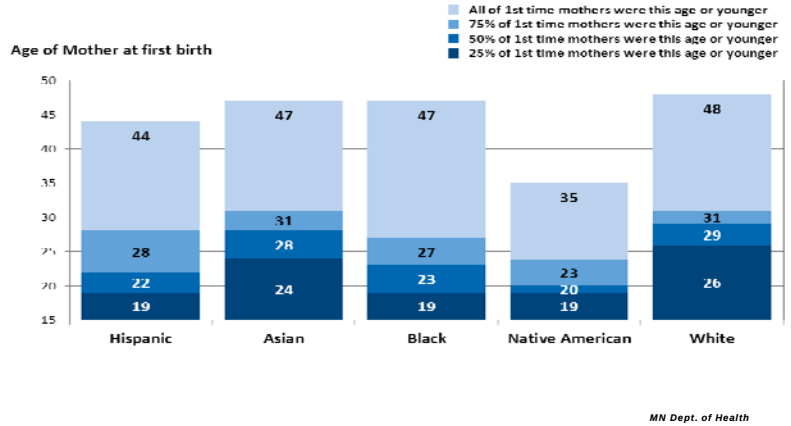
Age profile for 1st time mothers by Mother's own place of birth 2010



Age profile for 1st time mothers by Mother's own place of birth 2010



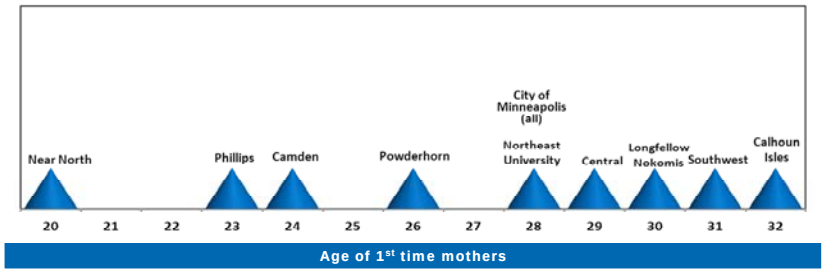
Age profile for 1st time mothers by Mother's Race / Ethnicity 2010



See *Technical Notes* for information on data sources and chart notations.

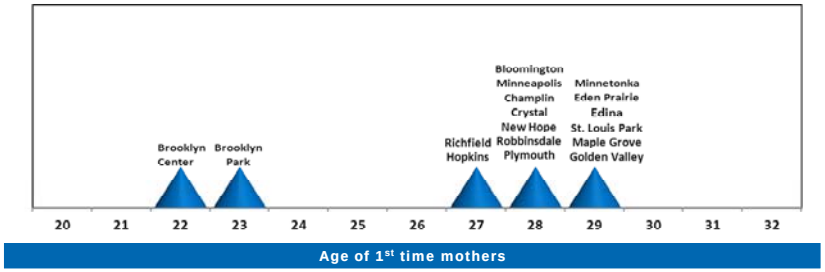
Indicator: Maternal Age – Median age of Mother at 1st birth

Median Age of 1st time Mothers by Location of residence Communities in Minneapolis 2010



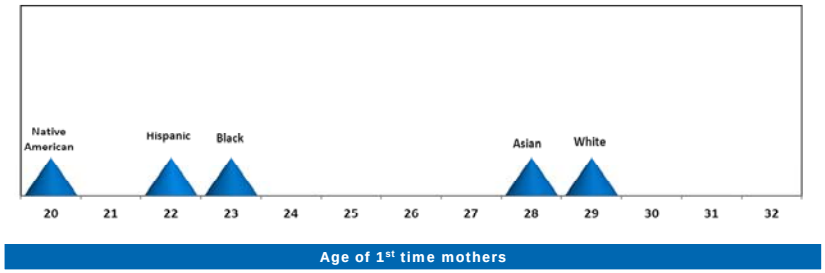
MN Dept. of Health

Median Age of 1st time mothers by Location of residence Large cities in Hennepin County 2010



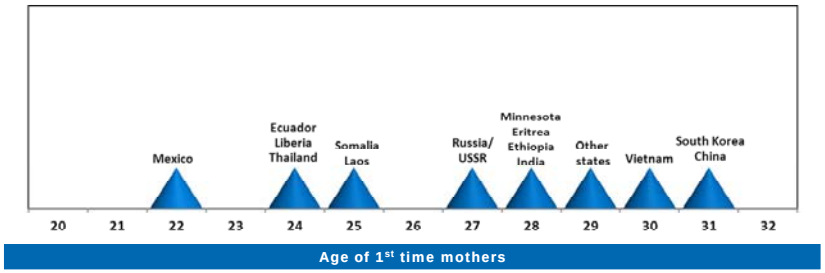
MN Dept. of Health

Median Age of 1st time Mothers by Mother's race / ethnicity 2010



MN Dept. of Health

Median Age of 1st time mothers by Mother's own place of birth 2010

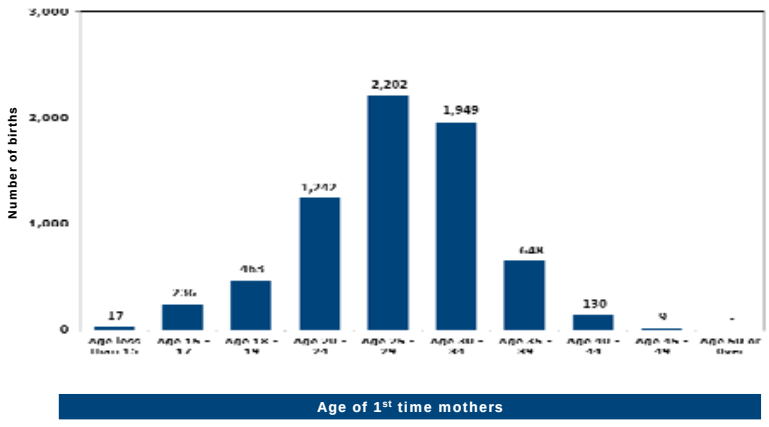


MN Dept. of Health

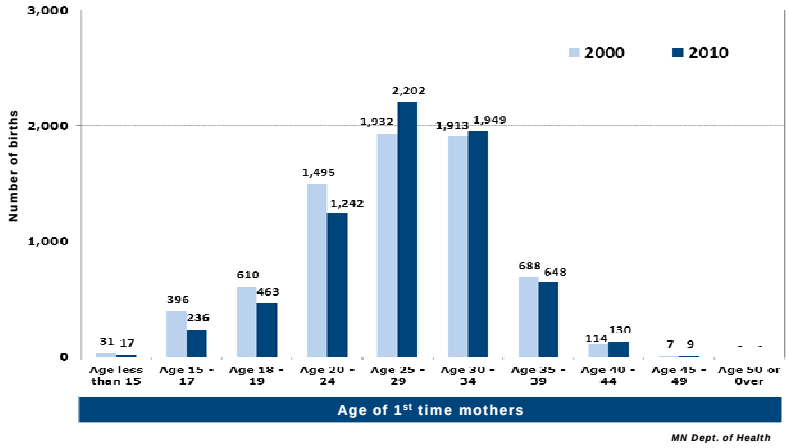
See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Median age of Mother at 1st birth

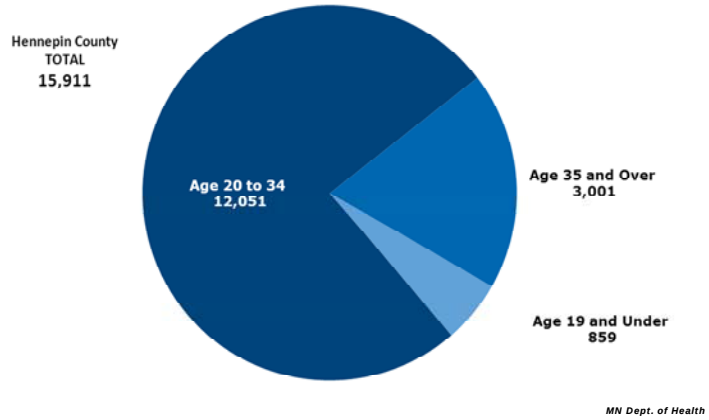
Age of 1st time mothers
Hennepin County - 2010



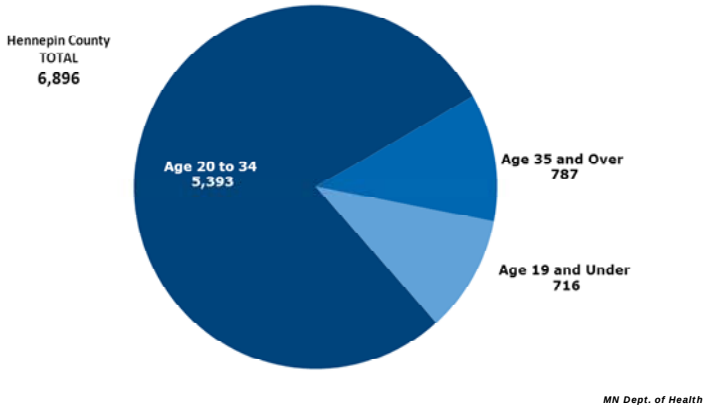
Age of 1st time mothers
2000 vs 2010



Age of mothers - all births by Age Groups
Hennepin County - 2010



Age of 1st time mothers by Age Groups
Hennepin County - 2010



See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

Overview

Why Is This Indicator Important?

In previous generations, delaying or deferring motherhood beyond age 35 was less likely to occur. Now, in an era of medically supported pregnancies and fertility interventions, the age range for first time mothers is moving upward. This indicator tracks births to first time mothers who are aged 35 or over.

How Are We Doing?

- In 2010, there were 787 births to first time mothers aged 35 and over, making up 11.4% of all births to first time mothers.
- There are notable differences in the percentages by race/ethnicity. The percentage of births to first time who are aged 35 and older is notably higher for the Asian (10.1%) and White (13.9%) communities.
- Over time, the percentage of first time mothers over aged 35 has risen nearly 10-fold from 1.7% in 1980, peaking at 16.9% in 2005.

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of Births to 1st time Mothers aged 35 and over	Percentage of Births to 1st time Mothers aged 35 and over
Hennepin County births to first-time mothers aged 35 and over		**787**	**11.4%**
Age Group	Age 35 to 39	**648**	**9.4%**
	Age 40 to 44	**130**	**1.9%**
	Age 45 to 49	**9**	**0.1%**
Race / Ethnicity*	Asian / Pacific Islander	**70**	**10.1%**
	Black / African American	**66**	**5.7%**
	Native American / American Indian	**1**	**1.5%**
	White	**607**	**13.9%**
	Hispanic / Latino	**32**	**6.4%**
Location of Residence	City of Minneapolis	**335**	**13.0%**
	Suburban Hennepin (all)	**452**	**8.1%**
	NW Hennepin County	**210**	**9.6%**
	Bloomington, Edina, Richfield	**83**	**9.7%**
	South /West Suburbs	**157**	**12.5%**

*** See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: . The percentages presented in the tables and charts identify the numbers and proportion of all births to first time mothers that occurred to mothers who were aged 35 or older at the time of the birth.

Data source: The numbers and percentages of births to older mothers is based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a current resident of Hennepin County.

Importance of this indicator: In previous generations, delaying or deferring motherhood beyond age 35 was less likely to occur. Now, in an era of medically supported pregnancies and fertility interventions, the age range for first time mothers is moving upward. This indicator tracks births to first time mothers who are aged 35 or over. Although more likely to possess the social and economic resources needed to support and raise their children than younger aged mothers, older aged mother may have other health complications or have children who are at greater risk for certain congenital conditions related to maternal age. Additionally, first time mothers over aged 35 who were aided in becoming pregnant as the result of fertility interventions are at higher risk of giving birth to multiples (twins, triples, or quads). Giving birth to multiple babies at one time can lead to birth complications such as prematurity (less than 37 weeks gestation) and low birth weight (less than 2500 grams or 5.5 pounds).

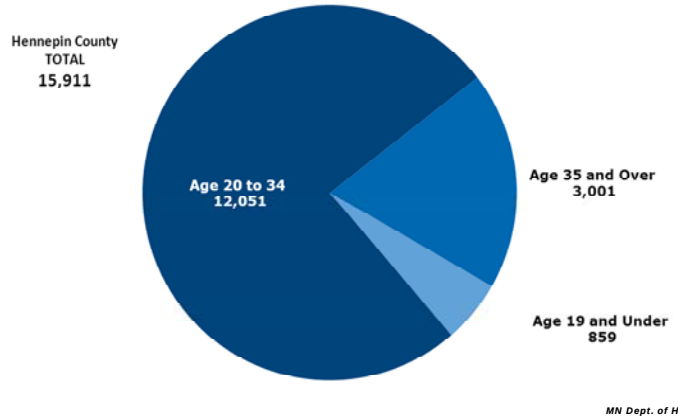
Health disparities: In 2010, there were 787 births to first time mothers aged 35 and over, making up 11.4% of first time first births. There are notable differences in the percentages by race/ethnicity. The percentage of births to first time mothers that are to mothers aged 35 and older is notably higher for the Asian (10.1%) and White (13.9%) communities when compared to other race/ethnic communities. Births to mothers over aged 35 were rare occurrences in the Native American community, which has a significantly younger age profile for 1st time mothers. Over time, the percentage of first time mothers over aged 35 has risen nearly 10-fold from 1.7% in 1980, peaking at 16.9% in 2005.

Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall rate reported for Hennepin County includes a small number of births to mothers whose race/ethnicity was not identified.

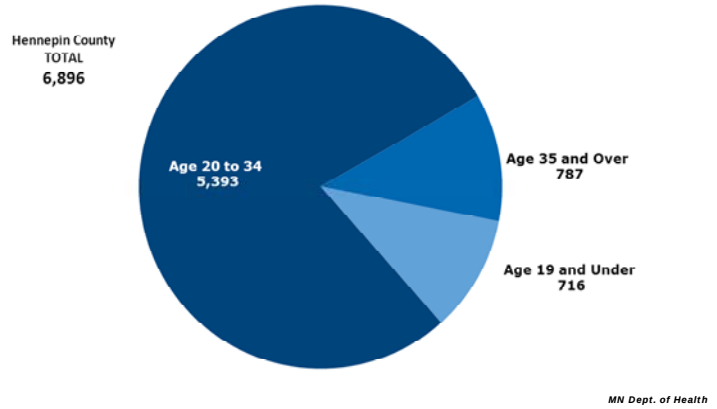
Special Notes on interpreting the graphs presenting age profiles of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the first time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time mothers were age 24 or under; 50% were age 28 or under; and 75% were age 32 or under.

Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

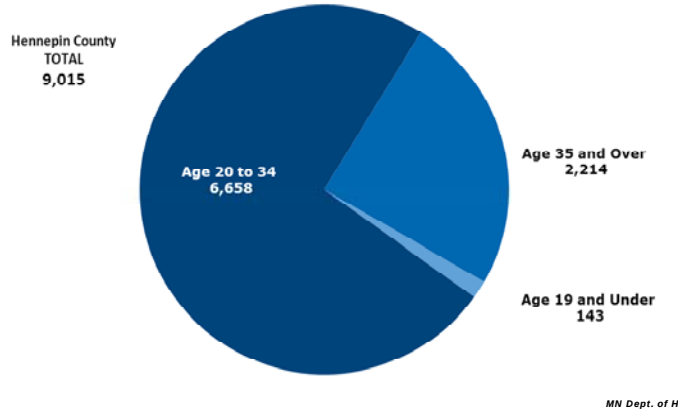
Age of mothers - all births by Age Groups
Hennepin County - 2010



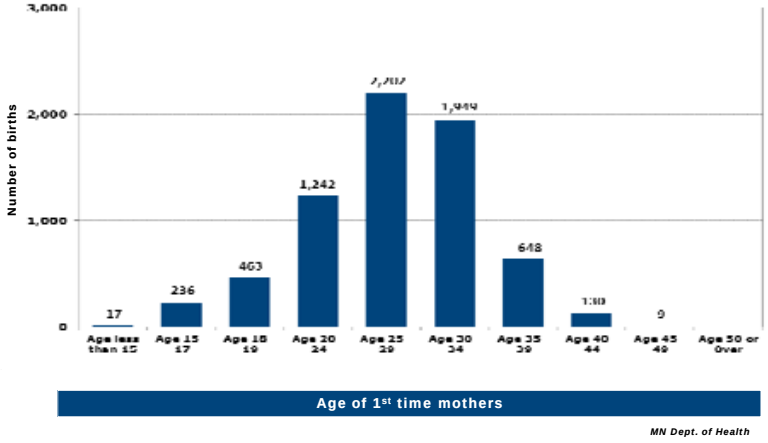
Age of 1st time mothers by Age Groups
Hennepin County - 2010



Age of mothers at 2nd or later births by Age Groups
Hennepin County - 2010



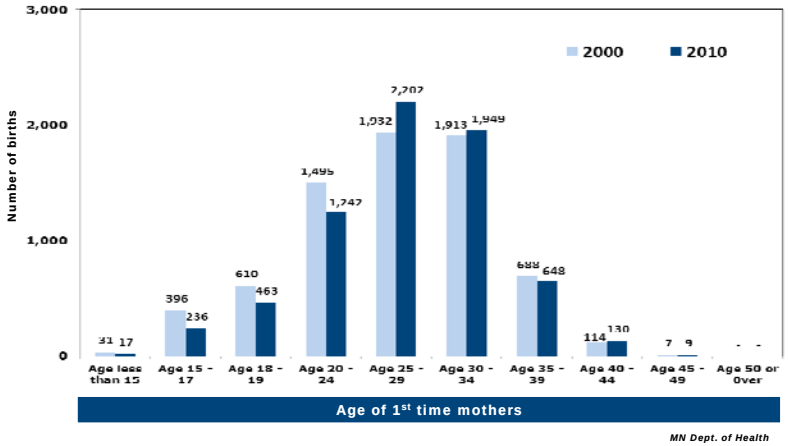
Age of 1st time mothers
Hennepin County - 2010



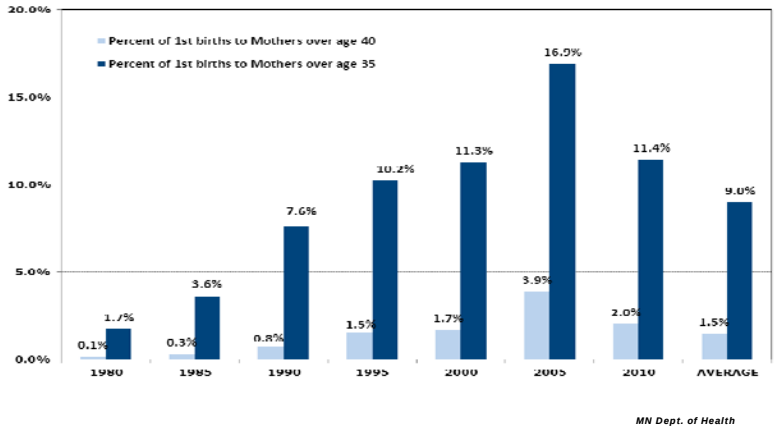
See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

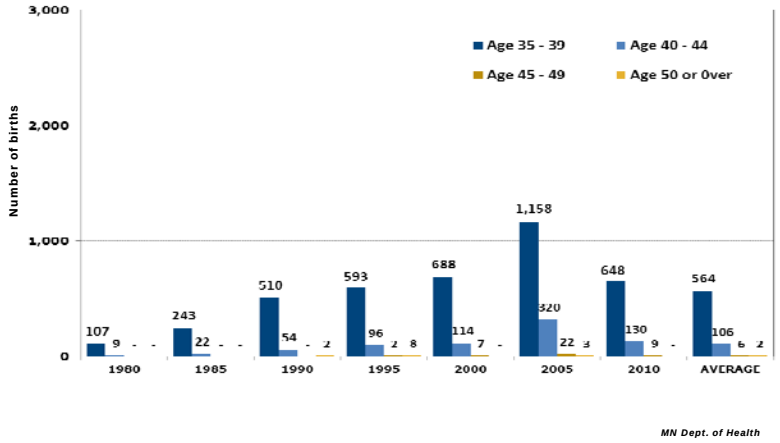
Age of 1st time mothers
2000 vs 2010



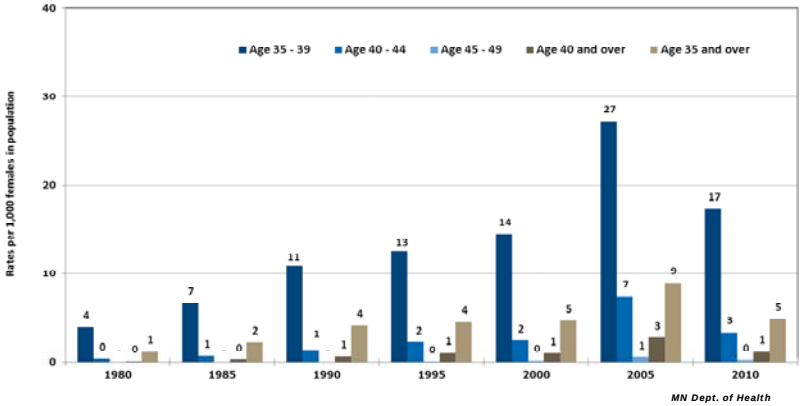
Percent of births to Older aged 1st time mothers
1980 to 2010



Age of 1st time mothers
1980 to 2010



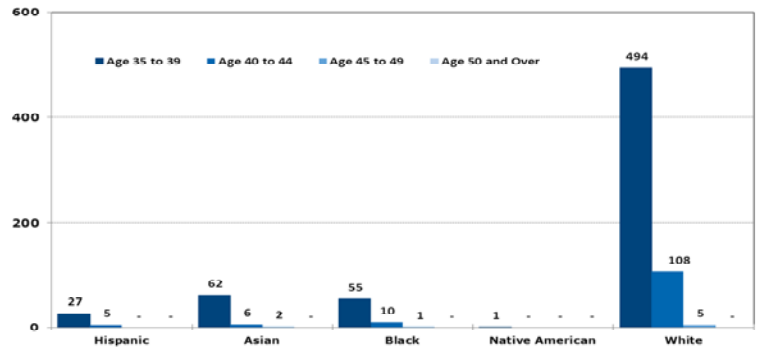
Birth Rates per 1,000 population to Older aged 1st time mothers
1980 to 2010



See *Technical Notes* for information on data sources and chart notations.

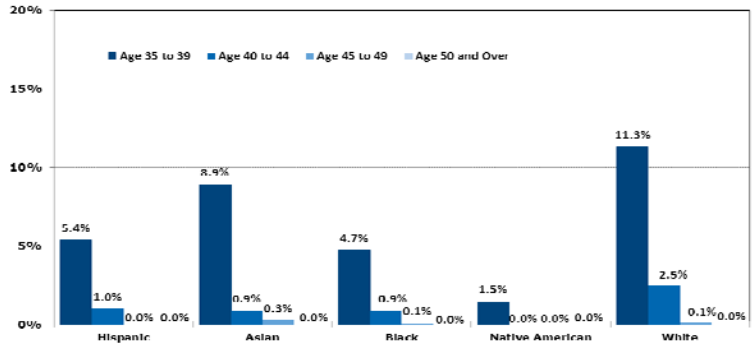
Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

Number of births to older 1st time mothers By Mother's Race / Ethnicity



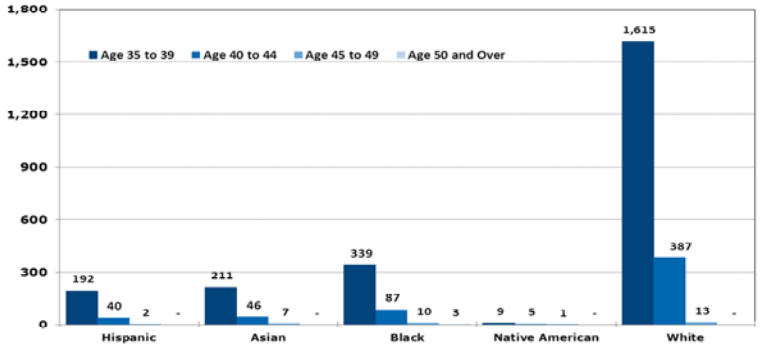
MN Dept. of Health

Percentage of births to older 1st time mothers By Mother's Race / Ethnicity



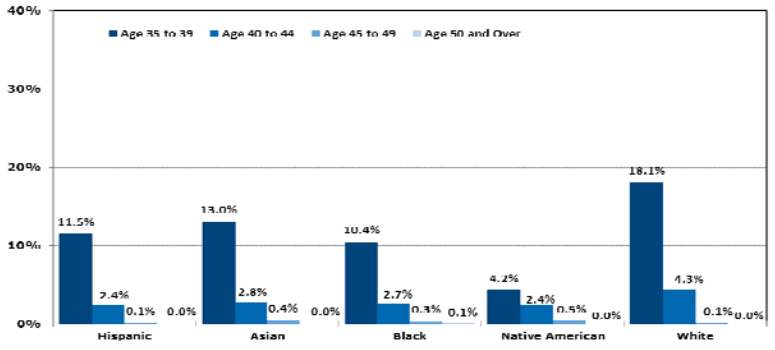
MN Dept. of Health

Number of births to all older mothers By Mother's Race / Ethnicity



MN Dept. of Health

Percentage of births to all older mothers By Mother's Race / Ethnicity

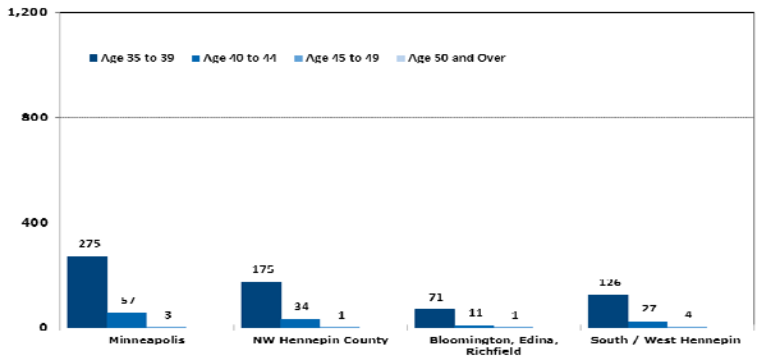


MN Dept. of Health

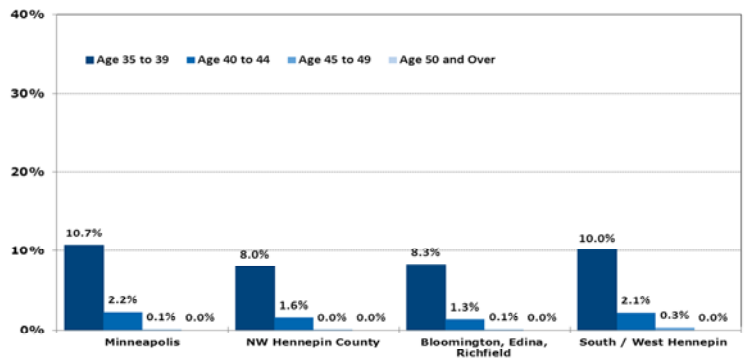
See *Technical Notes* for information on data sources and chart notations.

Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

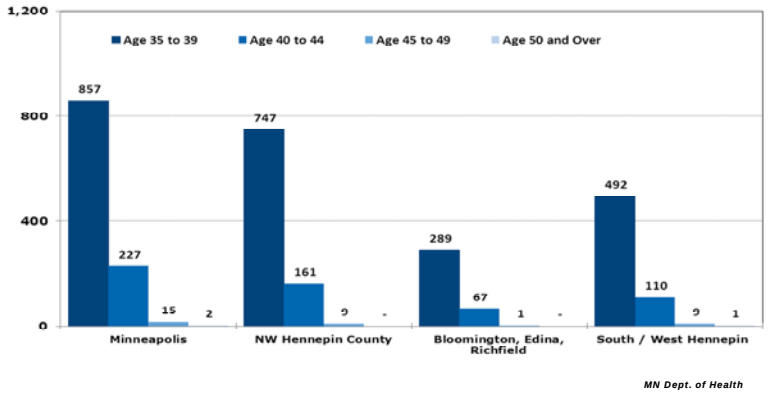
Number of births to older 1st time mothers By Mother's location of residence



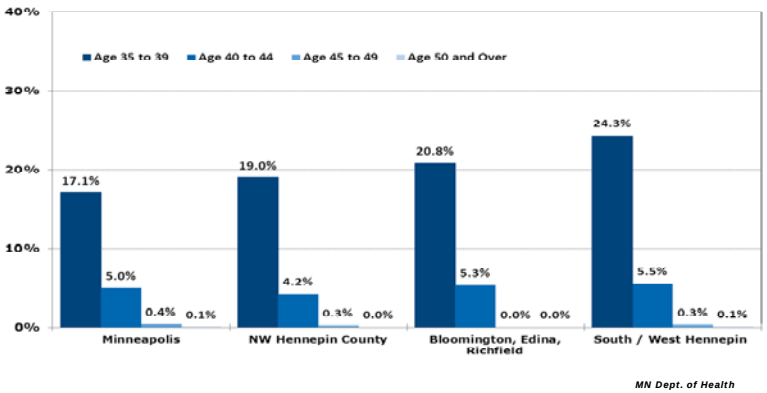
Percentage of births to older 1st time mothers By Mother's location of residence



Number of births to all older mothers By Mother's location of residence



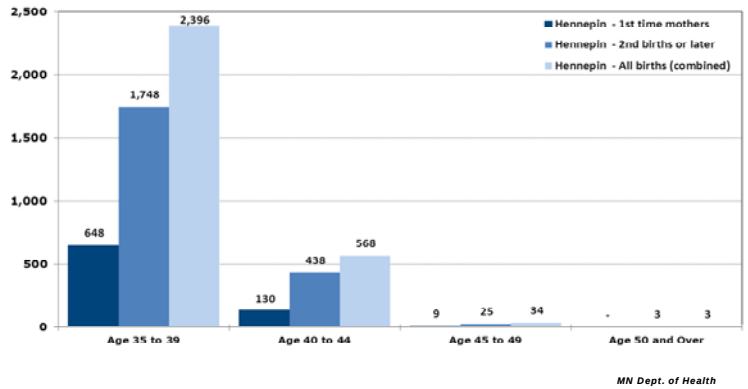
Percentage of births to all older mothers By Mother's location of residence



See *Technical Notes* for information on data sources and chart notations.

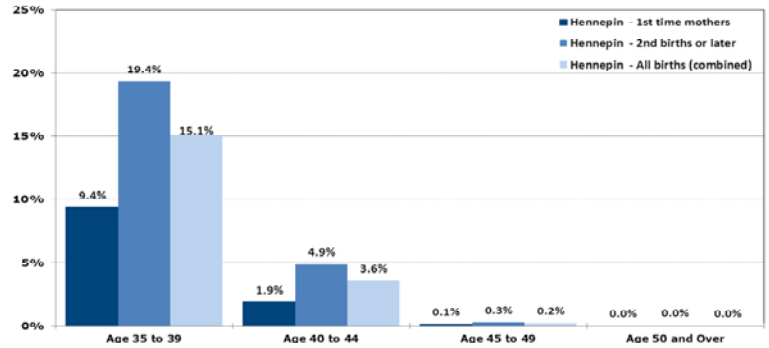
Indicator: Maternal Age – Births to 1st time mothers aged 35 or over

Number of births to older mothers
Hennepin County 2010



MN Dept. of Health

Percentage of births to older mothers
Hennepin County 2010



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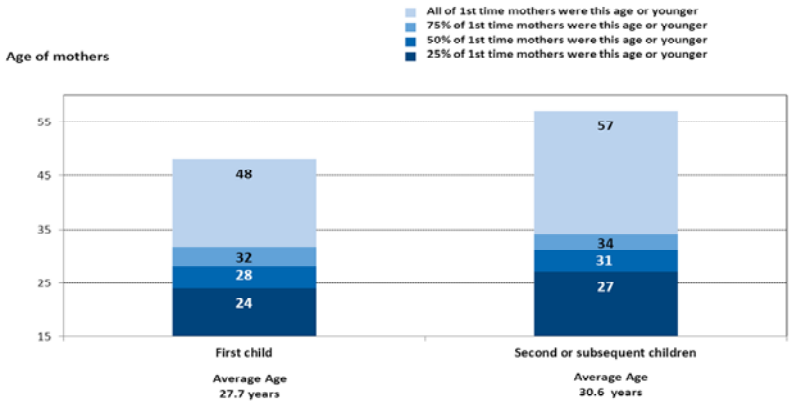
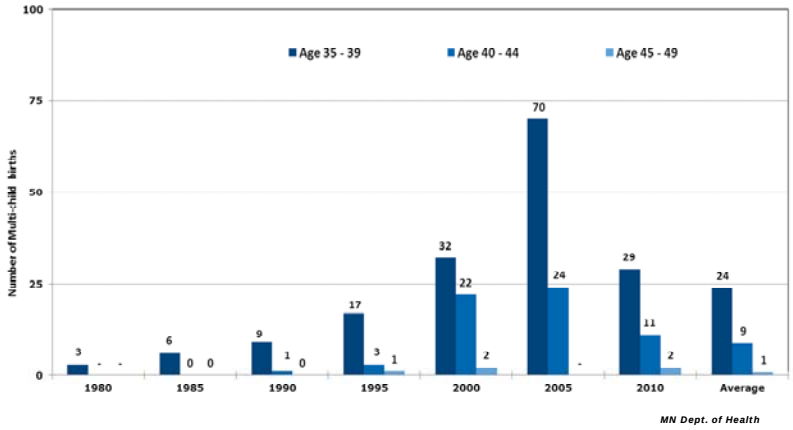
Age Profiles of Mothers
1st birth vs. subsequent birth
Hennepin County - 2010



Multi-child births
to Older aged 1st time mothers
1980 - 2010



MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

Indicator: Limited prenatal care – Started prenatal care in third trimester or received no prenatal care

Overview

Why Is This Indicator Important?

Medical care during pregnancy is essential for monitoring, diagnosing, preventing and treating many significant health risks and birth complications that could harm both mother and child. Prenatal care starting in the first trimester of pregnancy is ideal; mothers who do not receive prenatal care until their third trimester, or who do not receive any care prior to delivery, are at risk for birth complications.

How Are We Doing?

- In 2010, there were 334 births to mothers who started care in the 3rd trimester, or who had no prenatal care. The overall rate was 2.2% of all births in Hennepin County.
- There are notable differences in the percentages by race/ethnicity. Insufficient prenatal care occurred more often among Native American (9.0%) and Black (4.6%) mothers.
- The lack of adequate prenatal care was also more likely to occur to mothers under age 20 (4.4% compared to 2.0% for mothers over age 20).

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of births to Mothers with limited or no prenatal care	Percentage of births to Mothers with limited or no prenatal care
Hennepin County Births to Mothers who started care in 3rd trimester or received no prenatal care		**334**	**2.2%**
Age Group	Under age 20	**38**	**4.4%**
	Age 20 and Over	**296**	**2.0%**
Race / Ethnicity*	Asian / Pacific Islander	**30**	**1.9%**
	Black / African American	**143**	**4.6 %**
	Native American / American Indian	**18**	**9.0%**
	White	**94**	**1.1%**
	Hispanic / Latino	**47**	**2.9%**
Location of Residence	City of Minneapolis	**184**	**3.2%**
	Suburban Hennepin (all)	**150**	**1.5%**
	NW Hennepin County	**73**	**1.4%**
	Bloomington, Edina, Richfield	**32**	**1.7%**
	South /West Suburbs	**44**	**1.6%**

* See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.

Technical Notes

Definition of indicator: The figures presented in the tables and charts identify the numbers and percentages of births to mothers who started prenatal care in the third trimester, or who received no prenatal care prior to delivery.

Data source: The number of births to mothers with limited/no prenatal care is based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a current resident of Hennepin County.

Importance of this indicator: Medical care during pregnancy is essential for monitoring, diagnosing, preventing and treating many significant health risks and birth complications that could harm both mother and child. Prenatal care starting in the first trimester of pregnancy is ideal; mothers who do not receive prenatal care until their third trimester, or who do not receive any care prior to delivery, are at risk for birth complications.

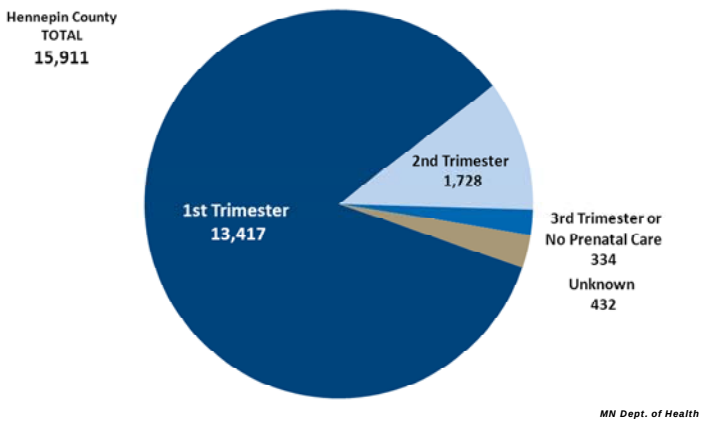
Health disparities: There are notable differences in the percentages by race/ethnicity. Insufficient prenatal care occurred more often among Native American (9.0%) and Black (4.6%) mothers. The lack of adequate prenatal care was also more likely to occur to mothers under age 20 (4.4% compared to 2.0% for mothers over age 20). By geography, more births in Minneapolis (both in terms of the number of births and by percentage) were to mothers who received limited care; 184 births, or 3.4% of all births in Minneapolis were to mothers who started prenatal care in the 3rd trimester or received no prenatal care.

Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall rate reported for Hennepin County includes a small number of births to mothers whose race/ethnicity was not identified.

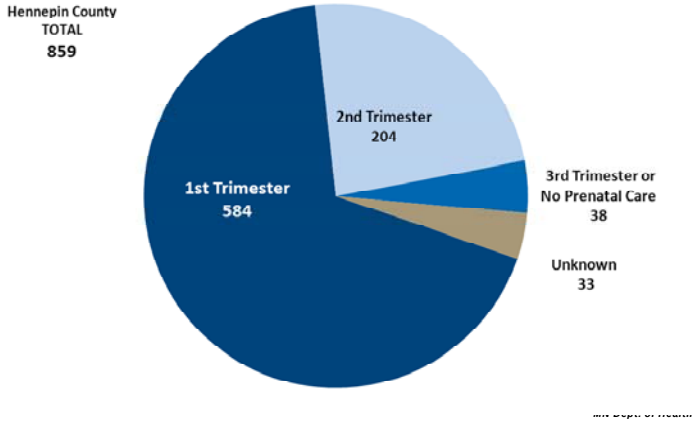
Special Notes on interpreting the graphs presenting age profiles of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the 1st time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time mothers who had no prenatal care were age 19 or under; 50% were age 22 or under; and 75% were age 29 or under.

Indicator: Limited prenatal care – Started prenatal care in third trimester or received no prenatal

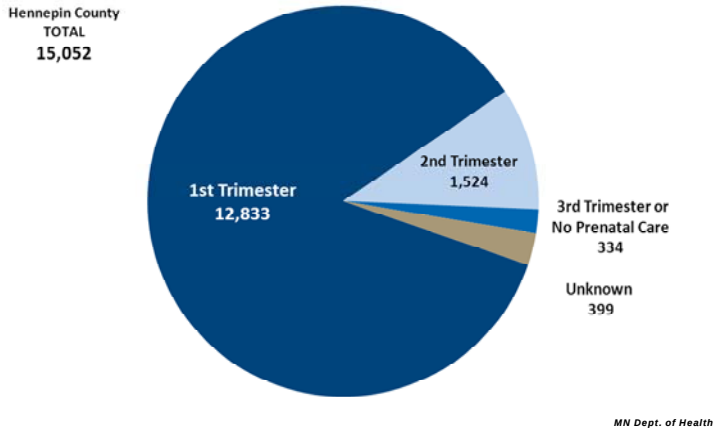
Start of prenatal care
Hennepin County - 2010



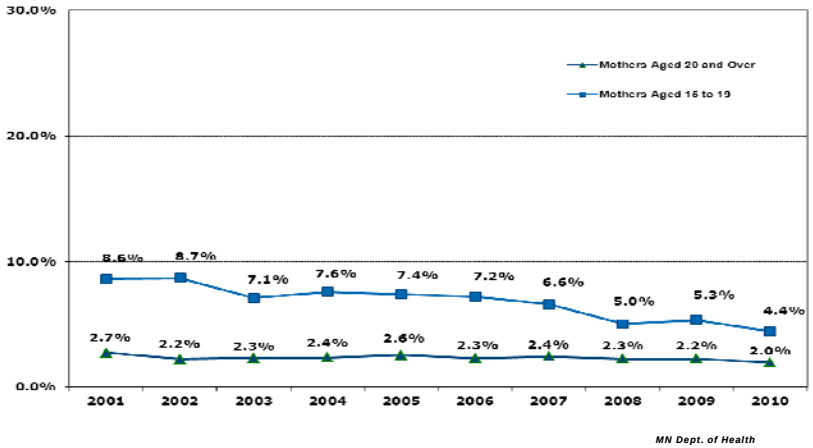
Start of prenatal care
Mothers under age 20
Hennepin County - 2010



Start of prenatal care
Mothers Age 20 years or over
Hennepin County - 2010



Limited or No prenatal care
by Age Group of Mother
2001 - 2010

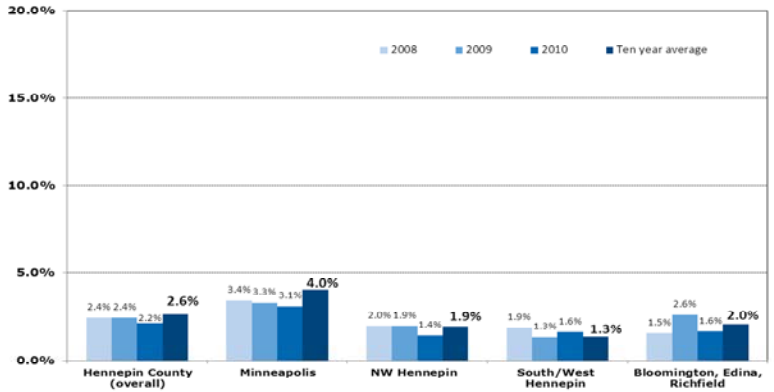


See *Technical Notes* for information on data sources and chart notations.

Indicator: Limited prenatal care – Started prenatal care in third trimester or received no prenatal

Limited or No prenatal care by Location of residence

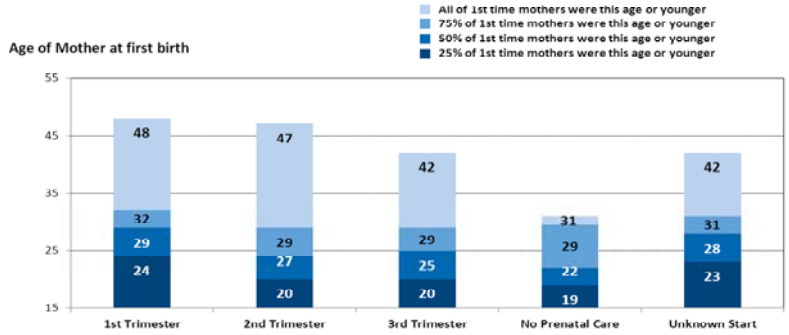
Recent trends with 10 year average



MN Dept. of Health

Start of prenatal care Age Profile of 1st time mothers

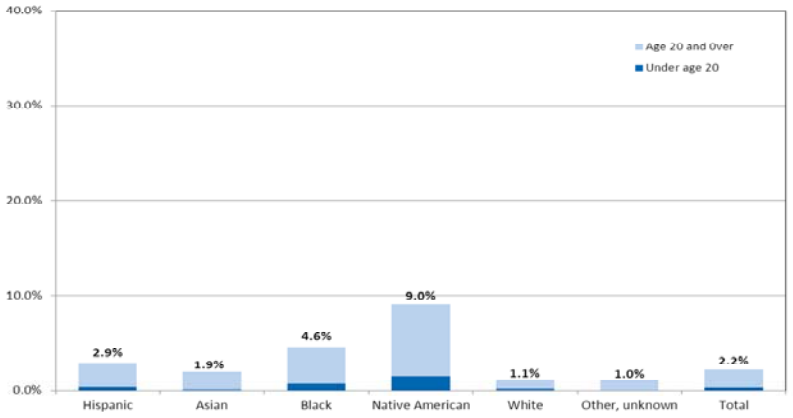
Hennepin County - 2010



MN Dept. of Health

Limited or No prenatal care by Mother's Race / Ethnicity

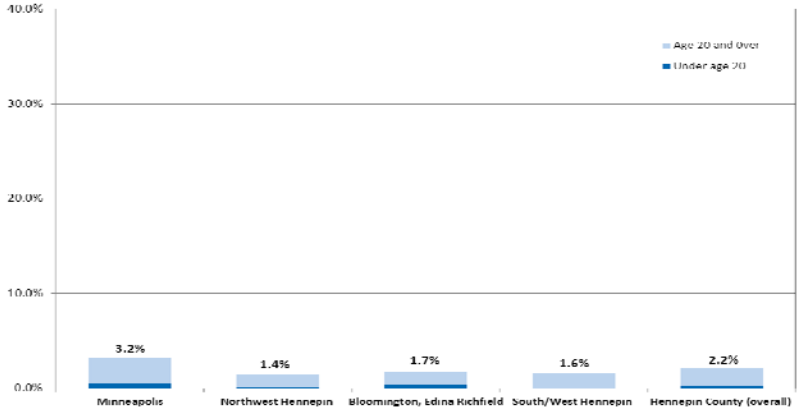
Hennepin County - 2010



MN Dept. of Health

Limited or No prenatal care by Mother's Location of residence

Hennepin County - 2010

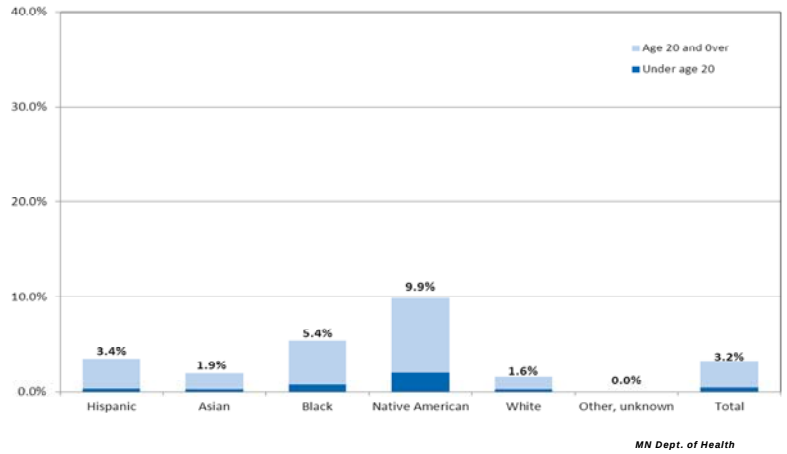


MN Dept. of Health

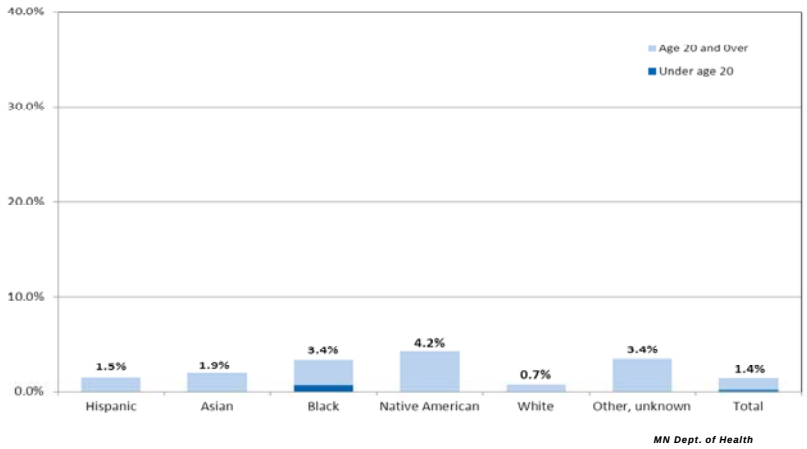
See *Technical Notes* for information on data sources and chart notations.

Indicator: Limited prenatal care – Started prenatal care in third trimester or received no prenatal

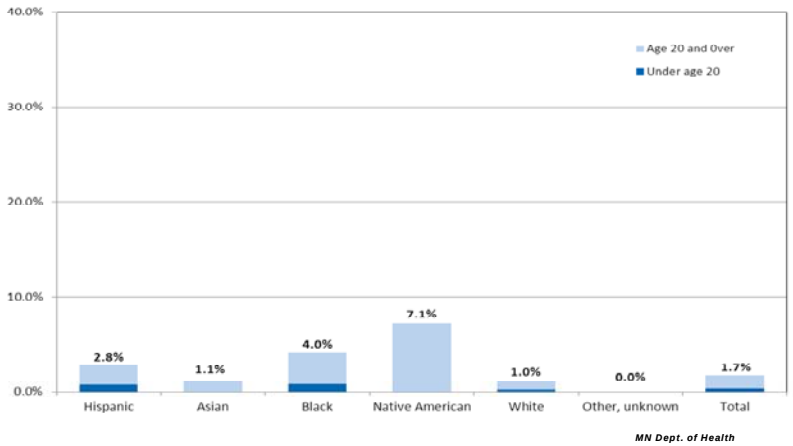
Limited or No prenatal care by Mother's Race / Ethnicity
Minneapolis - 2010



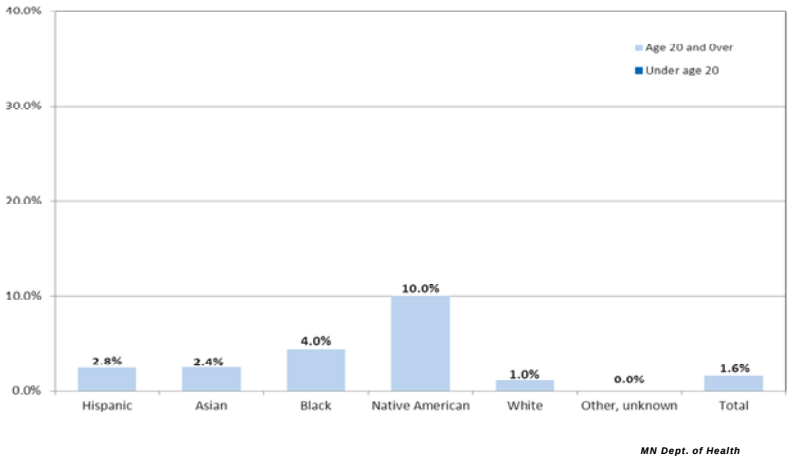
Limited or No prenatal care by Mother's Race / Ethnicity
NW Hennepin County - 2010



Limited or No prenatal care by Mother's Race / Ethnicity
Bloomington, Edina, Richfield - 2010



Limited or No prenatal care by Mother's Race / Ethnicity
South and West Hennepin County - 2010



See *Technical Notes* for information on data sources and chart notations.

Indicator: Pre-term Births – Singleton births at less than 37 weeks of gestation

Overview

Why Is This Indicator Important?

Babies born before reaching 37 weeks gestation are at risk for multiple health complications. They may have been born prematurely before all of their body functions are fully developed, or they may have underlying health conditions. Pre-term births are more common among twins and multiples. For this indicator, the statistics are limited to singleton births (one child births).

How Are We Doing?

- In 2010, there were 1,290 low weight singleton births, making up 8.4% of all singleton births.
- There are notable differences in the percentages by race/ethnicity. Pre-term singletons births are notably higher among African American (10.5%), Native American (10.9%), and Asian (9.8%) mothers.
- Pre-term singleton births are more likely to occur to mothers under age 20 (10.1% compared to 8.3% for mothers over age 20).

Data Source:

Minnesota Department of Health, Birth Certificate data – geo-coded data files.

Population		Number of Pre-Term - Singleton births	Percentage of Pre-Term - Singleton births
Hennepin County Pre-Term - Singleton births		**1,290**	**8.4%**
Age Group	Under age 20	**84**	**10.1%**
	Age 20 and Over	**1,206**	**8.3%**
Race / Ethnicity*	Asian / Pacific Islander	**153**	**9.8%**
	Black / African American	**327**	**10.5%**
	Native American / American Indian	**21**	**10.9%**
	White	**638**	**7.5%**
	Hispanic / Latino	**136**	**8.3%**
Location of Residence	City of Minneapolis	**503**	**8.8%**
	Suburban Hennepin (all)	**787**	**8.2%**
	NW Hennepin County	**458**	**9.2%**
	Bloomington, Edina, Richfield	**146**	**7.9%**
	South /West Suburbs	**181**	**6.9%**

*** See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: For this indicator, the statistics are limited to singleton births (one child births). The percentages presented in the tables and charts identify the proportion of singleton births that occurred prior to 37 weeks of gestation.

Data source: The numbers and percentages of pre-term singleton births are based on data provided by the Minnesota Department of Health (MDH) from the annual birth certificate files. These data were geo-coded by Hennepin County HSPHD to identify births to mothers residing in Hennepin County at the time the birth occurred; these will include births that occurred in other hospitals or locations outside of Hennepin County, where the mothers' address indicated that she was a resident of Hennepin County. The data reported here are from 2010, unless identified otherwise as trends or averages.

Importance of this indicator: Babies born before reaching 37 weeks gestation are at risk for multiple health complications. They may have been born prematurely before all of their body functions are fully developed, or they may have underlying health conditions. Pre-term births are more common among twins and multiples. For this indicator, the statistics are limited to singleton births (one child births).

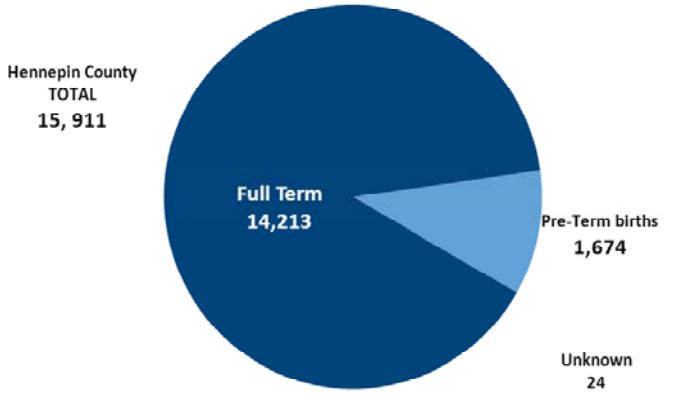
Health disparities: There are notable differences in the percentages by race/ethnicity. Pre-term births are notably higher among African American (10.5%), Native American (10.9%), and Asian (9.8%) mothers. Pre-term singleton births are more likely to occur to mothers under age 20 (10.1% compared to 8.3% for mothers aged 20 or over). Higher percentages of pre-term singleton births are reported in NW Hennepin County (9.2%) as compared to Minneapolis or other Suburban Hennepin County areas (percentages range from 6.9% to 7.9%.

Special Notes on reporting rates by Race / Ethnicity: The information on race and ethnicity is based on self-reported data provided by the mothers about themselves; the race/ethnicity of the child may be different from that of their mother. The mothers who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* mothers combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups. The number of births and the overall percentage reported for Hennepin County includes a small number of births to mothers whose race/ethnicity was not identified.

Special Notes on interpreting the graphs presenting age profiles of fist time mothers: These graphs are based on the age distribution of first time mothers (only); the graphs indicate the ages by which 25%, 50%, 75% and 100% of the births to first time mothers occurred. The median age is the midpoint (or "tipping point") of the age distribution. It means that half of the 1st time mothers in Hennepin County were at or below this age when they gave birth, and half were above the age. For example, 25% of all first time mothers who gave birth before reaching 37 weeks gestation were age 24 or under; 50% were age 29 or under; and 75% were age 32 or under.

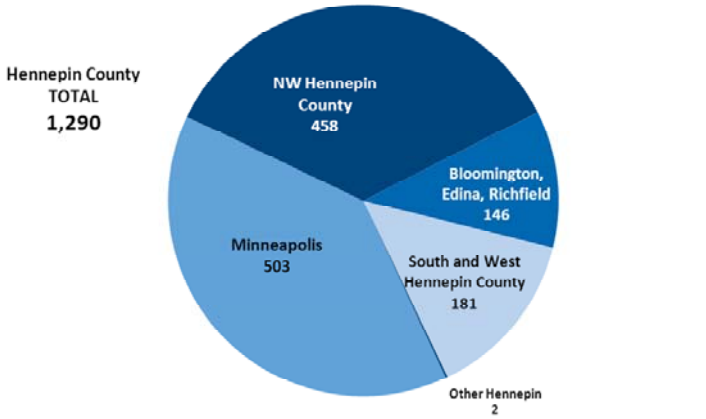
Indicator: Pre-term Births – Singleton births at less than 37 weeks of gestation

Gestation Length - All Births
Hennepin County 2010



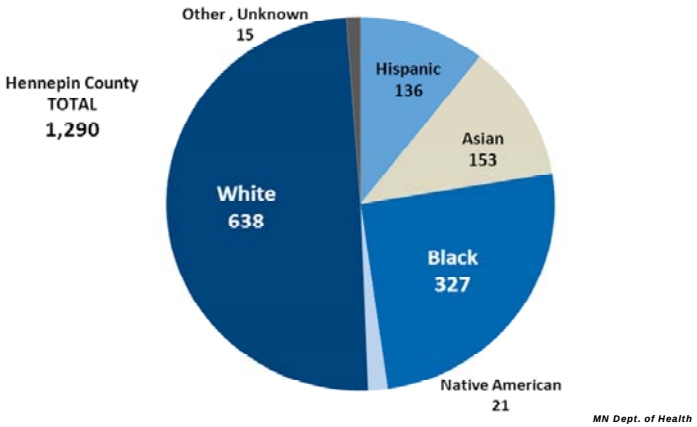
MN Dept. of Health

Pre-Term Births – Singletons by Location of residence
Hennepin County 2010



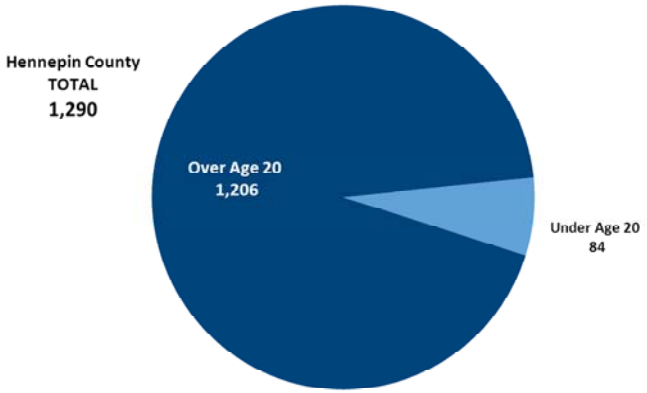
MN Dept. of Health

Pre-Term Births – Singletons by Mother's Race / Ethnicity
Hennepin County 2010



MN Dept. of Health

Pre-Term Births – Singletons by Mother's Age Group
Hennepin County 2010



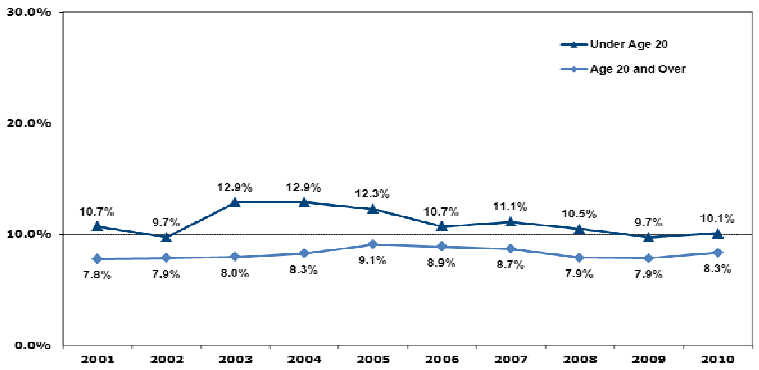
MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

Indicator: Pre-term Births – Singleton births at less than 37 weeks of gestation

Pre-Term Births - Singletons by Age Group of Mother

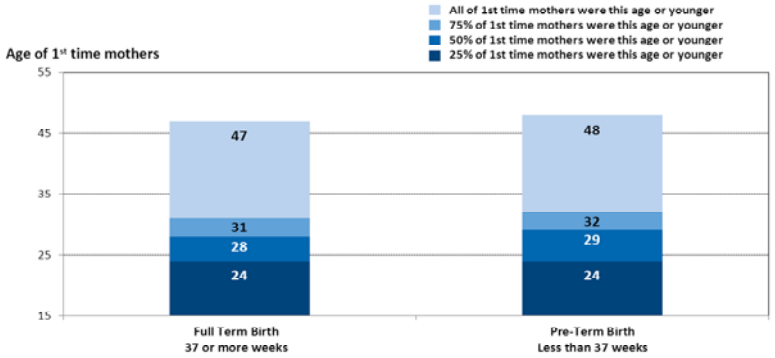
Hennepin County 2001 - 2010



MN Dept. of Health

Pre-Term Births - Singletons Age Profile of 1st time mothers

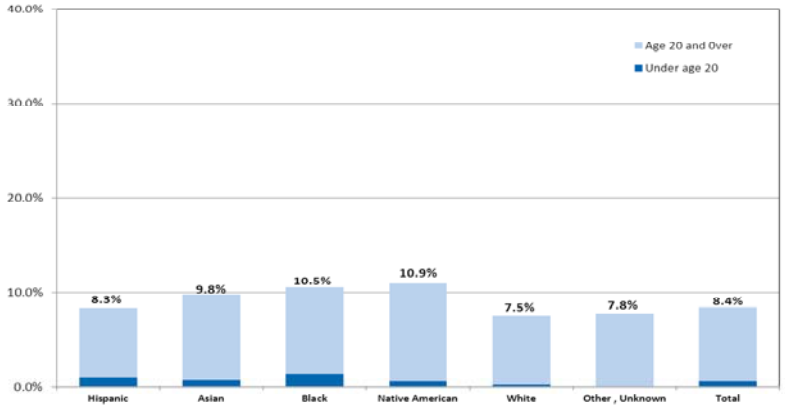
Hennepin County - 2010



MN Dept. of Health

Pre-Term Births - Singletons by Mother's Race / Ethnicity

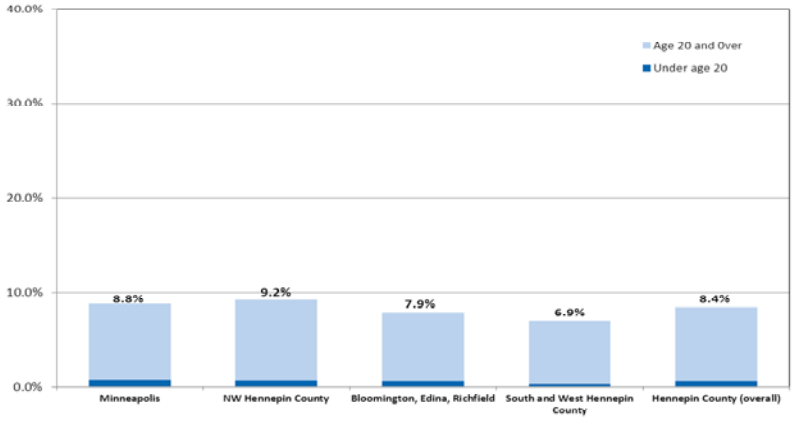
Hennepin County - 2010



MN Dept. of Health

Pre-Term Births - Singletons by Mother's Location of residence

Hennepin County - 2010

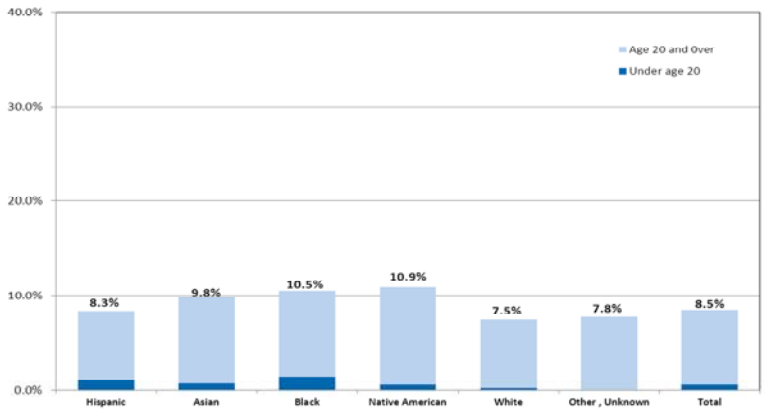


MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

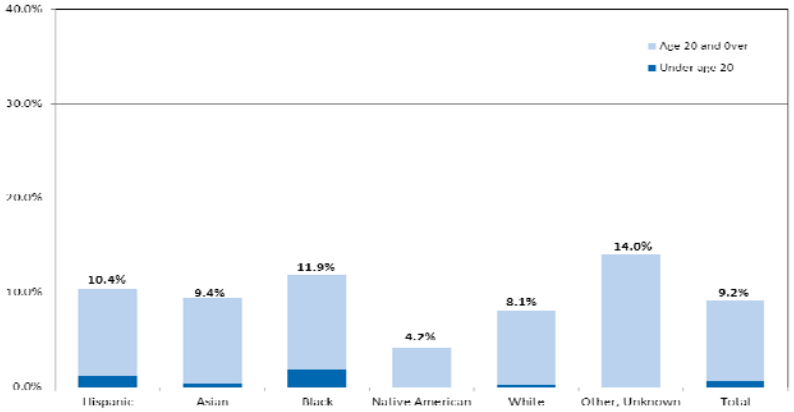
Indicator: Pre-term Births – Singleton births at less than 37 weeks of gestation

Pre-Term Births - Singletons by Mother's Race/Ethnicity
Minneapolis - 2010



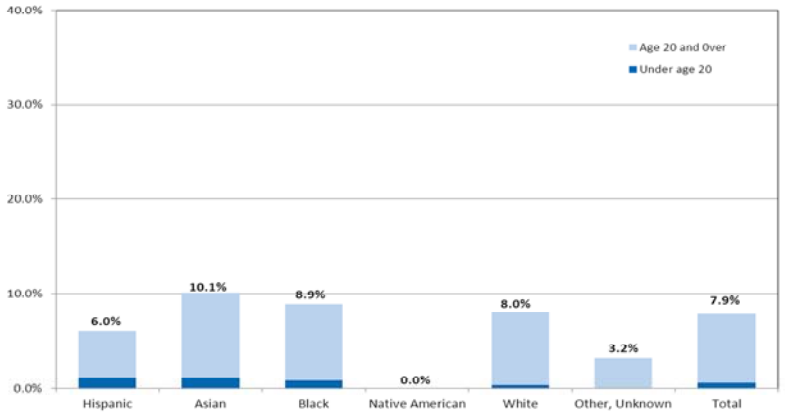
MN Dept. of Health

Pre-Term Births - Singletons by Mother's Race/Ethnicity
NW Hennepin County - 2010



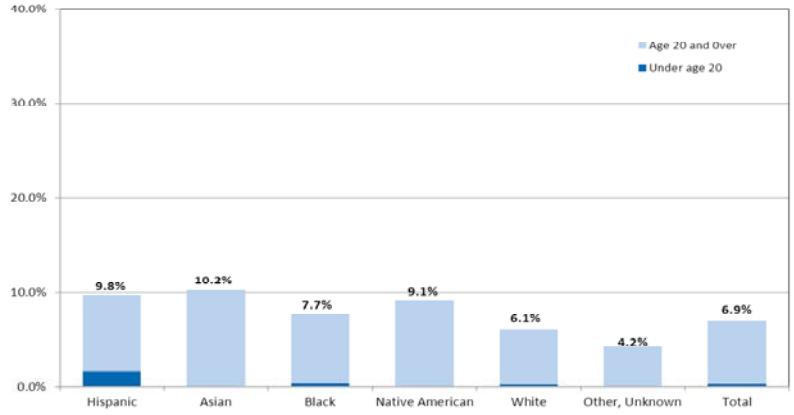
MN Dept. of Health

Pre-Term Births - Singletons by Mother's Race/Ethnicity
Bloomington, Edina, Richfield - 2010



MN Dept. of Health

Pre-Term Births - Singletons by Mother's Race/Ethnicity
South and West Hennepin County - 2010



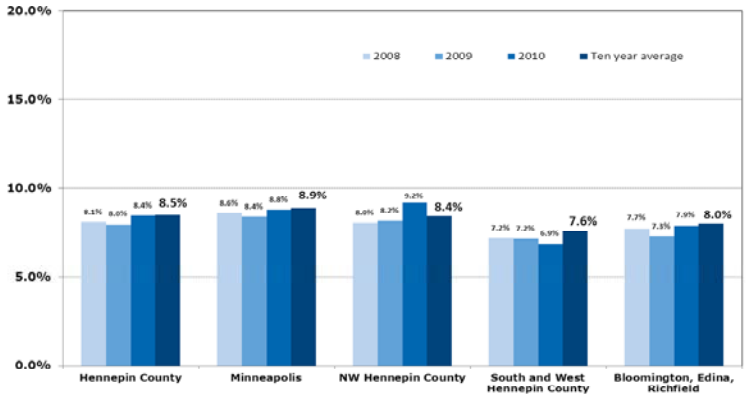
MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

Indicator: Pre-term Births – Singleton births at less than 37 weeks of gestation

Pre-Term Births – Singletons by Location of residence

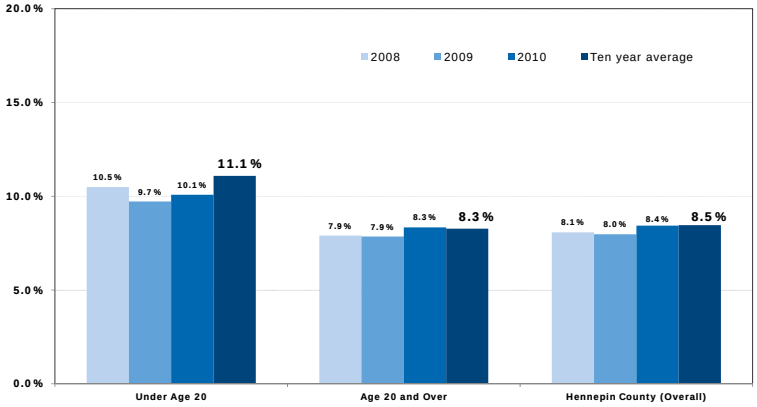
Recent trends with 10 year average



MN Dept. of Health

Pre-Term Births – Singletons by Age of Mother

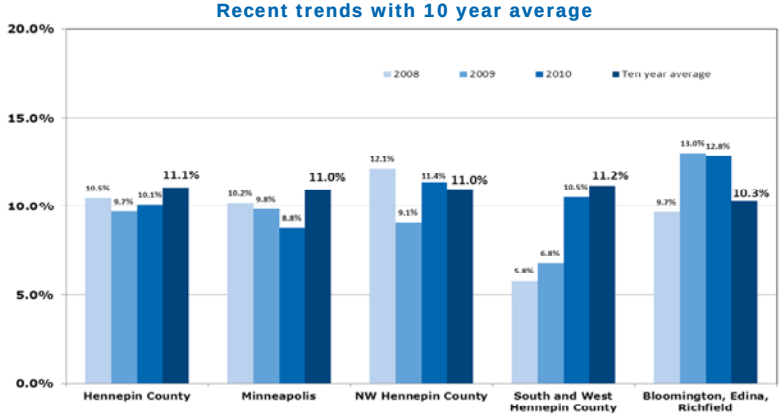
Recent trends with 10 year average



MN Dept. of Health

Pre-Term Births – Singletons Mothers Under age 20 by Location of residence

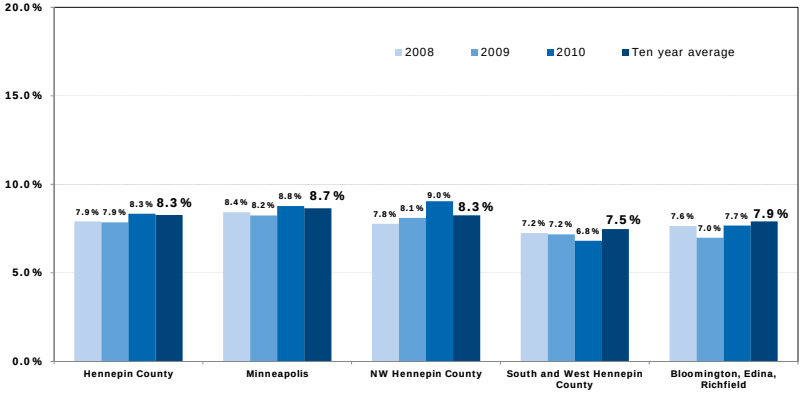
Recent trends with 10 year average



MN Dept. of Health

Pre-Term Births – Singletons Mothers Age 20 and Over by Location of residence

Recent trends with 10 year average



MN Dept. of Health

See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults with Frequent Mental Distress

Overview

Why Is This Indicator Important?

Mental health is essential to personal well-being, family and interpersonal relations and ability to contribute to community or society. Yet, mental distress affects many and could be disabling and costly.

How Are We Doing?

- Overall, 9.0 % of Hennepin county adults had frequent mental distress (FMD) in 2010.
- The prevalence of FMD is disproportionately higher among adults with low income, low education, US-born Blacks, Hispanics or Latinos, or are from the LGBT community.
- Adults who are obese, have diabetes, currently smoke, lack leisure time physical activity, or are heavy alcohol drinkers, reported a significantly higher rate of FMD than those who don't.
- The most prominent disparities in FMD rates are found among older adults with disability or functional limitation and those without.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults		**9.0%**	± 1.0
Age (years)	18-24	**12.0%**	± 6.9
	25-44	**8.8%**	± 1.5
	45-54	**10.8%**	± 2.4
	55-64	**9.1%**	± 1.9
	65 and older *	**5.3%**	± 1.5
Gender	Male	**7.6%**	± 1.6
	Female	**10.2%**	± 1.3
Household income	<200% federal poverty level *	**19.5%**	± 3.1
	≥200% federal poverty level *	**6.2%**	± 1.0
Geographic region	Minneapolis	**10.7%**	± 1.6
	Northwest suburbs	**7.9%**	± 2.0
	West suburbs	**9.5%**	± 3.1
	South suburbs	**7.2%**	± 2.2

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: *Frequent mental distress* (FMD) is assessed via the survey question *"Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"* A person will be classified as having *FMD* if she or he reported 14 or more days that mental health was not good. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 2002* and *SHAPE 2006*, are used to monitor this indicator over time. Data from *SHAPE 2006* is used to report this indicator by race and ethnicity *as SHAPE 2010* does not have enough sample to do so.

Importance of this indicator: Mental health is a state of successful performance of mental function, and is essential to personal well-being, family and interpersonal relations, and ability to contribute to community or society. Yet, mental distress is a major source of suffering in the US. Prolonged mental distress can disable an individual and result in substantial social and economic cost. FMD has been commonly used as a proxy for poor mental health in state and national population health surveys.

In 2010, close to one in ten (9.0%) Hennepin County adults experienced FMD. While the prevalence of FMD in 2010 (9.0%) is similar to the rate in 2006 (9.7%), it has significantly increased from the rate in 2002 (5.6%).

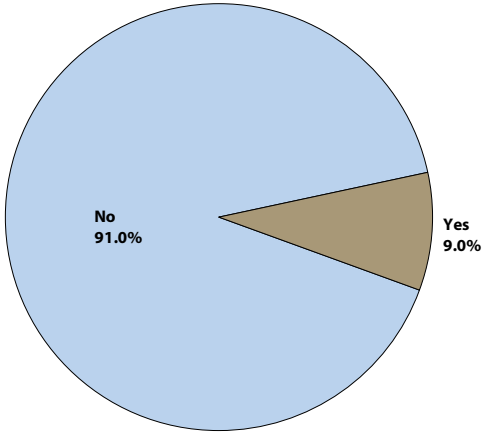
Health disparities: FMD is more common among adult males than among adult females and less common among seniors than among younger adults. A large geographic variation in FMD rates is observed. Compared to their counterparts in Hennepin County, adults of low income, low education, being US-born Blacks, being Hispanics or Latinos, reported a disproportionately high rate of FMD. The LGBT community reported a rate of FMD twice as high as the rate reported by adults that are not a member of LGBT (16.3% vs. 8.4%). Obese adults have a significantly higher rate of FMD than adults that are not obese. Adults with diabetes also have a significantly higher rate of FMD than adults without diabetes. The rate of FMD is significant higher among current smokers than among those who don't smoke; is significantly higher among adults that lack leisure time physical activity than among those who don't; and is significantly higher among adults who are heavy alcohol users than among those who don't.

The most prominent disparity in FMD is found among older adults (aged 55 and older) with a disability as compared to those without a disability ((23% vs. 4.8%) and among older adults with a functional limitation as compared to those without a functional limitation (36% vs. 7.3%).

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. The level of statistical significance was determined at $p < 0.05$.

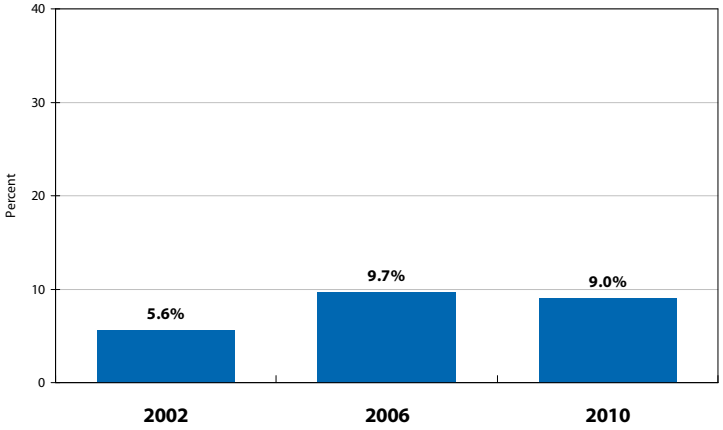
Indicator: Adults with Frequent Mental Distress

Adults with frequent mental distress

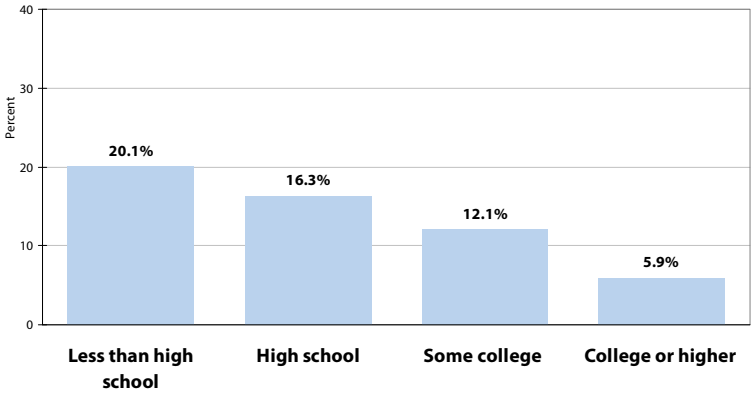


SHAPE 2010

Adults with frequent mental distress
Time trend 2002-2010

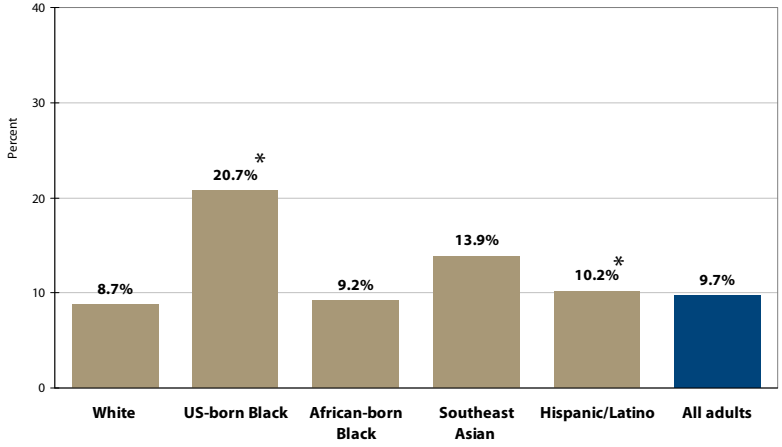


Adults with frequent mental distress
by education**



SHAPE 2010

Adults with frequent mental distress
by race and ethnicity

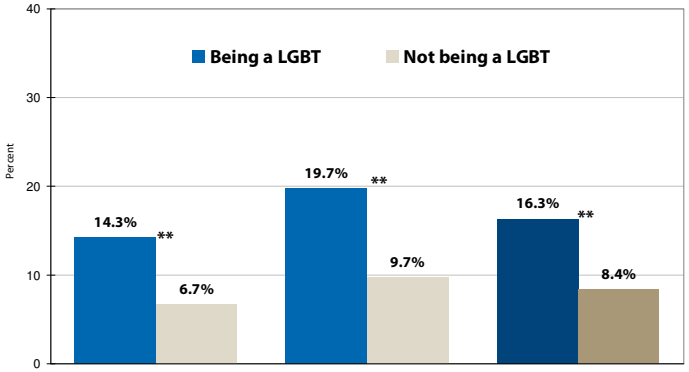


SHAPE 2006

See technical notes for information on data sources and chart notations.

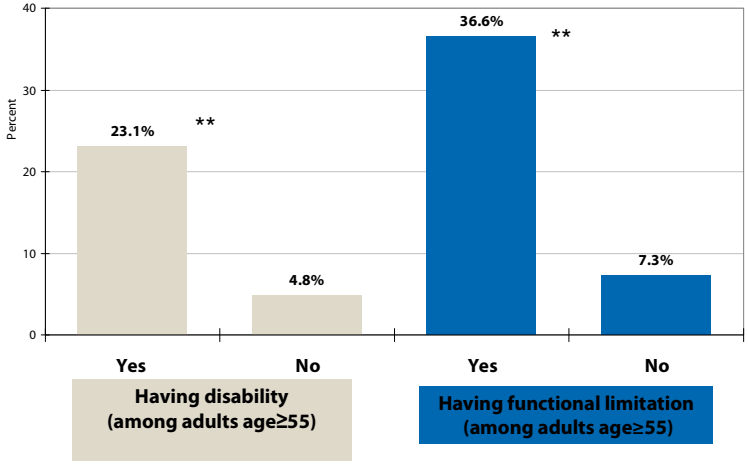
Indicator: Adults with Frequent Mental Distress

Adults with frequent mental distress by lesbian, gay, bisexual or transgender (LGBT) status and gender



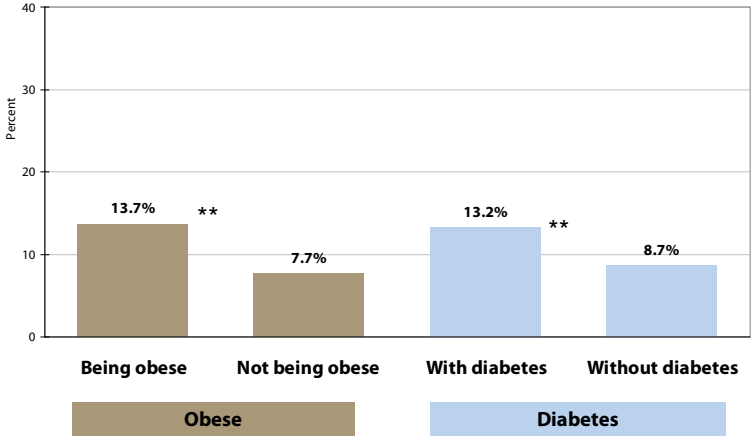
SHAPE 2010

Adults aged 55 and older with frequent mental distress by disability status



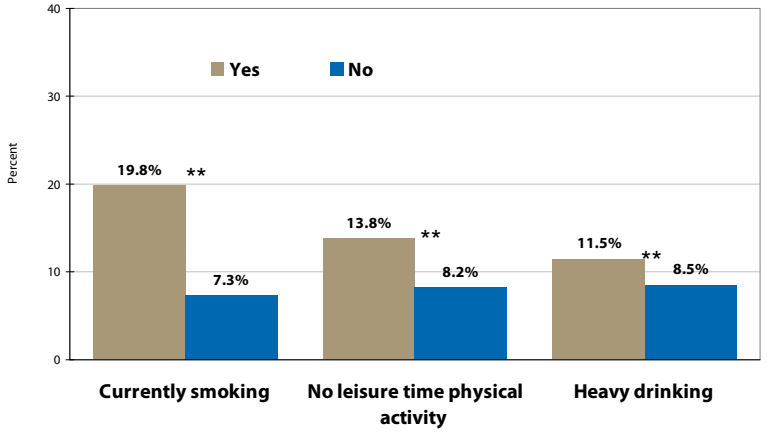
SHAPE 2010

Adults with frequent mental distress by obesity and diabetes



SHAPE 2010

Adults with frequent mental distress by selected risk behaviors

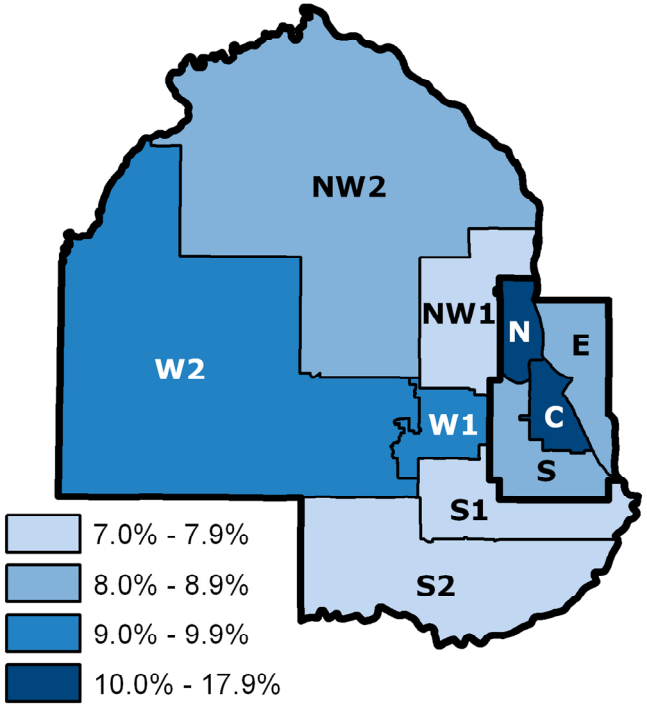


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults with Frequent Mental Distress

Adults with frequent mental distress by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: Adults with Serious Psychological Distress

Overview

Why Is This Indicator Important?

Mental disorders are among the most common cause s of disability. *Serious psychological distress (SPD)* estimates serious mental illness in general population.

How Are We Doing?

- Overall, 2.8% of Hennepin county adults experienced *SPD in 2010.*
- The rate of *SPD* is significantly higher among adults with low income, low education and is also significantly higher among US-born Blacks and among Hispanics or Latinos.
- Adults who are a member of LGBT, being obese, are current smokers, engaging in no leisure time physical activity, or are heavy alcohol drinkers, reported a disproportionately higher rate of *SPD* than those who are not.
- The most prominent disparities in *SPD* rates are found among older adults with disability or functional limitation than among those who don't.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent C.I.
All Hennepin County adults		**2.8%** ± 0.5
Age (years)	18-24	**3.7%** ± 4.8
	25-44	**2.9%** ± 0.8
	45-54	**3.4%** ± 1.2
	55-64	**2.8%** ± 1.1
	65 and older	**1.5%** ± 0.9
Gender	Male	**2.5%** ± 0.9
	Female	**3.1%** ± 0.7
Household income	<200% federal poverty level *	**8.4%** ± 2.0
	≥200% federal poverty level *	**1.4%** ± 0.5
Geographic region	Minneapolis*	**4.9%** ± 1.2
	Northwest suburbs*	**1.6%** ± 0.7
	West suburbs	**2.4%** ± 1.6
	South suburbs	**1.4%** ± 1.0

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Indicator: Adults with Serious Psychological Distress

Technical Notes

Definition of indicator: *Serious psychological distress (SPD)* is determined using the Kessler 6 (K6) scale, which comprises of 6 questions asking how often during the past 30 days a person felt "*so sad that nothing could cheer them up*," *"nervous*," "*restless or fidgety,*" "*hopeless*," *"everything was an effort*" or "feel worthless." A score ranged from 0-24 is derived from the responses to these 6 questions with higher scores indicating worse levels of psychological distress. A score of 13 or more on the K6 scale is used to define *SPD.* Further information on K6-6 scale calculation and the definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from *SHAPE 2006*, is used to monitor this indicator over time. Data from *SHAPE 2006* is also used to report this indicator by race and ethnicity *as SHAPE 2010* does not have enough sample to do so. Data from *2010 National Health Interview Survey* is used for comparison.

Importance of this indicator: Burden of mental illness in the US is among the highest of all diseases, and the mental disorders are among the most common causes of disability. *SPD* has been used in major health surveys in US to estimate serious mental illness among general population. Hennepin County employed K6 scale for the SHAPE surveys starting in 2006.

In 2010, 2.8% of Hennepin County adults experienced *SPD,* another 13% experienced *mild to moderate psychological distress.* The *SPD* rate in 2010 (2.8%) is similar to the rate for county adults in 2006 (2.1%), and is not significantly different from the rate for the adults in the nation (3.3%).

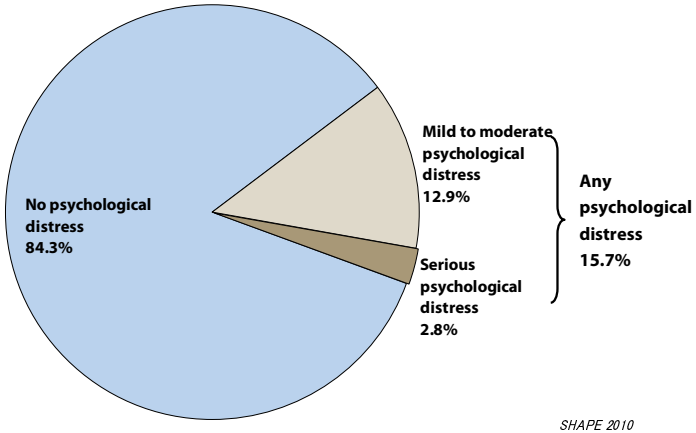
Health disparities: No significant variation in rates of *SPD* is found across age groups and between males and females among Hennepin County adults. However, sizable disparities in rates are found among many others factors. Adults with low income are five times more likely to report *SPD* than adults with higher income (8.4% vs. 1.4%) and adults with less than high school education are almost seven times more likely to report *SPD* than adults with college or higher education (11.0% vs. 1.5%). The S*PD* rates among US-born Blacks and Hispanics or Latinos are five to seven times higher than the rates among Whites. Adults who are a member of LGBT reported a *SPD* rate that was triple the rate reported by adults who are not a member of LGBT (7.4% vs. 2.4%) and this disparity is more evident for females. Adults with obesity or having diabetes also reported a higher rate of *SPD* than adults who are not obese or without diabetes. The rate of SPD is significant higher among current smokers than among non-current smokers, and is significantly higher among those that lack leisure time physical activity than among those who don't, and is significantly higher among heavy alcohol users than among those who are not heavy alcohol users.

The most prominent disparity in *SPD* is found among older adults (aged 55 and older) with a disability as compared to those without a disability (9.8% vs. 0.6%) and among older adults with a functional limitation as compared to those without a functional limitation (20.1% vs. 1.6%). Geographic variation in *SPD* rates ranges from 1.1% or1.2% in three suburban outer rings to 9.0% in North Minneapolis.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. The level of statistical significance was determined at $p<0.05$.

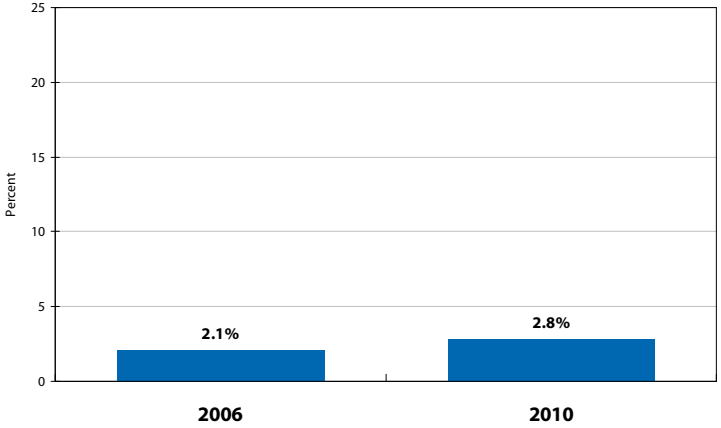
Indicator: Adults with Serious Psychological Distress

Adults psychological distress status

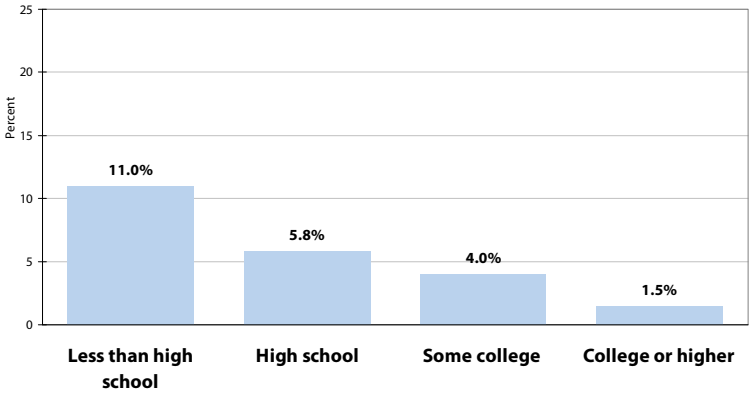


SHAPE 2010

Adults with serious psychological distress 2006 and 2010

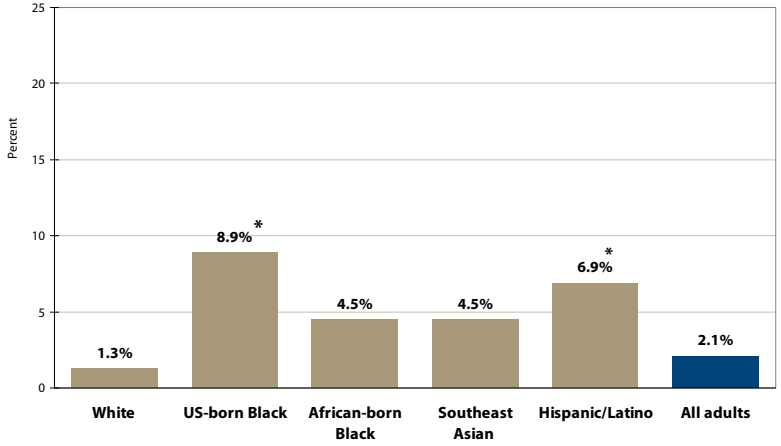


Adults with serious psychological distress by education**



SHAPE 2010

Adults with serious psychological distress by race and ethnicity

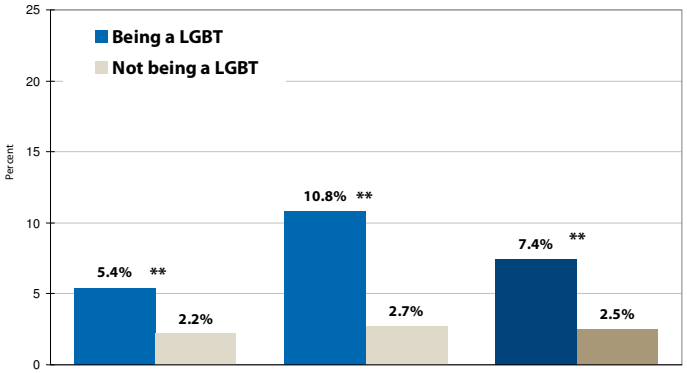


SHAPE 2006

See technical notes for information on data sources and chart notations.

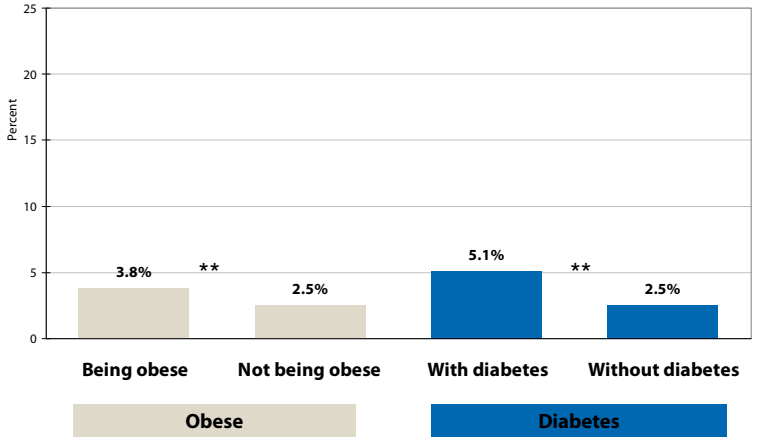
Indicator: Adults with Serious Psychological Distress

Adults with serious psychological distress by lesbian, gay, bisexual or transgender (LGBT) status and gender



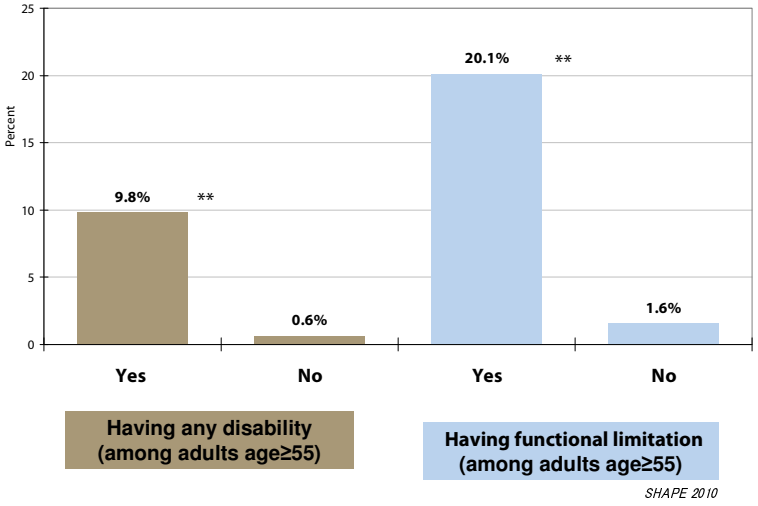
SHAPE 2010

Adults with serious psychological distress by obesity and diabetes



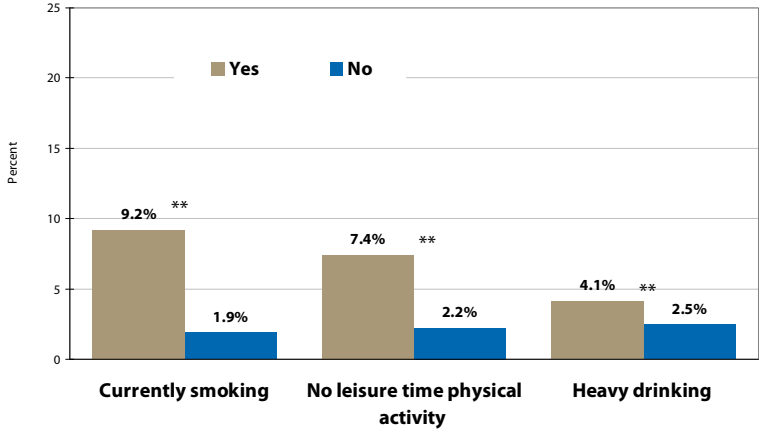
SHAPE 2010

Adults aged 55 and older with serious psychological distress by disability status



SHAPE 2010

Adults with serious psychological distress by selected risk behaviors



SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults with Serious Psychological Distress

Adults with serious psychological distress by geographic areas**

to be done

Lowest among suburban outer rings, about 1.2 percent

Highest:
9.0% in North Minneapolis.

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart notations.

Indicator: *Chronic Mental or Emotional Health Problems among 9th grade students*

Overview

Why Is This Indicator Important?

Mental health is a significant factor in determining overall well-being. *Chronic mental or emotional health problems* (issues lasting one year or more) may affect or limit an adolescent's physical health, their intellectual growth, and their social development. Episodes may include serious *self-harming behaviors*, *suicidal thoughts*, or *suicide attempts*.

How Are We Doing?

- One out of ten 9th graders report that they have a *mental or emotional health problem that has lasted for one year or more* (9.9%).
- Notably higher rates for *chronic mental health problems* and for some specific *major mental health concerns* were reported for 9th grade girls as compared to 9th grade boys.
- Among 9th graders, the rates for *major mental health concerns* were highest among *Hispanic/Latino* students for serious *self-harming behaviors*, and suicide *attempts.*

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 9th grade students attending school in public school districts		**9.9%**
Gender	Boys	**8.5%**
	Girls	**11.2%**
Race / Ethnicity**	Asian / Pacific Islander	**5.6%**
	Black / African American	**7.5%**
	Native American / American Indian	**
	White	**10.0%**
	Hispanic / Latino	**8.5%**
***Major mental health concerns* in past year** (percent of all 9th grade students)**	*Self-harming*	**10.4%**
	Suicidal thoughts	**15.1%**
	Suicide attempts	**3.0%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

**** See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th grade students *who report that they have a mental or emotional health problem that has lasted at least 12 months.*

Data source: The data on adolescent mental health were drawn from the *Minnesota Student Survey - 2010 data file*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "Do you have a mental or emotional health problem that has lasted at least 12 months?" A simple *yes/no* response option was provided.

Importance of this indicator: Mental health is a significant factor in determining overall well-being. *Chronic mental or emotional health problems* (issues lasting one year or more) may affect or limit an adolescent's physical health, their intellectual growth, and their social development.

Health disparities: Higher rates for *chronic mental health issues* and other specific major mental health concerns including serious *self-harming behaviors*, *suicidal thoughts*, or *suicide attempts*, were reported for 9th grade girls as compared to 9th grade boys. Among 9th grade students, *Hispanic/Latino* students were more likely to report serious *self-harming behaviors*, or *suicide attempts* when compared to their peers. However, *chronic mental or emotional health problems* were more likely to be reported by *White* students in 9th grade.

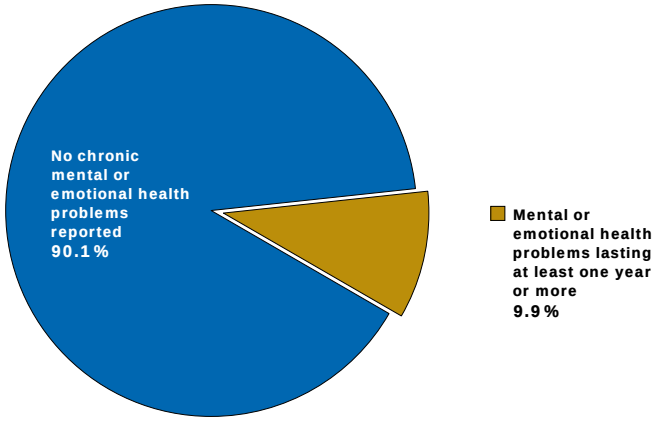
Special Notes on Major Mental Health Concerns: Data on three *Major Mental Health Concerns* were also drawn from the *Minnesota Student Survey - 2010 data file*. These include: *Self-harming behaviors* – "Have you ever hurt yourself on purpose (cutting," burns or bruises)?"; *Suicidal thoughts* – "Have you ever thought about killing yourself?"; and, *Suicide attempts* – "Have you ever tried to kill yourself? ". Responses for these three items included: *Yes, more than a year ago*; *Yes, during the last year*; and, *No*. Students who replied using either of the two "*Yes, …"* responses were included in the rates for the measures reported here. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

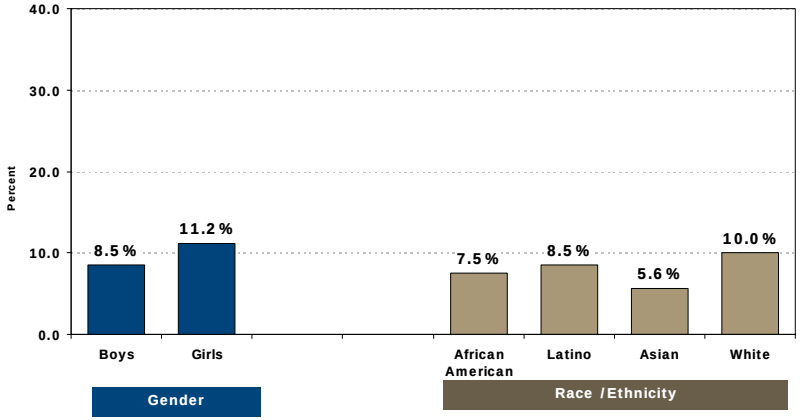
Indicator: *Chronic Mental or Emotional Health Problems among 9th grade students*

Chronic mental or emotional health problems 9th Grade Students



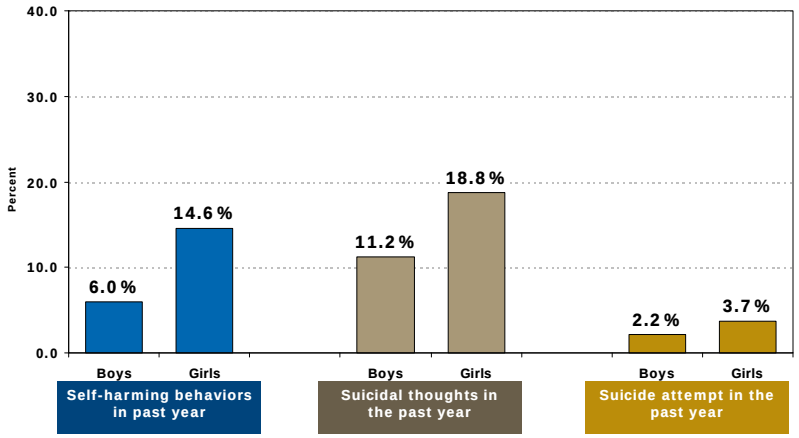
MSS 2010

Chronic mental or emotional health problems** 9th grade students



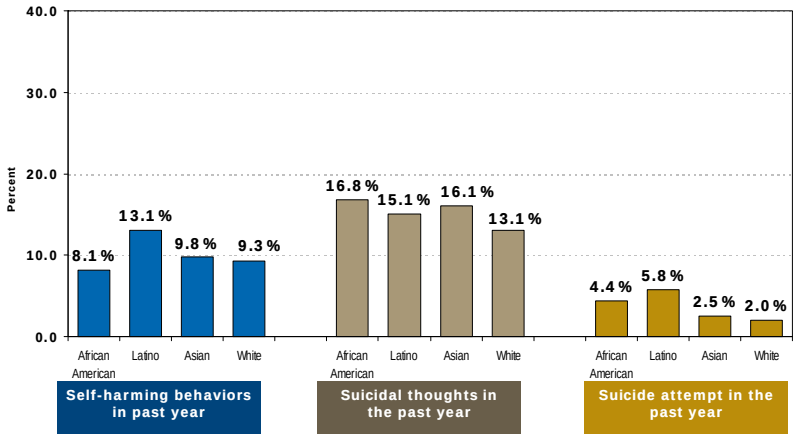
MSS 2010

Major mental health concerns ** by Gender for 9th grade students



MSS 2010

Major mental health concerns ** by Race / Ethnicity for 9th grade students



MSS 2010

** See *Technical Notes* for information on data sources and chart notations.

Indicator: *Chronic Mental or Emotional Health Problems among 12th grade students*

Overview

Why Is This Indicator Important?

Mental health is a significant factor in determining overall well-being. *Chronic mental or emotional health problems* (issues lasting one year or more) may affect or limit an adolescent's physical health, their intellectual growth, and their social development. Episodes may include serious *self-harming behaviors*, *suicidal thoughts*, or *suicide attempts*.

How Are We Doing?

- Over one out of ten 12th graders report that they *have a mental or emotional health problem that has lasted for one year or more* (11.9%).
- Higher rates for *chronic mental health problems* were reported for 12th grade girls as compared to 12th grade boys.
- Among 12th graders, the rates for the m*ajor mental health concerns* were consistently highest among *Hispanic/ Latino* students.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 12th grade students attending school in public school districts		**11.9%**
Gender	Boys	**9.2%**
	Girls	**14.3%**
Race / Ethnicity**	Asian / Pacific Islander	**8.3%**
	Black / African American	**8.8%**
	Native American / American Indian	**
	White	**12.5%**
	Hispanic / Latino	**9.1%**
***Major mental health concerns* in past year** (all 12th grade students)**	*Self-harming*	**6.5%**
	Suicidal thoughts	**12.4%**
	Suicide attempts	**2.6%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 12th grade students who report that they have *a mental or emotional health problem that has lasted at least 12 months.*

Data source: The data on adolescent mental health were drawn from the *Minnesota Student Survey - 2010 data file*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "Do you have a mental or emotional health problem that has lasted at least 12 months?" A simple *yes/no* response option was provided.

Importance of this indicator: Mental health is a significant factor in determining overall well-being. *Chronic mental or emotional health problems* (issues lasting one year or more) may affect or limit an adolescent's physical health, their intellectual growth, and their social development.

Health disparities Higher rates for *chronic mental health problems* were reported for 12th grade girls as compared to 12th grade boys. However, among 12th graders, the rates for specific *major mental health concerns* did not differ as notably by gender as was reported among 9th graders. Among 12th grade students, *Hispanic/Latino* students were more likely to report serious *self-harming behaviors*, *suicidal thoughts*, or *suicide attempts* when compared to their peers. However, *chronic mental or emotional health problems* were more likely to be reported by *White* students in 12th grade.

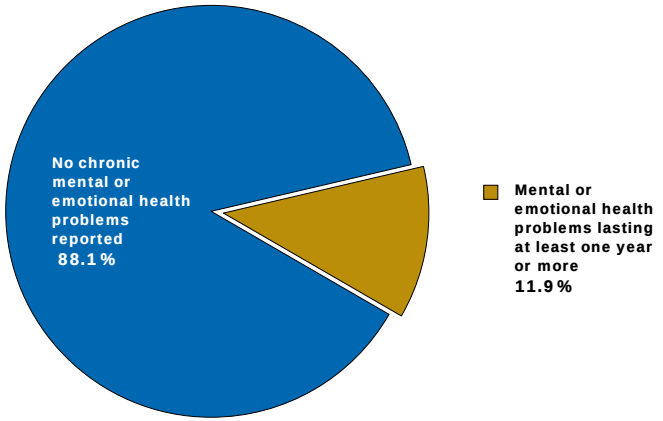
Special Notes on Major Mental Health Concerns: Data on three *Major Mental Health Concerns* were also drawn from the *Minnesota Student Survey - 2010 data file*. These include: *Self-harming behaviors* – "Have you ever hurt yourself on purpose (cutting," burns or bruises)?"; *Suicidal thoughts* – "Have you ever thought about killing yourself?"; and, *Suicide attempts* – "Have you ever tried to kill yourself? ". Responses for these three items included: *Yes, more than a year ago*; *Yes, during the last year*; and, *No*. Students who replied using either of the two "y*es"* responses were included in the rates for the measures reported here. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: Although mental and emotional health concerns are known to be significant in the American Indian community, the number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

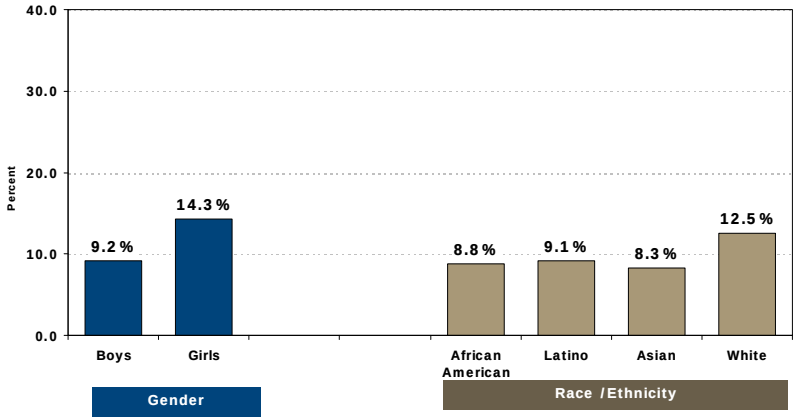
Indicator: *Chronic Mental or Emotional Health Problems among 12th grade students*

Chronic mental or emotional health problems 12th Grade Students



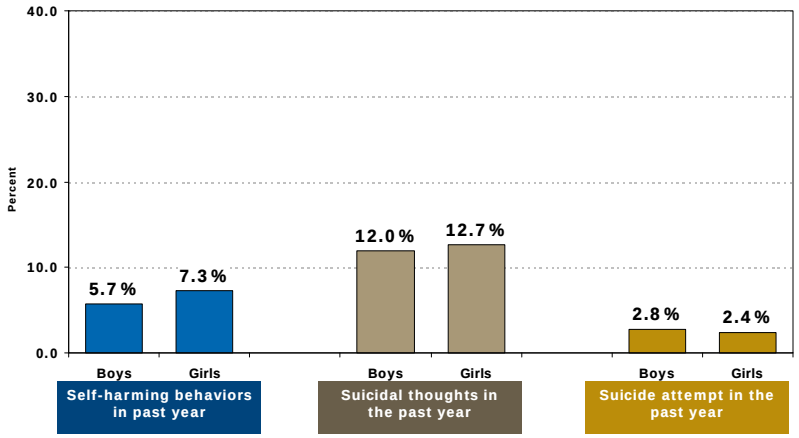
MSS 2010

Chronic mental or emotional health problems 12th grade students



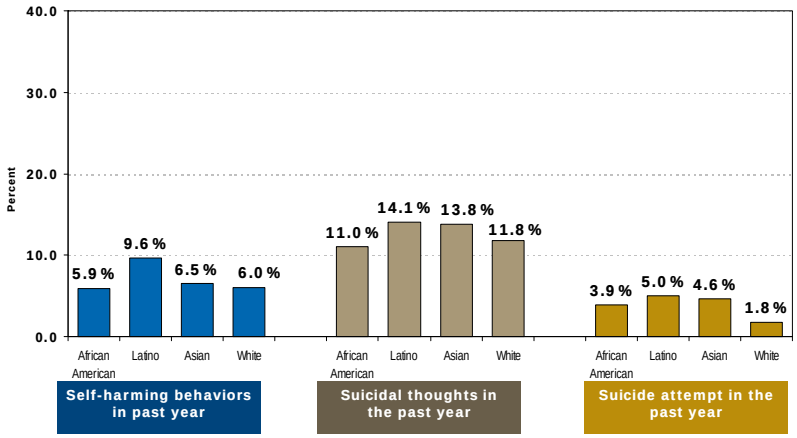
MSS 2010

Major mental health concerns ** by Gender for 12th grade students



MSS 2010

Major mental health concerns ** by Race / Ethnicity for 12th grade students



MSS 2010

See *Technical Notes* for information on data sources and chart notations.

Indicator: *Ever experienced physical, emotional or sexual abuse among 9th grade students*

Overview

Why Is This Indicator Important?

Exposure to *physical*, *emotional* or *sexual abuse* may affect or limit an adolescent's physical health, emotional well-being, and their psycho-social development. Recovery from abuse (whichever type of abuse that has occurred), may require professional intervention and significant support for the individual to return to full health and psychological well-being.

How Are We Doing?

- One out of five 9th graders report that they *have ever experienced physical, emotional or sexual abuse* (22.9%).
- Notably higher rates for all types of abuse were reported by students of color as compared to *White* students.
- Among 9th graders, girls were more likely to ever have reported forms of abuse than boys.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 9th grade students attending school in public school districts		**22.9%**
Gender	Boys	**17.9%**
	Girls	**27.5%**
Race / Ethnicity**	Asian / Pacific Islander	**29.1%**
	Black / African American	**32.5%**
	Native American / American Indian	**
	White	**16.6%**
	Hispanic / Latino	**29.8%**
***Specific types of abuse* occurring in one's own household** (all 9th grade students)**	*Physically abused*	**9.9%**
	Witnessed physical abuse of others	**11.7%**
	Sexually abused	**4.9%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th grade students who report that they *have ever experienced any of the following: being hit, hurt or threatened by a member of their own household (physical abuse); witnessed another family member who was hit or hurt by a member of their own household (emotional abuse); or being forced to engage in sexual activity by an older or stronger member of their own household (sexual abuse).*

Data source: The data on adolescents who have experienced any form of abuse were drawn from the *Minnesota Student Survey - Trend file*. Multiple survey items were compiled for this measure including: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" "Has someone you were going out with ever hit you, hurt you, threatened you, or made you feel afraid?" "Has anyone ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?" "Has any older/stronger member of your family touched you sexually or had you touch them sexually?" "Has any older person outside the family touched you sexually against your wishes or forced you to touch them sexually?" A simple *yes/no* response option was provided. A "yes" response to any of these questions was included in the rates for the measures reported here.

Importance of this indicator: Exposure to physical, emotional or sexual abuse may affect or limit an adolescent's physical health, emotional well-being, and their psycho-social development. Recovery from abuse (whichever type of abuse that has occurred), may require professional intervention and significant support for the individual to return to full health and psychological well-being.

Health disparities: Higher rates for *having ever experienced physical, emotional or sexual abuse* and for specific types of abuse within the individual's home or household were reported for 9th grade girls as compared to 9th grade boys. Among 9th grade students, notably higher rates for each specific type of abuse were reported by all groups of *students of color* as compared to *White* students.

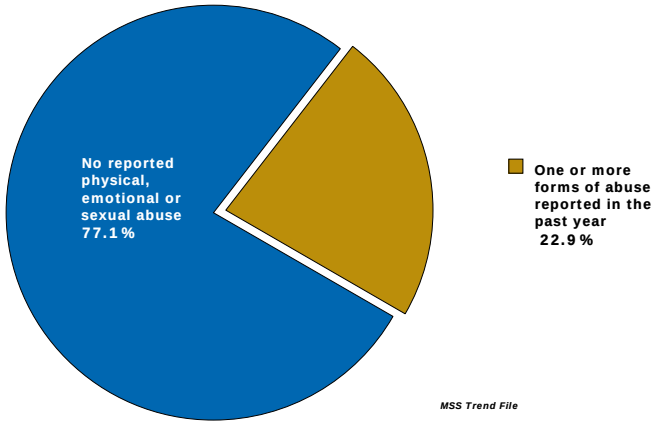
Special Notes on Specific Types of Abuse: Data on three *Specific Types of Abuse* were reported separately in the charts and graphs. These include: *Physical abuse* – "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?"; *Witnessing abuse of another* – "Has anyone ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?"; and, *Sexual Abuse* – "Has any older/stronger member of your family touched you sexually or had you touch them sexually?". More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

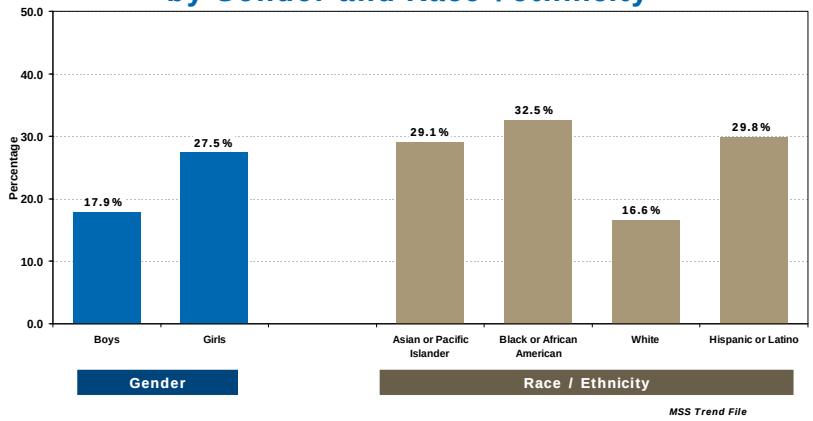
Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Indicator: *Ever experienced physical, emotional or sexual abuse among 9th grade students*

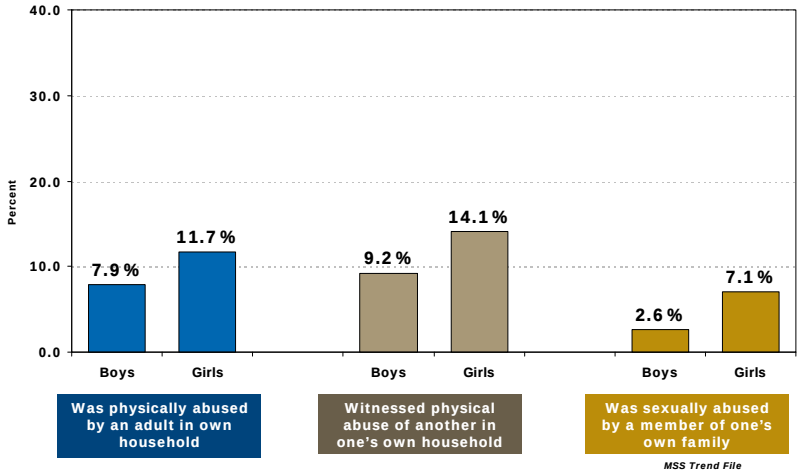
Physical, Emotional or Sexual Abuse among 9th Grade Students



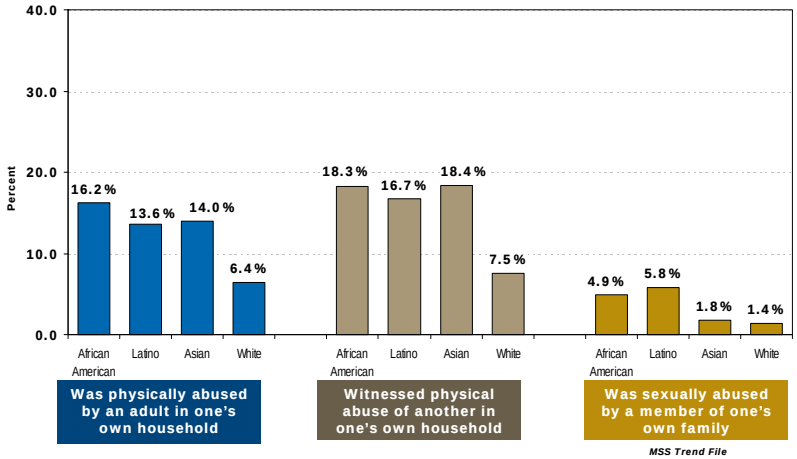
Physical, emotional or sexual abuse** among 9th grade students by Gender and Race / ethnicity



Specific types of abuse student experienced ** by Gender for 9th grade students



Specific types of abuse student experienced ** by Race / Ethnicity for 9th grade students



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Ever experienced physical, emotional or sexual abuse among 12th grade students*

Overview

Why Is This Indicator Important?

Exposure to *physical*, *emotional* or *sexual abuse* may affect or limit an adolescent's physical health, emotional well-being, and their psycho-social development. Recovery from abuse (whichever type of abuse that has occurred), may require professional intervention and significant support for the individual to return to full health and psychological well-being.

How Are We Doing?

- One out of five 12th graders report that they *have ever experienced physical, emotional or sexual abuse* (22.9%).
- Notably higher rates for all types of abuse were reported by students of color as compared to *White* students.
- Among 12th graders, girls were more likely to ever have reported forms of abuse than boys.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 12th grade students attending school in public school districts		**23.1%**
Gender	Boys	**18.0%**
	Girls	**27.7%**
Race / Ethnicity**	Asian / Pacific Islander	**29.4%**
	Black / African American	**31.8%**
	Native American / American Indian	**
	White	**18.3%**
	Hispanic / Latino	**31.4%**
***Specific types of abuse* occurring in one's own household** (all 12th grade students)**	*Physically abused*	**7.7%**
	Witnessed physical abuse of others	**9.2%**
	Sexually abused	**4.9%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Indicator: *Ever experienced physical, emotional or sexual abuse among 12th grade students*

Technical Notes

Definition of indicator: Hennepin County 12th grade students who report that they *have ever experienced any of the following: being hit, hurt or threatened by a member of their own household (physical abuse); witnessed another family member who was hit or hurt by a member of their own household (emotional abuse); or being forced to engage in sexual activity by an older or stronger member of their own household (sexual abuse).*

Data source: The data on adolescents who have experienced any form of abuse were drawn from the *Minnesota Student Survey - Trend file*. Multiple survey items were compiled for this measure including: "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" "Has someone you were going out with ever hit you, hurt you, threatened you, or made you feel afraid?" "Has anyone ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?" "Has any older/stronger member of your family touched you sexually or had you touch them sexually?" "Has any older person outside the family touched you sexually against your wishes or forced you to touch them sexually?" A simple *yes/no* response option was provided. A "yes" response to any of these questions was included in the rates for the measures reported here.

Importance of this indicator: Exposure to physical, emotional or sexual abuse may affect or limit an adolescent's physical health, emotional well-being, and their psycho-social development. Recovery from abuse (whichever type of abuse that has occurred), may require professional intervention and significant support for the individual to return to full health and psychological well-being.

Health disparities: Higher rates for *having ever experienced physical, emotional or sexual abuse* and for specific types of abuse within the indvidual's home or household were reported for 12th grade girls as compared to 12th grade boys. Among 12th grade students, notably higher rates for each specific type of abuse were reported by all groups of students of color as compared to *White* students.

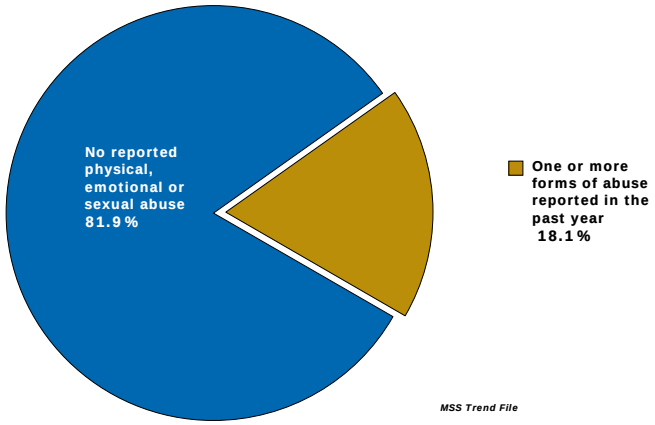
Special Notes on Specific Types of Abuse: Data on three *Specific Types of Abuse* were reported separately in the charts and graphs. These include: *Physical abuse* – "Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?"; *Witnessing abuse of another* – "Has anyone ever hit anyone else in the family so hard or so often that they had marks or were afraid of that person?"; and, *Sexual Abuse* – "Has any older/stronger member of your family touched you sexually or had you touch them sexually?". More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

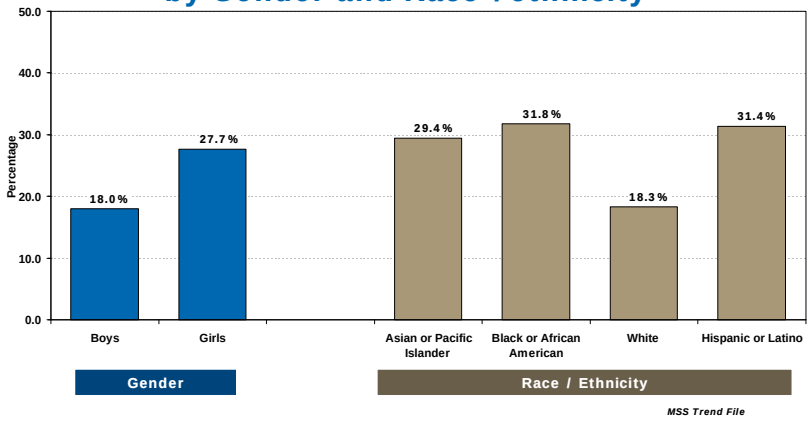
Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Indicator: *Ever experienced physical, emotional or sexual abuse among 12th grade students*

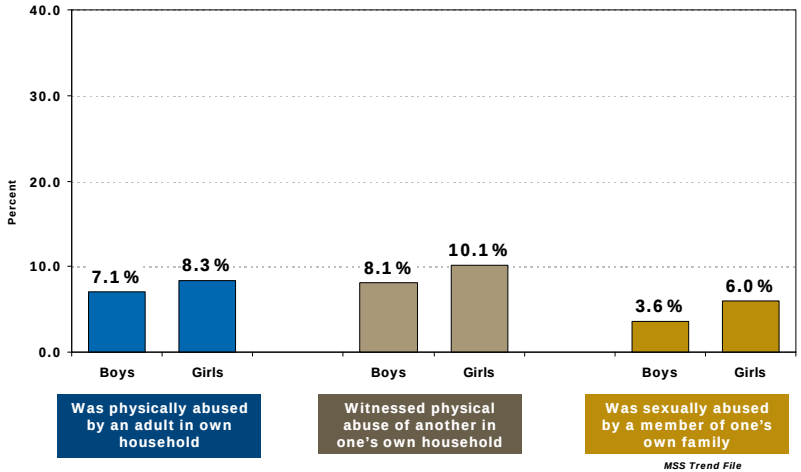
Physical, Emotional or Sexual Abuse among 12th Grade Students



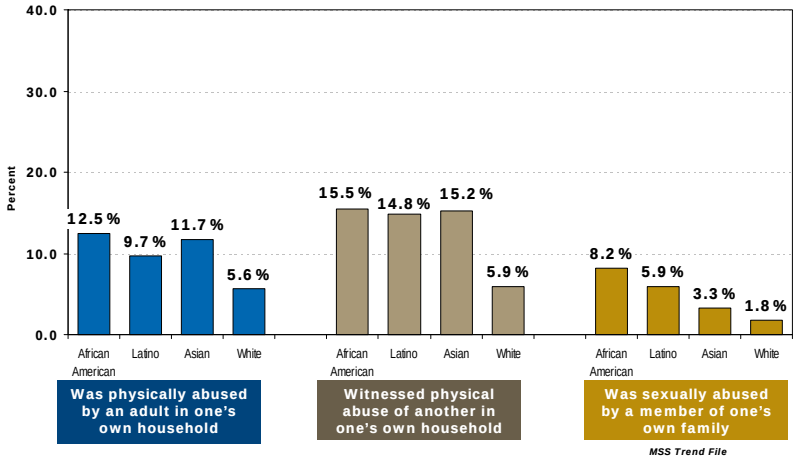
Physical, emotional or sexual abuse** among 12th grade students** by Gender and Race / ethnicity



Specific types of abuse student experienced ** by Gender for 12th grade students



Specific types of abuse student experienced ** by Race / Ethnicity for 12th grade students



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Bullied at school among 9th grade students*

Overview

Why Is This Indicator Important?

Exposure to *bullying at school* may affect an adolescent's physical health, their emotional well-being, and/or their social development. *Bullying behaviors* may include: physical threats; aggressive physical contact; unwanted sexual comments or contact; and, teasing or deliberate exclusion from social groups.

How Are We Doing?

- More than two out of five 9th grade students report that they *have experienced at least one form of bullying at school in the past 12 months* (44.2%).
- *Black/African American* 9th grade students were more likely to report that they had *experienced bullying at school* when compared to 9th grade students overall (the rates are 48.7% and 44.2% respectively).
- Among 9th graders, boys were more likely to report that they had experienced physical intimidation; girls were more likely to report sexual forms of bullying than boys.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 9th grade students attending school in public school districts		**44.2%**
Gender	Boys	**44.4%**
	Girls	**44.0%**
Race / Ethnicity**	Asian / Pacific Islander	**39.9%**
	Black / African American	**48.7%**
	Native American / American Indian	**
	White	**41.4%**
	Hispanic / Latino	**43.2%**
Specific types of bullying behaviors experienced by students at school (all 9th grade students)**	*Physically threatened, kicked, bitten or hit*	**25.8%**
	Unwanted sexual comments or contacts	**33.6%**
	Teased, made fun of, or socially excluded	**9.1%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Indicator: *Bullied at school among 9th grade students*

Technical Notes

Definition of indicator: Hennepin County 12th grade students who report that they *experienced any of the following bullying behaviors at school in the past 12 months: was threatened; was hit, kicked, or bitten; was touched, grabbed or pinched in a sexual way; received unwanted sexual comments, gestures or looks from another student; or, was made fun of, teased in a hurtful way or socially excluded (about once a week or more often).*

Data source: The data on adolescents who have experienced *bullying at school* were drawn from the *Minnesota Student Survey - Trend file*. Multiple survey items were compiled to create a composite measure for being *bullied at school* including: "During the past 12 months which of the following has happened to you on school property? Has a student …Threatened you? …Kicked, bitten or hit you? …Touched, grabbed or pinched you in a sexual way? …Made unwanted sexual comments, jokes, gestures or looks towards you?" A "yes" response to any of these questions was included as a "positive" response for this indicator. Also included in the composite measure was the survey question: "During the last 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?" Responses ranged from "Never" to "Every day;" students who indicated that they were teased or excluded socially "about once a week" or more often were included as a "positive" response for this composite measure.

Importance of this indicator: Exposure to *bullying at school* may affect an adolescent's physical health, their emotional well-being, and/or their social development. The form or context of the *bullying at school* may vary, but the negative impacts on students' health and well-being can be remarkably similar.

Health disparities: *Black/African American* 9th grade students were more likely to report that they had *experienced at least one form of bullying at school in the past 12 months* when compared to all 9th grade students overall (the rates are 48.7% and 44.2% respectively). Among 9th graders, boys were more likely to report that they had experienced physical intimidation; girls were more likely to report sexual forms of bullying than boys.

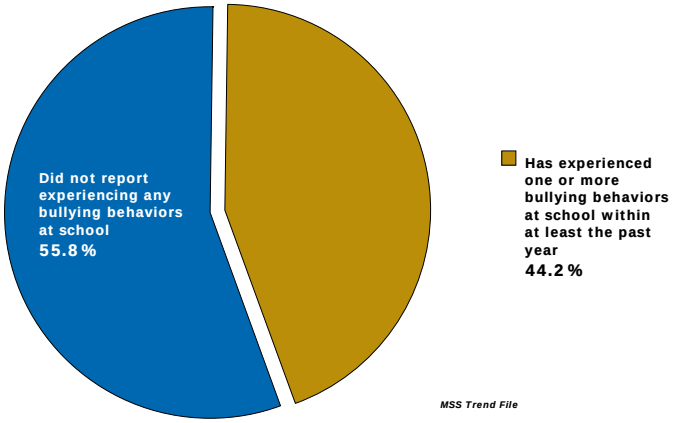
Special Notes on Specific Types of Abuse: Data on three *Specific Types of Bullying* were reported separately in the charts and graphs: *Physical intimidation* - "During the past 12 months which of the following has happened to you on school property? Has a student …Threatened you? …Kicked, bitten or hit you?"; *Sexual Intimidation* – "During the past 12 months … has a student …Touched, grabbed or pinched you in a sexual way? …Made unwanted sexual comments, jokes, gestures or looks towards you?"; or, *Social intimidation* – ""During the last 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?". More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health.

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

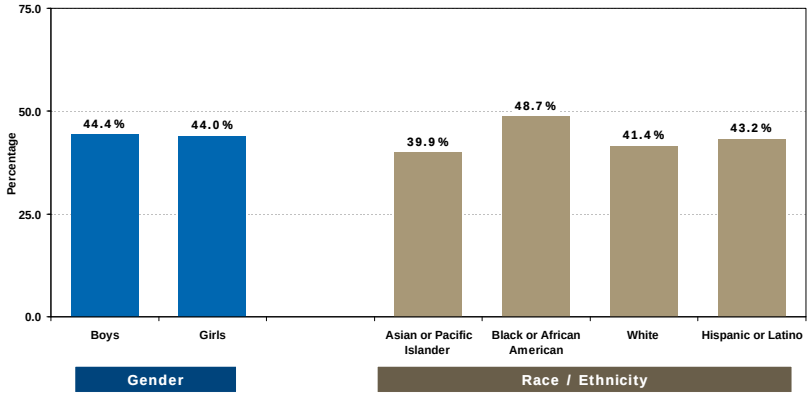
Indicator: *Bullied at school among 9th grade students*

Experienced any bullying behaviors at school among 9th Grade Students



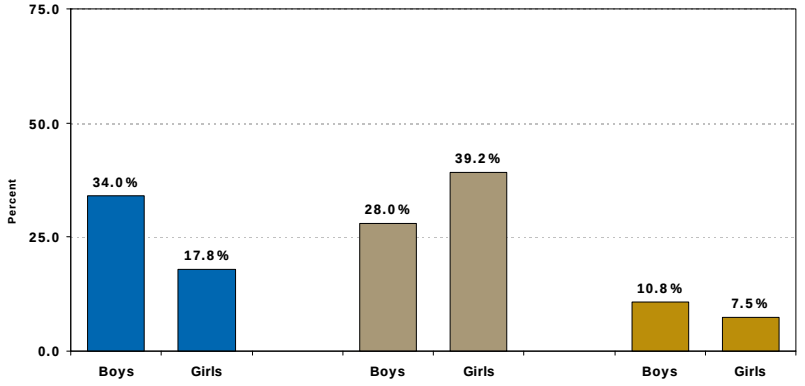
MSS Trend File

Experienced any bullying behaviors at school** among 9th grade students by Gender and Race / ethnicity



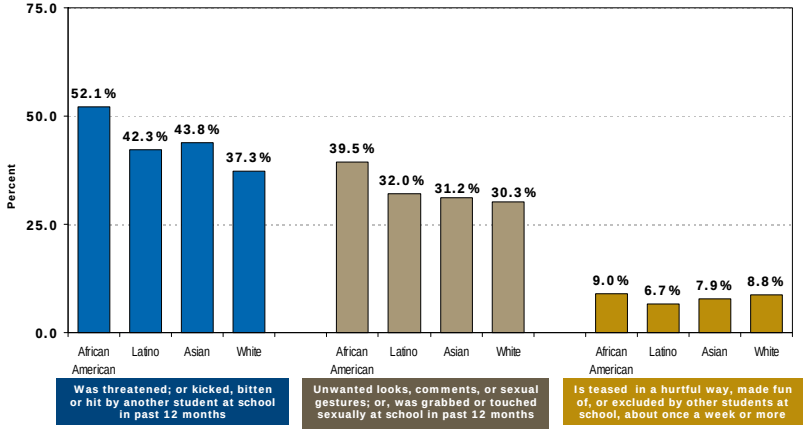
MSS Trend File

Specific types of Bullying student experienced ** by Gender for 9th grade students



MSS Trend File

Specific types of Bullying student experienced ** by Race / Ethnicity for 9th grade students



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Bullied at school among 12th grade students*

Overview

Why Is This Indicator Important?

Exposure to *bullying at school* may affect an adolescent's physical health, their emotional well-being, and/or their social development. *Bullying behaviors* may include: physical threats; aggressive physical contact; unwanted sexual comments or contact; and, teasing or deliberate exclusion from social groups.

How Are We Doing?

- One out of three 12th graders report that they *have experienced at least one form of bullying at school in the past 12 months* (34.3%).
- Among 12th graders, there are narrower differences in rates among racial or ethnic groups than were reported for 9th grade students. The rates for these groups range from 31.0% to 36.9% among 12th graders.
- Among 12th graders, boys were notably more likely to report that they had experienced physical intimidation, or that they were teased or socially excluded, than girls.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 12th grade students attending school in public school districts		**34.3%**
Gender	Boys	**36.9%**
	Girls	**31.8%**
Race / Ethnicity**	Asian / Pacific Islander	**31.0%**
	Black / African American	**36.9%**
	Native American / American Indian	**
	White	**32.7%**
	Hispanic / Latino	**36.4%**
Specific types of bullying behaviors experienced by students at school* **(all 12th grade students)**	*Physically threatened, kicked, bitten or hit*	**16.6%**
	Unwanted sexual comments or contacts	**27.8%**
	Teased, made fun of, or socially excluded	**6.3%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 12th grade students who report that they *experienced any of the following bullying behaviors at school in the past 12 months: was threatened; was hit, kicked, or bitten; was touched, grabbed or pinched in a sexual way; received unwanted sexual comments, gestures or looks from another student; or, was made fun of, teased in a hurtful way or socially excluded (about once a week or more often).*

Data source: The data on adolescents who have experienced *bullying at school* were drawn from the *Minnesota Student Survey - Trend file*. Multiple survey items were compiled to create a composite measure for being *bullied at school* including: "During the past 12 months which of the following has happened to you on school property? Has a student …Threatened you? …Kicked, bitten or hit you? …Touched, grabbed or pinched you in a sexual way? …Made unwanted sexual comments, jokes, gestures or looks towards you?" A "yes" response to any of these questions was included as a "positive" response for this indicator. Also included in the composite measure was the survey question: "During the last 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?" Responses ranged from "Never" to "Every day;" students who indicated that they were teased or excluded socially "about once a week" or more often were included as a "positive" response for this composite measure.

Importance of this indicator: Exposure to *bullying at school* may affect an adolescent's physical health, their emotional well-being, and/or their social development. The form or context of the *bullying at school* may vary, but the negative impacts on students' health and well-being can be remarkably similar.

Health disparities: Among 12th graders, the overall rate for being *bullied at school* is lower than reported for 9th graders (34.3% compared to 44.2%), and there are narrower differences in rates among racial or ethnic groups than were reported for 9th grade students (from 31.0% to 36.9% among 12th graders, compared to 39.9% to 48.7% for 9th graders). Among 12th graders, boys were notably more likely than girls to report that they had experienced *physical intimidation* (34.0% for boys compared to 17.8% for girls), or that they were *teased or socially excluded* (8.0% for boys compared to 4.8% for girls). Among 12th graders, the rates for *sexual forms of bullying* are very close (27.6% for boys compared to 28.1% for girls).

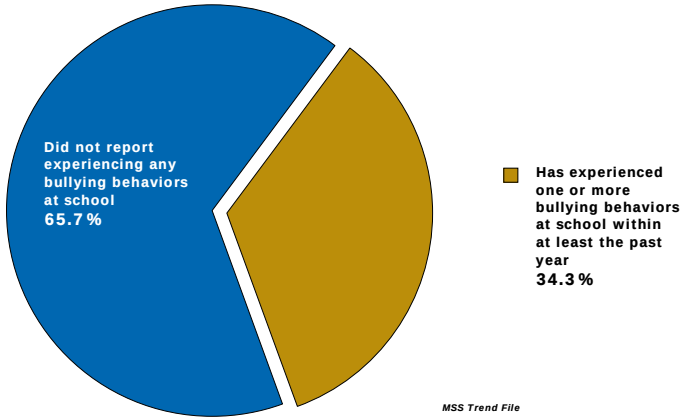
Special Notes on Specific Types of Abuse: Data on three *Specific Types of Bullying* were reported separately in the charts and graphs: *Physical intimidation* - "During the past 12 months which of the following has happened to you on school property? Has a student …Threatened you? …Kicked, bitten or hit you?"; *Sexual Intimidation* – "During the past 12 months … has a student …Touched, grabbed or pinched you in a sexual way? …Made unwanted sexual comments, jokes, gestures or looks towards you?"; or, *Social intimidation* – ""During the last 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?". More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health.

Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

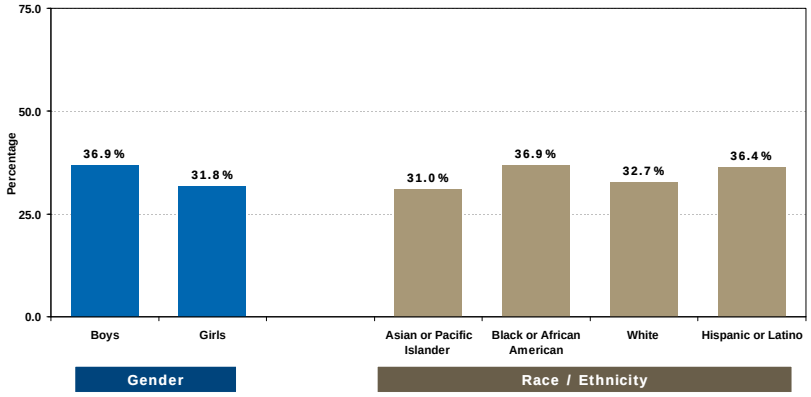
Indicator: *Bullied at school among 12th grade students*

Experienced any bullying behaviors at school among 12th Grade Students



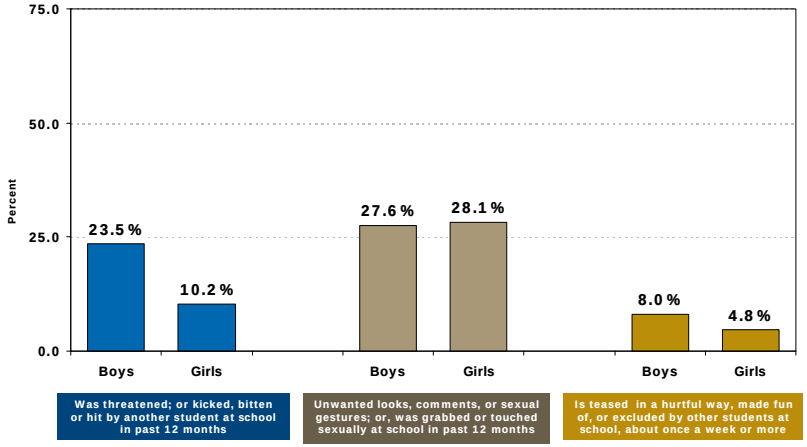
MSS Trend File

Experienced any bullying behaviors at school** among 12th grade students by Gender and Race / ethnicity



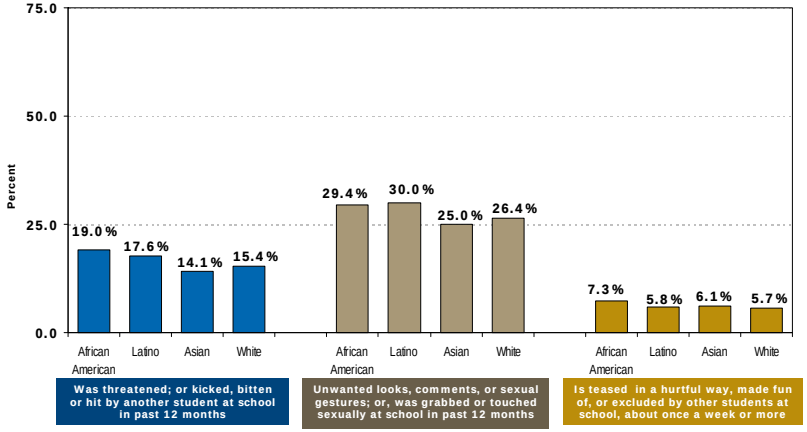
MSS Trend File

Specific types of Bullying student experienced ** by Gender for 12th grade students



MSS Trend File

Specific types of Bullying student experienced ** by Race / Ethnicity for 12th grade students



MSS Trend File

See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults Being Obese

Overview

Why Is This Indicator Important?

Obesity and overweight are associated with increased risk of premature death and many chronic health conditions and diseases. Over the past 30 years, the obesity rate among US adults had increased dramatically.

How Are We Doing?

- In 2010, one in five (20%) Hennepin County adults were obese and another one-third (33%) were overweight.
- The obesity rate among county adults has experienced a 43% increase, from 14% in 1998 to 20% in 2010.
- Obesity disproportionately affects many population groups, including, but is not limited to, older adults, seniors, residents with low income, low education, US-born Blacks, Hispanics or Latinos, older residents with disability, residents experiencing frequent mental distress or are female LGBTs.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 and older		**20.4%**	± 1.4
Age (years)	18-24 *	**13.4%**	± 4.7
	25-44	**18.5%**	± 2.3
	45-54	**21.3%**	± 3.4
	55-64 *	**27.1%**	± 3.2
	65 and older *	**24.4%**	± 2.7
Gender	Male	**20.7%**	± 2.6
	Female	**20.0%**	± 1.5
Household income	<200% federal poverty level *	**26.4%**	± 3.4
	≥200% federal poverty level	**19.1%**	± 1.6
Geographic region	Minneapolis	**18.7%**	± 1.9
	Northwest suburbs	**23.9%**	± 3.3
	West suburbs	**18.4%**	± 3.9
	South suburbs	**19.8%**	± 3.1

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at $p<0.05$.

Technical Notes

Definition of indicator: Classifications for weight status by body mass index (BMI) according to national guidelines are: *underweight* (BMI<18.5), *normal weight* (BMI=18.5 to 24.9), *overweight* (BMI=25.0 to 29.9) and *obese* (BMI≥30.0). BMI is calculated from self-report weight and height using standard formula: BMI=(weight in kilograms)÷(height in meters)^2. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998 Survey, SHAPE 2002 Survey* and *SHAPE 2006 Adult Survey*s are used to monitor this indicator over time. Data from *SHAPE 2006* is used to report therate by race and ethnicity as SHAPE 2010 does not have enough sample to do so. Data sources used for the chart "How does Hennepin County Compare" includes *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: Obesity and overweight are associated with increased risk of premature death and many chronic conditions and diseases. The overall medical cost related to obesity for US adults in 2008 alone was estimated to be as high as $147 billion. However, over the past 30 years, the obesity rate among US adults has increased dramatically and has reached an epidemic proportion.

In 2010, at least half (53%) of Hennepin County adults were either overweight or obese. The obesity rate is 20%, representing a 43% increase from what was a decade ago (14% in 1998). In other words, an equivalent of 71, 000 obese adults were added between 1998 and 2010. However, there is no significant change in obesity rates between 2006 and 2010. The obesity rate for county adults is significantly lower that the rate among the adults in the nation (28%), but far exceeds the *Healthy People 2020 Objective* of 15%.

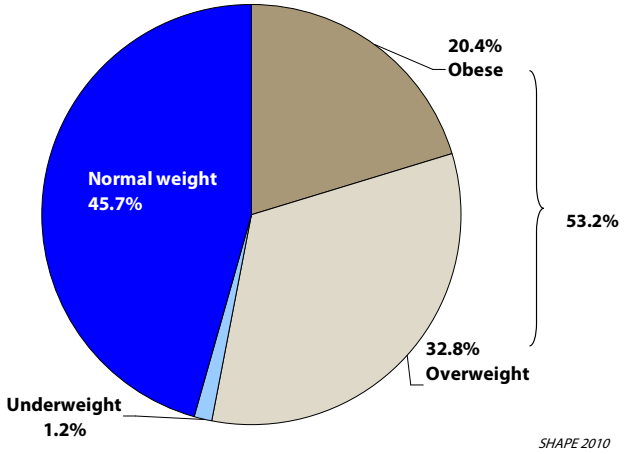
Health disparities: Many of Hennepin County adult populations carry a disproportionate share of obesity burden. This includes, but is not limited to, the older adults, seniors, adults with low income, low education. Wide variation in obesity rates across county geographic area is also observed with north Minneapolis having this the highest rate (30%).

The county adults who are affected by obesity the most are US-born Blanks, Hispanics or Latinos, older adults with a disability and adults having experienced recent frequent mental distress. Obesity rate among those who are Lesbians, Gays, Bisexuals or Transgenders (LGBTs) and the rate among those who are not are the same. However, gender specific analysis show that rate among females who are LGBTs is significantly higher than the rate among females who are not LGBTs (46% vs. 20%, $p<0.05$).

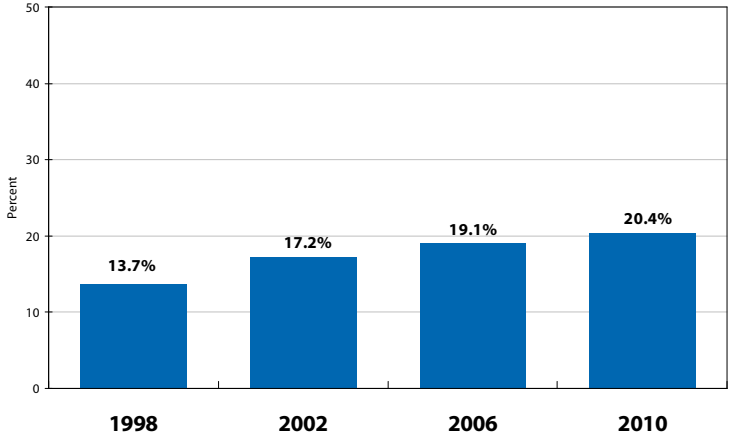
Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. The level of statistical significance was determined at $p< 0.05$.

Indicator: Adults Being Obese

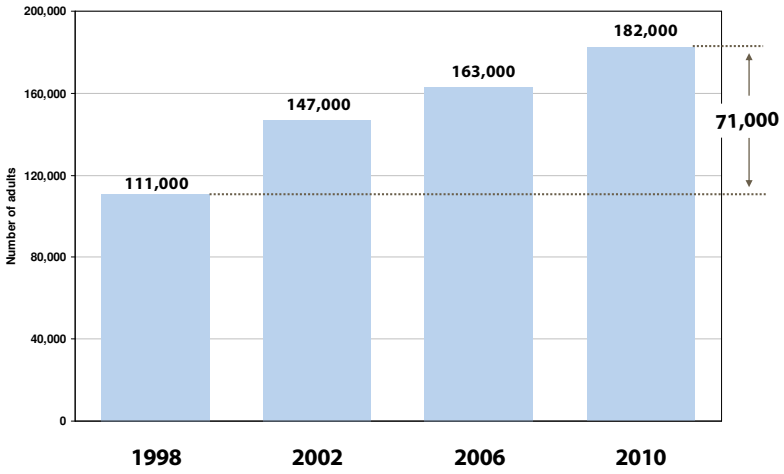
Adults weight status



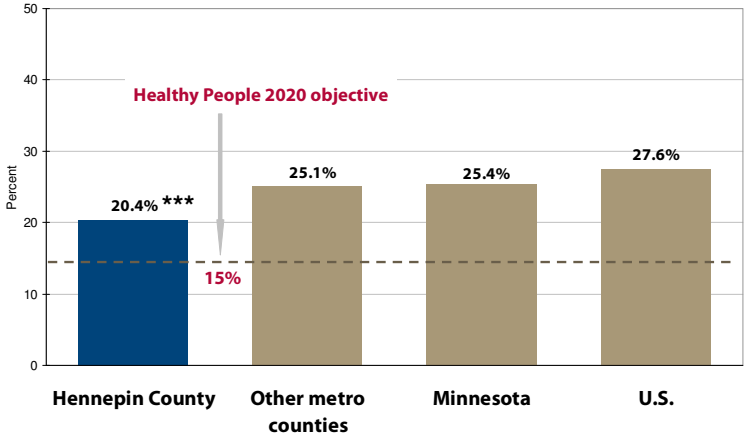
Adults being obese
Time trend 1998-2010



Number of adults being obese
Time trend 1998-2010



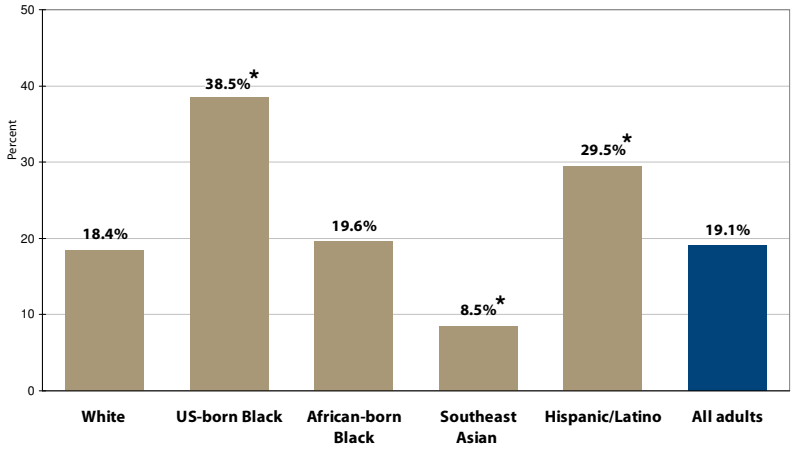
Adults being obese in 2010
How does Hennepin County compare?



See technical notes for information on data sources and chart notations.

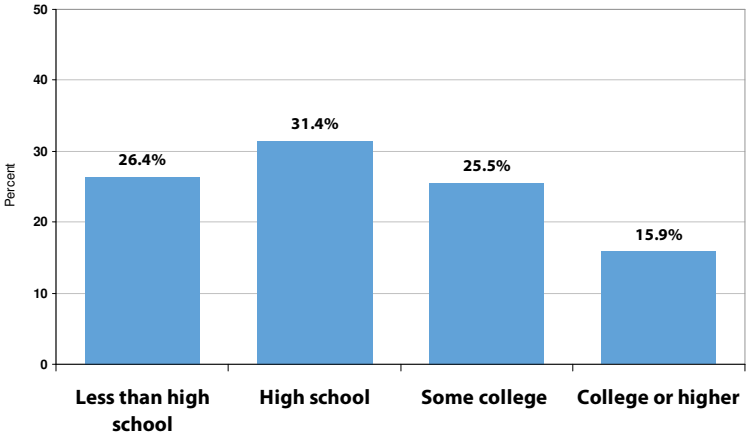
Indicator: Adults Being Obese

Adults being obese by race and ethnicity



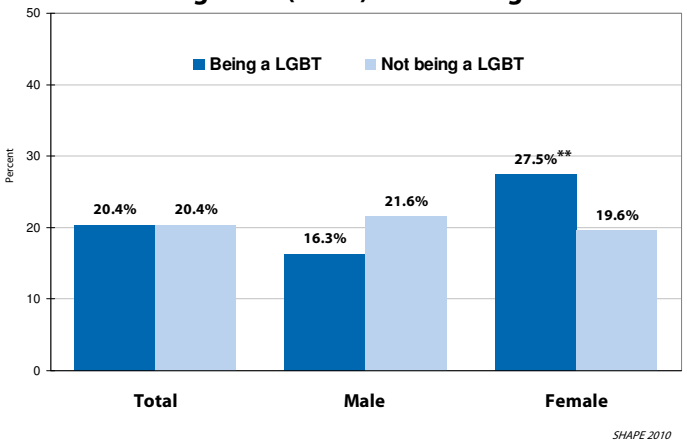
SHAPE 2006

Adults being obese by education**



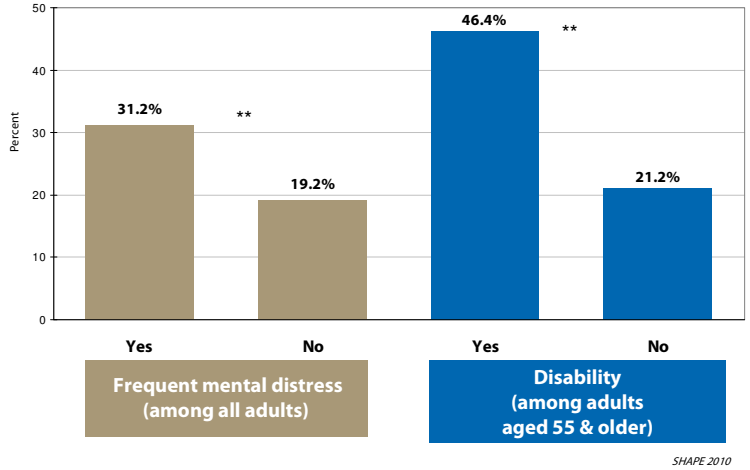
SHAPE 2010

Adults being obese by lesbian, gay, bisexual or transgender (LGBT) status and gender



SHAPE 2010

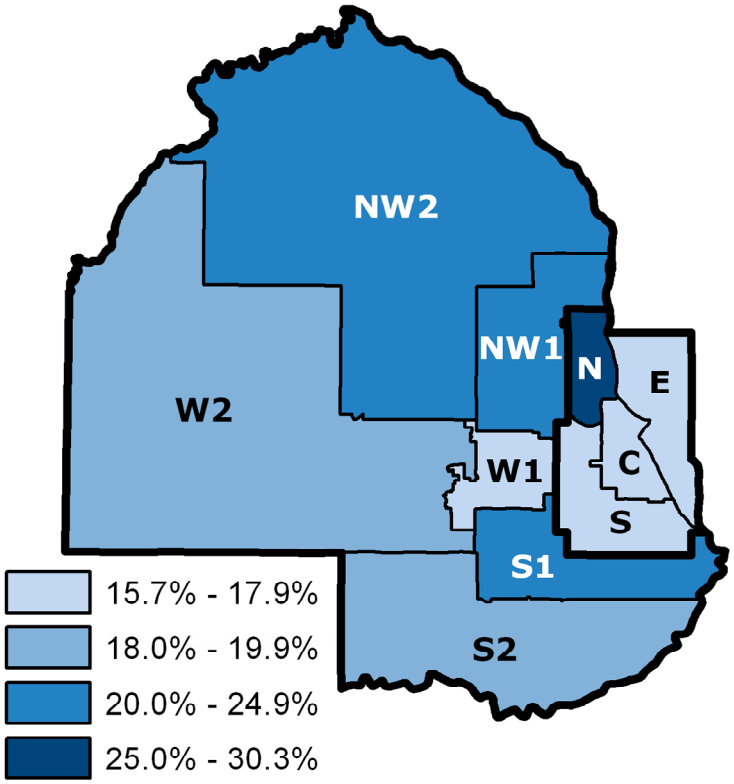
Adults being obese by frequent mental distress and disability status



SHAPE 2010

See technical notes for information on data sources and chart notations.

Adults being obese by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: Adults Engaging in No Leisure Time Physical Activity

Overview

Why Is This Indicator Important?

Physical inactivity can lead to obesity and type 2 diabetes. Physical activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles, and improve mental health.

How Are We Doing?

- In 2010 , 12% adults in Hennepin County engaged in no leisure time physical activity. This rate is a decrease from the county rate in rate in 2006, and is also lower than the rates for the state and the nation.
- The lack of leisure time physical activity disproportionately affects many, including seniors, racial and ethnical minorities, residents in some geographic areas, those who experienced frequent mental distress and older adults with a disability.
- Socioeconomic status, i.e. income and education, social connectedness and neighborhood safety are significantly related to leisure time physical activity.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 and older		**11.9%**	± 1.1
Age (years)	18-24	**9.2%**	± 5.2
	25-44	**10.0%**	± 1.8
	45-54	**9.7%**	± 2.2
	55-64	**11.9%**	± 2.4
	65 and older *	**22.9%**	± 2.5
Gender	Male	**10.8%**	± 1.8
	Female	**12.8%**	± 1.3
Household income	<200% federal poverty level *	**23.4%**	± 3.2
	≥200% federal poverty level *	**8.4%**	± 1.1
Geographic region	Minneapolis	**12.8%**	± 1.6
	Northwest suburbs	**12.1%**	± 2.4
	West suburbs	**9.5%**	± 2.4
	South suburbs	**14.5%**	± 5.0

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at $p<0.05$.

Technical Notes

Definition of indicator: *No leisure time physical activity (LTPA*) (or *lack of LTPA*) is being defined as responding *No* to the *question "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?"* Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator is *SHAPE 2010 – Adults Survey.* Data from SHAPE 2006 is used to monitor this indicator, and is also use to report this indicator by race and ethnicity. Data sources used for the chart "How does Hennepin County Compare" includes *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: Physical inactivity can lead to obesity and type 2 diabetes. Being physically activity is one of the most important steps that Americans of all ages can take to improve their health. *Healthy People 2020* aims to reduce the proportion of adults who engage in no LTPA by 10 %.

In 2010, 12 % of Hennepin County adults engaged in no LTPA. This county rate compares favorably to the rates in the state (19%) and in the nation (24%), and is a significant decrease from what was in 2006 (a rate of 16%).

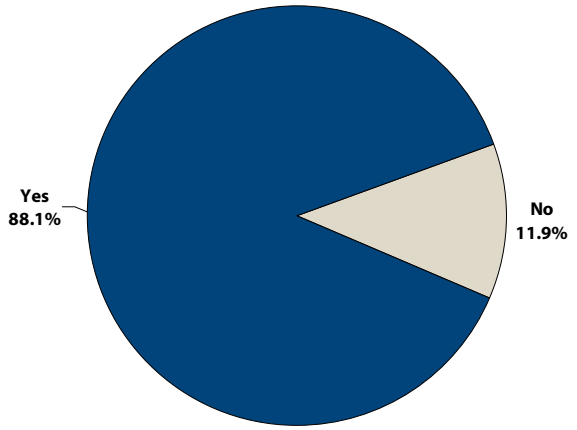
Health disparities: The low rate of having no LTPA among Hennepin County adults is not equally distributed across the county's populations. Significant higher rates of having no LTPA are found among senior residents, and among residents of racial and ethnic minorities. Geographic variation in the rates of lacking of LTPA is evident, ranging from 7% in South Minneapolis to 25% in North Minneapolis. Residents who experienced frequent mental distress and older residents with a disability are more likely to report no LTPA .

Social and neighborhood condition matter: compared to those with higher household income, residents with low household income are three times more likely to report no LTPA; compared to residents with college or higher education, residents with less than high school education are six times more likely to report no LTPA. Social connectedness, as measured by community involvement and getting together or talking to friends/neighbors, is found to be significantly related to LTPA. It is also found that the higher the perceived neighborhood safety, the lower the rate of no LTPA.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all county adults is statistical significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. The level of statistical significance was determined at $p < 0.05$.

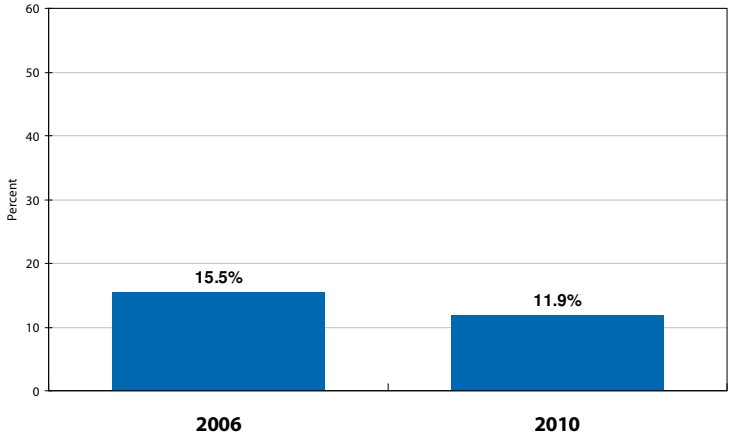
Indicator: Adults Engaging in No Leisure Time Physical Activity

Adults leisure time physical activity status

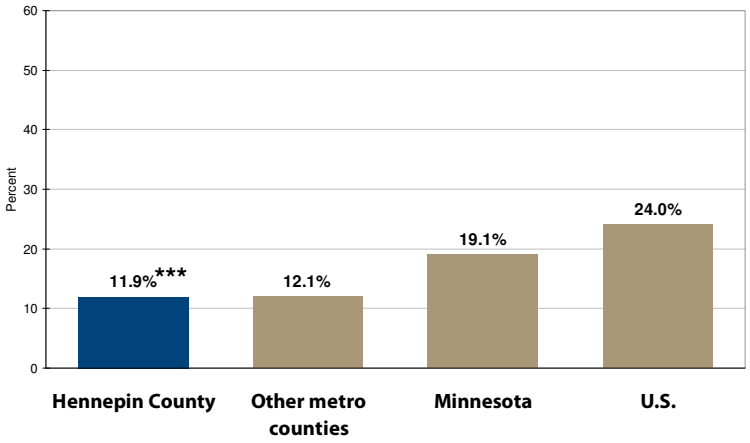


SHAPE 2010

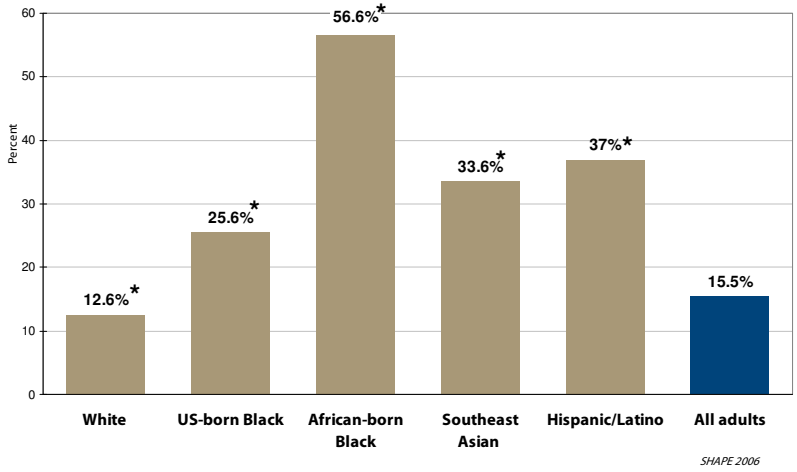
Adults engaging in no leisure physical activity 2006 and 2010



Adults engaging in no leisure time physical activity in 2010 How does Hennepin County compare?



Adults engaging in no leisure time physical activity by race and ethnicity

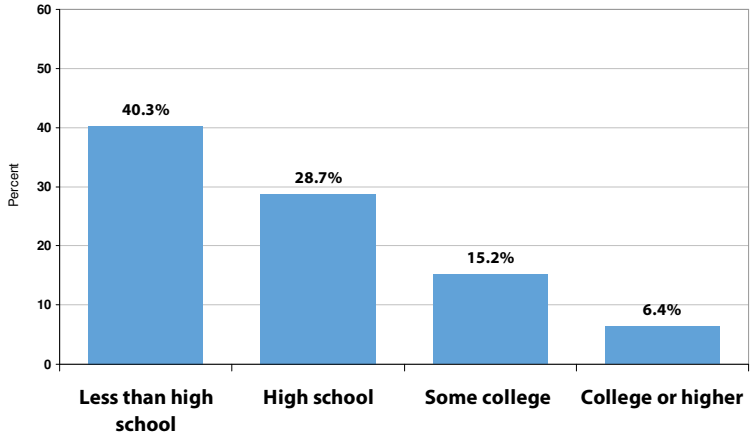


SHAPE 2006

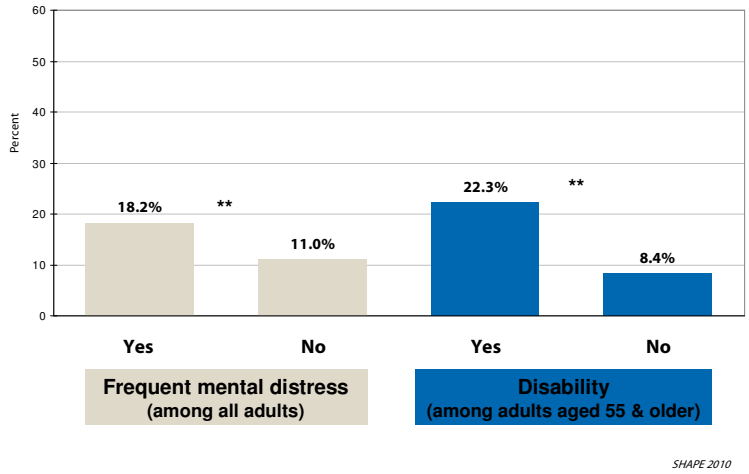
See technical notes for information on data sources and chart notations.

Indicator: Adults Engaging in No Leisure Time Physical Activity

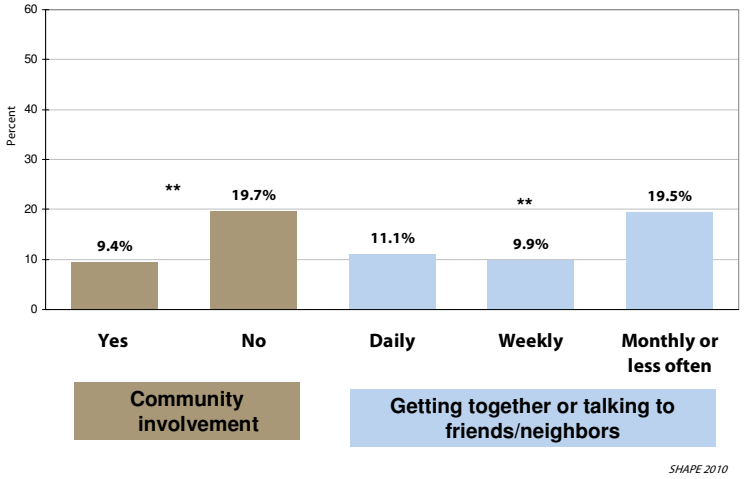
Adults engaging in no leisure time physical activity by education**



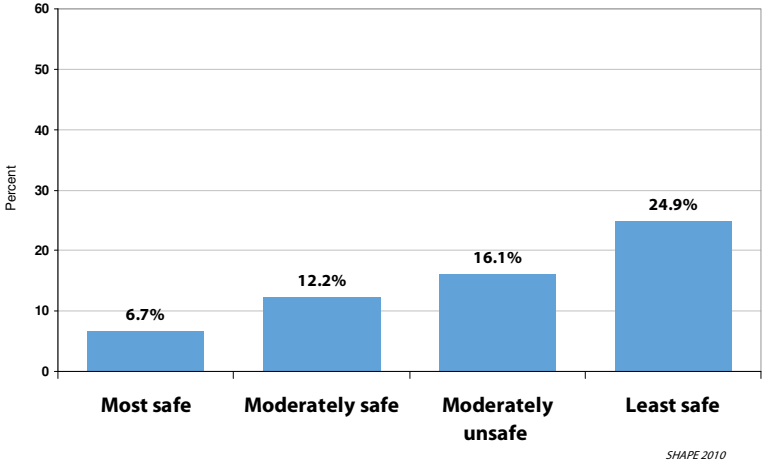
Adults engaging in no leisure time physical activity by frequent mental distress and disability status



Adults engaging in no leisure time physical activity by community involvement and social connectedness



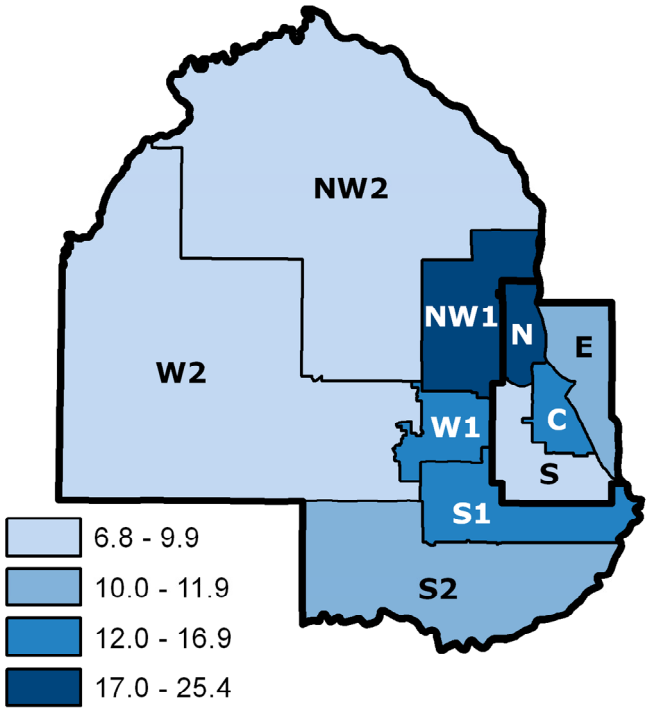
Adults engaging in no leisure time physical activity by perceived level of neighborhood safety**



See technical notes for information on data sources and chart notations.

Indicator: Adults Engaging in No Leisure Time Physical Activity

Adults engaging in no leisure time physical activity by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: *Adolescents who are Overweight or Obese in 9th Grade*

Overview

Why Is This Indicator Important?

Childhood obesity is associated with various health-related consequences including glucose intolerance, *Type 2 diabetes* and sleep apnea. Other consequences of being *overweight* or *obese* include psychological stress, low self-esteem, and social isolation.

How Are We Doing?

- One out of five 9th graders in Hennepin County schools reported a weight and height that would place them in either the *overweight* or *obese* weight status group (19.7%).
- For 9th graders, the highest combined *overweight* and *obesity* rates were reported among African American and Hispanic/Latino students (28.4 and 31.5%).
- Students from low income households are more likely to be *overweight* or *obese* (29.0% of *low income* students compared to 16.2% of those who are *not low income*).

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 9th grade students attending school in public school districts		**19.7%**
Weight status	Combined total for *overweight* or *obese*	**19.7%**
	Overweight (only)	**12.2%**
	Obese (only)	**7.5%**
Weight status by Gender	Boys – *Overweight*	**14.2%**
	Boys – *Obese*	**10.6%**
	Girls – *Overweight*	**10.4%**
	Girls – *Obese*	**4.6%**
Combined total for overweight or obese by Race / Ethnicity**	Asian / Pacific Islander	**22.3%**
	Black / African American	**30.8%**
	Native American / American Indian	**
	White	**15.0%**
	Hispanic / Latino	**34.1%**

***Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th grade students who report height and weight values which, in combination, yield a *Body Mass Index (BMI) classified as overweight or obese for their age and gender.*

Data source: The data on obesity and overweight (weight status) were drawn from the *Minnesota Student Survey - 2010 data file*. These survey questions were asked of 9th and 12th grade students attending public schools in Hennepin County: "How tall are you (in feet and inches)?" And, "How much do you weigh (in pounds)?" The combined responses were use to generate a *Body Mass Index* (BMI) value for each student. Based on the BMI value, students were subsequently grouped as "*overweight*" (BMI value corresponding to the 85th percentile to the 95th percentile by gender) or as "*obese*" (BMI value corresponding to the 95th percentile or above by gender). The precise method for calculating and comparing BMI values, as well as other information about the *Minnesota Student Survey,* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Obese children and teens have been found to be at increased risk for factors leading to cardiovascular diseases, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. *Type 2 diabetes* is increasingly being reported among children and adolescents who are overweight or obese. Asthma, hepatic steatosis (liver enzyme disease) and sleep apnea are also health conditions associated wit increased weight in childhood. Other consequences of being overweight are psychosocial. Obese children and adolescents are targets of early and systematic social discrimination. The psychological stress of social stigmatization can cause low self-esteem which, in turn, can hinder academic performance and social functioning.

Health disparities For 9th grade, the highest combined *overweight* and *obesity* rates were reported among African American and Hispanic/Latino students (28.4% and 31.5%, respectively compared to 19.7% for all Hennepin county 9th graders). There are notable differences for the rates between boys and girls at each of the grade levels; girls are less likely to be obese than their male peers. Adolescents who are from low income households are also more likely to be obese than others.

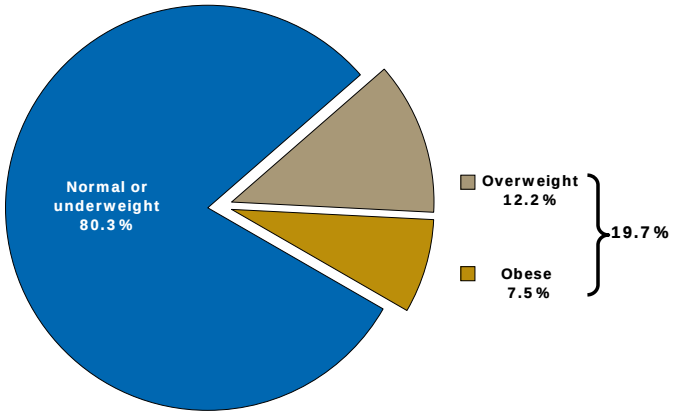
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity and for students from Low Income Households: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; the rates would be expected to be notably different for these two sub-groups. Identifying students from "low income" households was based on the MSS survey question: "Do you currently get free or reduced price lunch at school?" Students that responded "Yes" to this question were included in the group of students from "low income" households.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

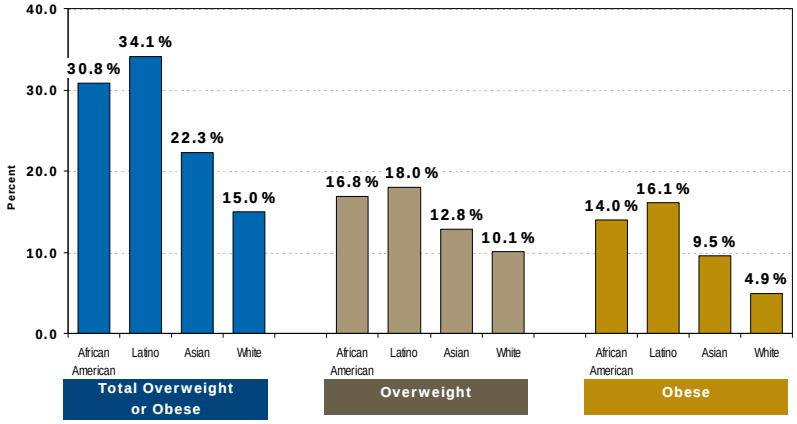
Indicator: *Adolescents who are Overweight or Obese in 9th Grade*

Current Weight Status for 9th Grade Students



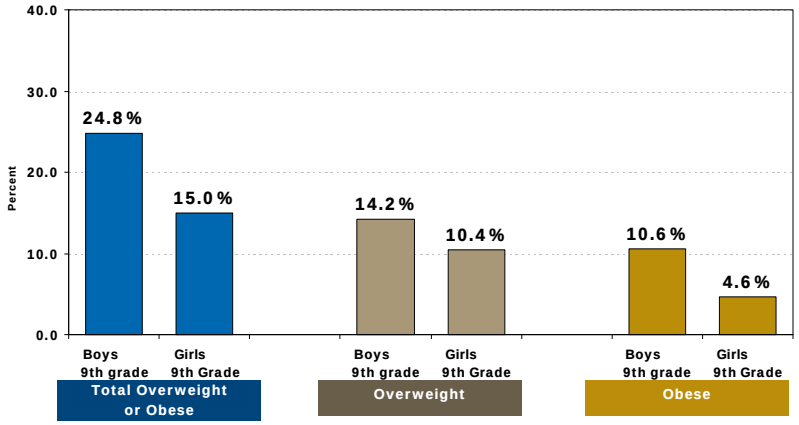
SHAPE 2010

Overweight and Obesity by Race / Ethnicity for 9th grade students



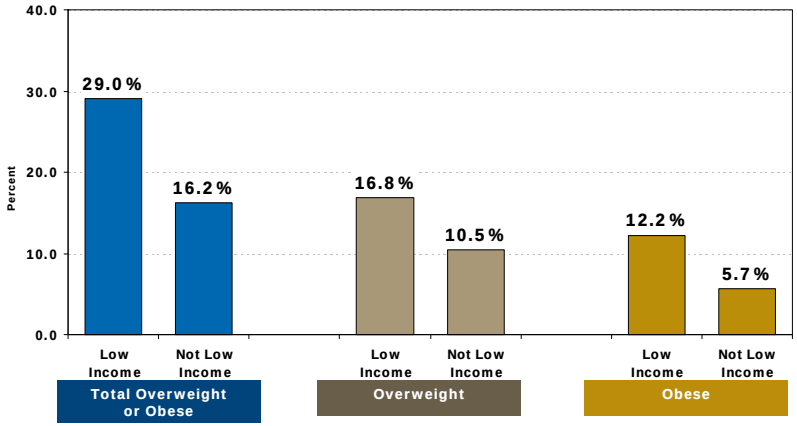
MSS 2010

Overweight and Obesity by Gender for 9th grade students



MSS 2010

Overweight and Obesity by Household Income Level** for 9th grade students



MSS 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescents who are Overweight or Obese in 12th Grade*

Overview

Why Is This Indicator Important?

Childhood obesity is associated with various health-related consequences including glucose intolerance, *Type 2 diabetes* and sleep apnea. Other consequences of being *overweight* or *obese* include psychological stress, low self-esteem, and social isolation.

How Are We Doing?

- One out of five 12th graders in Hennepin County schools reported a weight and height that would place them in either the *overweight* or *obese* weight status group (19.0%).
- For 12th graders, the highest combined *overweight* and *obesity* rates were reported among African American and Hispanic/Latino students (28.4% and 31.5%).
- Students from low income families are more likely to be *overweight* or *obese* (28.7% of low income students compared to 16.0% of those who are not low income).

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 12th grade students attending school in public school districts		**19.0%**
Weight status	Combined total for *overweight* or *obese*	**19.0%**
	Overweight (only)	**11.0%**
	Obese (only)	**8.0%**
Weight status by Gender	Boys – *Overweight*	**11.8%**
	Boys – *Obese*	**11.4%**
	Girls – *Overweight*	**10.3%**
	Girls – *Obese*	**4.8%**
Combined total for overweight or obese by Race / Ethnicity**	Asian / Pacific Islander	**22.3%**
	Black / African American	**28.4%**
	Native American / American Indian	**
	White	**15.1%**
	Hispanic / Latino	**31.5%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 12th grade students who report height and weight values which, in combination, yield a *Body Mass Index (BMI) classified as overweight or obese for their age and gender.*

Data source: The data on obesity and overweight (weight status) were drawn from the *Minnesota Student Survey - 2010 data file*. These survey questions were asked of 12th grade students attending public schools in Hennepin County: "How tall are you (in feet and inches)?" And, "How much do you weigh (in pounds)?" The combined responses were use to generate a *Body Mass Index* (BMI) value for each student. Based on the BMI value, students were subsequently grouped as "*overweight*" (BMI value corresponding to the 85th percentile to the 95th percentile by gender) or as "*obese*" (BMI value corresponding to the 95th percentile or above by gender). The precise method for calculating and comparing BMI values, as well as other information about the *Minnesota Student Survey,* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Obese children and teens have been found to be at increased risk for factors leading to cardiovascular diseases, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. *Type 2 diabetes* is increasingly being reported among children and adolescents who are overweight or obese. Asthma, hepatic steatosis (liver enzyme disease) and sleep apnea are also health conditions associated wit increased weight in childhood. Other consequences of being overweight are psychosocial. Obese children and adolescents are targets of early and systematic social discrimination. The psychological stress of social stigmatization can cause low self-esteem which, in turn, can hinder academic performance and social functioning.

Health disparities For 12th grade, the highest combined *overweight* and *obesity* rates were reported among African American and Hispanic/Latino students (28.4% and 31.5%, respectively compared to 19.0% for all Hennepin county 12th graders). There are notable differences for the rates between boys and girls at each of the grade levels; girls are less likely to be obese than their male peers. Adolescents who are from low income households are also more likely to be obese than their peers.

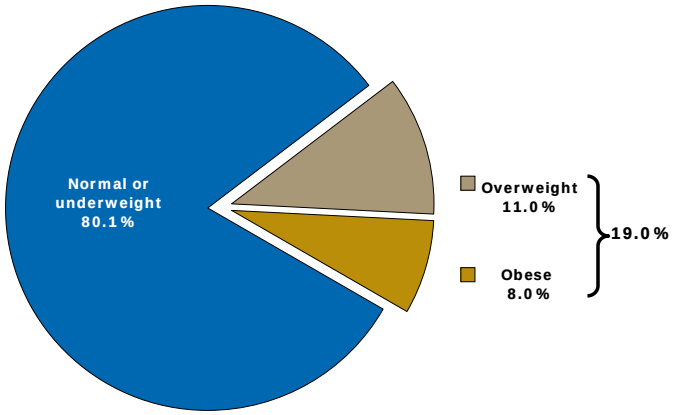
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity and for students from Low Income Households: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; the rates would be expected to be notably different for these two sub-groups. Identifying students from "low income" households was based on the MSS survey question: "Do you currently get free or reduced price lunch at school?" Students that responded "Yes" to this question were included in the group of students from "low income" households.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

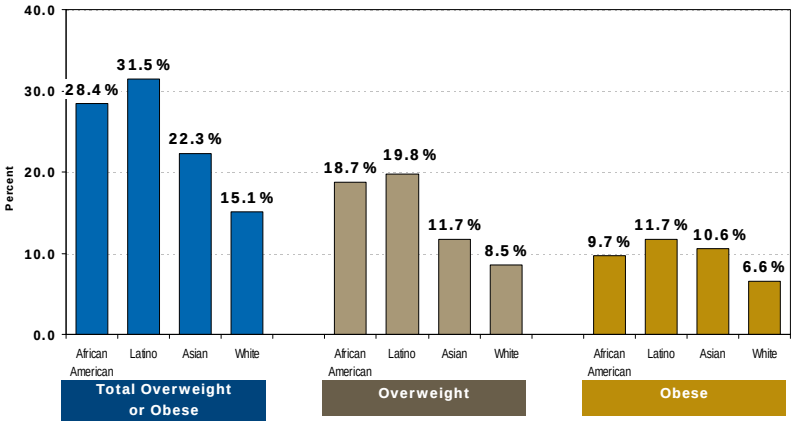
Indicator: *Adolescents who are Overweight or Obese in 12th Grade*

Current Weight Status for 12th Grade Students



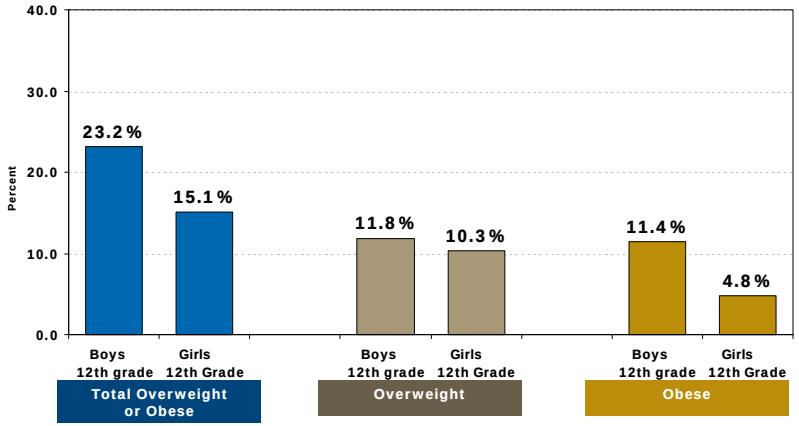
SHAPE 2010

Overweight and Obesity by Race / Ethnicity for 12th grade students



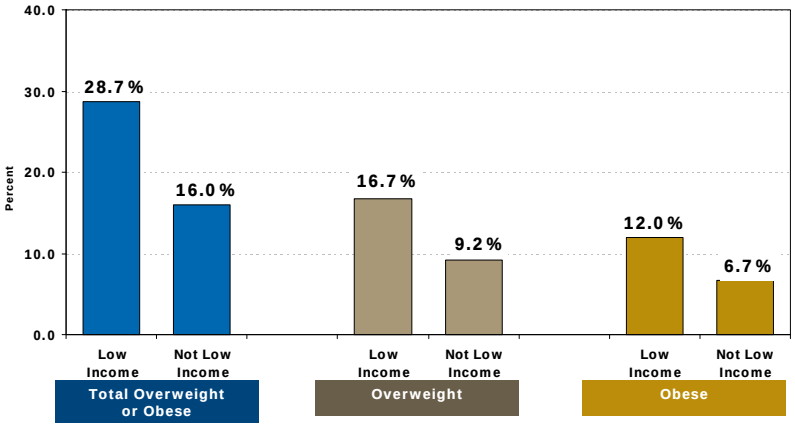
MSS 2010

Overweight and Obesity by Gender for 12th grade students



MSS 2010

Overweight and Obesity by Household Income Level** for 12th grade students



MSS 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescents meet recommendations for Moderate Physical Activity*

Overview

Why Is This Indicator Important?

To maintain a healthy weight and avoid other health problems, it is strongly recommended that adolescents regularly engage in physical activity, including *moderate activities for at least 30 minutes on five or more days per week*. The physical activities do not need to be continuous, or all at one time, they can be cumulative.

How Are We Doing?

- Only one out of three 12th grade girls (34.4%) is currently meeting the recommended levels for *moderate physical activity*. Each of the other grade/gender groups is 15% to 20% higher than the rate for 12th grade girls.
- *Students of color* are less likely to meet the recommended standards for *moderate physical activity* than others; their rates are 15% to 20% lower than their peers who are *White*.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**56.0%**	**42.6%**
Gender	Boys	**62.7%**	**51.5%**
	Girls	**49.6%**	**34.4%**
Race / Ethnicity**	Asian / Pacific Islander	**40.5%**	**25.7%**
	Black / African American	**44.0%**	**32.6%**
	Native American / American Indian	**	**
	White	**62.9%**	**47.6%**
	Hispanic / Latino	**38.9%**	**28.7%**
Household income level*	Receives free or reduced price lunches	**41.9%**	**30.2%**
	Does not receive free or reduced price lunches	**61.7%**	**48.0%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students *who meet the recommended standards for regularly engaging in moderate physical activity.* The recommended standard is *moderate physical activity for at least 30 minutes on five or more days per week*. The physical activities do not need to be continuous, or all at one time, they can be cumulative.

Data source: The data on *moderate physical activity* levels were drawn from the *Minnesota Student* Survey - *2010 Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "On how many of the last 7 days were you physically active for a combined total of at least 30 minutes?" Reponses to this question were given in terms of the number of days in the past week. The responses were then use to determine whether the student had met the recommended standard of engaging in *moderate activities, for at least 30 minutes on five or more days per week*.

Importance of this indicator: Inactivity in adolescence is associated with increased risk for factors leading to cardiovascular diseases, including high cholesterol levels and high blood pressure. Other consequences of inactivity include an increased risk of being *overweight* or *obese* which, in turn, can lead to systematic social discrimination. The psychological stress of social stigmatization can cause low self-esteem, hinder academic performance and social functioning.

Health disparities: There are notable differences for the rates between boys and girls at each of the grade levels; girls are less likely to meet the recommended standards, (for either *Vigorous* or *Moderate* physical activity), than their male peers. The 9th grade students achieved higher levels of physical activity than their 12th grade counterparts. The trend data suggest that, there have been gradual increases in the physical activity levels for boys, but the rates for girls have remained relatively stable with smaller improvements reported for 9th and 12th grade girls over time. Lower income students who receive *free or reduced price lunches* at school are less likely to meet the recommended standards for *moderate physical activity* than others; their rates are 15% to 20% lower than their peers who do not *receive free or reduced price lunches* at school. Similarly, the *moderate physical activity* rates are lower among groups of *students of color* as compared to students who were identified as being *White.*

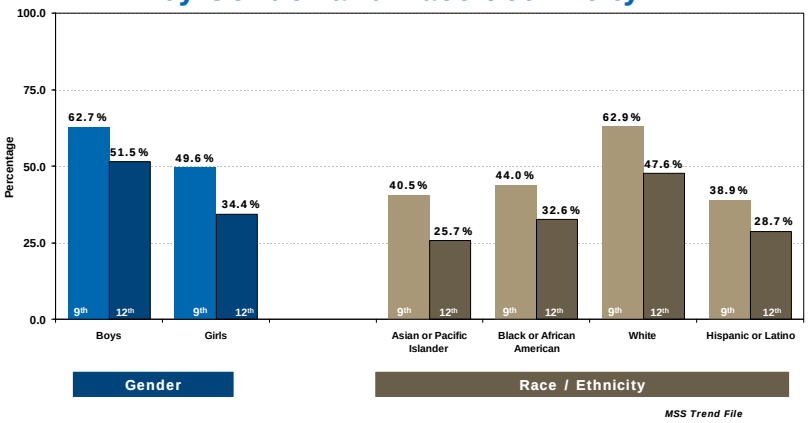
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity and for students from Low Income Households: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; the rates would be expected to be notably different for these two sub-groups. Identifying students from "low income" households was based on the MSS survey question: "Do you currently get free or reduced price lunch at school?" Students that responded "Yes" to this question were included in the group of students from "low income" households.

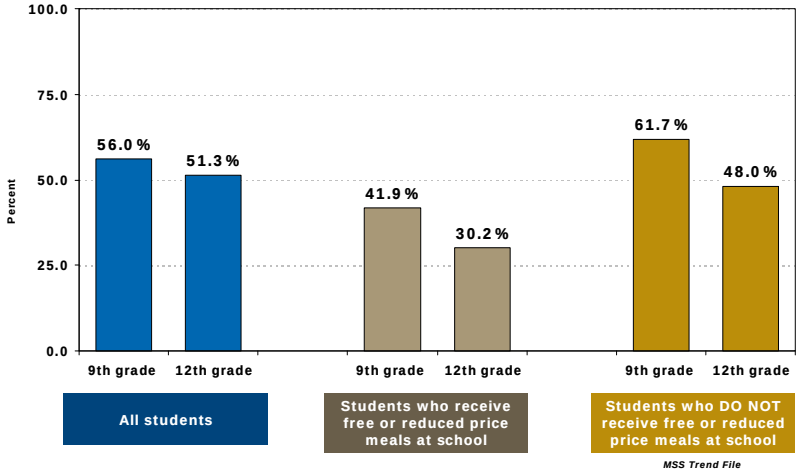
Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used.

Indicator: *Adolescents meet recommendations for Moderate Physical Activity*

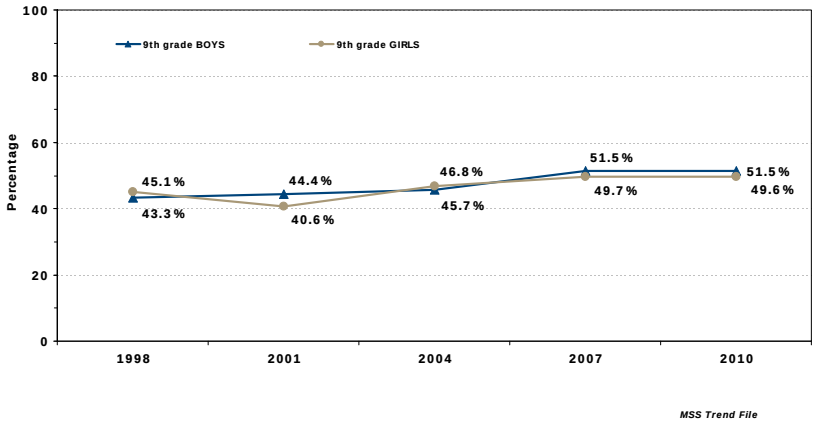
Moderate Physical Activity** 9th and 12th grade students by Gender and Race / ethnicity



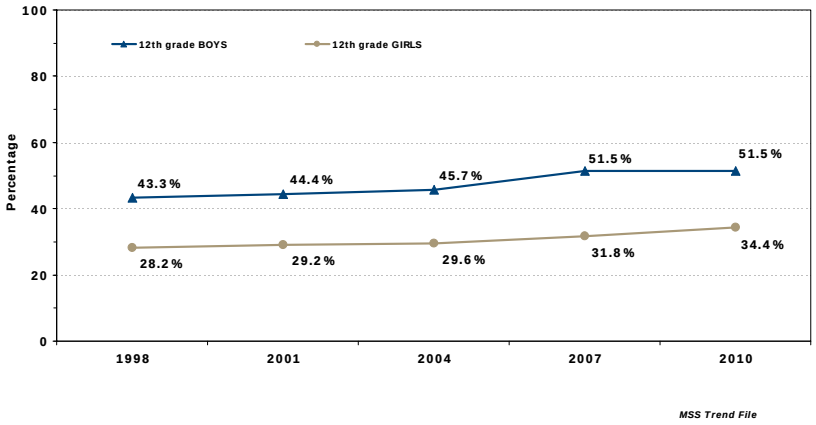
Moderate Physical Activity 9th and 12th grade students by Income level groups**



Moderate Physical Activity By Gender for 9th Grade students Trend Data 1998-2010



Moderate Physical Activity By Gender for 12th Grade students Trend Data 1998-2010



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescents meet recommendations for Vigorous Physical Activity*

Overview

Why Is This Indicator Important?

To maintain a healthy weight and avoid other health problems, it is strongly recommended that adolescents regularly engage in physical activity, including *Vigorous activities,* for at least 20 minutes on three or more days per week. The definition for *vigorous physical activity* includes doing things that "make you sweat or breathe hard."

How Are We Doing?

- Three out of four 9th grade boys (76.6%) are meeting the recommended levels of *Vigorous* physical activity. However, the percentages for each of the other grade/gender groups are notably lower.
- Students who receive *free or reduced price lunches* at school are less likely to meet the recommended standards for *vigorous physical activity* than others; their rates are 17% to 20% lower than their peers who do not *receive free or reduced price lunches* at school.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**72.1%**	**61.4%**
Gender	Boys	**76.6%**	**69.0%**
	Girls	**67.7%**	**54.5%**
Race / Ethnicity**	Asian / Pacific Islander	**61.2%**	**47.7%**
	Black / African American	**65.8%**	**50.4%**
	Native American / American Indian	**	**
	White	**78.2%**	**63.5%**
	Hispanic / Latino	**62.0%**	**50.0%**
Household income**	Receives free or reduced price lunches	**59.6%**	**46.0%**
	Does not receive free or reduced price lunches	**77.3%**	**66.5%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students who *meet the recommended standards for regularly engaging in vigorous physical activity.* The recommended standard is *vigorous physical activity for at least 20 minutes on three or more days per week*. The definition for *vigorous physical activity* includes doing things that "make you sweat or breathe hard."

Data source: The data on *vigorous physical activity* levels were drawn from the *Minnesota Student* Survey - 2010 Trend data file. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "On how many of the last 7 days did you exercise or play sports that made you sweat or breathe hard for at least 20 minutes?" Reponses to each of this question were given in terms of the number of days in the past week. The responses were then use to determine whether the student had met the recommended standards: *vigorous activities, for at least 20 minutes on three or more days per week*.

Importance of this indicator: Inactivity in adolescence is associated with increased risk for factors leading to cardiovascular diseases, including high cholesterol levels and high blood pressure. Other consequences of inactivity include an increased risk of being *overweight* or *obese* which, in turn, can lead to systematic social discrimination. The psychological stress of social stigmatization can cause low self-esteem hinder academic performance and social functioning.

Health disparities: There are notable differences for the rates between boys and girls at each of the grade levels; girls are less likely to meet the recommended standards, (for either *Vigorous* or *Moderate* physical activity), than their male peers. The 9th grade students achieved higher levels of physical activity than their 12th grade counterparts. The trend data suggest that, there have been gradual increases in the physical activity levels for boys, but the rates for girls have remained relatively stable with smaller improvements reported for 9th and 12th grade girls over time. Lower income students who receive *free or reduced price lunches* at school are less likely to meet the recommended standards for *vigorous physical activity* than others; their rates are 17% to 20% lower than their peers who do not *receive free or reduced price lunches* at school. Similarly, the *vigorous physical activity* rates are lower among groups of *students of color* as compared to students who were identified as being White.

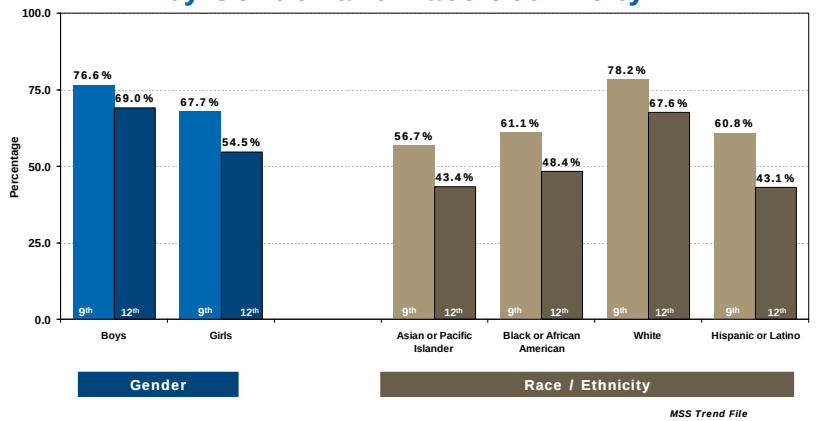
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity and for students from Low Income Households: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; the rates would be expected to be notably different for these two sub-groups. Identifying students from "low income" households was based on the MSS survey question: "Do you currently get free or reduced price lunch at school?" Students that responded "Yes" to this question were included in the group of students from "low income" households.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used.

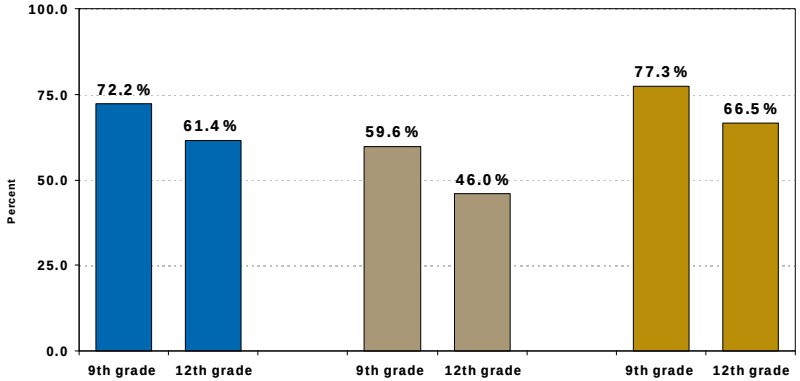
Indicator: *Adolescents meet recommendations for Vigorous Physical Activity*

Vigorous Physical Activity**
9th and 12th grade students
by Gender and Race / ethnicity



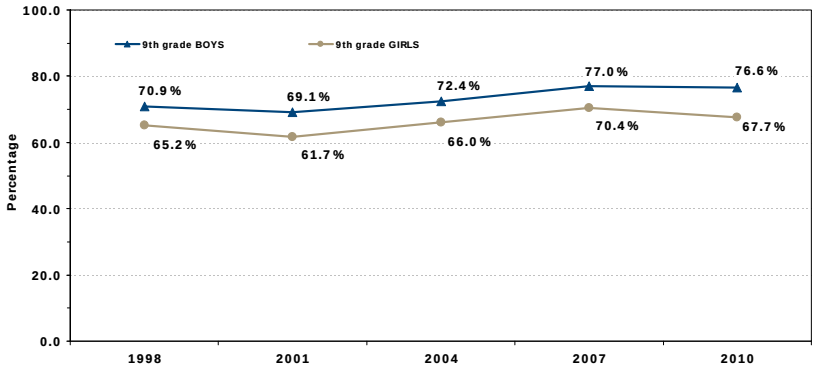
MSS Trend File

Vigorous Physical Activity**
9th and 12th grade students
by Income level groups



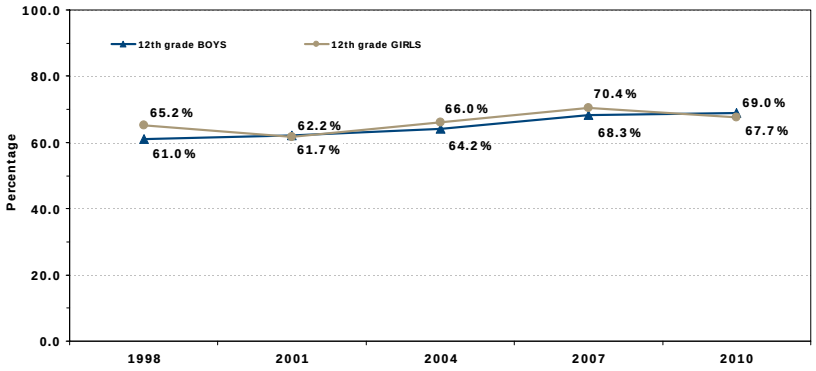
MSS Trend File

Vigorous Physical Activity **
By Gender for 9th Grade students
Trend Data 1998-2010



MSS Trend File

Vigorous Physical Activity **
By Gender for 12th Grade students
Trend Data 1998-2010



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child regularly engages in Physical Activity*

Overview

Why Is This Indicator Important?

To maintain a healthy weight and avoid other health problems, it is strongly recommended that school-aged children engage in *regular physical activity every day for at least one hour or more*. The time does not need to be continuous, but should total at least 60 minutes per day.

How Are We Doing?

- Less than a quarter of all Hennepin County children aged 6 to 17 *met the recommended standard of physical activity during the week* (24.1%).
- Girls and adolescents aged 14 to17 years old were significantly less likely to *meet the daily recommended standard* (only 16.8% of girls and 15.7% of adolescents aged 14 to 17 met the recommended standard).
- No significant differences were found by household income or geographic location.

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 6 to 17		**24.1%**	± 3.2
Age Groups	6 – 9 years	**28.7%**	± 5.7
	10 – 13 years	**27.8%**	± 6.3
	14 – 17 years*	**15.7%**	± 4.5
Gender	Male	**31.2%**	± 4.6
	Female*	**16.8%**	± 4.2
Geographic Location	Minneapolis	**22.3%**	± 4.9
	Suburban Areas	**24.9%**	± 4.1
Household Income**	Low income	**23.3%**	± 6.1
	Not low income	**24.5%**	± 3.8

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 6 to 17 years old who *meet the recommended standard of 60 minutes of physical activity every day*.

Data source: The data on children's overall health are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about children aged 6 to 17 years old: "During the past week, on how many days was the child physically active for at least 60 minutes in a given day?" The responses reported in the table use the recommended standard of seven days per day. The physical activity recommendations and additional notes on the coding of this variable are explained in greater detail in *Appendix D* of the *SHAPE 2010 – Child Data Book*, available on-line.

Importance of this indicator: To maintain a healthy weight and avoid other health problems, it is strongly recommended that school-aged children engage in *regular physical activity every day for at least one hour or more*. The time does not need to be continuous, but should total at least 60 minutes per day. Increasing children's levels of physical activity is a modifiable health behavior that could lead to significant reductions in obesity and overweight among children.

Health disparities: Girls and adolescents aged 14 to17 years old were significantly less likely to meet the daily recommended standard (only 16.8% of girls and 15.7% of adolescents aged 14 to 17 met the recommended standard). No significant differences were found by household income or geographic location.

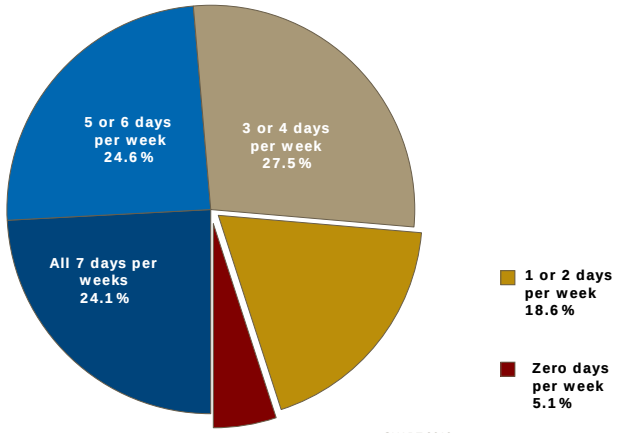
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for all Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, higher rates are "better" as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Indicator: *Child regularly engages in Physical Activity*

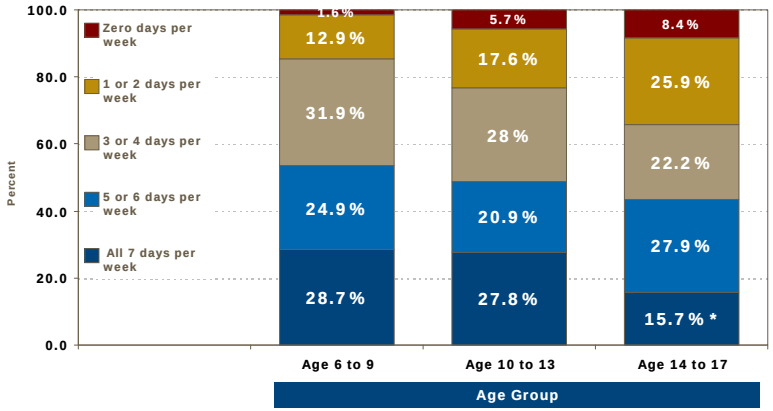
During the past week, how many days was the child physically active for at least 60 minutes?

Children Aged 6 to 17



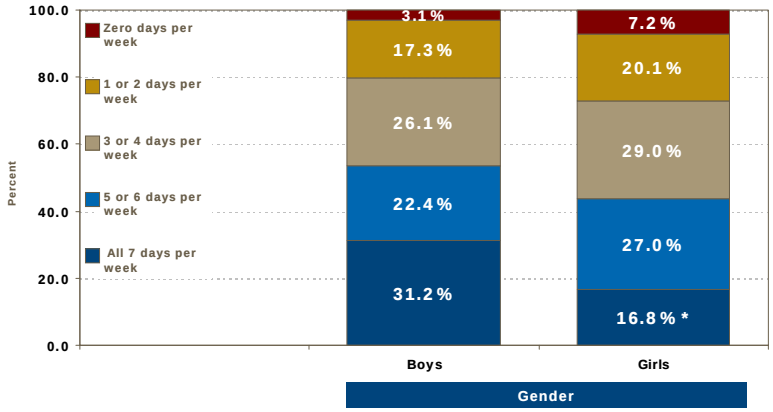
SHAPE 2010

Physically active for 60 minutes or more by Age Group



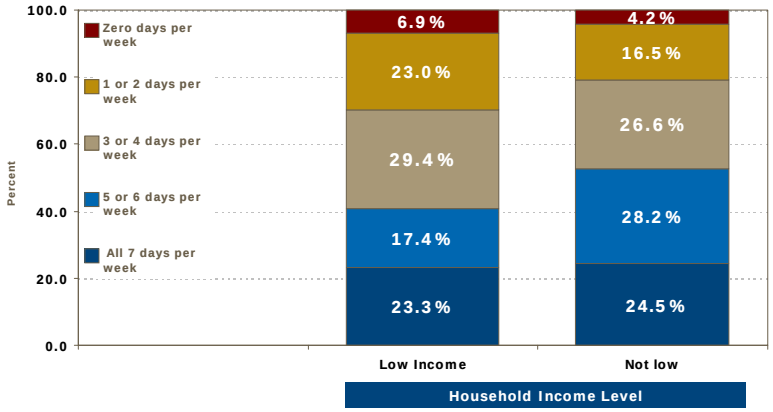
SHAPE 2010

Physically Active for 60 minutes or more by Gender



SHAPE 2010

Physically Active for 60 minutes or more by Household income level



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child meets the standard for Servings of Fruit*

Overview

Why Is This Indicator Important?

To maintain healthy growth and development, it is recommended that children eat a well-balanced diet that includes *two or more servings of fruit each day*. Fruits are an important source of vitamins and dietary fiber, essential for maintaining healthy weight.

How Are We Doing?

- Four out of five Hennepin County children aged 3 to 17 are currently eating the recommended *two servings of fruit on a daily basis* (79.1%).
- Adolescents aged 14 to 17 years old are less likely to meet the daily recommended standard as compared to all Hennepin County children and as compared to groups of younger aged children.

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**79.1%**	± 2.7
Age Groups	3 – 5 years	**85.5%**	± 5.2
	6 – 9 years	**84.5%**	± 4.3
	10 – 13 years	**76.5%**	± 6.1
	14 – 17 years*	**70.2%**	± 6.2
Gender	Male	**78.6%**	± 3.6
	Female	**79.5%**	± 4.1
Geographic Location	Minneapolis	**79.3%**	± 4.6
	Suburban Areas	**79.0%**	± 3.4
Household Income**	Low income	**74.8%**	± 5.8
	Not low income	**80.9%**	± 3.0

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old who *meet the recommended standard of having two or more servings of fruit per day*.

Data source: The data on children's overall health are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about children aged 3 to 17 years old: "A serving of fruit is one medium sized piece of fruit, a half cup of chopped, cut or canned fruit, or 6 ounces of 100% fruit juice. Yesterday, how many servings of fruit did the child eat, including 100% fruit juice?" The responses reported in the table use the recommended standard of *two servings per day*. The daily nutritional recommendations and additional notes on the coding of this variable are explained in greater detail in *Appendix D* of the *SHAPE 2010 – Child Data Book*, available on-line.

Importance of this indicator: To maintain healthy growth and development, it is recommended that children eat a well-balanced diet that includes *two or more servings of fruit each day.* Fruits are an important source of vitamins and dietary fiber, essential for maintaining healthy weight. Increasing daily consumption of fruit is a modifiable health behavior that could lead to significant reductions in obesity and overweight among children.

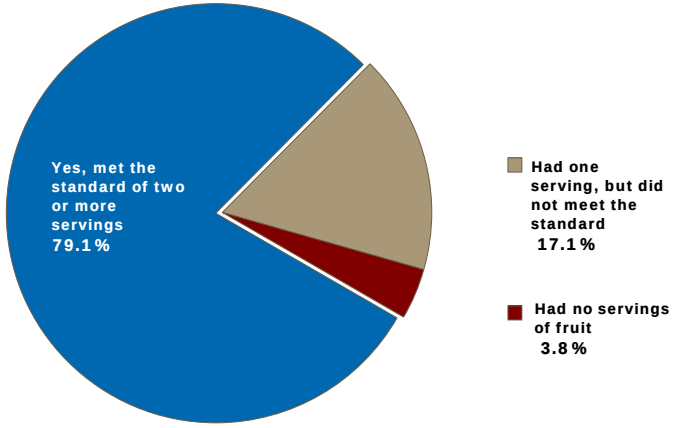
Health disparities: Younger children, aged 3 to 5 or aged 6 to 9, are most likely to meet the recommended *standard for fruit on a daily basis*. However, adolescents aged 14 to17 were statistically, significantly less likely to have met the recommended standard for having *two servings of fruit* as compared to all Hennepin County children and as compared to the two youngest groups of children. No other significant health disparities were detected for this indicator by gender, location of residence or household income level. Only 3.8% of Hennepin County children overall had no (zero) servings of fruit yesterday.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for all Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, higher rates are "better" as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

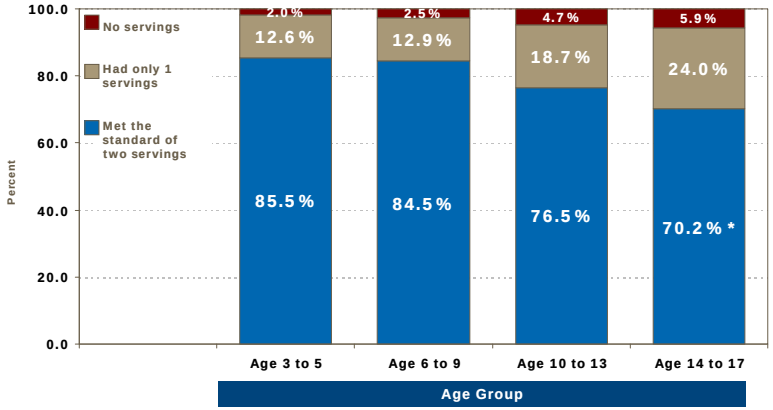
Indicator: *Child meets the standard for Servings of Fruit*

Yesterday, how many servings of fruit did the child eat?
Children Aged 3 to 17



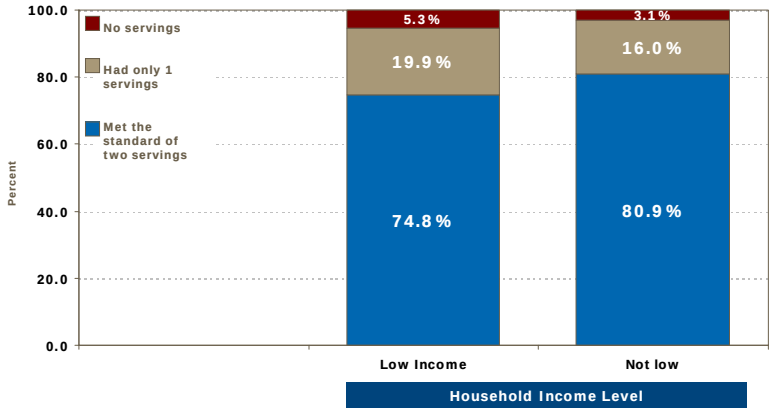
SHAPE 2010

Servings of fruit yesterday
by Age Group



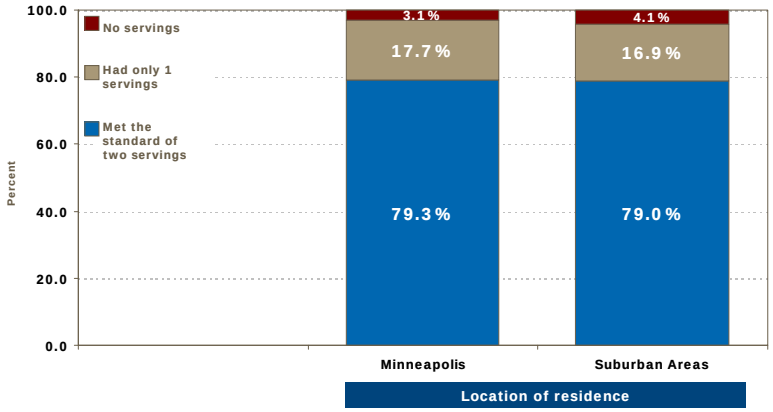
SHAPE 2010

Servings of fruit yesterday
by Household income level



SHAPE 2010

Servings of fruit yesterday
by Location of residence



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child meets the standard for Servings of Vegetables*

Overview

Why Is This Indicator Important?

To maintain healthy growth and development, it is recommended that children eat a well-balanced diet that includes *three or more servings of vegetables each day*. Vegetables are an important source of vitamins and dietary fiber, essential for maintaining healthy weight.

How Are We Doing?

- Only one in five Hennepin County children aged 3 to 17 are currently eating the *recommended three servings of vegetables on a daily basis* (19.3%).
- There were no significant differences reported by gender, age group, income level or location of residence.

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**19.3%**	± 2.7
Age Groups	3 – 5 years	**20.5%**	± 5.7
	6 – 9 years	**18.3%**	± 5.1
	10 – 13 years	**20.3%**	± 6.0
	14 – 17 years	**18.6%**	± 5.3
Gender	Male	**16.4%**	± 3.2
	Female	**22.4%**	± 4.3
Geographic Location	Minneapolis	**21.7%**	± 4.8
	Suburban Areas	**18.3%**	± 3.2
Household Income**	Low income	**20.4%**	± 5.8
	Not low income	**18.8%**	± 3.0

***No statistically significant differences among population subgroups were detected for this indicator.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old who *meet the recommended standard of having three or more servings of vegetables per day.*

Data source: The data on children's overall health are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about children aged 3 to 17 years old: "Not including French Fries, a serving of vegetables is a cup of salad greens, or half cup of any vegetables. Yesterday, how many servings of vegetables did the child eat? The responses reported in the table use the *recommended standard of three servings per day*. The daily nutritional recommendations and additional notes on the coding of this variable are explained in greater detail in *Appendix D* of the *SHAPE 2010 – Child Data Book*, available on-line.

Importance of this indicator: To maintain healthy growth and development, it is recommended that children eat a well-balanced diet that includes three or more servings of vegetables each day. Vegetables are an important source of vitamins and dietary fiber, essential for maintaining healthy weight. Increasing daily consumption of vegetables is a modifiable health behavior that could lead to significant reductions in obesity and overweight among children.

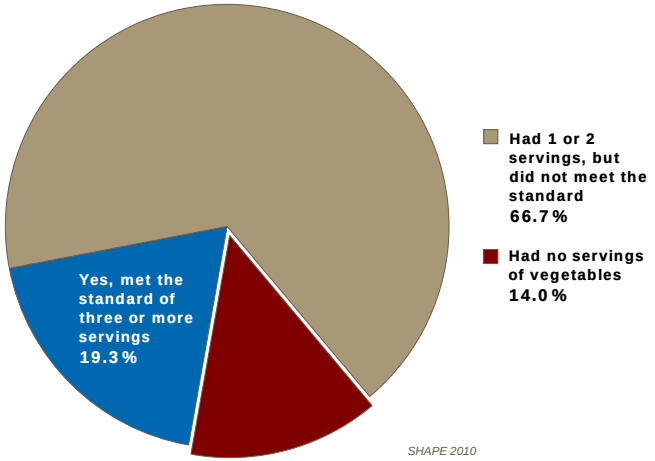
Health disparities: No significant health disparities were detected for this indicator. Children from all population subgroups, including age, gender, location of residence and household income level were significantly below the recommended standard. Only one in five children overall, and for most of the reported subgroups, currently meet the *recommended standard for eating three servings of vegetables daily* (29.3%). One in seven Hennepin County children had no (zero) servings of vegetables yesterday (14.0%).

Notes on the charts and tables: No statistically significant differences among population subgroups were detected for this indicator. The level of statistical significance was determined at $p < 0.05$. For this indicator, higher rates are "better" as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

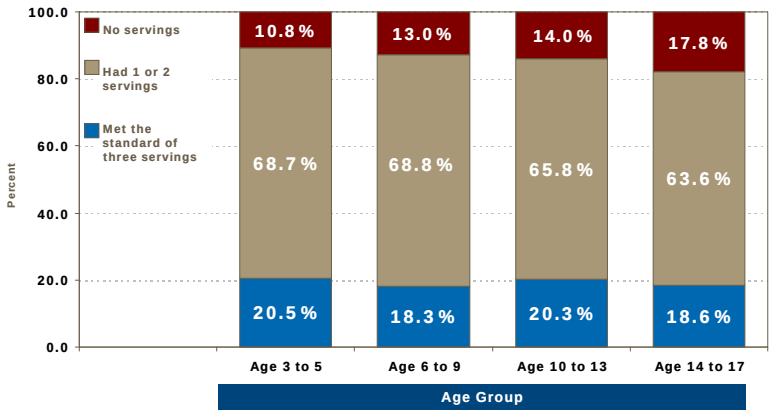
Indicator: *Child meets the standard for Servings of Vegetables*

Yesterday, how many servings of vegetables did the child eat?
Children Aged 3 to 17



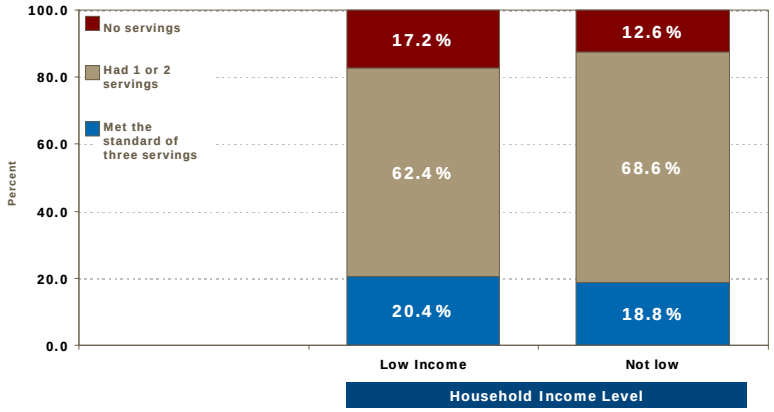
SHAPE 2010

Servings of vegetables yesterday
by Age Group



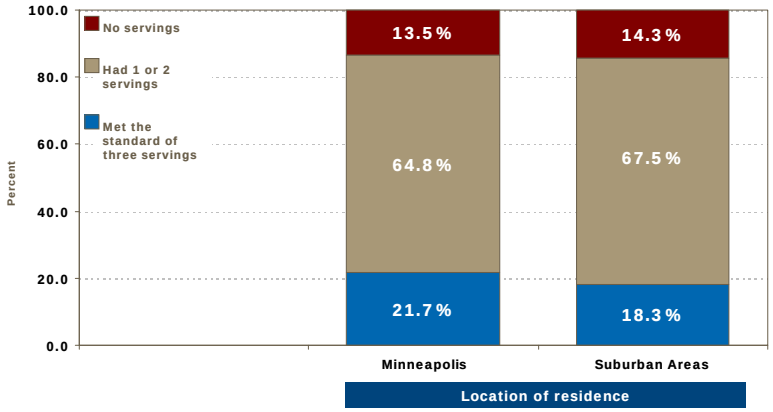
SHAPE 2010

Servings of vegetables yesterday
by Household income level**



SHAPE 2010

Servings of vegetables yesterday
by Location of residence



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child has Zero Sugar-sweetened drinks*

Overview

Why Is This Indicator Important?

To maintain a healthy weight and avoid other health problems, it is strongly recommended that children avoid all sources of "empty calories" (non-nutritive foods or beverages). Drinks, such as soda pop, fruit-ades, and other sweetened beverages often contain unnecessary amounts of added sugar.

How Are We Doing?

- Less than half of all Hennepin County children aged 3 to 17 met the *recommended standard of avoiding sugar-sweetened drinks* (48.1%).
- Adolescents aged 14 to 17 years old are less likely to meet the daily *recommended standard* as compared to *all Hennepin County children* and as compared to groups of younger aged children.
- Children from *low income households* are less likely to meet the daily *recommended standard* as compared to all Hennepin County children.

Data Source:

SHAPE 2006 & 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**48.1%**	± 3.1
Age Groups	3 - 5 years	**66.8%**	± 6.1
	6 – 9 years	**49.3%**	± 5.9
	10 – 13 years	**42.5%**	± 6.6
	14 – 17 years*	**36.7%**	± 6.2
Household Income**	Low income*	**34.5%**	± 6.2
	Not low	**54.0%**	± 3.6
Race / Ethnicity**	Asian / Pacific Islander	**45.8%**	± 9.9
	Black, with US-born parents	**36.4%**	± 9.0
	Black, with African-born parents	**33.6%**	± 9.0
	White	**54.4%**	± 3.1
	Southeast Asian	**31.7%**	± 14.8
	Hispanic / Latino	**40.9%**	± 7.4

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old who *meet the recommended standard of zero sugar-sweetened drinks per day*.

Data source: The data on children's overall health are drawn from the *SHAPE 2006 and SHAPE 2010 – Child Surveys*. This survey question was asked about children aged 3 to 17 years old: "For beverages, a serving is a regular sized glass, bottle, can or juice box. Yesterday, how many servings of sugar-sweetened drinks such as soda pop, cola, soft drinks, Kool-Aid, lemonade, or sweetened ice tea did the child have?" The responses reported in the table use the *recommended standard of zero servings per day*. The daily nutritional recommendations and additional notes on the coding of this variable are explained in greater detail in *Appendix D* of the *SHAPE 2010 – Child Data Book*, available on-line.

Importance of this indicator: To maintain a healthy weight and avoid other health problems, it is strongly recommended that children avoid all sources of "empty calories" (non-nutritive foods or beverages). Drinks, such as soda pop, fruit-ades, and other sweetened beverages often contain unnecessary amounts of added sugar. Reducing the daily consumption of sugar-sweetened drinks is a modifiable health behavior that could lead to significant reductions in obesity and overweight among children.

Health disparities: Younger children, aged 3 to 5 or aged 6 to 9, are more likely to meet the recommended *standard of zero sugar-sweetened drinks on a daily basis.* Adolescents aged 14 to17 were statistically, significantly less likely to have met the recommended standard for having zero sugar sweetened drinks as compared to all Hennepin County children and as compared to the two youngest groups of children. Children from low income households are less likely to meet the daily recommended standard as compared to all Hennepin County children, and are more likely to consume two or more sugar-sweetened drinks than their peers (33% consumed 2 or more drinks compared to 14% of children who are not from low income households). Data from SHAPE 2006 by Race / Ethnicity indicated that *Black children with African-born parents* have the highest levels of consumption (53% consumed 2 or more drinks).

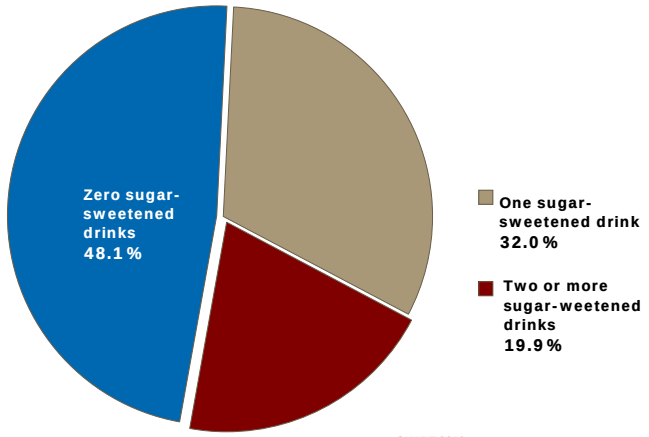
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly higher or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. For this indicator, lower rates are "better" than higher rates as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special Notes on reporting rates by Race / Ethnicity: The most recent data showing a breakdown for this indicator for various racial or ethnic groups are drawn from the *SHAPE 2006 – Child Survey*. The number of children whose race /ethnicity was identified as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Children whose ethnicity was identified as *Hispanic or Latino* may belong to any racial group. For a complete description of the racial and ethnic groups included in the analysis, please see the *SHAPE 2006 – Child Data Book*, available on-line.

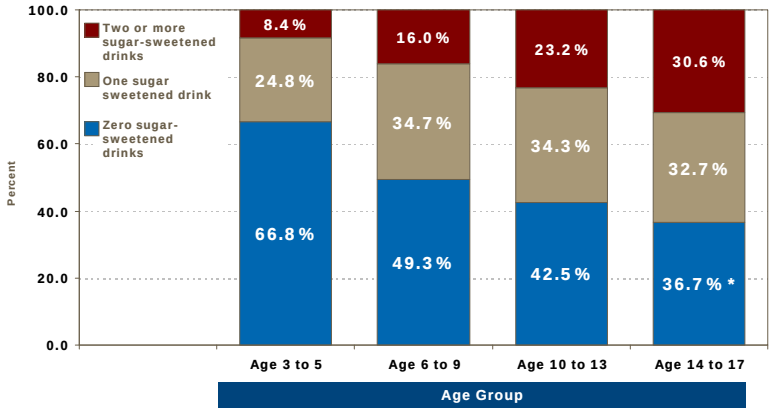
Indicator: *Child has Zero Sugar-sweetened drinks*

Yesterday, how many sugar-sweetened drinks did the child have?
Children Aged 3 to 17



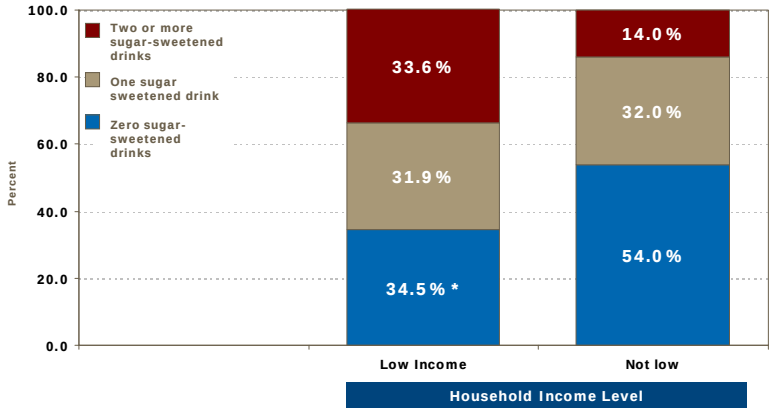
SHAPE 2010

Sugar-sweetened drinks
by Age Group



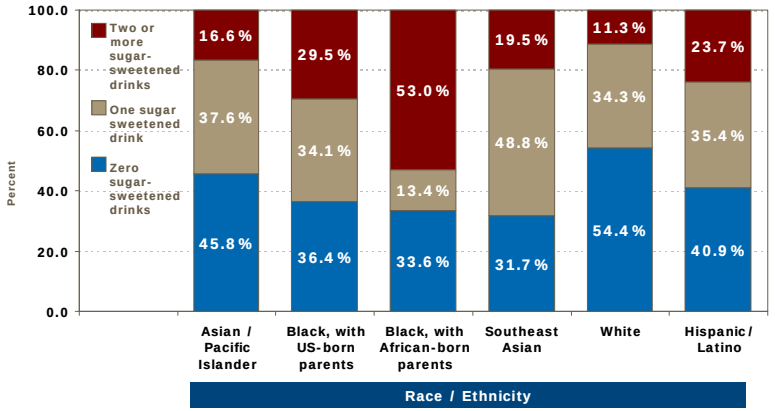
SHAPE 2010

Sugar-sweetened drinks
by Household income level**



SHAPE 2010

Sugar-sweetened drinks
by Race / Ethnicity**



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults Reporting *Poor* or *Fair* Health

Overview

Why Is This Indicator Important?

This indicator measures self-rated overall health status and has been validated as a useful indicator of health for a variety of populations, allows tracking changes and disparities over time.

How Are We Doing?

- In 2010, 9.4 % of Hennepin County adults reported *Poor* or *Fair* health.
- Residents with disadvantaged social conditions, such as low income, low education, of racial and ethnical minorities, reported a disproportionately higher rate of *Poor* or *Fair* health.
- The rates among adults being obese, having a disability, and those experiencing poor mental health or discrimination are significantly higher.
- Social connectedness and community safety matter in residents' overall health status.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 and older		**9.4%**	± 1.0
Age (years)	18-24	**7.2%**	± 5.8
	25-44 *	**5.6%**	± 1.3
	45-54	**10.8%**	± 2.6
	55-64 *	**14.2%**	± 3.0
	65 and older *	**18.6%**	± 2.3
Gender	Male	**8.7%**	± 1.6
	Female	**10.1%**	± 1.2
Household income	<200% federal poverty level *	**21.6%**	± 3.0
	≥200% federal poverty level *	**5.9%**	± 0.9
Geographic region	Minneapolis	**10.6%**	± 1.5
	Northwest suburbs	**8.3%**	± 2.0
	West suburbs	**9.0%**	± 2.6
	South suburbs	**9.4%**	± 2.2

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: Self-reported overall health status, or self-rated health, is measured by the answers of Hennepin County adults in SHAPE Adult Surveys to the survey question "In general, how would you say your health is…?" The response categories include: *Excellent, Very good, Good, Fair or Poor.* Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998 Survey, SHAPE 2002 Survey* and *SHAPE 2006 Adult Survey* are used to monitor this indicator over time. Data sources used for the chart "*How does Hennepin County Compare*" includes *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and median value from all *2010 BRFSS* participating states.

Importance of this indicator: Self rated health is one measure from the Health Related Quality of Life (HRQOL) 4-core-question set that was compiled by Centers for Disease Control and Prevention (CDC). This CDC's HRQOL core set has been used in national health surveillance systems since 1993 to assess people's perceptions of their overall health status, physical and mental health and activity limitation. It has been validated as a useful indicator of health for a variety of populations, allows tracking changes and disparities over time. SHAPE Surveys included this question in every SHAPE survey iteration since 1998.

Health disparities: In 2010, a great majority of Hennepin County adults (91%) rated overall health as *Excellent* or *Very Good*, or *Good*. About one in every 10 (9.4%) county adults rated their overall health as *Poor* or *Fair.* This rate of reporting *Poor* or *Fair* health is significantly lower than the rate among adults in the nation, and is similar to the rate among adults in other six metro counties and adults in the state. Trend data show that rates of reporting *Poor* or *Fair* health fluctuate in the past decade with one exception- the rate in 2006 was significantly higher than the rate in 1998.

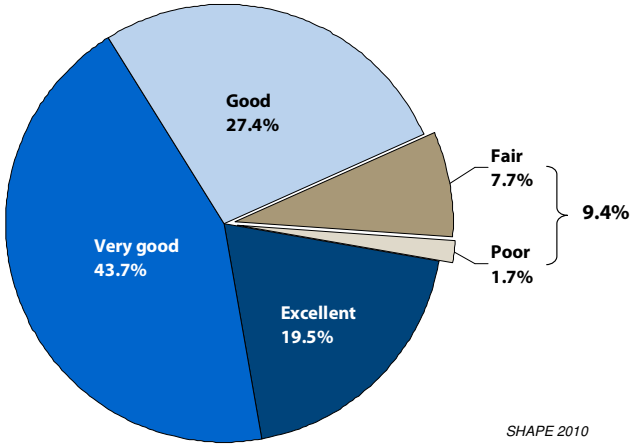
Good overall health status is not equally enjoyed across county populations. County adults with disadvantaged social conditions, such as low income, low education, of racial and ethnical minorities reported a disproportionately higher rate of *Poor* or *Fair* health. There is no large variation in rates of reporting *Poor* or *Fair* health across four major Hennepin County geographic regions. However, huge disparities emerged when data for detailed geographic areas were examined, ranging from 5.4% to 20 %. Adults with poor mental health status, such as frequent mental distress, psychological distress or depression reported a significantly higher rate of Poor or Fair health than adults without poor mental health. The rate is also significantly higher among adults who are obese, have a disability or experienced a discrimination, i.e. frequently in situations feeling unaccepted due to race, ethnicity or culture, as compared to their counterparts who did not.

Social connectedness and community safety matter in county adults' health. The rate of *Poor* or *Fair* health increases as the perceived level of community safety decreases. Adults who connect to friends or neighbors at least weekly reported a lower rate of *poor* or *fair* health as compared to those who connect to friends or neighbors less often.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. The level of statistical significance was determined at $p < 0.05$.

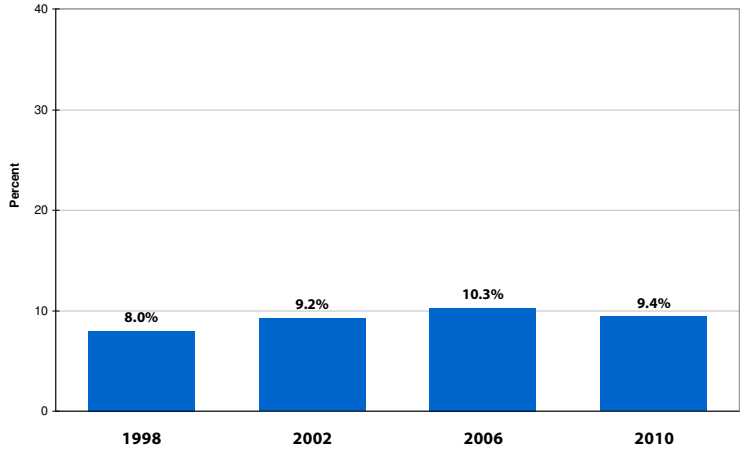
Indicator: Adults Reporting *Poor* or *Fair* Health

In general, would you say your health is …

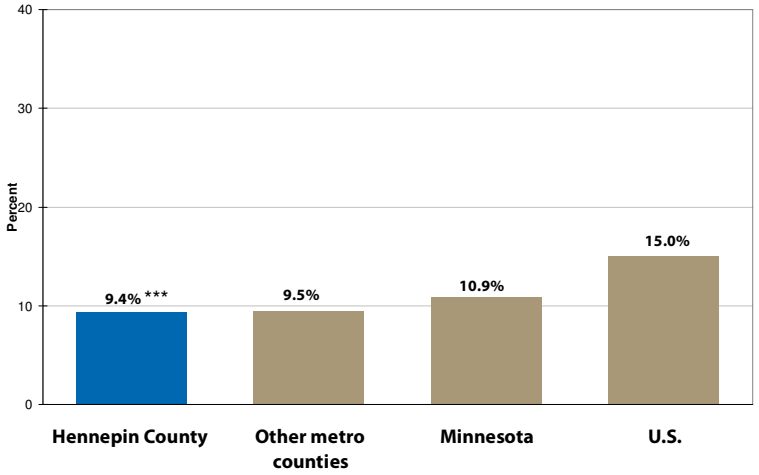


SHAPE 2010

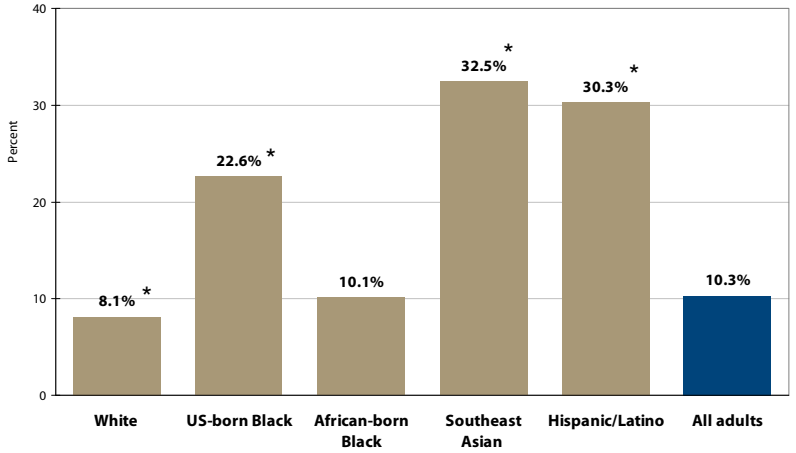
Adults reporting *Poor* or *Fair* health
Time trend 1998-2010



Adults reporting *Poor* or *Fair* health
How does Hennepin County compare?



Adults reporting *Poor* or *Fair* health by race and ethnicity

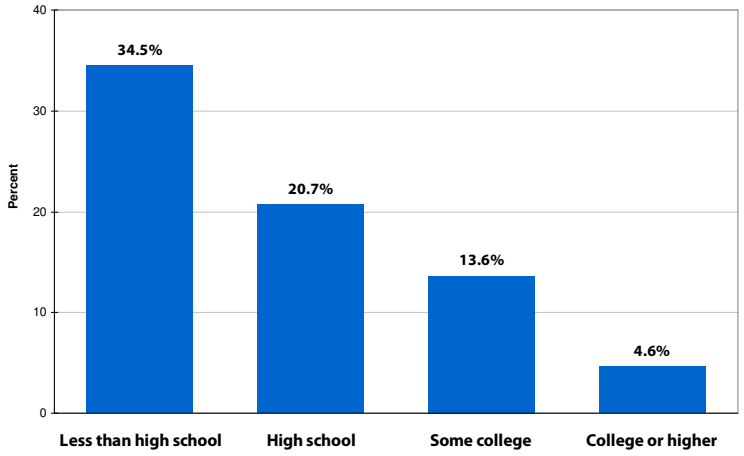


SHAPE 2006

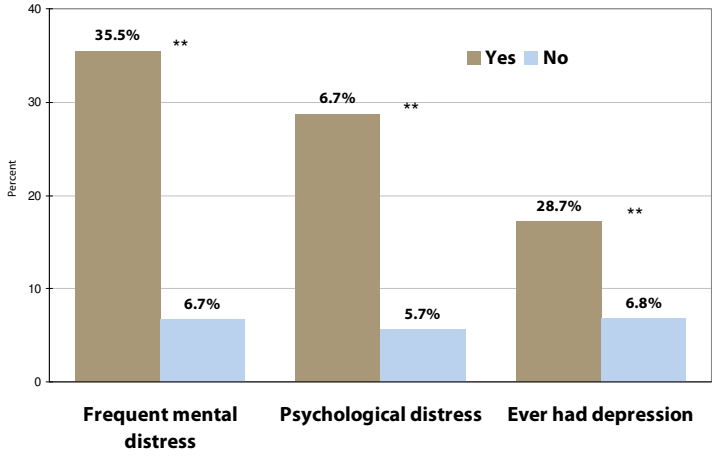
See technical notes for information on data sources and chart notations.

Indicator: Adults Reporting *Poor* or *Fair* Health

Adults reporting *Poor* or *Fair* health by education**

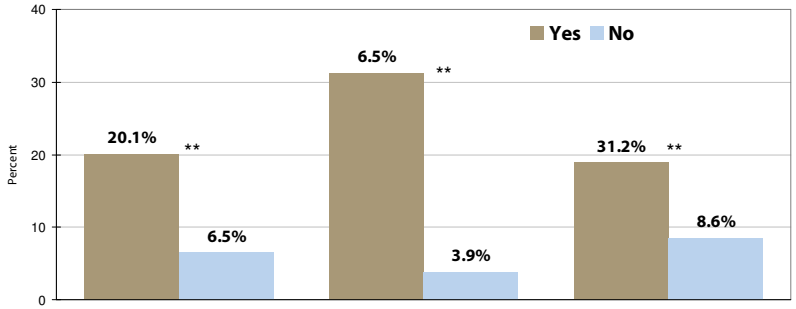


Adults reporting *Poor* or *Fair* health by mental health status



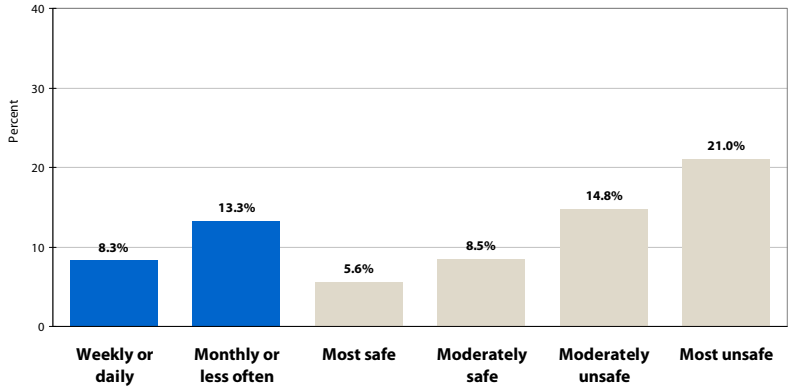
SHAPE 2010

Adults reporting *Poor* or *Fair* health by obesity status, disability status and discrimination experience



SHAPE 2010

Adults reporting *Poor* or *Fair* health by social connectedness and community safety

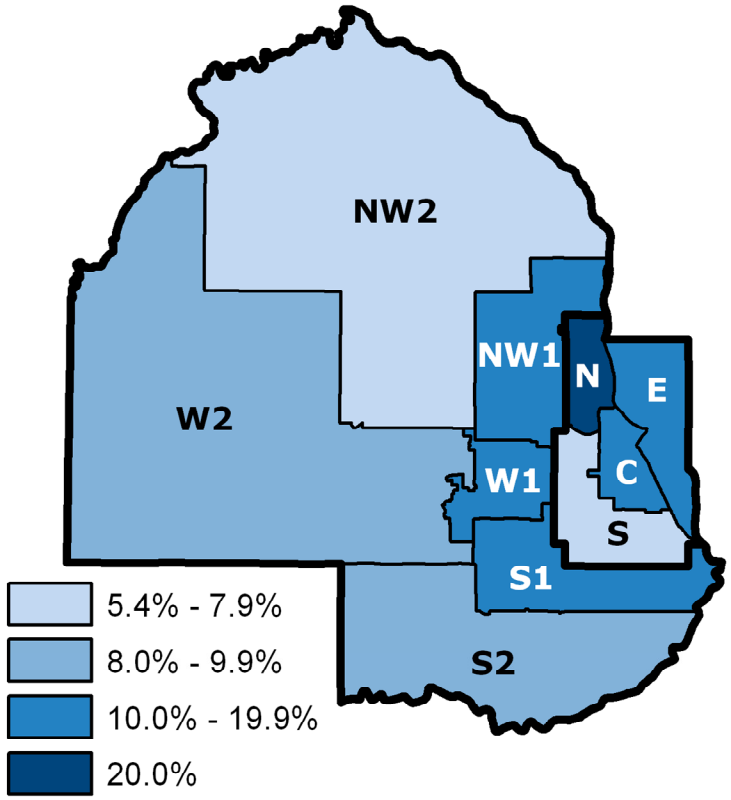


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults Reporting *Poor* or *Fair* Health

Adults reporting *Poor* or *Fair* health by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: Adults with Diabetes

Overview

Why Is This Indicator Important?

Diabetes affects an estimated 26 million people in the U.S. and is the 7th leading cause of death. The estimated total financial cost of diabetes in U.S. in 2007 was $174 billion.

How Are We Doing?

- In 2010, 5.3 % Hennepin County adults of all ages, and 15 % of seniors age 65 and older have diabetes.
- Diabetes disproportionately affects adults with low income, low education and US-born Black or African Americans.
- Most (92%) diabetic adults have one or more co-morbidities, such as obesity, hypertension, high blood cholesterol, and heart disease or stroke. Modifiable risk behaviors are related to each of these conditions. The modifiable risk behavior rates for adults with diabetes remain very high.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults		**5.3%**	± 0.7
Age (years)	18-24*	**0.3%**	± 1.5
	25-44*	**1.8%**	± 0.9
	45-54	**6.6%**	± 2.5
	55-64 *	**9.6%**	± 2.4
	65 and older *	**15.2%**	± 2.3
Gender	Male	**6.1%**	± 1.3
	Female	**4.6%**	± 0.7
Household income	<200% federal poverty level *	**9.2%**	± 2.1
	≥200% federal poverty level	**4.1%**	± 0.8
Geographic region	Minneapolis	**4.9%**	± 0.9
	Northwest suburbs	**4.8%**	± 1.5
	West suburbs	**6.4%**	± 2.4
	South suburbs	**5.9%**	± 1.9

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: All survey respondents were asked *"Have you ever been told by a doctor or other health care professional that you have diabetes or sugar disease?"* The response categories include *Yes; Yes, but only during pregnancy; Pre-diabetes or borderline diabetes; and No.* The diabetes rate excludes those that only have gestational or borderline diabetes. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey are* used to monitor this indicator over time. Data from *SHAPE 2006* is used to report rate by race and ethnicity as *SHAPE 2010* does not have enough sample to do so. Data sources used for the chart "How dose Hennepin County compare" include *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and *2010 National Health Interview Survey.*

Importance of this indicator: Diabetes affects an estimated 26 million people in the US including 19 million diagnosed and seven million undiagnosed people. In addition, an estimated 79 million US adults have pre-diabetes. Diabetes is associated with an increased risk of heart disease and is the leading cause of kidney failure, lower limb amputations and adult-onset of blindness. The estimated financial cost in US in 2007 was $174 billion.

In 2010, 5.3 % of Hennepin County adults have diabetes. Another 4.2% have pre-diabetes and 1.4 % have had gestational diabetes. The rate of diabetes among county adults has been fluctuating over the past 12 years. The rate compares favorably to the rate for the nation. Most diabetic adults (94%) have seen a health care professional for diabetic care at least once during the past 12 months, and 78% had a dilated eye exam during the past 12 months.

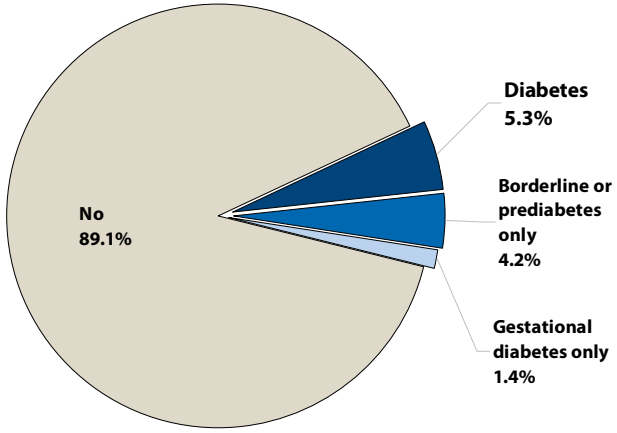
Health disparities: Diabetes disproportionally affects many Hennepin County adult populations, including adult males, older adults, and adults with low income, low education or US-born Blacks. Variation in diabetes rates across geographic areas is evident (ranging from 3.3% to 7.9%).

Compared to adults without diabetes, adults with diabetes have a significant higher rate of chronic health conditions, including obesity, hypertension, high cholesterol and heart disease or stroke. Every nine out of ten (92%) diabetic adults have one or more of these four co-morbidities. All of these chronic health conditions are attributed greatly by modifiable lifestyle behaviors. Yet, many diabetic adults do not do well in managing these risk factors: 66% are not having five servings of fruits or veggie a day; 26% are engaging in no leisure time physical activity at all; 63% are not getting regular physical activity; and 13 % are still smoking cigarettes.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all county adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within this factor is statically significant. A set of four asterisks (****) indicates the difference in rates of the indicator between Hennepin County and the state of Minnesota is statistically significant. The level of statistical significance was determined at $p < 0.05$.

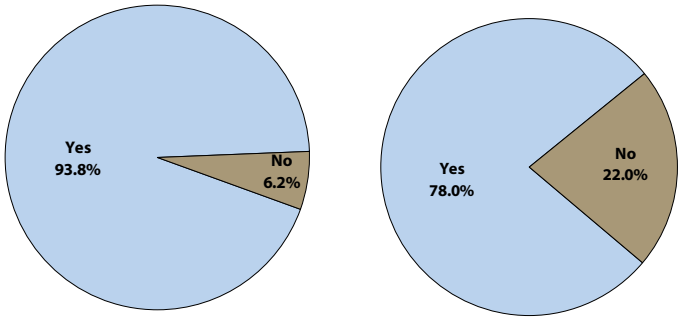
Indicator: Adults with Diabetes

Diabetes status



SHAPE 2010

Diabetes care during the past 12 months - among adults with diabetes

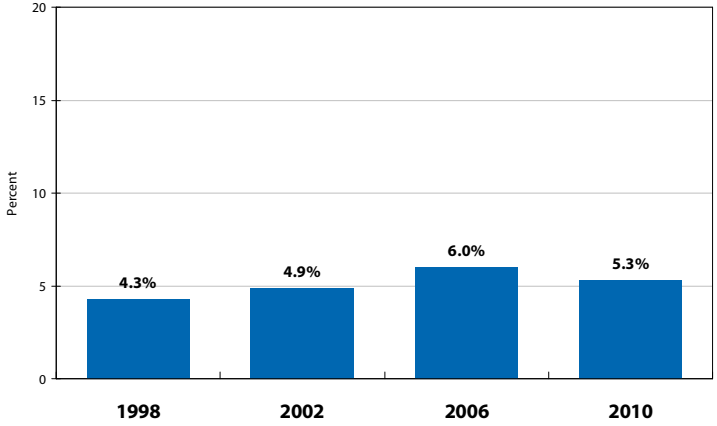


Have seen a health care provider for diabetic care

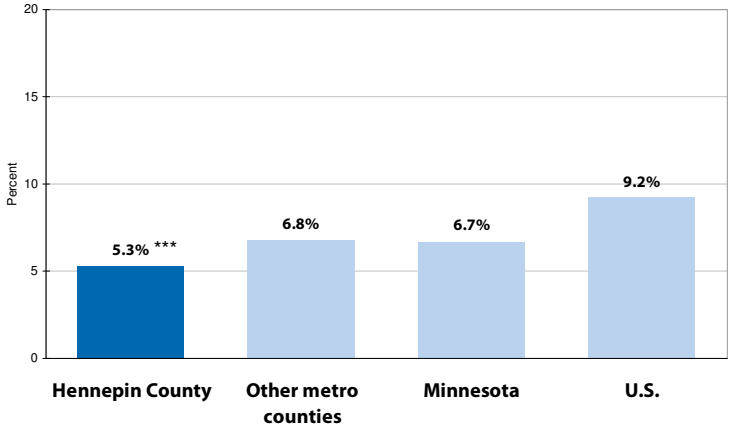
Had a dilated eye exam

SHAPE 2010

Adults with diabetes Time trend 1998-2010



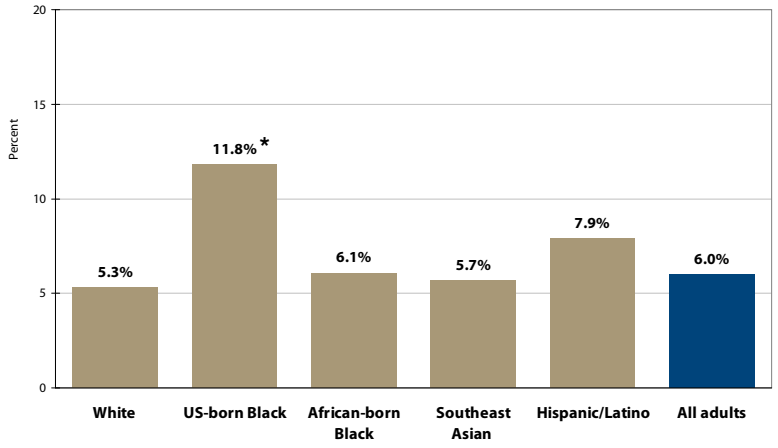
Adults with diabetes in 2010 How does Hennepin County compare?



See technical notes for information on data sources and chart notations.

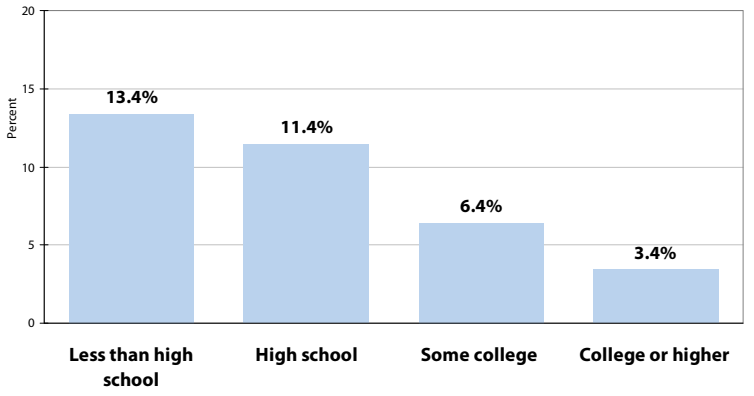
Indicator: Adults with Diabetes

Adults with diabetes by race and ethnicity



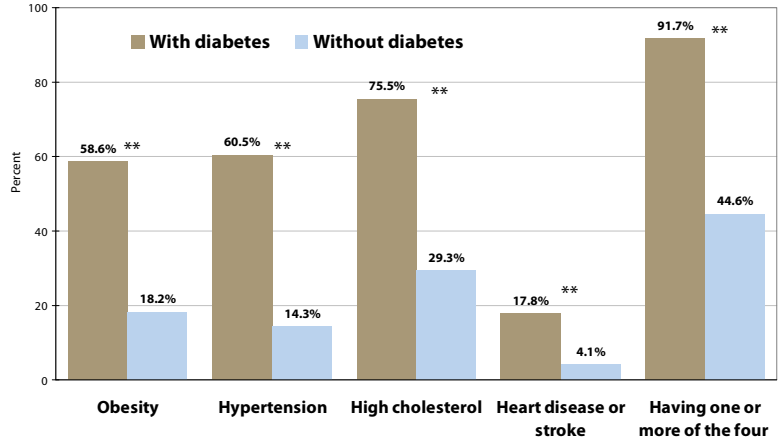
SHAPE 2006

Adults with diabetes by education**



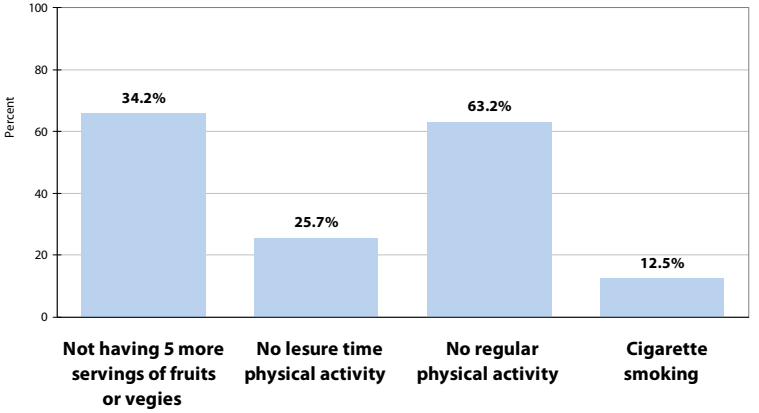
SHAPE 2010

Selected chronic health conditions by diabetes status



SHAPE 2010

Lifestyle characteristics among adults with diabetes

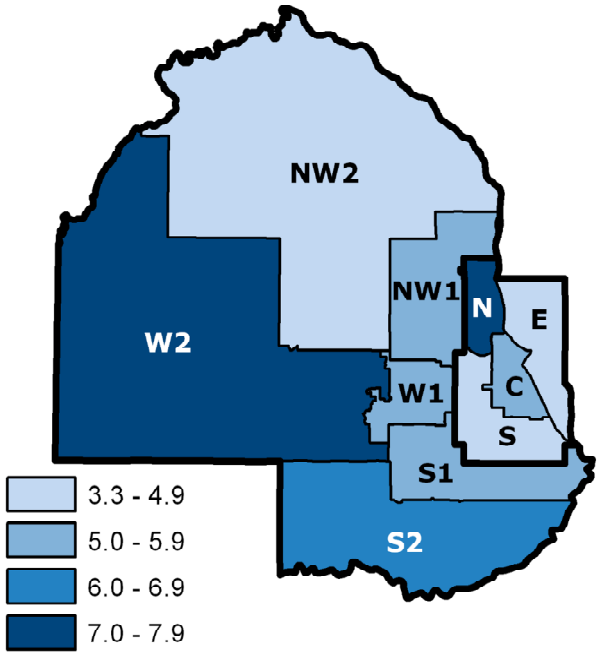


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults with Diabetes

Adults with diabetes by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: Adults with Disability

Overview

Why Is This Indicator Important?

One in five American's have a disability. People with disabilities experienced great health disparities. Public health efforts can affect the health and well-being of people with disabilities.

How Are We Doing?

- In 2010, 20 % Hennepin County adults have a disability.
- Disabilities disproportionately affect older adults, adults with low income low education and racial ethnical minorities.
- Disability is associated with significantly higher rates of poor overall health status, and poor mental health.
- Disability is also associated with significantly higher rates of chronic health conditions, and significant higher rates of risk behaviors.
- Adults with disability have less access to dental care, and are less likely to receive some of the recommended preventive cares, and more likely to have unmet health care needs.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent C.I.
All Hennepin County adults		**20.2%** ± 1.3
Age (years)	18-44*	**13.7%** ± 1.9
	45-54	**24.5%** ± 3.4
	55-64*	**24.5%** ± 3.1
	65-74 *	**32.7%** ± 4.2
	75 and older *	**41.6%** ± 4.0
Gender	Male	**19.4%** ± 2.3
	Female	**20.9%** ± 1.5
Household income	<200% federal poverty level	**35.0%** ± 3.6
	≥200% federal poverty level*	**16.1%** ± 1.4
Geographic region	Minneapolis	**22.1%** ± 2.1
	Northwest suburbs	**17.1%** ± 2.6
	West suburbs	**19.9%** ± 3.7
	South suburbs *	**21.6%** ± 3.2

21.6%

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: The *disability* status is defined if a person answered "yes" to the question *"Are you limited in any way in any activities because of physical, mental or emotional problem?"* Two other indicators are briefly reported. They are *work limitation* defined as having difficulty in getting, keeping or working at job or business due to any impairment or health problem; and *functional limitation*, defined as needing help from another person with personal care needs (or ADL, activity of daily living) or needing help from another person in handling routine needs (or IADL, instrumental activity of daily living) due to any impairment or health problem. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator report is *SHAPE 2010 – Adults Survey.* Data sources used for "How does Hennepin County Compare" includes *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: An individual can get disabling impairment or chronic condition at any point in life. An impairment or condition does not define individuals, their health or their talents and abilities. Yet, people with disability experienced great health disparities. Public health efforts, from the individual to the community, and to the nation, can have profound effect on the health and wellbeing of people with disabilities.

In 2010, one in every five (20%) Hennepin County adults of all ages have a disability. The rate increases considerably as age increases, affecting 32 % older adults (age 55 & older) and 42 % of older seniors (age 75 & older). Work limitations affect 8.3 % of adults. The functional limitations affect 5.4 % of adults higher than the rate for the State.

Health disparities: Having a disability disproportionately affects many Hennepin County adult populations, including adults with low income and/or low education. Functional limitations among US-born Blacks (12%) and Southeast Asian (12%) is twice times the rate among Whites (5.3%). Large variation in the rate of disability across geographic areas is also observed.

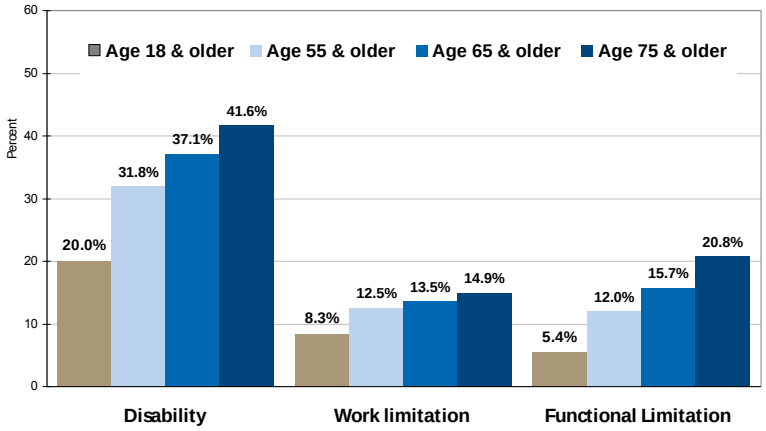
Compared to adults without disabilities, adults with a disability have a significantly higher rate of poor or fair health status, poor mental health including frequent mental distress, psychological distress and depression. Most (70%) adults with disability have a chronic health condition that is largely attributed to lifestyle risk behaviors, such as obesity, diabetes, hypertension, high cholesterol, and heart disease or stroke. Yet, risk behaviors among adults with disabilities are more prevalent than among adults without disabilities.

Adults with disability are less likely to have dental coverage, more likely to have unmet care needs than adults without disability. Compared to adults without disability, adults with disability reported a significantly higher rate of having complete physical exam with last years, and having blood cholesterol checked with the past 5 years. However, they reported a significant lower rate of dental visit within past year, and lower rates of recommended breast and cervical cancer screenings.

Notes on the charts and tables: An asterisk (*****) indicates the difference in rates of the indicator between the particular subgroup and all county adults is statistically significant. A set of double asterisks (******) indicates the difference in rates of the indicator across subgroups within the factor is statically significant. A set of four asterisks (********) indicates the difference in rates of the indicator between county and the state of Minnesota is statistically significant. The level of statistical significance was determined at $p < 0.05$.

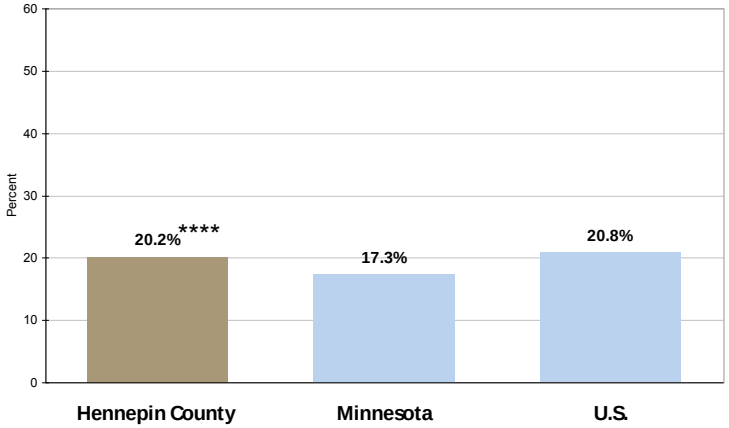
Indicator: Adults with Disability

Adults with disability or limitation by age

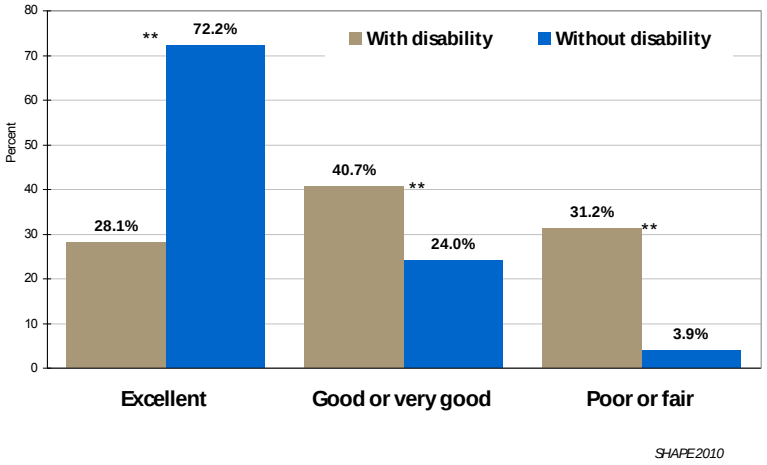


SHAPE 2010

Adults with disability in 2010
How does Hennepin County compare?

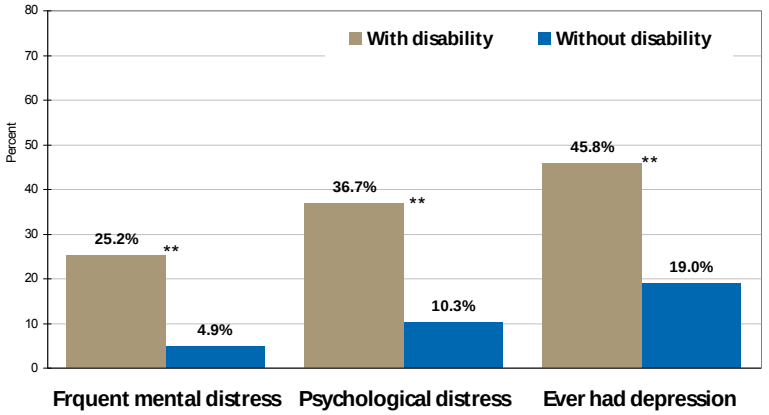


Self rated health by disability status



SHAPE 2010

Mental health by disability status

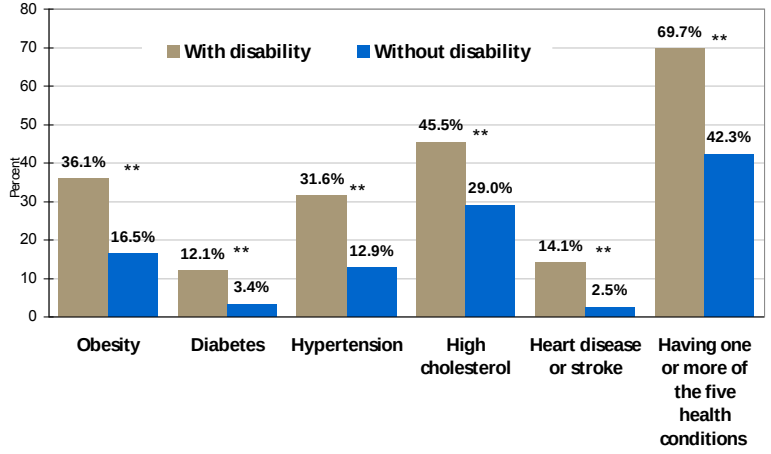


SHAPE 2010

See technical notes for information on data sources and chart

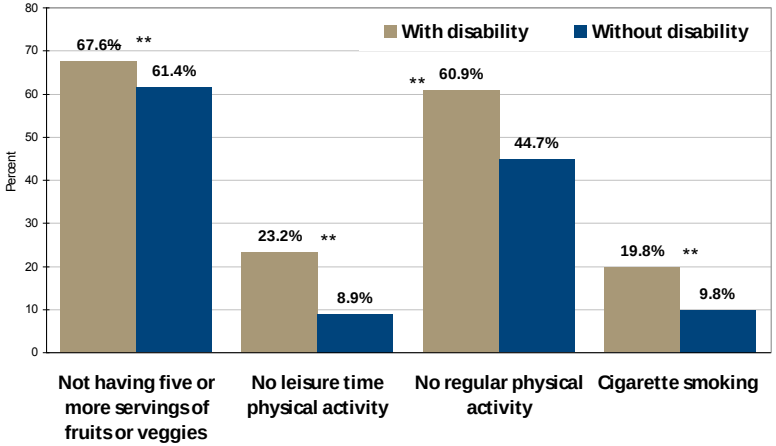
Indicator: Adults with Disability

Selected chronic health conditions by disability status



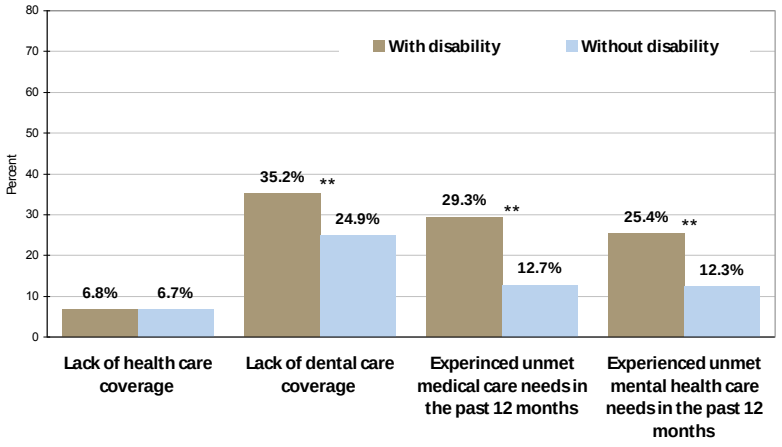
SHAPE 2010

Lifestyle characteristics by disability status



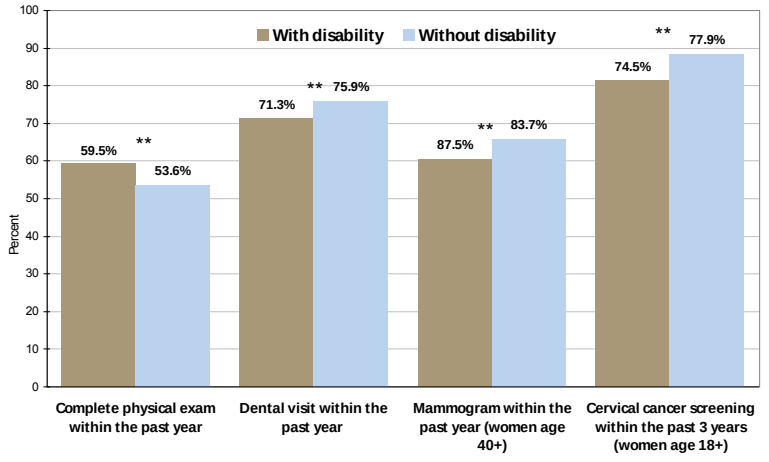
SHAPE 2010

Health care access and unmet health care needs by disability status



SHAPE 2010

Preventive care by disability status



SHAPE 2010

See technical notes for information on data sources and chart

Indicator: Adults with disability

Adults with disability by geographic areas**

Map will be available soon.
Rate variation across geographic areas:
15% to 28%

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart

Indicator: Adults Who Have Had Heart Disease or a Stroke

Overview

Why Is This Indicator Important?

Heart disease and stroke are the first and third leading causes of death in the US. They are among the most widespread and costly health problems facing the nation today. Fortunately, they are also among the most preventable.

How Are We Doing?

- In 2010, 4.9 % of Hennepin County adults reported having had heart disease or a stroke.
- Older adults, males, adults with low income, low education claimed a disproportionately higher burden of the diseases.
- The public health challenge in controlling and preventing heart disease and stroke is enormous. The prevalence of leading modifiable risk factors is startling high among adults who have had heart disease or a stroke, as well as among as adults in general.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 and older		**4.9%**	± 0.7
Age (years)	18-24	**0.0%**	± 0.0
	25-44 *	**1.2%**	± 0.9
	45-54	**4.5%**	± 2.4
	55-64 *	**6.7%**	± 1.8
	65 and older *	**19.1%**	± 2.4
Gender	Male	**6.2%**	± 1.3
	Female	**3.8%**	± 0.6
Household income	<200% federal poverty level *	**6.4%**	± 1.3
	≥200% federal poverty level *	**4.3%**	± 0.8
Geographic region	Minneapolis	**4.7%**	± 0.9
	Northwest suburbs	**4.6%**	± 1.4
	West suburbs	**4.7%**	± 2.0
	South suburbs	**5.9%**	± 2.0

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: All survey respondents were asked *"Have you ever been told by a doctor or other health care professional that you had... [mark that all apply] a. Heart attack, also called myocardial infarction? b. Angina or coronary heart disease? c. Stroke? d. None of Above?"* The rate of heart disease or stroke includes any of the three listed conditions. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator report is *SHAPE 2010 – Adults Survey.* Previous SHAPE surveys also gathered data on heart disease and stroke, but the survey questions were constructed differently from what were used in *SHAPE 2010.* Therefore, the trend data is not reported.

Importance of this indicator: Heart disease and stroke are the first and third leading causes of death in the US. The are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billon in health care expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable. The leading modifiable risk factors for heart disease and stroke include hypertension, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity and overweight and obesity.

In 2010, 4.9 % of Hennepin County adults have had heart disease or a stroke. Specially, 2.3 % reported having had heart attack, 2.8 % having had angina and 1.3 % having had a stroke. Please note that the rate of heart disease or stroke reported here is measured by self-reported survey data, may underestimate the true rate. The rate only includes non-institutionalized survivals of heart diseases or stroke who answered the survey. The rate does not include heart diseases or strokes that resulted in a death, or resulted in a disability at a level either institutionalized the individual or prohibited the individual from answering the survey.

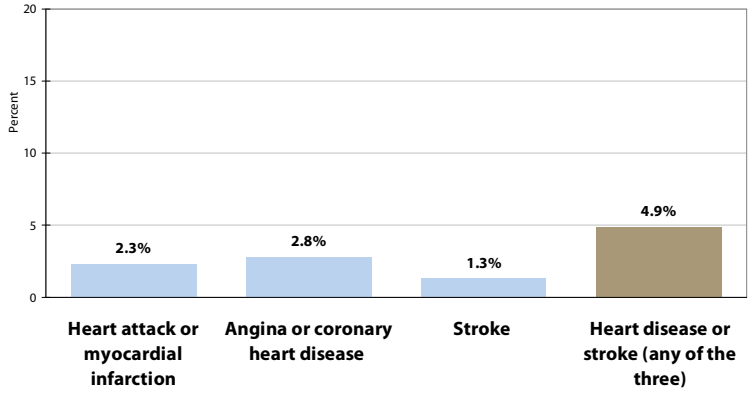
Health disparities: The burden of heart disease and stroke is not equally distributed across the population in Hennepin County. The rates increase sustainably as age increases, affecting19 % of seniors aged 65 and older. The rate among adult males is twice the rate among adult females. The rate among adults with less than high school education is four times the rate among adults with college or higher education. Low income adults reported a significantly higher rate than higher income adults. Geographic variation in heart disease or stroke rates is evident (ranging from 3.0% to 6.4%).

The prevalence of leading modifiable risk factors (described above) among adults having had heart disease or stroke is startlingly high: 74 % have high cholesterol; 73 % are overweight or obese; 65 % have hypertension; and almost everyone (99%) has at least one of the seven leading modifiable risk factors. Efforts to control these risk factors are of critical importance in preventing any recurrence of heart disease and stroke. Examining the leading modifiable risk factors among the county's all adult population, it was found that 87 % of them have at least one of the seven leading risk factors. The public health challenge to prevent and reduce the burden of heart disease and stroke is enormous.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. The level of statistical significance was determined at $p < 0.05$.

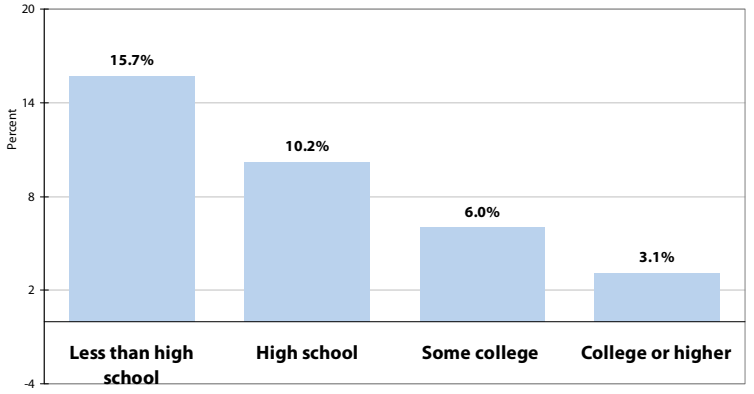
Indicator: Adults Who Have Had Heart Disease or a Stroke

Adults who have had heart disease or a stroke



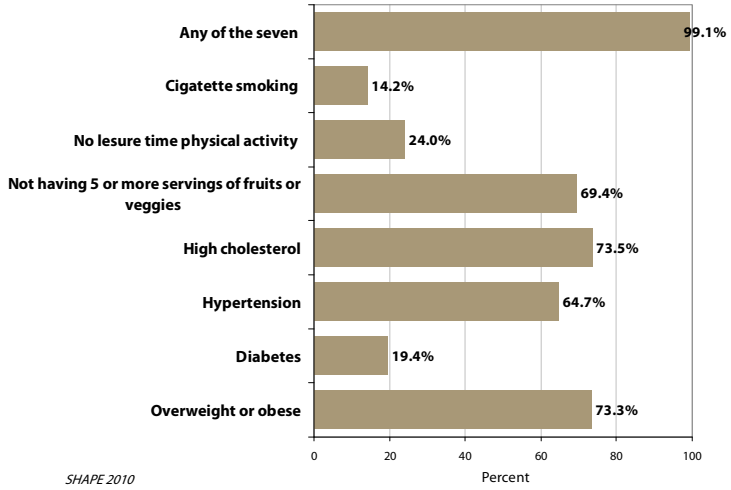
SHAPE 2010

Adults who have had heart disease or a stroke by education **



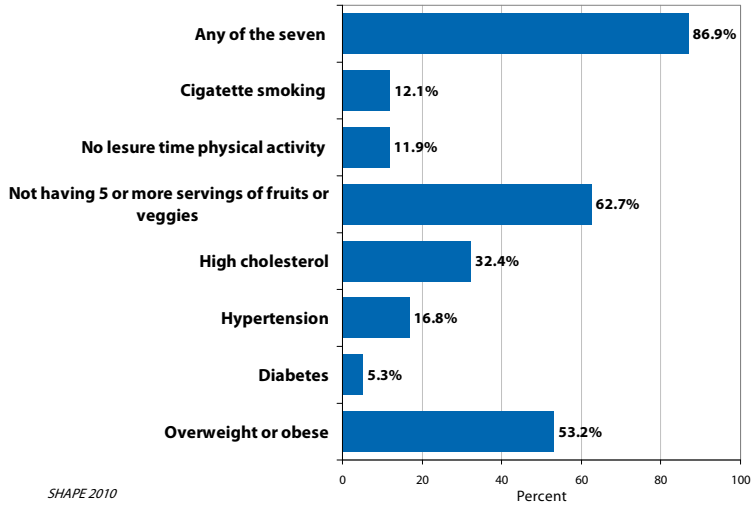
SHAPE 2010

Modifiable risk factors for heart disease or stroke among adults have had heart disease or a stroke



SHAPE 2010

Adults with modifiable risk factors for heart disease or stroke



SHAPE 2010

See technical notes for information on data sources and chart notations.

Adults who have had heart disease or stroke by geographic areas**

Map is available soon
Rate variation: 3.0% to 7.4%

Minneapolis

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

Suburban Hennepin

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

Indicator: Adults with High Cholesterol

Overview

Why Is This Indicator Important?

High cholesterol is one of the leading risk factor for heart disease and stroke, the1st and 3rd leading causes of death in US.

How Are We Doing?

- In 2010, 32% Hennepin County adults have high cholesterol. This rate represents a 106% increase from the rate a decade ago.
- The rate increases substantially as age increases. The rate also increases substantially as weight increases.
- High cholesterol disproportionately affect adult males, adults with high school education, with disability or functional limitation.
- Over half (56%) of adults with high cholesterol also have other chronic health conditions, such as diabetes, hypertension, and heart disease or stroke. All these conditions are attributed largely by the modifiable lifestyle behaviors. Yet, many adults with high cholesterol are not making the needed lifestyle changes.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults		**32.4%**	± 1.6
Age (years)	18-24*	**6.3%**	± 6.5
	25-44*	**20.7%**	± 2.5
	45-54	**41.3%**	± 3.9
	55-64 *	**54.2%**	± 3.7
	65 and older *	**59.3%**	± 2.9
Gender	Male	**35.9%**	± 2.8
	Female	**29.4%**	± 1.7
Household income	<200% federal poverty level	**28.2%**	± 3.3
	≥200% federal poverty level	**33.1%**	± 1.9
Geographic region	Minneapolis	**25.1%**	± 2.1
	Northwest suburbs	**34.8%**	± 3.4
	West suburbs	**37.1%**	± 4.5
	South suburbs	**38.1%**	± 3.7

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: High cholesterol is defined if a respondent said *Yes* to survey question *"Have you ever been told by a doctor or other health care professional that your blood cholesterol is high"* Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey are* used to monitor this indicator over time. Data from *SHAPE 2006* is used to report rate by race and ethnicity as *SHAPE 2010* does not have enough sample to do so. The chart on "How does Hennepin County compare?" is not presented due the lack of recent state and national data.

Importance of this indicator: Cardiovascular diseases, mostly heart disease and stroke, are among the leading causes of deaths and now kill more than 8000,00 adults in the US each year. Top two leading risk factors for heart disease and or stroke are hypertension and high cholesterol. Both are common, deadly and largely controllable and preventable. The prevention and management of high cholesterol are major public health priorities.

Health disparities: In 2010, one-third (32.4%) of Hennepin County adults have high cholesterol. This rate represents a 106 % increase from the rate a decade ago where the rate was 15.7 %. The rate is also found increasing substantially as age increases, affecting 53 % of seniors aged 65 and older.

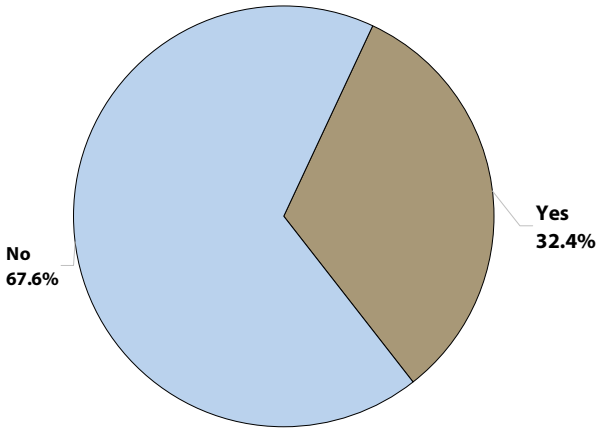
High blood cholesterol disproportionally affects many Hennepin County adult populations, including older adults, adult males, adults with high school education, with a disability or functional limitation. The rate of high cholesterol increases as weight gets heavier, affecting more than half (52%) obese adults. Geographic variation in hypertension rates is also evident (ranging from 22% to 44%). However, there is no statistically significant difference in rates between low income adults and county all adults. Adults of new immigrant minorities, including Southeast Asians, African-born Blacks, or Hispanics or Latinos, reported significantly lower rates of high cholesterol than the rate for county all adults.

Compared to adults without high cholesterol, adults with high cholesterol have much higher rates of obesity, diabetes, hypertension, and heart disease or stroke. Over half (56%) of adults with high cholesterol have at least one of these four chronic co-morbidities. All of these are attributed greatly by the modifiable lifestyle behaviors. Taking action in lifestyle changes, especially in diet and physical activity, is of critical importance in managing high cholesterol. Yet, many adults with high cholesterol are not taking on these actions: 69 % are not getting five servings of fruits or veggies a day; 15 % are engaging in no leisure time physical activity at all; 57 % are not getting regular physical activity; and 10 % are still smoking cigarettes.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin county adults is statistically significant. A set of double asterisks (**) indicate the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. The level of statistical significance was determined at $p < 0.05$.

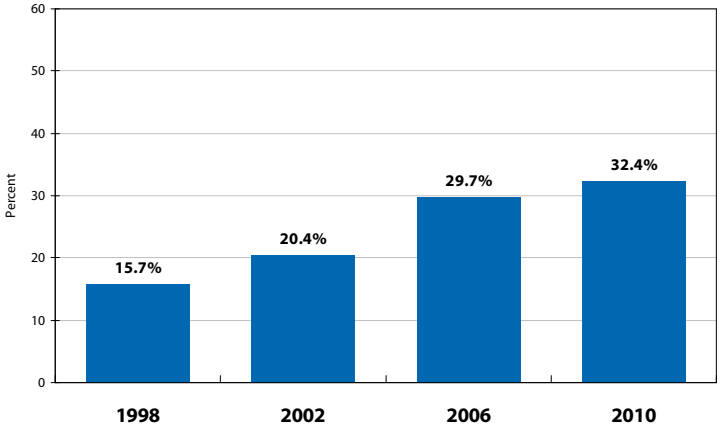
Indicator: Adults with High Cholesterol

High cholesterol status

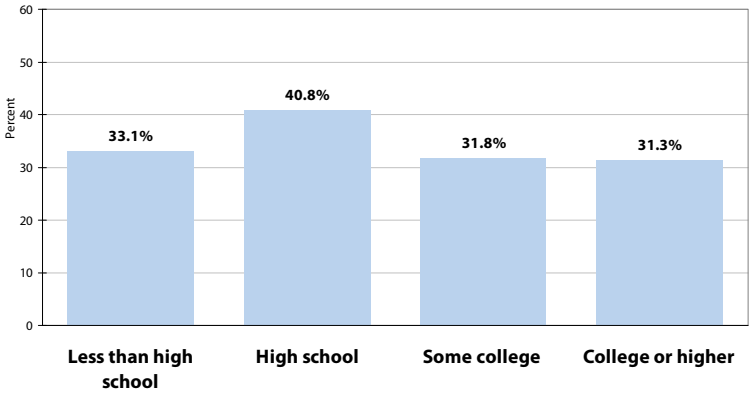


SHAPE 2010

Adults with high cholesterol
Time trend 1998-2010

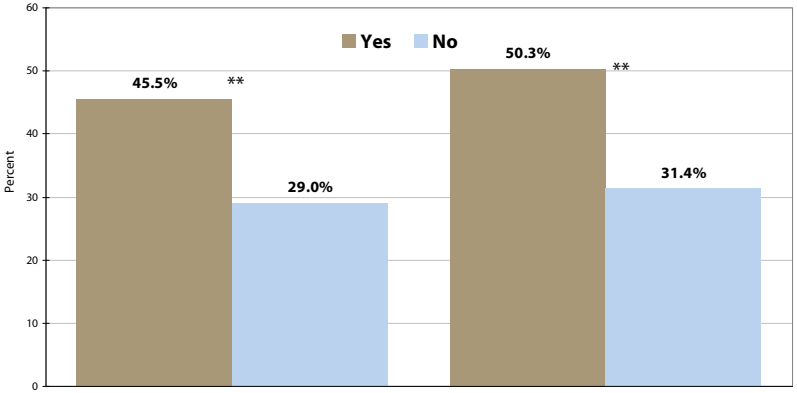


Adults with high cholesterol by education**



SHAPE 2010

Adults with high cholesterol by disability and functional limitation status

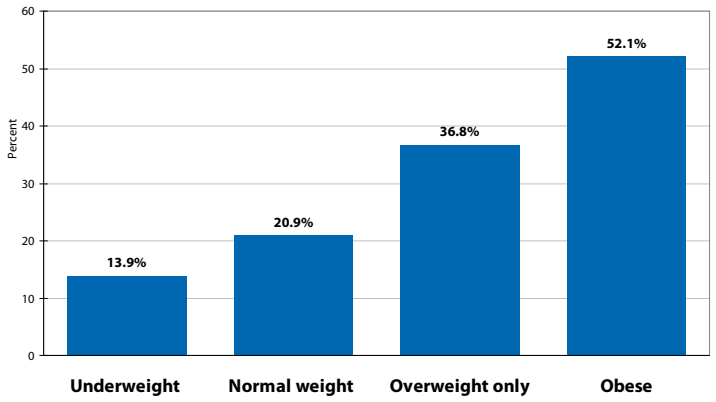


SHAPE 2010

See technical notes for information on data sources and chart notations.

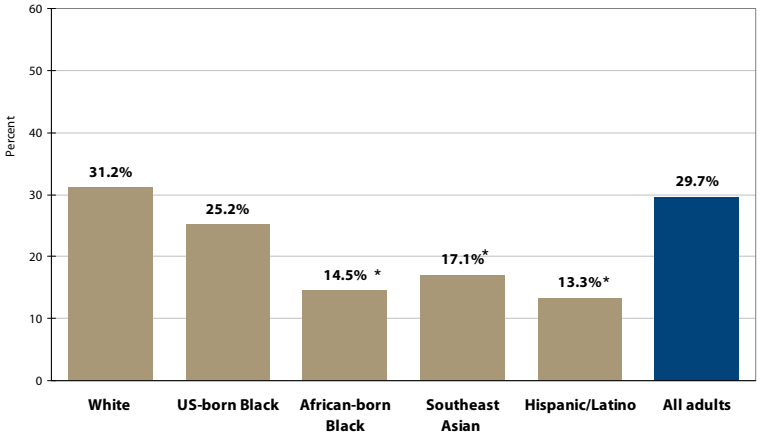
Indicator: Adults with High Cholesterol

Adults with high cholesterol by weight status **



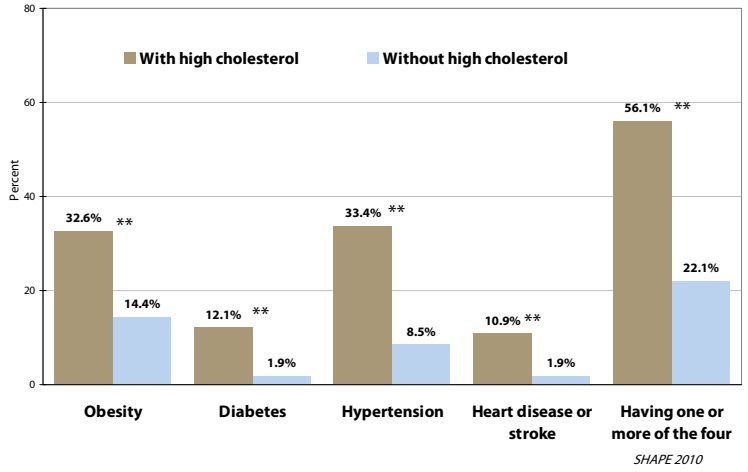
SHAPE 2010

Adults with high cholesterol by race and ethnicity



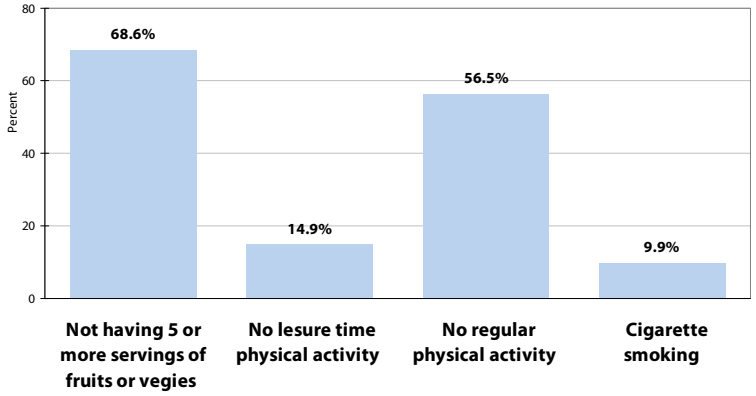
SHAPE 2006

Adults with selected chronic health conditions by high cholesterol status



SHAPE 2010

Lifestyle characteristics among adults with high cholesterol



SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults with High Cholesterol

Adults with high cholesterol by geographic areas**

Map will be available soon.
Rate variation across geographic areas: 22% to 42%.

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart notations.

Indicator: Adults with Hypertension

Overview

Why Is This Indicator Important?

Hypertension, or high blood pressure, increases the risk for heart disease and stroke, and contributes to one out of every seven deaths in the US.

How Are We Doing?

- In 2010, 17% Hennepin County adults has hypertension. The rates increase substantially as age increases, affecting 53% seniors (age ≥65).
- Hypertension disproportionately affects adults with low income, low education, US-born Blacks, adults with a disability or those experiencing frequent mental distress.
- Most (80%) adults with hypertension also have one or more other chronic co-morbidities, such as obesity, diabetes, high blood cholesterol, and heart disease or stroke. All these conditions are attributed largely by modifiable lifestyle behaviors.
- Many adults with hypertension have not been taking actions towards healthy lifestyle changes which are of critical importance in control of the condition.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults		**16.8%**	± 1..1
Age (years)	18-24*	**3.2%**	± 5.5
	25-44*	**4.7%**	± 1.3
	45-54	**18.3%**	± 3.3
	55-64 *	**31.4%**	± 3.4
	65 and older *	**52.8%**	± 2.9
Gender	Male	**17.0%**	± 2.0
	Female	**16.6%**	± 1.3
Household income	<200% federal poverty level	**20.1%**	± 2.5
	≥200% federal poverty level	**15.3%**	± 1.3
Geographic region	Minneapolis	**14.6%**	± 1.5
	Northwest suburbs	**17.6%**	± 2.5
	West suburbs	**16.9%**	± 3.2
	South suburbs	**19.4%**	± 2.8

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Technical Notes

Definition of indicator: All survey respondents were asked *"Have you ever been told by a doctor or other health care professional that you have hypertension, also called high blood pressure?"* The response categories include *Yes; Yes, but only during pregnancy; Borderline high or pre-hypertension;* and *No.* The hypertension rate excludes those who have gestational and borderline hypertension only. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this indicator report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey are* used to monitor the indicator over time. Data from *SHAPE 2006* is used to report rate by race and ethnicity as *SHAPE 2010* does not have enough sample to do so. Data sources used for the chart "How does Hennepin County compare" include *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2009 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from *2009 BRFSS* participating states. .

Importance of this indicator: Hypertension, or high blood pressure, a modifiable risk factor for cardiovascular disease, affects 30% of US adults. Every year, hypertension contributes to one out every seven deaths and nearly half of all cardiovascular related deaths in US. The direct and indirect cost of hypertension in the U.S. is estimated to be more than 93.5 billion per year. The prevention and management of hypertension are major public health challenges.

In 2010, 17% of Hennepin County adults have hypertension, another 8.6% have pre-hypertension only and 1.2 % have had gestational hypertension only. The hypertension rate increases substantially as age increases, affecting 53% of seniors aged 65 and older. There was a significant decrease in hypertension rates between 2006 (21%) and 2010 (17%). However, the 2010 rate is statistically the same with the rates in 1998 and 2002. Also, the county 2010 rate (17%) compares favorably to the rates for their counterparts in other 6-metro counties (22%), in the State (22%) and in the nation (39%).

Health disparities: Hypertension disproportionally affects many Hennepin County adult populations, including adults with low income, low education, with a disability, or those experiencing frequent mental distress. Adults of new immigrant minorities, including Southeast Asians, African-born Blacks, Hispanics or Latinos, have a hypertension rate that is significantly lower than the rate for county all adults. However, the rate among US-born Blacks (33%) is significantly higher than the rate for county all adults (21%). Geographic variation in hypertension rates is also evident (ranging from 11% to 22%).

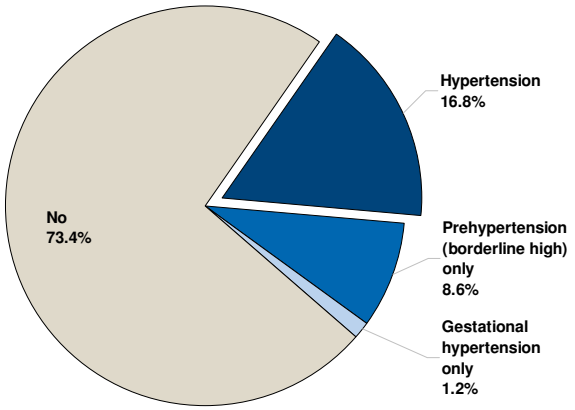
Hypertension is associated with increased chronic health conditions, such ash obesity, diabetes, high cholesterol and heart disease or stroke. These rates among hypertensive adults are significantly higher than the rates among non-hypertensive adults. Most (80%) of hypertensive adults have at least of these four chronic co-morbidities, all of which are attributed greatly by the modifiable lifestyle behaviors.

Taking action in lifestyle changes is of critical importance in hypertension control. Yet, many adults with hypertension have not been taking actions towards making such changes: 68% are not eating five servings of fruits or veggies a day; 21% are engaging in no leisure time physical activity; 57% are not getting enough physical activity; 10% are smoking cigarettes; and 26% are consuming alcohol excessively.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and all Hennepin County all adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between Hennepin County and other metro-counties, or the state, or the nation is statistically significant. The level of statistical significance was determined at $p < 0.05$.

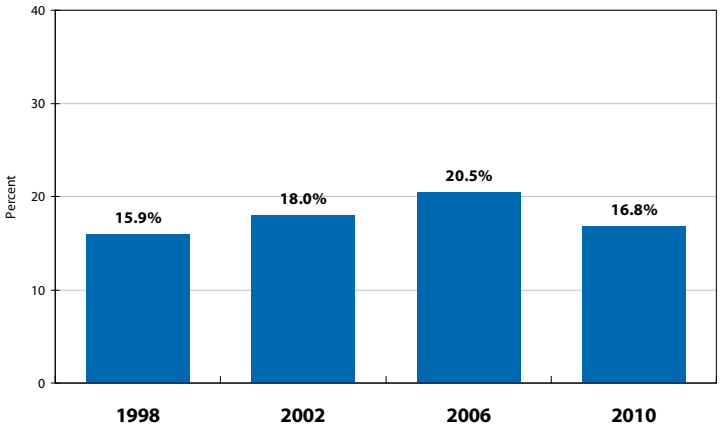
Indicator: Adults with Hypertension

Adults with hypertension

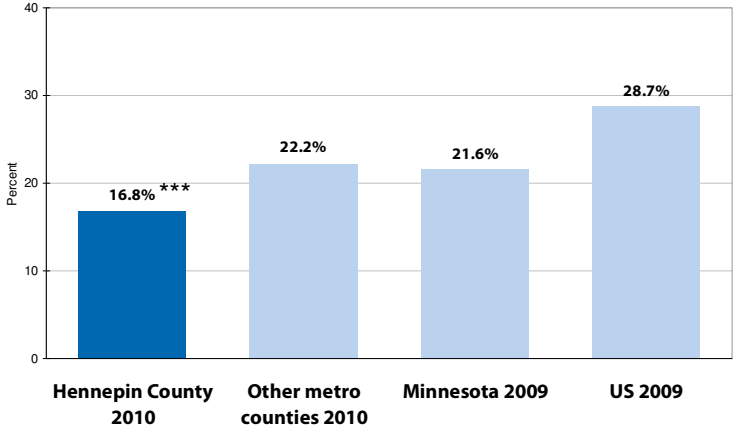


SHAPE 2010

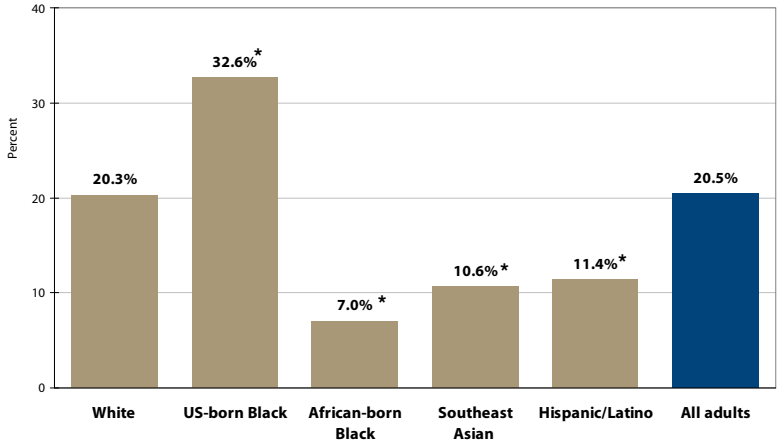
Adults with hypertension
Time trend 1998-2010



Adults with hypertension in 2010
How does Hennepin County compare?



Adults with hypertension by race and ethnicity

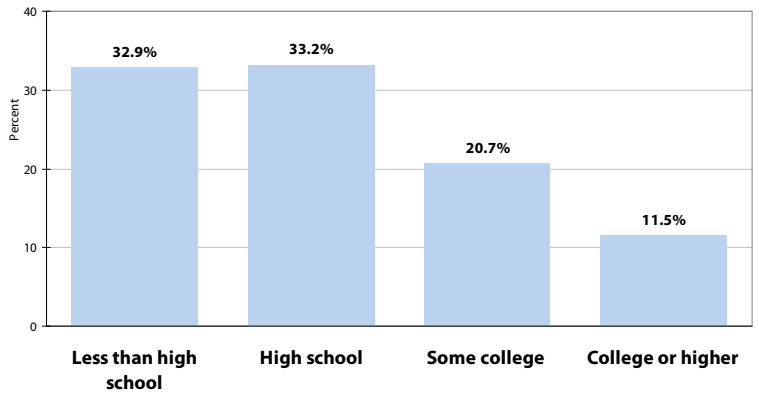


SHAPE 2006

See technical notes for information on data sources and chart notations.

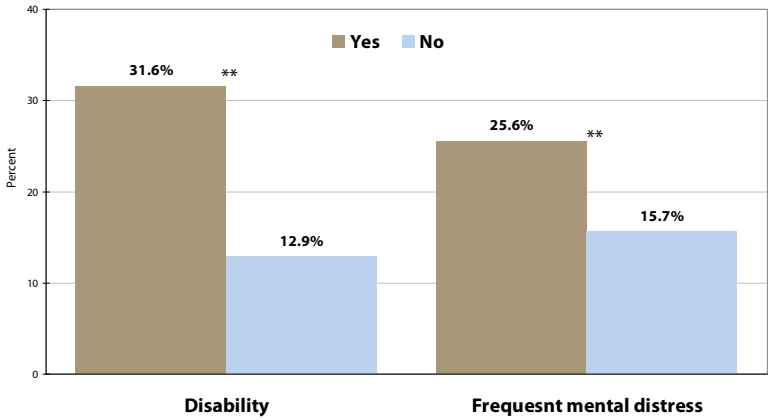
Indicator: Adults with Hypertension

Adults with hypertension by education**



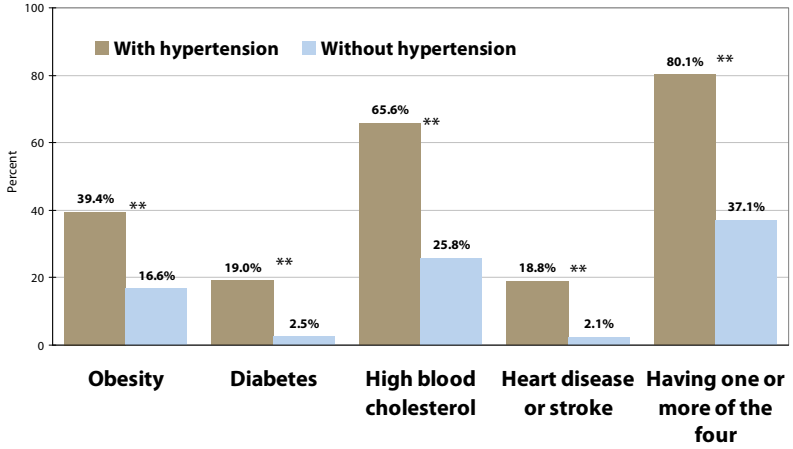
SHAPE 2010

Adults with hypertension by disability and frequent mental distress



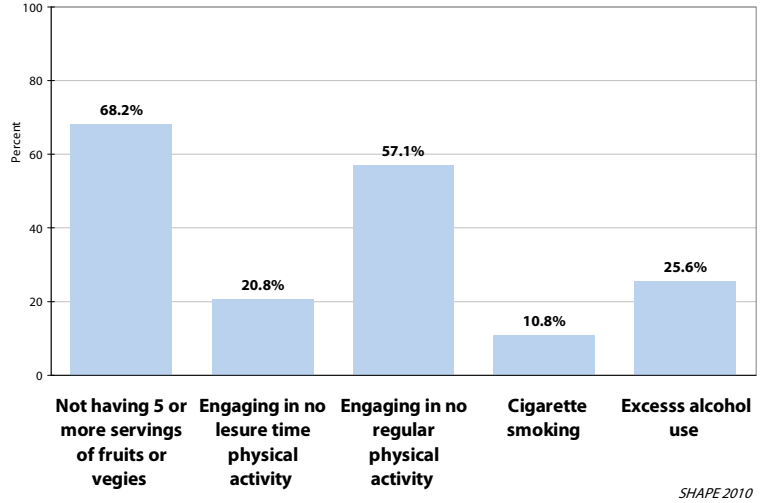
SHAPE 2010

Adults with selected chronic health conditions by hypertension status



SHAPE 2010

Lifestyle characteristics among adults with hypertension

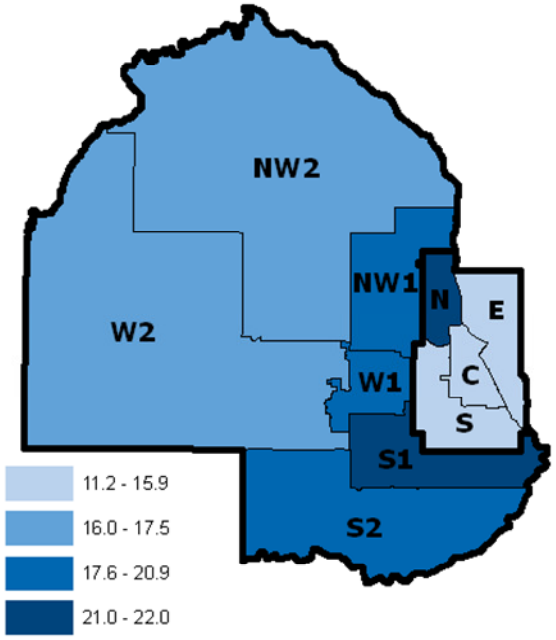


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults with Hypertension

Adults with hypertension by geographic areas**



Minneapolis

N	Near-North, Camden
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C	Central, Phillips, Powderhorn
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Suburban Hennepin

NW1	Northwest Inner Ring Suburbs
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S1	South Inner Ring Suburbs
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W2	West Outer Ring Suburbs
S2	South Outer Ring Suburbs

See technical notes for information on data sources and chart notations.

Indicator: *Children are in Excellent or Very good overall health*

Overview

Why Is This Indicator Important?

While most Hennepin County children are doing very well, some groups within the county are significantly less likely to be in *excellent* or *very good overall health*. This measure helps identify and locate potential health disparities among children within our county.

How Are We Doing?

- Most Hennepin County parents report that their child aged 0 to 17 years old is in *excellent* or *very good overall health* (88.4%).
- Children from *low income households* were significantly less likely to have *excellent* or *very good overall health* as compared to the rate for *all Hennepin County children* aged 0 to 17 years old (78.2% compared to 88.4%).

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**88.4%**	± 2.0
Age Groups	0 – 2 years	**94.2%**	± 3.7
	3 – 5 years	**92.3%**	± 4.7
	6 – 9 years	**88.8%**	± 4.5
	10 – 13 years	**86.2%**	± 5.0
	14 – 17 years	**83.0%**	± 5.3
Gender	Male	**88.6%**	± 2.4
	Female	**88.2%**	± 3.2
Geographic Location	Minneapolis	**85.4%**	± 4.0
	Suburban Areas	**89.8%**	± 2.4
Household Income**	Low income*	**78.2%**	± 4.9
	Not low income	**92.8%**	± 2.0
Grade Level	Pre-K / Kindergarten	**93.1%**	± 4.0
	Grades 1 - 3	**88.0%**	± 5.8
	Grades 4 - 6	**90.2%**	± 5.3
	Grades 7 – 12	**82.9%**	± 4.5

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old *who are currently in Excellent or Very Good overall health*.

Data source: The data on children's overall health are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about all children aged 0 to 17: "How would you describe the health of your child … *Excellent*, *Very good*, *Good*, *Fair* or *Poor*?" The Hennepin County rates are also compared to the most recent data available for all Minnesota children and US children nation-wide. These rates are provided by the *National Survey of Children's Health* (*NSCH-2007*).

Importance of this indicator: Overall health status is a commonly asked question in many health surveys. As a broad and all-encompassing measure of health and well-being, it is intended to give a "snap-shot" of the child's current status, taking into consideration a wide variety of factors. It is a "top-level" or "summary" indicator; other, more specific indicators provide detailed information on particular health conditions or factors that may influence a child's health.

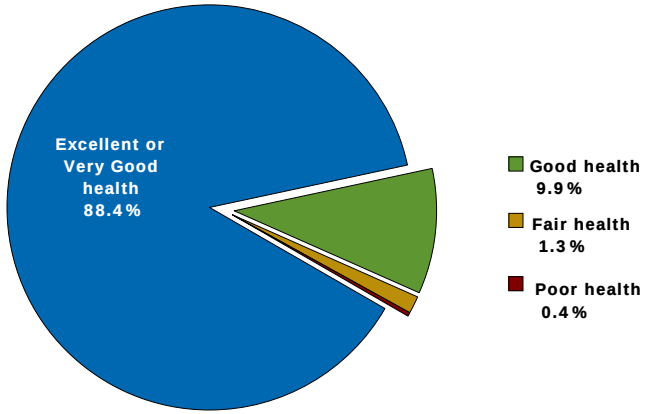
Health disparities: Children from *low income households* are statistically significantly less likely to enjoy *excellent* or *very good overall health* when compared to *all Hennepin County children* (statistical significance was determined at $p < 0.05$). Additionally, children from *low income households* are significantly less likely to enjoy *excellent overall health* when compared to children who are not from low income households. There are statistically significant differences among the rates reported for Hennepin County, Minnesota, and US children; nation-wide, US children are significantly less likely to enjoy *excellent* or *very good health* when compared to all Hennepin County children and all Minnesota children. However, there were no statistically significant differences detected for Hennepin County children compared to all Minnesota children in terms of their *overall health*, or for *low income* Hennepin County children compared to *low income* children state-wide in Minnesota.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

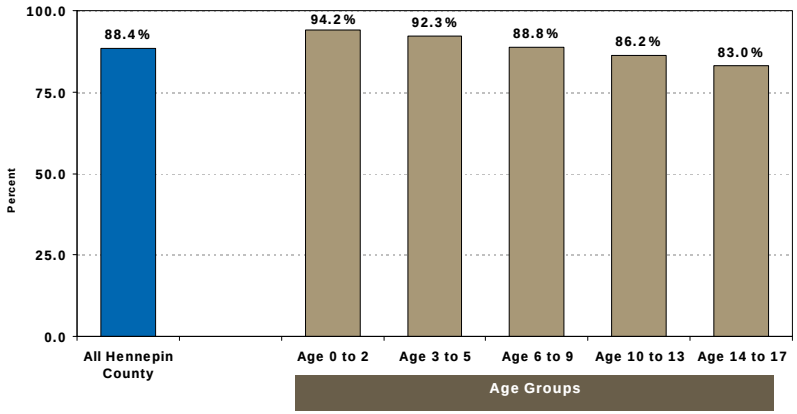
Indicator: *Children are in Excellent or Very good overall health*

How would you describe your child's health?
Children Aged 0 to 17



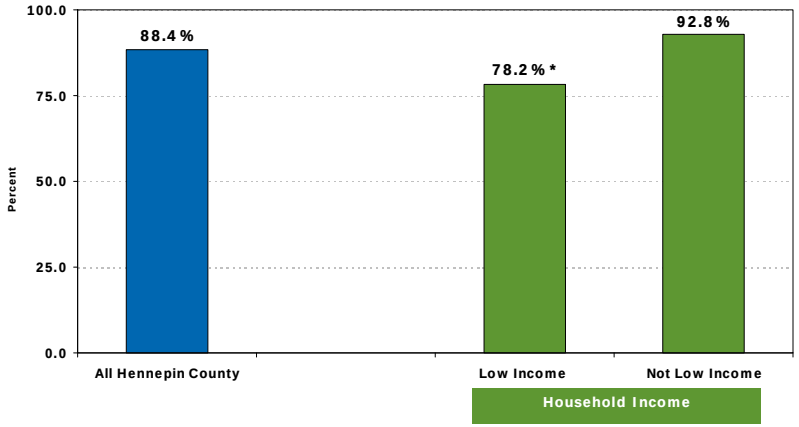
SHAPE 2010

Excellent or *Very good* overall health by Age of Child



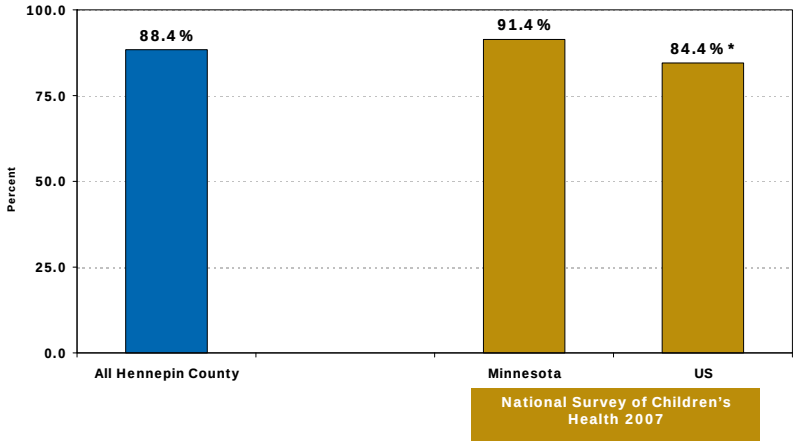
SHAPE 2010

Excellent or *Very good* overall health by Household Income Level



SHAPE 2010

Excellent or *Very good* overall health Compared to rates for MN and US



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child currently has a Serious Health Condition*

Overview

Why Is This Indicator Important?

Some Hennepin County children currently have serious physical, behavioral, or developmental conditions that may require on-going medical treatment, care or support. When these conditions *last 12 months or longer*, they are considered serious "chronic conditions." For some children, these conditions may *limit their usual activities* at home or at school.

How Are We Doing?

- One in ten Hennepin County children aged 0 to 17 currently have a *serious health condition* (10.6%).
- Children from *low income households* are significantly more likely to have a *current health condition* as compared to the rate for *all Hennepin County children* aged 0 to 17 years old (18.3% compared to 10.6%).

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**10.6%**	± 1.8
Age Groups	0 – 2 years	**4.8%**	± 3.7
	3 – 5 years	**4.9%**	± 3.1
	6 – 9 years	**11.7%**	± 4.3
	10 – 13 years	**16.8%**	± 5.4
	14 – 17 years	**12.1%**	± 4.5
Gender	Male	**12.8%**	± 2.7
	Female	**8.3%**	± 2.6
Geographic Location	Minneapolis	**14.6%**	± 3.5
	Suburban Areas	**8.8%**	± 2.2
Household Income**	Low income*	**18.3%**	± 4.6
	Not low income	**7.3%**	± 1.9
Chronic conditions**	Expected to last 12 months or more	**8.4%**	± 1.7
	Limits usual childhood activities	**5.1%**	± 1.3

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old *who currently have any serious physical, behavioral or developmental conditions*.

Data source: The data on children with *serious health conditions* are drawn from the *SHAPE 2010 – Child Survey*. Parents were asked: "Does your child currently have any serious physical, behavioral or developmental conditions?" The response options included *yes*, *no* and *don't know*. Those who indicated that they *did not know* skipped the remaining questions in this area, and were not included in any of the rates reported for this indicator.

Special notes on Chronic conditions: Additional data on children with *serious health conditions* are available from the *SHAPE 2010 – Child Survey* and have been presented in the table above. Parents of all children aged 0 to 17 were asked: "Is the condition [serious physical, behavioral or developmental condition] expected to last 12 months or longer?" And, "Does the condition limit the child's abilities to do childhood activities usual for his/her age?" Parents of children aged 6 to 17 ("school-aged" children) were asked: "Does the child currently have any conditions that limit his/her ability to attend school regularly?" And, "Does the child currently have ant conditions that limit his/her ability to do regular homework?" For further information, please see the *SHAPE 2010 – Child Data Book*, available on-line.

Importance of this indicator: Some Hennepin County children currently have *serious physical, behavioral, or developmental conditions* that may require on-going medical treatment, care or support. This measure identifies differing, potential needs for support services among various groups of children within our county. When these conditions *last 12 months or longer* ("chronic conditions") or when the condition *limits the child's usual activities*, additional care or support services may be required.

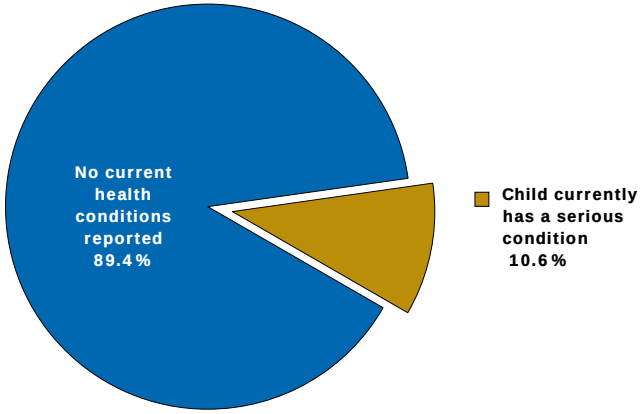
Health disparities: Children from *low income households* are statistically significantly more likely to have current, serious health conditions when compared to *all Hennepin County children* (statistical significance was determined at $p < 0.05$). Additionally, children from *low income households* are significantly more likely to have conditions *lasting for 12 months or longer*, and to have conditions that *limit their usual childhood activities* when compared to children who are not from low income households. It is important to note that these household income level differences can have an particular impact when/if the child's condition limits the parent's capacity to be employed, such as when the child's condition necessitates on-going care, constant supervision, or frequent trips for medical or other services.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly higher or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

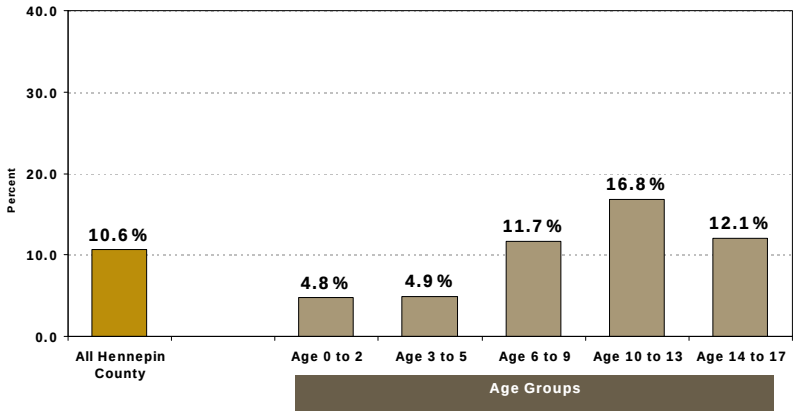
Indicator: *Child currently has a Serious Health Condition*

Child currently has a serious physical, behavioral or developmental condition



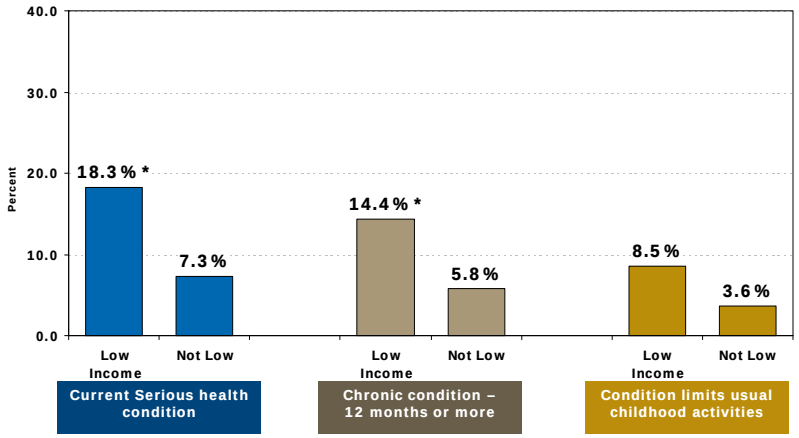
SHAPE 2010

Child currently has a serious health condition by Age of Child



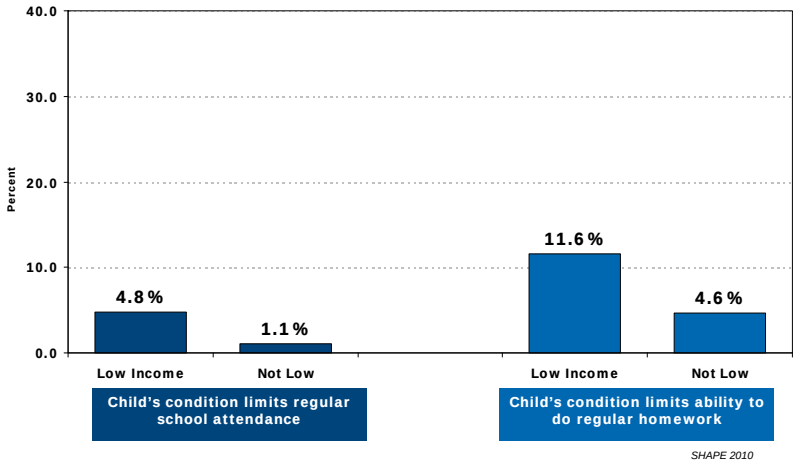
SHAPE 2010

Serious and Chronic Conditions by Household Income Level



SHAPE 2010

Conditions among school-aged children** by Household Income Level



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults aged 50+ who had a colorectal cancer screening within the past 10 years

Overview

Why Is This Indicator Important?
Colorectal cancer is the 2nd leading cause of cancer deaths for both men and women in US.

How Are We Doing?

- In 2010, 77% of county adults aged 50 and older received recommended colorectal cancer screening. The rate is better than state and national average and is a significant increase from the rate in 2006. However, one in every five county adults aged 50 and older has never been screened.
- The screening rates are significantly lower among adults with low income or low education, single or widowed adults, those having poor mental health or poor access to health care, and to Minneapolis residents compared to suburban residents.
- The screening rate is particularly low among racial and ethnic minorities and new immigrants including Africans, Southeast Asians and Hispanics or Latinos.

Data Source:
SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 50 and older		**77.1%**	± 2.0
Age (years)	50-54*	**64.0%**	± 5.3
	55-64	**80.0%**	± 2.8
	65-84*	**89.6%**	± 2.6
	75-84	**82.0%**	± 4.0
	85 and older	**69.3%**	± 7.0
Gender	Male	**78.9%**	± 3.5
	Female	**75.5%**	± 2.3
Household income	<200% federal poverty level	**67.7%**	± 4.4
	≥200% federal poverty level	**79.8%**	± 2.3
Geographic region	Minneapolis*	**70.3%**	± 3.2
	Northwest suburbs	**78.6%**	± 4.3
	West suburbs	**79.7%**	± 5.2
	South suburbs *	**80.8%**	± 4.0

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Indicator: Adults aged 50+ who had a colorectal cancer screening within the past 10 years

Technical Notes

Definition of indicator: *Colorectal cancer screening* is assessed with a survey question *"Sigmoidoscopy and colonoscopy are exams in which as tube is inserted in the rectum to view the colon for signs of cancer or other health problem. How long has it been since you had your last sigmoidoscopy and colonoscopy*?" Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from *SHAPE 2006 Adult Survey* is used to make comparison. Data sources used for the chart "*How does Hennepin County Compare*" includes *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: In both men and women, colorectal cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death. American Cancer Society estimates that there will be 141,210 new cases diagnosed in the United States in 2011 and 49,380 deaths due to this disease. The majority of these cancers and deaths could be prevented by increasing the use of established screening tests. Despite considerable improvements in increasing awareness of cancer screenings and great efforts in making screening tests available and accessible, still significant proportion of American adults did not get recommended cancer screenings.

In 2010, 77% Hennepin County adults aged 50 and older reported that they have had a sigmoidoscopy or colonoscopy within the past 10 years, the recommended screening schedule by American Cancer Society. What is encouraging is that colorectal cancer screening rate among Hennepin County adults is significantly higher than the rates for the states and the nation. Also, the rate for county adults in 2010 is a significant increase from the rate in 2006.

Health disparities: The encouraging news is 77% of adults aged 50 and old received recommended colorectal cancer screening, the rate is better than state and national average, and is improving. However, the challenges remain. One in every five adults aged 50 and older in Hennepin County has never been screened. The rate is significantly lower for adults who just recently reached age 50, and low among those with low income, low education, being single or widowed, and for residents in Minneapolis especially those in central Minneapolis. Adults with frequent mental distress, serious psychological distress reported a significantly lower screening rates than their peers who don't have the condition. Health access really matters in whether or not residents receive recommended screening: less than half of adults without health insurance, having no regular source care, having no regular place of care, received the recommended colorectal cancer screening while the rates among those who have these access are close to 80%.

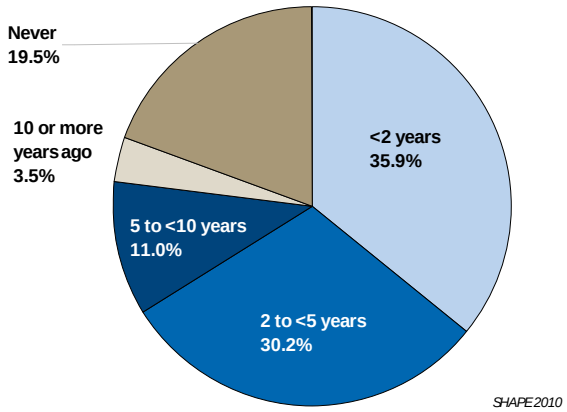
The screening rate is particularly low among racial and ethnic minorities and for new immigrant groups including Africans, Southeast Asians and Hispanics or Latinos.

Notes on the charts and tables: An asterisk (*****) indicates the difference in rates of the indicator between the particular subgroup and rate for overall rate for county adults is statistical significant. A set of double asterisks (******) indicate the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (*******) indicates the difference in rates of the indicator between Hennepin County group and the nation is statistically significant. A set of three asterisks (********) indicates the difference in rates of the indicator between Hennepin County and the Minnesota state is statistically significant. The level of statistical significance was determined at $p < 0.05$.

Indicator: Adults aged 50+ who had a colorectal cancer screening within the past 10

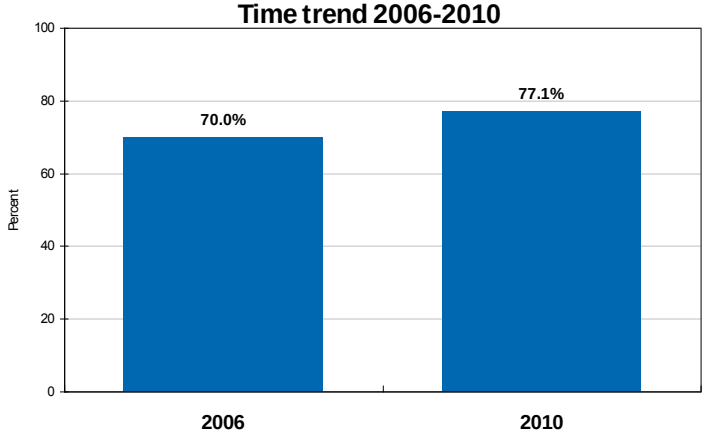
Colorectal cancer screening among adults aged 50+

Q. How long has it been since you had your last sigmoidoscopy or colonoscopy?

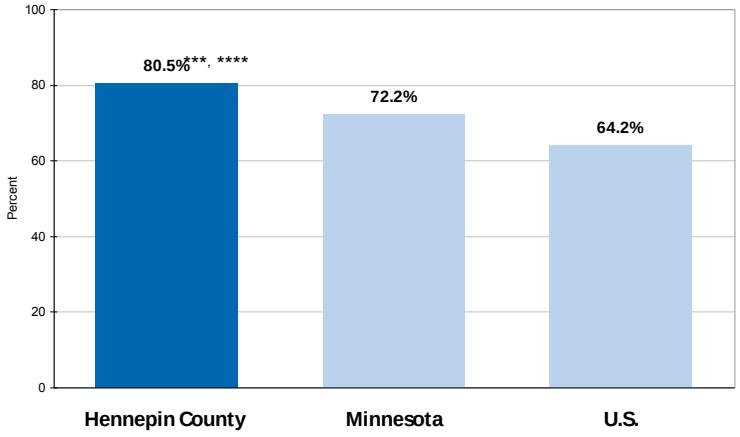


SHAPE 2010

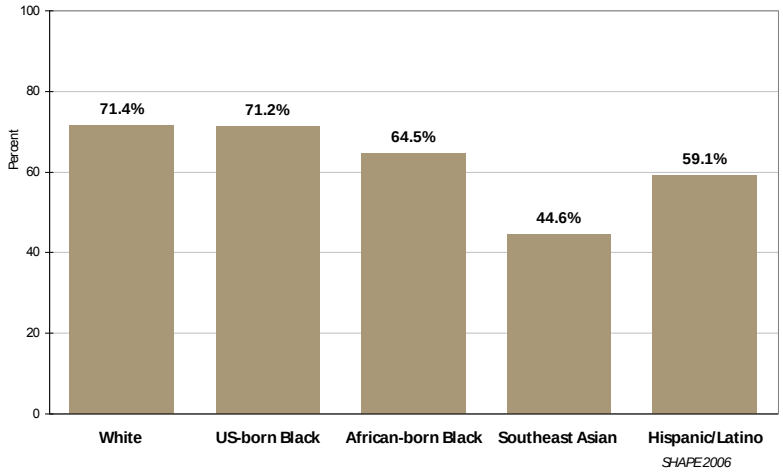
Adults aged 50+ who had a colorectal cancer screening within the past 10 years Time trend 2006-2010



Adults aged 50+ who have ever had a colorectal cancer screening in 2010 How does Hennepin County compare?



Adults aged 50+ who had a colorectal cancer screening within the past 10 years by race and ethnicity**

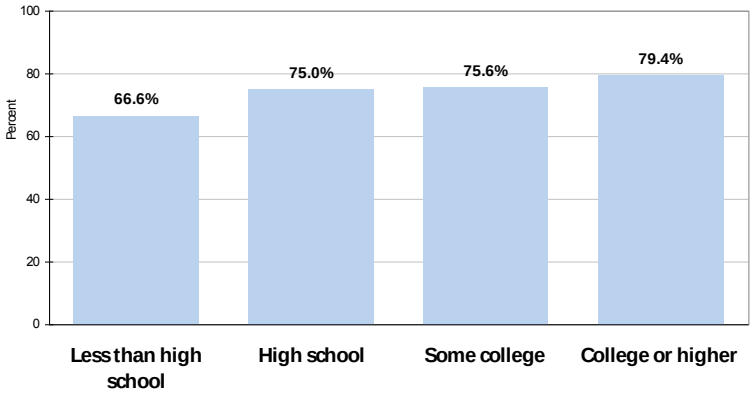


SHAPE 2006

See technical notes for information on data sources and chart

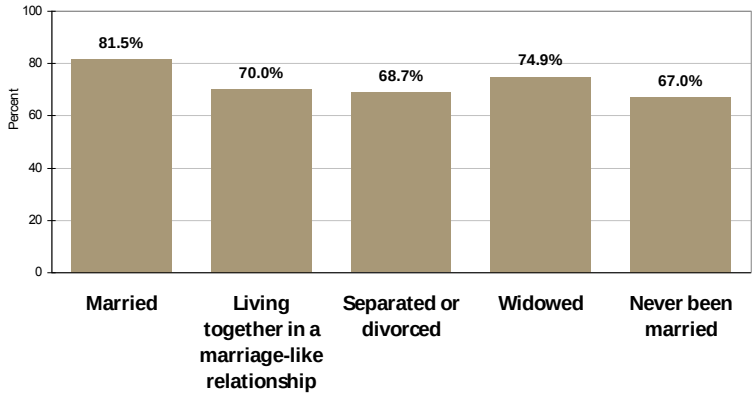
Indicator: Adults aged 50+ who had a colorectal cancer screening within the past 10 years

Adults aged 50+ who had a colorectal cancer screening within the past 10 years by education**



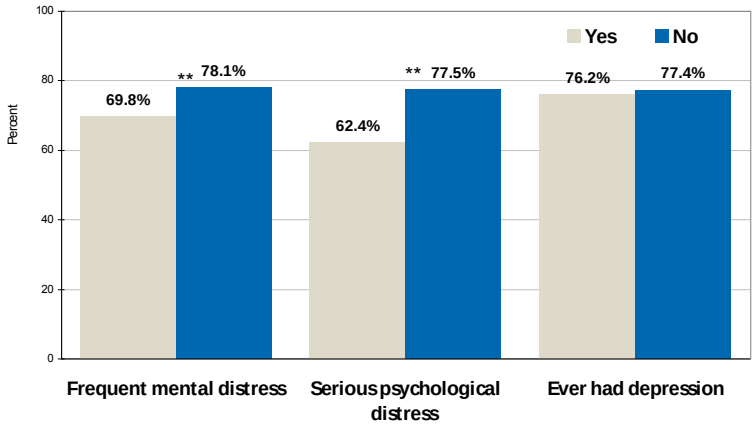
SHAPE 2010

Adults aged 50+ who had a colorectal cancer screening within the past 10 years by marital status**



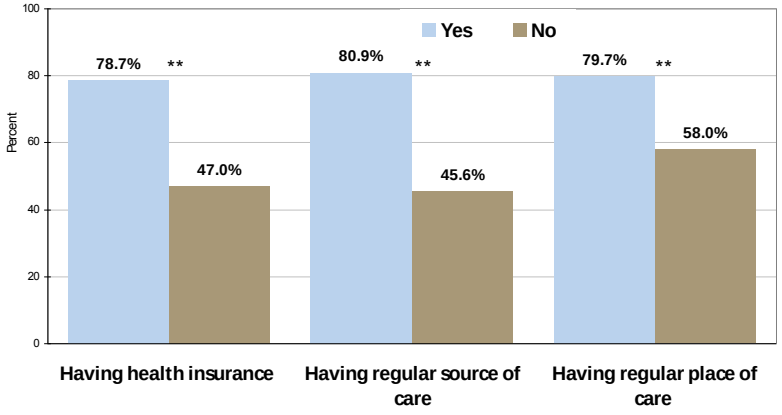
SHAPE 2010

Adults aged 50+ who had a colorectal cancer screening within the past 10 years by health access status



SHAPE 2010

Adults aged 50+ who had a colorectal cancer screening within the past 10 years by health access status



SHAPE 2010

See technical notes for information on data sources and chart

Indicator: Adults aged 50+ who had a colorectal cancer screening within the past 10 years

Adults aged 50+ who had a colorectal cancer screening within the past 10 years by geographic areas**

Map will be available soon.
Rate variation across geographic areas:
64.7% in central Minneapolis to 82.1% in NW suburb inner ring.

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart

Indicator: Women Aged 18+ Who Had a Cervical Cancer Screening Within the Past Three Years

Overview

Why Is This Indicator Important?

The pap test is one of the most reliable and effective cancer screening test available. It is highly recommended that all women receive pap test every three years after they begin having vaginal intercourse.

How Are We Doing?

- In 2010, the cervical cancer screening rate among Hennepin County women aged 18 and older is 87%. The rate is better than national average of 81%.
- Low screening rates are found among younger adult women, women with low income, less education, and those who are new immigrants or with a disability.
- The most significant factor associated with low screening rate is lack of health insurance.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County women aged 18 and older		**87.0%**	± 1.5
Age (years)	18-24*	**72.0%**	± 9.6
	25-44*	**93.1%**	± 1.9
	45-54	**90.3%**	± 2.9
	55-64*	**88.0%**	± 3.3
	65 and older*	**64.2%**	± 4.6
Gender	Male		
	Female	**87.0%**	± 1.5
Household income	<200% federal poverty level*	**77.1%**	± 4.3
	≥200% federal poverty level*	**90.7%**	± 1.5
Geographic region	Minneapolis*	**84.2%**	± 2.7
	Northwest suburbs	**88.0%**	± 3.3
	West suburbs	**89.4%**	± 3.9
	South suburbs *	**88.7%**	± 3.1

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Indicator: Women Aged 18+ Who Had a Cervical Cancer Screening Within the Past Three Years

Technical Notes

Definition of indicator: *Cervical cancer screening* is assessed with a survey question *"A Pap smear is a test for cancer of the cervix. About how long has it been since you had your last pap smear?*" The cervical cancer screening rate or pap test rate reported here excludes those who have had a hysterectomy. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous *SHAPE* surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey* are used to monitor this indicator over time. Data sources used for the chart "*How does Hennepin County Compare*" includes *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: Cervical cancer is unique because we know both its primary cause- persistent infection with human papiloma virus (HPV) and how to prevent it - HPV vaccination plus regular pap test with prompt treatment of detected abnormalities. Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline largely is the result of many women getting regular pap test. As a matter of fact, pap test is one of the most reliable and effective cancer screening test available. Still significant proportion of American adult women did not get recommended cervical cancer screenings.

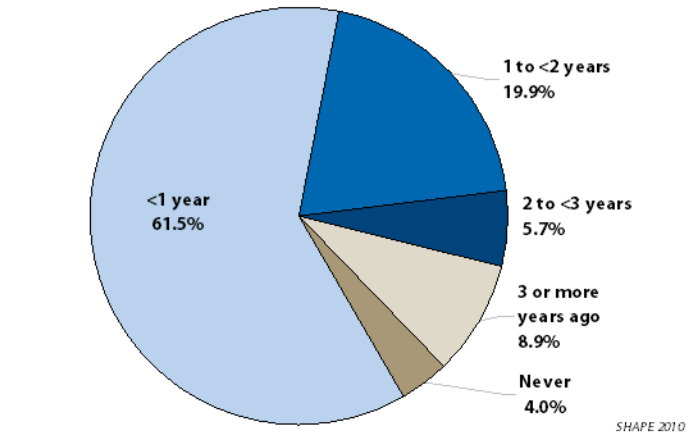
In 2010, 87% percent Hennepin County women aged 18 and older who had a pap test within the past three years. This County rate is comparable to the rate in the state (88%), and is better than the rate in the nation (81%). Based on SHAPE data, Hennepin County has achieved a high cervical cancer rate in 1998 and rate has not changed significantly since then. *Healthy People 2020* aims to increase cervical cancer screening among women aged 21 to 65 to 93% by 2020. The Hennepin County cervical cancer rate for women age 21 to 65 in 2010 is 91%, very close to this target.

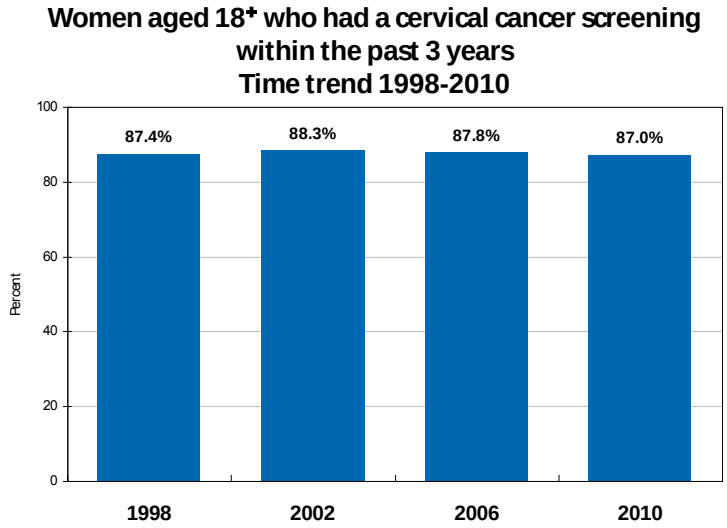
Health disparities: The overall cervical cancer screening rate in Hennepin County is very promising and very close to *Healthy People 2010* target. Still, 13% of county women did not get recommended cervical cancer screening. The screening rate is low among younger women, seniors, women with low income, less education, or having a disability or functional limitation. Immigrants, characterized as being foreign born, or speaking a foreign language at home, also have low screening rates. The factor that is most strongly associated with low cervical cancer screening rates is the lack of health insurance. Compared to adults who have health insurance, adults that lack coverage are close to 1.5 times less likely to have recommended screening. Similar statistics are seen for cervical cancer screening rates between adults who have regular source of care, regular place of care and adults who don't.

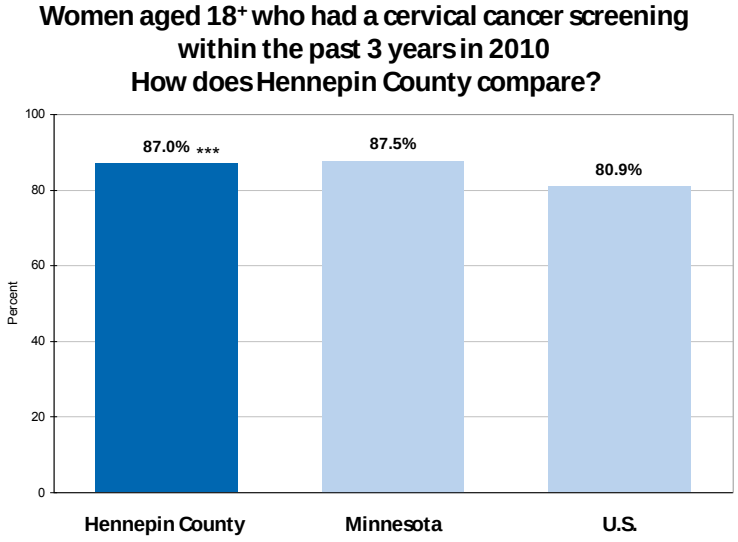
The cervical cancer screening rate by race and ethnicity among Hennepin County adults exhibits mixed news. The encouraging news is that screening rate among US-born Blacks is as high as the rate among Whites (93% vs. 84%, P>0.05). The rate among Hispanics/Latinos is significantly higher than the rate among Whites (96% vs. 84%, p<0.05). However, the rates among US-born women and Southeast are low (72% and 78% respectively).

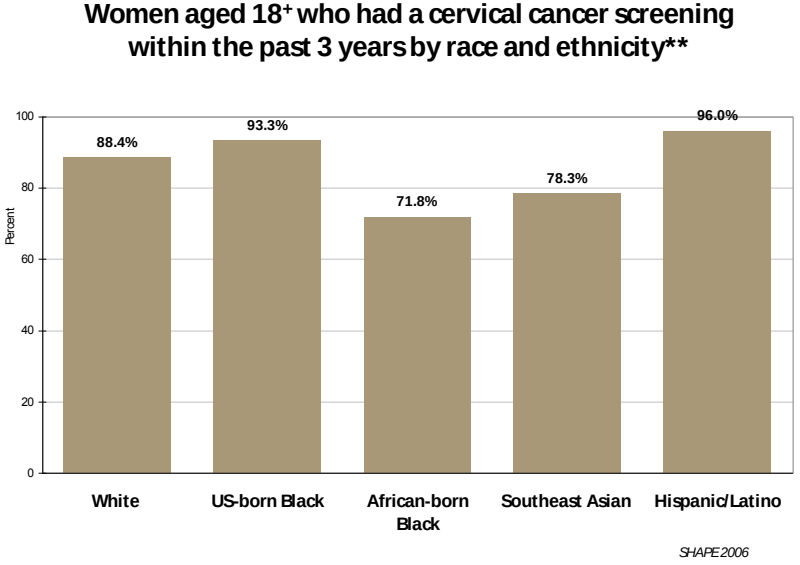
Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and rate for overall rate for county adults is statistical significant. A set of double asterisks (**) indicate the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between Hennepin County group and the nation is statistically significant. The level of statistical significance was determined at $p < 0.05$.

Indicator: Women Aged 18+ Who Had a Cervical Cancer Screening Within the Past Three Years



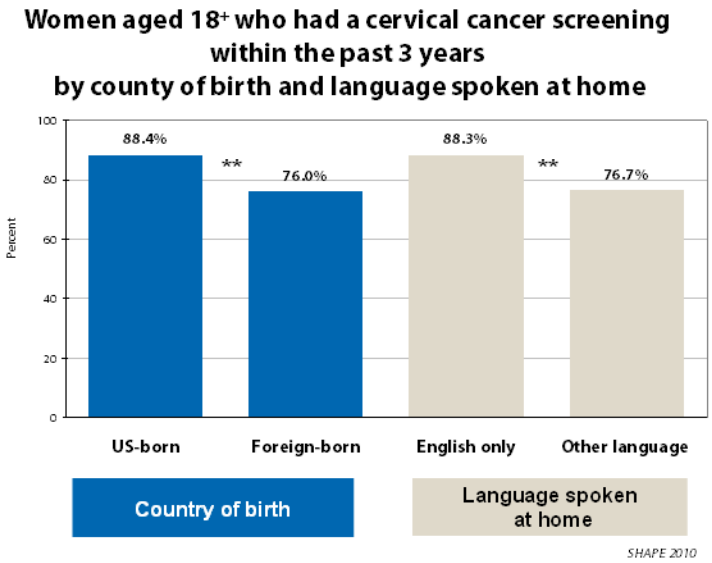


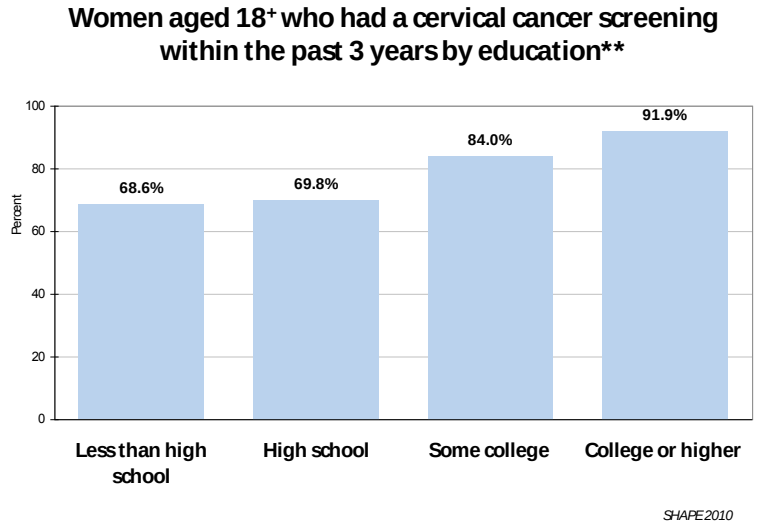


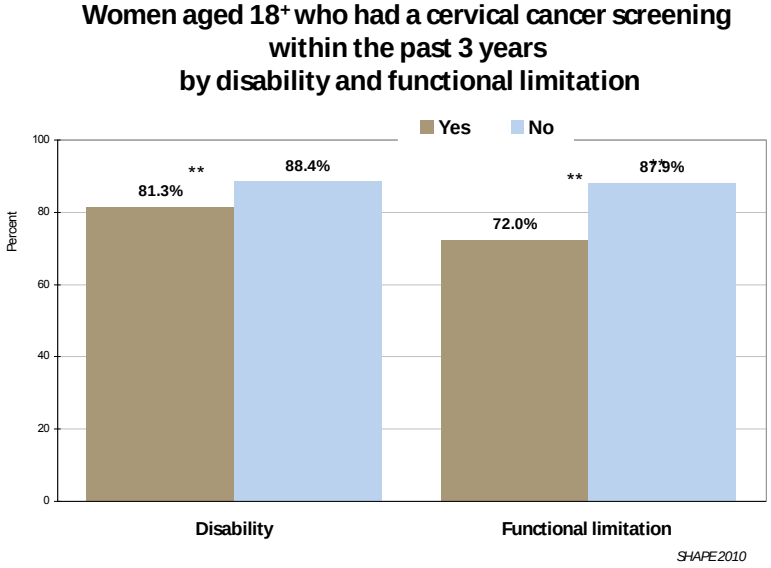


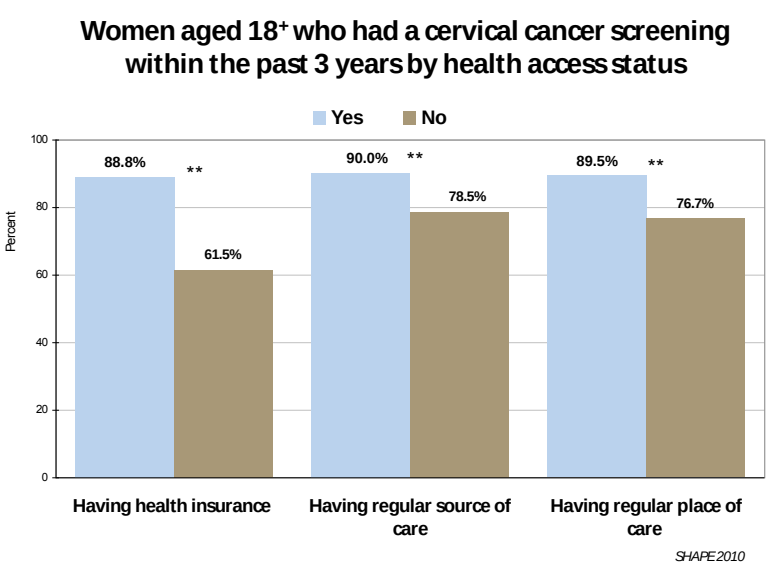
See technical notes for information on data sources and chart

Indicator: Women Aged 18+ Who Had a Cervical Cancer Screening Within the Past Three Years









See technical notes for information on data sources and chart

Indicator: Women Aged 18+ Who Had a Cervical Cancer Screening Within the Past Three Years

Women aged 18+ who had a cervical cancer screening within the past 3 years by geographic areas**

Map will be available soon.
Variations in rates across geographic area:
76.9% in north Minneapolis to
92.1% in west suburban outer ring.

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart

Indicator: Women Aged 40+ Who Had a Breast Cancer Screening Within the Past Year

Overview

Why Is This Indicator Important?

Breast cancer is the most common cancer in women, no matter your race or ethnicity. American Cancer Society recommends that women aged 40 and older should have a mammogram every year.

How Are We Doing?

- In 2010, the breast cancer screening rate among Hennepin County women aged 40 and older with the past year is 64%.
- Lower screening rates are found among younger adult women, women with low income, less education, residential instability, having potential language barrier, with poor mental health or having a disability.
- Considerably lower screening rate was reported by those having no health insurance or no regular source of care.

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County women aged 40 and older		**64.3%**	± 2.2
Age (years)	40-49*	**56.1%**	± 4.5
	50-59	**69.4%**	± 4.0
	60-69*	**75.6%**	± 4.3
	70-79*	**75.7%**	± 5.1
	80 and older*	**47.4%**	± 6.2
Gender	Male	*n/a*	
	Female	**64.3%**	± 2.2
Household income	<200% federal poverty level*	**51.5%**	± 5.0
	≥200% federal poverty level	**67.0%**	± 2.6
Geographic region	Minneapolis	**60.9%**	± 3.4
	Northwest suburbs	**64.5%**	± 4.4
	West suburbs	**68.5%**	± 6.4
	South suburbs	**64.6%**	± 4.6

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Indicator: Women Aged 40+ Who Had a Breast Cancer Screening Within the Past Year

Technical Notes

Definition of indicator: *Breast cancer screening* is assessed with a survey question *"A mammogram is an x-ray of each breast to look for breast cancer. About how long has it been since you had your last mammogram?*" The breast cancer screening rate is measured for women aged 40 or older who have had a mammogram with the past year. However, when the data was compared to state and nation, the rate is measured within the past two years for women aged 40 and older to align with state and national data reporting. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous *SHAPE* surveys, including *SHAPE 1998, SHAPE 2002* and *SHAPE 2006 Adult Survey* are used to monitor this indicator over time. Data sources used for the chart "*How does Hennepin County Compare*" includes *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and the median value from all *2010 BRFSS* participating states.

Importance of this indicator: Breast cancer is the most common cancer and second leading cause of cancer death in US women. It is estimated that in the year of 2011, there will be 230,480 new cases of invasive breast cancers and 39,520 breast cancer deaths in US. The widespread use of screening, along with treatment advances in recent years, has been credited with significant reduction in breast cancer mortality. American Cancer Society recommends that women aged 40 and older should have a mammogram every year.

In 2010, ***64%*** Hennepin County women aged 40 and older had a mammogram within the past year. The rate for those aged 40 and older with the past two years is 80%. This County rate (80%) is comparable to the rate in the state (81%), and is better than the rate in the nation (75%). However, the screening rate within the past year has not been changed since 1998, the first time this rate was benchmarked for County adults based on *SHAPE* survey in 1998.

Health disparities: In 2010, ***36%*** of county women did not get recommended annual mammogram. The screening rate is low among women aged 40-49(56%) or aged 80+(47%). Women with residential instability (i.e. moved 2 or more times within the past two years), having potential language barrier (i.e. spoken a non-English language at home), having poor mental health (i.e. experienced frequent mental distress or serious psychological distress) or having a disability or functional limitation, also reported a low rate of breast cancer screening. The factor that is most strongly associated with low screening rate is the lack of health insurance. The rate among women aged 40 and older who were lack of health insurance is 23%, a rate that is only a third of the rate among their counterparts who had health insurance (23% vs. 66%). Similar finding is found for the lack of regular source of care.

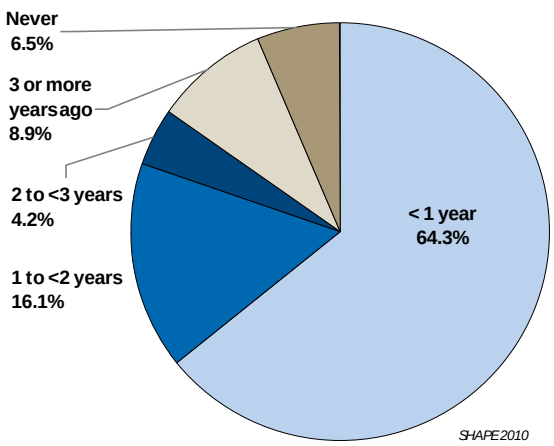
The breast cancer screening rate by race and ethnicity is not reported here as the rate is measured for women aged 40 and older and sample sizes for some racial and ethnic groups get too small to provide reliable data.

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and rate for overall rate for county adults is statistical significant. A set of double asterisks (**) indicate the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between Hennepin County group and the nation is statistically significant. The level of statistical significance was determined at $p < 0.05$.

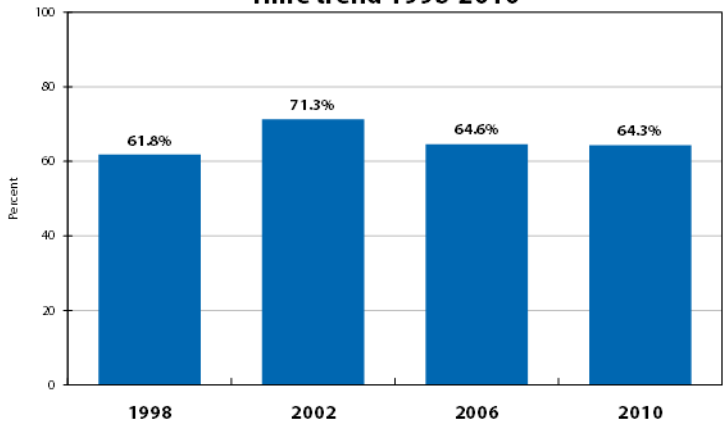
Indicator: Women Aged 40+ Who Had a Breast Cancer Screening Within the Past Year

Breast cancer screening among women aged 40 and older

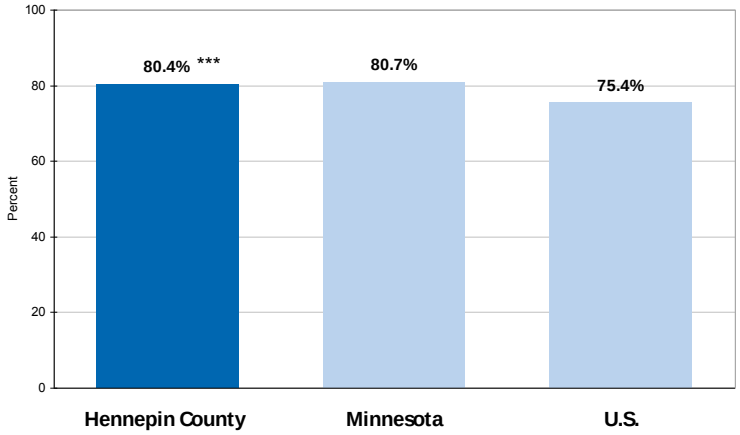
Q. How long has it been since you had your last mammogram?



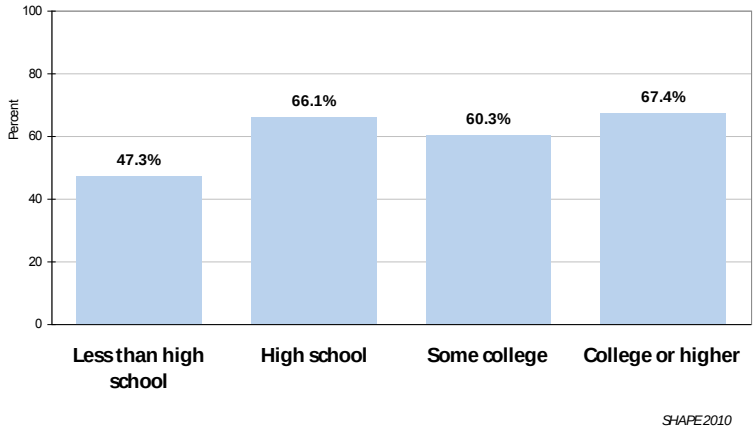
Women aged 40+ who had a breast cancer screening within the past year
Time trend 1998-2010



Women aged 40+ who had a breast cancer screening within the past two years in 2010
How does Hennepin County compare?

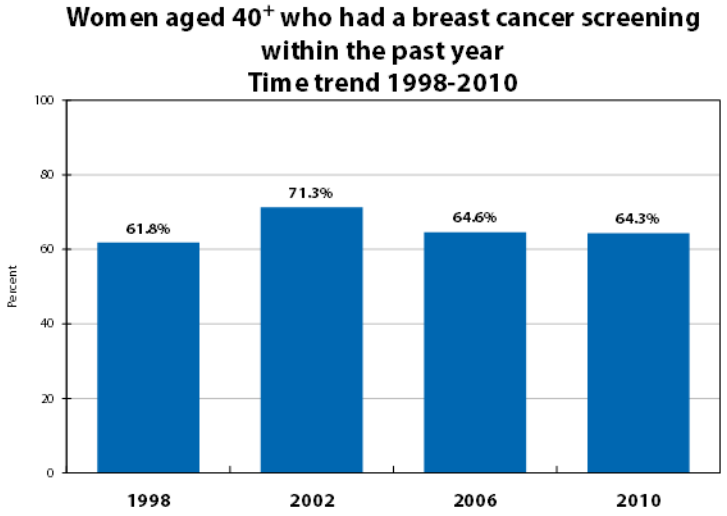


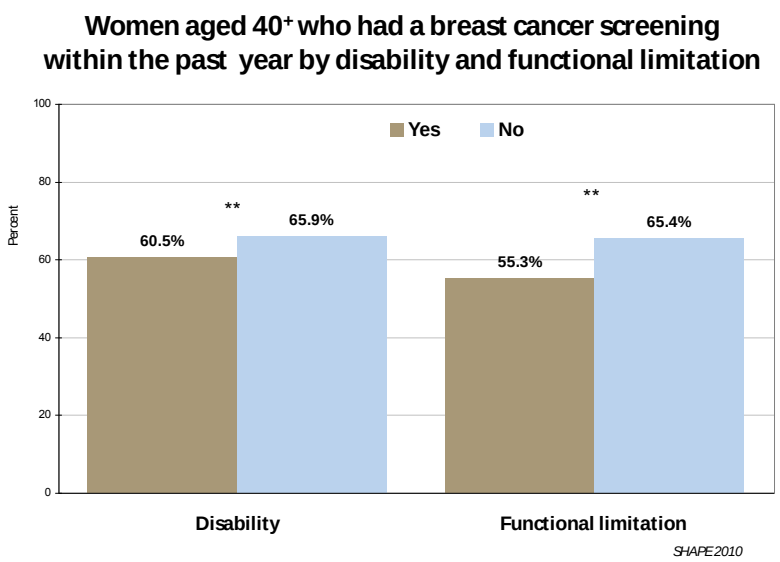
Women aged 40+ who had a breast cancer screening within the past year by education**

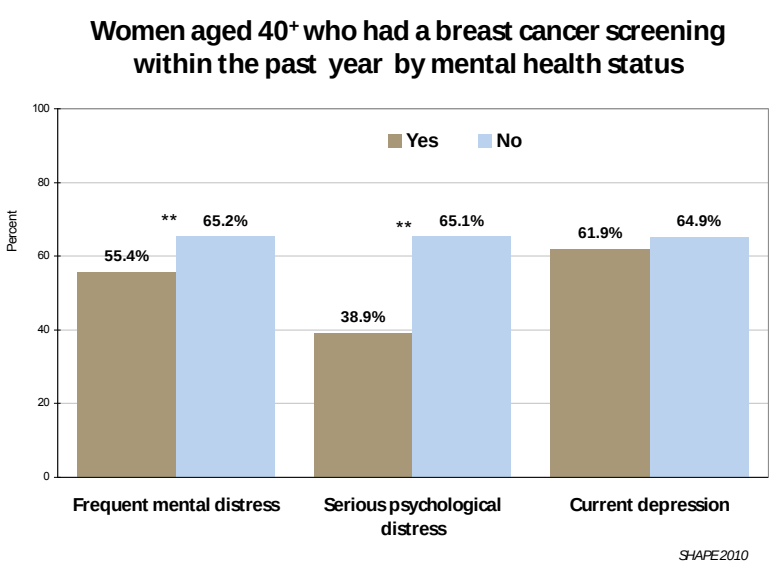


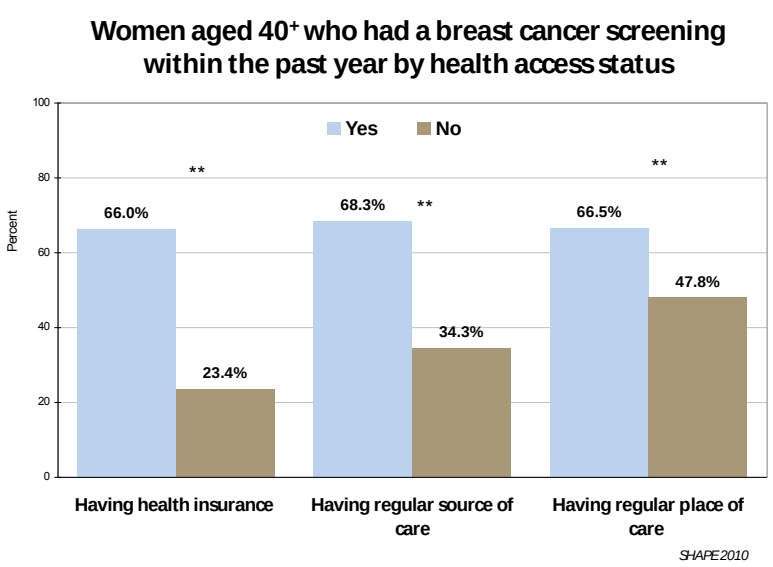
See technical notes for information on data sources and chart

Indicator: Women Aged 40+ Who Had a Breast Cancer Screening Within the Past Year









See technical notes for information on data sources and chart

Indicator: Women Aged 40+ Who Had a Breast Cancer Screening Within the Past Year

Women aged 40+ who had a breast cancer screening within the past year by geographic areas**

Map will be available soon.
Variations in rates across geographic area:
53.1% in north Minneapolis to 67.0% in south suburban outer ring.

Minneapolis

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

Suburban Hennepin

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

See technical notes for information on data sources and chart

Indicator: *Child meets the standard for Preventive Care Visits*

Overview

Why Is This Indicator Important?

Regular visits to a doctor or other health care provider are very important for monitoring and maintaining a child's healthy growth and development. A schedule of *recommended preventive care visits*, based on the child's age, provides a "standard" for determining if the child has received adequate preventive care in the past 12 months.

How Are We Doing?

- Three out of four children in Hennepin County (76.1%) met the *standard for preventive care visits*.
- Infants and toddlers, aged 0 to 2 years old were likely to have had some preventive visits, but only 55.0% were "on track" for receiving *all* of the recommended visits for their age group.
- There were no significant differences reported by income level or geographic location.

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 0 to 17		**76.1%**	± 3.3
Age Groups	0 – 2 years*	**55.0%**	± 6.3
	3 – 5 years	**93.7%**	± 5.4
	6 – 9 years	**84.7%**	± 7.7
	10 – 13 years	**76.0%**	± 9.1
	14 – 17 years	**66.3%**	± 10.2
Gender	Male	**74.9%**	± 4.6
	Female	**77.2%**	± 4.6
Geographic Location	Minneapolis	**78.1%**	± 4.8
	Suburban Areas	**75.2%**	± 4.2
Household Income**	Low income	**70.1%**	± 7.5
	Not low income	**78.4%**	± 3.5

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 0 to 17 years old *who meet the recommended standard for their age group for receiving preventive care visits to a doctor or other health care provider*

Data source: The data on *preventive care visits* are drawn from the *SHAPE 2006 & 2010 – Child Surveys*. This survey question was asked about all children aged 0 to 17: "During the past 12 months, how many times did your child see a doctor or other health care professional for preventive medical care?" The wording of the question included the clarifying statement: "Preventive care visits are check-ups when the child is not sick or hurt; it is a *regular* or *well-child check-up*." The responses to this question were compared to an *age-based standard for recommended preventive care visits*. The set of recommendations and additional notes on the coding of this variable are explained in greater detail in *Appendix D* of the *SHAPE 2010 – Child Data Book*, available on-line at *www.Hennepin.us/SHAPE*.

Importance of this indicator: *Regular visits to a doctor or other health care provider* are very important for monitoring and maintaining a child's healthy growth and development. *Regular preventive care* plays an important role in detecting and preventing significant health issues and in monitoring other factors affecting the child's health and well-being. Regular preventive care visits are also important for making sure the child is current and up-to-date with the recommended immunizations for serious childhood diseases such as measles, mumps, chicken pox, polio and pertussis.

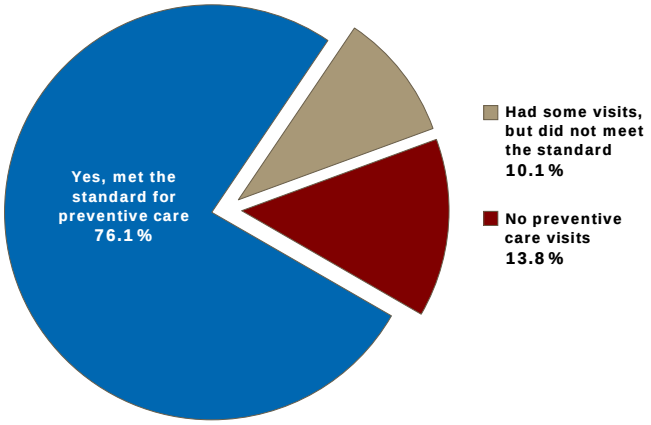
Health disparities: Infants and toddlers aged 0 to 2 years were statistically significantly less likely to have met the *recommended preventive care standard* when compared to *all Hennepin County children* (statistical significance was determined at $p < 0.05$). This may be because there are eight recommended (and one optional) preventive care visits scheduled between birth and age two. In comparison, children aged 3 to 5 were most likely to have met the *standard for preventive care visits* (there are only three recommended visits for this age group). One in three older youths aged 14 to 17 did not receive any preventive care in the past twelve months (including only those who would have been expected to receive care given their age). There were no statistically significant differences detected by household income or by location of residence in either 2006 or 2010.

Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

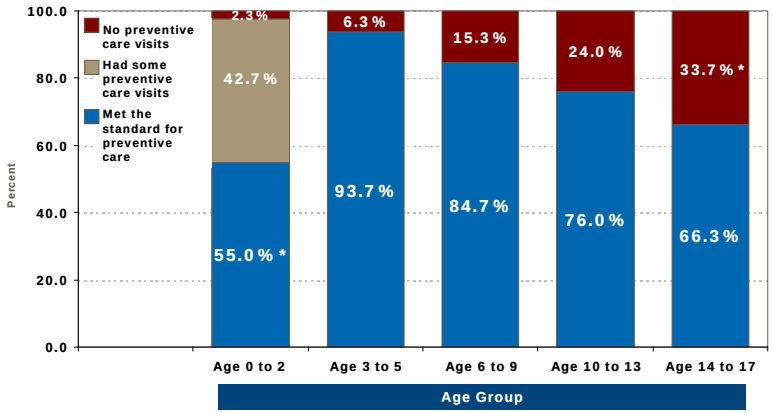
Indicator: *Child meets the standard for Preventive Care Visits*

During the past 12 months, the child met the preventive care standard for his/her age



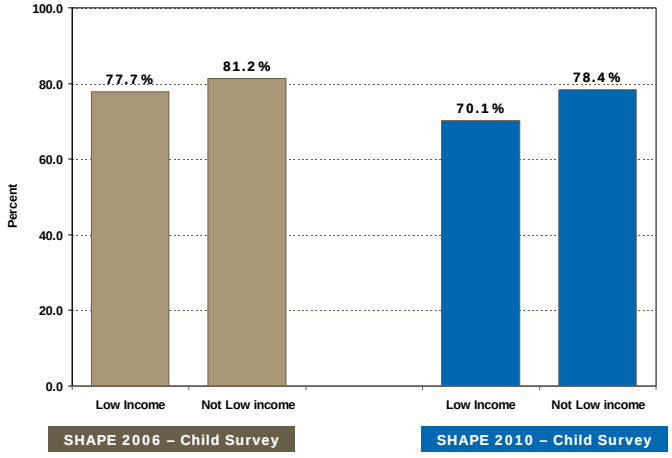
SHAPE 2010

Met the standard for preventive care visits** by Age Group

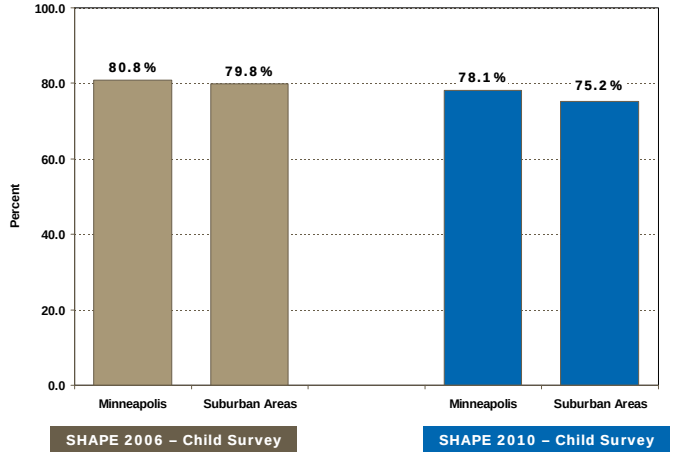


SHAPE 2010

Met the standard for preventive care visits by Household income level**



Met the standard for preventive care visits by Location of residence



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Children with a Dental Visit in the past year*

Overview

Why Is This Indicator Important?

Regular visits to a dentist or oral hygienist are important for monitoring healthy development, and for preventing cavities, gum disease or other serious oral health conditions.

How Are We Doing?

- Most Hennepin County parents report that their child has *visited a dentist or hygienist in the past year* (87.7%)
- Children aged 3 to 5 are less likely to have *visited a dentist in the past year* than the rate for all Hennepin County children.
- Children from *low income households*, *Asian* children and *Hispanic or Latino* children are significantly less likely to have had a dental care visit in the past year than *all Hennepin County children*.

Data Source:

SHAPE 2006 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**87.7%**	± 1.4
Age Groups	3 – 5 years*	**77.2%**	± 3.9
	6 – 11 years	**90.5%**	± 2.2
	12 – 17 years	**89.7%**	± 2.0
Geographic Location	Minneapolis	**84.1%**	± 2.6
	Suburban Areas	**89.4%**	± 1.7
Household Income**	Low income*	**75.5%**	± 3.4
	Not low income	**93.1%**	± 1.2
Race / Ethnicity**	Black / African American	**81.8%**	± 4.6
	Asian / P. I. *	**75.3%**	± 8.2
	White	**90.8%**	± 1.6
	Hispanic / Latino*	**72.2%**	± 6.5

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old who have visited a dentist or dental clinic in the past year.

Data source: The data on dental care visits are drawn from the *SHAPE 2006 – Child Survey*. This survey question was asked about children aged 3 to 17: "How long has it been since your child visited a dentist or dental clinic for any reason?" Respondents were provided with a series of responses that included: *Less than 6 months*; *6 months to 1 year*; *1 to 2 years*; *2 years or more*; or, *my child has never visited a dentist or dental clinic*. The data provided for this indicator combine the first two response categories to provide the percentage of children who have been *seen by a dentist or visited a dental clinic within the past year.*

Importance of this indicator: Regular dental care plays an important role in detecting and preventing significant dental and oral health issues. Oral health contributes to well-being, and is a key factor in preventing serious infections that may compromise a child's overall health.

Health disparities: Young children, aged 3 to 5 are significantly less likely to have had a dental visit in the past 12 months as compared to *Hennepin County Children overall* (statistical significance was determined at $p < 0.05$). Children from *low income households* are statistically significantly less likely to have had a dental care visits when compared to *Hennepin County Children overall*. Additionally, children from *low income households* are significantly less likely to have *had a dental care visit* when compared to children who are not from low income households. *Asian c*hildren and *Hispanic/ Latino* children are significantly less likely to have *had a dental care visit in the past 12 months* than *all Hennepin County children overall*, and as compared to other racial or ethnic groups within the county. There were no statistically significant differences in dental care visits by location of residence.

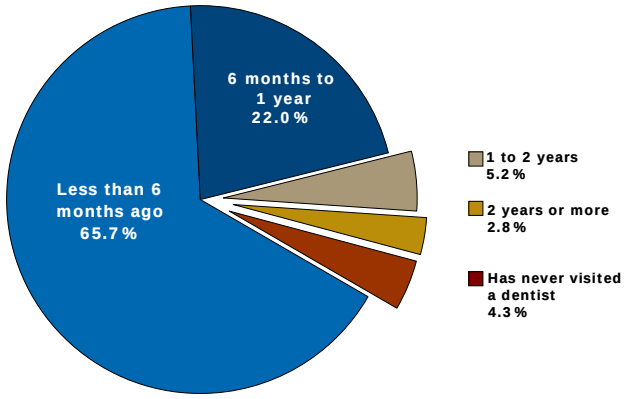
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for Hennepin County children. The level of statistical significance was determined at $p < 0.05$. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special Notes on reporting rates by Race / Ethnicity: The most recent data showing a breakdown for this indicator for various racial or ethnic groups are drawn from the *SHAPE 2006 – Child Survey*. The number of children whose race /ethnicity was identified as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Children whose ethnicity was identified as *Hispanic or Latino* may belong to any racial group.

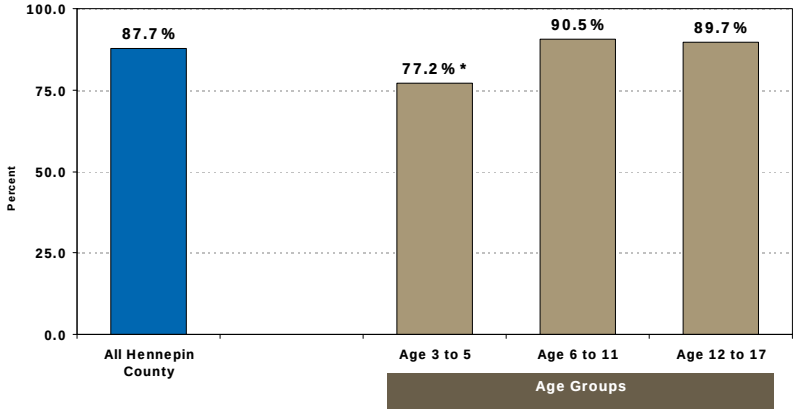
Indicator: *Children with a Dental Visit in the past year*

How long has it been since your child visited a dentist or dental clinic for any reason?
Children Aged 3 to 17



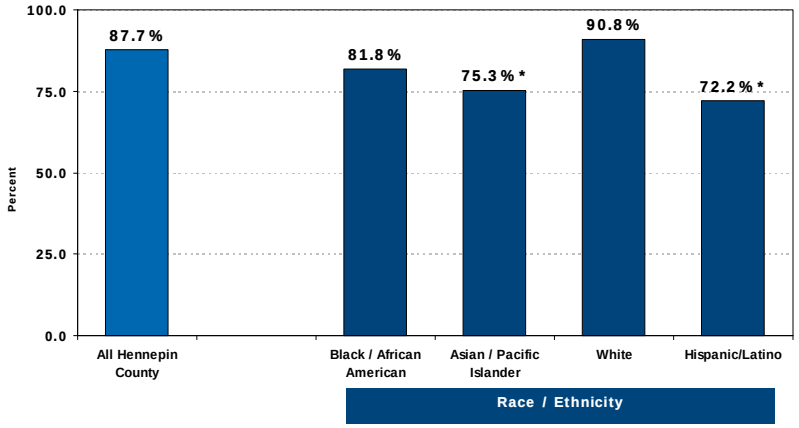
SHAPE 2006

Had a dental visit within the past year by Age of Child



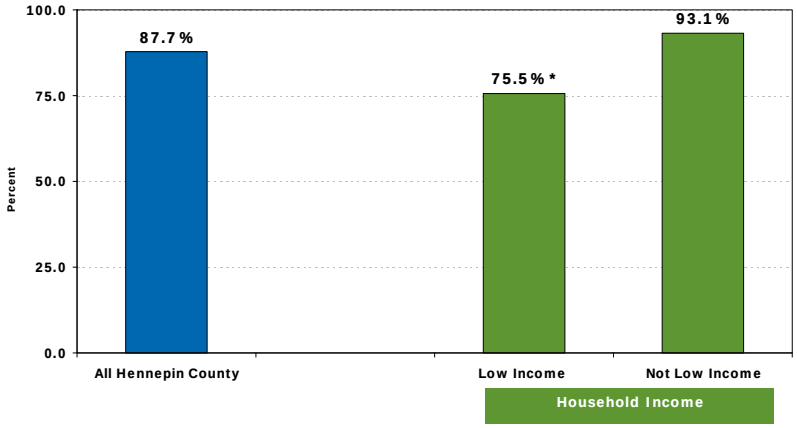
SHAPE 2006

Had a dental visit within the past year by Race / Ethnicity



SHAPE 2006

Had a dental visit within the past year by Household Income Level



SHAPE 2006

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *HIV infection rate per 100,000 population*

Overview

Why Is This Indicator Important?

The *Human Immunodeficiency Virus* (HIV) infects the cells of the immune system, destroying them and weakening the body's ability to fight other infections or diseases. The most advanced stage of *HIV infection* is *Acquired Immunodeficiency Syndrome* (*AIDS*). Without proper medical treatment, *AIDS* is a fatal condition.

How Are We Doing?

- The majority of *new HIV infections* were found in young adults, aged 20-24 and 25-29 years old.
- *HIV infection* is disproportionately found in minority populations, especially the *Black/African American* and *American Indian* population.
- *Men who have sex with men* (MSM) are at the greatest risk for acquiring *HIV infection*. The *MSM* risk factor accounted for 62% of new HIV infections in Hennepin County in 2010. Heterosexual contact accounted for 7% of new HIV cases followed by injection drug use (either just injection drug use or injection drug use and MSM) accounting for 5% of new infections.

Data Source:

Minnesota Department of Health – *HIV/AIDS Annual Surveillance Report*, 2010.

Population		Rate per 100,000	Number of Cases**
Hennepin County population overall		**15.2**	**175**
Race / Ethnicity**	American Indian*	**85.0**	**9**
	Asian / Pacific Islander	**5.5**	**4**
	Black / African American*	**38.2**	**52**
	White	**9.8**	**81**
	Hispanic / Latino	**27.0**	**21**
Age Groups	15-19 years	**13.8**	**10**
	20 -24 years*	**36.8**	**31**
	25-29 years*	**29.7**	**30**
	30 -34 years*	**32.3**	**28**
	35-39 years	**24.9**	**19**
	40 -44 years	**21.8**	**17**
	45-49 years	**19.8**	**17**
	50-54 years	**18.8**	**16**
	55-59 years	**8.0**	**6**
	60 years or over	**0.5**	**1**
Risk Behaviors**	*Men having sex with men*	**	**109**
	Intravenous drug use	**	**10**

***Notably higher rates were found for this subgroups as compared to the rate reported for Hennepin County overall.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: *Hennepin County's HIV infection rate per 100,000 population.* The *HIV infection rate* includes people newly diagnosed with *HIV* or *AIDS within a given calendar year.* The *infection rate* does not count existing cases of people diagnosed with *HIV* or *AIDS*, or people whose *HIV* status has changed into a diagnosis of *AIDS*.

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of *HIV/AIDS* to Minnesota's Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using the US Census Bureau's *Bridged Population Estimates* as the base for the *rates per 100,000 population*. This information is reported in the Minnesota Department of Health – *HIV/AIDS Annual Surveillance Report*. Additional information about *HIV/AIDS* in Hennepin County is available in *Epidemiology Update*, a series of reports available on-line at: *www.hennepin.us/EpiUpdates* .

Importance of this indicator: The *Human Immunodeficiency Virus* (*HIV*) infects the cells of the immune system, destroying them (or impairing their function) and weakening the body's ability to fight other infections or diseases. The most advanced stage of *HIV infection* is *Acquired Immunodeficiency Syndrome* (*AIDS*). Without proper medical treatment, *AIDS* is a fatal condition. Two out of three new *HIV/AIDS* cases reported in Minnesota are among Hennepin County residents.

Health disparities: *Men who have sex with men (MSM)* are at the greatest risk for acquiring *HIV infection.* The *MSM risk* factor accounted for 62% of new *HIV* infections in Hennepin County in 2010. Heterosexual contact accounted for 7% of new *HIV cases followed by injection drug use (either just injection drug use or injection drug use and MSM) accounting for 3% of new infections. HIV infection is disproportionately found in minority populations, especially the Black/African American and American Indian population.* The majority of *new HIV infections* were found in young adults, *aged 20-24* and *25-29* years old.

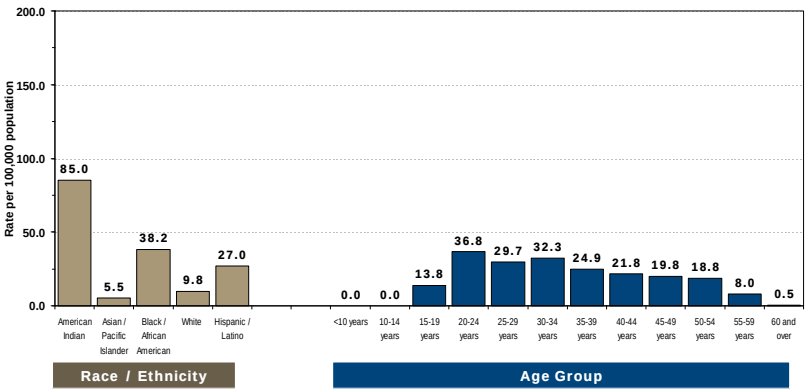
Special Notes on reporting rates by Race / Ethnicity: The rate reported for *Black or African American* persons combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Special notes on calculating population rates for HIV/AIDS for risk Behaviors: Currently, Hennepin County-HSPHD is not reporting *rates per population* for groups engaging in practices or behaviors that are known to be risk factors for *HIV/AIDS*. The estimates for the base populations are not considered "robust" enough to provide an accurate or consistent basis for calculating the population rates. Hennepin County–HSPHD will continue to work with MDH to develop more consistent sources for building population estimates for creating and reporting these rates.

Special Notes on reporting Population Rates versus Numbers of Cases for relatively small populations: Both the *rate* and the actual *number of cases* have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the *rate* reported may be very high, when the actual *number of cases* is relatively small. Both of these statistics (*rate* and *number of cases*) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-groups.

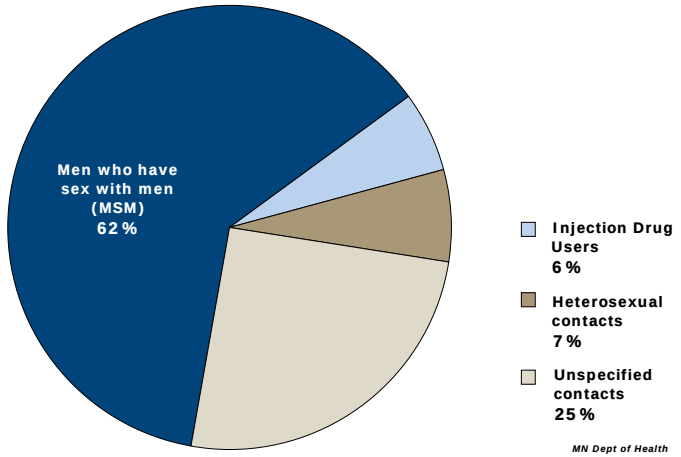
Indicator: *HIV infection rate per 100,000 population*

HIV Infection Rates**
by Race / ethnicity and Age Group



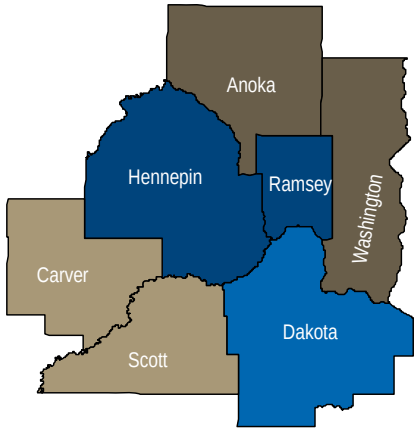
MN Dept of Health

Mode of Transmission for HIV Infections
Risk factor groups



MN Dept of Health

HIV Infections
by County of residence at first diagnosis, 2010



Number of Infections

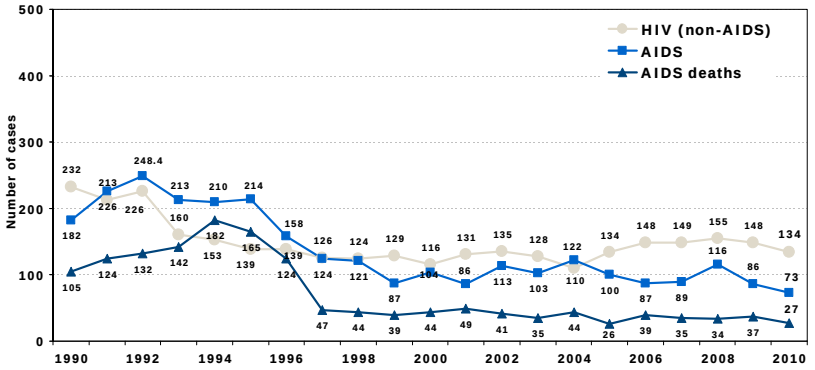
- None
- 1- 2
- 3 - 6
- 7 - 15
- 16 -54
- 55 -191

City of Minneapolis Total 138
Hennepin County Total 175

Metro Area Total 282
Minnesota Total 331

MN Dept of Health

Number of cases of HIV (*non-AIDS*), AIDS and AIDS Deaths
Hennepin County Trend Data 1990-2010



MN Dept of Health

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Chlamydia rate per 100,000 population*

Overview

Why Is This Indicator Important?

Chlamydia is the most commonly reported communicable disease in Hennepin County. For women, complications from *chlamydia* include: pelvic inflammatory disease (PID), which may cause infertility; chronic pelvic pain; or tubal pregnancy. Men who are left untreated typically develop urethral infections, and in rare cases, may become sterile.

How Are We Doing?

- *Chlamydia rates* have been increasing over the years. This trend may be due to improved screening and diagnosis; however, the continued rise also reflects an actual increase in infections.
- Sexually active adolescents (aged 15-19 years) and young adults (aged 20-24 or aged 25-29) comprise the age groups with the highest risk for *chlamydia infections*.
- The *chlamydia* rate for females in 2010 was two times higher than for males (607 as compared 296 *per 100,000 population*).

Data Source:

Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*, 2010.

Population		Rate per 100,000	Number of Cases**
Hennepin County population overall		**455**	**5,238**
Gender	Females	**607**	**3,560**
	Males	**296**	**1,677**
Race / Ethnicity**	American Indian*	**935**	**99**
	Asian / Pacific Islander	**272**	**197**
	Black / African American*	**1,774**	**2,417**
	White	**164**	**1,354**
	Hispanic / Latino	**443**	**344**
Age Groups	Under 10 years	**0**	**0**
	10 -14 years	**59**	**41**
	15-19 years*	**2,209**	**1,605**
	20 -24 years*	**2,133**	**1,797**
	25-29 years*	**903**	**911**
	30 -34 years	**457**	**396**
	35-39 years	**306**	**233**
	40 -44 years	**147**	**115**
	45-54 years	**70**	**120**
	55 years or over	**8**	**20**

***Notably higher rates were found for this subgroups as compared to the rate reported for Hennepin County overall.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: *Hennepin County's chlamydia infection rate per 100,000 population.* This rate includes people who were *diagnosed within the given calendar year.*

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of sexually transmitted infections (STIs) to Minnesota's Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using the US Census Bureau's *Bridged Population Estimates* as the base for the *rates per 100,000 population*. This information is reported in the Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*. Additional information about sexually transmitted diseases in Hennepin County is available in *Epidemiology Update*, a series of reports available on-line at: *www.hennepin.us/EpiUpdates* .

Importance of this indicator: *Chlamydia* is the most commonly reported communicable disease in Hennepin County, and in all of Minnesota. For women, complications from *chlamydia* include: pelvic inflammatory disease (PID), which can cause infertility; chronic pelvic pain; and tubal pregnancy. Men who are left untreated typically develop urethral infection, and in rare cases, may become sterile.

Health disparities: Sexually active adolescents (aged 15-19) and young adults (aged 20-24, or aged 25-29) comprise the age groups with the highest risk for *chlamydia infections*. The rates for these groups are: *2209*; *2133*; and 903 *per 100,000 population*, respectively compared to *455 per100,000* for the *Hennepin County population overall*. In 2010, the *chlamydia infection rate* for females was two times higher than for males (*607* as compared to *296 per100,000 population*). *Chlamydia rates per 100,000 population* for the *American Indian* and *Black/African American* populations are also notably higher than the *overall rate for Hennepin County*; the rates for these two groups are *935* and *1776 per 100,000 population,* respectively, compared to *455 per100,000* for the *Hennepin County population overall*.

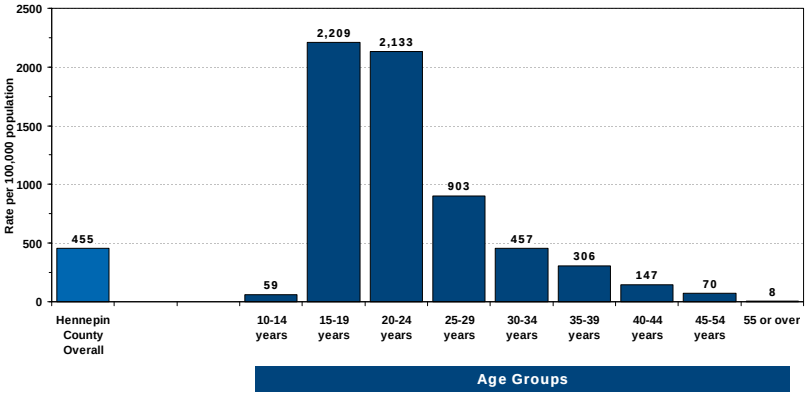
Special Notes on reporting rates by Race / Ethnicity: The rate reported for *Black or African American* persons combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Special notes on Location of residence: The *number of cases* and *rates per100,000* reported for sexually transmitted infections (STIs) differs notably by location of residence. For *chlamydia*, the rate for Minneapolis is *775 per 100,000* compared to *455 per 100,000* for *Hennepin County overall*. Minneapolis residents comprised 2,964 of the 5,238 cases of *chlamydia* reported in Hennepin County, in 2010.

Special Notes on reporting Population Rates versus Numbers of Cases for relatively small populations: Both the *rate* and the actual *number of cases* have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the *rate* reported may be very high, when the actual *number of cases* is relatively small. Both of these statistics (*rate* and *number of cases*) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-groups.

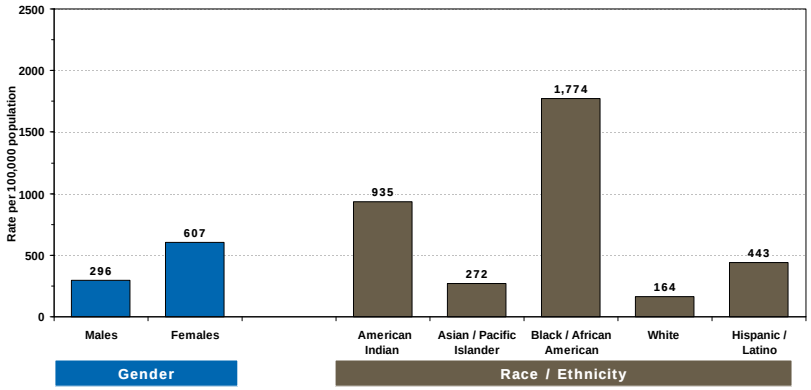
Indicator: *Chlamydia rate per 100,000 population*

Chlamydia Rate**
by Age groups



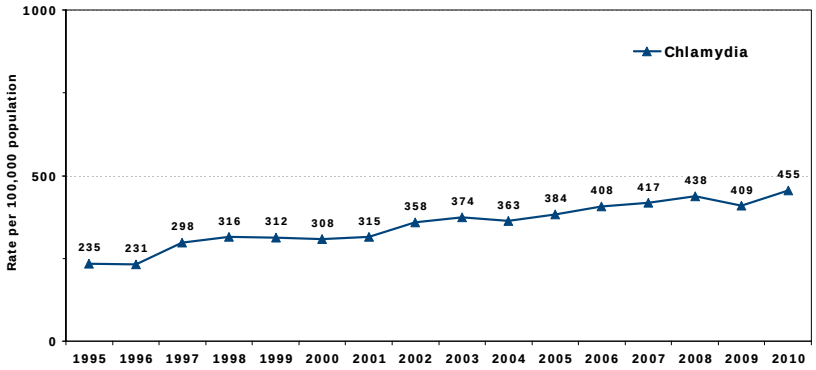
MN Dept of Health

Chlamydia Rate**
by Gender and Race / ethnicity



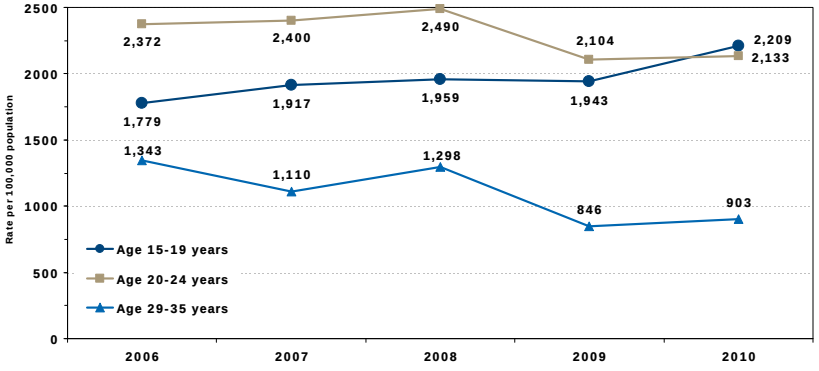
MN Dept of Health

Chlamydia Rate**
Trend Data 1995-2010



MN Dept of Health

Chlamydia Rate**
Adolescents and Young Adults
Recent trend data 2006-2010



MN Dept of Health

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Gonorrhea rate per 100,000 population*

Overview

Why Is This Indicator Important?

Nearly half of the *gonorrhea* cases reported in Minnesota are among Hennepin County residents. In men, *epididymitis* (a painful condition affecting the testes) and in women, pelvic inflammatory disease (PID) may develop as a result of untreated *gonorrhea*. These conditions can lead to infertility in both sexes. Although treatable, *gonorrhea* continues to persist in the population because people may fail to recognize the symptoms or attribute their condition to other causes.

How Are We Doing?

- In Hennepin County, gonorrhea was reported about equally in women and men; the rates are *100* and *86 per 100,000 population*, respectively.
- The *gonorrhea rate overall* is down from1995 to 2010, *yet, gonorrhea* remains disproportionately high in the *Black/African American* population.
- Sexually active adolescents (aged 15-19 years) and young adults (aged 20-24 or aged 25-29) are at highest risk for *gonorrhea* infections.

Data Source:

Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*, 2010.

Population		Rate per 100,000	Number of Cases**
Hennepin County population overall		**93**	**1,073**
Gender	Females	**100**	**587**
	Males	**86**	**486**
Race / Ethnicity**	American Indian*	**151**	**16**
	Asian / Pacific Islander	**12**	**9**
	Black / African American*	**470**	**640**
	White	**29**	**240**
	Hispanic / Latino	**45**	**35**
Age Groups	Under 10 years	**0**	**0**
	10 -14 years	**14**	**10**
	15-19 years*	**433**	**315**
	20 -24 years*	**448**	**377**
	25-29 years*	**170**	**172**
	30 -34 years	**91**	**79**
	35-39 years	**73**	**56**
	40 -44 years	**44**	**34**
	45-54 years	**15**	**26**
	55 years or over	**2**	**4**

***Notably higher rates were found for this subgroups as compared to the rate reported for Hennepin County overall.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: *Hennepin County's gonorrhea infection rate per 100,000 population.* This rate includes people who were *diagnosed within the given calendar year.*

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of sexually transmitted infections (STIs) to Minnesota's Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using the US Census Bureau's *Bridged Population Estimates* as the base for the *rates per 100,000 population*. This information is reported in the Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*. Additional information about sexually transmitted diseases in Hennepin County is available in *Epidemiology Update*, a series of reports available on-line at: *www.hennepin.us/EpiUpdates* .

Importance of this indicator: Nearly half of the *gonorrhea* cases reported in Minnesota are among Hennepin County residents. In men, *epididymitis* (a painful condition affecting the testes) and in women, pelvic inflammatory disease (PID) may develop as a result of untreated gonorrhea. These conditions can lead to infertility in both sexes. Although treatable, gonorrhea continues to persist in the population because people may fail to recognize the symptoms or attribute their condition to other causes.

Health disparities: Sexually active adolescents (aged 15-19) and young adults (aged 20-24, or aged 25-29) comprise the age groups with the highest risk for *gonorrhea infections*. The rates for these groups are: *433*; *448*; and 170 *per 100,000 population*, respectively compared to *93 per100,000* for the *Hennepin County population overall*. The *gonorrhea rates per 100,000 population* for the *American Indian* and *Black/African American* populations are also notably higher than the *overall rate for Hennepin County*; the rates for these two groups are *151* and *470 per 100,000 population,* respectively, compared to *93 per100,000* for the *Hennepin County population overall*. In Hennepin County, gonorrhea was reported about equally in women and men; the rates are *100* and *86 per 100,000 population*, respectively.

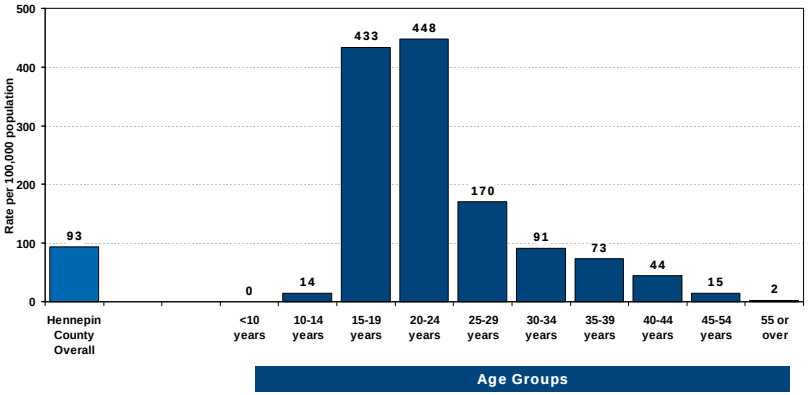
Special Notes on reporting rates by Race / Ethnicity: The rate reported for *Black or African American* persons combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Special notes on Location of residence: The *number of cases* and *rates per100,000* reported for sexually transmitted infections (STIs) differs notably by location of residence. For *gonorrhea*, the rate for Minneapolis is *190 per 100,000* compared to *93 per 100,000* for *Hennepin County overall*. Minneapolis residents comprised 725 of the 1,073 cases of *gonorrhea* reported in Hennepin County, in 2010.

Special Notes on reporting Population Rates versus Numbers of Cases for relatively small populations: Both the *rate* and the actual *number of cases* have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the *rate* reported may be very high, when the actual *number of cases* is relatively small. Both of these statistics (*rate* and *number of cases*) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-groups.

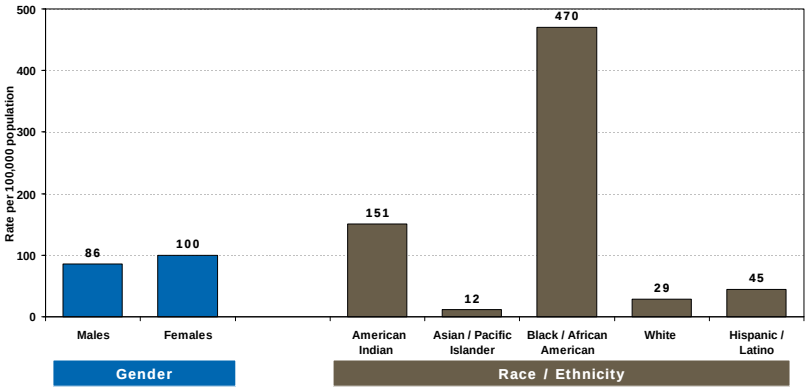
Indicator: *Gonorrhea rate per 100,000 population*

Gonorrhea Rate**
by Age groups



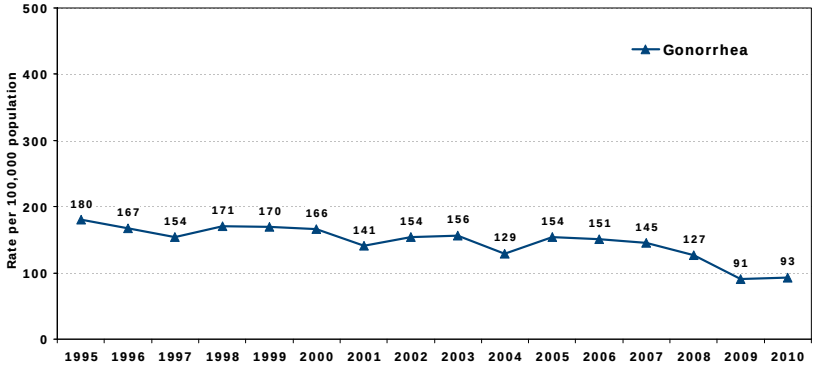
MN Dept of Health

Gonorrhea Rate**
by Gender and Race / ethnicity



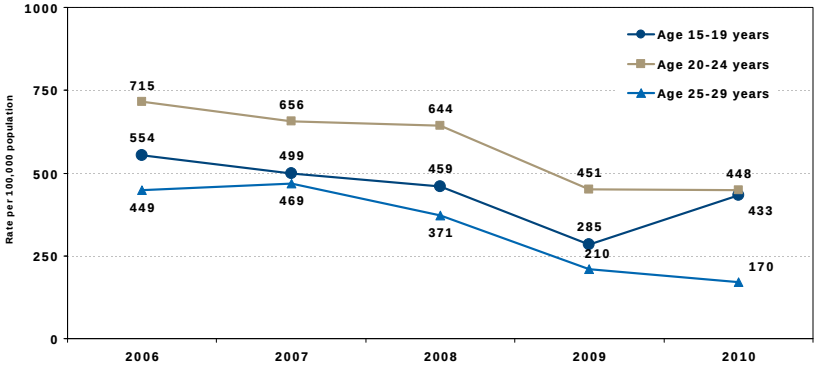
MN Dept of Health

Gonorrhea Rate**
Trend Data 1995-2010



MN Dept of Health

Gonorrhea Rate**
Adolescents and Young Adults
Recent trend data 2006-2010



MN Dept of Health

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Early Syphilis rate per 100,000 population*

Overview

Why Is This Indicator Important?

Two out of three *syphilis* cases reported in Minnesota are among Hennepin County residents. The symptoms of syphilis emerge as a single sore (primary stage), a rash (secondary stage), and may progress to organ damage, brain or nerve problems, and possibly even death. Although treatable, *syphilis* continues to persist because people may fail to recognize the symptoms or attribute their condition to other causes.

How Are We Doing?

- *Early syphilis* (primary and secondary) was most commonly found in young adults *aged 20-24* or *aged 30-34*.
- Nearly all cases of *early syphilis* were found in men. Of these cases, over one in nine identified themselves as *men who have sex with men* (MSM).
- *Syphilis* is reported disproportionately in minority populations; the population with the highest rate of *early syphilis* was *Black/African American men, aged 30 to 34 years old*.

Data Source:

Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*, 2010.

Population		Rate per 100,000	Number of Cases**
Hennepin County population overall		**9**	**99**
Gender	Females	**1**	**3**
	Males	**17**	**96**
Race / Ethnicity**	American Indian	**9**	**1**
	Asian / Pacific Islander	**1**	**1**
	Black / African American*	**23**	**32**
	White	**7**	**56**
	Hispanic / Latino	**10**	**8**
Age Groups	Under 10 years	**0**	**0**
	10 -14 years	**0**	**0**
	15-19 years	**4**	**3**
	20 -24 years*	**30**	**25**
	25-29 years	**11**	**11**
	30 -34 years*	**20**	**17**
	35-39 years	**16**	**12**
	40 -44 years	**12**	**9**
	45-54 years	**10**	**17**
	55 years or over	**2**	**5**

***Notably higher rates were found for this subgroups as compared to the rate reported for Hennepin County overall.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Indicator: *Early Syphilis rate per 100,000 population*

Technical Notes

Definition of indicator: *Hennepin County's early syphilis infection rate per100,000 population. Early syphilis* includes cases in the *primary* and *secondary* stages of the disease. This rate includes people who were *diagnosed within the given calendar year.*

Data source: Doctors, clinics, and other health services providers are required to report all laboratory-confirmed cases of sexually transmitted infections (STIs) to Minnesota's Department of Health (MDH). Annually, the Epidemiology unit of Hennepin County's Department of Human Services and Public Health receives a database with demographic information about the reported cases. The Epidemiology unit reviews these data and produces case counts and population rates using the US Census Bureau's *Bridged Population Estimates* as the base for the *rates per 100,000 population*. This information is reported in the Minnesota Department of Health - *Sexually Transmitted Diseases Annual Surveillance Report*. Additional information about sexually transmitted diseases in Hennepin County is available in *Epidemiology Update*, a series of reports available on-line at: *www.hennepin.us/EpiUpdates* .

Importance of this indicator: Two out of three *syphilis* cases reported in Minnesota are among Hennepin County residents. The symptoms of *syphilis* emerge as a single sore (*primary stage*), a rash (*secondary stage*), and may progress to organ damage, brain or nerve problems (neurological dysfunction), and possibly even death. Although treatable, *syphilis* continues to persist because people may fail to recognize the symptoms or attribute their condition to other causes.

Health disparities: Sexually active young adults (aged 20-24, or aged 30-34) comprise the age groups with the highest risk for *syphilis*. The rates for these groups are: *30* and *20 per 100,000 population*, respectively compared to *9 per100,000* for the *Hennepin County population overall*. Nearly all cases of *early syphilis* were found in men. Of these cases, over one in nine identified themselves as *men who have sex with men* (*MSM*). *Syphilis* is reported disproportionately in minority populations; the population with the highest rate of *early syphilis* was *Black/African American men, aged 30 to 34 years old*.

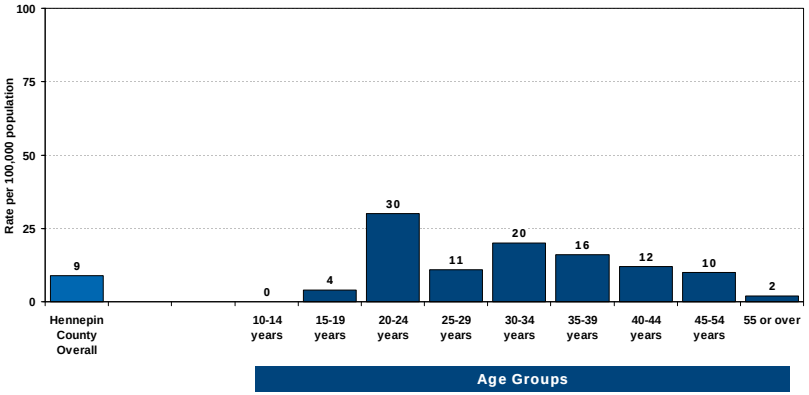
Special Notes on reporting rates by Race / Ethnicity: The rate reported for *Black or African American* persons combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be different for these two sub-groups.

Special notes on Location of residence: The *number of cases* and *rates per 100,000* reported for sexually transmitted infections (STIs) differs notably by location of residence. For *early syphilis*, the rate for Minneapolis is *20 per 100,000* compared to *9 per 100,000* for *Hennepin County overall*. Minneapolis residents comprised 77 of the 99 cases of *Early syphilis* reported in Hennepin County, in 2010.

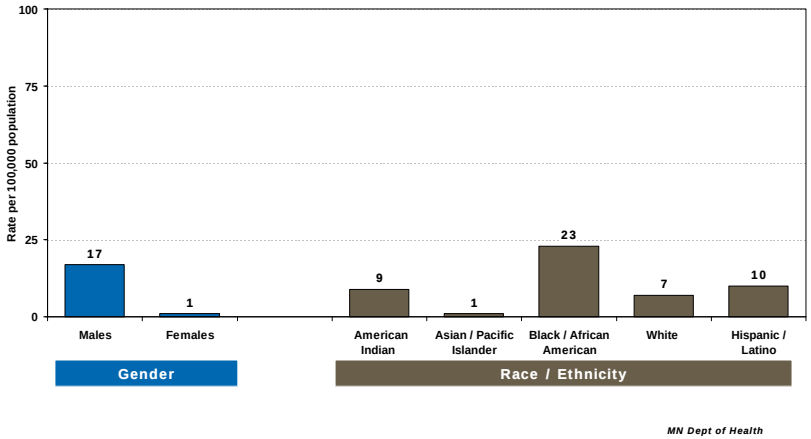
Special Notes on reporting Population Rates versus Numbers of Cases for relatively small populations: Both the *rate* and the actual *number of cases* have been reported in the table appearing in this fact sheet. Given the actual size of a particular community or sub-group, the magnitude of the *rate* reported may be very high, when the actual *number of cases* is relatively small. Both of these statistics (*rate* and *number of cases*) should be compared and taken into consideration in determining the scope of the problem for smaller communities or sub-groups.

Indicator: *Early Syphilis rate per 100,000 population*

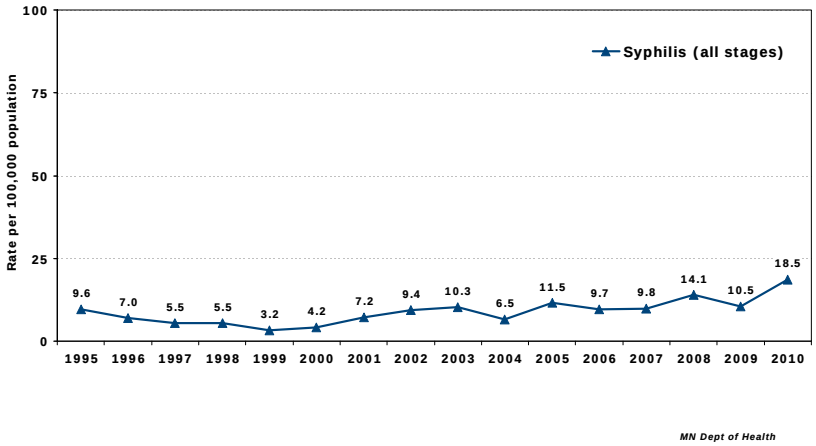
Early Syphilis Rate**
by Age groups



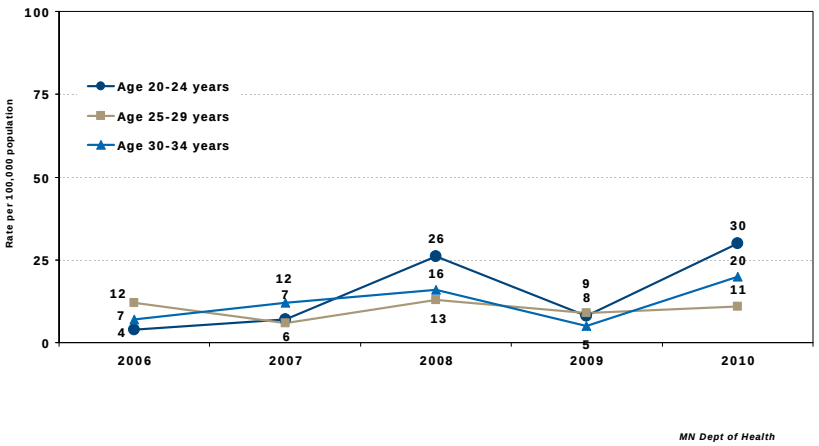
Early Syphilis Rate**
by Gender and Race / ethnicity



Syphilis Rate**
Trend Data 1995-2010



Early Syphilis Rate**
Young Adults
Recent trend data 2006-2010



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Sexual Activity*

Overview

Why Is This Indicator Important?

Most adolescents are not prepared to deal with the physical, emotional and psychological implications of *engaging in sexual intercourse*. The health-related consequences of adolescent sexual activity may include sexually transmitted infections (*STI*s) and unplanned pregnancies.

How Are We Doing?

- Nearly half of all 12th graders in Hennepin County schools report that they have *engaged in sexual intercourse* (45.8%)
- The highest rates for having *engaged in sexual intercourse* were reported among *Hispanic/Latino* and *Black/African American* 12th grade students (59.9% and 55.7%, respectively).
- Rates for *sexual intercourse* by gender were remarkably stable over time from1998 to 2010. By grade level, the rates for12th graders are more than twice the rates reported by 9th graders.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**19.0%**	**45.8 %**
Gender	Boys	**22.2%**	**47.0%**
	Girls	**16.1%**	**44.8%**
Race / Ethnicity**	Asian / Pacific Islander	**12.1%**	**34.3%**
	Black / African American	**40.5%**	**55.7%**
	Native American / American Indian	**	**
	White	**11.7%**	**43.4%**
	Hispanic / Latino	**34.9%**	**59.9%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 9th or 12th grade students *who report that they are sexually active – engaging in sexual intercourse.*

Data source: The data on *adolescent sexual activity* were drawn from the *Minnesota Student Survey - Trend data*. Two survey questions were asked of 9th and 12th grade students attending public schools in Hennepin County: "Have you ever had *sexual intercourse* ("had sex")?" And, "The *last time* you had *sexual intercourse*, did you or your partner use a condom?" The responses to these two questions were compiled to determine the percentage of students who are *sexually active – engaging in sexual intercourse*. Students who responded "no" to the first question and "I don't have sexual intercourse" to the second question were determined *not to be engaged in sexual intercourse*; other combinations of responses to these two questions were categorized as "*sexually active – engaging in sexual intercourse*." More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Most adolescents are not prepared to deal with the physical, emotional and psychological implications of engaging in sexual intercourse. The health-related consequences of adolescent sexual activity may include sexually transmitted infections (*STIs*) and unplanned pregnancies. For teenagers, prematurely engaging in sexual intercourse might result in consequences that could interfere with opportunities for life success.

Health disparities: The highest rates for being *sexually active – engaging in sexual intercourse* were reported among 12th grade *Hispanic/ Latino* students followed by *Black/African American* students (59.9% and 55.7% respectively). The trend data suggest that the rates for these two groups declined in 2004, but through 2007 and 2010, the rates returned to their previous levels. There were notable differences between the rates reported for 9th grade and 12th grade students; the rates are more than double among the older age students. The trend data show remarkably stable rates over time by grade and gender.

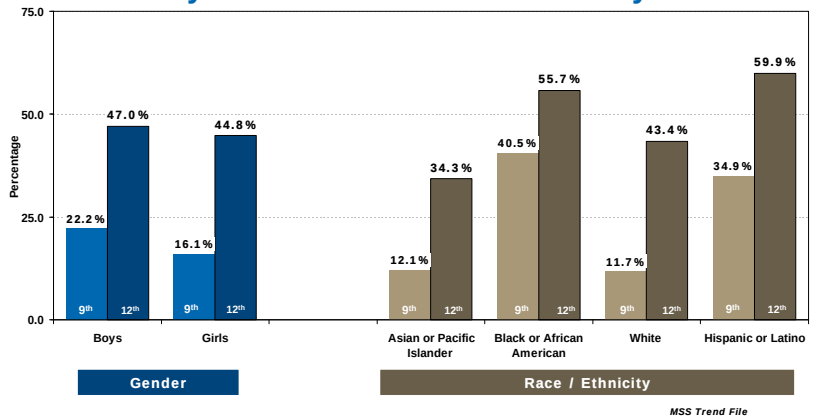
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Sexual Activity*

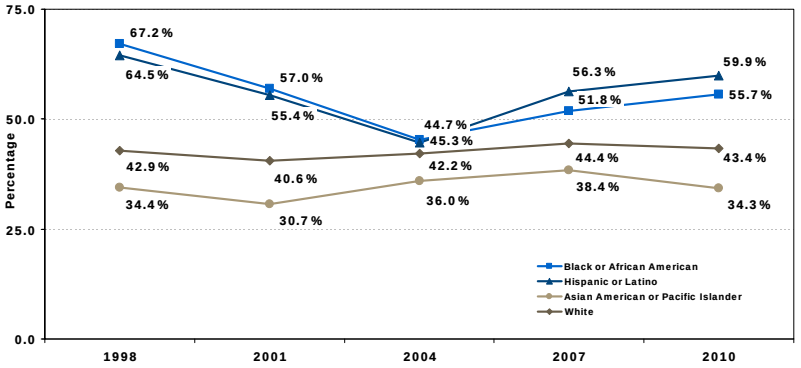
Sexually Active 9th and 12th grade students** by Gender and Race / ethnicity



MSS Trend File

Sexually Active rate for 12th grade students by Race / Ethnicity**

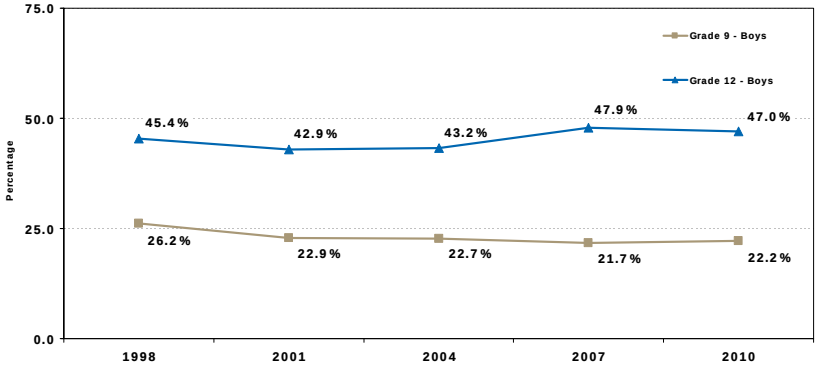
Trend Data 1998-2010



MSS Trend File

Sexually active Boys by Grade level**

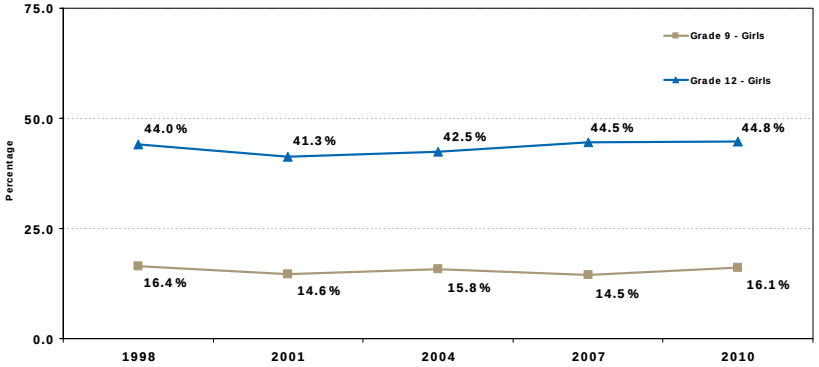
Trend Data 1998-2010



MSS Trend File

Sexually active Girls by Grade level**

Trend Data 1998-2010



MSS Trend File

See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 9th grade students*

Overview

Why Is This Indicator Important?

Sexually active adolescents can decrease the health risks associated with *sexual intercourse by consistently using condoms*. Failure to use condoms consistently may result in health-related consequences including sexually transmitted infections (*STIs*) and unplanned pregnancies.

How Are We Doing?

- One out of twenty 9th graders in Hennepin County schools report they are *sexually active – engaging in sexual intercourse but, did not use a condom the last time they engaged in sexual intercourse* (5.6%).
- The highest rates for *sexual activity without condom use* were reported among *Hispanic/Latino* (10.2%) and Black/African American (9.7%) 9th grade students. Their rates were nearly twice that of their peers.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 9th grade students attending school in public school districts		**5.6%**
Gender	Boys	**5.7%**
	Girls	**5.4%**
Race / Ethnicity**	Asian / Pacific Islander	**4.6%**
	Black / African American	**9.7%**
	Native American / American Indian	**
	White	**3.5%**
	Hispanic / Latino	**10.2%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 9th grade students*

Technical Notes

Definition of indicator: Hennepin County 9th grade students *who report that they are sexually active – engaging in sexual intercourse but, did not use a condom the last time they engaged in sexual intercourse.*

Data source: The data on adolescent sexual activity were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "The *last time* you had *sexual intercourse*, did you or your partner use a condom?" The responses to this question and a prior screening question on current sexual activity were compiled to determine the percentage of students who are *sexually active – engaging in sexual intercourse, but, did not use a condom the last time they engaged in sexual intercourse.* More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Sexually active adolescents can decrease the health risks associated with sexual intercourse by consistently using condoms. Failure to use condoms regularly and consistently may result in health-related consequences including sexually transmitted infections (*STIs*) and unplanned pregnancies. For teenagers, unprotected sexual intercourse might result in consequences that could spread infections among partners, lead to conditions including sterility, and interfere with opportunities for life success.

Health disparities: The highest rates for *engaging in sexual intercourse but, NOT using a condom the last time* were reported among 9th grade *Hispanic/ Latino* students followed by *Black/African American* students (10.2% and 9.7% respectively). These two groups were also the most likely to be sexually active. For most racial/ethnic groups except *Asian or Pacific Islanders*, among those who are sexually active, nearly two out of three adolescents report that they are using condoms for protection; among Asian adolescents only one out of two who are sexually active used condoms the last time they had sexual intercourse.

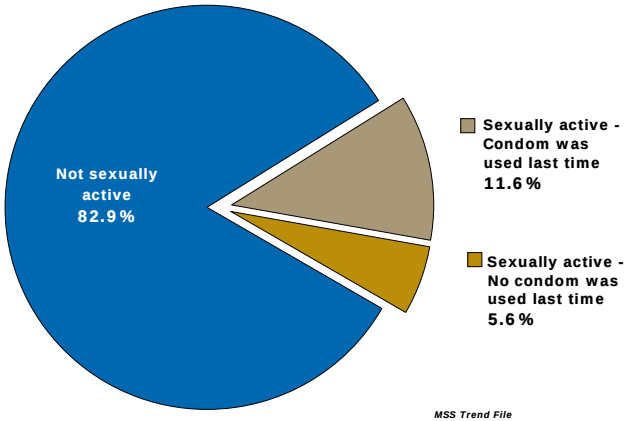
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 9th grade students*

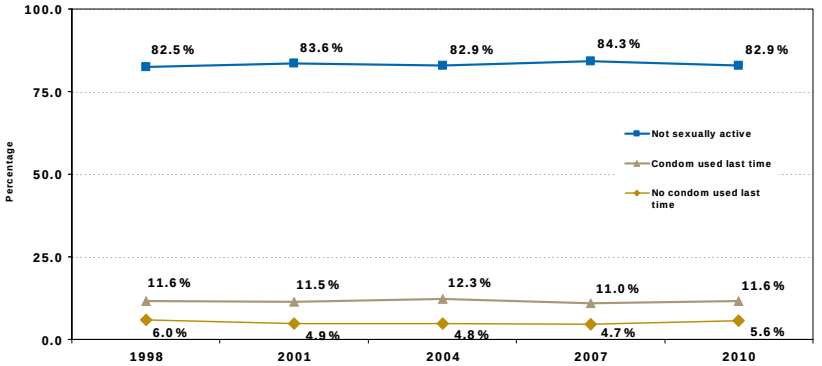
Sexual practices among 9th Grade Students



MSS Trend File

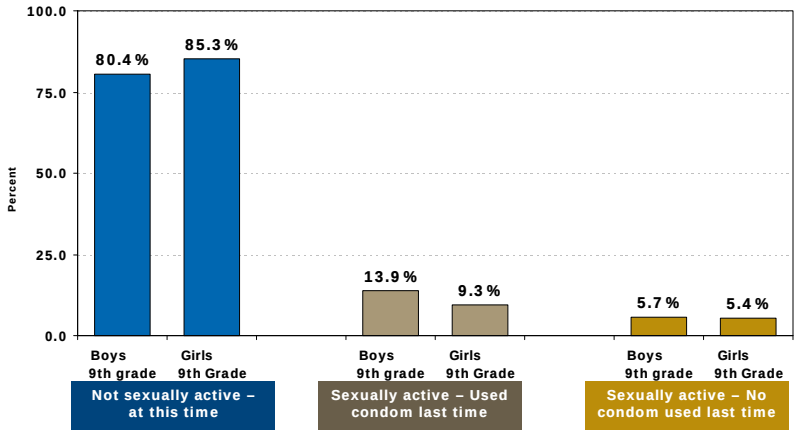
Sexual Practices 9th grade students

Trend Data 1998-2010



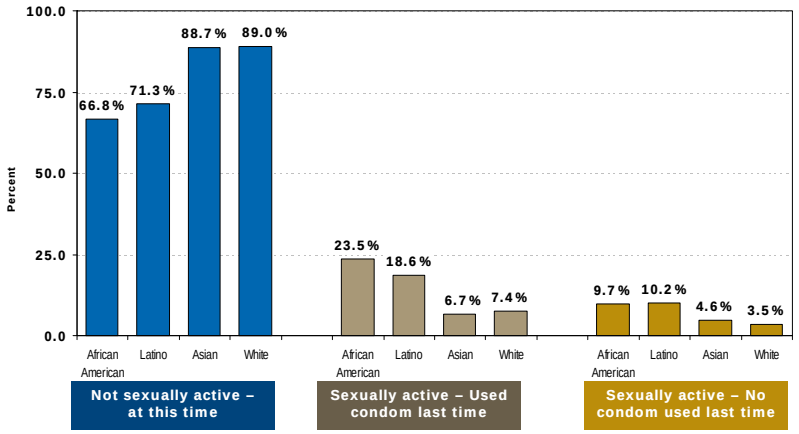
MSS Trend File

Sexual Practices by Gender for 9th grade students



MSS Trend File

Sexual Practices by Race / Ethnicity for 9th grade students



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 12th grade students*

Overview

Why Is This Indicator Important?

Sexually active adolescents can decrease the health risks associated with *sexual intercourse by consistently using condoms*. Failure to use condoms consistently may result in health-related consequences including sexually transmitted infections (*STIs*) and unplanned pregnancies.

How Are We Doing?

- One out of six 12th graders in Hennepin County schools report they are *sexually active – engaging in sexual intercourse but, did not use a condom the last time they engaged in sexual intercourse* (16.5%).
- Among 12th grade students, the highest rates for *sexual activity without condom use* were reported among *Black/African Americans* and *Hispanic/Latinos* (19.1% and 18.7%, respectively); however, the range of rates across ethnic groups is much narrower than it is for 9th grade students.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percent
Hennepin County all 12th grade students attending school in public school districts		**16.5%**
Gender	Boys	**15.5%**
	Girls	**17.4%**
Race / Ethnicity**	Asian / Pacific Islander	**13.5%**
	Black / African American	**19.1%**
	Native American / American Indian	**
	White	**15.5%**
	Hispanic / Latino	**18.7%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on data sources and chart notations.**

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 12th grade students*

Technical Notes

Definition of indicator: Hennepin County 12th grade students *who report that they are sexually active – engaging in sexual intercourse but, did not use a condom the last time they engaged in sexual intercourse.*

Data source: The data on adolescent sexual activity were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "The *last time* you had *sexual intercourse*, did you or your partner use a condom?" The responses to this question and a prior screening question on current sexual activity were compiled to determine the percentage of students who are *sexually active – engaging in sexual intercourse, but, did not use a condom the last time they engaged in sexual intercourse.* More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Sexually active adolescents can decrease the health risks associated with sexual intercourse by consistently using condoms. Failure to use condoms regularly and consistently may result in health-related consequences including sexually transmitted infections (*STIs*) and unplanned pregnancies. For teenagers, unprotected sexual intercourse might result in consequences that could spread infections among partners, lead to conditions including sterility, and interfere with opportunities for life success.

Health disparities: The highest rates for *engaging in sexual intercourse but, not using a condom the last time* were reported among 12th grade *Black/African American* students followed by *Hispanic/Latino* students (19.1% and 18.7% respectively). These two groups were also more likely to be sexually active when compared to their peers.

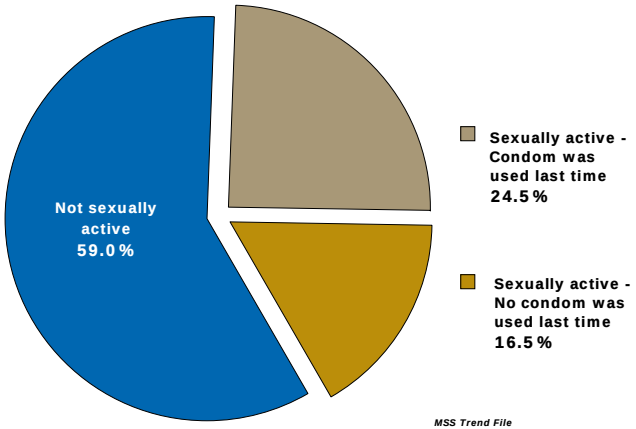
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Sexual Practices – Did not use Condoms among 12th grade students*

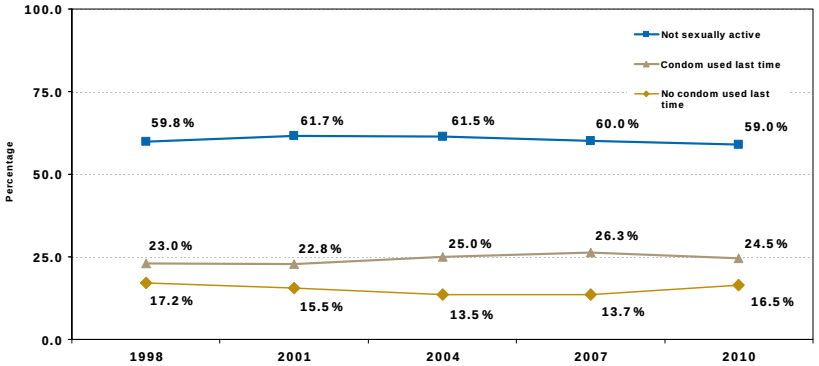
Sexual practices among 12th Grade Students



MSS Trend File

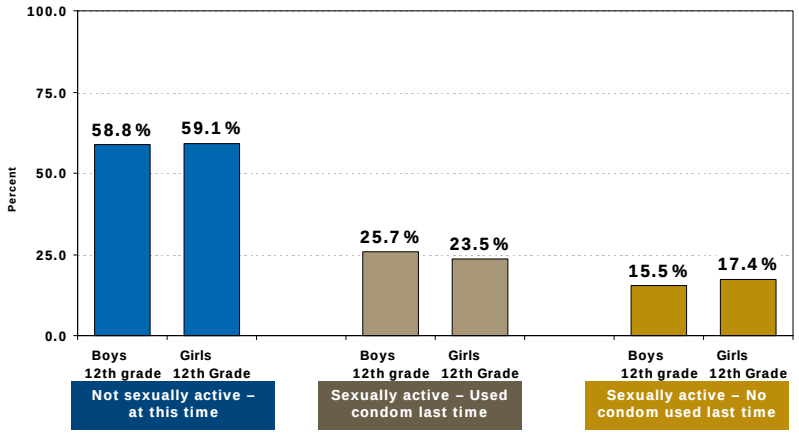
Sexual Practices 12th grade students

Trend Data 1998-2010



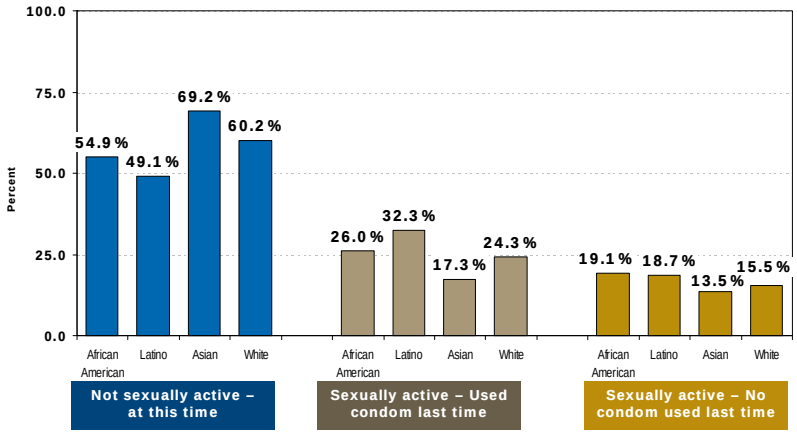
MSS Trend File

Sexual Practices by Gender for 12th grade students



MSS Trend File

Sexual Practices by Race / Ethnicity for 12th grade students



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults Reporting Frequent Everyday Discrimination

Overview

Why Is This Indicator Important?

The social determinants are mostly responsible for health inequities. Discrimination, a critical factor of the social determinants, is found affecting many aspects of health.

How Are We Doing?

- In 2010, 6% of county adults reported having experienced frequent everyday discrimination.
- The disparities in rates of frequent everyday discrimination across populations are disturbingly large. Populations that are disproportionately affected include, but not limited to: racial and ethnic minorities, immigrants, being a LGBT, having a disability or being obese. The most striking disparity is found by geographic areas with rates ranging from 1.7% to 23%.
- Frequent everyday discrimination experience is associated with poor health, higher unmet health care needs and lower preventive care.

Data Source:
SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County all adults		**6.0%**	± 1.0
Age (years)	18-24	**10.1%**	± 5.4
	25-44	**7.5%**	± 1.7
	45-54	**5.1%**	± 1.8
	55-64*	**3.5%**	± 1.3
	65 and older*	**1.5%**	± 0.8
Gender	Male	**6.6%**	± 1.7
	Female	**5.4%**	± 1.1
Household income	<200% federal poverty level	**13.0%**	± 2.8
	≥200% federal poverty level	**4.2%**	± 1.0
Geographic region	Minneapolis*	**9.4%**	± 1.9
	Northwest suburbs	**4.7%**	± 1.9
	West suburbs	**3.8%**	± 2.3
	South suburbs	**3.6%**	± 2.2

* Denotes the difference in rates between this group and *All Hennepin County adults* is statistically significant at p<0.05.

Indicator: Adults Reporting Frequent Everyday Discrimination

Technical Notes

Definition of indicator: Both SHAPE 2010 and SHAPE 2006 included a survey question to assess perceived *everyday discrimination* experience. This questions states *"How often are you in situations where you felt unaccepted because of your race, ethnicity or culture*?" *Frequent every day discrimination* is defined if a person responded *At least once a week* or *Once or twice a month* to this question. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from *SHAPE 2006 Adult Survey* is used to make comparison. No comparable data from state and nation is available for this indicator.

Importance of this indicator: The social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. They are mostly responsible for health inequities- the unfair and avoidable differences in health status seen within and between countries. *Healthy People 2020* highlights the importance of addressing the social determinants of health by including "Create social and physical environments that promote good health for all" as one of the four overarching goals for the decade. Discrimination is a critical factor of the social determinants and is found affecting many aspects of health.

In 2010, 6% Hennepin County adults reported they experienced *frequent everyday discrimination*, i.e. being in situations where they felt unaccepted due to race, ethnicity or culture at least once or twice a month. Another 25% also reported experiencing everyday discrimination, but less frequent.

Health disparities: The disparities in rates of experiencing frequent everyday discrimination across county adult populations are disturbingly large. The rate is high among all racial and ethnic minorities. US-Blacks have the highest rate (23%), a rate that is almost seven times the rate for the Whites (3.4%). Residents of Minneapolis region have a significant higher rate than adults in county as a whole. However, the most striking disparity is found by geographic areas. The rate for north Minneapolis (22%) is 13 times the rate for west suburban outer ring (1.7%). The other population that are disproportionally affected by discrimination include those who are immigrants, speaking a non-English language at home, having a disability, being a lesbian, gay, bisexual or transgender (LGBT), being obese, low income or having less education.

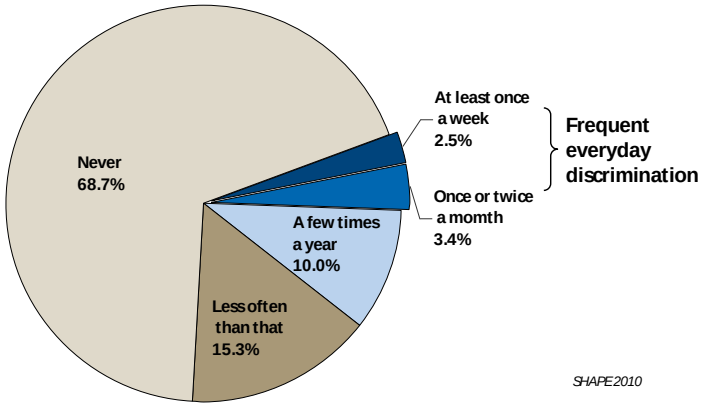
Frequent everyday discrimination experience is associated with poor health, poor preventive care and higher unmet health care needs. Compared to adults who have not experienced frequent everyday discrimination, adults who have experienced frequent everyday discrimination reported a significant higher rate of *poor* or *fair* health, frequent mental distress and psychological distress. They also reported a significantly higher rate of unmet medical care need and unmet mental health care needs. Preventive care measures, such has having complete physical within the past year, having annual dental visit, having blood cholesterol check within the past 5 years, and having cervical cancer screening among women, are significantly low among adults who experienced frequent everyday discrimination than those who have not.

Notes on the charts and tables: An asterisk (*****) indicates the difference in rates of the indicator between the particular subgroup and rate for overall rate for county adults is statistical significant. A set of double asterisks (******) indicate the difference in rates of the indicator across subgroups within the same factor or variable is statically significant. The level of statistical significance was determined at $p < 0.05$.

Indicator: Adults Reporting Frequent Everyday Discrimination

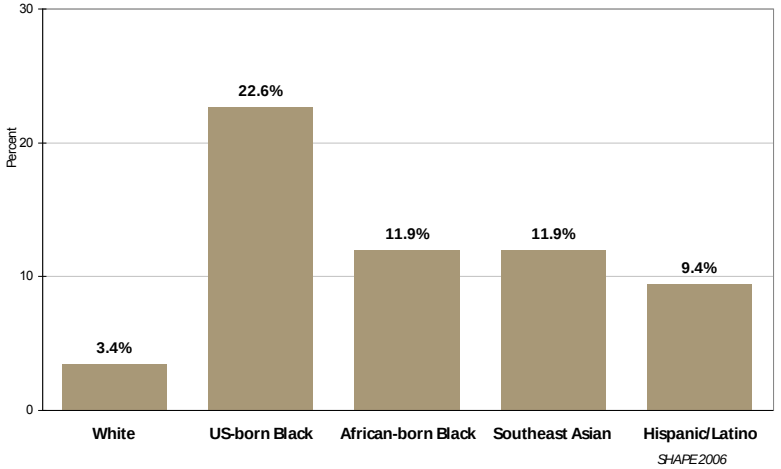
Adults reporting everyday discrimination

Q. *How often are you in situations where you feel unaccepted because of your race, ethnicity or culture?*



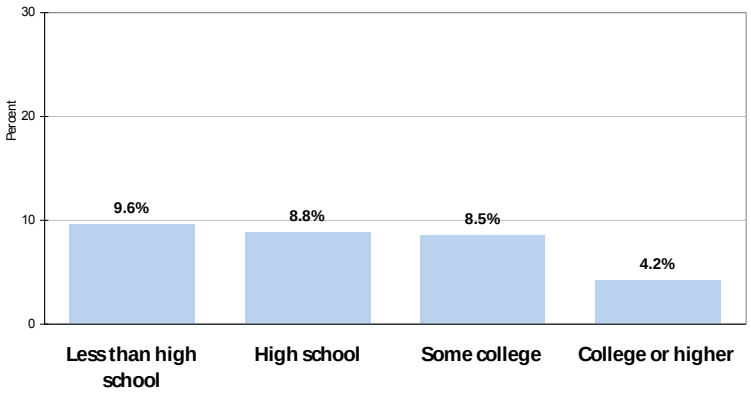
SHAPE 2010

Adults reporting frequent everyday discrimination by race and ethnicity**



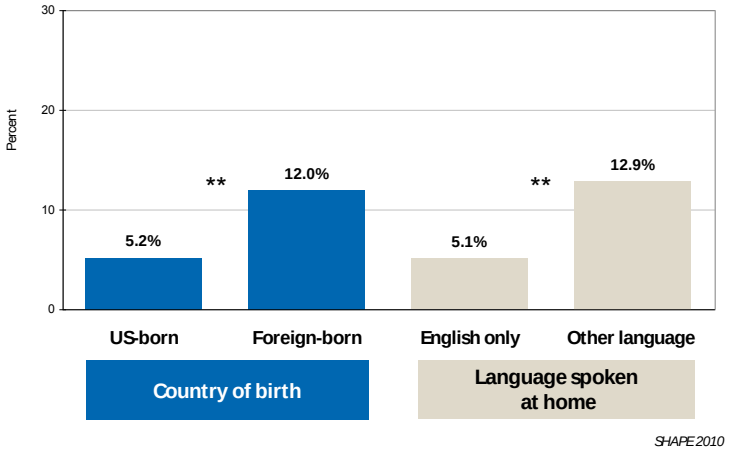
SHAPE 2006

Adults reporting frequent everyday discrimination by education**



SHAPE 2010

Adults reporting frequent everyday discrimination by country of birth and language spoken at home

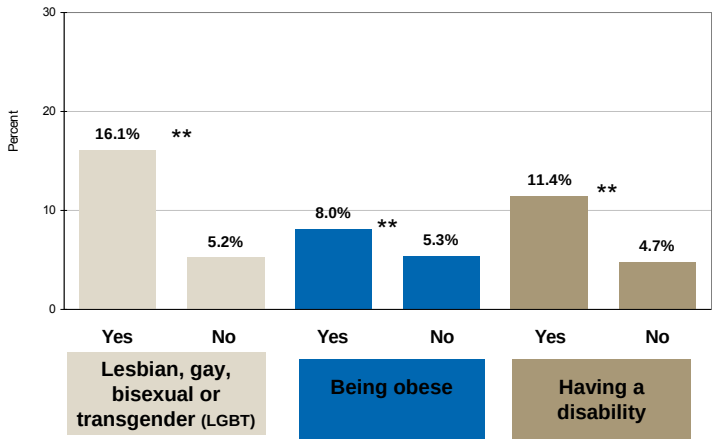


SHAPE 2010

See technical notes for information on data sources and chart

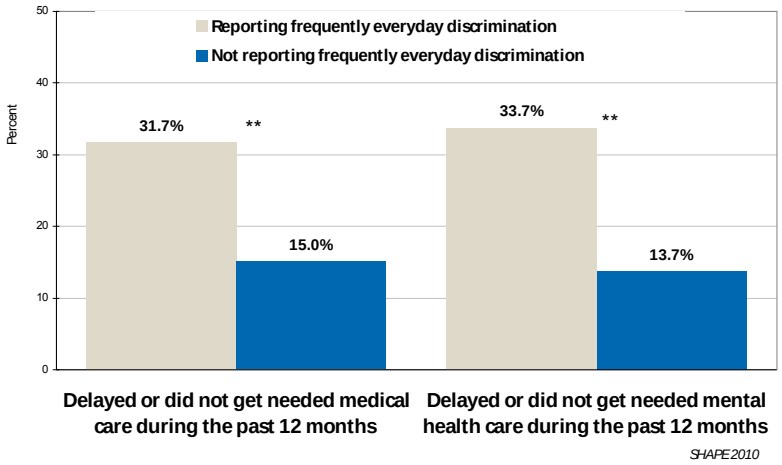
Indicator: Adults Reporting Frequent Everyday Discrimination

Adults reporting frequent everyday discrimination by LGBT, obese and disability status



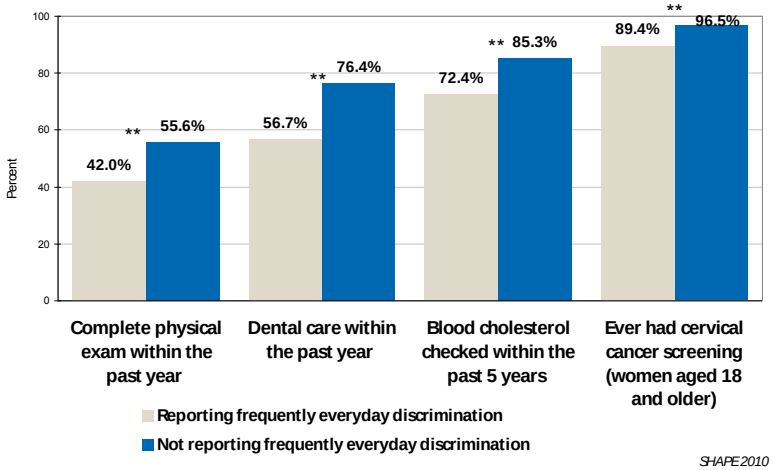
SHAPE 2010

Unmet health care needs by frequent everyday discrimination status



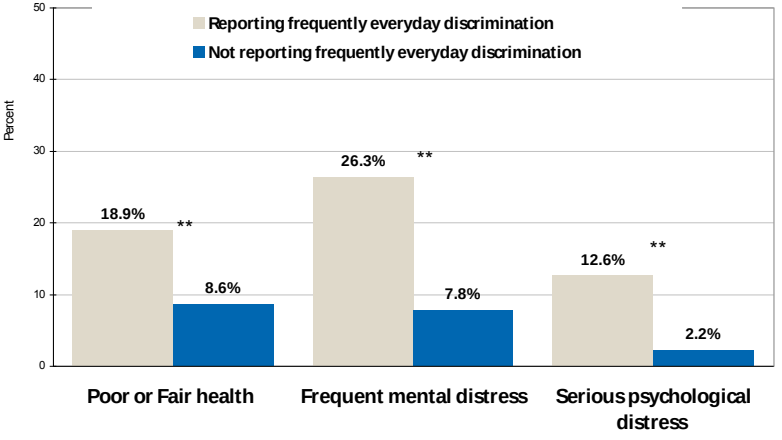
SHAPE 2010

Preventive care by frequent everyday discrimination status



SHAPE 2010

Health status by frequent everyday discrimination status

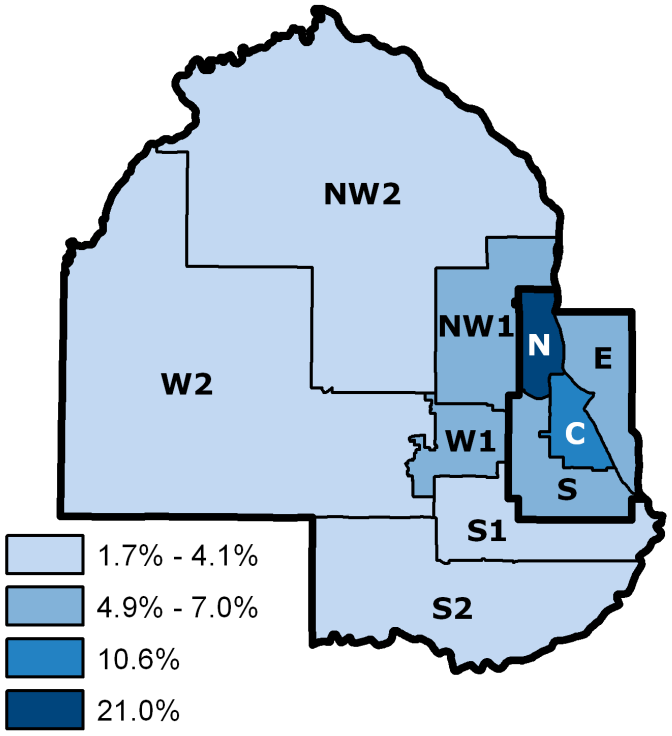


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults Reporting Frequent Everyday Discrimination

Adults reporting frequent everyday discrimination by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: *Adolescent Connected to both Parents*

Overview

Why Is This Indicator Important?

Adolescents who have strong, positive relationships with their parents tend to fare better on a wide range of other indicators of physical health and emotional well-being. They are less likely to engage in risky behaviors, and more likely to develop into secure, healthy, and productive adults.

How Are We Doing?

- Only one in four 9th or 12th graders in Hennepin County schools would be considered *strongly connected to both parents* (26.1% and 26.6%).
- The highest rates for enjoying a *strong connection to both parents* were reported among *White students* (33.1% and 35.8%); the rates for these students are nearly twice what they are for other racial or ethnic groups.
- Although most students report that *my parents care about me very much*, only half of the students report that they *can talk to Mom most of the time, and only* one third report that they *can talk to Dad most of the time.*

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**26.1%**	**26.6 %**
Gender	Boys	**29.3%**	**30.9%**
	Girls	**23.0%**	**26.6%**
Race / Ethnicity**	Asian / Pacific Islander	**16.0%**	**14.7%**
	Black / African American	**13.8%**	**12.2%**
	Native American / American Indian	**	**
	White	**33.1%**	**35.8%**
	Hispanic / Latino	**16.0%**	**19.0%**
Key measures included in this indicator**	*My parents care about me very much*	**75.2%**	**73.7%**
	Can talk to Mom … most of the time	**50.5%**	**52.7%**
	Can talk to Dad … most of the time	**35.2%**	**38.9%**

***Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students who report that they *are strongly connected to both parents.* They feel that *their parents care about them very much;* they *can talk to their Mother about problems they are having most of the time;* and, they *can talk to their Father about problems they are having most of the time.*

Data source: The data on being *strongly connected to both parents* were drawn from the *Minnesota Student Survey - Trend data*. Multiple survey item and responses were compiled for this measure including: "How much do you feel that your parents care about you? (*Very Much*);" "Can you talk to your mother about problems you are having? (*Yes, most of the time*);" and, "Can you talk to your father about problems you are having? (*Yes, most of the time*)." All three responses must be present for a student to be categorized as *being strongly connected to both parents.* More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Adolescents who have strong, positive relationships with their parents tend to fare better on a wide range of other indicators of physical health and emotional well-being. They are less likely to engage in risky behaviors, and more likely to develop into secure, healthy, and productive adults.

Health disparities: Only one in four 9th or 12th graders in Hennepin County schools would be considered *strongly connected to both parents* (26.1% and 26.6%). The highest rates for enjoying a *strong connection to both parents* were reported among *White students* (33.1% and 35.8%, for 9th and 12th graders respectively). The rates for *White students* are nearly twice what they are for other racial or ethnic groups. The racial and ethnic group differences are likely to reflect population level differences in family composition and the rates for households headed by single parents. More students report that they *can talk to their Mother about problems* than they can with their *Father*. Additionally, there are greater differences within subgroups by gender and by grade level for talking to their *Father about problems*, as compared to the rates reported for *talking to their Mother about problems*.

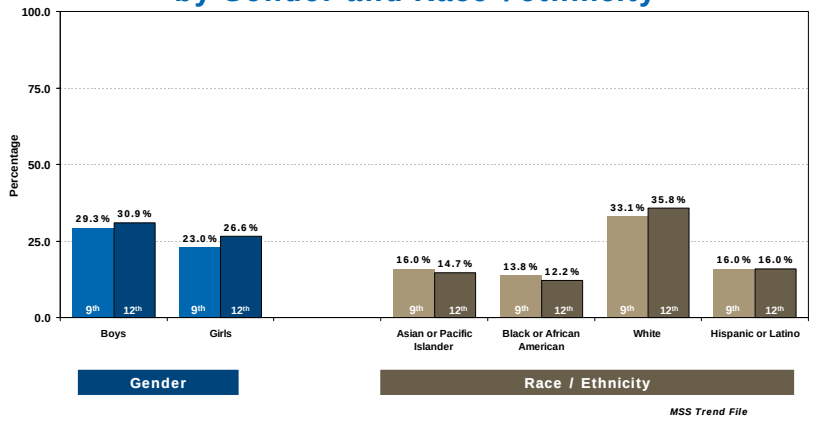
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

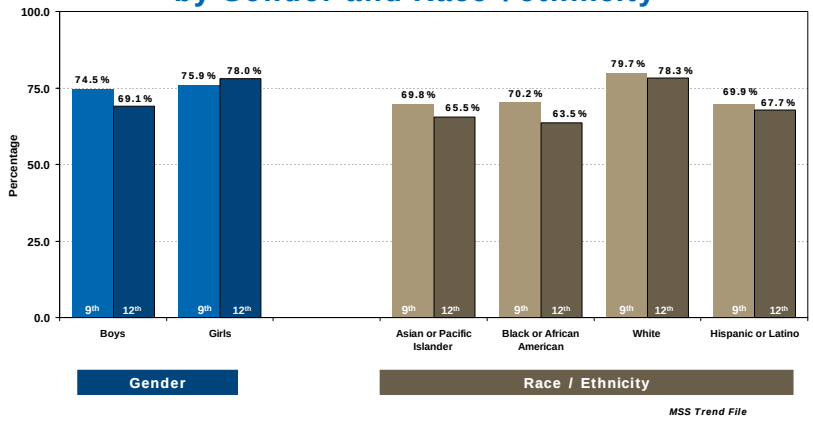
Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used.

Indicator: *Adolescent Connected to both Parents*

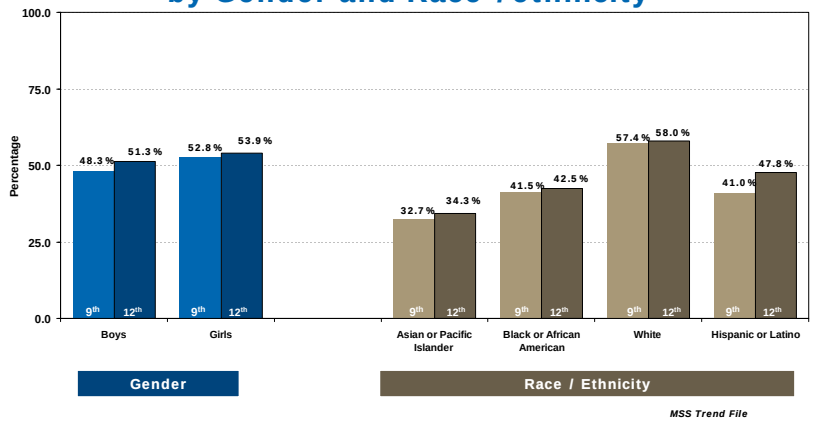
Strong rapport with *both* parents**
9th and 12th grade students
by Gender and Race / ethnicity



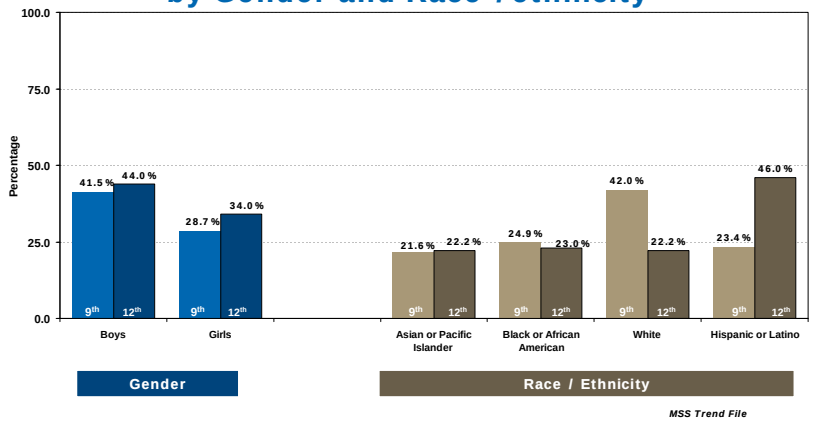
My parents care about me *very much***
9th and 12th grade students
by Gender and Race / ethnicity



Can talk to Mom about problems *most of the time* **
9th and 12th grade students
by Gender and Race / ethnicity



Can talk to Dad about problems *most of the time* **
9th and 12th grade students
by Gender and Race / ethnicity



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescents who are Not well connected to School*

Overview

Why Is This Indicator Important?

Adolescents who do not feel very *well connected to their schools* are more likely to experience educational challenges, and other developmental issues. They are more likely to engage in risky behaviors, and are less likely to be secure, healthy, and productive teens.

How Are We Doing?

- One in four 9th or 12th graders in Hennepin County schools would be considered *not well connected to their school* (25.8% and 25.6%).
- There are differences by gender in each grade level; 12th grade boys are more likely to feel that they were *not well connected* to school than 12th grade girls.
- *Hispanic/Latino* 9th graders were most likely to be categorized as "not well connected to school" (28.9%). However, among 12th graders, they were the least likely to be categorized as *not well connected to school* (20.3%).

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**25.8%**	**25.6 %**
Gender	Boys	**27.5%**	**28.6%**
	Girls	**24.1%**	**22.8%**
Race / Ethnicity**	Asian / Pacific Islander	**21.9%**	**23.9%**
	Black / African American	**26.3%**	**24.3%**
	Native American / American Indian	**	**
	White	**24.6%**	**25.2%**
	Hispanic / Latino	**28.9%**	**20.3%**
Key measures included in this indicator**	*Does not really like going to school*	**45.4%**	**47.1%**
	Most teachers are not really interested in me	**67.3%**	**60.9%**
	Does not feel cared for by teachers or other adults at school	**51.1%**	**50.9%**

***Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students who report that they *are not strongly connected to their school*. They report that: they do not really like going to school; and, most of their teachers are not interested in them as a person; and, they do not feel that teachers or other adults at school care either *quite a bit* or *very much* about them. (All three of these responses must be present to be categorized as *not well connected to school*.)

Data source: The data on students who are *not well connected to school* were drawn from the *Minnesota Student Survey - Trend data*. Multiple survey items and responses were compiled for this measure including: "How do you feel about going to school? (*Like it a little*, *Don't like school very much*, or *Hate school*); "How many of your teachers are interested in you as a person? (*Some*, *A few* or *None*); and, "How much do you feel teachers or other adults at school care about you?" (*Some*, *A little*, or *Not at all*). All three of these responses must be present for a student to be categorized as *not well connected to school*. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Adolescents who do not feel very *well connected to their schools* are more likely to experience educational challenges, and other developmental issues. They are more likely to engage in risky behaviors, and are less likely to be secure, healthy, and productive teens.

Health disparities: One in four 9th or 12th graders in Hennepin County schools would be considered *not well connected to their school* (25.8% and 25.6%, respectively for 9th and 12th graders). *Hispanic/Latino* 9th graders were most likely to be categorized as *not well connected to school* (28.9%). However, among 12th graders, they were the least likely to be categorized as *not well connected to school* (20.3%). This difference between the rates reported by 9th and 12th grade *Hispanic/Latino* students is of concern, because it may be due to higher school-leaving rates among these youth. That is, those who were *not well connected* in 9th grade may have left school before reaching 12th grade. Therefore, although the rate appears to "improve" among these students, this could be a false inference.

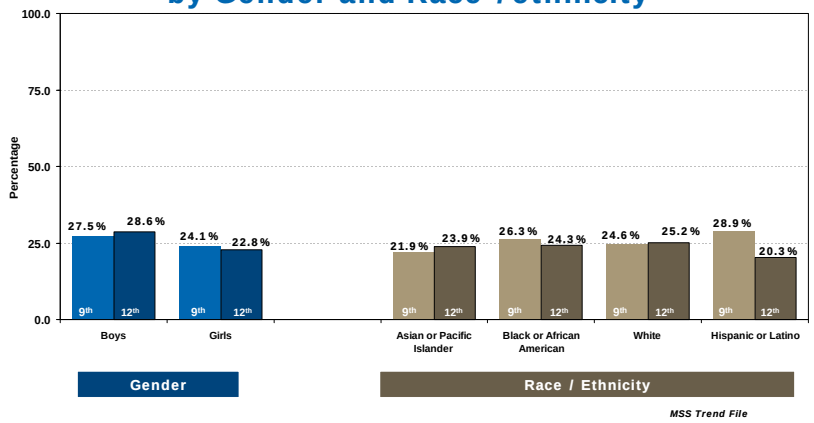
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

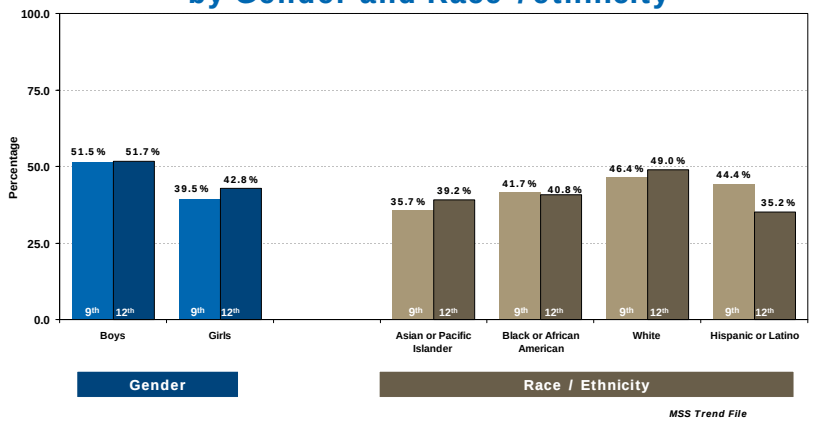
Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used.

Indicator: *Adolescents who are Not well connected to School*

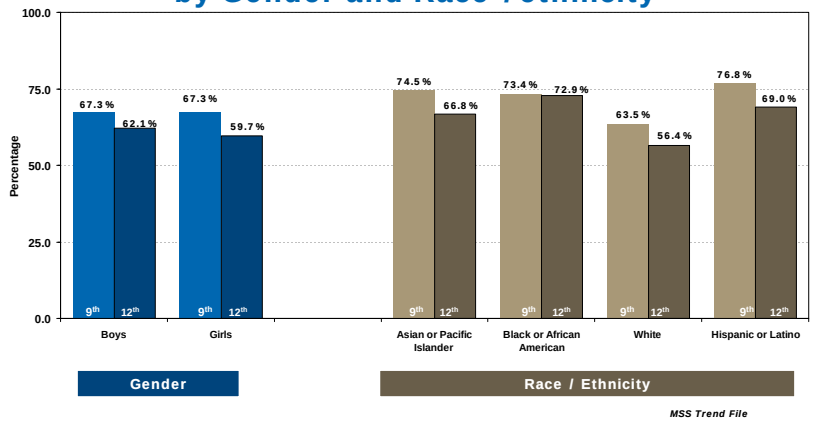
Not *well connected* to school**
9th and 12th grade students
by Gender and Race / ethnicity



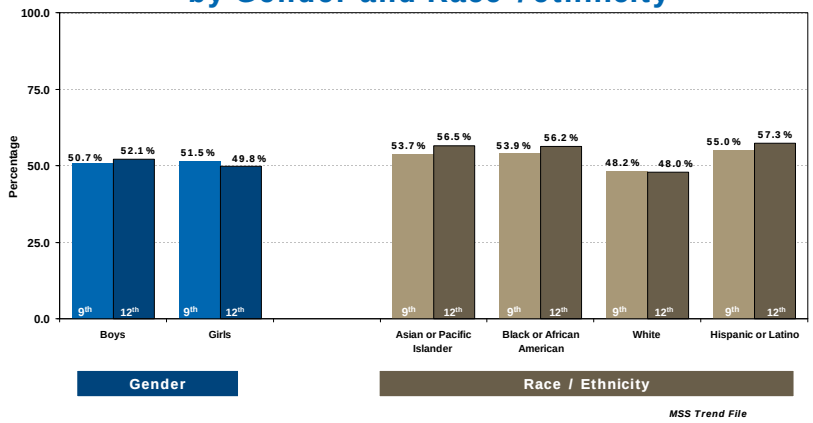
Does not really like going to school **
9th and 12th grade students
by Gender and Race / ethnicity



Most teachers not interested in me as a person**
9th and 12th grade students
by Gender and Race / ethnicity



Does not feel cared for by adults at school **
9th and 12th grade students
by Gender and Race / ethnicity



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescents who are Not well connected to Caring Adults*

Overview

Why Is This Indicator Important?

Adolescents, who do not feel cared for *very much* or *quite a bit* by key adults in their communities, are considered to be *not well connected to caring adults.* Those who are *not well connected to caring adults* are less likely to be secure, healthy, and productive teens.

How Are We Doing?

- One in three 9th or 12th graders in Hennepin County schools would be considered *not well connected to caring adults* (33.8% and 38.4%).
- There are differences by gender in each grade level; 12th grade boys are more likely to feel that they were *not well connected* to caring adults than 12th grade girls.
- *Students of color* were more likely to report they were *not well connected to caring adults* than *White* students; the rates for *students of color* are 10% to 18% higher than the rates reported for *White* students.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage 9th graders	Percentage 12th graders
Hennepin County all students attending school in public school districts		**33.8%**	**38.4 %**
Gender	Boys	**34.6%**	**42.4%**
	Girls	**33.1%**	**34.5%**
Race / Ethnicity**	Asian / Pacific Islander	**43.4%**	**51.0%**
	Black / African American	**41.0%**	**49.2%**
	Native American / American Indian	**	**
	White	**27.5%**	**32.8%**
	Hispanic / Latino	**47.3%**	**45.9%**
Key measures included in this indicator**	*Does not feel cared for by religious/spiritual leaders*	**43.1%**	**53.0%**
	Does not feel cared for by other adults in the community	**54.4%**	**54.5%**
	Does not feel cared for by teachers or other adults at school	**51.1%**	**50.9%**

***Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**

****See *Technical Notes* for information on the data source, limitations on reporting and the definitions of the variables.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students who report that they *are not strongly connected to caring adults in their community*. They report that: they do not feel that their parents care either *quite a bit* or *very much* about them; and, they do not feel that there are any *religious or spiritual leaders*, *other adults in the community*, or *teachers and other adults at school* who care either *quite a bit* or *very much* about them. (All four of these responses must be present to be categorized as *not well connected to school*.)

Data source: The data on students who are *not well connected to caring adults in their community* were drawn from the *Minnesota Student Survey - Trend data*. Multiple survey items and responses were compiled for this measure including: "How much do you feel your *parents* care about you?" (*Some*, *A little*, or *Not at all*); "How much do you feel *religious and spiritual leaders* care about you?" (*Some*, *A little*, or *Not at all*); "How much do you feel *other adults in the community* care about you?" (*Some*, *A little*, or *Not at all*); and, "How much do you feel *teachers or other adults at school* care about you?" (*Some*, *A little*, or *Not at all*). All four of these items/responses must be present for a student to be categorized as *not well connected to caring adults in the community*. That is, if a student feels that his or her parents do not care for them *very much* or *quite a bit*, and that any none of the other three sets of adults cares for them very *much* or *quite a bit*, then the student would be categorized as *not having a connection to caring adults* in the community. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Adolescents, who do not feel cared for *very much* or *quite a bit* by key adults in their communities, are considered to be *not well connected to caring adults.* Those who are *not well connected to caring adults* are less likely to be secure, healthy, and productive teens.

Health disparities: One in three 9th or 12th graders in Hennepin County schools would be considered *not well connected to caring adults in their communities* (33.8% and 38.4%, respectively for 9th and 12th graders). *Students of color* were more likely to report they were *not well connected to caring adults* than *White* students; the rates for *students of color* are 10% to 18% higher than the rates reported for *White* students.

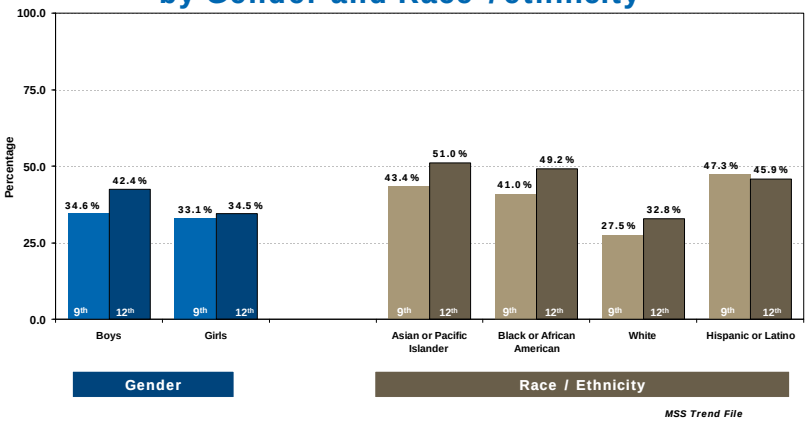
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

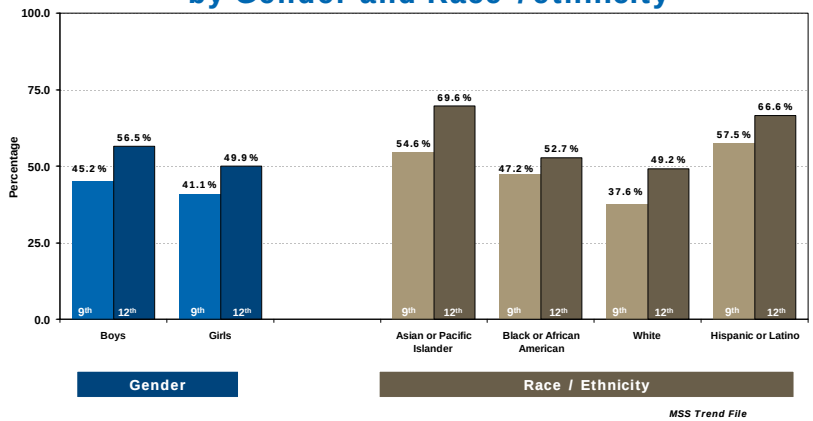
Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used.

Indicator: *Adolescents who are Not well connected to Caring Adults*

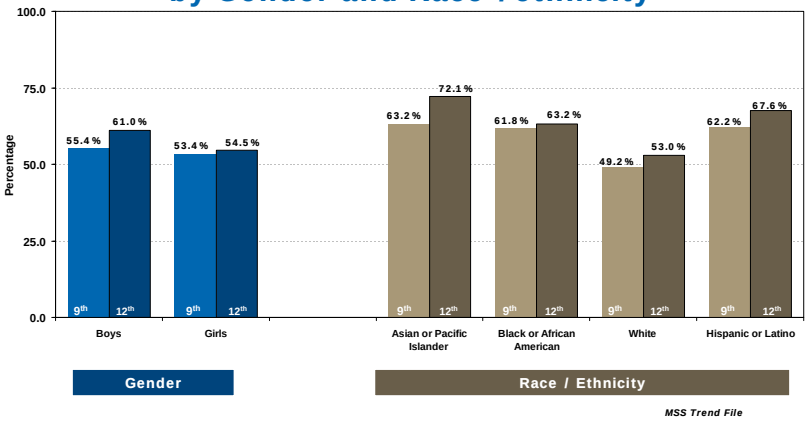
Not *well connected* to caring adults**
9th and 12th grade students
by Gender and Race / ethnicity



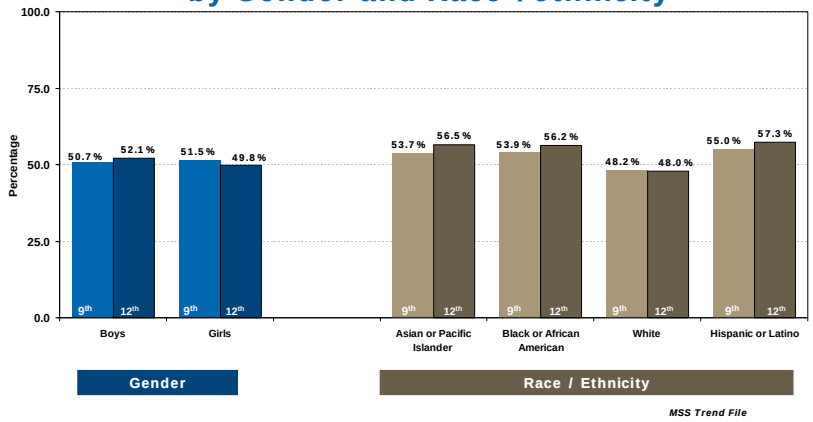
Does not feel cared for by spiritual leaders **
9th and 12th grade students
by Gender and Race / ethnicity



Does not feel cared for by any other adults **
9th and 12th grade students
by Gender and Race / ethnicity



Does not feel cared for by adults at school **
9th and 12th grade students
by Gender and Race / ethnicity



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Children and Teens often talk with their Parents*

Overview

Why Is This Indicator Important?

Several recent studies have found important links between *family connectedness* and good health. Conversations between parents and their children, build the foundation for *family connectedness* and for helping to reinforce healthy behaviors and healthy choices among older children and adolescents.

How Are We Doing?

- Two out of three Hennepin County children aged 6 to 17 have parents who *talk to them about their daily activities at least 5 or more days per week* (65.4%).
- Adolescents aged 14 to17 years old and children from *low income households* were significantly less likely to *talk with their parents about their daily activities on 5 or more days per week*, as compared to *all Hennepin County children* (54.1% for adolescents, and 49.8% for *low income*, respectively).

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 6 to 17		**65.4%**	± 3.6
Age Groups	6 – 9 years	**70.2%**	± 5.9
	10 – 13 years	**71.8%**	± 6.2
	14 – 17 years*	**54.1%**	± 6.3
Gender	Male	**66.5%**	± 4.8
	Female	**64.2%**	± 5.4
Geographic Location	Minneapolis	**61.4%**	± 6.2
	Suburban Areas	**67.1%**	± 4.4
Household Income**	Low income*	**49.8%**	± 6.8
	Not low income	**72.9%**	± 3.9

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 6 to 17 years old whose *parents often talk to them about their daily activities*. *Often* is defined as 5 or more days per week.

Data source: The data on *family communication* are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about children aged 6 to 17 years old: "During the past week, how often did you talk to your child about his or her daily activities?" The percentages reported in the table use a guideline of *five or more days per week*. More information on *family communication*, and the relationship between this factor and positive health outcomes for children, appears in *SHAPE 2006 – Briefing #13: Family connectedness and health*, available on-line.

Importance of this indicator: Several recent studies have found important links between *family connectedness* and good health. Conversations between parents and their children build the foundation for *family connectedness*, and help reinforce healthy behaviors and healthy choices. Adolescents are a particular focus of attention because choices and decisions made during the teen years may establish lifelong habits leading to good (or *poor*) health. Although the content of these conversations may vary greatly from family to family, and is related to their cultural practices and belief systems, parents provide critical guidance and role-modeling, and transmit core values to their teens by talking about these health and safety issues.

Health disparities: Adolescents aged 14 to17 years old and children aged 6 to 17 from *low income households* were significantly less likely to have regular talks with their parents about their daily activities on 5 or more days per week, as compared to all Hennepin County children (54.1% for adolescents, and 49.8% for low income, compared to 65.4% of *all Hennepin County children* respectively).

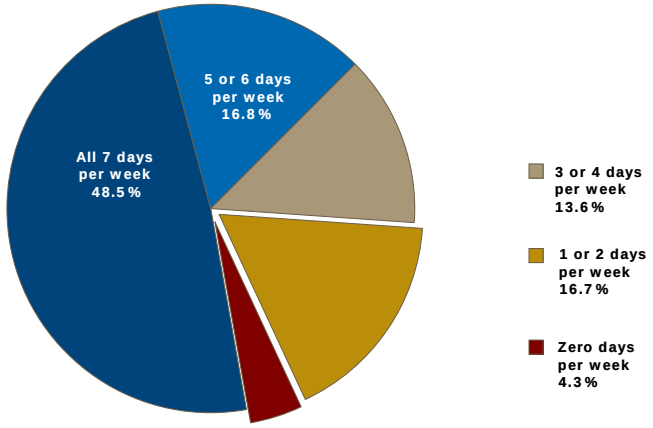
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for *all Hennepin County children*. The level of statistical significance was determined at $p < 0.05$. For this indicator, higher rates are "better" as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special notes on Parents talking to adolescents about key health and safety issues: The graph (presented below) providing data on parents talking about key health and safety topics is based on adolescents aged 14 to 17. For each of the bars, parents were asked to respond to a set of questions that each used this general format: "In the past year, have you or another family member talked to the child about … [specific health/safety issue]? " The response categories included: *Never, 1 time, 2 times*, and *3 or more times in the past year*. The bars represent the percentage of adolescents whose parents have talked to them *3 or more times* in the past year about the particular health or safety issue. More information about the specific wording for each of the health and safety issues is available in the *SHAPE 2010 – Child Data Book*, available on-line.

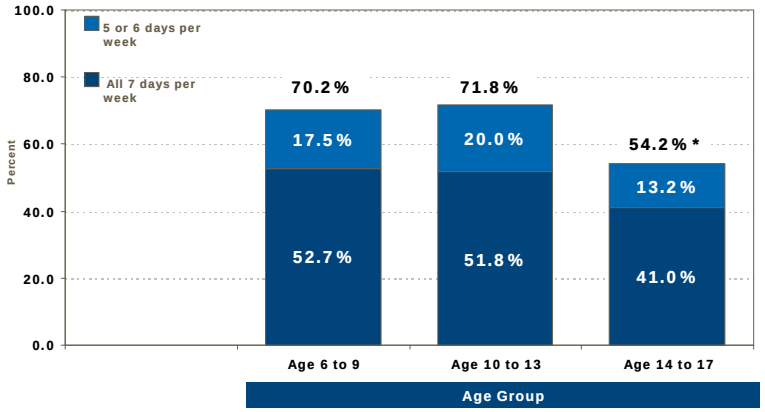
Indicator: *Children and Teens often talk with their Parents*

During the past week, did the parent talk to their child about his or her daily activities?
Children Aged 6 to 17



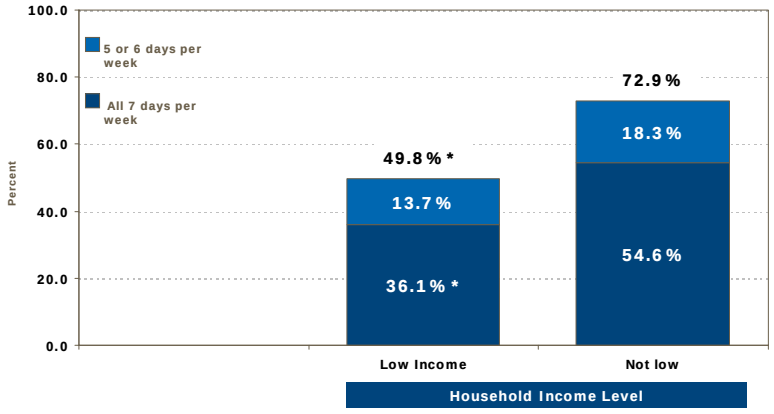
SHAPE 2010

Parent talks to child about his or her activities 5 or more days per week
by Age Group



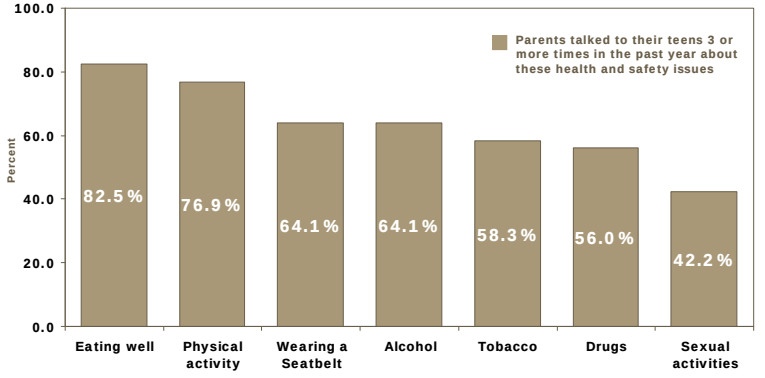
SHAPE 2010

Parent talks to child about his or her activities 5 or more days per week
by Household income level



SHAPE 2010

Parents talk to adolescents about key health and safety issues**
Age 14 to 17



SHAPE 2010

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Child regularly shares Family Mealtimes Together*

Overview

Why Is This Indicator Important?

Several recent studies have found important links between *family connectedness* and good health. In these studies, *sharing a meal together as a family on five or more days each week* ("family mealtime together") was found to be an important factor in supporting healthy outcomes for children.

How Are We Doing?

- Two out of three Hennepin County children aged 3 to 17 regularly share mealtimes with their family members on *5 or more days per week* (64.0%).
- Adolescents aged 14 to17 years old were significantly less likely to share meals with family members as compared to *all Hennepin County children* (43.6%).
- Children from *low income households* were also significantly less likely to regularly share family mealtimes as compared to *all Hennepin County children* (54.3%).

Data Source:

SHAPE 2010 – Child Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County children aged 3 to 17		**64.0%**	± 3.1
Age Groups	3 – 5 years	**73.3%**	± 6.1
	6 – 9 years	**73.1%**	± 5.2
	10 – 13 years	**66.9%**	± 6.5
	14 – 17 years*	**43.6%**	± 6.2
Gender	Male	**65.0%**	± 4.1
	Female	**62.9%**	± 4.6
Geographic Location	Minneapolis	**61.6%**	± 5.2
	Suburban Areas	**64.9%**	± 3.8
Household Income**	Low income*	**54.3%**	± 6.3
	Not low income	**68.1%**	± 3.4

***Denotes the difference in rates between this group and *all Hennepin County children* is statistically significant at $p<0.05$.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County children aged 3 to 17 years old *who regularly share at least one mealtime together with most or all of their family members*. *Regularly* is defined as *5 or more days per week*.

Data source: The data on *family mealtimes together* are drawn from the *SHAPE 2010 – Child Survey*. This survey question was asked about children aged 3 to 17 years old: "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?". The responses reported in the table use a recommended guideline of *five or more days per week*. More information on having regular *family mealtimes together*, and the relationship between this factor and other positive health outcomes for children, appears in *SHAPE 2006 – Briefing #13: Family connectedness and health*, available on-line.

Importance of this indicator: Several recent studies have found important links between *family connectedness* and a wide range of positive health outcomes for children including: the likelihood of the child being in *overall excellent health*; the likelihood that the *child is happy* and has *positive self-worth*; and the likelihood that the child is *eating more nutritious foods on a daily basis*, such as fruits and vegetables. The "best" predictor of healthy outcomes for children in many of these studies is: *having at least one meal together as a family on five or more days each week.* By focusing on having regular *family mealtimes together*, parents may see notable improvements in several important health outcomes for their children.

Health disparities: Findings from the *SHAPE 2010 – Child Survey* show that overall, two out of three Hennepin County children (64%), *shared regular mealtimes with their families on 5 or more days per week*. However, for adolescents aged 14 to 17, the rate drops to 43.6%, which is statistically, significantly lower than *all Hennepin County children* and as compared to other age groups. Children from *low income households* are also less likely to share *family mealtimes together*; 54.3% were found to be *sharing mealtimes with their families on 5 or more days during the past week*.

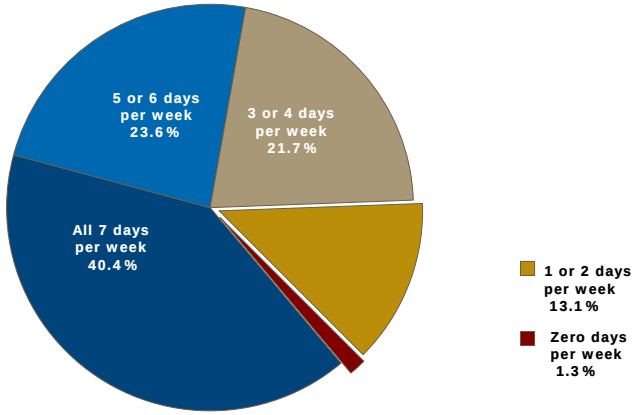
Notes on the charts and tables: An asterisk (*) indicates that the rate for the particular subgroup is statistically, significantly lower or "less favorable" than the overall rate for *all Hennepin County children*. The level of statistical significance was determined at $p < 0.05$. For this indicator, higher rates are "better" as indicators of health. Confidence intervals (*C.I.*) for the population estimates have been provided in the table above. Percentages displayed in the charts and tables have been rounded and may not add to exactly 100.0%.

Special Notes on reporting rates for Low Income / Not Low Income Households: Children from households that met any of these three criteria were identified as being from *low income households*: the reported household income for the family's size placed the household below 200% of the *Federal Poverty Level*; the child is covered by health insurance from a *public source*, or is currently *uninsured*; and/or the child currently receives *free or reduced price meals* at school.

Special notes on comparing rates to State and National data: In the graph (below) providing comparative data from the National Survey of Children's Health (NSCH 2007), it is important to note that the data pertain to all children aged 0 to 17. In the other charts, the population is limited to children aged 3 to 17 years old. The *SHAPE 2006 – Child Survey* data, which are used as a reference in comparison to the US and Minnesota findings, are based on the full population of children aged 0 to 17. No statistically significant differences were found across the three groups (US, MN, or Hennepin County) for this indicator.

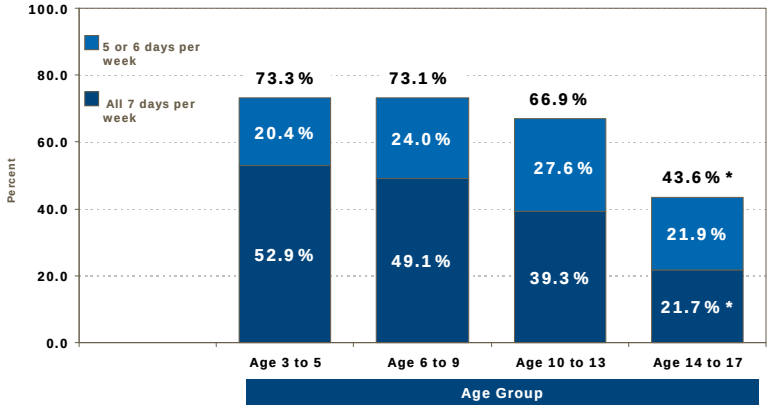
Indicator: *Child regularly shares Family Mealtimes Together*

During the past week, how many days did most of the family members eat a meal together?
Children Aged 3 to 17



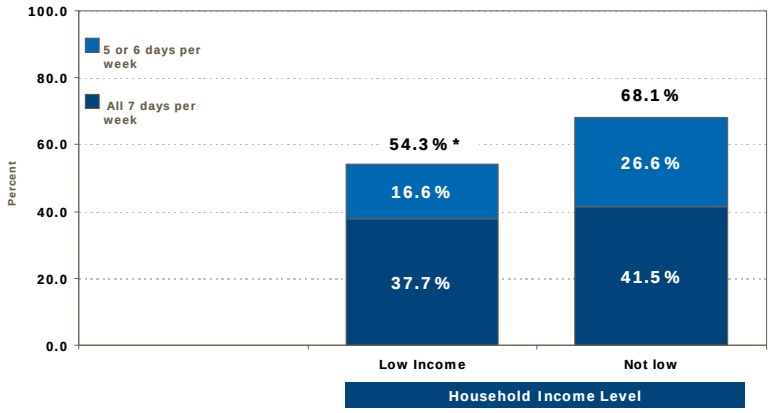
SHAPE 2010

Shares meals with family members at least 5 or more days per week
by Age Group



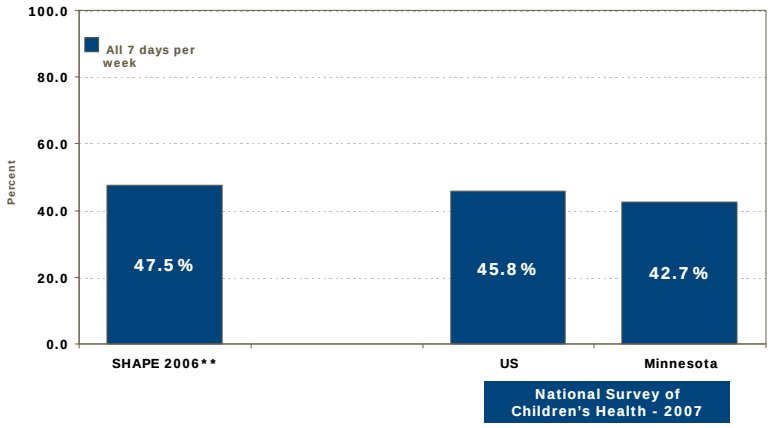
SHAPE 2010

Shares meals with family members at least 5 or more days per week
by Household income level



SHAPE 2010

Shares meals with family members everyday
State and National data**



**See *Technical Notes* for information on data sources and chart notations.

Indicator: Adults Currently Smoking

Overview

Why Is This Indicator Important?

Tobacco use remains the single most preventable cause of disease, disability and death in the United States.

How Are We Doing?

- In the past decade, smoking rate among Hennepin County adults has declined from 21.2% in 1998 to 12.1 % in 2010, a 43% reduction.
- The success of smoking reduction is not equally shared by all adults in Hennepin County. Smoking rates remain significantly higher among US-born Blacks, residents of low income, low education, and those experiencing frequent mental distress, or being a member of LGBT. There is large variation in smoking rates across geographic areas with lowest in Northwest suburb outer ring (7.1%) to the highest in North Minneapolis (24%).
- Residents who reside in multiunit housing reported a significantly higher smoking rate than residents who reside in non-multiunit housing (18% vs. 9.8%).

Data Source:

SHAPE 2010 – Adult Survey, Hennepin County.

Population		Percent	C.I.
All Hennepin County adults aged 18 and older		**12.1%**	± 1.2
Age (years)	18-24	**17.6%**	± 7.1
	25-44	**12.9%**	± 1.9
	45-54	**14.0%**	± 2.7
	55-64	**10.1%**	± 2.0
	65 and older *	**4.9%**	± 1.2
Gender	Male	**14.0%**	± 2.2
	Female	**10.4%**	± 1.1
Household income	<200% federal poverty level *	**24.7%**	± 3.5
	≥200% federal poverty level *	**8.9%**	± 1.2
Geographic region	Minneapolis *	**16.4%**	± 2.0
	Northwest suburbs	**10.5%**	± 2.4``
	West suburbs	**9.3%**	± 3.1
	South suburbs	**8.8%**	± 2.8

* Denotes the difference in rates between this group and All Hennepin County is statistically significant at $p<0.05$.

Technical Notes

Definition of indicator: The current smoking status was derived from the responses to two questions: *"Have you smoked at least 100 cigarettes in your entire life?"* and "*Do you now smoke cigarettes every day, some days or not at all?*" A person who has smoked 100 cigarettes or more in his or her lifetime and now smokes every day or some days is classified as a current smoker. A person will be classified as e*xperiencing recent frequent mental distress* if he or she reported that his or her mental health was not good for at least 14 days during the past 30 days. Definitions for other variables and factors used in this report can be found at www.hennepin.us/shape.

Data source: The primary data source for this report is *SHAPE 2010 – Adults Survey.* Data from previous SHAPE surveys, including *SHAPE 1998 Survey, SHAPE 2002 Survey* and *SHAPE 2006 Adult Survey* are used to monitor this indicator over time. Data from *SHAPE 2006* is sued to report indicator by race and ethnicity *as SHAPE 2010* does not have enough sample to do so. Data sources used for the chart "*How does Hennepin County Compare*" includes *Minnesota 2010 Metro Adult Health Survey* that covers six metro counties of Minnesota (Anoka, Carver, Dakota, Ramsey, Scott and Washington), *Minnesota 2010 Behavioral Risk Factor Surveillance Survey (BRFSS*) and median value from all *2010 BRFSS* participating states.

Importance of this indicator: Tobacco use remains the single most preventable cause of disease, disability and death in the United States. Each year, approximate 443,000 persons in US die from smoking related illness. For every one smoking-related death, another 20 people struggle with one or more serious smoking related illness. In addition to the loss of human life, smoking cost about 193 billion annually in direct health care expenses and lost productivity.

Health disparities: Hennepin County has made considerable progress in reducing tobacco use in the past decade. The rate has been decreased from 21.2% in 1998 to 12.1% in 2010, representing an equivalent of 64,000 fewer adult smokers than would have existed has no decrease occurred. The historic low smoking rate makes Hennepin County among those very few counties in United States that have reached the federal *Health People 2020 target* of reducing adult smoking rate to 12%. The rate is significantly lower than the rates for the state and for the nation.

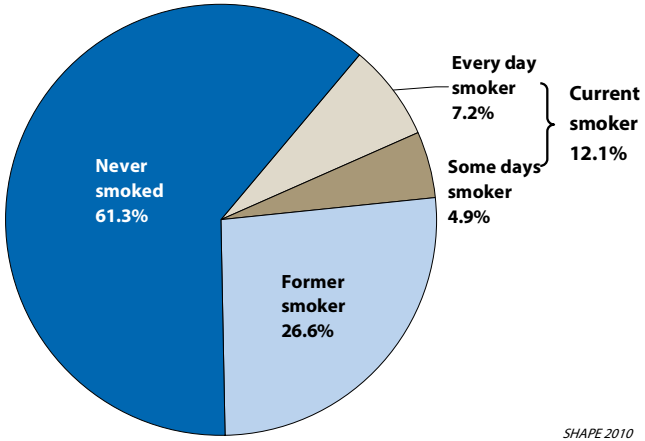
The success of smoking reduction is not equally shared by all adults in Hennepin County. Disparities in smoking rates across adults groups are still evident. Residents who are disproportionately affected by current cigarette smoking include young adults, adult males, and those with low income, low education, experiencing recent frequent mental distress or being a member of LGBT. Residents who reside in multiunit housing reported a significantly higher rate of smoking than residents who reside in non-multiunit housing (18% vs. 9.8%). Large variation in smoking rates across geographic areas, ranging from 7.1% in Northwest suburb outer ring to 24% percent in North Minneapolis, is also observed.

The most pronounced difference in smoking rates are found between US- born Blacks and African-born Blacks (32% vs. 2.8%).

Notes on the charts and tables: An asterisk (*) indicates the difference in rates of the indicator between the particular subgroup and All Hennepin County adults is statistically significant. A set of double asterisks (**) indicates the difference in rates of the indicator across subgroups within the same variable or factor is statically significant. A set of three asterisks (***) indicates the difference in rates of the indicator between the Hennepin County and the nation is statistically significant. A set of four asterisks (****) indicates the difference in rates of the indicator between the Hennepin County and the state of Minnesota or other metro counties is statistically significant. The level of statistical significance was determined at $p < 0.05$.

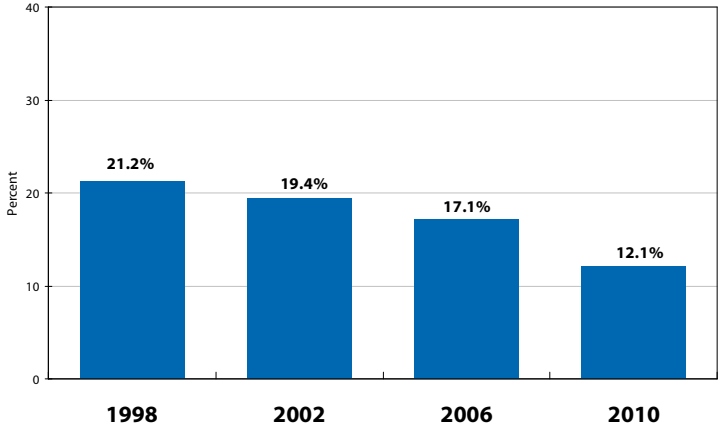
Indicator: Adults Currently Smoking

Adults current smoking status

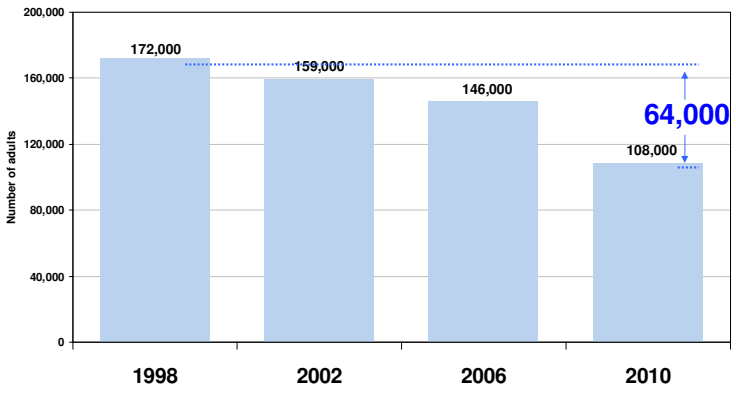


SHAPE 2010

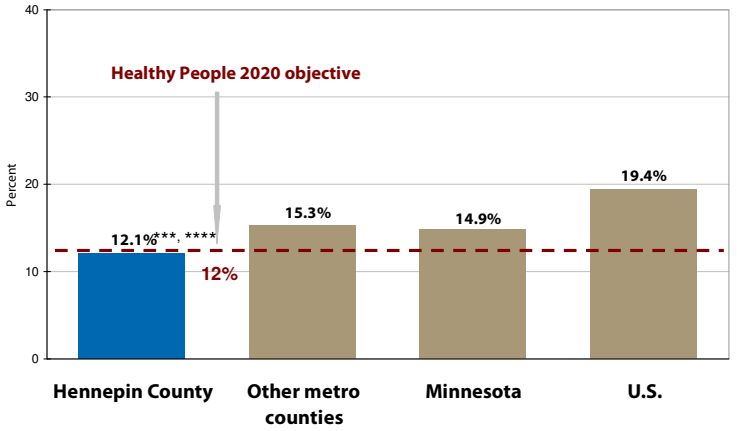
Adults currently smoking Trend trend1998-2010



Number of adults who currently smoke Trend 1998-2010



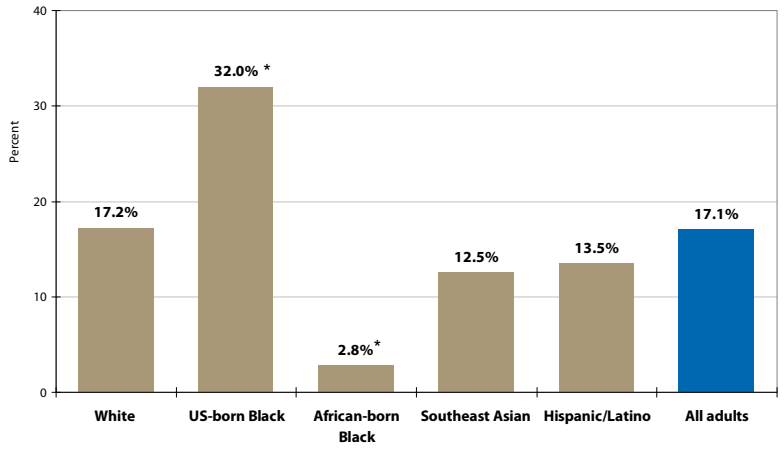
Adults currently smoking in 2010 How does Hennepin County compare?



See technical notes for information on data sources and chart notations.

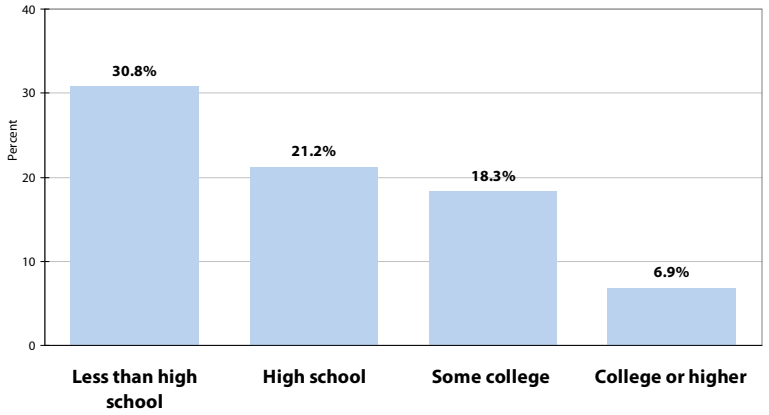
Indicator: Adults Currently Smoking

Adults currently smoking by race and ethnicity



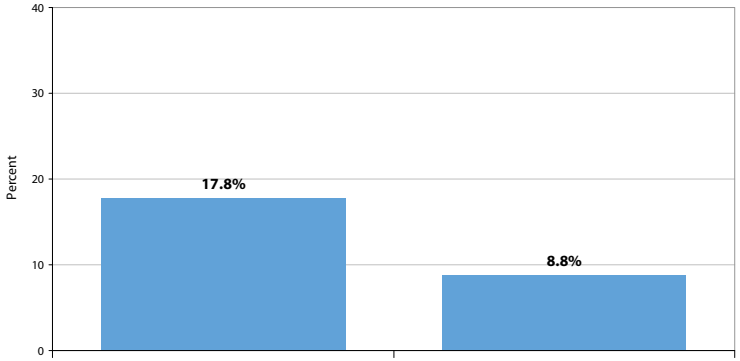
SHAPE 2006

Adults currently smoking by education**



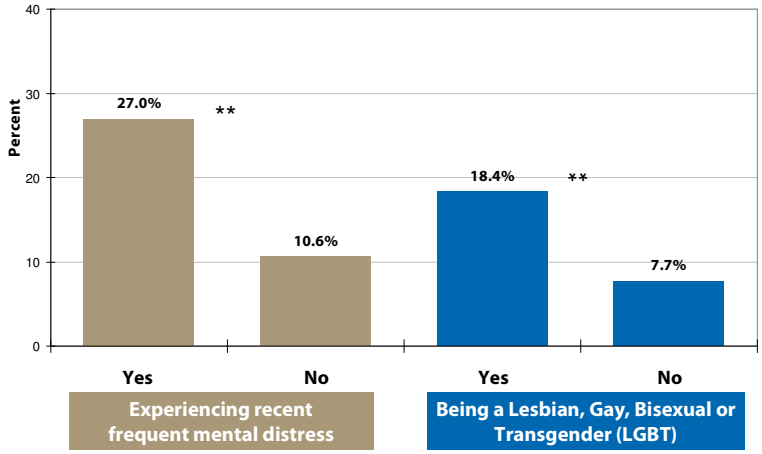
SHAPE 2010

Adults currently smoking by housing type**



SHAPE 2010

Adults currently smoking by frequent mental distress and LGBT status

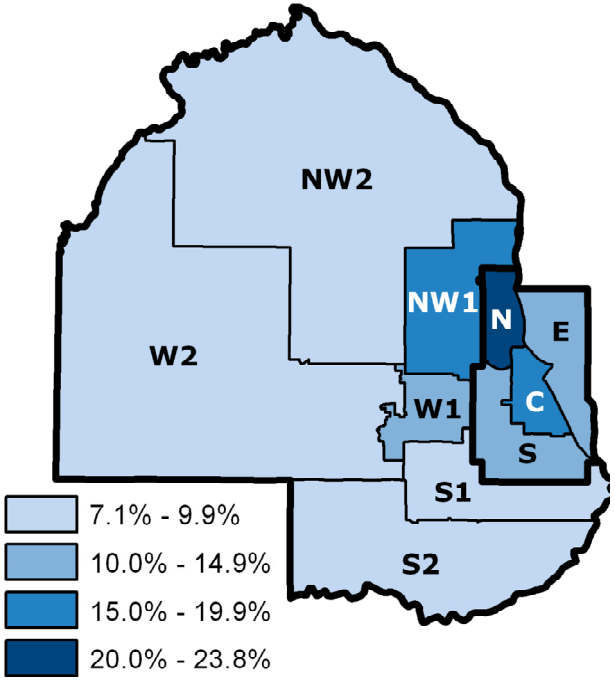


SHAPE 2010

See technical notes for information on data sources and chart notations.

Indicator: Adults Currently Smoking

Adults currently smoking by geographic 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

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

See technical notes for information on data sources and chart notations.

Indicator: *Adolescent Smoking Rates*

Overview

Why Is This Indicator Important?

Reducing direct and indirect exposure to tobacco smoke is a critical factor in reducing serious health conditions in the population. For teenagers, direct use of tobacco through smoking may later lead to nicotine addiction, and to the onset of chronic heart and lung conditions as adults.

How Are We Doing?

- One out of six 12th graders in Hennepin County schools report that they *smoked a cigarette in the past 30 days* (15.8%).
- The highest smoking rates reported among 9th graders were for *Hispanic/Latino* students (13.2% compared to 6.3% overall).
- Smoking rates overall, were down over time from1998 to 2010, but have still remained high among 12th grade Boys (18.6%).

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**6.3%**	**15.8%**
Gender	Boys	**6.7%**	**18.6%**
	Girls	**5.9%**	**13.4%**
Race / Ethnicity**	Asian / Pacific Islander	**6.8%**	**11.7%**
	Black / African American	**6.3%**	**10.8%**
	Native American / American Indian	**	**
	White	**4.8%**	**16.5%**
	Hispanic / Latino	**13.2%**	**15.8%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students *who report that they smoked a cigarette in the past 30 days.* The definition of "smoking" includes students who reported that they smoked even part of a cigarette, (less than one whole cigarette) during the last 30 days.

Data source: The data on *adolescent smoking* were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "During the last 30 days, how frequently have you smoked cigarettes?" Students were provided with a series of responses categories ranging from *Never* to *Two packs or more per day*. Precise wording of the survey questions on smoking has changed slightly, but comparable measures for *smoking in the past 30 days* can be derived from previous versions of the question to provide trend data from 1998 to 2010. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Reducing direct and indirect exposure to tobacco smoke is a critical factor in reducing serious health conditions in the population. For teenagers, direct use of tobacco through smoking may later lead to nicotine addiction, and to the onset of chronic heart and lung conditions as adults.

Health disparities: The highest smoking rates among 9th graders were reported for *Hispanic/Latino* students (13.2%). Smoking rates overall, were down over time from 1998 to 2010, but have still remained high among 12th grade Boys (18.6%). There are notable differences between boys and girls in 12th grade level.

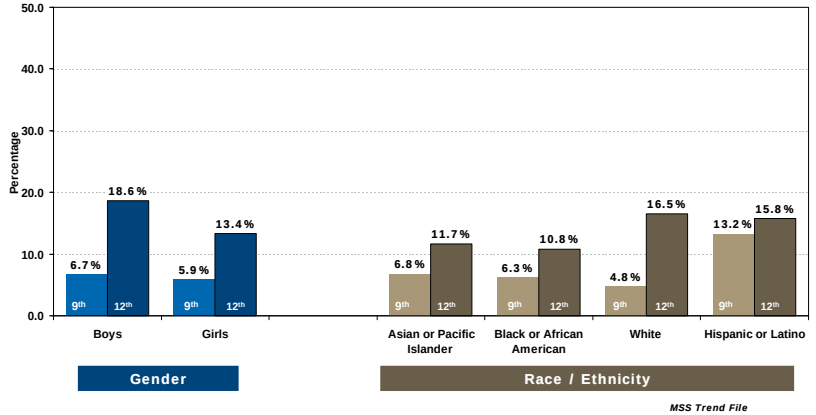
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

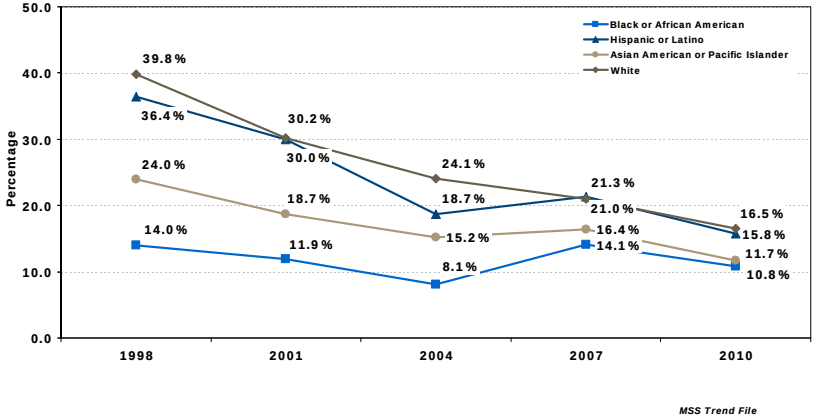
Indicator: *Adolescent Smoking Rates*

Smoking rates among 9th and 12th grade students** by Gender and Race / ethnicity



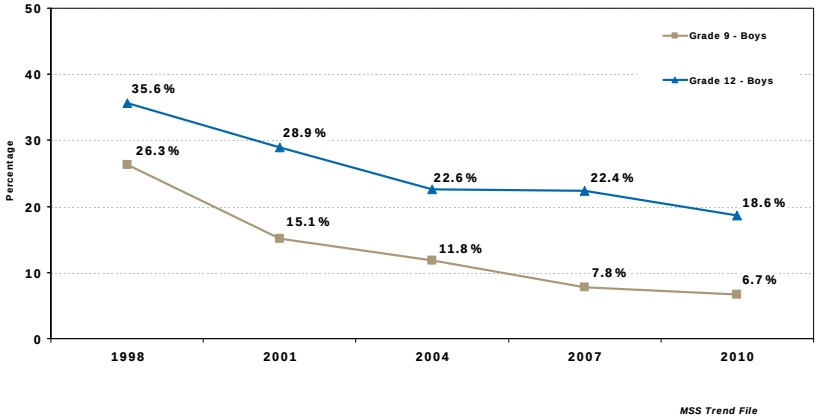
Smoking rates for 12th grade students by Race / Ethnicity**

Trend Data 1998-2010



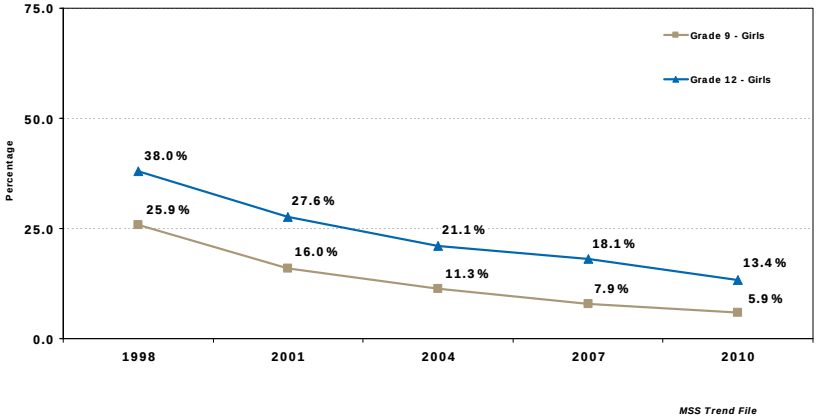
Boys' smoking rate by Grade level**

Trend Data 1998-2010



Girls' smoking rate by Grade level**

Trend Data 1998-2010



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent reports family member's alcohol or drug use is causing problems*

Overview

Why Is This Indicator Important?

Substance use, specifically, the *misuse of alcohol or drugs by any member of the family*, may harm the individual user, but may also create serious health and well-being issues for other members of the family. Children and adolescents may be particularly vulnerable to the destabilizing influences of *family substance use issues*.

How Are We Doing?

- Over one out of six 9th and 12th graders in Hennepin County schools report that *alcohol or drug use by a family member repeatedly caused problems* (17.5% and 18.7%, respectively).
- Slightly higher rates for *problems due to a family member's drug or alcohol use* were reported by girls as compared to boys.
- Compared to other racial or ethnic groups, *Asian* students were least likely to report that alcohol or drug use problems were present in their families.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**17.5%**	**18.7%**
Gender	Boys	**14.8%**	**17.3%**
	Girls	**20.0%**	**20.0%**
Race / Ethnicity**	Asian / Pacific Islander	**10.7%**	**13.3%**
	Black / African American	**18.7%**	**19.1%**
	Native American / American Indian	**	**
	White	**15.9%**	**18.0%**
	Hispanic / Latino	**21.5%**	**20.3%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**
****See *Technical Notes* for information on data sources and chart notations.**

Indicator: *Adolescent reports family member's alcohol or drug use is causing problems*

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students *who report that a family member's alcohol or drug use has repeatedly caused family health, job, or legal problems.*

Data source: The data on *adolescents reporting family problems due to alcohol or drug use* were drawn from the *Minnesota Student Survey - Trend data*. Responses from two survey items were compiled for this measure. These two survey questions were asked of 9th and 12th grade students attending public schools in Hennepin County: "Has *alcohol use* by any family member repeatedly caused family, health, job or legal problems?"; and, "Has *drug use* by any family member repeatedly caused family, health, job or legal problems?". A simple *yes/no* answer option was provided; students answering "*yes*" to either one of these two items were included in the rates reported in the tables and charts. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Substance use, specifically, the misuse of alcohol or drugs by any member of a family, may harm the individual user, but may also create serious health and well-being issues for other members of the family. Children and adolescents may be particularly vulnerable to the destabilizing influences of family substance use issues. Adolescents who report that a *family member has repeatedly caused family, health, job or legal problems due to drug or alcohol use*, may be particularly susceptible to these destabilizing influences and subject to negative affects on their own health and well-being.

Health disparities: Over one out of six 9th and 12th graders in Hennepin County schools *report that alcohol or drug use by a family member repeatedly caused problems* (17.5% and 18.7%, respectively). Slightly higher rates for *problems due to a family member's drug or alcohol use* were reported by girls as compared to boys, although as with the grade level rates, sub-groups by grade or gender are not notably different. Compared to other racial or ethnic groups, *Asian* students were least likely to report that alcohol or drug use caused problems in their families. Trends over time are relatively stable, although reports among 12th grade *Hispanic/Latino* students which had been the highest reported at their grade level, appear to have come down over the past 12 years (from 26.1% in 1998 to 20.3% in 2010).

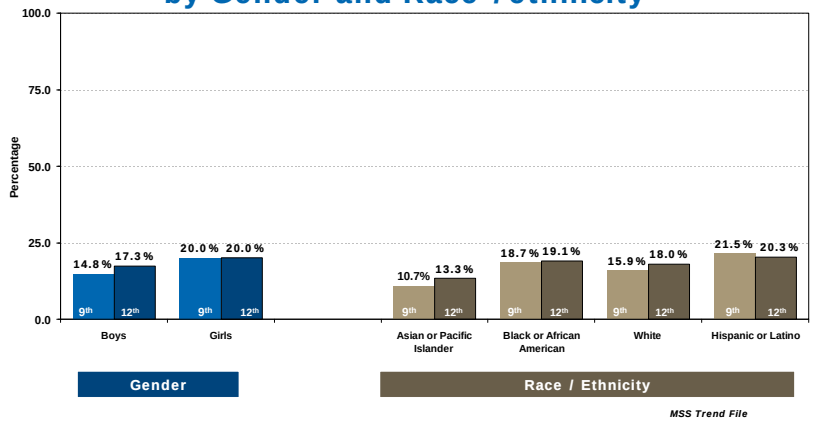
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

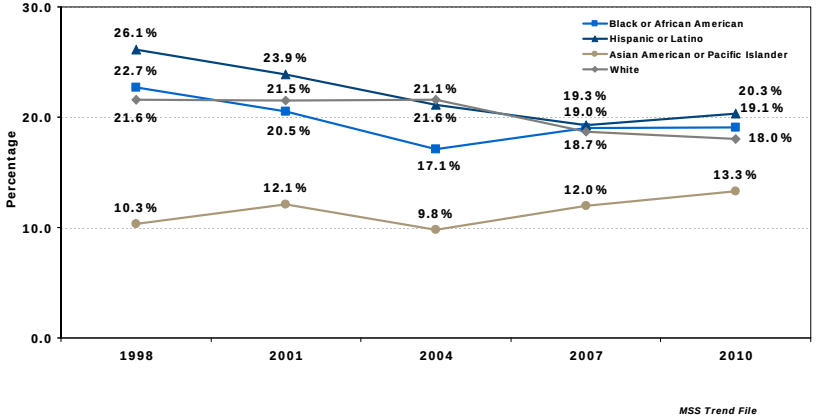
Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent reports family member's alcohol or drug use is causing problems*

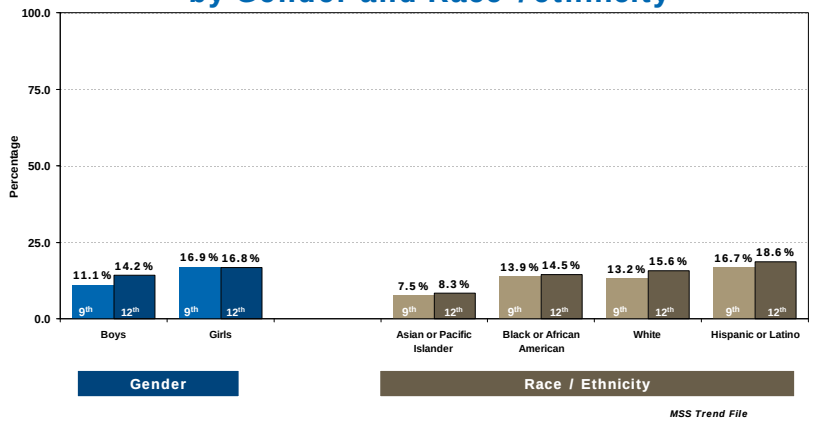
Family drug or alcohol use issues**
9th and 12th grade students
by Gender and Race / ethnicity



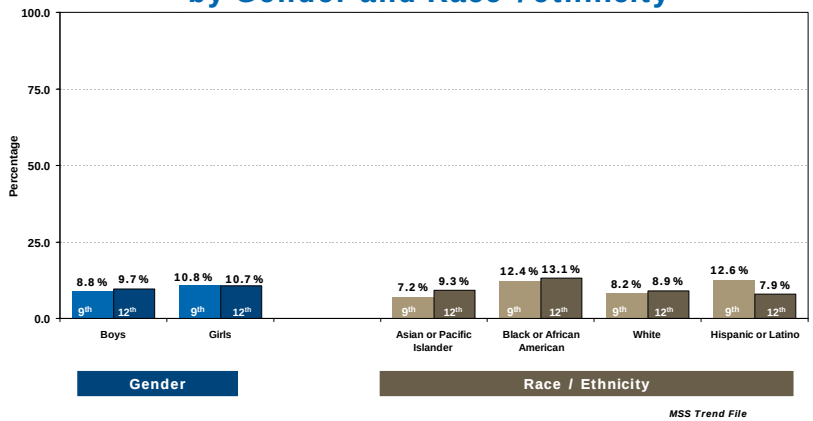
Family drug or alcohol use issues**
reported by 12th graders
Race/Ethnicity Trend Data 1998-2010



Family member's alcohol use causes problems **
9th and 12th grade students
by Gender and Race / ethnicity



Family member's drug use causes problems **
9th and 12th grade students
by Gender and Race / ethnicity



**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Alcohol Use*

Overview

Why Is This Indicator Important?

For teenagers, use of alcohol may directly interfere with physical, emotional, and educational development. Sustained use in adolescence can later lead to serious, chronic health conditions and potential addiction issues as adults.

How Are We Doing?

- Four out of ten 12th graders in Hennepin County schools report that they *drank alcohol on one or more days of the past 30 days* (38.9%)
- The highest rates for alcohol use were reported among *White* 12th grade students (43.3%).
- *Alcohol use rates*, overall, were down over time from 1998 to 2010, but have still remained high among 12th grade students (from 48.2% to 38.9%).

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**15.9%**	**38.9%**
Gender	Boys	**15.8%**	**39.5%**
	Girls	**16.3%**	**38.5%**
Race / Ethnicity**	Asian / Pacific Islander	**16.4%**	**25.0%**
	Black / African American	**16.0%**	**23.8%**
	Native American / American Indian	**	**
	White	**13.1%**	**43.3%**
	Hispanic / Latino	**29.3%**	**35.6%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 12th grade students *who report that they drank alcohol on one or more days of the past 30 days.*

Data source: The data on *adolescent alcohol use* were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?" Students were provided with a series of responses categories ranging from *0 days* to *All 30 days*. Precise wording of the survey question has changed over time, but comparable measures of *alcohol use in the past 30 days* can be derived from previous versions of the question to provide trend data from 1998 to 2010. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Reducing exposure to alcohol among adolescents is a critical factor in reducing serious, chronic conditions in the adult population. For teenagers, use of alcohol may directly interfere with physical, cognitive, emotional and educational development. Sustained use in adolescence can later lead to serious, chronic health conditions and potential addiction issues as adults.

Health disparities: The highest rates for *alcohol use* were reported among *White, 12th grade students* (43.3%). The *alcohol use rate* among 9th grade students is highest among *Hispanic / Latino* students. There are no notable differences for the rates between boys and girls at each of the grade levels.

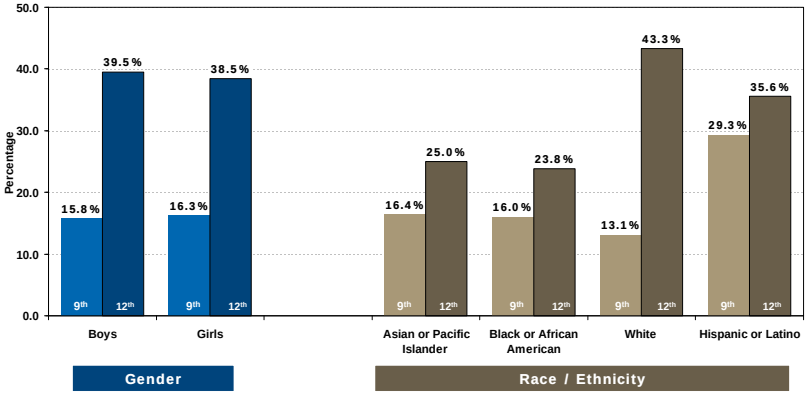
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; smoking rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Alcohol Use*

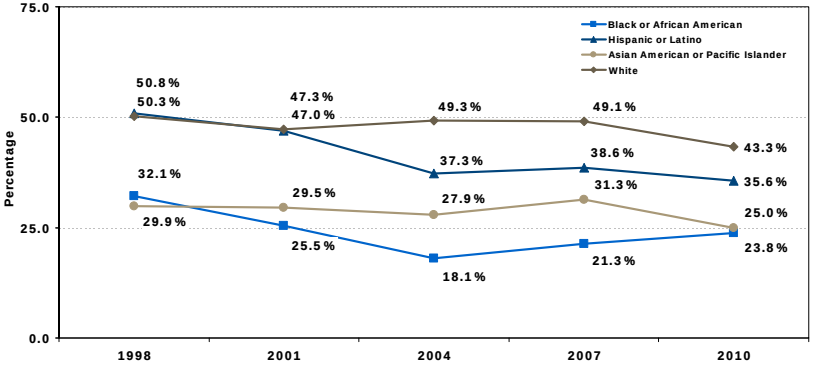
Alcohol Use rates among 9th and 12th grade students** by Gender and Race / ethnicity



MSS Trend File

Alcohol use rate for 12th grade students by Race / Ethnicity**

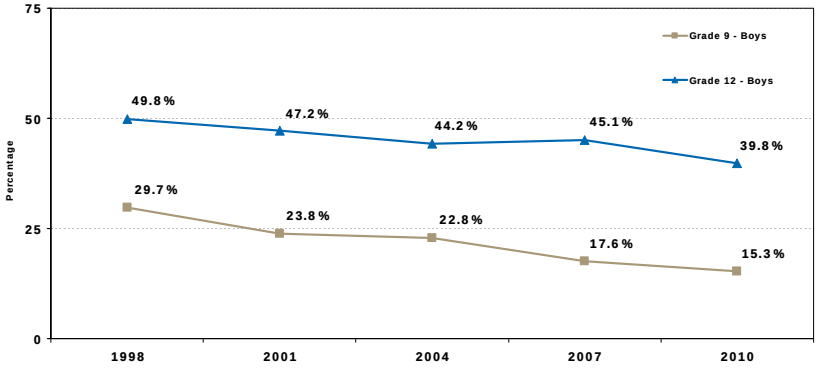
Trend Data 1998-2010



MSS Trend File

Boys' alcohol use rate by Grade level**

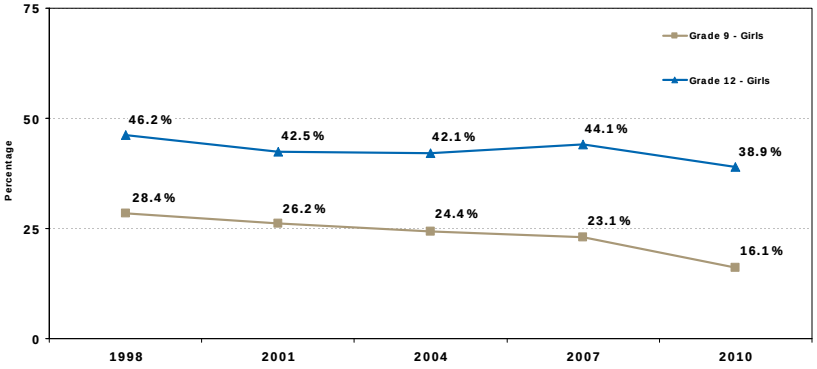
Trend Data 1998-2010



MSS Trend File

Girls' alcohol use rate by Grade level**

Trend Data 1998-2010



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Binge Drinking in past two weeks*

Overview

Why Is This Indicator Important?

For teenagers, use of alcohol may directly interfere with physical, emotional and educational development. *Binge drinking* is a particularly serious and dangerous level of alcohol use. It is defined as having *five or more drinks of alcohol in a row*, (at one time period).

How Are We Doing?

- Nearly one out of four 12th graders in Hennepin County schools report that they *five or more drinks of alcohol in a row*, in the past two weeks (23.6%)
- The highest rates for *binge drinking* were reported among *White* 12th grade students (26.5%).
- *Binge drinking* rates, overall, have not changed very much from 1998 to 2010; the greatest changes over time were reported for 9th grade boys and girls (both have had declining rates over time.)

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**8.4%**	**23.6%**
Gender	Boys	**8.4%**	**26.7%**
	Girls	**8.4%**	**20.9%**
Race / Ethnicity**	Asian / Pacific Islander	**10.2%**	**16.1%**
	Black / African American	**7.4%**	**14.5%**
	Native American / American Indian	**	**
	White	**6.0%**	**26.5%**
	Hispanic / Latino	**17.6%**	**19.7%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students *who report that they had five or more drinks of alcohol in a row, in the past two weeks.*

Data source: The data on *adolescent binge drinking* were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "Thinking back over the last two weeks, how many times (if any) have you had five or more drinks in a row? (A drink is defined as a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor)." Students were provided with a series of responses categories ranging from *Never* to *6 or more times*. The wording of the survey question has remained stable over time, making it possible to provide trend data from 1998 to 2010. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Reducing exposure to alcohol among adolescents is a critical factor in reducing serious, chronic conditions in the adult population. For teenagers, use of alcohol may directly interfere with physical, emotional and educational development. *Binge drinking* is a particularly serious and dangerous level of alcohol use. It is defined as having *five or more drinks of alcohol in a row*, (at one time period). Extreme bouts of alcohol use can result in alcohol poisoning (which may be fatal); or it may lead to serious, chronic health conditions and potential addiction issues.

Health disparities: The highest rates for *binge drinking* were reported among *White, 12th grade students* (26.5%); the *binge drinking* rates for other groups of 12th grade *students of color* range from 15% to 20%. Until recently, there were notable differences between the rates reported for boys and girls at the 12th grade level, (boys have had rates that were generally 6% to 10% higher than the rates for girls); there are less notable differences among groups of 9th grade boys and girls reported in the trend data. Additionally, although *binge drinking* rates, overall, have not changed very much from 1998 to 2010; the greatest changes in the rates over time were reported for 9th grade boys and girls.

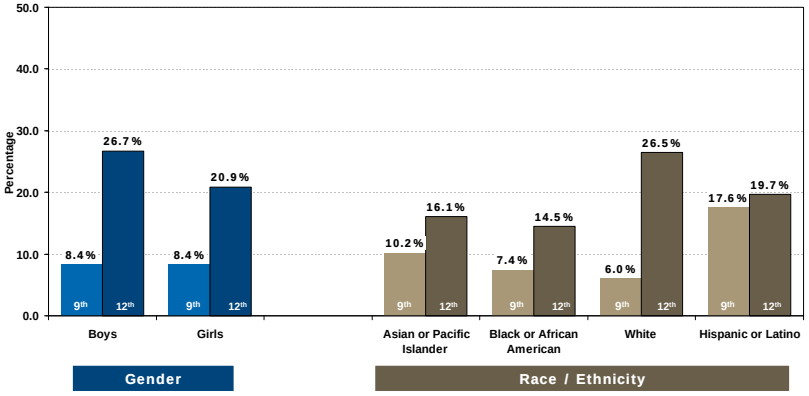
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Binge Drinking in past two weeks*

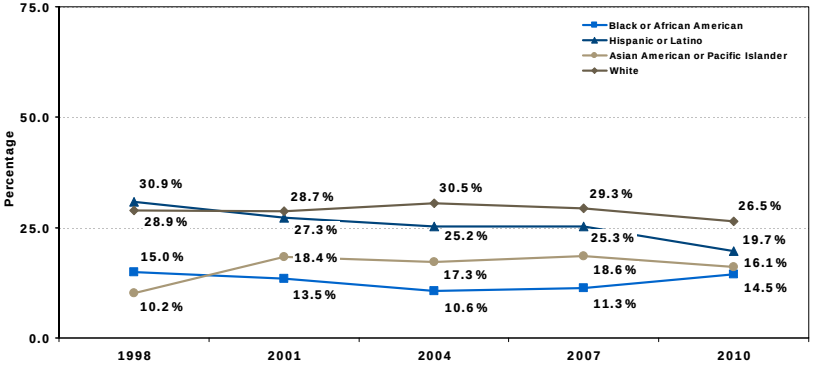
Binge drinking in past two weeks 9th and 12th grade students** by Gender and Race / ethnicity



MSS Trend File

Binge drinking rate for 12th grade students by Race / Ethnicity**

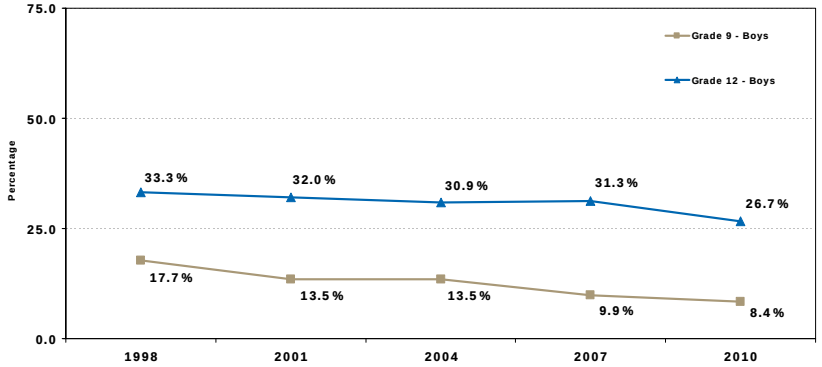
Trend Data 1998-2010



MSS Trend File

Boys' binge drinking rate by Grade level**

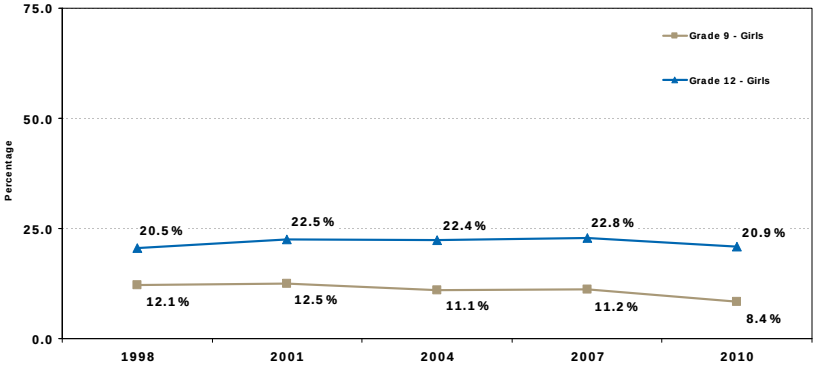
Trend Data 1998-2010



MSS Trend File

Girls' binge drinking rate by Grade level**

Trend Data 1998-2010



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

Indicator: *Adolescent Marijuana Use*

Overview

Why Is This Indicator Important?

For teenagers, use of illegal substances such as marijuana may directly interfere with physical, emotional and educational development. Sustained use in adolescence can later lead to serious, chronic health conditions, legal implications, and potential addiction issues as adults.

How Are We Doing?

- One in four 12th graders in Hennepin County schools report that they *used marijuana on one or more days of the past 30 days* (24.0%)
- The highest rates for marijuana use were reported among 12th grade boys (29.1%).
- Marijuana use rates, by gender, were stable over time from 1998 to 2010, with 12th grade boys generally having rates that are 7% to 10% higher than 12th grade girls.

Data Source:

Minnesota Student Survey - 2010, Minnesota Department of Health.

Population		Percentage	
		9th graders	12th graders
Hennepin County all students attending school in public school districts		**10.5%**	**24.0%**
Gender	Boys	**12.0%**	**29.1%**
	Girls	**9.1%**	**19.5%**
Race / Ethnicity**	Asian / Pacific Islander	**6.1%**	**10.0%**
	Black / African American	**17.8%**	**25.2%**
	Native American / American Indian	**	**
	White	**7.3%**	**24.7%**
	Hispanic / Latino	**17.4%**	**15.4%**

*** Confidence intervals are not included for these percentages; differences in rates were not assessed for statistical significance.**
****See *Technical Notes* for information on data sources and chart notations.**

Technical Notes

Definition of indicator: Hennepin County 9th and 12th grade students *who report that they used marijuana on one or more days of the past 30 days.*

Data source: The data on *adolescent marijuana use* were drawn from the *Minnesota Student Survey - Trend data*. This survey question was asked of 9th and 12th grade students attending public schools in Hennepin County: "During the last 30 days, on how many days did you use marijuana or hashish?" Students were provided with a series of responses categories ranging from *0 days* to *All 30 days*. Precise wording of the survey question has changed slightly over time, but comparable measures of *marijuana use in the past 30 days* can be derived from previous versions of the question to provide trend data from 1998 to 2010. More information about the *Minnesota Student Survey* is available on-line through the Minnesota Department of Health (MDH).

Importance of this indicator: Reducing exposure to illegal substances, such as marijuana, among adolescents may be an important factor in reducing a variety of unhealthy conditions in the adult population. For teenagers, substance use may directly interfere with physical, emotional and educational development, and have serious legal implications that could interfere with other opportunities for success.

Health disparities: The highest rates for marijuana use were reported among 12th grade boys (29.1%). The marijuana use rate among 12th grade students is at nearly the same levels for *White* and *Black/African American* students (24.7% and 25.2% respectively). There were notable differences between the rates reported for boys and girls at the 12th grade level, (boys have rates that are generally 7% to 10% higher than the rates for girls); there are less notable differences by gender for 9th grade students reported in the trend data.

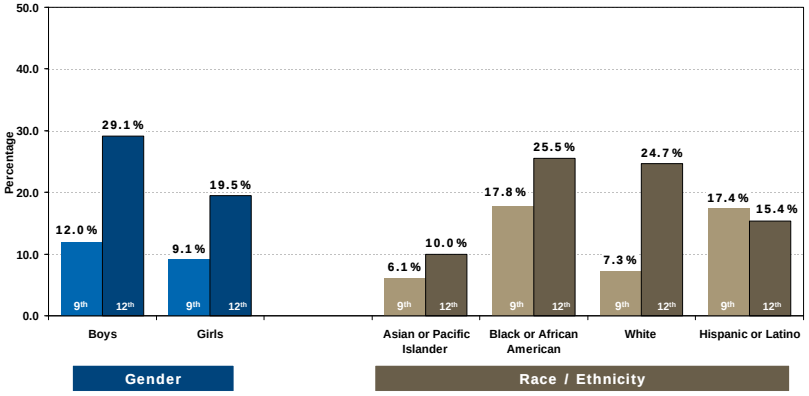
Special Notes on confidence Intervals and Statistical Significance: Confidence intervals are not included for these percentages; they are not relevant for the MSS data, which were not collected using random sampling. Unlike other community health indicators presented here, the differences in rates were not assessed for statistical significance.

Special Notes on reporting rates by Race / Ethnicity: The number of students who identified their race /ethnicity as *American Indian or Native American* was very small. Reporting rates for small population groups (fewer than 200 participants) is not considered reliable. Students who identify their ethnicity as *Hispanic or Latino* may belong to any racial group. The rates reported for *Black or African American* students combines members from both the *US-born* and *African immigrant* communities; rates would be expected to be notably different for these two sub-groups.

Special Notes on reporting rates using MSS Trend file data: The *Minnesota Student Survey* is administered every three years to students in participating school districts. The Trend file includes only the districts with continuous participation in the survey over the span of years reported. There can be slight differences in the rates for 2010 reported depending on whether the County or the Trend files are used. Additionally, trend file data are available from 1992 forward; the data are reported here are from 1998 to 2010.

Indicator: *Adolescent Marijuana Use*

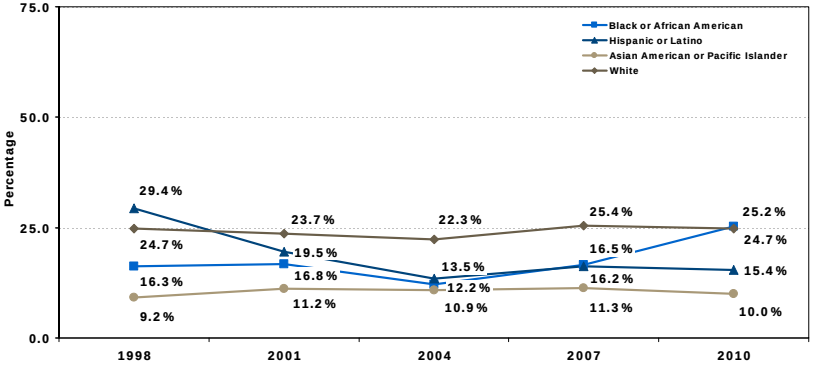
Marijuana use rates among 9th and 12th grade students** by Gender and Race / ethnicity



MSS Trend File

Marijuana use rate for 12th grade students by Race / Ethnicity**

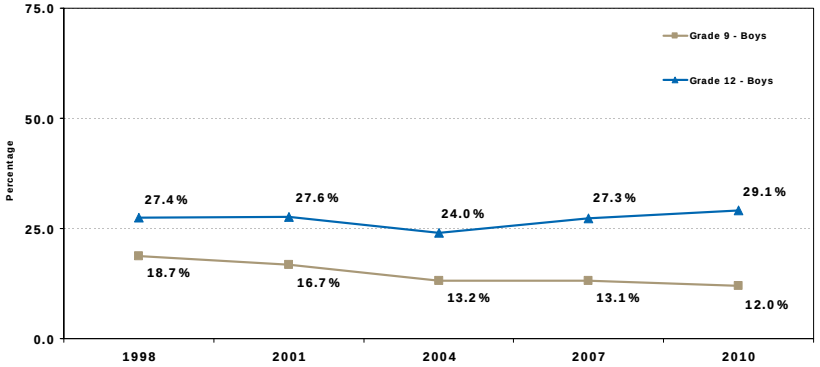
Trend Data 1998-2010



MSS Trend File

Boys' marijuana use rate by Grade level**

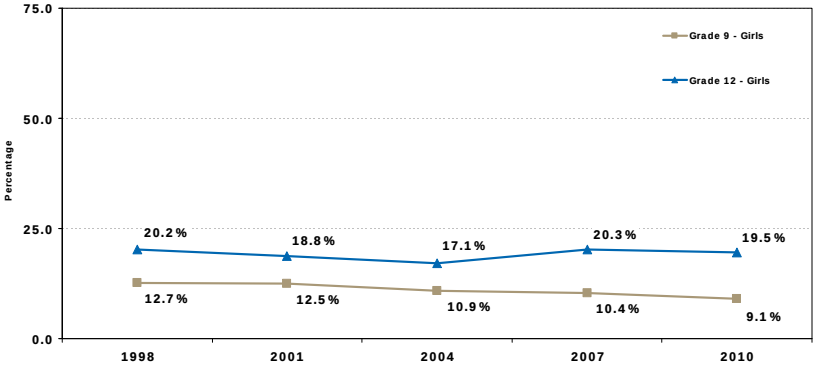
Trend Data 1998-2010



MSS Trend File

Girls' marijuana use rate by Grade level**

Trend Data 1998-2010



MSS Trend File

**See *Technical Notes* for information on data sources and chart notations.

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	1,154,623	*****	1,154,623	(X)
Male	567,327	+/-500	49.1%	+/-0.1
Female	587,296	+/-500	50.9%	+/-0.1
Under 5 years	75,974	+/-392	6.6%	+/-0.1
5 to 9 years	68,798	+/-3,190	6.0%	+/-0.3
10 to 14 years	73,262	+/-3,293	6.3%	+/-0.3
15 to 19 years	72,494	+/-504	6.3%	+/-0.1
20 to 24 years	84,827	+/-456	7.3%	+/-0.1
25 to 34 years	188,056	+/-621	16.3%	+/-0.1
35 to 44 years	154,553	+/-519	13.4%	+/-0.1
45 to 54 years	170,682	+/-343	14.8%	+/-0.1
55 to 59 years	75,589	+/-2,935	6.5%	+/-0.3
60 to 64 years	59,590	+/-2,918	5.2%	+/-0.3
65 to 74 years	66,666	+/-333	5.8%	+/-0.1
75 to 84 years	41,900	+/-1,643	3.6%	+/-0.1
85 years and over	22,232	+/-1,662	1.9%	+/-0.1
Median age (years)	36.0	+/-0.2	(X)	(X)
18 years and over	893,201	*****	77.4%	*****
21 years and over	848,493	+/-2,286	73.5%	+/-0.2
62 years and over	163,732	+/-2,549	14.2%	+/-0.2
65 years and over	130,798	+/-422	11.3%	+/-0.1
18 years and over	893,201	*****	893,201	(X)
Male	434,304	*****	48.6%	*****
Female	458,897	*****	51.4%	*****
65 years and over	130,798	+/-422	130,798	(X)
Male	55,125	+/-151	42.1%	+/-0.2
Female	75,673	+/-416	57.9%	+/-0.2
RACE				
Total population	1,154,623	*****	1,154,623	(X)
One race	1,114,799	+/-4,368	96.6%	+/-0.4
Two or more races	39,824	+/-4,368	3.4%	+/-0.4
One race	1,114,799	+/-4,368	96.6%	+/-0.4
White	880,427	+/-3,721	76.3%	+/-0.3
Black or African American	133,144	+/-3,880	11.5%	+/-0.3

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
American Indian and Alaska Native	8,903	+/-1,679	0.8%	+/-0.1
Cherokee tribal grouping	157	+/-153	0.0%	+/-0.1
Chippewa tribal grouping	3,602	+/-1,261	0.3%	+/-0.1
Navajo tribal grouping	0	+/-211	0.0%	+/-0.1
Sioux tribal grouping	1,929	+/-1,554	0.2%	+/-0.1
Asian	71,618	+/-2,225	6.2%	+/-0.2
Asian Indian	17,491	+/-3,541	1.5%	+/-0.3
Chinese	8,209	+/-2,089	0.7%	+/-0.2
Filipino	2,324	+/-1,223	0.2%	+/-0.1
Japanese	2,368	+/-1,061	0.2%	+/-0.1
Korean	3,668	+/-1,140	0.3%	+/-0.1
Vietnamese	10,619	+/-3,015	0.9%	+/-0.3
Other Asian	26,939	+/-4,471	2.3%	+/-0.4
Native Hawaiian and Other Pacific Islander	447	+/-351	0.0%	+/-0.1
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	20,260	+/-3,598	1.8%	+/-0.3
Two or more races	39,824	+/-4,368	3.4%	+/-0.4
White and Black or African American	16,860	+/-2,952	1.5%	+/-0.3
White and American Indian and Alaska Native	5,818	+/-1,336	0.5%	+/-0.1
White and Asian	7,389	+/-1,546	0.6%	+/-0.1
Black or African American and American Indian and Alaska Native	2,303	+/-1,581	0.2%	+/-0.1
Race alone or in combination with one or more other races				
Total population	1,154,623	*****	1,154,623	(X)
White	914,747	+/-5,197	79.2%	+/-0.5
Black or African American	156,139	+/-1,810	13.5%	+/-0.2
American Indian and Alaska Native	19,584	+/-2,082	1.7%	+/-0.2
Asian	81,368	+/-906	7.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	1,978	+/-1,213	0.2%	+/-0.1
Some other race	23,678	+/-3,576	2.1%	+/-0.3
HISPANIC OR LATINO AND RACE				
Total population	1,154,623	*****	1,154,623	(X)
Hispanic or Latino (of any race)	78,264	*****	6.8%	*****
Mexican	53,299	+/-3,442	4.6%	+/-0.3
Puerto Rican	3,651	+/-1,595	0.3%	+/-0.1
Cuban	1,110	+/-592	0.1%	+/-0.1
Other Hispanic or Latino	20,204	+/-3,265	1.7%	+/-0.3
Not Hispanic or Latino	1,076,359	*****	93.2%	*****
White alone	827,719	+/-781	71.7%	+/-0.1
Black or African American alone	131,434	+/-3,765	11.4%	+/-0.3
American Indian and Alaska Native alone	7,798	+/-1,309	0.7%	+/-0.1
Asian alone	71,223	+/-2,107	6.2%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	398	+/-346	0.0%	+/-0.1
Some other race alone	2,479	+/-1,406	0.2%	+/-0.1
Two or more races	35,308	+/-4,295	3.1%	+/-0.4
Two races including Some other race	1,393	+/-695	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	33,915	+/-4,189	2.9%	+/-0.4
Total housing units	509,552	+/-1,696	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see http://www.census.gov/population/www/socdemo/hispanic/reports.html.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

DP03

SELECTED ECONOMIC CHARACTERISTICS

2010 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	922,178	+/-1,430	922,178	(X)
In labor force	662,125	+/-5,638	71.8%	+/-0.6
Civilian labor force	661,859	+/-5,660	71.8%	+/-0.6
Employed	598,728	+/-5,466	64.9%	+/-0.6
Unemployed	63,131	+/-3,701	6.8%	+/-0.4
Armed Forces	266	+/-303	0.0%	+/-0.1
Not in labor force	260,053	+/-5,700	28.2%	+/-0.6
Civilian labor force	661,859	+/-5,660	661,859	(X)
Percent Unemployed	(X)	(X)	9.5%	+/-0.5
Females 16 years and over	472,462	+/-1,289	472,462	(X)
In labor force	315,202	+/-3,994	66.7%	+/-0.8
Civilian labor force	315,202	+/-3,994	66.7%	+/-0.8
Employed	288,579	+/-4,053	61.1%	+/-0.8
Own children under 6 years	89,535	+/-2,160	89,535	(X)
All parents in family in labor force	60,524	+/-2,905	67.6%	+/-2.8
Own children 6 to 17 years	161,855	+/-3,069	161,855	(X)
All parents in family in labor force	119,497	+/-4,165	73.8%	+/-2.3
COMMUTING TO WORK				
Workers 16 years and over	590,180	+/-5,470	590,180	(X)
Car, truck, or van -- drove alone	432,910	+/-6,393	73.4%	+/-0.9
Car, truck, or van -- carpooled	46,196	+/-4,123	7.8%	+/-0.7
Public transportation (excluding taxicab)	48,014	+/-3,919	8.1%	+/-0.7
Walked	19,631	+/-2,604	3.3%	+/-0.4
Other means	14,279	+/-1,793	2.4%	+/-0.3
Worked at home	29,150	+/-2,607	4.9%	+/-0.4
Mean travel time to work (minutes)	22.9	+/-0.3	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	598,728	+/-5,466	598,728	(X)
Management, business, science, and arts occupations	273,001	+/-7,440	45.6%	+/-1.1
Service occupations	91,294	+/-4,376	15.2%	+/-0.7
Sales and office occupations	148,730	+/-5,916	24.8%	+/-1.0
Natural resources, construction, and maintenance occupations	29,470	+/-3,781	4.9%	+/-0.6

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Production, transportation, and material moving occupations	56,233	+/-4,348	9.4%	+/-0.7
INDUSTRY				
Civilian employed population 16 years and over	598,728	+/-5,466	598,728	(X)
Agriculture, forestry, fishing and hunting, and mining	2,916	+/-958	0.5%	+/-0.2
Construction	22,073	+/-2,603	3.7%	+/-0.4
Manufacturing	72,536	+/-4,322	12.1%	+/-0.7
Wholesale trade	18,964	+/-2,213	3.2%	+/-0.4
Retail trade	72,999	+/-4,113	12.2%	+/-0.7
Transportation and warehousing, and utilities	20,918	+/-2,239	3.5%	+/-0.4
Information	13,225	+/-1,553	2.2%	+/-0.3
Finance and insurance, and real estate and rental and leasing	56,623	+/-3,726	9.5%	+/-0.6
Professional, scientific, and management, and administrative and waste management services	80,546	+/-4,024	13.5%	+/-0.7
Educational services, and health care and social assistance	142,415	+/-5,360	23.8%	+/-0.9
Arts, entertainment, and recreation, and accommodation and food services	53,372	+/-3,667	8.9%	+/-0.6
Other services, except public administration	25,501	+/-2,486	4.3%	+/-0.4
Public administration	16,640	+/-1,676	2.8%	+/-0.3
CLASS OF WORKER				
Civilian employed population 16 years and over	598,728	+/-5,466	598,728	(X)
Private wage and salary workers	501,035	+/-6,590	83.7%	+/-0.8
Government workers	66,923	+/-4,370	11.2%	+/-0.7
Self-employed in own not incorporated business workers	30,426	+/-2,796	5.1%	+/-0.5
Unpaid family workers	344	+/-282	0.1%	+/-0.1
INCOME AND BENEFITS (IN 2010 INFLATION-ADJUSTED DOLLARS)				
Total households	472,543	+/-4,081	472,543	(X)
Less than $10,000	31,776	+/-2,696	6.7%	+/-0.6
$10,000 to $14,999	22,598	+/-2,014	4.8%	+/-0.4
$15,000 to $24,999	42,555	+/-3,106	9.0%	+/-0.7
$25,000 to $34,999	42,856	+/-3,124	9.1%	+/-0.7
$35,000 to $49,999	61,886	+/-2,992	13.1%	+/-0.6
$50,000 to $74,999	84,050	+/-3,665	17.8%	+/-0.7
$75,000 to $99,999	61,422	+/-3,437	13.0%	+/-0.7
$100,000 to $149,999	69,048	+/-3,234	14.6%	+/-0.7
$150,000 to $199,999	27,854	+/-2,257	5.9%	+/-0.5
$200,000 or more	28,498	+/-2,350	6.0%	+/-0.5
Median household income (dollars)	59,236	+/-1,390	(X)	(X)
Mean household income (dollars)	82,055	+/-1,974	(X)	(X)
With earnings	389,110	+/-4,896	82.3%	+/-0.7
Mean earnings (dollars)	83,566	+/-2,267	(X)	(X)
With Social Security	104,807	+/-3,079	22.2%	+/-0.7
Mean Social Security income (dollars)	17,570	+/-369	(X)	(X)
With retirement income	60,910	+/-2,736	12.9%	+/-0.6
Mean retirement income (dollars)	21,150	+/-924	(X)	(X)
With Supplemental Security Income	18,450	+/-2,023	3.9%	+/-0.4
Mean Supplemental Security Income (dollars)	8,818	+/-498	(X)	(X)
With cash public assistance income	20,703	+/-2,069	4.4%	+/-0.4
Mean cash public assistance income (dollars)	3,860	+/-435	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	42,124	+/-3,358	8.9%	+/-0.7
Families	268,845	+/-5,541	268,845	(X)
Less than $10,000	11,106	+/-1,980	4.1%	+/-0.7
$10,000 to $14,999	7,087	+/-1,455	2.6%	+/-0.5
$15,000 to $24,999	16,791	+/-1,912	6.2%	+/-0.7
$25,000 to $34,999	19,557	+/-2,025	7.3%	+/-0.7
$35,000 to $49,999	29,300	+/-2,268	10.9%	+/-0.8
$50,000 to $74,999	47,006	+/-3,031	17.5%	+/-1.1

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
$75,000 to $99,999	40,099	+/-2,759	14.9%	+/-0.9
$100,000 to $149,999	51,649	+/-2,550	19.2%	+/-1.0
$150,000 to $199,999	22,474	+/-2,015	8.4%	+/-0.7
$200,000 or more	23,776	+/-2,075	8.8%	+/-0.8
Median family income (dollars)	76,797	+/-1,650	(X)	(X)
Mean family income (dollars)	101,740	+/-3,214	(X)	(X)
Per capita income (dollars)	34,322	+/-760	(X)	(X)
Nonfamily households	203,698	+/-5,296	203,698	(X)
Median nonfamily income (dollars)	40,265	+/-1,145	(X)	(X)
Mean nonfamily income (dollars)	53,801	+/-1,615	(X)	(X)
Median earnings for workers (dollars)	35,244	+/-570	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	55,155	+/-1,532	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	45,508	+/-925	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	1,144,953	+/-1,954	1,144,953	(X)
With health insurance coverage	1,025,772	+/-7,067	89.6%	+/-0.6
With private health insurance	845,289	+/-10,827	73.8%	+/-0.9
With public coverage	299,019	+/-8,450	26.1%	+/-0.7
No health insurance coverage	119,181	+/-6,891	10.4%	+/-0.6
Civilian noninstitutionalized population under 18 years	260,372	+/-1,054	260,372	(X)
No health insurance coverage	18,479	+/-3,372	7.1%	+/-1.3
Civilian noninstitutionalized population 18 to 64 years	759,089	+/-1,298	759,089	(X)
In labor force:	630,575	+/-5,269	630,575	(X)
Employed:	571,367	+/-5,284	571,367	(X)
With health insurance coverage	506,161	+/-6,055	88.6%	+/-0.7
With private health insurance	473,417	+/-6,600	82.9%	+/-0.8
With public coverage	41,948	+/-3,770	7.3%	+/-0.7
No health insurance coverage	65,206	+/-4,024	11.4%	+/-0.7
Unemployed:	59,208	+/-3,560	59,208	(X)
With health insurance coverage	40,700	+/-3,277	68.7%	+/-3.7
With private health insurance	24,719	+/-2,489	41.7%	+/-3.8
With public coverage	16,839	+/-2,225	28.4%	+/-3.1
No health insurance coverage	18,508	+/-2,493	31.3%	+/-3.7
Not in labor force:	128,514	+/-5,055	128,514	(X)
With health insurance coverage	112,403	+/-4,870	87.5%	+/-1.5
With private health insurance	76,362	+/-4,619	59.4%	+/-2.7
With public coverage	43,171	+/-3,611	33.6%	+/-2.5
No health insurance coverage	16,111	+/-2,069	12.5%	+/-1.5
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	9.0%	+/-0.9
With related children under 18 years	(X)	(X)	15.2%	+/-1.6
With related children under 5 years only	(X)	(X)	11.2%	+/-3.0
Married couple families	(X)	(X)	2.7%	+/-0.5
With related children under 18 years	(X)	(X)	4.2%	+/-1.0
With related children under 5 years only	(X)	(X)	3.1%	+/-1.7
Families with female householder, no husband present	(X)	(X)	31.1%	+/-3.0
With related children under 18 years	(X)	(X)	39.9%	+/-3.7
With related children under 5 years only	(X)	(X)	34.7%	+/-10.0
All people	(X)	(X)	13.8%	+/-0.8
Under 18 years	(X)	(X)	19.4%	+/-2.0
Related children under 18 years	(X)	(X)	18.9%	+/-2.0
Related children under 5 years	(X)	(X)	18.6%	+/-2.9
Related children 5 to 17 years	(X)	(X)	19.0%	+/-2.1
18 years and over	(X)	(X)	12.1%	+/-0.6

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
18 to 64 years	(X)	(X)	12.8%	+/-0.7
65 years and over	(X)	(X)	8.0%	+/-1.2
People in families	(X)	(X)	10.7%	+/-1.0
Unrelated individuals 15 years and over	(X)	(X)	22.1%	+/-1.2

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Selected earnings and income data are not available for certain geographic areas due to problems with group quarters data collection and imputation. See the ACS User Notes for details.

There were changes in the edit between 2009 and 2010 regarding Supplemental Security Income (SSI) and Social Security. The changes in the edit loosened restrictions on disability requirements for receipt of SSI resulting in an increase in the total number of SSI recipients in the American Community Survey. The changes also loosened restrictions on possible reported monthly amounts in Social Security income resulting in higher Social Security aggregate amounts. These results more closely match administrative counts compiled by the Social Security Administration.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

The Census Bureau introduced an improved sequence of labor force questions in the 2008 ACS questionnaire. Accordingly, we recommend using caution when making labor force data comparisons from 2008 or later with data from prior years. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the "Evaluation Report Covering Employment Status" at http://www.census.gov/acs/www/Downloads/methodology/content_test/P6a_Employment_Status.pdf, and the "Evaluation Report Covering Weeks Worked" at http://www.census.gov/acs/www/Downloads/methodology/content_test/P6b_Weeks_Worked_Final_Report.pdf. Additional information can also be found at http://www.census.gov/hhes/www/laborfor/laborforce.html.

Workers include members of the Armed Forces and civilians who were at work last week.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2007. The Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2, "NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies," issued by the Office of Management and Budget.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

The health insurance coverage category names were modified in 2010. See ACS Health Insurance Definitions for a list of the insurance type definitions.

This table contains new estimates for health insurance coverage status by employment status in 2010.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

DP04

SELECTED HOUSING CHARACTERISTICS

2010 American Community Survey 1-Year Estimates

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Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
HOUSING OCCUPANCY				
Total housing units	509,552	+/-1,696	509,552	(X)
Occupied housing units	472,543	+/-4,081	92.7%	+/-0.8
Vacant housing units	37,009	+/-3,929	7.3%	+/-0.8
Homeowner vacancy rate	2.1	+/-0.5	(X)	(X)
Rental vacancy rate	6.1	+/-1.2	(X)	(X)
UNITS IN STRUCTURE				
Total housing units	509,552	+/-1,696	509,552	(X)
1-unit, detached	272,750	+/-4,350	53.5%	+/-0.8
1-unit, attached	45,870	+/-2,706	9.0%	+/-0.5
2 units	23,776	+/-2,682	4.7%	+/-0.5
3 or 4 units	13,140	+/-1,918	2.6%	+/-0.4
5 to 9 units	13,323	+/-1,624	2.6%	+/-0.3
10 to 19 units	26,047	+/-2,544	5.1%	+/-0.5
20 or more units	113,343	+/-4,045	22.2%	+/-0.8
Mobile home	1,303	+/-599	0.3%	+/-0.1
Boat, RV, van, etc.	0	+/-211	0.0%	+/-0.1
YEAR STRUCTURE BUILT				
Total housing units	509,552	+/-1,696	509,552	(X)
Built 2005 or later	19,878	+/-2,063	3.9%	+/-0.4
Built 2000 to 2004	30,313	+/-2,867	5.9%	+/-0.6
Built 1990 to 1999	42,561	+/-2,995	8.4%	+/-0.6
Built 1980 to 1989	73,129	+/-3,986	14.4%	+/-0.8
Built 1970 to 1979	76,775	+/-4,484	15.1%	+/-0.9
Built 1960 to 1969	60,915	+/-3,719	12.0%	+/-0.7
Built 1950 to 1959	68,331	+/-3,107	13.4%	+/-0.6
Built 1940 to 1949	31,560	+/-2,308	6.2%	+/-0.5
Built 1939 or earlier	106,090	+/-3,832	20.8%	+/-0.7
ROOMS				
Total housing units	509,552	+/-1,696	509,552	(X)
1 room	11,550	+/-2,259	2.3%	+/-0.4
2 rooms	18,871	+/-2,052	3.7%	+/-0.4
3 rooms	67,171	+/-3,690	13.2%	+/-0.7
4 rooms	72,991	+/-3,668	14.3%	+/-0.7
5 rooms	68,087	+/-4,205	13.4%	+/-0.8

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
6 rooms	74,194	+/-3,665	14.6%	+/-0.7
7 rooms	58,741	+/-3,205	11.5%	+/-0.6
8 rooms	52,153	+/-2,986	10.2%	+/-0.6
9 rooms or more	85,794	+/-4,091	16.8%	+/-0.8
Median rooms	5.7	+/-0.1	(X)	(X)
BEDROOMS				
Total housing units	509,552	+/-1,696	509,552	(X)
No bedroom	13,837	+/-2,364	2.7%	+/-0.5
1 bedroom	89,585	+/-4,255	17.6%	+/-0.8
2 bedrooms	142,440	+/-4,822	28.0%	+/-0.9
3 bedrooms	151,970	+/-4,666	29.8%	+/-0.9
4 bedrooms	85,444	+/-3,733	16.8%	+/-0.7
5 or more bedrooms	26,276	+/-1,977	5.2%	+/-0.4
HOUSING TENURE				
Occupied housing units	472,543	+/-4,081	472,543	(X)
Owner-occupied	302,373	+/-4,103	64.0%	+/-0.9
Renter-occupied	170,170	+/-5,000	36.0%	+/-0.9
Average household size of owner-occupied unit	2.52	+/-0.03	(X)	(X)
Average household size of renter-occupied unit	2.16	+/-0.05	(X)	(X)
YEAR HOUSEHOLDER MOVED INTO UNIT				
Occupied housing units	472,543	+/-4,081	472,543	(X)
Moved in 2005 or later	218,818	+/-5,641	46.3%	+/-1.0
Moved in 2000 to 2004	79,552	+/-3,078	16.8%	+/-0.7
Moved in 1990 to 1999	88,748	+/-3,639	18.8%	+/-0.8
Moved in 1980 to 1989	41,922	+/-2,429	8.9%	+/-0.5
Moved in 1970 to 1979	24,176	+/-1,794	5.1%	+/-0.4
Moved in 1969 or earlier	19,327	+/-1,765	4.1%	+/-0.4
VEHICLES AVAILABLE				
Occupied housing units	472,543	+/-4,081	472,543	(X)
No vehicles available	49,278	+/-3,650	10.4%	+/-0.8
1 vehicle available	172,017	+/-5,043	36.4%	+/-1.0
2 vehicles available	181,854	+/-5,748	38.5%	+/-1.1
3 or more vehicles available	69,394	+/-4,486	14.7%	+/-0.9
HOUSE HEATING FUEL				
Occupied housing units	472,543	+/-4,081	472,543	(X)
Utility gas	391,639	+/-5,525	82.9%	+/-0.8
Bottled, tank, or LP gas	6,073	+/-941	1.3%	+/-0.2
Electricity	62,580	+/-3,502	13.2%	+/-0.7
Fuel oil, kerosene, etc.	3,508	+/-973	0.7%	+/-0.2
Coal or coke	125	+/-147	0.0%	+/-0.1
Wood	1,217	+/-618	0.3%	+/-0.1
Solar energy	0	+/-211	0.0%	+/-0.1
Other fuel	4,600	+/-1,046	1.0%	+/-0.2
No fuel used	2,801	+/-915	0.6%	+/-0.2
SELECTED CHARACTERISTICS				
Occupied housing units	472,543	+/-4,081	472,543	(X)
Lacking complete plumbing facilities	3,235	+/-1,121	0.7%	+/-0.2
Lacking complete kitchen facilities	3,829	+/-1,249	0.8%	+/-0.3
No telephone service available	9,448	+/-1,410	2.0%	+/-0.3
OCCUPANTS PER ROOM				
Occupied housing units	472,543	+/-4,081	472,543	(X)
1.00 or less	462,000	+/-4,246	97.8%	+/-0.3
1.01 to 1.50	7,745	+/-1,405	1.6%	+/-0.3
1.51 or more	2,798	+/-823	0.6%	+/-0.2
VALUE				
Owner-occupied units	302,373	+/-4,103	302,373	(X)
Less than $50,000	4,992	+/-943	1.7%	+/-0.3
$50,000 to $99,999	9,551	+/-1,287	3.2%	+/-0.4

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
$100,000 to $149,999	29,004	+/-2,319	9.6%	+/-0.7
$150,000 to $199,999	63,791	+/-3,412	21.1%	+/-1.1
$200,000 to $299,999	97,730	+/-3,547	32.3%	+/-1.1
$300,000 to $499,999	63,826	+/-2,442	21.1%	+/-0.8
$500,000 to $999,999	26,885	+/-1,758	8.9%	+/-0.6
$1,000,000 or more	6,594	+/-854	2.2%	+/-0.3
Median (dollars)	238,000	+/-2,871	(X)	(X)
MORTGAGE STATUS				
Owner-occupied units	302,373	+/-4,103	302,373	(X)
Housing units with a mortgage	229,195	+/-4,042	75.8%	+/-0.9
Housing units without a mortgage	73,178	+/-2,923	24.2%	+/-0.9
SELECTED MONTHLY OWNER COSTS (SMOC)				
Housing units with a mortgage	229,195	+/-4,042	229,195	(X)
Less than $300	105	+/-124	0.0%	+/-0.1
$300 to $499	1,597	+/-623	0.7%	+/-0.3
$500 to $699	4,704	+/-891	2.1%	+/-0.4
$700 to $999	17,145	+/-1,869	7.5%	+/-0.8
$1,000 to $1,499	59,691	+/-3,412	26.0%	+/-1.4
$1,500 to $1,999	65,605	+/-3,073	28.6%	+/-1.3
$2,000 or more	80,348	+/-3,335	35.1%	+/-1.3
Median (dollars)	1,726	+/-26	(X)	(X)
Housing units without a mortgage	73,178	+/-2,923	73,178	(X)
Less than $100	402	+/-200	0.5%	+/-0.3
$100 to $199	873	+/-327	1.2%	+/-0.4
$200 to $299	3,078	+/-651	4.2%	+/-0.9
$300 to $399	10,433	+/-1,320	14.3%	+/-1.6
$400 or more	58,392	+/-2,501	79.8%	+/-1.8
Median (dollars)	538	+/-11	(X)	(X)
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)				
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	228,566	+/-4,071	228,566	(X)
Less than 20.0 percent	77,944	+/-3,698	34.1%	+/-1.5
20.0 to 24.9 percent	40,267	+/-2,563	17.6%	+/-1.0
25.0 to 29.9 percent	30,100	+/-2,271	13.2%	+/-1.0
30.0 to 34.9 percent	22,015	+/-1,872	9.6%	+/-0.8
35.0 percent or more	58,240	+/-3,522	25.5%	+/-1.4
Not computed	629	+/-438	(X)	(X)
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	71,977	+/-2,839	71,977	(X)
Less than 10.0 percent	29,598	+/-1,955	41.1%	+/-2.1
10.0 to 14.9 percent	13,705	+/-1,190	19.0%	+/-1.7
15.0 to 19.9 percent	7,646	+/-1,068	10.6%	+/-1.4
20.0 to 24.9 percent	5,692	+/-923	7.9%	+/-1.2
25.0 to 29.9 percent	3,919	+/-921	5.4%	+/-1.2
30.0 to 34.9 percent	2,400	+/-563	3.3%	+/-0.7
35.0 percent or more	9,017	+/-1,265	12.5%	+/-1.7
Not computed	1,201	+/-687	(X)	(X)
GROSS RENT				
Occupied units paying rent	166,137	+/-4,819	166,137	(X)
Less than $200	3,551	+/-820	2.1%	+/-0.5
$200 to $299	7,620	+/-1,401	4.6%	+/-0.8
$300 to $499	9,218	+/-1,847	5.5%	+/-1.1
$500 to $749	41,394	+/-2,978	24.9%	+/-1.7
$750 to $999	46,914	+/-3,481	28.2%	+/-1.9
$1,000 to $1,499	42,552	+/-3,470	25.6%	+/-2.0
$1,500 or more	14,888	+/-1,976	9.0%	+/-1.1
Median (dollars)	861	+/-16	(X)	(X)
No rent paid	4,033	+/-1,004	(X)	(X)

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)				
Occupied units paying rent (excluding units where GRAPI cannot be computed)	163,078	+/-4,724	163,078	(X)
Less than 15.0 percent	18,265	+/-2,262	11.2%	+/-1.3
15.0 to 19.9 percent	19,206	+/-2,269	11.8%	+/-1.4
20.0 to 24.9 percent	22,088	+/-2,750	13.5%	+/-1.6
25.0 to 29.9 percent	20,744	+/-2,196	12.7%	+/-1.3
30.0 to 34.9 percent	16,964	+/-2,024	10.4%	+/-1.2
35.0 percent or more	65,811	+/-3,529	40.4%	+/-2.1
Not computed	7,092	+/-1,482	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The median gross rent excludes no cash renters.

In prior years, the universe included all owner-occupied units with a mortgage. It is now restricted to include only those units where SMOCAPI is computed, that is, SMOC and household income are valid values.

In prior years, the universe included all owner-occupied units without a mortgage. It is now restricted to include only those units where SMOCAPI is computed, that is, SMOC and household income are valid values.

In prior years, the universe included all renter-occupied units. It is now restricted to include only those units where GRAPI is computed, that is, gross rent and household Income are valid values.

The 2009 and 2010 plumbing data for Puerto Rico will not be shown. Research indicates that the questions on plumbing facilities that were introduced in 2008 in the stateside American Community Survey and the 2008 Puerto Rico Community Survey may not have been appropriate for Puerto Rico.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
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7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

DP02

SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2010 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
HOUSEHOLDS BY TYPE				
Total households	472,543	+/-4,081	472,543	(X)
Family households (families)	268,845	+/-5,541	56.9%	+/-1.1
With own children under 18 years	126,153	+/-4,406	26.7%	+/-0.9
Married-couple family	200,627	+/-5,155	42.5%	+/-1.0
With own children under 18 years	85,740	+/-3,374	18.1%	+/-0.7
Male householder, no wife present, family	19,181	+/-2,109	4.1%	+/-0.4
With own children under 18 years	9,307	+/-1,801	2.0%	+/-0.4
Female householder, no husband present, family	49,037	+/-3,124	10.4%	+/-0.7
With own children under 18 years	31,106	+/-2,746	6.6%	+/-0.6
Nonfamily households	203,698	+/-5,296	43.1%	+/-1.1
Householder living alone	158,937	+/-5,023	33.6%	+/-1.0
65 years and over	42,552	+/-2,605	9.0%	+/-0.5
Households with one or more people under 18 years	134,309	+/-4,568	28.4%	+/-0.9
Households with one or more people 65 years and over	91,849	+/-1,789	19.4%	+/-0.4
Average household size	2.39	+/-0.02	(X)	(X)
Average family size	3.08	+/-0.04	(X)	(X)
RELATIONSHIP				
Population in households	1,128,606	+/-4,049	1,128,606	(X)
Householder	472,543	+/-4,081	41.9%	+/-0.3
Spouse	201,024	+/-5,121	17.8%	+/-0.4
Child	308,871	+/-5,420	27.4%	+/-0.5
Other relatives	50,086	+/-4,436	4.4%	+/-0.4
Nonrelatives	96,082	+/-6,624	8.5%	+/-0.6
Unmarried partner	34,562	+/-3,043	3.1%	+/-0.3
MARITAL STATUS				
Males 15 years and over	456,355	+/-249	456,355	(X)
Never married	192,412	+/-4,930	42.2%	+/-1.1
Now married, except separated	212,267	+/-5,630	46.5%	+/-1.2
Separated	5,225	+/-1,236	1.1%	+/-0.3
Widowed	8,480	+/-1,241	1.9%	+/-0.3
Divorced	37,971	+/-3,028	8.3%	+/-0.7
Females 15 years and over	480,234	+/-335	480,234	(X)
Never married	173,073	+/-3,959	36.0%	+/-0.8

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Now married, except separated	210,976	+/-5,648	43.9%	+/-1.2
Separated	6,244	+/-1,254	1.3%	+/-0.3
Widowed	32,704	+/-2,062	6.8%	+/-0.4
Divorced	57,237	+/-3,384	11.9%	+/-0.7
FERTILITY				
Number of women 15 to 50 years old who had a birth in the past 12 months	15,879	+/-2,101	15,879	(X)
Unmarried women (widowed, divorced, and never married)	4,994	+/-1,214	31.5%	+/-6.4
Per 1,000 unmarried women	28	+/-7	(X)	(X)
Per 1,000 women 15 to 50 years old	53	+/-7	(X)	(X)
Per 1,000 women 15 to 19 years old	19	+/-13	(X)	(X)
Per 1,000 women 20 to 34 years old	84	+/-14	(X)	(X)
Per 1,000 women 35 to 50 years old	29	+/-7	(X)	(X)
GRANDPARENTS				
Number of grandparents living with own grandchildren under 18 years	11,679	+/-1,654	11,679	(X)
Responsible for grandchildren	4,684	+/-1,292	40.1%	+/-9.2
Years responsible for grandchildren				
Less than 1 year	822	+/-515	7.0%	+/-4.3
1 or 2 years	1,531	+/-796	13.1%	+/-6.3
3 or 4 years	711	+/-400	6.1%	+/-3.4
5 or more years	1,620	+/-660	13.9%	+/-5.5
Number of grandparents responsible for own grandchildren under 18 years	4,684	+/-1,292	4,684	(X)
Who are female	3,330	+/-973	71.1%	+/-7.5
Who are married	2,587	+/-1,003	55.2%	+/-13.6
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	312,512	+/-4,609	312,512	(X)
Nursery school, preschool	21,718	+/-2,199	6.9%	+/-0.7
Kindergarten	14,588	+/-1,954	4.7%	+/-0.6
Elementary school (grades 1-8)	109,899	+/-2,621	35.2%	+/-1.1
High school (grades 9-12)	60,937	+/-2,105	19.5%	+/-0.7
College or graduate school	105,370	+/-4,549	33.7%	+/-1.1
EDUCATIONAL ATTAINMENT				
Population 25 years and over	779,268	+/-400	779,268	(X)
Less than 9th grade	25,790	+/-2,786	3.3%	+/-0.4
9th to 12th grade, no diploma	35,460	+/-3,070	4.6%	+/-0.4
High school graduate (includes equivalency)	150,165	+/-5,720	19.3%	+/-0.7
Some college, no degree	159,421	+/-5,544	20.5%	+/-0.7
Associate's degree	63,169	+/-3,607	8.1%	+/-0.5
Bachelor's degree	228,950	+/-6,423	29.4%	+/-0.8
Graduate or professional degree	116,313	+/-4,644	14.9%	+/-0.6
Percent high school graduate or higher	(X)	(X)	92.1%	+/-0.5
Percent bachelor's degree or higher	(X)	(X)	44.3%	+/-0.9
VETERAN STATUS				
Civilian population 18 years and over	892,935	+/-303	892,935	(X)
Civilian veterans	66,024	+/-2,879	7.4%	+/-0.3
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION				
Total Civilian Noninstitutionalized Population	1,144,953	+/-1,954	1,144,953	(X)
With a disability	106,306	+/-5,471	9.3%	+/-0.5
Under 18 years	260,372	+/-1,054	260,372	(X)
With a disability	9,399	+/-1,982	3.6%	+/-0.8
18 to 64 years	759,089	+/-1,298	759,089	(X)
With a disability	57,070	+/-3,901	7.5%	+/-0.5
65 years and over	125,492	+/-1,296	125,492	(X)
With a disability	39,837	+/-2,133	31.7%	+/-1.7
RESIDENCE 1 YEAR AGO				
Population 1 year and over	1,140,315	+/-2,002	1,140,315	(X)
Same house	929,254	+/-9,914	81.5%	+/-0.9

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Different house in the U.S.	200,769	+/-10,214	17.6%	+/-0.9
Same county	133,850	+/-8,863	11.7%	+/-0.8
Different county	66,919	+/-5,977	5.9%	+/-0.5
Same state	40,345	+/-4,581	3.5%	+/-0.4
Different state	26,574	+/-3,828	2.3%	+/-0.3
Abroad	10,292	+/-2,843	0.9%	+/-0.2
PLACE OF BIRTH				
Total population	1,154,623	*****	1,154,623	(X)
Native	1,005,173	+/-5,900	87.1%	+/-0.5
Born in United States	995,204	+/-6,099	86.2%	+/-0.5
State of residence	677,587	+/-9,489	58.7%	+/-0.8
Different state	317,617	+/-8,885	27.5%	+/-0.8
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	9,969	+/-1,683	0.9%	+/-0.1
Foreign born	149,450	+/-5,900	12.9%	+/-0.5
U.S. CITIZENSHIP STATUS				
Foreign-born population	149,450	+/-5,900	149,450	(X)
Naturalized U.S. citizen	60,396	+/-3,996	40.4%	+/-2.4
Not a U.S. citizen	89,054	+/-5,299	59.6%	+/-2.4
YEAR OF ENTRY				
Population born outside the United States	159,419	+/-6,099	159,419	(X)
Native	9,969	+/-1,683	9,969	(X)
Entered 2000 or later	2,978	+/-942	29.9%	+/-7.6
Entered before 2000	6,991	+/-1,353	70.1%	+/-7.6
Foreign born	149,450	+/-5,900	149,450	(X)
Entered 2000 or later	71,596	+/-6,291	47.9%	+/-3.0
Entered before 2000	77,854	+/-4,147	52.1%	+/-3.0
WORLD REGION OF BIRTH OF FOREIGN BORN				
Foreign-born population, excluding population born at sea	149,450	+/-5,900	149,450	(X)
Europe	15,883	+/-2,208	10.6%	+/-1.5
Asia	51,191	+/-3,034	34.3%	+/-2.0
Africa	36,471	+/-4,578	24.4%	+/-2.6
Oceania	482	+/-242	0.3%	+/-0.2
Latin America	41,703	+/-3,811	27.9%	+/-2.3
Northern America	3,720	+/-970	2.5%	+/-0.7
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	1,078,649	+/-392	1,078,649	(X)
English only	901,156	+/-7,256	83.5%	+/-0.7
Language other than English	177,493	+/-7,201	16.5%	+/-0.7
Speak English less than "very well"	74,859	+/-4,578	6.9%	+/-0.4
Spanish	61,062	+/-4,242	5.7%	+/-0.4
Speak English less than "very well"	33,273	+/-3,134	3.1%	+/-0.3
Other Indo-European languages	34,512	+/-3,800	3.2%	+/-0.4
Speak English less than "very well"	7,437	+/-1,398	0.7%	+/-0.1
Asian and Pacific Islander languages	45,135	+/-3,976	4.2%	+/-0.4
Speak English less than "very well"	20,822	+/-2,702	1.9%	+/-0.3
Other languages	36,784	+/-4,949	3.4%	+/-0.5
Speak English less than "very well"	13,327	+/-2,212	1.2%	+/-0.2
ANCESTRY				
Total population	1,154,623	*****	1,154,623	(X)
American	26,341	+/-3,313	2.3%	+/-0.3
Arab	6,591	+/-1,980	0.6%	+/-0.2
Czech	16,008	+/-2,149	1.4%	+/-0.2
Danish	14,725	+/-2,210	1.3%	+/-0.2
Dutch	18,064	+/-2,815	1.6%	+/-0.2
English	79,369	+/-5,711	6.9%	+/-0.5
French (except Basque)	41,282	+/-4,304	3.6%	+/-0.4
French Canadian	9,658	+/-2,017	0.8%	+/-0.2

Subject	Hennepin County, Minnesota			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
German	319,638	+/-9,037	27.7%	+/-0.8
Greek	4,632	+/-1,275	0.4%	+/-0.1
Hungarian	3,130	+/-860	0.3%	+/-0.1
Irish	125,280	+/-6,488	10.9%	+/-0.6
Italian	32,885	+/-4,665	2.8%	+/-0.4
Lithuanian	2,118	+/-901	0.2%	+/-0.1
Norwegian	144,128	+/-7,987	12.5%	+/-0.7
Polish	45,811	+/-3,877	4.0%	+/-0.3
Portuguese	822	+/-495	0.1%	+/-0.1
Russian	14,066	+/-2,012	1.2%	+/-0.2
Scotch-Irish	7,197	+/-1,471	0.6%	+/-0.1
Scottish	18,457	+/-2,209	1.6%	+/-0.2
Slovak	2,074	+/-674	0.2%	+/-0.1
Subsaharan African	55,522	+/-5,948	4.8%	+/-0.5
Swedish	103,825	+/-5,915	9.0%	+/-0.5
Swiss	3,991	+/-888	0.3%	+/-0.1
Ukrainian	4,788	+/-1,447	0.4%	+/-0.1
Welsh	5,880	+/-1,180	0.5%	+/-0.1
West Indian (excluding Hispanic origin groups)	2,784	+/-1,429	0.2%	+/-0.1

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Starting in 2008, the Scotch-Irish category does not include Irish-Scotch. People who reported Irish-Scotch ancestry are classified under "Other groups," whereas in 2007 and earlier they were classified as Scotch-Irish.

Ancestry listed in this table refers to the total number of people who responded with a particular ancestry; for example, the estimate given for Russian represents the number of people who listed Russian as either their first or second ancestry. This table lists only the largest ancestry groups; see the Detailed Tables for more categories. Race and Hispanic origin groups are not included in this table because official data for those groups come from the Race and Hispanic origin questions rather than the ancestry question (see Demographic Table).

Data for year of entry of the native population reflect the year of entry into the U.S. by people who were born in Puerto Rico, U.S. Island Areas or born outside the U.S. to a U.S. citizen parent and who subsequently moved to the U.S.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

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