



Longfellow Community SHAPE 2002

Community overview

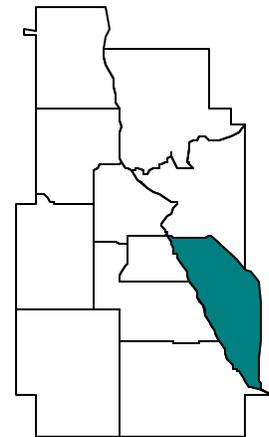
The Longfellow Community shares many of the same demographic characteristics as the City overall. However, the population of Longfellow decreased over the past decade, unlike the City's. At the same time, the populations of color increased dramatically in this Community, although still remain rather small compared to the white population. Another demographic difference that may affect the overall health status of residents is the higher proportion of adults ages 35 to 64 and seniors in Longfellow compared to the city overall.

Key findings

- 61 percent of Longfellow residents said they thought they could have a large or moderate impact in making their community a better place to live.
- The vast majority of Longfellow residents said that they felt secure living in the community (83 percent) and that it was a good place in which to raise children (81 percent).
- Tightly-knit neighborhoods can be assets to community building and enhancing the quality of life in the Longfellow community. Efforts to increase resident interaction and participation in neighborhood events should be maintained and strengthened.
- Indicators of financial distress in Longfellow mirrored those of the city overall. In the past year, 12 percent of residents worried about food running out before they had money to buy more, 6 percent missed a rent or mortgage payment, and 4 percent had used a food shelf.
- Government programs as well as community social services help form the safety net to address the needs of residents in economic distress. Recent budget cuts severely threaten this safety net.
- Smoking was reported in a relatively low proportion (4 percent) of households that included children age six and younger. This percentage is only a third of the overall rate for the City (12 percent). Second-hand smoke poses serious health hazards, especially to young children.
- Almost half (47 percent) of Longfellow adults are overweight. While 54 percent of Longfellow residents get adequate moderate or vigorous exercise, additional analysis at the City level shows that overweight individuals are less likely to get adequate exercise than those who are not overweight.
- Communities can foster healthier lifestyles by supporting community gardens, farmers' markets, walking clubs and/or walking and biking paths.
- While 15 percent of Longfellow adults have been diagnosed with depression, more than a third (35 percent) of residents who wanted mental health care either delayed or did not get it. Lack of insurance coverage and concerns about cost were the most frequently cited reasons for this delay.

The Longfellow Community is bounded by the Mississippi River on the east, by the Nokomis, Powderhorn and Phillips communities on the west, and by the University Community on the north. Most of the community is made up of residential areas, although it also has an industrial corridor along its western border.

The five neighborhoods that make up Longfellow are Cooper, Hiawatha, Howe, Longfellow, and Seward. The Longfellow Community includes portions of Wards 2, 9, and 12.



Longfellow Community

U.S. Census Data

1990 Population	28,618
2000 Population	27,776

2000 Population Characteristics

<i>Race/Ethnicity</i>	
American Indian	721
Asian	818
Black	2,993
White	21,240
Multiracial or other	2,004
Hispanic*	1,429
*Hispanics may be of any race.	

Percentage who are immigrants
10.8%

Percentage below 200% of poverty
26.2%

<i>Age</i>	
0-17	5,343
18-34	7,638
35-64	11,433
65+	3,362

	Longfellow Community %	Minneapolis %
Community Engagement		
Can have moderate/large community impact	60.9	60.5
Involved in neighborhood or school activities weekly	29.5	24.6
People can depend on each other	81.1	80.1
Feel secure living here	83.4	81.0
Good community to raise kids	80.6	73.1
Can get help from others in community	75.1	73.4
Financial Distress		
Missed rent or mortgage payment in past year	6.4	6.2
Worried about food running out	12.1	12.1
Food shelf use	4.1	3.6
Healthy Homes for Children¹		
Child exposed to chipped paint (In homes built before 1978)	N/A	27.7
Child exposed to in-home second-hand smoke	4.1	12.3
Health Care Access		
Uninsured part/all of last year	18.0	17.9
Regular source of care	85.1	84.1
Delayed or did not get medical care ²	18.8	17.1
Delayed or did not get mental health care ²	35.0	36.6
Used internet to access health information	39.7	39.8
Health Conditions (Ever been diagnosed)		
High blood pressure	14.3	16.5
Depression	15.4	14.6
Diabetes	5.1	5.0
Health Screenings		
Met mammogram guidelines (Women age 40+)	64.7	66.4
Met prostate screening guidelines (Men age 50+)	79.3	79.8
Cholesterol check in past 5 years	67.3	66.4
Health Behaviors		
Met moderate or vigorous exercise guidelines	54.4	60.5
Current smoking	17.5	20.7
Binge drinking in past month	16.5	19.1
Overweight	46.7	47.3

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If you need this document in an alternative format, please call: 612-673-2301 or TTY 612-673-2157 (General City Information).

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About SHAPE 2002

The Survey of the Health of Adults, the Population and the Environment (SHAPE) project is a collaborative effort of the Hennepin County Community Health Department, the Minneapolis Department of Health and Family Support, and the Bloomington Division of Health.

SHAPE 2002 interviewed 6,638 Minneapolis adults age 18 and over in 2002. Special effort was made to make possible the analysis of data at the community level.

¹ Among households with children under age 6.

² Among those who wanted care.

N/A: Not available, sample size too small.