# Hennepin County CHS
# 2000-2003 Assessment

**for**

## Hennepin County Community Health Department

## Minneapolis Department of Health and Family Support

## Bloomington Division of Health and the Cities of Richfield and Edina

**September, 1999**

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# I. Introduction

The Minnesota Community Health Services (CHS) Act of 1976 (later renamed the Local Public Health Act) established a public health infrastructure based on a state-local partnership and included the provision of state-funded subsidies to local governments to assess community needs and plan and deliver services to address those needs. The Act requires local Community Health Services Boards to prepare and submit written CHS Plans to the State Commissioner of Health every four years.

In Hennepin County there are five Boards of Health. The Hennepin County Board of Commissioners is a CHS Board of Health along with the city councils of Bloomington, Edina, Minneapolis, and Richfield. To meet the requirements of the CHS planning process, the five Boards of Health are required to submit a full CHS Plan every four years. A full plan includes a community needs assessment and program plan (in addition to various administrative requirements).

To meet its community needs assessment obligations, the Hennepin County Community Health Department (HCCHD), the Minneapolis Department of Health and Family Support (MDHFS), and the Bloomington Division of Public Health have worked collaboratively to assemble a comprehensive health needs assessment for all of Hennepin County. All three departments have been developing an ongoing assessment capacity so they are able to respond to important and emerging public health problems. Given this capability, this assessment has three major purposes: 1) to provide a comprehensive source of the latest health studies and assessments produced by local CHS agencies, 2) provide comparative data by geographic jurisdiction within the County, and 3) meet the requirements of the CHS Needs Assessment.

To meet this end, the *Healthy Minnesotans: Public Health Improvement Goals 2004* document was used as an organizing structure for local assessment data. This document includes a comprehensive list of public health goals and objectives that will be used to monitor changes in health status. In general, we used these state objectives as a benchmark for comparing local data. However, when state objectives did not match local data, objectives were modified to reflect the data available. In these cases, local rather than State data has been provided to serve as a benchmark.

While we have honored the spirit of the *Healthy Minnesotans* document, we have made changes to better suit local needs. Some objectives have been deleted, some have been changed, and in some cases new ones have been added. The technical notes section of this document explains why these changes were made.
Although many sources of data were used, there were four main sources:

*1.* Baseline data presented in the MDH document, *Healthy Minnesotans: Public Health Improvement Goals 2004.*

2. Survey of the Health of Adults, the Population, and the Environment (SHAPE). This cooperative survey carried out by MDHFS and HCCHD provides for the first time, Hennepin County, Minneapolis, and suburban information on chronic disease, injury, and behavioral risks.

3. Behavioral Trends for Minnesota's Youth: Minnesota Student Survey, 1998.
4. Vital statistics.

More detailed information on data sources is available in the technical notes.

In addition to this joint project, each of the three participating agencies has done other assessment activities. See Section V, Appendix, for more detail on the Minneapolis Community Needs Assessment Process (pages 76-80).

***The CHS agencies in Hennepin County all have ongoing assessment activities. As a result, they have produced many research and assessment reports that will be referred to throughout this document. Those reports are listed below by agency.***

Hennepin County Community Health Department:

- The Cost of Underage Drinking to Hennepin County (July, 1999)
- Health Insurance Access: Health Issues Brief (March, 1998)
- Injury and Violence in Hennepin County: Children and Adolescents (August, 1999)
- Injury and Violence in Hennepin County: Seniors (August, 1999)
- Seat Belt Use by High School Students in Hennepin County (February, 1998)
- Summary of Health Issues Report Card (June, 1998)

Minneapolis Department of Health and Family Support:

- CityRank Minneapolis: How do we compare? (May, 1998)
- Health Check Minneapolis: Childhood Immunizations (October, 1998)
- Health Check Minneapolis: Teenage Pregnancy (January, 1999)
- Health Check Minneapolis: Foodborne Illness (April, 1999)
- Health Check Minneapolis: (July, 1999)
- The Health of Minneapolis Seniors: a Report from the SHAPE Project (May, 1998)
- Lowering Infant Deaths: Promoting Change to Save Lives (August, 1998)
- Minneapolis Birth Data 1995-1997 (April, 1999)
- Minneapolis Resident Live Births by Community and Neighborhood 1993-1995 (December, 1997)
- Minneapolis Teenage Access to Alcohol Survey Results (February, 1998)
- Neighborhood Report: Minneapolis Birth Data 1994-1996 (December, 1998)
- Older Adults in Minneapolis (December, 1997)
- Promising Approaches to Youth Violence Prevention: A Program Planning Guide (December, 1998)
- Sexually Transmitted Diseases in Minneapolis: Incidence Rates and Preventive Strategies (April, 1998)
- Summary and Update of the Initiatives on Youth Access to Alcohol in Minneapolis (January, 1999)
- Youth Access to Alcohol Project: Summary Report (February, 1998)
- Youth Access to Alcohol Project: Compliance Checks Report (February, 1998)
- Youth Access to Alcohol Research Project:: Focus Groups Report (February, 1998)
- Youth Alcohol Use: Related Costs (February, 1998)

***Joint Hennepin County Community Health Department / Minneapolis Department of Health and Family Support:***

- SHAPE 1998: Cigarette Use Among Hennepin County Adults (January, 1999)
- SHAPE 1998: Initial Findings (August, 1998)
- SHAPE Overall Comparison Report (December, 1998)
- SHAPE Community-Specific Data Book (April, 1998)

## II. **Technical Notes**

A. Format

1. The objective statement is directly quoted from *Healthy Minnesotans* with the same numeric order except the followings:

   a. Objectives omitted by local CHS agencies

      Some objectives listed in *Healthy Minnesotans* are not included in this document. Objectives were deleted because there were no local data, the objectives were not measurable, or the objectives were not relevant to the local health departments' activities. These objective numbers will be skipped.

   b. Objectives added by local CHS agencies

      Some objectives were added to reflect the efforts of the local health departments that were not adequately captured by *Healthy Minnesotans*. In text, these objectives will be noted as "objective added by local CHS agencies" in parentheses right after objective statement. They are objectives 8.a, 8.b, 8.c, 10.a 10.b 10.c 10.d, 10.e.

   c. Objective changed by local CHS agencies

      Some objectives were changed to better reflect the local data that were used as baseline information. In text, these objectives will be noted as "objective changed by local CHS agencies" in parentheses right after objective statement. They are objectives 1.10a, 1.10b, 1.11a, 1.11b, 1.12, 5.2, 5.5, 9.11a, 9.11b, 10.1, 10.4, 12.5, 12.6, 12.7, 12.13, 12.16, 13.5, 15.2.

2. Comparison data presented by local CHS agencies are shaded. This is baseline data for the local areas that will be updated in future assessments.

B. Data Sources and Contacts For Local Data

Data sources and contacts for data presented by local CHS agencies:

- Minnesota Student Survey (MSS).

  Minnesota Student Survey provides a comprehensive picture of Minnesota youth. It includes questions about school, activities, and health. The survey has been administrated in public schools four times, in 1989, 1992, 1995, and 1998 to students in grades 6, 9, and 12. Student participation was voluntary, survey were anonymous.

The Minnesota Student Survey was made available from Minnesota Department of Children, Families and Learning, or individual School Districts.

While objectives were often based on the 1995 MSS for the *Healthy Minnesotans* document, data presented by local CHS agencies comes from the 1998 MSS.

For more information on local data from 1998 Minnesota Student Survey, please contact:

Jennifer T. Go, MPH, Health Planner
Bloomington Health Division
Tel: (612) 948-3967 Fax: (612) 948-8997
jennifergo@ci.bloomington.mn.us

- Survey of the Health of Adults, the Population, and the Environment (SHAPE) 1998

Survey of the Health of Adults, the Population, and the Environment (SHAPE) 1998 collected information on health status, physical, environmental and social factors that affect health among Hennepin County residents aged 18 and older. The survey was administrated between October 1997 and Feb. 1998. Close to 11,000 county residents were surveyed. SHAPE is a cooperative project between Hennepin County Community Health Department and Minneapolis Department of Health and Family Support, Minnesota Department of Health.

The SHAPE data presented either comes from previously published SHAPE reports, mentioned in the references, or from data runs specifically for this document. The data will be provided for whole county adults aged 18 older. If sample size is sufficient (30 or more), data for Minneapolis, suburban Hennepin County, South suburban, Northwest suburban, and West suburban will also be provided.

***South suburban*** area includes Bloomington, Edina, Richfield, Eden Prairie, and Fort Snelling.

***Northwest suburban*** area includes Crystal, Golden Valley, New Hope, Robbinsdale, Brooklyn Center, Brooklyn Park, Osseo, Champlin, Dayton, Maple Grove, Medicine Lake, Plymouth, Corcoran, Hanover, Hassan, and Rogers.

***West suburban*** area includes Hopkins, Minnetonka, St. Louise Park, Deephaven, Excelsior, Greenwood, Long Lake, Minnetonka Beach, Minnetrista, Mound, Orono, St. Bonifacius, Shorewood, Spring Park, Tonka Bay, Wayzata, Woodland, Greenfield, Independence, Laretto, Maple Plain, Medina, and Rockford.
For more information, please contact:

Mei Ding, MD, MS, Principle Planning Analyst
Hennepin County Community Health Department
Tel: (612) 348-6309 Fax: (612) 348-6309
mei.ding@co.hennepin.mn.us

- Vital statistics, communicable diseases

  Data sets on local birth, death and fetal death, induced abortion, communicable disease / AIDS were provided by Minnesota Center for Health Statistics (MCHS). The data analysis was processed at Minneapolis Department of Health and Family support.

  For more information, please contact.

Gopal Narayan, MPH, MS, Biostatistician
Minneapolis Department of Health and Family Support
Tel: (612) 673-2993 Fax: (612) 673-3866
gopalakrishnan.narayan@ci.minneapolis.mn.us

- Others data sources

  Other data sources include Hennepin County Retrospective Kindergarten Immunization Survey 1996-1997; Minneapolis Retrospective Kindergarten Immunization Survey 1996-1997; Minnesota Health Profile- Hennepin County and 1997 Minnesota Health Statistics published by Minnesota Department of Health.

  Blood lead level data were provided by Minnesota Department of Health Blood Level Surveillance Program. Data was processed at Hennepin County Community Health Department Health Protection Division.

C. Population/Ratio Calculation

Population projections based on 1990 census for county, cities and population subgroups published by Hennepin County Office of Planning and Development are used for the rate calculations. For single year rate, such as 1997chronic liver diseases / cirrhosis death rate in Objective 1.6, the population projection for that particular year will be used. For three years' average rate, such as 1995-97 post-neonatal infant mortality rate in Objective 2.4, the average population projections of the three years is used.

Population projections by certain population subgroups, such as race by gender are not available. This limits this assessment document to provide rates to only certain population subgroups.

D. Data Reliability and Confidentiality

The data (absolute counts or rates) will be suppressed to ensure reliability as well as to protect the confidentiality, if the absolute counts are too small or the sample size is too small.

1. For survey data such as MSS and SHAPE:
   - If the sample size for a geographic area or population subgroup for an objective is less than 30, data will be suppressed

2. For death, birth, fetal death, induced abortion, communicable disease / AIDS data:
   - If the absolute count for a geographic area or population subgroup for an objective is less than five, the data will be suppressed.
   - For certain “rare” health indictors, the three-year average rates and three-year cumulative counts will be reported. If the three-year cumulative count is less than five, the data will be suppressed.
   - If the absolute count is not sufficiently large enough for either of Bloomington, Edina or Richfield, data will be only reported for the three areas combined.
   - Teen pregnancy rate for those aged less than 15 will not be reported since the denominator in the calculation can’t be clearly defined.

# PUBLIC HEALTH AGENCY & CITY FACT SHEET

For more information, contact:
Becky McIntosh
Phone: (612) 673-2884

Community health board name:
City Council of Minneapolis

Structure/type of membership:

Member counties:

## INFORMATION BY CITY

Name of city:
Minneapolis

Name of public health department:
Minneapolis Department of Health & Family Support

Address: 250 S 4th Street, Room 510
Minneapolis, MN 55415-1372

Phone: (612) 673-2301

FAX: (612) 673-3866

e-mail: health.familysupport@ci.minneapolis.mn.us

## PUBLIC HEALTH STAFF

Number of FTE: (includes contracts)
…professionals 135
…paraprofessionals 36

1999 Total budget for CHS: $11,964,623

% CHS subsidy: 15% (1,781,216)

% from city tax levy: 42% (5,038,475)
General Funds

## GEOGRAPHY

Total square miles: 58.7

Name of largest town/city: N/A

Population of the largest town/city: N/A

## UNIQUE FEATURES

## CITY POPULATION

Estimated population: (1997 Estimate) 362,090
(1990 Census) 368,383

All below information from 1990 Census

Percent children (ages 0-19) 23.5%
Percent elderly (65+) 13%

Rate: White 78.5% American Indian 3.3%
Black 13% Asian/Pacific Islander 4.3%

Ethnicity: Hispanic 2%
Not Hispanic 88%

People of all ages in poverty: 18.5%

Persons under age 18 in poverty: 30%

Related children ages 5-17 in families In poverty: 33.3%

Total school enrollment: (1997-98 Public Schools) 49,364

Number of school districts: 1 – MPS

Number of schools: (1997) 95 – Public

College enrollment: (1997) 62,513*

## HEALTH CARE

Number of hospitals: 6

Number of licensed hospital beds: 3,749

Number of nursing homes: 34

Number of primary care physicians: N/A

Number of dentists: N/A

Travel time/distance and/or availability of care is an issue In this city for:
Primary care
Acute care
Dental care

*This does not include professional schools. It does include U of M Minneapolis/St. Paul and Metropolitan State University Minneapolis/St. Paul campuses.

# PUBLIC HEALTH AGENCY & COUNTY FACT SHEET

For more information, contact:
Jim Mara
Phone: (612) 348-6150

Community health board name:
Hennepin County Board of Commissioners

Structure/type of membership:

Member counties:

## INFORMATION BY CITY

Name of county:
Hennepin

Name of public health department:
Hennepin County Community Health

Address: 525 Portland Avenue (MC L963)
Minneapolis, MN 55415

Phone: (612) 348-3925

FAX: (612) 348-3830

e-mail:

## PUBLIC HEALTH STAFF

Number of FTE: 1999
…professionals 304.2
…paraprofessionals

1999 Total budget for CHS: 1999 $2,016,160

% CHS subsidy: 5% (of 1999 budget)

% from county tax levy: 18% (of 1999 budget)

## GEOGRAPHY

Total square miles: 557

Name of largest town/city: Minneapolis

Population of the largest town/city: 362,090 (1997 estimate)

## UNIQUE FEATURES

## COUNTY POPULATION

Estimated population: 1999 1,073,087
368,383

All below information from 1990 Census

Percent children (under 18) 22.1%
Percent elderly (65+) 11.6%

Rate: White 89.3% American Indian 1.4%
Black 5.8% Asian/Pacific Islander 2.9%

Ethnicity: Hispanic 1.4%
Not Hispanic

People of all ages in poverty: 96,014 (1996 estimate)

Persons under age 18 in poverty: 35,618 (1996 estimate)

Related children ages 5-17 in families In poverty: 22,145 (1996 estimate)

Total school enrollment: (K-12) (1998-1999) 154,984

Number of school districts: 16

Number of schools: 225

College enrollment: N/A

## HEALTH CARE

Number of hospitals: 13

Number of licensed hospital beds: 5,750+

Number of nursing homes: 69

Number of primary care physicians: (1997) 1,598 (3,800 total)

Number of dentists: (1997) 995

Travel time/distance and/or availability of care is an issue In this city for: Primary care
Acute care
Dental care

Emergency response time remains an issue in rural parts of the county.

# PUBLIC HEALTH AGENCY & CITY FACT SHEET

For more information, contact:
Jennifer T. Go, MPH
Phone: (612) 948-3967

Community health board name:
City of Bloomington

Structure/type of membership:
City

Member counties:
N/A

## INFORMATION BY CITY

Name of city:
Bloomington

Name of public health department:
Bloomington Health Division

Address: 1900 West Old Shakopee Rd
Bloomington, MN 55431-3095

Phone: (612) 948-8900

FAX: (612) 947-8997

e-mail: www.ci.bloomington.mn.us

## PUBLIC HEALTH STAFF

| | |
|---|---|
| Number of FTE: | |
| …professionals | 44.67 |
| …paraprofessionals | 11.15 |
| Total budget for CHS: | $3,748,408 |
| % CHS subsidy: | 8% |
| % from city tax levy: | 55% |

## GEOGRAPHY

| | |
|---|---|
| Total square miles: | 38.3 |
| Name of largest town/city: | Bloomington |
| Population of the largest town/city: | |

## UNIQUE FEATURES

*Transportation Hub-presence of international airport & interstate highway systems *Hospitality Business Center *Mall of America attracts a world-wide audience as the variety of international business ventures.

## CITY POPULATION

| | |
|---|---|
| Estimated city count: | 86,335 |
| % under age 18 | 21.3% |
| % over age 65 | 10.3% |

Diversity of population:

| | | | |
|---|---|---|---|
| White | 94.7% | American Indian | <1% |
| Black | 1.6% | Asian/Pacific Islander | 3.1% |

| | | |
|---|---|---|
| Ethnicity: | Hispanic | <1% |
| | Not Hispanic | |

| | |
|---|---|
| % families with incomes over $35,000: | 50.5% |
| % families below poverty threshold: | 2.3% |
| Number of children in county in K-12: | 11,377 |
| Number of school districts they attend: | 1 |

Special county/population characteristics:
*Employment – has a job level comparable to it's population *Environment – bordered by a national wildlife refuge & includes many lakes, regional and city parks *Growing cultural and ethnic diversity including non-English speaking populations and undocumented workers

## HEALTH CARE

| | |
|---|---|
| Number of hospitals: | 0 |
| Number of licensed hospital beds: | 0 |
| Number of nursing homes: | 8 |
| Number of primary care physicians: | 184 |
| Number of dentists: (1997) | 75 |
| Longest travel distance to acute/ Emergency care: | 2 miles |

# PUBLIC HEALTH AGENCY & CITY FACT SHEET

For more information, contact:
Betsy Christensen
Phone: (612) 861-9881

Community health board name:
City of Richfield

Structure/type of membership:

Member counties:

## INFORMATION BY CITY

Name of city:
Richfield

Name of public health department:
Bloomington Public Health

Address: 6700 Portland Ave S
Richfield, MN 55423

Phone: (612) 866-0881

FAX: (612) 866-0297

e-mail: betsyc@ci.richfield.mn.us

## PUBLIC HEALTH STAFF

Number of FTE:
…professionals
…paraprofessionals

Total budget for CHS: $131,261
(contracts with Bloomington Public Health Division)

% CHS subsidy:

% from city/county tax levy:

## GEOGRAPHY

Total square miles: 7

Name of largest town/city: Richfield

Population of the largest town/city: 35,261

## UNIQUE FEATURES

## CITY POPULATION

Estimated city count: 35,261

% under age 18
% over age 65

Rate: White
Black
American Indian
Asian/Pacific Islander

Ethnicity:
Hispanic <1%
Not Hispanic

% families with incomes over $35,000:

% families below poverty threshold:

Number of children in county in K-12:

Number of school districts they attend: 1

Special county/population characteristics:

## HEALTH CARE

Number of hospitals: 0

Number of licensed hospital beds: 0

Number of nursing homes: 1

Number of primary care physicians:

Number of dentists:

Longest travel distance to acute/
Emergency care:

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# PUBLIC HEALTH AGENCY & CITY FACT SHEET

For more information, contact:
David Velde
Phone: (612) 826-0464

Community health board name:
Edina Community Health Board
Structure/type of membership:
Member counties:

## INFORMATION BY CITY

Name of city:
Edina

Name of public health department:
Edina Health Department

Address: 4801 West 50th Street
Edina, MN 55424

Phone: (612) 826-0370

FAX: (612) 826-0390

e-mail: www.ci.edina.mn.us

## PUBLIC HEALTH STAFF

| | |
|---|---|
| Number of FTE: | |
| …professionals | 2.5 |
| …paraprofessionals | 0.85 |
| Total budget for CHS: | $1,516,860 |
| % CHS subsidy: | 11% |
| % from city/county tax levy: | 26% |

## GEOGRAPHY

| | |
|---|---|
| Total square miles: | 16 |
| Name of largest town/city: | |
| Population of the largest town/city: | |

## UNIQUE FEATURES

## CITY POPULATION

| | |
|---|---|
| Total population count: | 46,841 |
| % under age 18: | 20% |
| % over age 65: | 22% |

Diversity of population:

| | | | |
|---|---|---|---|
| White | 96.7% | American Indian | <1% |
| Black | <1% | Asian/Pacific Islander | <1% |

| | | |
|---|---|---|
| Ethnicity: | Hispanic | <1% |
| | Not Hispanic | |

| | |
|---|---|
| % families with incomes over $35,000: | 68% |
| % families below poverty threshold: | 2% |
| Number of children in county in K-12 | 7,157 |
| Number of school districts they attend: | 1 |

Special county/population characteristics:

## HEALTH CARE

| | |
|---|---|
| Number of hospitals: | 1 |
| Number of licensed hospital beds: | 400 |
| Number of nursing homes: | 2 |
| Number of primary care physicians: | 500+ |
| Number of dentists: (1997) | 11 clinics |
| Longest travel distance to acute/ Emergency care: | 4 miles |

# IV. 2004 COMPARISON

## GOAL 1: Reduce the behavioral risks that are primary contributors to morbidity and mortality.

## TOBACCO

**1.1 Decrease the percentage of adolescents who smoke cigarettes.**

| | | *MN Indicators* |
|---|---|---|
| *1995 Minnesota Student Survey* | | |
| *Population Reporting Weekly Cigarette Use* | *MN Baseline* | *MN 2004 Target* |
| Twelfth-grade students | 25 percent | 15 percent |
| Ninth-grade students | 17.5 percent | 10 percent |

**Percent of Students Reporting Weekly Cigarette Use**
**Source: 1998 MSS**

| | 12th Grade | 9th Grade |
|---|---|---|
| Hennepin Co. | 27 | 15 |
| Minneapolis | 17 | 16 |
| Bloomington | 28 | 13 |
| Edina | 30 | 13 |
| Richfield | 26 | 22 |
| Minnesota | 31 | 20 |

* Not available or not applicable

**1.2 Reduce the percentage of adults (aged 18 and older) who smoke from 21% to 15 percent.**

| | | *MN Special Population Targets* |
|---|---|---|
| *Behavioral Risk Factor Surveillance System [BRFSS], 1996* | | |
| Cigarette Smoking Prevalence | *1996 MN Baseline* | *MN 2004 Target* |
| People with a high school education or less | N/A | 15 percent |
| Blue-collar workers | N/A | 15 percent |
| African Americans | N/A | 15 percent |
| Hispanics | N/A | 15 percent |
| American Indians | N/A | 15 percent |
| Southeast Asians | N/A | 15 percent |
| Women of reproductive age | N/A | 15 percent |
| Pregnant women | N/A | 5 percent |

**Smoking Prevalence Among Adults (percent)**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 21.2 | 25.1 | 19.0 | 15.5 | 21.9 | 18.8 |
| Less than high school education | 32.1 | 32.2 | 32.0 | * | * | * |
| Race: White | 29.0 | 23.8 | 19.4 | 16.3 | 22.3 | 18.4 |
| African American | 24.7 | 30.3 | 12.1 | * | * | * |
| Asian/Pacific Islander | 17.3 | 26.0 | 9.3 | * | * | * |
| American Indian/Alaska Native | 31.3 | 39.6 | 16.7 | * | * | * |
| Multi-racial | 37.6 | 41.0 | 35.4 | * | * | * |
| Other | 17.9 | 26.3 | 8.3 | * | * | * |
| Hispanic origin | 25.9 | 28.1 | 23.2 | * | * | * |
| Women of reproductive age (18-44) | 21.7 | 26.3 | 19.1 | 14.6 | 21.6 | 19.3 |
| Family income ≤ 200% Federal Poverty Level | 24.5 | 29.7 | 18.9 | * | * | * |
| Age 18-24 | 36.5 | 36.5 | 36.5 | * | * | * |
| All males | 23.7 | 28.5 | 21.1 | 17.6 | 23.4 | 21.5 |
| All females | 18.9 | 22.0 | 17.2 | 13.5 | 20.5 | 16.5 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**1.3 Decrease the percentage of adolescents who use spit tobacco.**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey Proportion Using Spit Tobacco Weekly* | *1995 MN Baseline* | *MN 2004 Target* |
| Twelfth-grade males | 16 percent | 4 percent |
| Ninth-grade males | 9 percent | 2 percent |

**Percent of Students Using Spit Tobacco Weekly**
**Source: 1998 MSS Data**

| | 12th Grade (males) | 9th Grade (males) |
|---|---|---|
| Hennepin Co. | 8 | 3 |
| Minneapolis | 4 | 3 |
| Bloomington | 13 | 6 |
| Edina | 16 | 4 |
| Richfield | 9 | 0 |
| Minnesota | 15 | 7 |

**1.4 Reduce exposure to environmental tobacco smoke by increasing the proportion of smoke-free sites as follows:**

| | *MN Special Population Targets* | |
|---|---|---|
| *Smoke-free Sites* | *MN Baseline* | *MN 2004 Target* |
| Public buildings | N/A | 100 percent |
| Work sites | N/A | 80 percent |
| Restaurants | N/A | 50 percent |
| Homes with children aged less than 6 years | N/A | 80 percent |

**Percent of Households Without Environmental Tobacco Smoke (ETS)**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| Households without ETS | 80.5 | 77.3 | 82.5 | 85.8 | 80.2 | 81.7 |
| Households with children under 6 without ETS | 82.7 | 78.1 | 84.9 | 85.8 | 85.3 | 83.1 |

**1.5 Reduce the percentage of adults (aged 18 and over) who smoke cigars. (Source: Currently, there are no Minnesota baseline data available for adult cigar smoking. The data will be collected in the 1998 BRFSS. A target will be set once baseline data are available.)**

Local data currently not available

## ALCOHOL

**1.6 Reduce from 6.7 to 5 deaths per 100,000 population the death rate from chronic liver disease and cirrhosis. (Source: 1995 Minnesota Health Statistics, MDH)**

**Deaths from Chronic Liver Disease/Cirrhosis**
**Source: 1997 Vital Statistics –MCHS**

| Region | No. | Rates per 1000 Population |
|---|---|---|
| Minnesota | 287 | 6.1 |
| Hennepin | 66 | 6.2 |
| Minneapolis | 31 | 8.6 |
| Suburban Hennepin | 35 | 5.0 |
| Bloomington/Edina/Richfield | 10 | 5.8 |

**1.7 Reduce from 37 to 30 percent the proportion of high school seniors and from 20 to 14 percent the proportion of ninth-grade students who have used alcohol at least once a month for the past 12 months. (Source: Minnesota Student Survey, 1995)**

**MN 2004 objective is to reduce alcohol use among those who have used alcohol at least once a month for the past 12 months. The MSS survey asks "On how many occasions have you had alcoholic beverages to drink during the last 30 days?"**

**Percent of Students Reporting Alcohol Use Within Last 30 Days**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade |
|---|---|---|
| Hennepin Co. | 48 | 28 |
| Minneapolis | 48 | 28 |
| Bloomington | 50 | 24 |
| Edina | 49 | 31 |
| Richfield | 48 | 34 |
| Minnesota | 54 | 36 |
| 2004 Goal | 30 | 14 |

**1.8 Reduce from 3.0 to 2.0 percent the proportion of adults who report drinking 60 or more alcoholic drinks per month.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1996 BRFSS Adults Drinking 60+Month* | *1996 MN Baseline* | *MN 2004 Target* |
| Males aged 18-24 | 10.7 percent | 7.5 percent |
| Males aged 25-34 | 7.5 percent | 6.0 percent |

**Percent of Adults Reporting Chronic Drinking (³ 60 drinks in past 30 days)**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 3.7 | 4.4 | 3.3 | 3.0 | 2.9 | 4.3 |
| Male 18-24 | 15.3 | 11.4 | 18.5 | * | * | * |
| Male 25-34 | 6.4 | 7.5 | 5.5 | 4.0 | 5.4 | 6.7 |
| Females 18-44 | 1.1 | 1.8 | 0.7 | 0.0 | 1.3 | 0.6 |
| Senior age ≥ 65 | 2.2 | 1.9 | 2.4 | 1.2 | 3.1 | 3.0 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**1.9 Reduce from 17.6 to 15 percent the proportion of women of childbearing age (aged 18-44) who report frequent alcohol use. Frequent alcohol use is defined as on the average, having one or more drinks of alcoholic beverage per day during the past month or having 5 or more drinks on an occasion at least once during the past month. Alcoholic beverages include beer, wine, wine coolers or liquor. (Source: BRFSS, 1995)**

**Percent of Adults Reporting Frequent Alcohol Use**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| Women ages 18-44 | 15.9 | 21.9 | 12.5 | 7.6 | 14.2 | 16.3 |

## PHYSICAL ACTIVITY / INACTIVITY

**1.10a Increase by 10 percent the number of children and adolescents who are physically active for a combined 30 minutes or more five or more days per week.**

(Objective changed by local CHS agencies)

**Percent of Students Physically Active for a Combined 30 Minutes or More 5 Days a Week**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade | 6th Grade |
|---|---|---|---|
| Hennepin Co. | 36 | 50 | 41 |
| Minneapolis | 37 | 42 | 31 |
| Bloomington | 32 | 49 | 43 |
| Edina | 41 | 59 | 41 |
| Richfield | 39 | 50 | 45 |
| Minnesota | 38 | 52 | 45 |

**1.10b Increase by 10 percent the number of adults who are moderately physically active such as walking, swimming, or**

**cycling for 30 minutes or more five, or more days a week.**

(Objective changed by local CHS agencies)

**Percent of Adults Physically Active for 30 Minutes or More 5 Days or more per Week (Moderate Activities)**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 42.1 | 43.7 | 41.2 | 42.0 | 41.1 | 40.6 |
| Age ≥60 | 43.9 | 42.0 | 45.1 | 44.7 | 46.3 | 43.5 |

**1.11a Decrease by 10 percent the number of children and adolescents who are totally physically inactive.**

(Objective changed by local CHS agencies)

**Percent of Students Who Are Physically Inactive**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade | 6th Grade |
|---|---|---|---|
| Hennepin Co. | 16 | 10 | 11 |
| Minneapolis | 16 | 18 | 22 |
| Bloomington | 18 | 8 | 8 |
| Edina | 10 | 4 | 4 |
| Richfield | 13 | 9 | 11 |
| Minnesota | 17 | 9 | 10 |

**1.11b Decrease by 10 percent the number of adults who do not engage in any moderate physical activities such as walking, swimming, or cycling.**

(Objective changed by local CHS agencies)

**Percent of Adults Who Are Physically Inactive**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 12.2 | 12.4 | 12.0 | 13.8 | 10.8 | 12.0 |
| Age ≥60 | 19.6 | 22.1 | 18.2 | 15.8 | 19.9 | 20.8 |

## NUTRITION

**1.12 Increase by 10 percent the number of children, adolescents, and adults who consume five or more servings of fruits and vegetables daily.**

(Objective changed by local CHS agencies)

**Percent of Students Who Eat 5 or More Servings of Fruits and Vegetables Daily**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade | 6th Grade |
|---|---|---|---|
| Hennepin Co. | 14 | 14 | 23 |
| Minneapolis | 11 | 14 | 22 |
| Bloomington | 8 | 18 | 31 |
| Edina | 20 | 22 | 20 |
| Richfield | 15 | 12 | 18 |
| Minnesota | 11 | 14 | 22 |

**Percent of Adults Who Eat 5 or More Servings of Fruits and Vegetables Daily**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 12.6 | 12.3 | 12.8 | 16.3 | 10.3 | 13.2 |
| Age ≥65 | 24.5 | 21.0 | 26.9 | 34.1 | 17.4 | 27.8 |

**1.14 Decrease by 5 percent the number of young children with iron deficiency anemia. (Source: Minnesota baseline data not available for the general population; special population target data is from the Pediatric Nutrition Surveillance System. In Minnesota, the Pediatric Nutrition Surveillance System data is collected solely from children enrolled in the WIC program) *(This objective is also listed as 4.11)***

| | *MN Special Population Targets* | |
|---|---|---|
| *Children enrolled in the WIC program* | *1995 MN Baseline* | *MN 2004 Target* |
| All children | 13.3 percent | 12.6 percent |
| Low-income Asian children | 22.9 percent | 21.8 percent |
| Low-income Hispanic children | 15.5 percent | 14.7 percent |
| Low-income African American children | 19.1 percent | 18.1 percent |
| Low-income American Indian children | 12.2 percent | 11.6 percent |

No local data currently available

## WEIGHT MANAGEMENT

**1.16 Prevent further increase in overweight from a prevalence of 27 percent among people in all age groups above 18 years. (Source: BRFSS, 1993).**

**Percent of Adults Who Are Overweight**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| **% of adults who are overweight (based on BRFSS BMI cuts)*** | | | | | | |
| All adults | 25.1 | 25.3 | 25.0 | 23.5 | 28.2 | 21.6 |
| Women | 22.2 | 25.2 | 20.5 | 19.9 | 22.4 | 17.9 |
| Men | 28.1 | 25.4 | 29.7 | 27.4 | 34.1 | 25.4 |
| Family income <200% Federal Poverty Level | 25.5 | 26.5 | 24.4 | * | * | * |
| **% of adults who are overweight (based on new Federal guideline)**** | | | | | | |
| All adults | 48.2 | 45.6 | 49.6 | 50.9 | 51.9 | 44.2 |
| Women | 37.1 | 39.1 | 35.9 | 38.0 | 37.4 | 31.0 |
| Men | 59.7 | 52.2 | 63.9 | 64.5 | 66.5 | 58.2 |
| Family income < 200% Federal Poverty Level | 47.2 | 46.6 | 47.9 | * | * | * |

NOTE:
* According to U.S. Behavioral Risk Factor Surveillance System (BRFSS) a man is considered overweight if his BMI is greater than 27.8. A female is considered overweight if her BMI is greater than 27.3.
** Newly released Federal Obesity Clinical Guideline defined overweight as BMI 25 and above.

**1.20 Reduce by 15 percent the proportion of high school senior girls who fast, take diet pills, or purge to control weight.**

**Percent of 12th Grade Females Who Fast, Take Diet Pills, or Purge to Control Weight**
**Source: 1998 MSS Data**

| | Fast | Diet Pills | Purge |
|---|---|---|---|
| Hennepin Co. | 38 | 10 | 6 |
| Minneapolis | 30 | 6 | 4 |
| Bloomington | 37 | 9 | 8 |
| Edina | 36 | 8 | 5 |
| Richfield | 53 | 12 | 5 |
| Minnesota | 43 | 11 | 7 |

## GOAL 2: Improve birth outcomes and early childhood development.

## BIRTH OUTCOMES

**2.1** **Reduce to no more than 5.0 per 1,000 live births the infant mortality rate.** ***(Note: Infant mortality is deaths of infants aged under 1 year)***

| | | *MN Special Population Targets* |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *5-year Average Infant Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 6.2 | 5.0 |
| African American | 16.7 | 5.0 |
| American Indian | 17.3 | 5.0 |
| Asian | 7.3 | 5.0 |
| Latino/Hispanic | 9.1 | 5.0 |

**1997 Infant Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rates per 1000 Live Births |
|---|---|---|
| Minnesota | 382 | 5.9 |
| Hennepin | 115 | 7.4 |
| Minneapolis | 53 | 8.7 |
| Suburban Hennepin | 62 | 6.6 |
| Bloomington/Edina/Richfield | 15 | 8.2 |

**1995-1997 Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1997) | 293 | 5.3 | 55 | 13.1 | 14 | 9.9 | N/A | N/A | N/A | N/A |
| Hennepin | 217 | 6.1 | 99 | 16.9 | 21 | 24.0 | 15 | 6.5 | 26 | 14.1 |
| Minneapolis | 76 | 7.5 | 75 | 16.5 | 21 | 28.1 | 9 | 5.7 | 22 | 17.6 |
| Suburban Hennepin | 141 | 5.5 | 24 | 18.5 | * | * | 6 | 6.6 | * | * |
| Bloomington/Edina/Richfield | 29 | 5.8 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**2.2** **Reduce to no more than 3 per 1,000 live births the neonatal mortality rate.** ***(Note: neonatal mortality is deaths of infants aged under 28 days)***

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *5-year Average Neonatal Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 10.1 | 3.0 |
| American Indian | 8.1 | 3.0 |
| Asian | 4.3 | 3.0 |
| Latino/Hispanic | 5.5 | 3.0 |

**1997 Neonatal Mortality Rates**
**Source : MCHS & MDHFS**

| Region | No. | Rates per 1000 Live Births |
|---|---|---|
| Minnesota | 241 | 3.7 |
| Hennepin | 81 | 5.2 |
| Minneapolis | 32 | 5.3 |
| Suburban Hennepin | 49 | 5.2 |
| Bloomington/Edina/Richfield | 11 | 6.0 |

**1995-1997 Neonatal Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1997) | 189 | 3.4 | 32 | 7.6 | 9 | 6.4 | N/A | N/A | N/A | N/A |
| Hennepin | 154 | 4.3 | 51 | 8.7 | 8 | 9.1 | 7 | 3.0 | 18 | 9.7 |
| Minneapolis | 54 | 5.4 | 36 | 7.9 | 8 | 10.7 | * | * | 16 | 12.8 |
| Suburban Hennepin | 100 | 3.9 | 15 | 11.6 | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | 21 | 4.2 | 5 | 20.0 | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**2.4 Reduce to no more than 2 per 1,000 live births, the post-neonatal mortality rate *(Note: Post-neonatal mortality is deaths of infants aged 28 days up to 1 year)***

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *5-year Average Post-neonatal Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 2.3 | 2.0 |
| African American | 6.6 | 2.0 |
| American Indian | 9.2 | 2.0 |
| Asian | 3.0 | 2.0 |
| Latino/Hispanic | 3.5 | 2.0 |

**1997 Post-Neonatal Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rates per 1,000 Live Births |
|---|---|---|
| Minnesota | 141 | 2.2 |
| Hennepin | 34 | 2.2 |
| Minneapolis | 21 | 3.5 |
| Suburban Hennepin | 13 | 1.4 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**1995-1997 Post-Neonatal Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | 2.3 | | 6.6 | | 9.2 | | 3.0 | | 3.5 |
| Hennepin | 63 | 1.8 | 48 | 8.2 | 13 | 14.9 | 8 | 3.5 | 8 | 4.3 |
| Minneapolis | 22 | 2.2 | 39 | 8.6 | 13 | 17.4 | 5 | 3.6 | 6 | 4.8 |
| Suburban Hennepin | 41 | 1.6 | 9 | 6.9 | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | 8 | 1.6 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**2.5 Reduce to no more than 0.75 per 1,000 live births the Sudden Infant Death Syndrome (SIDS) mortality rate.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics*<br>*5-year Average SIDS Mortality per 1,000 Live Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 1.14 | 0.75 |
| African American | 2.06 | 0.75 |
| American Indian | 4.22 | 0.75 |
| Asian | 0.41 | 0.75 |
| Latino/Hispanic | 1.13 | 0.75 |

**1995-1997 SIDS Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rates per 1000 Live Births |
|---|---|---|
| Minnesota | N/A | 0.9 |
| Hennepin | 38 | 0.80 |
| Minneapolis | 18 | 1.00 |
| Suburban Hennepin | 20 | 0.70 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**1995-1997 SIDS Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | 1.14 | | 2.06 | | 4.22 | | 0.41 | | 1.13 |
| Hennepin | 21 | 0.60 | 12 | 2.00 | * | * | * | * | * | * |
| Minneapolis | * | * | 9 | 2.00 | * | * | * | * | * | * |
| Suburban Hennepin | 17 | 0.70 | * | * | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30

**2.6 Increase to at least 90 percent the percentage of women who receive first-trimester prenatal care during pregnancy.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics*<br>*Women Receiving First Trimester Prenatal Care (% of live births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 86.3% | 90% |
| African American | 64.4% | 90% |
| American Indian | 62.5% | 90% |
| Asian | 58.8% | 90% |
| Latino/Hispanic | 59.9% | 90% |

**1997 Women Receiving First Trimester Prenatal Care (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | 51,636 | 80 |
| Hennepin | 11,973 | 78.9 |
| Minneapolis | 3,912 | 70.5 |
| Suburban Hennepin | 8,061 | 86.4 |
| Bloomington/Edina/Richfield | 1,486 | 81.7 |
| Bloomington | 745 | 79.1 |
| Edina | 382 | 91.2 |
| Richfield | 359 | 77.0 |

**1997 Women Receiving First Trimester Prenatal Care by Race**
**Source: MCHS & MDHFS**

| | | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | % | No. | % | No. | % | No. | % | No. | % |
| Minnesota (1996) | | 86.3 | | 64.4 | | 62.5 | | 58.8 | | 59.9 |
| Hennepin | 9,885 | 83.9 | 1,206 | 57.6 | 146 | 46.8 | 585 | 59.7 | 384 | 50.4 |
| Minneapolis | 2,561 | 74.2 | 888 | 54.8 | 115 | 43.1 | 239 | 47.1 | 157 | 42.7 |
| Suburban Hennepin | 7,234 | 86.8 | 318 | 67.5 | 31 | 73.8 | 346 | 73.1 | 157 | 68.0 |
| Bloomington/Edina/Richfield | 1,354 | 84.3 | 50 | 52.6 | 6 | 42.9 | 71 | 68.9 | 32 | 46.4 |
| Bloomington | 676 | 82.7 | 25 | 51.0 | 1 | 25.0 | 43 | 68.2 | 14 | 51.8 |
| Edina | 365 | 92.2 | 4 | 50.0 | 0 | 0 | 12 | 80.0 | 2 | 100.0 |
| Richfield | 313 | 79.6 | 21 | 55.3 | 5 | 50.0 | 16 | 64.0 | 16 | 40.0 |

**2.7 Reduce to no more than 3.5 percent of live births, the proportion of low birth weight (less than 2,500 grams) live births.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *Low Birth Weight Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 5.4% | 3.5% |
| African American | 12.0% | 3.5% |
| American Indian | 6.3% | 3.5% |
| Asian | 6.6% | 3.5% |
| Latino/Hispanic | 6.0% | 3.5% |

**1997 Low Birth Weight Babies (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | 3801 | 5.9 |
| Hennepin | 1012 | 6.5 |
| Minneapolis | 484 | 8.0 |
| Suburban Hennepin | 528 | 5.6 |
| Bloomington/Edina/Richfield | 115 | 6.3 |
| Bloomington | 66 | 7.0 |
| Edina | 17 | 4.0 |
| Richfield | 32 | 6.7 |

**2.8 Reduce to no more than one percent of live births the number of very low birth weight (less than 1,500 grams) live births.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *Very Low Birth Weight Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 1.0% | 1.0% |
| African American | 2.9% | 1.0% |
| American Indian | 1.8% | 1.0% |
| Asian | 1.1% | 1.0% |
| Latino/Hispanic | 1.3% | 1.0% |

**1997 Very Low Birth Weight Births (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | 721 | 1.1 |
| Hennepin | 211 | 1.4 |
| Minneapolis | 100 | 1.6 |
| Suburban Hennepin | 111 | 1.2 |
| Bloomington/Edina/Richfield | 37 | 2.0 |
| Bloomington | 22 | 2.3 |
| Edina | 7 | 1.7 |
| Richfield | 8 | 1.7 |

**1997 Very Low Birth Weight Births by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | % | No. | % | No. | % | No. | % | No. | % |
| Minnesota (1996) | | 1.0 | | 2.9 | | 1.8 | | 1.1 | | 1.3 |
| Hennepin | 132 | 1.1 | 56 | 2.7 | 5 | 1.6 | 12 | 1.2 | 13 | 1.7 |
| Minneapolis | 41 | 1.2 | 41 | 2.5 | 5 | 1.9 | 8 | 1.6 | 6 | 1.1 |
| Suburban Hennepin | 91 | 1.1 | 15 | 3.2 | * | * | * | * | 7 | 3.0 |
| Bloomington/Edina/Richfield | 31 | 1.9 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population (sample size) < 30.

**2.10 Reduce to no more than 8 percent of live births theprematurity rate (less than 37 weeks gestation).**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *Prematurity Rate per Live Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 8.6 | 8.0 |
| African American | 14.0 | 8.0 |
| American Indian | 9.9 | 8.0 |
| Asian | 10.1 | 8.0 |
| Latino/Hispanic | 10.4 | 8.0 |

**1997 Prematurity Rates per 1000 Live Births**
**Source: MCHS & MDHFS**

| Region | No. | Rates per 1000 Live Births |
|---|---|---|
| Minnesota | | Unknown |
| Hennepin | 1,492 | 9.2 |
| Minneapolis | 612 | 10.1 |
| Suburban Hennepin | 817 | 8.7 |
| Bloomington/Edina/Richfield | 189 | 10.3 |
| Bloomington | 83 | 8.8 |
| Edina | 30 | 7.1 |
| Richfield | 56 | 11.8 |

**1997 Prematurity Rates per 1000 Live Births by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | | | | | | | | | | | |
| Hennepin | 931 | 7.9 | 210 | 10.0 | 33 | 10.6 | 91 | 9.3 | 67 | 8.8 | 1285 | 8.3 |
| Minneapolis | 293 | 8.5 | 159 | 9.8 | 28 | 10.5 | 44 | 8.7 | 39 | 7.3 | 537 | 8.9 |
| Suburban Hennepin | 638 | 7.6 | 51 | 10.8 | 5 | 11.1 | 47 | 9.9 | 28 | 12.1 | 748 | 8.0 |
| Bloomington/Edina/Richfield | 123 | 7.7 | 8 | 8.4 | * | * | 14 | 13.6 | 12 | 17.4 | 148 | 8.0 |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**2.13 Decrease the percentage of pregnant women who smoke tobacco or drink alcohol during pregnancy. (Source: Women, Infants and Children data).**

No local data currently available

**2.14 Reduce from 17.6 to 15 percent the proportion of women of childbearing age (aged 18-44) who report frequent alcohol use. (Source: BRFSS, 1995)**

See Objective 1.9

## WOMEN'S HEALTH

**2.18 Reduce to no more than 16 percent the prevalence of cigarette smoking among women. (Source: BRFSS)**

See Objective 1.2

**2.19 Reduce from 17.6 to 15 percent the proportion of women of childbearing age (aged 18-44) who report frequent alcohol use. (Source: BRFSS, 1995)**

See Objective 1.9

**2.20 Increase the percent of high school girls who exercise on a regular basis. (Source: No Minnesota baseline data available)**

**Percent of Girls Who Exercise for a Combined Total of 30 Minutes at least Five Days/Week**
**Source: 1998 MSS Data**

| | 12th Grade (Females) | 9th Grade (females) |
|---|---|---|
| Hennepin Co. | 29 | 45 |
| Minneapolis | 31 | 38 |
| Bloomington | 24 | 48 |
| Edina | 34 | 54 |
| Richfield | 31 | 50 |
| Minnesota | 29 | 46 |

**2.21 Reduce by 15 percent the incidence of injurious suicide attempts for ninth- and twelfth-grade females.**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey Suicide Attempts* | *1995 MN Baseline* | *MN 2004 Target* |
| 12th grade female students | 15% | 12.8% |
| 9th grade female students | 19% | 16.2% |

**Percent of Students Reporting Suicide Attempts**
**Source: 1998 MSS Data**

| | 12th Grade (Females) | 9th Grade (females) |
|---|---|---|
| Hennepin Co. | 12 | 14 |
| Minneapolis | 12 | 19 |
| Bloomington | 14 | 12 |
| Edina | 3 | 10 |
| Richfield | 12 | 13 |
| Minnesota | 13 | 16 |

**2.22 Reduce by 15 percent the proportion of high school senior girls who fast, take diet pills, or purge to control weight. *(This objective is also listed as 1.20)***

See Objective 1.20

## GOAL 3: Reduce unintended pregnancies.

## UNINTENDED PREGNANCY

**3.1 Reduce the proportion of all pregnancies that are unintended. (Data Source: Currently there are no baseline data available. It is anticipated that the data will be available from the BRFSS)**

No local data currently available

**3.2 Increase the percent of women in need of publicly supported contraceptive services who are served in family planning clinics by 10 percent from 40 percent to 50 percent. (Data Source: Alan Guttmacher Institute, 1994)**

No local data currently available

**3.4 Reduce adolescent pregnancy rates as follows: from 27.5 in 1996 to no more than 26.9 per 1,000 women aged 15-17 and from 77.3 in 1996 to no more than 76.7 per 1,000 women aged 18-19.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Adolescent pregnancy* | | |
| *1996 Minnesota Vital Statistics* | *1996 MN Baseline* | *MN 2004 Target* |
| Females 15-17 per 1000 | 27.5 | 26.9 |
| White | 19.5 | N/A |
| African American | 131.6 | N/A |
| American Indian | 67.7 | N/A |
| Asian | 57.3 | N/A |
| Latino/Hispanic | 98.2 | N/A |
| Females 18-19 per 1000 | 77.3 | 76.7 |
| White | 61.7 | N/A |
| African American | 256.8 | N/A |
| American Indian | 135.3 | N/A |
| Latino/Hispanic | 239.9 | N/A |

**1997 Teen Pregnancy Rates per 1000 Population by Age**
**Source: MCHS & MDHFS**

| Age | < 15 Years | | 15 - 17 | | 18 - 19 | | Total (< 19 Years) | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | N/A | | 27.5 | | 77.3 | | N/A |
| Hennepin | 66 | ** | 798 | 42.0 | 1,344 | 106.9 | 2,208 | 43.6 |
| Minneapolis | 53 | ** | 480 | 79.4 | 816 | 140.7 | 1,349 | 78.2 |
| Suburban Hennepin | 13 | ** | 318 | 25.1 | 528 | 77.9 | 859 | 24.5 |
| Bloomington/Edina/Richfield | * | ** | 82 | 28.4 | 108 | 64.6 | 194 | 25.2 |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates cannot be calculated as appropriate age specific female population not available for use on rate calculations.

**3.5 Reduce the proportion of adolescents who have engaged in sexual intercourse as follows: from 27 to no more than 25 percent by ninth grade and from 54 to no more than 50 percent by twelfth grade. (Source: Minnesota Student Survey, 1995)**

**Percent of Students Who Have Engaged in Sexual Intercourse**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade |
|---|---|---|
| Hennepin Co. | 46 | 21 |
| Minneapolis | 55 | 34 |
| Bloomington | 49 | 21 |
| Edina | 29 | 11 |
| Richfield | 47 | 21 |
| Minnesota | 50 | 23 |

**3.6 Increase from 44 to 50 percent the proportion of sexually active ninth graders and from 59 to 64 percent the proportion of sexually active twelfth graders who alw ays use birth control. (Baseline: Minnesota Student Survey 1992)**

**Percent of Sexually Active Students who always use birth control.**
**Source: 1998 MSS Data**

| | 12th Grade | 9th Grade |
|---|---|---|
| Hennepin Co. | 61 | 45 |
| Minneapolis | 63 | 46 |
| Bloomington | 56 | 52 |
| Edina | 58 | 51 |
| Richfield | 50 | 31 |
| Minnesota | 40 | 40 |

**3.7 Increase the proportion of sixth, ninth, and twelfth graders who obtain most of their information about sex from parents and school.**

See Objectives 4.1 and 4.14

## GOAL 4: Promote health for all children, adolescents and their families.

## CHILDREN'S HEALTH

**4.1 Promote positive child and adolescent development through increasing by 25 percent from 1995 levels, the percentage of elementary students who talk to their parents about problems they are having, state positive feelings about school, state they have received most of their information about sex from parents and school teachers or counselors, state school personnel care about them, and state their parents care about them.**

| | | *MN Indicators* |
|---|---|---|
| *1995 Minnesota Student Survey* | | |
| *Elementary Students Who:* | *1995 MN Baseline* | *MN 2004 Target* |
| Talk to their mother about problems | | |
| 6th-grade - female | 63% | 79% |
| 6th-grade - male | 55% | 69% |
| Talk to their father about problems | | |
| 6th grade - female | 26 % | 33% |
| 6th grade - male | 44% | 55% |
| State positive feelings about school | | |
| 6th-grade - female | 62% | 78% |
| 6th-grade - male | 44% | 55% |
| Receive most information about sex from parents and teachers/counselors | | |
| 6th-grade - female | N/A | N/A |
| 6th-grade - male | N/A | N/A |
| State school personnel care about them | | |
| 6th-grade - female | 43% | 54% |
| 6th-grade - male | 39% | 49% |
| State parents care about them | | |
| 6th-grade - female | 94% | 100% |
| 6th-grade- male | 94% | 100% |

**Percent of Elementary Students Who:**
**Source: 1998 MSS Data**

| | | 6th Grade Females | 6th Grade Males |
|---|---|---|---|
| Talk to their mother about problems | | | |
| | Hennepin Co. | 92 | 88 |
| | Minneapolis | 88 | 86 |
| | Bloomington | 90 | 91 |
| | Edina | 93 | 91 |
| | Richfield | 92 | 86 |
| | Minnesota | 91 | 87 |
| Talk to their father about problems | | | |
| | Hennepin Co. | 66 | 76 |
| | Minneapolis | 54 | 66 |
| | Bloomington | 67 | 79 |
| | Edina | 72 | 86 |
| | Richfield | 59 | 69 |
| | Minnesota | 65 | 77 |
| State positive feelings about school | | | |
| | Hennepin Co. | 64 | 47 |
| | Minneapolis | 67 | 61 |
| | Bloomington | 57 | 43 |
| | Edina | 68 | 49 |
| | Richfield | 62 | 41 |
| | Minnesota | 60 | 43 |
| Receive most information about sex from parents and teachers/counselors | | | |
| | Hennepin Co. | 57 | 45 |
| | Minneapolis | 61 | 43 |
| | Bloomington | 48 | 46 |
| | Edina | 54 | 50 |
| | Richfield | 64 | 43 |
| | Minnesota | 54 | 42 |
| State school personnel care about them | | | |
| | Hennepin Co. | 50 | 45 |
| | Minneapolis | 42 | 43 |
| | Bloomington | 41 | 39 |
| | Edina | 64 | 53 |
| | Richfield | 52 | 42 |
| | Minnesota | 49 | 43 |
| State parents care about them | | | |
| | Hennepin Co. | 96 | 95 |
| | Minneapolis | 95 | 95 |
| | Bloomington | 94 | 96 |
| | Edina | 98 | 97 |
| | Richfield | 94 | 96 |
| | Minnesota | 95 | 94 |

**4.2 Promote children's self-esteem through increasing by 25 percent the percentage of elementary students who state they usually feel good about themselves, are satisfied with themselves, have much to be proud of, and find their lives very useful.**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey Elementary Students Who:* | *1995 MN Baseline* | *MN 2004 Target* |
| Usually feel good about themselves | | |
| 6th-grade - female | 90% | 100% |
| 6th-grade - male | 91% | 100% |
| Are satisfied with themselves | | |
| 6th-grade - female | 90% | 100% |
| 6th-grade - male | 92% | 100% |
| Have much to be proud of | | |
| 6th-grade - female | 58% | 73% |
| 6th-grade - male | 59% | 74% |
| Find their lives useful | | |
| 6th-grade - female | 62% | 78% |
| 6th-grade - male | 62% | 78% |

**Percent of Elementary Students Who:**
**Source: 1998 MSS Data**

| | | 6th Grade Females | 6th Grade Males |
|---|---|---|---|
| Usually feel good about themselves | | | |
| | Hennepin Co. | 91 | 92 |
| | Minneapolis | 90 | 92 |
| | Bloomington | 87 | 93 |
| | Edina | 96 | 90 |
| | Richfield | 92 | 93 |
| | Minnesota | 90 | 91 |
| Are satisfied with themselves | | | |
| | Hennepin Co. | 89 | 92 |
| | Minneapolis | 84 | 89 |
| | Bloomington | 87 | 99 |
| | Edina | 95 | 92 |
| | Richfield | 89 | 92 |
| | Minnesota | 89 | 91 |
| Have much to be proud of | | | |
| | Hennepin Co. | 59 | 57 |
| | Minneapolis | 46 | 48 |
| | Bloomington | 58 | 58 |
| | Edina | 66 | 67 |
| | Richfield | 63 | 62 |
| | Minnesota | 57 | 58 |
| Find their lives useful | | | |
| | Hennepin Co. | 63 | 61 |
| | Minneapolis | 52 | 54 |
| | Bloomington | 63 | 65 |
| | Edina | 72 | 68 |
| | Richfield | 63 | 70 |
| | Minnesota | 61 | 61 |

**4.3 Increase to 80 percent, the number of children on Medical Assistance (MA) who receive Child and Teen check-ups according to the recommended schedule. (Source: No Minnesota baseline data available).**

No local data currently available

**4.4 Increase the percentage of children and adolescents in the Child and Teen Check-Up program (C&TC) with a diagnosed health problem who receive appropriate treatment. (Source: No Minnesota baseline data available).**

No local data currently available

**4.5 Increase the percentage of children who receive a regular, comprehensive, preventive health visit (including, but not limited to, anticipatory guidance, hearing, vision, physical exam, etc.). (Source: No Minnesota baseline data available)**

No local data currently available

**4.6 All children with identified health problems will receive appropriate diagnosis and treatment services. (Source: No Minnesota baseline data available)**

No local data currently available

**4.7 Decrease the number of absences of children in early childhood care and education and children in elementary education due to head lice. (Source: No Minnesota baseline data available)**

No local data currently available

**4.8 Reduce from 0.9 to 0.8 percent, the percentage of screened children (aged 6 to 72 months) with elevated venous whole blood lead levels of 20 micrograms of lead per deciliter or greater. (Source: Minnesota blood lead surveillance data 1995, 1996)**

See Objective 11.27

**4.9 Reduce from 10 to less than 8 percent, the percentage of screened children (aged 6 to 72 months) with elevated whole blood lead levels of 10 micrograms of lead per deciliter or greater. (Source: Minnesota blood lead surveillance data 1995, 1996)**

See Objective 11.28

The MDH is currently in the process of developing blood lead screening guidelines for children. Implementation of new guidelines may increase the percentage of children with elevated blood lead levels because the guidelines are intended to increase screening in high risk areas without increasing overall screening.

**4.11 Decrease by 5 percent the number of young children with iron deficiency anemia. (Source: Minnesota baseline data not available for the general population; special population target data is from the Pediatric Nutrition Surveillance System. In Minnesota, the Pediatric Nutrition Surveillance System data is collected solely from children enrolled in the WIC program)**

See Objective 1.14

No local data currently available

**4.12 Reduce exposure to environmental tobacco smoke by increasing the proportion of smoke-free sites as follows: (Source : No Minnesota baseline data available)**

See Objective 1.4

## ADOLESCENT HEALTH

**4.14 Promote positive adolescent development through increasing by 25 percent from 1995 levels, the percentage of high school students who talk to their parents about problems they are having, state positive feelings about school, state they have received most of their information about sex from parents and school teachers or counselors, state school personnel care about them, and state their parents care about them. (Source: Minnesota Student Survey, 1995)**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey*<br>*High School Students Who:* | *1995 MN Baseline* | *MN 2004 Target* |
| Talk to their mother about problems | | |
| 9th grade - female | 42% | 53% |
| 9th grade - male | 35% | 44% |
| 12th grade - female | 45% | 56% |
| 12th grade - male | 35% | 44% |
| Talk to their father about problems | | |
| 9th grade - female | 16% | 20% |
| 9th grade - male | 28% | 35% |
| 12th grade - female | 20% | 25% |
| 12th grade - male | 25% | 31% |
| State positive feelings about school | | |
| 9th grade - female | 48% | 60% |
| 9th grade - male | 35% | 44% |
| 12th grade - female | 47% | 59% |
| 12th grade - male | 38% | 48% |
| Receive most of their information about sex from parents and School teachers or counselors | | |
| 9th grade - female | N/A | N/A |
| 9th grade - male | N/A | N/A |
| 12th grade - female | N/A | N/A |
| 12th grade - male | N/A | N/A |
| High school students who state school personnel care about them | | |
| 9th grade - female | 28% | 35% |
| 9th grade - male | 26% | 33% |
| 12th grade - female | 30% | 38% |
| 12th grade - male | 29% | 36% |
| State their parents care about them | | |
| 9th grade - female | 87% | 100% |
| 9th grade - male | 90% | 100% |
| 12th grade - female | 91% | 100% |
| 12th grade - male | 89% | 100% |

**Percent of High School Students Who:**
**Source: 1998 MSS Data**

| | 9th Females | 9th Males | 12t Females | 12th Males |
|---|---|---|---|---|
| **Talk to their mother about problems** | | | | |
| Hennepin Co. | 82 | 78 | 88 | 80 |
| Minneapolis | 78 | 73 | 81 | 79 |
| Bloomington | 83 | 80 | 83 | 74 |
| Edina | 86 | 80 | 88 | 87 |
| Richfield | 82 | 77 | 81 | 78 |
| Minnesota | 81 | 78 | 84 | 80 |
| **Talk to their father about problems** | | | | |
| Hennepin Co. | 56 | 69 | 60 | 69 |
| Minneapolis | 47 | 59 | 54 | 66 |
| Bloomington | 54 | 72 | 58 | 64 |
| Edina | 70 | 77 | 72 | 84 |
| Richfield | 55 | 60 | 46 | 63 |
| Minnesota | 55 | 69 | 60 | 69 |
| **State positive feelings about school** | | | | |
| Hennepin Co. | 53 | 39 | 52 | 48 |
| Minneapolis | 54 | 47 | 55 | 48 |
| Bloomington | 61 | 50 | 53 | 47 |
| Edina | 52 | 35 | 59 | 58 |
| Richfield | 49 | 35 | 36 | 45 |
| Minnesota | 47 | 33 | 48 | 40 |
| **State school personnel care about them** | | | | |
| Hennepin Co. | 34 | 32 | 32 | 34 |
| Minneapolis | 27 | 26 | 26 | 28 |
| Bloomington | 36 | 30 | 30 | 28 |
| Edina | 44 | 44 | 48 | 50 |
| Richfield | 34 | 25 | 35 | 34 |
| Minnesota | 31 | 28 | 32 | 31 |
| **State parents care about them** | | | | |
| Hennepin Co. | 88 | 90 | 91 | 90 |
| Minneapolis | 88 | 88 | 92 | 91 |
| Bloomington | 87 | 86 | 90 | 91 |
| Edina | 92 | 93 | 99 | 91 |
| Richfield | 90 | 90 | 88 | 86 |
| Minnesota | 87 | 88 | 91 | 89 |

| **Receive most information about sex from parents and teachers / counselors** | 9th Females | | 9th Males | | 12th Females | | 12th Males | |
|---|---|---|---|---|---|---|---|---|
| | P | C | P | C | P | C | P | C |
| Hennepin Co. | 49 | 58 | 39 | 51 | 43 | 55 | 36 | 49 |
| Minneapolis | 53 | 54 | 40 | 47 | 45 | 49 | 41 | 44 |
| Bloomington | 48 | 60 | 35 | 48 | 40 | 65 | 31 | 49 |
| Edina | 49 | 53 | 39 | 41 | 43 | 47 | 41 | 39 |
| Richfield | 48 | 57 | 32 | 41 | 44 | 59 | 41 | 56 |
| Minnesota | 47 | 56 | 36 | 50 | 43 | 51 | 33 | 45 |

Note:
P=Parents & Teachers
C=Counselors

**4.15 Promote adolescent self-esteem through increasing by 25 percent the percentage of high school students who state they usually feel good about themselves, state they are satisfied with themselves, state they have much to be proud of, state they find their lives very useful.**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey High School Students Who:* | *1995 MN Baseline* | *MN 2004 Target* |
| Usually feel good about themselves | | |
| 9th grade - female | 78% | 98% |
| 9th grade - male | 89% | 100% |
| 12th grade - female | 83% | 100% |
| 12th grade - male | 90% | 100% |
| Are satisfied with themselves | | |
| 9th grade - female | 79% | 99% |
| 9th grade - male | 90% | 100% |
| 12th grade - female | 84% | 100% |
| 12th grade - male | 90% | 100% |
| Have much to be proud of | | |
| 9th grade - female | 48% | 60% |
| 9th grade - male | 60% | 75% |
| 12th grade - female | 52% | 65% |
| 12th grade - male | 61% | 76% |
| Find their lives very useful | | |
| 9th grade - female | 51% | 64% |
| 9th grade - male | 66% | 83% |
| 12th grade - female | 58% | 73% |
| 12th grade - male | 67% | 84% |

**Percent of High School Students Who:**
**Source: 1998 MSS Data**

| | | 9th Females | 9th Males | 12th Females | 12th Males |
|---|---|---|---|---|---|
| **Usually feel good about themselves** | | | | | |
| | Hennepin Co. | 80 | 90 | 84 | 91 |
| | Minneapolis | 80 | 90 | 87 | 92 |
| | Bloomington | 81 | 89 | 84 | 91 |
| | Edina | 78 | 93 | 92 | 90 |
| | Richfield | 85 | 82 | 88 | 96 |
| | Minnesota | 78 | 89 | 83 | 91 |
| **Are satisfied with themselves** | | | | | |
| | Hennepin Co. | 80 | 90 | 86 | 91 |
| | Minneapolis | 81 | 88 | 87 | 93 |
| | Bloomington | 81 | 91 | 85 | 90 |
| | Edina | 80 | 91 | 92 | 91 |
| | Richfield | 84 | 88 | 87 | 89 |
| | Minnesota | 77 | 90 | 84 | 91 |
| **Have much to be proud of** | | | | | |
| | Hennepin Co. | 55 | 63 | 56 | 63 |
| | Minneapolis | 55 | 60 | 62 | 57 |
| | Bloomington | 54 | 58 | 58 | 62 |
| | Edina | 59 | 67 | 61 | 64 |
| | Richfield | 50 | 48 | 56 | 62 |
| | Minnesota | 49 | 61 | 53 | 62 |
| **Find their lives useful** | | | | | |
| | Hennepin Co. | 59 | 69 | 65 | 71 |
| | Minneapolis | 57 | 66 | 67 | 69 |
| | Bloomington | 62 | 68 | 63 | 66 |
| | Edina | 63 | 79 | 79 | 74 |
| | Richfield | 58 | 60 | 74 | 76 |
| | Minnesota | 55 | 67 | 62 | 70 |

**4.16 Increase to 80 percent, the number of adolescents on Medical Assistance (MA) who receive Child and Teen check-ups according to the recommended schedule. (Source: No Minnesota baseline data available).**

No local data currently available

**4.17 Decrease by 10 percent of adolescents who are homeless or runaway.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1995 Minnesota Student Survey* | | |
| *Homeless or Runaway Adolescents:* | *1995 MN Baseline* | *MN 2004 Target* |
| 9th grade - female | 14% | 13% |
| 9th grade - male | 12% | 11% |
| 12th grade - female | 7% | 6% |
| 12th grade - male | 7% | 6% |

**Percent of Students Who Report Running Away During the Past 12 Months**
**Source: 1998 MSS Data**

| | 9th Females | 9th Males | 12th Females | 12th Males |
|---|---|---|---|---|
| Hennepin Co. | 11 | 12 | 5 | 8 |
| Minneapolis | 17 | 14 | 8 | 11 |
| Bloomington | 11 | 12 | 6 | 4 |
| Edina | 10 | 8 | 3 | 8 |
| Richfield | 17 | 11 | 7 | 8 |
| Minnesota | 13 | 12 | 7 | 7 |

**4.18 Decrease by 10 percent the number of adolescent students who are truant. (Source: No Minnesota baseline data available)**

No local data currently available

**4.20 Increase the number of school-based and school-linked health clinics providing primary care and mental health services for adolescents. (Source: No Minnesota baseline data available)**

MDHFS runs 10 School Based Clinics with primary care and mental health care.

**4.21 Decrease the percentage of adolescents who smoke cigarettes.**

See Objective 1.1

**4.22 Decrease the percentage of adolescents who use spit tobacco.**

See Objective 1.3

**4.23 Reduce from 37 to 30 percent the proportion of high school seniors and from 20 to 14 percent the proportion of ninth-grade students who have used alcohol at least once a month for the past 12 months. (Source: Minnesota Student Survey, 1995)**

See Objective 1.7

**4.24 Decrease the percentage of adolescents who engage in unhealthy weight management practices (*e.g.*, purging, laxatives, diet pills).**

See Objective 1.20

**4.25 Reduce from 52 to no more than 40 cases per 100,000 people the overall incidence of gonorrhea.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1997 MDH Surveillance Data* | | |
| *Gonorrhea Incidence Per 100,000* | *1997 MN Baseline* | *MN 2004 Target* |
| Males aged 15-24 | 156 | 120 |
| Females aged 15-24 | 294 | 220 |
| African Americans | 1,051 | 790 |

**1997 Gonorrhea Cases / Rates per 100,000**
**Source: MCHS & MDHFS**

| Group | Cases | Rate per 100,000 |
|---|---|---|
| **Minneapolis** | | |
| Males 15-19 | 124 | 1069.5 |
| Females 15-19 | 293 | 2474.0 |
| Total 15-19 | 417 | 1779.2 |
| Males 20-24 | 171 | 1080.3 |
| Females 20-24 | 180 | 1108.4 |
| Total 20-24 | 351 | 1094.5 |
| Males 15-24 | 295 | 1075.7 |
| Females 15-24 | 473 | 1684.4 |
| Total 15-24 | 768 | 1383.7 |
| African Americans | 940 | ** |
| **Hennepin County** | | |
| Males 15-19 | 139 | 429.2 |
| Females 15-19 | 339 | 1073.5 |
| Total 15-19 | 478 | 747.3 |
| Males 20-24 | 198 | 589.5 |
| Females 20-24 | 231 | 647.5 |
| Total 20-24 | 429 | 619.4 |
| Males 15-24 | 337 | 510.8 |
| Females 15-24 | 570 | 847.5 |
| Total 15-24 | 907 | 680.8 |
| African Americans | 1074 | ** |
| **Bloomington/Edina/Richfield** | | |
| Males 15-19 | * | * |
| Females 15-19 | 10 | 219.1 |
| Total 15-19 | 12 | 126.8 |
| Males 20-24 | 5 | 113.8 |
| Females 20-24 | 15 | 316.9 |
| Total 20-24 | 20 | 219.2 |
| Males 15-24 | 7 | 75.3 |
| Females 15-24 | 25 | 268.9 |
| Total 15-24 | 32 | 172.1 |
| African Americans | 25 | ** |
| **Hennepin County Total** | **1639** | **154** |
| **Minneapolis Total** | **1379** | **381** |
| **Bloomington Total** | **32** | **36** |
| **Edina Total** | **3** | **6** |
| **Richfield Total** | **19** | **55** |

Note:
* denotes counts (numbers) < 5 or populations (sample size) < 30.
** denotes that rates could not be calculated as current racial population estimates for African Americans are unavailable.

**4.26 Reduce from 145 to no more than 100 cases per 100,000 people the overall prevalence of chlamydia infection.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1996 MDH Surveillance Data* | | |
| *Chlamydia Prevalence Per 100,000* | *1996 MN Baseline* | *MN 2004 Target* |
| Males aged 15-24 | 310 | 230 |
| Females aged 15-24 | 1,276 | 950 |

**1997 Chlamydia Cases / Rates per 100,000**
**Source: MCHS & MDHFS**

| Group | Cases | Rate per 100,000 |
|---|---|---|
| **Minneapolis** | | |
| Males 15-19 | 155 | 1336.9 |
| Females 15-19 | 718 | 6062.7 |
| Total 15-19 | 873 | 3724.9 |
| Males 20-24 | 261 | 1648.9 |
| Females 20-24 | 531 | 3269.9 |
| Total 20-24 | 792 | 2469.8 |
| Males 15-24 | 416 | 1517.0 |
| Females 15-24 | 1249 | 4447.7 |
| Total 15-24 | 1665 | 2999.7 |
| African Americans | 1355 | ** |
| **Hennepin County** | | |
| Males 15-19 | 208 | 642.3 |
| Females 15-19 | 941 | 2979.7 |
| Total 15-19 | 1149 | 1796.3 |
| Males 20-24 | 336 | 1000.4 |
| Females 20-24 | 739 | 2071.3 |
| Total 20-24 | 1075 | 1552.0 |
| Males 15-24 | 544 | 824.6 |
| Females 15-24 | 1680 | 2497.8 |
| Total 15-24 | 2224 | 1669.3 |
| African Americans | 1618 | ** |
| **Bloomington/Edina/Richfield** | | |
| Males 15-19 | 9 | 183.7 |
| Females 15-19 | 40 | 876.4 |
| Total 15-19 | 49 | 517.8 |
| Males 20-24 | 18 | 409.7 |
| Females 20-24 | 52 | 1098.7 |
| Total 20-24 | 70 | 767.0 |
| Males 15-24 | 27 | 290.6 |
| Females 15-24 | 92 | 989.6 |
| Total 15-24 | 119 | 640.2 |
| African Americans | 54 | ** |
| **Hennepin County Total** | **3180** | **298** |
| **Minneapolis Total** | **2389** | **660** |
| **Bloomington Total** | **83** | **94** |
| **Edina Total** | **6** | **13** |
| **Richfield Total** | **82** | **236** |

Note:
* denotes counts (numbers) < 5 or populations (sample size) < 30.
** denotes that rates could not be calculated as current racial population estimates for African Americans are unavailable.

## GOAL 5: Promote, protect and improve mental health.

## DEPRESSION

**5.2 Reduce by 10 percent the prevalence of depression disorder (as diagnosed by a health care provider) among adults aged 18 and older.**

(Objective changed by local CHS agencies)

**Percent of Adults Who Have Been Told by a Health Care Provider That They Have Depression**
**Source: 1998 SHAPE**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 9.9 | 12.2 | 8.7 | 8.5 | 9.4 | 7.3 |
| Men | 7.4 | 9.3 | 6.4 | 4.8 | 6.7 | 7.3 |
| Women | 12.1 | 14.9 | 10.7 | 11.6 | 12.0 | 7.3 |

**5.3 Reduce by 20 percent the number of suicides in Minnesota.**

*MN Special Population Targets*

*1989-1993 Death Certificates*
*Populations of Color in Spring 1997, Minnesota, Health Status Report*
*Office of Minority Health, Minnesota Department of Health*

| *Suicides in Minnesota* | *5 Yr. Average MN Baseline* | *MN 2004 Target* |
|---|---|---|
| Asian children aged 5-14 | 3 (number of deaths) | 2 |
| American Indian females aged 15-24 | 5 (number of deaths) | 4 |
| Asian females aged 15-24 | 3 (number of deaths) | 2 |
| Hispanic/Latino females aged 15-24 | 2 (number of deaths) | 2 |
| White females aged 15-24 | 5.0 (rate/100,000) | 4 |
| African American males aged 15-24 | 22.7 (rate/100,000) | 18.2 |
| American Indian males aged 15-24 | 102.3 (rate/100,000) | 81.8 |
| Asian males aged 15-24 | 19.5 (rate/100,000) | 15.6 |
| Hispanic/Latino males aged 15-24 | 32.3 (rate/100,000) | 25.8 |
| White males aged 15-24 | 26.6 (rate/100,000) | 21.3 |
| Asian females aged 25-44 | 3 (number of deaths) | 2 |
| Hispanic/Latino females aged 25-44 | 4 (number of deaths) | 3 |
| White males aged 25-44 | 23.2 (rate/100,000) | 18.6 |

**5.3 (A): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Age Group**
**Source: MCHS & MDHFS**

| | 5 - 14 | | 15 – 24 | | 25 - 44 | | 45 - 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | | | | | | | | | | | |
| Hennepin | * | * | 45 | 11.4 | 148 | 12.8 | 84 | 13.0 | 44 | 11.8 | 324 | 10.2 |
| Minneapolis | * | * | 19 | 11.5 | 80 | 19.2 | 36 | 19.5 | 14 | 10.8 | 150 | 13.8 |
| Suburban Hennepin | * | * | 26 | 11.3 | 68 | 9.2 | 48 | 10.4 | 30 | 12.3 | 174 | 8.3 |
| Bloomington/Edina/Richfield | * | * | * | * | 16 | 9.8 | 11 | 8.6 | 9 | 10.2 | 39 | 7.6 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**5.3 (B): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Gender**
**Source: MCHS & MDHFS**

| | Male | | Female | |
|---|---|---|---|---|
| Region | No. | Rate | No. | Rate |
| Hennepin | 254 | 16.4 | 62 | 3.8 |
| Minneapolis | 119 | 22.4 | 27 | 4.9 |
| Suburban Hennepin | 135 | 13.3 | 35 | 3.2 |

**5.3 (C): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 226 | ** | 14 | ** | 7 | ** | 7 | ** | * | ** |
| Minneapolis | 101 | ** | 12 | ** | * | ** | | ** | * | ** |
| Suburban Hennepin | 125 | ** | * | ** | * | ** | | ** | * | ** |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates could not be computed as current racial estimates are not available.

**5.4 Reduce the incidence of injurious suicide attempts across all age and gender groups.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Special Population Data from 1995 MSS Injurious suicide attempts* | *1995 MN Baseline* | *MN 2004 Target* |
| Female twelfth graders (reduce by 15 percent) | 15% | 13% |
| Male twelfth graders (reduce by 15 percent) | 9% | 8% |
| American Indian males | N/A | N/A |

**Percent of Students Reporting Injurious Suicide Attempts**
**Source: 1998 MSS Data**

| | 12th Grade (female) | 12th Grade (male) |
|---|---|---|
| Hennepin Co. | 12 | 27 |
| Minneapolis | 12 | 5 |
| Bloomington | 14 | 4 |
| Edina | 3 | 6 |
| Richfield | 12 | 4 |
| Minnesota | 13 | 7 |

**5.5 Reduce by 10 percent the percentage of people aged 60 and older who felt downhearted and blue most of the time or all of the time during the past four weeks.**

(Objective changed by local CHS agencies)

**Percent of Adults Aged 60 and Older who Felt Downhearted or Blue**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| Adults ≥ 60 | 3.5 | 3.1 | 3.7 | 3.6 | 4.0 | 2.5 |

## MENTAL ILLNESS

**5.16 Reduce from 16 to 12 percent, the proportion of twelfth graders who report that alcohol or other drug use has left them feeling depressed, agitated, paranoid, or unable to concentrate (Source: Baseline data from Minnesota Student Survey, 1995)**

**Percent of Twelfth Graders Who Report That Alcohol or Other Drug Use Has Left Them Feeling Depressed, Agitated, Paranoid, or Unable to Concentrate**
**Source: 1998 MSS Data**

| | 12th Grade |
|---|---|
| Hennepin Co. | 20 |
| Minneapolis | 18 |
| Bloomington | 22 |
| Edina | 12 |
| Richfield | 20 |
| Minnesota | 21 |

**5.17 Promote child and adolescent self-esteem through increasing by 25 percent the percentage of elementary, middle, and high school students who state they usually feel good about themselves, are satisfied with themselves, have much to be proud of, and find their lives very useful. (Source: Baseline data from Minnesota Student Survey 1995)**

See Objective 4.2

**5.18 Increase by 10 percent the number of children who participate in regular physical activity to promote, protect, and improve mental health. (No Minnesota baseline data available)**

See Objective 1.10A

## GOAL 6: Promote a violence-free society.

## INTERPERSONAL VIOLENCE

**6.1** **Reduce by 20 percent the number of homicides in Minnesota. In those populations whose rates indicate the disparities as follows, the goal is to reduce homicides to a rate no greater than the reduced age-adjusted baseline rate. The Minnesota age-adjusted baseline rate is 3.93 per 100,000 in 1996. (Source: Center for Health Statistics, Injury and Violence Prevention Unit, Minnesota Department of Health, 1998)**

**For Minnesota children under age one, the baseline rate is 6.2 per 100,000 from 1988 to 1992. (Source: *A Report of the Violence Prevention Advisory Task Force*, 1995; * Baseline data from 1989-1993 death certificates, *Populations of Color in Minnesota Health Status Report*, Spring 1997, Office of Minority Health, Minnesota Department of Health)**

| | *MN Indicators* | |
|---|---|---|
| *Homicide as top three causes of death in Minnesota populations:* | *MN Baseline** | *MN 2004 Target* |
| African American children aged 1-4 | 13.3 (rate/100,000) | 10.6 |
| African American children aged 5-14 | 4 (number of deaths) | 3 |
| Hispanic children aged 5-14 | 3 (number of deaths) | 2 |
| African American females aged 15-24 | 5 (number of deaths) | 4 |
| African American males aged 15-24 | 126.9 (rate/100,000) | 101.5 |
| African American females aged 25-44 | 23.3 (rate/100,000) | 18.6 |
| African American males aged 25-44 | 75.2 (rate/100,000) | 60.2 |
| American Indian males ages 25-44 | 62.4 (rate/100,000) | 49.9 |
| Hispanic males aged 25-44 | 30.0 (rate/100,000) | 24.0 |

**6.1 (A): 1995-1997 Deaths from Homicide**
**Source: MCHS & MDHFS**

| Age | 0 - 4 | | 5 - 14 | | 15 - 24 | | 25 - 44 | | 45 - 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regions | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 7 | 3.6 | 14 | 3.3 | 89 | 22.5 | 105 | 9.1 | 27 | 4.2 | 8 | 2.1 | 250 | 7.8 |
| Minneapolis | 5 | 7.8 | 13 | 10.3 | 77 | 46.5 | 88 | 21.1 | 23 | 12.4 | 8 | 6.2 | 214 | 19.7 |
| Suburban Hennepin | * | * | * | * | 12 | 5.2 | 17 | 3.7 | * | * | * | * | 36 | 1.7 |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | 5 | 3.1 | * | * | * | * | 9 | 1.8 |

Note:
* denotes counts less than 5 or population < 30.

**6.2** **Reduce by 20 percent the number of firearm-related injuries in Minnesota. The age-adjusted baseline rate is 8.5 per 100,000 in Minnesota in 1996 for fatal firearm injuries and an estimated 45 per 100,000 in 1996 for nonfatal firearm injuries. (Center for Health Statistics, Injury and Violence Prevention Unit, Minnesota Department of Health, 1998)**

**Fire Arm Related Deaths (1997)**
**Source: MCHS & MDHFS**

| Region | No. | Rate per 100,000 population |
|---|---|---|
| Hennepin | 42 | 3.9 |
| Minneapolis | 37 | 10.2 |
| Suburban Hennepin | 5 | 0.7 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**6.3** **Reduce by 15 percent child maltreatment in Minnesota. The estimated Minnesota baseline rate is 738 per 100,000 in 1996. In those Minnesota populations whose rates indicate the disparities as follows, the goal is to reduce maltreatment to a rate no greater than the reduced rate for Asian and white children in Minnesota, whose rates are lowest (approximately 500 per 100,000). The estimated baseline rate for African American children is 4,349 per 100,000; the rate for American Indian children is 2,910 per 100,000; and the rate for children with disabilities is 1,338 per 100,000. ( Sources: Minnesota Department of Human Services; Minnesota Planning; Injury and Violence Prevention Unit, Minnesota Children with Special Health Needs, *1996 Minnesota County Health Profiles*, Minnesota Department of Health)**

No local data currently available

**6.5 Reduce by 15 percent sexual violence in Minnesota. Three percent of twelfth-grade males and eight percent of twelfth-grade females reported having been the victim of date rape. Two percent of twelfth-grade males and six percent of twelfth-grade females reported having had an older or stronger member of their family touch them sexually or make them touch the family member. (Source: Minnesota Student Survey, 1995, Minnesota Depar tment of Children, Families and Learning)**

**Percent of High School Students Who**
**Source: 1998 MSS Data**

| | | 12th Grade Females | 12th Grade Males |
|---|---|---|---|
| **Have been a victim of date rape:** | | | |
| | Hennepin Co. | 5 | 3 |
| | Minneapolis | 5 | 4 |
| | Bloomington | 4 | 3 |
| | Edina | 4 | 5 |
| | Richfield | 6 | 3 |
| | Minnesota | 6 | 4 |
| **Having had an older or stronger member of their family touch them sexually or make them touch the family member:** | | | |
| | Hennepin Co. | 4 | 3 |
| | Minneapolis | 6 | 3 |
| | Bloomington | 5 | 2 |
| | Edina | 2 | 7 |
| | Richfield | 2 | 2 |
| | Minnesota | 5 | 2 |

**6.6 Reduce by 15 percent youth violence in Minnesota. Forty-nine percent of ninth-grade males and 30 percent of ninth-grade females reported having hit or beaten up another person once or more times in the previous 12 months. (Source: Minnesota Student Survey, 1995, Minnesota Department of Children, Families and Learning)**

**Percent of Students Who Report Having Hit or Beaten Up Another Person in the Past Year**
**Source: 1998 MSS Data**

| | 9th Grade Females | 9th Grade Males |
|---|---|---|
| Hennepin Co. | 28 | 46 |
| Minneapolis | 39 | 51 |
| Bloomington | 24 | 45 |
| Edina | 16 | 44 |
| Richfield | 30 | 54 |
| Minnesota | 30 | 48 |

**6.7 Reduce by 15 percent the maltreatment of vulnerable adults and the elderly in Minnesota. The Minnesota baseline rate for vulnerable adult maltreatment is 31 per 100,000 in 1991.**
**(Source: Minnesota Department of Human Services in *A Report of the Violence Prevention Advisory Task Force*, 1995)**

According to *Summaries of National Elder Abuse Data: An Exploratory Study of State Statistics* (1990), an estimated two million incidents of elder abuse occur in the home. Of these, 12.8 percent were perpetrated by service providers. (Source: No Minnesota baseline data available)

No local data currently available

## SUICIDE

**6.10 Reduce by 20 percent suicides in Minnesota. The Minnesota age-adjusted baseline rate is 10.39 per 100,000 in 1996. Suicide occurs as the second-leading cause of death in the following Minnesota populations: (Source : Baseline data from 1989-1993 death certificates, *Populations of Color in Minnesota Health Status Report*, Spring 1997, Office of Minority Health, Minnesota Department of Health)**

(See also Objective 5.3)

## GOAL 7: Reduce the behavioral and environmental health risks that are primary contributors to unintentional injury.

## MOTOR VEHICLE-RELATED INJURY

**7.1 Maintain at no more than 1.5 per 100 million vehicle miles traveled and 14.2 per 100,000 population, the number of deaths caused by motor vehicle crashes. The baseline is 1.4 per 100 million vehicle miles traveled (VMT) and 14.2 per 100,000 population in 1995).**

| | | *MN Special Population Targets* |
|---|---|---|
| *Motor Vehicle Crash Facts and MCHS* | | |
| *Deaths Caused by Motor Vehicle Crashes (per 100,000)* | *1995 MN Baseline* | *MN 2004 Target* |
| Children aged 14 and younger | 3.0 | 4.4 |
| Youth aged 15-24 | 28.4 | 26.8 |
| Adults aged 70 and older | 41.4 | 20.0 |
| American Indians | 46.2 | 32.0 |

**1997 Motor Vehicle Accidental Deaths**
**Source: MCHS & MDHFS**

| Age | 0 - 14 | | 15 – 24 | | > 65 | | American Indian | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota | 45 | 4.4 | 122 | 18.8 | 147 | 25.4 | N/A | N/A | 59 | 12.6 |
| Hennepin | 6 | 3.0 | 17 | 12.8 | 23 | 19.1 | * | ** | 88 | 8.3 |
| Minneapolis | * | * | * | * | 7 | 15.1 | * | ** | 24 | 6.6 |
| Suburban Hennepin | * | * | 15 | 19.5 | 16 | 21.5 | * | ** | 64 | 9.1 |
| Bloomington/Edina/Richfield | * | * | * | * | 6 | 19.8 | * | ** | 15 | 8.8 |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates could not be computed as current racial population estimates are not available.

**7.2 Reduce nonfatal injuries caused by motor vehicle crashes per 100,000 population as follows:**

| | | *MN Special Population Targets* |
|---|---|---|
| *Minnesota Motor Vehicle Crash Facts* | | |
| *Nonfatal Motor Vehicle Crashes* | *1995 MN Baseline* | *MN 2004 Target* |
| Children aged 14 and younger | 420 | 390 |
| Youth and adults aged 15 and older | 1,196 | 1,100 |

**1997 Non-Fatal Injuries Caused by Motor Vehicle Crashes**
**Source: Minnesota Health Profile – Hennepin County (1998 MDH)**

| | Hennepin County |
|---|---|
| Age ≤14 | 457.8 |
| Age ≥15 | 1286.1 |

**Percent of Adults Who Reported Having Been Injured in a Motor Vehicle Accident (While in the Vehicle) During the Past 12 Months**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 5.6 | 6.1 | 5.3 | 4.9 | 6.7 | 3.6 |
| Age 18-24 | 10.7 | 10.1 | 11.3 | * | * | * |
| Age 25-44 | 5.8 | 6.3 | 5.5 | * | * | * |
| Age 45-64 | 4.4 | 5.3 | 4.1 | * | * | * |
| Age 65-84 | 2.3 | 1.9 | 2.6 | * | * | * |
| Age 85+ | 0.9 | 2.1 | 0.0 | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**7.3 Increase by 10 percent the percentage of adults who reported that they always use seat belts when they drive or ride in a car.**

(Objective changed by local CHS agencies)

**Percent of Adults Reporting They Always Use Seat Belts**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 77.5 | 75.1 | 78.8 | 82.2 | 76.7 | 78.7 |

**7.4 Reduce the rate of alcohol-related motor vehicle crashes per 100,000 population.**

| | *MN Indicators* | |
|---|---|---|
| *Minnesota Motor Vehicle Crash Facts*<br>*Minnesota Center for Health Statistics*<br>*Alcohol-Related Motor Vehicle Crashes* | *1995 MN Baseline* | *MN 2004 Target* |
| Fatal | 5.3 | N/A |
| Nonfatal | 117.5 | N/A |

**1997 Alcohol related motor vehicle crashes per 100,000**
**Source: Minnesota Health Profile – Hennepin County (1998 MDH)**

| | Hennepin County |
|---|---|
| Fatal | 1.8 |
| Non-fatal | 95.6 |

**7.5 Reduce the percentage of people who report driving after using alcohol or drugs or riding with someone who has been using alcohol or drugs as stated below. For adults, drinking and driving is defined as respondents have driven at least once during the past month when he or she has had perhaps too much to drink.**

| | *MN Indicators* | |
|---|---|---|
| *1995 Minnesota Student Survey*<br>*People Who Drive After Using Drugs/Alcohol* | *1995 MN Baseline* | *MN 2004 Target* |
| Twelfth-grade-student impaired drivers | 36% | 25% |
| Twelfth-grade-student passengers with impaired drivers | 47% | 35% |
| Adult impaired drivers | N/A | N/A |

**Percent of 12th Graders Who Report Driving After Using Drugs/Alcohol**
**Source: 1998 MSS Data**

| | | **12th Grade** |
|---|---|---|
| **Impaired drivers:** | | |
| | Hennepin Co. | 27 |
| | Minneapolis | 21 |
| | Bloomington | 30 |
| | Edina | 24 |
| | Richfield | 30 |
| | Minnesota | 35 |
| **Passengers with impaired drivers:** | | |
| | Hennepin Co. | 34 |
| | Minneapolis | 40 |
| | Bloomington | 42 |
| | Edina | 33 |
| | Richfield | 48 |
| | Minnesota | 46 |

**Percent of Adults Who Report Driving After Alcohol or Drug Use**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 3.5 | 4.4 | 3.1 | 2.6 | 3.3 | 3.7 |

**7.6 Reduce from 41 to 33 per 100,000 the rate of fatal motorcycle crashes. (Source: Minnesota Motor Vehicle Crash Facts, 1996; Fatal motorcycle injury data from the Minnesota Center for Health Statistics, 1996)**

**7.7 Reduce the rate of bicycle-related crashes per 100,000 population.**

| | *MN Indicators* | |
|---|---|---|
| *Minnesota Motor Vehicle Crash Facts*<br>*Minnesota Center for Health Statistics, Bicycle-Related Crashes* | *1995 MN Baseline* | *MN 2004 Target* |
| Fatal | 0.1 | N/A |
| Nonfatal | 27.8 | N/A |

Local data too small to report

**7.9 Reduce from the rate of pedestrian injury per 100,000 population.**

| | *MN Indicators* | |
|---|---|---|
| *Minnesota Motor Vehicle Crash Facts* | | |
| *Minnesota Center for Health Statistics, Pedestrian Injury* | *1995 MN Baseline* | *MN 2004 Target* |
| Fatal | 1.1 | N/A |
| Nonfatal | 31.9 | N/A |

No local data currently available

## HOME AND LEISURE INJURY

**7.10 Maintain at no more than 29.3 per 100,000 population, the rate of deaths caused by unintentional injuries.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics,* | | |
| *Unintentional Injury Deaths* | *1995 MN Baseline* | *MN 2004 Target* |
| Children under age 5 | 1.6 | N/A |
| Children aged 5 - 14 | 7.6 | N/A |
| American Indian males | 102.0 | N/A |

**1997 Unintentional Injury Deaths**
**Source: MCHS & MDHFS**

| Age | 0 - 4 | | 5 - 14 | | Total | |
|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate |
| Minnesota | 37 | 11.7 | 58 | 8.1 | 1726 | 36.8 |
| Hennepin | 7 | 11.0 | * | * | 308 | 28.9 |
| Minneapolis | * | * | * | * | 144 | 39.8 |
| Suburban Hennepin | * | * | * | * | 164 | 23.3 |
| Bloomington/Edina/Richfield | * | * | * | * | 44 | 25.7 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**7.14 Reduce the rate of deaths per 100,000 population associated with falls and fall-related injuries.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1996 Minnesota Center for Health Statistics* | | |
| *Falls and fall-related deaths* | *1996 MN Baseline* | *MN 2004 Target* |
| Adults, ages 65 - 84 | 37.2 | N/A |

**1997 Deaths Due to Falls**
**Source: MCHS & MDHFS**

| | > 65 Years | | Total | |
|---|---|---|---|---|
| Region | No. | Rate | No. | Rate |
| Minnesota | 460 | 79.6 | 533 | 11.4 |
| Hennepin | 171 | 141.9 | 187 | 17.6 |
| Minneapolis | 66 | 142.7 | 76 | 21.0 |
| Suburban Hennepin | 105 | 141.4 | 111 | 15.8 |
| Bloomington/Edina/Richfield | 32 | 105.7 | 33 | 19.3 |

**7.15 Maintain at no more than 1.3 per 100,000 population the number of drowning deaths. (Source: Minnesota Centerfor Health Statistics, 1996)**

**1997 Deaths Due to Drowning**
**Source: MCHS & MDHFS**

| | No. of Cases (Deaths) | |
|---|---|---|
| Region | No. | Rate |
| Hennepin | 15 | 1.4 |
| Minneapolis | 6 | 1.7 |
| Suburban Hennepin | 9 | 1.3 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**7.16 Reduce the hospitalizations per 100,000 population associated with nonfatal traumatic brain injuries. The baseline is 65.8 per 100,000 in 1996.**

*MN Special Population Targets*

| *MDH, Traumatic Brain and Spinal Cord Injury Program* | | |
|---|---|---|
| *Hospitalizations from non-fatal TBI* | *1996 MN Baseline* | *MN 2004 Target* |
| Infants aged under 1 year | 117.4 | N/A |
| Children aged 5-14 | 44.4 | N/A |
| Adolescents aged 15-19 | 108.5 | N/A |
| Young adults aged 20-34 | 72.8 | N/A |
| Senior adults aged 70 and older | 127.3 | N/A |

No local data currently available

**7.17 Reduce the hospitalizations per 100,000 population associated with nonfatal spinal cord injuries. The baseline is 3.8 per 100,000 in 1996. (Source: Minnesota Department of Health, Traumatic Brain and Spinal Cord Injury Program)**

No local data currently available

**7.18 Reduce the nonfatal and fatal injuries per 100,000 population associated with watercraft use in Minnesota. (Minnesota baseline data for nonfatal injuries should be available in 1999)**

*MN Indicators*

| *Minnesota Center for Health Statistics* | | |
|---|---|---|
| *Water Craft* | *1995 MN Baseline* | *MN 2004 Target* |
| Fatal | 0.28 | N/A |
| Nonfatal | N/A | N/A |

Local data too small to report

**7.19 Reduce the number of nonfatal and fatal injuries per 100,000 population associated with off-road snowmobile use. (Minnesota baseline data for nonfatal injuries should be available in 1999)**

*MN Indicators*

| *Minnesota Center for Health Statistics* | | |
|---|---|---|
| *Off-road Snowmobile* | *1995 MN Baseline* | *MN 2004 Target* |
| Fatal | 0.48 | N/A |
| Nonfatal | N/A | N/A |

**1997 Deaths Due to Snowmobiles**
**Source: MCHS & MDHFS**

| | No. of Cases (Deaths) | |
|---|---|---|
| Region | No. | Rate |
| Hennepin | 5 | 0.47 |
| Minneapolis | * | * |
| Suburban Hennepin | 5 | 0.7 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

## GOAL 8: Improve the outcomes of medical emergencies.

## EMERGENCY MEDICAL SERVICES INFRASTRUCTURE

**8.a** **Increase by 10 percent the number of people with stroke who reach a hospital with a stroke team and rapid intervention protocol within the time window for early intervention.**

No local data currently available

**8.b** **Increase by 10 percent the number of people with heart who reach a hospital within the time window for early intervention.**

No local data currently available

**8.c** **Reduce the death rate for out-of-hospital heart attack for persons under age 65.**

No local data currently available

## GOAL 9: Reduce infectious disease.

## TUBERCULOSIS

**9.1 Reduce to 2.5 cases per 100,000 population the incidence of tuberculosis disease. (Source: Minnesota baseline data: incidence per 100,000 1996-2.9, 1995-3.4, 1994-3.1, 1993-3.2, 1992-3.7)**

**1997 Cases of Tuberculosis**
**Source: MCHS & MDHFS**

| Region | No. | Rate |
|---|---|---|
| Minnesota Baseline (1996) | | 2.9 |
| Hennepin | 87 | 8.17 |
| Minneapolis | 67 | 18.5 |
| Suburban Hennepin | 20 | 2.8 |
| Bloomington/Edina/Richfield | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

## VACCINE-PREVENTABLE DISEASES

**9.4 Ensure that indigenous cases of vaccine-preventable diseases as measured by reports to MDH are reduced to—or maintained at—the following:**

| | *MN Special Population Targets* | |
|---|---|---|
| *Vaccine-Preventable Disease* | *MN Baseline (1997)* | *MN 2004 Target* |
| Diphtheria | 0 cases | 0 cases |
| Tetanus | 1 case | 0 cases |
| Measles | 8 cases | 0 cases |
| Polio (wild) | 0 cases | 0 cases |
| Rubella | 0 cases | 0 cases |
| Congenital Rubella Syndrome | 0 cases | 0 cases |
| Mumps | 7 cases | < 10 cases |
| Pertussis in under-immunized children | *79 | < 100 cases |
| Hib disease among children aged less than 5 years | 2 | 0 cases |

(*Children aged greater than 6 months and less than 7 years with fewer than 3 doses of vaccine.)

**1997 Vaccine – Preventable Disease**
**Source: MCHS & MDHFS**

| | Bloomington/Edina/Richfield | | Minneapolis | |
|---|---|---|---|---|
| Disease | No. | Rate | No. | Rate |
| Diptheria | 0 | * | 0 | * |
| Tetanus | 0 | | 0 | |
| Measles | 0 | | 0 | |
| Polio | 0 | | 0 | |
| Rubella | 0 | | 0 | |
| Congeital Rubella Syndrome | 0 | | 0 | |
| Mumps | 0 | | 0 | |
| Pertussis in under immunized children | 5 | | N/A | |
| HIB disease among children Less than Five Years | N/A | | 0 | |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**9.5 Ensure that at least 90 percent of infants in all geographic areas, racial and ethnic groups, and socio-economic strata will receive age-appropriate immunizations against diphtheria, tetanus, pertussis , polio, measles, mumps, rubella, Hib disease, and hepatitis B, and at least 60 percent receive immunizations for varicella within two months of the recommended age as measured by population-based surveys.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Retrospective Kindergarten Survey 1996-1997* | | |
| *Immunized Infants* | *1996-1997 MN Baseline* | *MN 2004 Target* |
| African American | 49% | 90 percent |
| American Indian | 55% | 90 percent |
| Asian | 42% | 90 percent |
| Hispanic | 44% | 90 percent |

**Minneapolis 1996: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 230 | 72% | 174 | 54% | 137 | 43% | 107 | 33% | 99 | 31% | 321 |
| Asian/Pacific Islander | 1369 | 65% | 1008 | 48% | 746 | 35% | 656 | 31% | 548 | 26% | 2122 |
| Black (Not Hispanic) | 246 | 75% | 204 | 63% | 169 | 52% | 144 | 44% | 121 | 37% | 326 |
| Hispanic | 322 | 57% | 225 | 40% | 158 | 28% | 176 | 31% | 111 | 20% | 568 |
| MINORITY SUBTOTAL | 2167 | 65% | 1611 | 48% | 1210 | 36% | 1083 | 32% | 879 | 26% | 3337 |
| White | 1529 | 86% | 1402 | 79% | 1240 | 70% | 1119 | 63% | 881 | 50% | 1777 |
| Other / Unknown | 7 | 47% | 4 | 27% | 3 | 20% | 4 | 27% | 5 | 33% | 15 |
| Minneapolis – Specific Total | 3703 | 72% | 3017 | 59% | 2453 | 48% | 2206 | 43% | 1765 | 34% | 5129 |

**Suburban Hennepin County Excluding Bloomington, Edina and Richfield**
**1996-1997: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996-1997**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 60 | 91% | 55 | 83% | 49 | 74% | 40 | 61% | 43 | 65% | 66 |
| Asian/Pacific Islander | 188 | 84% | 163 | 72% | 143 | 64% | 138 | 61% | 107 | 48% | 225 |
| Black (Not Hispanic) | 331 | 79% | 268 | 64% | 208 | 50% | 224 | 54% | 185 | 44% | 417 |
| Hispanic | 89 | 85% | 79 | 75% | 68 | 65% | 60 | 57% | 58 | 55% | 105 |
| MINORITY SUBTOTAL | 668 | 82% | 565 | 69% | 468 | 58% | 462 | 57% | 393 | 48% | 813 |
| White | 6185 | 95% | 5908 | 91% | 5563 | 86% | 5161 | 79% | 3990 | 61% | 6504 |
| Other / Unknown | 500 | 95% | 478 | 90% | 452 | 85% | 426 | 81% | 326 | 62% | 529 |
| County-Specific Total | 7353 | 94% | 6951 | 89% | 6483 | 83% | 6049 | 77% | 4709 | 60% | 7846 |

**Bloomington**
**1996-1997: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996-1997**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 3 | 75% | 2 | 50% | 2 | 50% | 2 | 50% | 2 | 50% | 4 |
| Asian/Pacific Islander | 50 | 91% | 46 | 84% | 42 | 76% | 33 | 60% | 22 | 40% | 55 |
| Black (Not Hispanic) | 66 | 80% | 58 | 70% | 52 | 63% | 43 | 52% | 33 | 40% | 83 |
| Hispanic | 15 | 88% | 12 | 71% | 11 | 65% | 8 | 47% | 7 | 41% | 17 |
| MINORITY SUBTOTAL | 134 | 84% | 118 | 74% | 107 | 67% | 86 | 54% | 64 | 40% | 159 |
| White | 765 | 95% | 720 | 89% | 664 | 82% | 686 | 72% | 444 | 55% | 809 |
| Other / Unknown | 14 | 74% | 15 | 79% | 14 | 74% | 14 | 74% | 10 | 53% | 19 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| County-Specific Total | 913 | 93% | 853 | 86% | 785 | 80% | 686 | 70% | 518 | 52% | 987 |

**Richfield**
**1996-1997: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996-1997**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 1 | 50% | 1 | 50% | 0 | 0% | 2 | 100% | 2 | 100% | 2 |
| Asian/Pacific Islander | 26 | 90% | 23 | 79% | 20 | 69% | 19 | 66% | 18 | 62% | 29 |
| Black (Not Hispanic) | 38 | 84% | 31 | 69% | 23 | 51% | 27 | 60% | 19 | 42% | 45 |
| Hispanic | 12 | 80% | 8 | 53% | 8 | 53% | 9 | 60% | 9 | 60% | 15 |
| MINORITY SUBTOTAL | 77 | 85% | 63 | 69% | 51 | 56% | 57 | 63% | 48 | 53% | 91 |
| White | 291 | 96% | 272 | 89% | 262 | 86% | 236 | 78% | 164 | 54% | 304 |
| Other / Unknown | 19 | 83% | 19 | 83% | 16 | 70% | 16 | 65% | 14 | 61% | 23 |
| County-Specific Total | 387 | 93% | 354 | 85% | 329 | 79% | 308 | 74% | 226 | 54% | 418 |

**Edina**
**1996-1997: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996-1997**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native<br>Asian/Pacific Islander<br>Black (Not Hispanic)<br>Hispanic | | | | | | | | | | | |
| MINORITY SUBTOTAL | 45 | 88% | 43 | 84% | 36 | 71% | 32 | 63% | 28 | 55% | 51 |
| White | 602 | 96% | 587 | 93% | 562 | 89% | 478 | 76% | 375 | 60% | 630 |
| Other / Unknown | 5 | 100% | 5 | 100% | 5 | 100% | 4 | 80% | 3 | 60% | 5 |
| County-Specific Total | 652 | 95% | 635 | 93% | 603 | 88% | 514 | 75% | 406 | 59% | 686 |

This table presents vaccination coverage levels at five goal points by race/ethnicity subtotal for Edina. It should be noted that in Edina, Minority students represented 7% of the total survey population. Specific Minority categories have been collapsed into a single subtotal because one or more of the race/ethnicity categories contained only one student. The Minority subtotal shown includes Asian/Pacific Islander, Black, Hispanic and American Indian/Alaskan Native students. Race/ethnic ity was not specifically identified for <1% of students.

Minority students did not achieve 90% vaccination levels at any goal point and had lower vaccination levels at each of the goal points when compared with the overall levels. Vaccination levels of 90% were achieved at the first and second goal points for White students.

**Comparison between 1992-1993 and 1996-1997 of Children Up-to-Date with Required Vaccinations by Age 24 Months**
**Source: Kindergarten Retrospective Immunization Survey 1992-1993 and 1996-1997**

| | Up-to-Date with Required Vaccinations by Age 24 Months (%) 1992-1993 | Up-to-Date with Required Vaccinations by Age 24 Months (%) 1996-1997 |
|---|---|---|
| Minnesota | 61.0 | 68.0 |
| Hennepin County | 63.0 | 73.0 |
| Minneapolis | 47.0 | 45.0 |
| Bloomington | 61.7 | 65.0 |
| Richfield | 64.0 | 70.8 |
| Edina | 66.5 | 72.9 |

**9.6 Increase by 10 percent of people aged 65 years and older are immunized against pneumococcal pneumonia and influenza. Baseline: percentage of seniors (= 65) have had a flu shot during the past 12 months; percentage of seniors (= 65 have ever had a pneumonia vaccination.**

**Percent of Adults Aged 65 and Older with Pneumonia and Flu Immunizations**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| Age ≥65 had flu shorts last year | 74.3 | 74.3 | 74.3 | 71.9 | 78.6 | 71.7 |
| Age ≥65 have ever had a pneumonia vaccination | 57.1 | 54.8 | 58.6 | 54.4 | 53.2 | 67.7 |

**9.7 Increase from less than 40 to more than 80 percent the isolation rate of measles virus in suspected cases to acquire viral isolates for molecular analysis to determine international sources and transmission of infection..**

## SEXUALLY TRANSMITTED DISEASES, HUMAN IMMUNODEFICIENCY VIRUS (HIV), AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

**9.8 Reduce from 52 to no more than 40 cases per 100,000 people the overall incidence of gonorrhea.**

See Objective 4.25

**9.9 Reduce from 145 to no more than 100 cases per 100,000 people the overall prevalence of chlamydia infection.**

See Objective 4.26

**9.10 Reduce from 0.3 to no more than 0.1 cases per 100,000 people the overall incidence of primary and secondary syphilis.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1997 MHD Health Surveillance Data* | | |
| *Syphilis Incidence per 100,000* | *MN Baseline* | *MN 2004 Target* |
| African Americans | 9.0 | 4.5 |

1997 Hennepin County Baseline is 1.3 cases of primary and secondary syphilis per 100,000 people.

**9.11 A. Reduce the number of reported new cases (in Hennepin County) of HIV (not AIDS) to less than 90 cases per year.**

(Objective changed by local CHS agencies)

1998 Hennepin County baseline of reported new cases of HIV infection, not AIDS, is 99

**B. Reduce the number of reported new cases in Hennepin County of AIDS to less than 100 cases per year (1998 Hennepin County baseline is 101).**

**1998 AIDS New Cases in Hennepin County**
**Source: MCHS & HCCHD Health Protection**

| Region | Number of AIDS Cases (1998) |
|---|---|
| Hennepin | 103 |
| Minneapolis | 78 |
| Suburban Hennepin County | 23 |
| Bloomington/Edina/Richfield | 6 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

## GOAL 10: Promote the well-being of the elderly, those with disability, disease and/or chronic illness.

**10.a Improve access to affordable housing with services for low income elderly and persons with disabilities (Baseline: 1999 Wilder/East Metro SAIL/Hennepin County Housing Survey)**

**10.b Eliminate the need for waiting lists for county-based long-term care for low income people by matching the rate of the AC/EW/CADI/TBI program growth to the reduction in nursing home utilization and the growth of 85+ year-old and disabled segments of the population. (Baseline: no waiting list in 1999)**

**10.c Increase the number of persons with physical disabilities who are employed.**

No local data currently available

**10.d Maintain the Medicaid nursing home utilization rate for persons 85+ years of age at or below the 1998 baseline rate of 150 Medical Assistance recipients' ages 85+ years per 1,000 people ages 85+ years.**

**10.e Maintain the Medicaid nursing home utilization rate for persons 0-64 years of age at or below the 1998 baseline of 1.06 per 100,000 people ages 0-64.**

**10.1 Maintain and increase the overall physical and mental health status of adults as measured by SF-12, an instrument developed by the Health Institute.**

(Objective changed by local CHS agencies)

**General Physical and Mental Health Status of Adults Using Average SF-12 Physical and Mental Health Summary Scores**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | | | | | | |
| Physical health summary score | 51.6 | 51.2 | 51.8 | 51.7 | 51.8 | 52.1 |
| Mental health summary score | 53.0 | 51.9 | 53.6 | 54.0 | 53.3 | 53.4 |
| Age ≥ 65 | | | | | | |
| Physical health summary score | 46.7 | 45.7 | 47.3 | 47.9 | 46.7 | 47.6 |
| Mental health summary score | 55.3 | 55.1 | 55.5 | 56.4 | 55.1 | 55.2 |
| Age ≥ 85 | | | | | | |
| Physical health summary score | 43.1 | 41.4 | 44.7 | * | * | * |
| Mental health summary score | 54.8 | 55.2 | 54.5 | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**10.4 Increase the percentages of seniors with difficulty independently performing personal care or handling routine needs who have available appropriate services in their homes.**

(Objective changed by local CHS agencies)

**Baseline available only for prevalence of need:**
- **Percentage of seniors (= 65 and =85) who have difficulty independently performing personal care needs such as eating, bathing, dressing or getting around home (ADL)**
- **Percentage of seniors (= 65 and =85) who have difficulty independently handling routine needs such as every day household chores, doing necessary business, shopping, or getting around for other purposes (IADL)**

**Percent of Seniors Who Have Difficulty Performing Personal Care Needs and Routine Needs**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| **% need help for personal care needs (ADL)** | | | | | | |
| Age ≥ 65 | 4.8 | 5.5 | 4.3 | 3.5 | 5.4 | 4.4 |
| Age ≥ 85 | 10.4 | 7.5 | 13.0 | * | * | * |
| **% need help for handling routine needs (IADL)** | | | | | | |
| Age ≥ 65 | 17.3 | 21.2 | 14.6 | 14.0 | 13.2 | 17.4 |
| Age ≥ 85 | 38.5 | 43.0 | 34.3 | * | * | * |

Note:
* denotes sample size <30.

**10.15 Reduce the number of non-elderly adults with disabilities, such as traumatic brain injury, who are living in nursing homes.**

No local data currently available

## GOAL 11: Reduce exposure to environmental health hazards.

## SAFE WATER

**11.1 Increase to 87 percent compliance with the federal safe drinking water standards. (Source: Minnesota Department of Health, Division of Environmental Health)**

No local data currently available

**11.2 Reduce by 20 percent the number of new water wells with significant code violations. (Source: Minnesota Department of Health, Division of Environmental Health)**

No local data currently available

**11.3 Increase to 14,000 the number of sealed unused wells annually. (Source: Minnesota Department of Health, Division of Environmental Health)**

No local data currently available

## FOOD SAFETY / PROTECTION

**11.8 Reduce by 10 percent the incidence of food borne illness associated with public food services. (Source: Minnesota baseline data available)**

No local data currently available

**11.10 Determine the number of critical violations identified during food service establishment inspections to enable the county agency to establish baseline data on the prevalence of the violations related to food borne illness factors. (Source: Minnesota baseline data not available)**

(Objective changed by local CHS agencies)

No local data currently available

**11.20 Produce a food safety manual and food safety fact sheets to coordinate with the new Minnesota Food Code to ensure that 100 percent of the industry and food safety inspectors have access to user-friendly food safety information relating to the new Minnesota Food Code. (Hennepin County currently produces food safety fact sheets).**

No local data currently available

**11.24 Increase to at least 27 percent the number of homes countywide that have been tested for radon gas. (Source: Radon Risk Communication and Results Study).**

(Objective changed by local CHS agencies)

No local data currently available

## ASBESTOS

**11.25 Reduce exposure to environmental tobacco smoke by increasing the proportion of smoke-free sites as follows: (Source: No Minnesota baseline data available)** ***(This objective is also listed as 1.4 and 4.11)***

See Objective 1.4

## CHILDHOOD LEAD POISONING

**11.27 Reduce from 0.9 to 0.8 percent, the percentage of screened children (aged 6 to 72 months) with elevated venous whole blood lead levels of 20 micrograms of lead per deciliter or greater. (Source: Minnesota blood lead surveillance data 1995, 1996)**

Hennepin County preliminary 1996 data showed 2% of screened children, 0-72 months, with elevated venous whole blood lead levels of 20 micrograms of lead per deciliter or greater. Note that Hennepin County data differs from state data by starting at 0 months instead of 6 months. (Source: MDH Blood Lead Surveillance Program and HCCHD Health Protection)

**11.28 Reduce from 10 to less than 8 percent, the percentage of screened children (aged 6 to 72 months) with elevated whole blood lead levels of 10 micrograms of lead per deciliter or greater. (Source: Minnesota blood lead surveillance data 1995, 1996)**

Hennepin County preliminary 1996 data showed 12% of screened children, 0-72 months, with elevated venous whole blood levels of 20 micrograms of lead per deciliter or greater. Note that Hennepin County data differs from state data by starting at 0 months instead of 6 months. (Source: MDH Blood Lead Surveillance Program and HCCHD Health Protection)

***The MDH is currently in the process of developing blood lead screening guidelines for children. Implementation of new guidelines may increase the percentage of children with elevated blood lead levels because the guidelines are intended to increase screening in high-risk areas without increasing overall screening.**

## GOAL 12: Promote early detection and improved management of non-infectious disease and chronic conditions.

## EARLY DETECTION OF CANCER

**12.1 Reduce the death rate from cancers for which screening has established efficacy. (Source: MCSS - Rates reflect the average annual rate per 100,000 people for all races combined, age adjusted to the 1970 U.S. Standard Population for the years 1990-1995)**

| | *MN Indicators* | |
|---|---|---|
| *MCSS* | | |
| *Incidence Per 100,000* | *MN Baseline* | *MN 2004 Target* |
| Breast Cancer | 25.7 percent | 20.6 percent |
| Cervical Cancer | 1.6 percent | 0.8 percent |
| Colorectal Cancer | 16.6 percent | 13.3 percent |

**A: 1995 - 1997 Breast Cancer Death Rates**
**Source: MCHS & MDHFS**

| Age (Years) | 5 – 14 | | 25 – 44 | | 45 – 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1997) | 0 | * | 45 | 3.0 | 209 | 21.9 | 435 | 75.3 | 689 | 14.7 |
| Hennepin | 0 | * | 42 | 3.6 | 165 | 25.6 | 313 | 84.0 | 521 | 16.4 |
| Minneapolis | 0 | * | 13 | 1.7 | 42 | 22.7 | 106 | 82.1 | 161 | 14.8 |
| Suburban Hennepin | 0 | * | 29 | 3.9 | 123 | 26.8 | 207 | 85.0 | 360 | 17.2 |
| Bloomington/Edina/Richfield | 0 | * | 7 | 4.3 | 38 | 29.9 | 75 | 85.5 | 120 | 23.5 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**B: 1995 - 1997 Cervical Cancer Death Rates**
**Source: MCHS & MDHFS**

| Age (Years) | 25 – 44 | | 45 – 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 10 | 1.7 | 18 | 5.4 | 13 | 5.7 | 41 | 1.3 |
| Minneapolis | 6 | 3.0 | 9 | 9.6 | 6 | 7.3 | 21 | 1.9 |
| Suburban Hennepin | * | * | 9 | 3.8 | 7 | 4.8 | 20 | 0.9 |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | 6 | 2.2 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**C: 1995 - 1997 Colorectal Cancer Death Rates**
**Source: MCHS & MDHFS**

| Age (Years) | 5 – 14 | | 25 – 44 | | 45 – 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | * | * | 12 | 1.0 | 106 | 16.4 | 455 | 122.2 | 574 | 18.0 |
| Minneapolis | * | * | * | * | 32 | 17.3 | 183 | 141.8 | 219 | 20.1 |
| Suburban Hennepin | * | * | 8 | 1.1 | 74 | 16.1 | 272 | 111.8 | 355 | 16.9 |
| Bloomington/Edina/Richfield | * | * | * | * | 20 | 15.7 | 94 | 107.1 | 116 | 22.7 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**12.2 Increase the rates of age-appropriate cancer screening as follows: (data from table) ***

| | *MN Indicators* | |
|---|---|---|
| *Age Appropriate Screening Rates* | *MN Baseline* | *MN 2004 Target* |
| *Breast Cancer* | | |
| Breast self-exams, monthly, for women aged 20 and older | | 90% |
| Clinical examination every three years for women aged 20-39 | | 90% |
| Clinical examination annually for women aged 40 and older | | 90% |
| Mammograms annually for women aged 40 and older | | 90% |
| *Cervical Cancer* | | 90% |
| Pap smear annually for women aged 18 and older. | | |
| Annual breast cancer screening (mammography and clinical breast examination)among women aged 40 and older. | Women who report having a mammogram in the last year: | |
| | -Women aged 40-49: 45.7% | 90% |
| | -Women aged over 50: 55.4% | 90% |
| Regular screening for colorectal cancer (FOBT every year or sigmoidoscopy every five years) among adults: | Not Known | 40% |
| Regular screening for cervical cancer with Pap smears: | | |
| -women aged 18 and older at least every three years | 84% | 99% |
| -women aged 40 and older at least every three years | 82.3% | 99% |

**Percent of Women Meeting Age Appropriate Screening Guidelines from American Cancer Society***
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| Self-breast examination | 39.9 | 37.7 | 41.1 | 40.1 | 40.5 | 43.5 |
| Mammogram age ≥ 40 annually | 60.4 | 57.4 | 61.9 | 61.2 | 59.5 | 66.0 |
| Clinical breast examination: all age | 80.0 | 79.7 | 80.1 | 74.9 | 82.0 | 84.0 |
| Age 20-39 every three years | 89.5 | 88.9 | 89.8 | 81.1 | 93.0 | 94.4 |
| Age ≥ 40 annually | 71.6 | 71.0 | 71.9 | 69.6 | 70.3 | 76.7 |
| Pap-smear | 70.8 | 70.8 | 70.8 | 67.5 | 72.2 | 74.7 |

Note:

* According to "American Cancer Society Recommendations for the Early Detection of Cancer in Asymptomatic People, 1998"
Breast self-examination: monthly examination for women aged 20 and older
Clinical breast examination: every three years for women aged 20-40 and annually for women over 40
Mammograms: annually for women aged 40 and older
Pap Test: annually for women aged 18 and older

**12.5 Reduce the prevalence of arthritis among adults aged 18 and older.**

(Objective changed by local CHS agencies)

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had Arthritis**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 14.9 | 15.3 | 14.7 | 15.0 | 13.3 | 16.5 |

**12.6 Reduce the prevalence of high blood cholesterol or triglycerides among adults aged 18 and older.**

(Objective changed by local CHS agencies)

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had High Cholesterol**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 15.6 | 14.3 | 16.4 | 19.7 | 15.2 | 14.4 |

**12.7 Reduce the prevalence of high blood pressure/hypertension among adults aged 18 and older.**

(Objective changed by local CHS agencies)

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had High Blood Pressure**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 15.9 | 16.5 | 15.5 | 16.8 | 14.8 | 15.2 |

**12.10 Increase by 10 percent the number of people with stroke (brain attack) who reach a hospital with a stroke team and rapid intervention protocol within the time window for early intervention. (Source: Minnesota baseline data not available)**

No local data currently available

## ASTHMA

**12.13 Reduce the prevalence of asthma among adults aged 18 and older.**

(Objective changed by local CHS agencies)

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had Asthma**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 9.0 | 10.3 | 8.4 | 9.5 | 8.4 | 6.4 |

## DIABETES

**12.16 Reduce the prevalence of diabetes among adults aged 18 and older. Baseline: percentage of adults who reported having diabetes as told by a doctor or other health care provider.**

(Objective changed by local CHS agencies)

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had Diabetes**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 4.3 | 4.7 | 4.1 | 4.4 | 3.7 | 4.7 |

## OSTEOPOROSIS

**Increase by 10 percent the number of adults, particularly women, who are appropriately screened and provided follow-up (including lifestyle change education) for osteoporosis. (Minnesota baseline not available)**

Baseline: we don't have data on percent of adults appropriately screened and provided follow-up for osteoporosis other than the prevalence data.

**Prevalence of Osteoporosis Among Hennepin County Adults as Diagnosed by a Doctor or Health Care Provider**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults = 18 | 2.8 | 3.0 | 2.7 | 3.7 | 2.1 | 2.7 |
| Men = 18 | 0.4 | 0.4 | 0.3 | 0.8 | 0.2 | 0.0 |
| Women = 18 | 5.1 | 5.5 | 4.9 | 6.1 | 3.7 | 4.9 |
| Adults = 65 | 13.2 | 14.0 | 12.7 | 13.6 | 11.8 | 11.4 |
| Men = 65 years | 2.0 | 1.8 | 2.7 | * | * | * |
| Women = 65 | 19.9 | 21.2 | 19.2 | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

## GOAL 13: Promote optimal oral health for all Minnesotans.

## ORAL HEALTH

**13.1 Reduce from 7.4 to no more than six per 100,000 men aged 45 - 74 and from 4.6 to three per 100,000 women aged 45 – 74 deaths due to cancer of the oral cavity and pharynx. (Source: Minnesota Center for Health Statistics, 1993)**

**1997 Oral Cavity and Pharynx Cancer Death Rates**
**Source: MCHS & MDHFS**

| Age (Years) | 45 - 74 | | 45 – 74 Men | | 45 – 74 Women | | Total | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota | 87 | N/A | 56 | N/A | 31 | N/A | 127 | 2.7 |
| Hennepin | 10 | 3.5 | 5 | 3.7 | 5 | 3.3 | 17 | 1.6 |
| Minneapolis | 5 | 6.0 | * | * | * | * | 9 | 2.5 |
| Suburban Hennepin | 5 | 2.7 | * | * | * | * | 8 | 1.1 |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**13.5 Reduce the percentage of adults aged 18 and older who postponed dental work by 10 percent.**

(Objective changed by local CHS agencies)

**Adults Who Postponed Dental Care in Past Year**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 30.0 | 35.4 | 27.0 | 26.3 | 28.9 | 24.7 |

**13.7 Decrease the percentage of adolescents who use spit tobacco. (Source: Minnesota Student Survey, 1995)**

See Objective 1.3

## GOAL 14: Reduce work-related injury and illness.

No local data currently available.

## GOAL 15: Assure access to and improve the quality of health services.

## HEALTH CARE COVERAGE

**15.1 Achieve 100 percent health care coverage, including preventive services, for all Minnesotans. (Source: Minnesota Health Care Insurance and Access Survey, 1995; Institute for Health Services Research; University of Minnesota School of Public Health)**

| | | *MN Special Population Targets* |
|---|---|---|
| *Achieve 100% Coverage* | *MN Baseline* | *MN 2004 Target* |
| All Minnesotans (Baseline 1995) | 94.0 percent | 100 percent |
| | | |
| *Sub-Population* | | |
| Hispanic/Latinos | 81.8 percent | 100 percent |
| African Americans | 87.5 percent | 100 percent |
| American Indians | 88.9 percent | 100 percent |
| Asians/Pacific Islanders | 91.7 percent | 100 percent |
| Children aged under 18 | 95.7 percent | 100 percent |
| Rural Minnesotans | 94.1 percent | 100 percent |

**Percent of Hennepin County Adults Who Have Health Insurance Including Medicare**
**Source: 1998 SHAPE Data**

| | | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|---|
| Adults | | 91.4 | 88.3 | 93.1 | 94.5 | 91.9 | 93.7 |
| Race: | White | 92.6 | 89.9 | 93.9 | * | * | * |
| | African American | 80.5 | 80.1 | 81.5 | * | * | * |
| | Asians/Pacific Islander | 85.2 | 89.2 | 81.3 | * | * | * |
| | American Indians/Alaska Natives | 70.2 | 70.4 | * | * | * | * |
| | Multi-Racial | 82.6 | 78.7 | 89.6 | * | * | * |
| | Other | 77.0 | 81.8 | 71.4 | * | * | * |
| Hispanic Origin | | 82.0 | 82.2 | 81.8 | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**15.2 Reduce the percentage of adults aged 18 and older who did not seek mental health care when it is needed by 10 percent. Baseline: percentage of adults aged 18 and older who did not get mental health care when it was needed in the past year.**

(Objective changed by local CHS agencies)

**Percentage of Adults Who Did Not Get Mental Health Care When it was Needed in the Past Year**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 6.1 | 8.8 | 4.7 | 5.0 | 5.3 | 3.8 |

**15.3 Achieve 100 percent dental health care coverage for all Minnesotans.**

No local data currently available

## ELIMINATE BARRIERS AND IMPROVE ACCESS TO HEALTH CARE

**15.4 Increase to 100 percent the percentage of adults who have a regular source of care. Baseline: percentage of adults aged 18 and older who reported that they have a particular person or place where they usually go when they are sick or need advice about their health. (Source: Baseline data is available from the MN Health Care Insurance and Access Survey IHSR, 1990 and 1995)**

**Adults with Regular Source of Healthcare**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 83.2 | 81.0 | 84.4 | 85.7 | 84.1 | 83.8 |

**15.6 Reduce the percentage of adults aged 18 and older who did not or delayed the health care because of transportation problem by 10 percent.**

(Objective changed by local CHS agencies)

**Percent of Adults Who Did Not Get or Delayed Getting Health Care Due to Transportation Problems**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 0.7 | 0.6 | 0.7 | 0.7 | 0.5 | 0.7 |

## GOAL 16: Ensure the effective state and local government public health system.

No local data currently available.

## GOAL 17: Eliminate the disparities in health outcomes and the health profile of populations of color.

## ELIMINATE THE DISPARITIES

**Reduce or eliminate known disparities as highlighted by the following objectives:**

**17.1 Reduce the percentage of adults (aged 18 and older) who smoke from 20.9 to 15 percent. *Minnesota baseline data are not available for special populations. Once the Minnesota baseline data are available, if a special population group is lower than the target 15 percent, then the target should be decreased by 20 percent of the baseline. If a special population group has a baseline smoking rate significantly larger than the general population, additional resources, efforts, or both should be focused on the population to help it meet the target.)**

| | *MN Special Population Groups* | |
|---|---|---|
| *Behavioral Risk Factor Surveillance System [BRFSS], 1996 Cigarette Smoking Prevalence* | *1996 MN Baseline* | *MN 2004 Target* |
| People with a high school education or less | N/A | 15 percent |
| Blue-collar workers | N/A | 15 percent |
| African Americans | N/A | 15 percent |
| Hispanics | N/A | 15 percent |
| American Indians | N/A | 15 percent |
| Southeast Asians | N/A | 15 percent |
| Women of reproductive age | N/A | 15 percent |
| Pregnant women | N/A | 5 percent |

**Smoking Prevalence Among Adults (percent)**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 21.2 | 25.1 | 19.0 | 15.5 | 21.9 | 18.8 |
| Less than high school education | 32.1 | 32.2 | 32.0 | * | * | * |
| Race: White | 29.0 | 23.8 | 19.4 | 16.3 | 22.3 | 18.4 |
| African American | 24.7 | 30.3 | 12.1 | * | * | * |
| Asian/Pacific Islander | 17.3 | 26.0 | 9.3 | * | * | * |
| American Indian/Alaska Native | 31.3 | 39.6 | 16.7 | * | * | * |
| Multi-racial | 37.6 | 41.0 | 35.4 | * | * | * |
| Other | 17.9 | 26.3 | 8.3 | * | * | * |
| Hispanic origin | 25.9 | 28.1 | 23.2 | * | * | * |
| Women of reproductive age (18-44) | 21.7 | 26.3 | 19.1 | 14.6 | 21.6 | 19.3 |
| Family income ≤ 200% Federal Poverty Level | 24.5 | 29.7 | 18.9 | * | * | * |
| Age 18-24 | 36.5 | 36.5 | 36.5 | * | * | * |
| All males | 23.7 | 28.5 | 21.1 | 17.6 | 23.4 | 21.5 |
| All females | 18.9 | 22.0 | 17.2 | 13.5 | 20.5 | 16.5 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**17.2 Decrease by 5 percent the number of young children with iron deficiency anemia. (Source: Minnesota baseline data not available for the general population; special population target data is from the Pediatric Nutrition Surveillance System. In Minnesota, the Pediatric Nutrition Surveillance System data is collected solely from children enrolled in the WIC program)**

| | *MN Special Population Targets* | |
|---|---|---|
| *Children enrolled in the WIC program* | *1995 MN Baseline* | *MN 2004 Target* |
| All children | 13.3 percent | 12.6 percent |
| Low-income Asian children | 22.9 percent | 21.8 percent |
| Low-income Hispanic children | 15.5 percent | 14.7 percent |
| Low-income African American children | 19.1 percent | 18.1 percent |
| Low-income American Indian children | 12.2 percent | 11.6 percent |

No local data currently available

**17.3 Reduce to no more than 5.0 per 1,000 live births the infant mortality rate. *(Note: Infant mortality is deaths of infants aged under 1 year)***

| *Minnesota Center for Health Statistics* | *MN Special Population Targets* | |
|---|---|---|
| *5-year Average Infant Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 6.2 | 5.0 |
| African American | 16.7 | 5.0 |
| American Indian | 17.3 | 5.0 |
| Asian | 7.3 | 5.0 |
| Latino/Hispanic | 9.1 | 5.0 |

**1997 Infant Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rates per 1000 Live Births |
|---|---|---|
| Minnesota | 382 | 5.9 |
| Hennepin | 115 | 7.4 |
| Minneapolis | 53 | 8.7 |
| Suburban Hennepin | 62 | 6.6 |
| Bloomington/Richfield/Edina | 15 | 8.2 |

**1995-1997 Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1997) | 293 | 5.3 | 55 | 13.1 | 14 | 9.9 | N/A | N/A | N/A | N/A |
| Hennepin | 217 | 6.1 | 99 | 16.9 | 21 | 24.0 | 15 | 6.5 | 26 | 14.1 |
| Minneapolis | 76 | 7.5 | 75 | 16.5 | 21 | 28.1 | 9 | 5.7 | 22 | 17.6 |
| Suburban Hennepin | 141 | 5.5 | 24 | 18.5 | * | * | 6 | 6.6 | * | * |
| Bloomington/Edina/Richfield | 29 | 5.8 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**17.4 Reduce to no more than 3 per 1,000 live births the neonatal mortality rate. *(Note: neonatal mortality is deaths of infants aged under 28 days)***

| *Minnesota Center for Health Statistics* | *MN Special Population Targets* | |
|---|---|---|
| *5-year Average Neonatal Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 3.9 | 3.0 |
| African American | 10.1 | 3.0 |
| American Indian | 8.1 | 3.0 |
| Asian | 4.3 | 3.0 |
| Latino/Hispanic | 5.5 | 3.0 |

**1997 Neonatal Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rate per 1,000 Live Births |
|---|---|---|
| Minnesota | 241 | 3.7 |
| Hennepin | 81 | 5.2 |
| Minneapolis | 32 | 5.3 |
| Suburban Hennepin | 49 | 5.2 |
| Bloomington/Richfield/Edina | 11 | 6.0 |

**1995-1997 Neonatal Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1997) | 189 | 3.4 | 32 | 7.6 | 9 | 6.4 | N/A | N/A | N/A | N/A |
| Hennepin | 154 | 4.3 | 51 | 8.7 | 8 | 9.1 | 7 | 3.0 | 18 | 9.7 |
| Minneapolis | 54 | 5.4 | 36 | 7.9 | 8 | 10.7 | * | * | 16 | 12.8 |
| Suburban Hennepin | 100 | 3.9 | 15 | 11.6 | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | 21 | 4.2 | 5 | 20.0 | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**17.6 Reduce to no more than 2 per 1,000 live births, the post-neonatal mortality rate *(Note: Post-neonatal mortality is deaths of infants aged 28 days up to 1 year)***

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics*<br>*5-year Average Post-neonatal Mortality (per 1,000 births)* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 2.3 | 2.0 |
| African American | 6.6 | 2.0 |
| American Indian | 9.2 | 2.0 |
| Asian | 3.0 | 2.0 |
| Latino/Hispanic | 3.5 | 2.0 |

**1997 Post-Neonatal Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rate per 1,000 Live Births |
|---|---|---|
| Minnesota | 141 | 2.2 |
| Hennepin | 34 | 2.2 |
| Minneapolis | 21 | 3.5 |
| Suburban Hennepin | 13 | 1.4 |
| Bloomington/Richfield/Edina | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**1995-1997 Post-Neonatal Infant Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | 2.3 | | 6.6 | | 9.2 | | 3.0 | | 3.5 |
| Hennepin | 63 | 1.8 | 48 | 8.2 | 13 | 14.9 | 8 | 3.5 | 8 | 4.3 |
| Minneapolis | 22 | 2.2 | 39 | 8.6 | 13 | 17.4 | 5 | 3.6 | 6 | 4.8 |
| Suburban Hennepin | 41 | 1.6 | 9 | 6.9 | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | 8 | 1.6 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**17.7 Reduce to no more than 0.75 per 1,000 live births the Sudden Infant Death Syndrome (SIDS) mortality rate.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics*<br>*5-Year Average SIDS mortality per 1,000 Live Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 1.14 | 0.75 |
| African American | 2.06 | 0.75 |
| American Indian | 4.22 | 0.75 |
| Asian | 0.41 | 0.75 |
| Latino/Hispanic | 1.13 | 0.75 |

**1995-1997 SIDS Mortality Rates**
**Source: MCHS & MDHFS**

| Region | No. | Rate per 1,000 Live Births |
|---|---|---|
| Minnesota | N/A | 0.9 |
| Hennepin | 38 | 0.80 |
| Minneapolis | 18 | 1.00 |
| Suburban Hennepin | 20 | 0.70 |
| Bloomington/Richfield/Edina | * | * |

Note:
* denotes counts less than 5 or population / (sample size) < 30

**1995-1997 SIDS Mortality Rates by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | 1.14 | | 2.06 | | 4.22 | | 0.41 | | 1.13 |
| Hennepin | 21 | 0.60 | 12 | 2.00 | * | * | * | * | * | * |
| Minneapolis | * | * | 9 | 2.00 | * | * | * | * | * | * |
| Suburban Hennepin | 17 | 0.70 | * | * | * | * | * | * | * | * |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30

**17.8 Increase to at least 90 percent the percentage of women who receive first-trimester prenatal care during pregnancy.**

*MN Special Population Targets*

| *Minnesota Center for Health Statistics* *Women Receiving First Trimester Prenatal Care (% of live births)* | *1996 MN Baseline* | *MN 2004 Target* |
|---|---|---|
| White | 86.3% | 90% |
| African American | 64.4% | 90% |
| American Indian | 62.5% | 90% |
| Asian | 58.8% | 90% |
| Latino/Hispanic | 59.9% | 90% |

**1997 Women Receiving First Trimester Prenatal Care (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | 51,636 | 80 |
| Hennepin | 11,973 | 78.9 |
| Minneapolis | 3,912 | 70.5 |
| Suburban Hennepin | 8,061 | 86.4 |
| Bloomington/Edina/Richfield | 1,486 | 81.7 |
| Bloomington | 745 | 79.1 |
| Edina | 382 | 91.2 |
| Richfield | 359 | 77.0 |

**1997 Women Receiving First Trimester Prenatal Care by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | % | No. | % | No. | % | No. | % | No. | % |
| Minnesota (1996) | | 86.3 | | 64.4 | | 62.5 | | 58.8 | | 59.9 |
| Hennepin | 9,885 | 83.9 | 1,206 | 57.6 | 146 | 46.8 | 585 | 59.7 | 384 | 50.4 |
| Minneapolis | 2,561 | 74.2 | 888 | 54.8 | 115 | 43.1 | 239 | 47.1 | 157 | 42.7 |
| Suburban Hennepin | 7,234 | 86.8 | 318 | 67.5 | 31 | 73.8 | 346 | 73.1 | 157 | 68.0 |
| Bloomington/Edina/Richfield | 1,354 | 84.3 | 50 | 52.6 | 6 | 42.9 | 71 | 68.9 | 32 | 46.4 |
| Bloomington | 676 | 82.7 | 25 | 51.0 | 1 | 25.0 | 43 | 68.2 | 14 | 51.8 |
| Edina | 365 | 92.2 | 4 | 50.0 | 0 | 0 | 12 | 80.0 | 2 | 100.0 |
| Richfield | 313 | 79.6 | 21 | 55.3 | 5 | 50.0 | 16 | 64.0 | 16 | 40.0 |

**17.9 Reduce to no more than 3.5 percent of live births, the proportion of low birth weight (less than 2,500 grams) live births.**

| | *MN Special Population Targets* | |
|---|---|---|
| *Minnesota Center for Health Statistics* | | |
| *Low Birth Weight Births* | *1996 MN Baseline* | *MN 2004 Target* |
| White | 5.4% | 3.5% |
| African American | 12.0% | 3.5% |
| American Indian | 6.3% | 3.5% |
| Asian | 6.6% | 3.5% |
| Latino/Hispanic | 6.0% | 3.5% |

**1997 Low Birth Weight Babies (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | 3801 | 5.9 |
| Hennepin | 1012 | 6.5 |
| Minneapolis | 484 | 8.0 |
| Suburban Hennepin | 528 | 5.6 |
| Bloomington/Edina/Richfield | 115 | 6.3 |
| Bloomington | 66 | 7.0 |
| Edina | 17 | 4.0 |
| Richfield | 32 | 6.7 |

**1997 Low Birth Weight Babies by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | % | No. | % | No. | % | No. | % | No. | % |
| Minnesota (1996) | | 5.4 | | 12.0 | | 6.3 | | 6.6 | | 6.0 |
| Hennepin | 656 | 5.6 | 234 | 11.2 | 24 | 7.7 | 70 | 7.1 | 50 | 6.6 |
| Minneapolis | 214 | 6.2 | 189 | 11.7 | 23 | 8.6 | 35 | 6.9 | 32 | 6.0 |
| Suburban Hennepin | 442 | 5.3 | 45 | 9.5 | * | * | 35 | 7.4 | 18 | 7.8 |
| Bloomington/Edina/Richfield | 97 | 6.0 | 5 | 5.3 | * | * | 12 | 11.6 | 6 | 8.7 |

Note:
* denotes counts less than 5 or population / (sample size) <30

**17.10 Reduce to no more than one percent of live births the number of very low birth weight (less than 1,500 grams) live births.**

**1997 Very Low Birth Weight Babies (All Races)**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | | |
| Hennepin | 211 | 1.4 |
| Minneapolis | 100 | 1.6 |
| Suburban Hennepin | 111 | 1.2 |
| Bloomington/Edina/Richfield | 37 | 2.0 |
| Bloomington | 22 | 2.3 |
| Edina | 7 | 1.7 |
| Richfield | 8 | 1.7 |

**1997 Very Low Birth Weight Babies by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | % | No. | % | No. | % | No. | % | No. | % |
| Minnesota (1996) | | | | | | | | | | |
| Hennepin | 132 | 1.1 | 56 | 2.7 | 5 | 1.6 | 12 | 1.2 | 13 | 1.7 |
| Minneapolis | 41 | 1.2 | 41 | 2.5 | 5 | 1.9 | 8 | 1.6 | 6 | 1.1 |
| Suburban Hennepin | 91 | 1.1 | 15 | 3.2 | 0 | 0 | * | * | 7 | 3.0 |
| Bloomington/Edina/Richfield | 31 | 1.9 | * | * | * | * | * | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30

**17.11 Reduce to no more than 8 percent of live births theprematurity rate (less than 37 weeks gestation).**

**1997 Prematurity Rates per 1,000 Live Births**
**Source: MCHS & MDHFS**

| Region | No. | Percent |
|---|---|---|
| Minnesota | | Unknown |
| Hennepin | 1,492 | 9.2 |
| Minneapolis | 612 | 10.1 |
| Suburban Hennepin | 817 | 8.7 |
| Bloomington/Edina/Richfield | 189 | 10.3 |
| Bloomington | 83 | 8.8 |
| Edina | 30 | 7.1 |
| Richfield | 56 | 11.8 |

**1997 Prematurity Rates per 1,000 Live Births by Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/Pacific Islander | | Latino/ Hispanic | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | | | | | | | | | | | |
| Hennepin | 931 | 7.9 | 210 | 10.0 | 33 | 10.6 | 91 | 9.3 | 67 | 8.8 | 1285 | 8.3 |
| Minneapolis | 293 | 8.5 | 159 | 9.8 | 28 | 10.5 | 44 | 8.7 | 39 | 7.3 | 537 | 8.9 |
| Suburban Hennepin | 638 | 7.6 | 51 | 10.8 | 5 | 11.1 | 47 | 9.9 | 28 | 12.1 | 748 | 8.0 |
| Bloomington/Edina/Richfield | 123 | 7.7 | 8 | 8.4 | * | * | 14 | 13.6 | 12 | 17.4 | 148 | 8.0 |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**17.12 Reduce adolescent pregnancy rates as follows: from 27.5 in 1996 to no more than 26.9 per 1,000 women aged 15-17 and from 77.3 in 1996 to no more than 76.7 per 1,000 women aged 18-19.**

**1997 Teen Pregnancy Rates per 1000 population by age**
**Source: MCHS & MDHFS**

| Age (Years) | < 15 | | 15 - 17 | | 18 - 19 | | Total (< 19) | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | N/A | | 27.5 | | 77.3 | | N/A |
| Hennepin | 66 | ** | 798 | 42.0 | 1,344 | 106.9 | 2,208 | 43.6 |
| Minneapolis | 53 | ** | 480 | 79.4 | 816 | 140.7 | 1,349 | 78.2 |
| Suburban Hennepin | 13 | ** | 318 | 25.1 | 528 | 77.9 | 859 | 24.5 |
| Bloomington/Edina/Richfield | * | ** | 82 | 28.4 | 108 | 64.6 | 194 | 25.2 |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates cannot be calculated as appropriate age specific female population not available for use on rate calculations.

**1997 Teen Births as a Percent of All Births Within Racial Categories**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/Pacific Islander | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 207 | 1.8 | 217 | 10.4 | 42 | 13.5 | 61 | 6.2 |
| Minneapolis | 88 | 2.6 | 190 | 11.7 | 39 | 14.6 | 47 | 9.3 |
| Suburban Hennepin | 119 | 1.4 | 27 | 5.7 | * | * | 14 | 3.0 |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**1997 Teen Births as a Percent of All Births Within Geographic Areas**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/Pacific Islander | |
|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 207 | 37.9 | 217 | 39.7 | 42 | 7.7 | 61 | 11.2 |
| Minneapolis | 88 | 23.1 | 190 | 49.9 | 39 | 10.2 | 47 | 12.3 |
| Suburban Hennepin | 119 | 72.1 | 27 | 16.4 | * | * | 14 | 8.5 |

Note:
* denotes counts less than 5 or population / (sample size) < 30.

**17.13 Reduce from 52 to no more than 40 cases per 100,000 people the overall incidence of gonorrhea.**

**1997 Gonorrhea Cases / Rates per 100,000**
**Source: MCHS & MDHFS**

| Group | Rate per 100,000 | Cases |
|---|---|---|
| **Minneapolis** | | |
| Males 15-19 | 1060.9 | 123 |
| Females 15-19 | 2440.3 | 289 |
| Total 15-19 | 1757.9 | 412 |
| Males 20-24 | 1080.3 | 171 |
| Females 20-24 | 1180.4 | 180 |
| Total 20-24 | 1094.5 | 351 |
| Males 15-24 | 1072.1 | 294 |
| Females 15-24 | 1670.1 | 469 |
| Total 15-24 | 1374.6 | 763 |
| African Americans | ** | 939 |
| **Hennepin County** | | |
| Males 15-19 | 382.9 | 124 |
| Females 15-19 | 941.9 | 300 |
| Total 15-19 | 662.8 | 424 |
| Males 20-24 | 521.0 | 175 |
| Females 20-24 | 538.1 | 192 |
| Total 20-24 | 529.9 | 367 |
| Males 15-24 | 454.5 | 299 |
| Females 15-24 | 728.6 | 492 |
| Total 15-24 | 593.7 | 791 |
| African Americans | ** | 964 |
| **Bloomington/Edina/Richfield** | | |
| Males 15-19 | * | * |
| Females 15-19 | * | * |
| Total 15-19 | * | * |
| Males 20-24 | * | * |
| Females 20-24 | 105.6 | 5 |
| Total 20-24 | 65.9 | 6 |
| Males 15-24 | * | * |
| Females 15-24 | 75.3 | 7 |
| Total 15-24 | 43.1 | 8 |
| African Americans | ** | * |
| **Hennepin County Total** | **154** | **1639** |
| **Minneapolis Total** | **32.7** | **457** |
| **Bloomington Total** | | **25** |
| **Edina Total** | **6.3** | **3** |
| **Richfield Total** | **40.3** | **14** |

Note:
* denotes counts (numbers) < 5 or populations (sample size) < 30.
** denotes that rates could not be calculated as current racial population estimates for African Americans are unavailable.

**17.14 Reduce by 20 percent the number of suicides in Minnesota.**

*MN Special Population Targets*

| *1989-1993 death certificates, Populations of Color in Minnesota, Health Status Report, Spring 1997, Office of Minority Health, MDH* | | |
|---|---|---|
| *Suicides in Minnesota* | *5 Yr. Average MN Baseline* | *MN 2004 Target* |
| Asian children aged 5-14 | 3 (number of deaths) | 2 |
| American Indian females aged 15-24 | 5 (number of deaths) | 4 |
| Asian females aged 15-24 | 3 (number of deaths) | 2 |
| Hispanic/Latino females aged 15-24 | 2 (number of deaths) | 2 |
| African American males aged 15-24 | 22.7 (rate/100,000) | 18.2 |
| American Indian males aged 15-24 | 102.3 (rate/100,000) | 81.8 |
| Asian males aged 15-24 | 19.5 (rate/100,000) | 15.6 |
| Hispanic/Latino males aged 15-24 | 32.3 (rate/100,000) | 25.8 |
| Asian females aged 25-44 | 3 (number of deaths) | 2 |
| Hispanic/Latino females aged 25-44 | 4 (number of deaths) | 3 |

**17.14 (A): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Age Group**
**Source: MCHS & MDHFS**

| | 5 - 14 | | 15 – 24 | | 25 - 44 | | 45 - 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | | | | | | | | | | | |
| Hennepin | * | * | 45 | 11.4 | 148 | 12.8 | 84 | 13.0 | 44 | 11.8 | 324 | 10.2 |
| Minneapolis | * | * | 19 | 11.5 | 80 | 19.2 | 36 | 19.5 | 14 | 10.8 | 150 | 13.8 |
| Suburban Hennepin | * | * | 26 | 11.3 | 68 | 9.2 | 48 | 10.4 | 30 | 12.3 | 174 | 8.3 |
| Bloomington/Edina/Richfield | * | * | * | * | 16 | 9.8 | 11 | 8.6 | 9 | 10.2 | 39 | 7.6 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**17.14 (B): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Gender**
**Source: MCHS & MDHFS**

| | Male | | Female | |
|---|---|---|---|---|
| Region | No. | Rate | No. | Rate |
| Hennepin | 254 | 16.4 | 62 | 3.8 |
| Minneapolis | 119 | 22.4 | 27 | 4.9 |
| Suburban Hennepin | 135 | 13.3 | 35 | 3.2 |

**17.14 (C): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 226 | ** | 14 | ** | 7 | ** | 7 | ** | * | ** |
| Minneapolis | 101 | ** | 12 | ** | * | ** | | ** | * | ** |
| Suburban Hennepin | 125 | ** | * | ** | * | ** | | ** | * | ** |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates could not be computed as current racial estimates are not available.

**17.15 Reduce the incidence of injurious suicide attempts across all age and gender groups.**

*MN Special Population Targets*

| *1995 Minnesota Student Survey* | | |
|---|---|---|
| *Injurious suicide attempts* | *1995 MN Baseline* | *MN 2004 Target* |
| American Indian males | N/A | N/A |

**Percent of Students Reporting Injurious Suicide Attempts**
**Source: 1998 MSS Data**

| | 12th Grade (female) | 12th Grade (male) |
|---|---|---|
| Hennepin Co. | 12 | 27 |
| Minneapolis | 12 | 5 |
| Bloomington | 14 | 4 |
| Edina | 3 | 6 |
| Richfield | N/A | N/A |
| Minnesota | 13 | 7 |

(No racial data given)

**17.16 Reduce by 20 percent the number of homicides in Minnesota. In those populations whose rates indicate the disparities as follows, the goal is to reduce homicides to a rate no greater than the reduced age-adjusted baseline rate. The Minnesota age-adjusted baseline rate is 3.93 per 100,000 in 1996.**

For Minnesota children under age one, the baseline rate is 6.2 per 100,000 from 1988 to 1992. (Source: *A Report of the Violence Prevention Advisory Task Force*, 1995; * Baseline data from 1989-1993 death certificates, *Populations of Color in Minnesota Health Status Report*, Spring 1997, Office of Minority Health, Minnesota Department of Health)

*MN Indicators*

1998 Center for Health Statistics, Injury and Violence Prevention Unit, MDH

| *Homicide as top three causes of death in Minnesota populations* | | |
|---|---|---|
| *Injurious suicide attempts:* | *MN Baseline** | *MN 2004 Target* |
| African American children aged 1-4 | 13.3 (rate/100,000) | 10.6 |
| African American children aged 5-14 | 4 (number of deaths) | 3 |
| Hispanic children aged 5-14 | 3 (number of deaths) | 2 |
| African American females aged 15-24 | 5 (number of deaths) | 4 |
| African American males aged 15-24 | 126.9 (rate/100,000) | 101.5 |
| African American females aged 25-44 | 23.3 (rate/100,000) | 18.6 |
| African American males aged 25-44 | 75.2 (rate/100,000) | 60.2 |
| American Indian males ages 25-44 | 62.4 (rate/100,000) | 49.9 |
| Hispanic males aged 25-44 | 30.0 (rate/100,000) | 24.0 |

**17.16 (A): 1995-1997 Deaths from Homicide**
**Source: MCHS & MDHFS**

| Age | 0 - 4 | | 5 - 14 | | 15 - 24 | | 25 - 44 | | 45 - 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regions | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 7 | 3.6 | 14 | 3.3 | 89 | 22.5 | 105 | 9.1 | 27 | 4.2 | 8 | 2.1 | 250 | 7.8 |
| Minneapolis | 5 | 7.8 | 13 | 10.3 | 77 | 46.5 | 88 | 21.1 | 23 | 12.4 | 8 | 6.2 | 214 | 19.7 |
| Suburban Hennepin | * | * | * | * | 12 | 5.2 | 17 | 3.7 | * | * | * | * | 36 | 1.7 |
| Bloomington/Edina/Richfield | * | * | * | * | * | * | 5 | 3.1 | * | * | * | * | 9 | 1.8 |

Note:
* denotes counts less than 5 or population < 30.

**17.17 Reduce by 15 percent child maltreatment in Minnesota. The estimated Minnesota baseline rate is 738 per 100,000 in 1996. In those Minnesota populations whose rates indicate the disparities as follows, the goal is to reduce maltreatment to a rate no greater than the reduced rate for Asian and White children in Minnesota, whose rates are lowest (approximately 500 per 100,000). The estimated baseline rate for African American children is 4,349 per 100,000; the rate for American Indian children is 2,910 per 100,000; and the rate for children with disabilities is 1,338 per 100,000. (Sources: Minnesota Department of Human Services; Minnesota Planning; Injury and Violence Prevention Unit, Minnesota Children with Special Health Needs, *1996 Minnesota County Health Profiles*, Minnesota Department of Health)**

See Objective 6.3

No local data currently available

**17.18 Reduce by 20 percent suicides in Minnesota. The Minnesota age-adjusted baseline rate is 10.39 per 100,000 in 1996. Suicide occurs as the second-leading cause of death in the following Minnesota populations: (Source: Baseline data from 1989-1993 death certificates, *Populations of Color in Minnesota Health Status Report*, Spring 1997, Office of Minority Health, Minnesota Department of Health)**

*MN Indicators*

| *Suicide as second leading cause of death in Minnesota (per 100,000 people)* | *MN Baseline* | *MN 2004 Target* |
|---|---|---|
| African American males aged 15-24 | 22.7 | 18.2 |
| American Indian males aged 15-24 | 102.3 | 81.8 |
| Asian males aged 15-24 | 19.5 | 15.6 |
| Hispanic males aged 15-24 | 32.3 | 25.8 |
| White males aged 15-24 | 26.6 | 21.3 |

**17.18 (A): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Age Group**
**Source: MCHS & MDHFS**

| | 5 - 14 | | 15 – 24 | | 25 - 44 | | 45 - 64 | | > 65 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota (1996) | | | | | | | | | | | | |
| Hennepin | * | * | 45 | 11.4 | 148 | 12.8 | 84 | 13.0 | 44 | 11.8 | 324 | 10.2 |
| Minneapolis | * | * | 19 | 11.5 | 80 | 19.2 | 36 | 19.5 | 14 | 10.8 | 150 | 13.8 |
| Suburban Hennepin | * | * | 26 | 11.3 | 68 | 9.2 | 48 | 10.4 | 30 | 12.3 | 174 | 8.3 |
| Bloomington/Edina/Richfield | * | * | * | * | 16 | 9.8 | 11 | 8.6 | 9 | 10.2 | 39 | 7.6 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**17.18 (B): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Gender**
**Source: MCHS & MDHFS**

| | Male | | Female | |
|---|---|---|---|---|
| Region | No. | Rate | No. | Rate |
| Hennepin | 254 | 16.4 | 62 | 3.8 |
| Minneapolis | 119 | 22.4 | 27 | 4.9 |
| Suburban Hennepin | 135 | 13.3 | 35 | 3.2 |

**17.18 (C): 1995-1997 Number of Suicide and Suicide Rates per 100,000 (population) By Race**
**Source: MCHS & MDHFS**

| | White | | African American | | American Indian | | Asian/ Pacific Islander | | Latino/ Hispanic | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Hennepin | 226 | ** | 14 | ** | 7 | ** | 7 | ** | * | ** |
| Minneapolis | 101 | ** | 12 | ** | * | ** | | ** | * | ** |
| Suburban Hennepin | 125 | ** | * | ** | * | ** | | ** | * | ** |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates could not be computed as current racial estimates are not available.

**17.19 Maintain at no more than 1.5 per 100 million vehicle miles traveled and 14.2 per 100,000 population, the number of deaths caused by motor vehicle crashes. The baseline is 1.4 per 100 million vehicle miles traveled (VMT) and 14.2 per 100,000 population in 1995.) (Source: Motor Vehicle Crash Facts, 1996, and Minnesota Center for Health Statistics, 1996)**

| | *MN Special Population Targets* | |
|---|---|---|
| *Deaths Caused by Motor Vehicle Crashes (per 100,000)* | *1995 MN Baseline* | *MN 2004 Target* |
| American Indians | 46.2 | 32.0 |

**1997 Motor Vehicle Accidental Deaths**
**Source: MCHS & MDHFS**

| Age | 0 - 14 | | 15 – 24 | | > 65 | | American Indian | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Race | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| Minnesota | 45 | 4.4 | 122 | 18.8 | 147 | 25.4 | N/A | N/A | 59 | 12.6 |
| Hennepin | 6 | 3.0 | 17 | 12.8 | 23 | 19.1 | * | ** | 88 | 8.3 |
| Minneapolis | * | * | * | * | 7 | 15.1 | * | ** | 24 | 6.6 |
| Suburban Hennepin | * | * | 15 | 19.5 | 16 | 21.5 | * | ** | 64 | 9.1 |
| Bloomington/Edina/Richfield | * | * | * | * | 6 | 19.8 | * | ** | 15 | 8.8 |

Note:
* denotes counts less than 5 or population / (sample size) <30.
** rates could not be computed as current racial population estimates are not available.

(No racial data given)

**17.20 Maintain at no more than 29.3 per 100,000 population, the rate of deaths caused by unintentional injuries.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1996 Minnesota Center for Health Statistics* | | |
| *Unintentional Injury Deaths* | *1996 MN Baseline* | *MN 2004 Target* |
| American Indian males | 102.0 | N/A |

**1997 Unintentional Injury Deaths**
**Source: MCHS & MDHFS**

| Age (Years) | 0 - 4 | | 5 - 14 | | Total | |
|---|---|---|---|---|---|---|
| Region | No. | Rate | No. | Rate | No. | Rate |
| Minnesota | 37 | 11.7 | 58 | 8.1 | 1726 | 36.8 |
| Hennepin | 7 | 11.0 | * | * | 308 | 28.9 |
| Minneapolis | * | * | * | * | 144 | 39.8 |
| Suburban Hennepin | * | * | * | * | 164 | 23.3 |
| Bloomington/Edina/Richfield | * | * | * | * | 44 | 25.7 |

Note:
* denotes counts less than 5 or population / (sample size) <30.

(No racial data given)

**17.21 Ensure that at least 90 percent of infants in all geographic areas, racial and ethnic groups, and socio-economic strata will receive age-appropriate immunizations against diphtheria, tetanus, pertussis , polio, measles, mumps, rubella, Hib disease, and hepatitis B, and at least 60 percent receive immunizations for varicella within two months of the recommended age as measured by population-based surveys.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1996-1997 Retrospective Kindergarten Survey* | | |
| *Immunized Infants* | *1996-1997 MN Baseline* | *MN 2004 Target* |
| African American | 49% | 90% |
| American Indian | 55% | 90% |
| Asian | 42% | 90% |
| Hispanic | 44% | 90% |

**Minneapolis 1996: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 230 | 72% | 174 | 54% | 137 | 43% | 107 | 33% | 99 | 31% | 321 |
| Asian/Pacific Islander | 1369 | 65% | 1008 | 48% | 746 | 35% | 656 | 31% | 548 | 26% | 2122 |
| Black (Not Hispanic) | 246 | 75% | 204 | 63% | 169 | 52% | 144 | 44% | 121 | 37% | 326 |
| Hispanic | 322 | 57% | 225 | 40% | 158 | 28% | 176 | 31% | 111 | 20% | 568 |
| MINORITY SUBTOTAL | 2167 | 65% | 1611 | 48% | 1210 | 36% | 1083 | 32% | 879 | 26% | 3337 |
| White | 1529 | 86% | 1402 | 79% | 1240 | 70% | 1119 | 63% | 881 | 50% | 1777 |
| Other / Unknown | 7 | 47% | 4 | 27% | 3 | 20% | 4 | 27% | 5 | 33% | 15 |
| Minneapolis – Specific Total | 3703 | 72% | 3017 | 59% | 2453 | 48% | 2206 | 43% | 1765 | 34% | 5129 |

**Hennepin County 1996-1997: Goal Point Compliance with Required Vaccinations by Race / Ethnicity Categories**
**Source: Kindergarten Retrospective Immunization Survey, 1996-1997**

| | DTP1 Polio1 by 4 months | | DTP2 Polio2 by 6 months | | DTP3 Polio2 by 8 months | | MMR, DTP3 Polio2 by 17 months | | MMR, DTP4 Polio3 by 20 months | | Total for each Race / Ethnicity |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Race / Ethnicity | No. | % | No. | % | No. | % | No. | % | No. | % | Category |
| American Indian/ Alaskan Native | 60 | 91% | 55 | 83% | 49 | 74% | 40 | 61% | 43 | 65% | 66 |
| Asian/Pacific Islander | 188 | 84% | 163 | 72% | 143 | 64% | 138 | 61% | 107 | 48% | 225 |
| Black (Not Hispanic) | 331 | 79% | 268 | 64% | 208 | 50% | 224 | 54% | 185 | 44% | 417 |
| Hispanic | 89 | 85% | 79 | 75% | 68 | 65% | 60 | 57% | 58 | 55% | 105 |
| MINORITY SUBTOTAL | 668 | 82% | 565 | 69% | 468 | 58% | 462 | 57% | 393 | 48% | 813 |
| White | 6185 | 95% | 5908 | 91% | 5563 | 86% | 5161 | 79% | 3990 | 61% | 6504 |
| Other / Unknown | 500 | 95% | 478 | 90% | 452 | 85% | 426 | 81% | 326 | 62% | 529 |
| County-Specific Total | 7353 | 94% | 6951 | 89% | 6483 | 83% | 6049 | 77% | 4709 | 60% | 7846 |

**Comparison between 1992-1993 and 1996-1997 of Children Up-to-Date with Required Vaccinations by Age 24 Months**
**Source: Kindergarten Retrospective Immunization Surve y 1992-1993 and 1996-1997**

| | Up-to-Date with Required Vaccinations by Age 24 Months (%) 1992-1993 | Up-to-Date with Required Vaccinations by Age 24 Months (%) 1996-1997 |
|---|---|---|
| Minnesota | 61.0 | 68.0 |
| Hennepin County | 63.0 | 73.0 |
| Minneapolis | 47.0 | 45.0 |
| Bloomington | 61.7 | 85.0 |
| Richfield | 64.0 | 71.0 |
| Edina | 66.5 | 73.0 |

**17.22 Reduce from 52 to no more than 40 cases per 100,000 people the overall incidence of gonorrhea.**

*MN Special Population Targets*

| *1997 Minnesota Department of Health Surveillance Data* | | |
|---|---|---|
| *Gonorrhea Incidence Per 100,000* | *MN Baseline* | *MN 2004 Target* |
| African Americans | 1,051 | 790 |

**1997 Gonorrhea Cases / Rates per 100,000**
**Source: MCHS & MDHFS**

| Group | Rate per 100,000 | Cases |
|---|---|---|
| **Minneapolis** | | |
| Males 15-19 | 1060.9 | 123 |
| Females 15-19 | 2440.3 | 289 |
| Total 15-19 | 1757.9 | 412 |
| Males 20-24 | 1080.3 | 171 |
| Females 20-24 | 1180.4 | 180 |
| Total 20-24 | 1094.5 | 351 |
| Males 15-24 | 1072.1 | 294 |
| Females 15-24 | 1670.1 | 469 |
| Total 15-24 | 1374.6 | 763 |
| African Americans | ** | 939 |
| **Hennepin County** | | |
| Males 15-19 | 382.9 | 124 |
| Females 15-19 | 941.9 | 300 |
| Total 15-19 | 662.8 | 424 |
| Males 20-24 | 521.0 | 175 |
| Females 20-24 | 538.1 | 192 |
| Total 20-24 | 529.9 | 367 |
| Males 15-24 | 454.5 | 299 |
| Females 15-24 | 728.6 | 492 |
| Total 15-24 | 593.7 | 791 |
| African Americans | ** | 964 |
| **Bloomington/Edina/Richfield** | | |
| Males 15-19 | * | * |
| Females 15-19 | * | * |
| Total 15-19 | * | * |
| Males 20-24 | * | * |
| Females 20-24 | 105.6 | 5 |
| Total 20-24 | 65.9 | 6 |
| Males 15-24 | * | * |
| Females 15-24 | 75.3 | 7 |
| Total 15-24 | 43.1 | 8 |
| African Americans | ** | * |
| **Hennepin County Total** | **154** | **1639** |
| **Minneapolis Total** | **32.7** | **457** |
| **Bloomington Total** | | **25** |
| **Edina Total** | **6.3** | **3** |
| **Richfield Total** | **40.3** | **14** |

Note:
* denotes counts (numbers) < 5 or populations (sample size) < 30.
** denotes that rates could not be calculated as current racial population estimates for African Americans are unavailable.

**17.23 Decrease by the following percentages from baseline the occurrence of the most severe complications of diabetes[1] and modifiable risk factors that contribute to these complications: (* Targets established by the US Department of Health and Human Services as part of the Initiative to Eliminate Racial and Ethnic Disparities in Health)**

| | *MN Indicators* | |
|---|---|---|
| *Complications* | *MN Baseline* | *MN 2004 Target* |
| American Indians with ESRD | 1990: 1,162/million [a,h] | 65%* |
| African American lower extremity amputation | N/A | 40%* |

**Baseline Data ESRD: prevalence rates per million population, LEA: rate per 1,000 Medicare diabetes population, data for African Americans not available. Remainder currently being analyzed. (Sources: a: End Stage Renal Network 11 of the Upper Midwest, USDHHS; b: Medicare Hospitalization Data, Stratis Health; c: HMO claims data; d: Minnesota Center for Health Statistics; e: US Census Bureau.)**

**Percentage of Adults 18 and Older Reporting That They Were Told by a Doctor That They Had Diabetes**
**Source: 1998 SHAPE Data**

| | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|
| All adults | 4.3 | 4.7 | 4.1 | 4.4 | 3.7 | 4.7 |

(No racial data given)

**17.24 Achieve 100 percent health care coverage, including preventive services, for all Minnesotans.**

| | *MN Special Population Targets* | |
|---|---|---|
| *1995 Minnesota Health Care Insurance and Access Survey*<br>*Institute for Health Services Research;*<br>*University of Minnesota School of Public Health* | | |
| *Achieve 100% Coverage* | *MN Baseline* | *MN 2004 Target* |
| All Minnesotans (Baseline 1995) | 94.0% | 100% |
| Hispanic/Latinos | 81.8% | 100% |
| African Americans | 87.5% | 100% |
| American Indians | 88.9% | 100% |
| Asians/Pacific Islanders | 91.7% | 100% |

**Percent of Hennepin County Adults Who Have Health Insurance Including Medicare**
**Source: 1998 SHAPE Data**

| | | Hennepin County | Minneapolis | Suburban Hennepin County | South Suburban | Northwest Suburban | West Suburban |
|---|---|---|---|---|---|---|---|
| Adults | | 91.4 | 88.3 | 93.1 | 94.5 | 91.9 | 93.7 |
| Race: | White | 92.6 | 89.9 | 93.9 | * | * | * |
| | African American | 80.5 | 80.1 | 81.5 | * | * | * |
| | Asians/Pacific Islander | 85.2 | 89.2 | 81.3 | * | * | * |
| | American Indians/Alaska Natives | 70.2 | 70.4 | * | * | * | * |
| | Multi-Racial | 82.6 | 78.7 | 89.6 | * | * | * |
| | Other | 77.0 | 81.8 | 71.4 | * | * | * |
| Hispanic Origin | | 82.0 | 82.2 | 81.8 | * | * | * |

Note:
* denotes counts less than 5 or population / (sample size) <30.

**17.25 Improve information and expand statistical research on the health of populations of color through the following:**

- ? Consistency in the collection of race and ethnicity data throughout the health system (*e.g.*, the new, revised "Statistical Policy Directive No. 15, Race and Ethnicity Standards for Federal Statistics and Administrative Reporting" from the Office of Management and Budget);
- ? Improved race and ethnicity information from existing surveillance systems and the Behavioral Risk Factor Survey for policy and programmatic efforts and assurance;
- ? New registries for health conditions adversely affecting populations of color;
- ? Populations of color needs assessment from managed health care action plans, CHS agencies, and health care collaboratives;
- ? Aggregate enrollment and utilization statistics on populations of color from managed health care plans; and
- ? Research on the relationship between adverse health outcomes and the following factors: race and ethnicity, socioeconomic status, and poverty.

**17.26 Strengthen the capacity of the health system to improve the health status of populations of color via the following:**

- ? Involvement of organizations, networks, and individuals representing populations of color in the planning and implementation of strategies, programs, and measures directed to improve the health status of populations of color; and
- ? Improved cultural competency and sensitivity from the employees of health care provider organizations to ensure quality services and improved communication.

## GOAL 18: Foster the understanding and promotion of social conditions that support health.

## SOCIAL CONDITIONS

**Public health organizations, health plans, health care systems and providers, educational institutions, nonprofit organizations, businesses, and government agencies will work with broad sectors of the community to:**

- ? Review and summarize existing studies and data sources that identify concrete linkages between social conditions and health,
- ? Stimulate and support efforts to develop the knowledge base to better characterize the multidimensional relationships between social conditions and health,
- ? Promote societal attitudes that include a philosophy of shared responsibility for addressing the social conditions that affect health,
- ? Discuss the impact of social conditions that contribute to poor health in terms of their organization's sphere of influence, and
- ? Collaborate with community efforts to improve social conditions that affect health.

## B. Glossary

| | |
|---|---|
| ACS | American Cancer Society |
| ADL | Activities of Daily Living |
| AIDS | Acquired Immune Deficiency Syndrome |
| BMI | Body Mass Index |
| BRFSS | Behavioral Risk Factor Surveillance System (MN) |
| HCCHD | Hennepin County Community Health Department |
| CHS | Community Health Service |
| ETS | Environmental Tobacco Smoke |
| HIV | Human Immunodeficiency Virus |
| IADL | Instrumental Activities of Daily Living |
| IHSR | Institute for Health Services Research |
| MA | Medical Assistance |
| MCHS | Minnesota Center for Health Statistics, Minnesota Department of Health |
| MCSS | Minnesota Cancer Surveillance System |
| MDH | Minnesota Department of Health |
| MDHFS | Minneapolis Department of Health and Family Support |
| MN | Minnesota |
| MSS | Minnesota Student Survey |
| N/A | Not available at the time of this document was prepared |
| SHAPE | Survey of the Health of Adults, the Population and the Environment |
| SIDS | Sudden Infant Death Syndrome |
| VMT | Vehicle Miles Traveled |
| WIC | Women, Infant and Child Program |

## C. References


Minnesota Department of Health, *Healthy Minnesotans: Public Health Improvement Goals 2004*, September 1998.

Minneapolis Retrospective Kindergarten Immunization Survey 1996-1997. Minneapolis Public Health and School Districts in Collaboration with the Division of Disease Prevention and Control, Minnesota Department of Health, 1997, Minneapolis, Minnesota.

Hennepin County Community Health Department and Minneapolis Department of Health and Family Support. SHAPE 1998: Cigarette Use Among Adults in Hennepin County, Survey of the Health of Adults, the Population, and the Environment. Minneapolis, Minnesota, January 1999.

Hennepin County Community Health Department and Minneapolis Department of Health and Family Support. SHAPE 1998: Initial Findings, Survey of the Health of Adults, the Population, and the Environment. Minneapolis, Minnesota, August 1998.

Hennepin County Community Health Department and Minneapolis Department of Health and Family Support. SHAPE 1998: Overall Comparison Report, Survey of the Health of Adults, the Population, and the Environment. Minneapolis, Minnesota, December 1998.

Hennepin County Community Health Department. SHAPE 1998: special data run (unpublished) Survey of the Health of Adults, the Population, and the Environment. Minneapolis, Minnesota, January 1999.

Hennepin County Office of Planning and Development. Cohort Component Population Projections, 1991. Minneapolis, Minnesota.

Hennepin County Retrospective Kindergarten Immunization Survey 1996-1997. Hennepin County Public Health and School Districts in Collaboration with the Division of Disease Prevention and Control, Minnesota Department of Health, 1997. Minneapolis, Minnesota.

Hennepin County Retrospective Kindergarten Immunization Survey 1992-1993. Hennepin County Public Health and School Districts in Collaboration with the Division of Disease Prevention and Control, Minnesota Department of Health, 1997. Minneapolis, Minnesota.

Minnesota Department of Children, Families and Learning. 1998 Minnesota Student Survey. Minnesota, 1998.

Minnesota Department of Health. Minnesota Health Profile-Hennepin County, 1998.

Minnesota Department of Health Center for Health Statistics. 1997 Minnesota Health Statistics. January 1999. Minnesota.

# V. Appendix

## A. Minneapolis Community Needs Assessment Process and Community Participation

As reported in the CHS Plan Update for 1998-1999, the MDHFS reorganized around the three core public health functions, research (assessment), policy, and assurance. The reorganization and creation of an expanded dedicated research unit has allowed more focused research to be done on key Minneapolis public health problems and opportunities. By hiring additional trained staff, the MDHFS has been able to conduct significant ongoing assessment and research.

In addition, MDHFS cooperated with Hennepin County Community Health Department (HCCHD) and Bloomington, Richfield, and Edina (BER) to complete a major compilation of county-wide health data. This data was organized according to Minnesota 2004 Goals and Objectives. When data was available, comparisons were made for Hennepin County, Minneapolis, BER, and /or suburban Hennepin County. Existing data sources were used, including vital statistics, Survey of the Health of Adults, the Population, and the Environment (SHAPE), and the Minnesota Student Survey.

This means Minneapolis data in this CHS assessment is based on joint data sources used by all the Hennepin County CHS agencies, as well as current MDHFS reports and published data. MDHFS has published numerous reports on major health issues in Minneapolis, including birth outcomes, STDs, senior health, State of the City, and SHAPE study findings. This assessment does not address all twelve public health problem areas, but rather reports in more depth on the problems and opportunities that MDHFS, in cooperation with other CHS agencies, has researched in the last few years.

Given MDHFS' ongoing assessment capability, it is able to respond to the need for data for important and emerging public health problems. The goals of the Minneapolis assessment process are: 1) widely disseminate the results of research findings; 2) write the reports in easy-to-understand English so stakeholders can understand and act on findings; and 3) use research to develop policy directions and actions plans for MDHFS and other community stakeholders.

The assessment function is interconnected with the other two MDHFS functions of policy and assurance. When an important area for research is identified, the results of that research are communicated to policy and assurance staff. The research findings deeply influence the activities of these two functions in terms of program directions and priorities.

MDHFS is keenly aware of and committed to community stakeholder involvement in discussing the City's public health problems and opportunities. Research is not a separate endeavor, but involves stakeholders at nearly every step of a research project.

Different projects and reports have involved community members in many different ways that are detailed in each published report. Community participation has included:

1) Planning/steering committees to determine how research will be conducted.
2) Developing research instruments and helping recruit participants.
3) Carrying out research by participating in focus groups, doing compliance checks, filling out surveys, and being interviewed.
4) Participating on task forces to analyze report findings and develop community action
5) Planning community forums to distribute and discuss report findings, as well as plan future action steps.

Because the MDHFS provides no direct services, other than the School Based Clinics program and the Public Health Laboratory, MDHFS sees its research, policy, and assurance functions with its accompanying stakeholder involvement as a catalyst for effective change in the community.

One of the MDHFS' major collaborators is the Hennepin County Community Health Department (HCCHD), which also has a separate assessment unit. The two agencies' most extensive collaboration has been with the SHAPE project (the Survey of the Health of Adults, the Population, and the Environment).

The CHS Needs Assessment: 2000-2003 lists the research reports published by MDHFS, some in cooperation with other organizations. Instead of writing a community description, we have enclosed the State of the City, 1998. This report provides a comprehensive look at the economic, social, health, and physical environments in the City of Minneapolis. Stakeholder involvement varied with each project depending on the unique nature of the project. Each report outlines in detail the specific stakeholder involvement. Below, stakeholder involvement will be described for three reports to give a flavor of the different processes used. Also included in Appendix B (pages 81-87) is the MDHFS Guide to Planning Stakeholder Participation.

Survey of the Health of Adults, the Population, and the Environment (SHAPE)

SHAPE was one of the biggest undertakings of MDHFS, and was done in cooperation with HCCHD with additional help from the University of Minnesota. A survey was given to 10,000 Minneapolis and suburban Hennepin County residents. As a result, SHAPE data provides, for the first time, Minneapolis community-level information on chronic disease, injury, and behavioral risks. SHAPE data integrates this information with data on perceptions of community, personal safety, and discrimination, as well as demographic factors such as income, employment, and race/ethnicity.

The SHAPE survey was designed to provide local governments, community agencies, and policymakers with Countywide, City, and community-level health status information for the first time. In addition, SHAPE was designed in such a way that the survey could be repeated in order to track changes over time among the county population as a whole, and within geographic and population groups.

Through collaboration of MDHFS and HCCHD, the effectiveness of both departments' community health assessment activities was maximized and a more complete health status analysis of Minneapolis and county residents was developed. The survey data and analysis resulting from this collaboration will enable local health departments to plan activities and policy initiatives more effectively, to respond more quickly and effectively to the data needs of community groups who provide health services to county residents, and to enhance community-wide policies and interventions.

## SEXUALLY TRANSMITTED DISEASES

In 1996, research staff noted the very high rates of STDs in Minneapolis compared to Minnesota and the USA. Elected officials also became aware of this information, and Mayor Sharon Sayles Belton asked the MDHFS to conduct more intensive research and identify effective strategies to deal with the issue.

MDHFS completed and released the report, Sexually Transmitted Diseases in Minneapolis: Incidence Rates and Preventive Strategies at a press conference on April 16, 1998. The press conference was held at Pilot City Health Center and numerous representatives were invited and attended, including those from the African American Health Care Workers Group, Urban League, Urban Coalition, The City, Inc., Minneapolis Public Schools, community clinics, and Indian Health Board. Peer high school educators from Minneapolis Public Schools spoke at the news conference.

A community forum was announced at the press conference to discuss findings and look at generating cooperative community initiatives to address the problem. Two community forums were held in late April and early June with representation from many of the same groups as the news conference.

At the second meeting the larger group decided to break down into two task forces to more effectively address the issues. The Public Education Workgroup decided to work on education issues with the Minneapolis Public Schools. The Public Awareness Group decided to work on a media campaign.

The Public Awareness Task Force contracted with staff from the Minnesota Family Planning and STD Hotline at Family Tree Clinic to conduct a media campaign from November, 1998 - February, 1999 consisting of bus shelter ads and posters, as well as television and radio public service announcements featuring popular music producer, Jimmy Jam. A comparison of calls to the Hotline during the same time frame the previous year before the campaign (November, 1997 - February, 1998) and during the campaign found a 12% increase in total calls. However, there was a 65% increase from radio-generated calls and a 97% increase from TV-generated calls.

The Public Education Task Force planned, presented, and evaluated a daylong workshop, "STIs: New Name, Same Game" December, 1998 for Minneapolis Public School health teachers and school nurses. The workshop featured staff from community agencies, such as Teen Age Medical Service, Planned Parenthood, the Annex, YWCA, and others. The peer educators from Southwest and North High Schools made a presentation, and the acting troupe from Pillsbury Neighborhood Services gave a presentation on the topic. The evaluations were very positive, a tribute to the eleven different agencies who cooperated to make it happen. There has been a request from the Minneapolis Public Schools to repeat this workshop during the 1999-2000 school year.

SENIORS

The City of Minneapolis' Senior Citizen Ombudsman program became part of the MDHFS in 1997. There was a realization that senior health and social issues previously had not been priorities in either City or past health department activities. The first step in remedying this gap was to commission a research report through Wilder Foundation on contributions, resources, and needs of seniors in Minneapolis. New information was provided by Minneapolis seniors who took part in focus groups and by a new key informant survey that was conducted for the report. Many organizations and people took part in guiding the research, gathering relevant data, recruiting focus group participants and participating as key informants. A complete list is available in the report, Older Adults in Minneapolis: Contributions, Resources and Needs. A sample includes Eldercare, Council on Black Aging, HCFA Healthy Seniors Program, Minneapolis Age and Opportunity Center, MN Elders Coalition, and Senior Resources.

Also, SHAPE data was being collected to assess the general health of the adult population of Minneapolis and suburban Hennepin County. The report, The Health of Minneapolis Seniors, was released in May, 1998 and provided for the first time ever, comprehensive health status information about seniors at the City level.

The MDHFS initially planned one community forum to release the reports. However, the forum generated great interest in the senior community and took on a life of its own. In the end, two forums were held to discuss the reports and a third was held to identify needs and determine next steps. It was out of these meetings that the group recommended establishing a multi-jurisdictional Senior Coordinating Board to determine policies on seniors at the city and county governmental level.

A resolution was brought to the Minneapolis City Council, and in May, 1998 the Council passed a resolution to establish a Task Force for the purpose of making a recommendation on the feasibility of establishing a multi-jurisdictional Senior Coordinating Board. The Task Force consisted of representatives from the City wards, agencies serving seniors, senior representatives, and the existing Minneapolis Senior Citizens Advisory Council.

The Task Force gathered information from three primary sources. First, local reports were generated by the MDHFS and the United Way on Minneapolis seniors. The two MDHFS reports were, The Health of Minneapolis Seniors: A Report from the SHAPE Project, May, 1998 and Older Adults in Minneapolis: Contributions, Resources, and Needs, December, 1997. Second, Task Force members interviewed over 45 individuals knowledgeable about older adults and their concerns. Third, the Task Force scheduled presentations with officials, including Former Mayor Donald Fraser on the structure of the current Minneapolis Youth Coordinating Board as a possible model for the Senior Coordinating Board. Members also interviewed by telephone representatives of senior coordinating and planning boards in North Carolina.

The Task Force reached almost unanimous agreement in recommending the establishment of a Senior Coordinating Board to the Minneapolis City Council. On October 26,1998, the Minneapolis City Council passed a resolution directing MDHFS to research the legal and logistical issues of establishing a multi-jurisdictional Senior Coordinating Board.

## B. Minneapolis Department of Health and Family Support Guide to Planning Stakeholder Participation

Stakeholder participation is not only important, but often mandated for a City department such as MDHFS. Whether working on health research, contracts, or plans, stakeholder participation is important to understand community needs, disperse the latest research, search for the most promising strategies to solve problems, and develop priorities for programs and budgets. How do you decide what is the best strategy for stakeholder participation, and once you have decided what to do, what is the most expeditious way to get it done?

I. What is the best strategy for stakeholder participation? What is the best way to communicate with stakeholders about this issue or program?

A. Mailing information: Is this routine information with a well-established distribution list? Data, such as vital statistics would fall into this category and can be mailed to those who use such data. However, if new insights emerge from the data or you want to engage stakeholders in a new and innovative way, then consider one of the other participation strategies below.

B. Information dissemination: Is your primary purpose to disseminate information, such as key findings from a new research report? Possible strategies include special called meetings, press conferences, and presentations at professional and community group meetings. While any of these strategies may work, they provide only one way communication with stakeholders. Whenever possible, opportunities should be provided for those attending to give feedback and ask questions.

C. Advisory meetings: The primary purpose of an advisory meeting is to hear what the stakeholders have to say in response to information presented by staff. This allows important information from the agency to be presented, and also allows non-binding comments on alternatives or issues to be given by the stakeholders. The extent of decision-making influence the group has must be stated clearly at the meeting so stakeholders will not have unrealistic expectations.

D. Decision-making meetings: Stakeholders can be involved in meetings for decision-making when they legally can make the decisions. Often for the MDHFS ultimate decisions will be made politically at the City Council level. However, the Public Health Advisory Committee can make decisions on some programmatic and planning issues. In the past stakeholders have made grant funding decisions, such as in the violence prevention project. Research carefully whether a group of stakeholders can indeed make decisions or if their function will primarily be an advisory one.

E. Press conference: When you want to announce dramatic research or programmatic news, a press conference can be useful. You must carefully arrange the press conference so there is in fact media there. You must also be able to simplify your message to 10 word sentences or sound bytes to get printed, viewed, or heard.

F. Ongoing involvement: With stakeholders such as MDHFS contractees, nonprofits, community groups, or professional groups, ongoing involvement may be the most legitimate way to get the pulse of the community. This can be used along with other strategies to get stakeholder definitions of community assets and issues, as well as dissemination information. This could involve: 1) being on joint task forces, 2) having ongoing funding/contractural relationships, 3) attending neighborhood association meetings, or 4) participating on private/public health collaboratives. Relationships also allow for co-sponsoring meetings and press conferences, which increases trust and legitimacy for MDHFS.

II. Planning informational/advisory/problem-solving meetings: Since most meetings planned by MDHFS will fall into this category, this section will focus on planning these meetings.

A. Clarify the purpose of the meeting and whether it is informational, advisory, problem solving, decision-making, or some combination of these. Communicate this clearly to those invited so they have appropriate expectations.

B. In terms of audience, the team must first decide who will be invited to the meeting, whether general public, priority population, service agencies, and/or experts, etc. Team members should determine number expected, age spans, gender mix, knowledge, concerns, special interests or issues, opposition or support. Collaborate with other interested organizations dealing with the issue to increase legitimacy of the meeting and the chances that effective action will emerge from the meeting.

C. Plan on communicating and dealing with no more than three main points or issues. Health planners and analysts often talk too much, use too many details, and use professional jargon. The audience usually doesn't need to know all we know, so as you plan the meetings think of how to simplify issues, presentations, and materials to suit the audience.

D. A team of those involved with the meeting needs to be convened at least six weeks before the meeting. Optimally, a number of roles need to be filled. A person may fill more than one role.

1. At a minimum the team needs a team leader who will be the point person for planning of the event.
2. This person may or may not be the meeting facilitator who will coordinate the flow of activities the day of the event.
3. The meeting chairperson is normally not the meeting facilitator. The chairperson is often a higher level staff or political figure, such as the Mayor, Council, or Public Health Advisory Committee member who may participate in the beginning or other portions of the event.
4. Support staff to carry out much of the mailing, refreshments, registration, and logistical details.
5. One or more staff may be researchers who work on reports, speak at the event, or help coordinate the event.
6. Other program staff, as well as high-level agency staff could be involved as appropriate. Define the roles.

E. The team's first task is to ensure all members understand the purpose of the meeting being planned. Define expectations about what you hope to accomplish with the meeting, and set clear meeting objectives. Then the team needs to set out tasks, who will carry out these tasks, and when deadlines are. Set any follow-up meetings while all the team is together. Main areas the team needs to make decisions and assign tasks include (as detailed below):

1. Program purpose, co-sponsorship, and objectives,
2. Meeting location and time of day
3. Audiovisuals, graphics, materials
4. Media
5. Budget
6. Meeting agenda
7. Logistics and administration
8. Evaluation

F. Program Purpose, Co-Sponsorship, and Objectives

1. Clearly decide what the purpose of the program is and what level of input will be taken from participants.
2. Set out three main points and translate into objectives.
3. Determine if co-sponsorship will work and with whom. Decide who will talk with potential co-sponsors to get commitments.
4. Decide on internal and external speakers. Invite and confirm external speakers.
5. Decide what kind of evaluations or CEU materials are needed.

G. Meeting Location and Time of Day

1. Choose a friendly location that is easily accessible by car and public transit, and has easy parking options. The site should be comfortable to those attending. This normally doesn't mean the Public Service Center downtown with its difficult traffic and parking situations. Community centers, churches, and schools may work.
2. Visit and check out seating options, lighting, temperature, restrooms, refreshment options, audiovisual hook-ups, phones, and lighting.
3. Pick the most appropriate time of day for the audience. Daytime may work for an audience primarily composed of agency people or seniors. Early evening may be better if the audience is mainly community people. Saturday mornings are a possibility. Choose based on the audience preferences.

H. Audiovisuals, Graphics and Meeting Materials

1. Decide if any graphic identification or style is needed for materials and audiovisuals, such as reports, overheads, slides, and other materials.
2. Decide what audiovisuals you will use. Choose these based on purpose, room logistics and budget. Make sure audiovisuals can be accommodated by the site chosen, i.e., outlets, room size, etc.
3. When creating audiovisuals, remember to include only a few points in large type that everyone can read no matter where they are in a room. Never copy a page from a report or book for an overhead or slide.
4. Decide what print materials you will use and if they will include any identifying graphics. Print materials that can be created include reports, brochures, invitations to the meeting, nametags, handouts, meeting agendas, and program packets. Decide what pre-printed materials you want, including MDHFS reports and brochures, other agency's reports and brochures, article reprints, etc.
5. Decide quantities, production, reproduction, and compilation schedules. Decide who will deliver materials and when.

I. Media

1. Decide if the media will be contacted and invited. Decide what kind of media to invite.
2. Work with the MDHFS marketing and public relations consultant to create a press release, mail or fax it to current list, prepare media packets. Call media one to two days ahead of time to see if contacts reviewed information and fax again if they didn't.
3. Assign someone to work with media before, during, and after the meeting.
4. Set up rooms so there is a space with clear sight lines if you expect TV cameras and leave seats for print and radio reporters.

5. Remember, the media needs 10 second sound bytes, not long sentences full of health jargon. If you or someone you are preparing materials for will be interviewed by the media prepare by rehearsing key points in direct, short sentences. Do not use sentences like, "we don't know all the factors related to X problems and will be studying it further." This is not news. Prepare and rehearse what we do know and why it's vitally important to get this out to the public.

J. Budget and Finances

1. Determine reasonable budget amounts available for publications, printing, refreshments, facilities, and audiovisuals.
2. Work with administration and financial staff to decide process for getting in invoices for payment for various costs, including printing, refreshments, any speaker costs, and refreshments.

K. Meeting Agenda

1. Decide what the program or agenda will be. Vary program presentations, mixing large group presentations with opportunities for small group discussions. Give ample time for breaks, as they are important times for participants to connect and discuss mutual concerns.
2. Pick the right person for each part of the agenda. An agency head or political figure can welcome and set the stage for the rest of the agenda.
3. Pick someone who will facilitate the program the day of the meeting. This person will keep the program flowing on time, and all program participants will take their cues from this person. After the formal introduction of the agency head or political figure, this person will talk about the purpose, agenda ground rules, restrooms, breaks, and refreshments.
4. The facilitator must talk to the other agenda participants before the program about program expectations, logistics, and time frames. A rehearsal, or at minimum a conference call should be set up with all participants to go over the program, audiovisuals, and anticipated questions from the audience.

L. Logistics and Administration

1. Someone needs to be responsible for planning logistics, as well as coordinating logistics the day of the meeting. The latter should not be the same person who is responsible for facilitating the meeting. Both will be busy the day of the meeting.
2. Discuss logistics with staff responsible for this at facility, and know how to get their help that day.
3. Logistics person should be responsible for emergency workshop kit, which should include:

    a. Three kinds of markers: Paper, dry board, and overhead transparency
    b. Chalk
    c. Three kinds of tape: Duct, masking, and transparent
    d. Scissors
    e. Extension cords that fit equipment being used
    f. Slide projector bulbs, if needed
    g. Other

4. A number of detailed administrative tasks need to be done before the event. If done and documented they can provide a solid basis for planning the next event. Many of these tasks may be the domain of the support person, but whoever it is, they need to be clearly assigned to someone:

    a. After the audience is identified for sending our invitations, get names and addresses, and/or update an existing list.
    b. Create mailing list or use updated existing one. Make mailing labels.
    c. Create invitation and print invitations, agendas, and directions and parking information
    d. Mail out invitations, agendas, directions
    e. Create nametags. If small groups will be used as part of the program, you may want to assign people through nametags so they will have the opportunity to discuss meeting issues with new people.
    f. Create registration roster
    g. Create any packets of information to be handed out at registration.

5. The person coordinating AV needs to decide with program planners what audiovisuals will be used. They should be chosen based on purpose, room logistics, and budget. Decide what AV equipment can be used from the site and what needs to be brought in. Make sure audiovisuals chosen can be accommodated by the site, i.e. outlets, room size, computer capabilities, etc. All AV equipment should be tested before the event to ensure it is in working condition, and that the person operating the equipment knows how to use it.

M. Evaluations

1. Decide what, if any, evaluation you want for the session.
2. If you have decided to use CEU's for professionals, find out what kind of forms are needed from professional association and get or create them.
3. Create evaluation forms for event, have copies, and make sure they are in the rooms you need at the location of the meeting. Identify collection method.
4. Collect forms, put together information into summaries, send to participants, if promised, and team members.

III. After Event

A. When an event is over it can be difficult to complete all the tasks that will actually make the next event easier to plan. However, relief that the event is over, and the press of other responsibilities put off while planning the event, often sidetrack us onto other tasks before we've finished all the business from the initial event. However, solid closure of one event will help plan the next one.

B. The checklists used to plan and track tasks for organizing the event need to be completed. These checklists can help the next time an event is planned, to avoid reinventing the wheel. They provide documentation of the past programs, give a to-do list, and reminder of what the problem areas were. If staff changes occur, what they know about organizing an event does not disappear.

C. Other tasks that need closure include:

1. Evaluations need to be compiled, given to task force members, other participants as appropriate.
2. Planning team needs to meet together to go over task checklists, evaluations, and how the meeting went.
3. Thank you's written and sent
4. Send any summaries promised to participants
5. Pay invoices

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **I. Meeting Planning** | | | | |
| **A. Team Convened**<br>**Meeting planning roles assigned:** | | | | |
| *Team Leader | | | | |
| *Meeting Chairperson | | | | |
| *Researcher(s) | | | | |
| *Meeting Facilitator | | | | |
| *Logistics | | | | |
| *AV Coordinator | | | | |
| *Recorder | | | | |
| *Other | | | | |
| *Other | | | | |
| **B. Purpose of meeting defined:** | | | | |
| *3 key points/objectives defined | | | | |
| *Co-sponsorship decisions | | | | |
| *Audience defined | | | | |
| *Time of day decided | | | | |
| *Presenters chosen / invited / confirmed | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **B. Purpose of meeting defined: (continued)** | | | | |
| *Internal presenters assigned | | | | |
| *Types of evaluations determined | | | | |
| **C. Meeting location and time of day** | | | | |
| **Requirements identified:** | | | | |
| *Accessible by car | | | | |
| *Accessible by bus | | | | |
| *Accessible parking | | | | |
| *Flexible seating | | | | |
| *Break-out rooms | | | | |
| *Lighting | | | | |
| *Temperature | | | | |
| *Restrooms | | | | |
| *AV Options | | | | |
| *Phones | | | | |
| *On-site refreshments | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **D. Audiovisuals, graphics, materials** | | | | |
| **Audiovisuals** | | | | |
| *Confirm AV chosen will work on-site | | | | |
| *Make arrangements w/on-site coordinator | | | | |
| *Order AV needed | | | | |
| - External | | | | |
| - On-Site | | | | |
| **Graphics and Printed Materials** | | | | |
| *Decide on graphic identifiers for materials | | | | |
| *Printed materials chosen: | | | | |
| -MDHFS materials | | | | |
| -Co-sponsor | | | | |
| -Other materials | | | | |
| *New materials created | | | | |
| -Reports | | | | |
| -Brochures | | | | |
| -Handouts | | | | |
| -Other | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **D. Audiovisuals, graphics, materials (continued)** | | | | |
| **Timelines** | | | | |
| *Production of new materials | | | | |
| *Copying | | | | |
| *Compilation of materials | | | | |
| *Delivery | | | | |
| **E. Media** | | | | |
| *Involve? What kind? | | | | |
| - Press Release | | | | |
| - Who responsible for coordinating | | | | |
| - Placement in room | | | | |
| **F. Budget and Invoices** | | | | |
| *Budget decisions | | | | |
| *Handling invoices | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **G. Logistics** | | | | |
| **Registration** | | | | |
| *Invitations, registrations, and mailing lists | | | | |
| *Compile names and addresses | | | | |
| *Update existing mailing list or create new list | | | | |
| *Make mailing labels | | | | |
| *Invitations done | | | | |
| *Directions and parking information | | | | |
| *Meeting packets | | | | |
| *Nametags | | | | |
| *Receive and compile registrations | | | | |
| *Registration roster | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **G. Logistics (continued)** | | | | |
| **Emergency Workshop Kit** | | | | |
| *Extension cords | | | | |
| *Three kinds of markers | | | | |
| -Paper | | | | |
| -Dry Board | | | | |
| -Transparency | | | | |
| *Pens | | | | |
| *Chalk | | | | |
| *Scissors | | | | |
| *Three kinds of tape: | | | | |
| -Duct | | | | |
| -Transparent | | | | |
| -Masking | | | | |
| *Projector Bulbs | | | | |
| *Other | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **II. Day of Event** | | | | |
| **A. Registration** | | | | |
| *Delivery | | | | |
| *Put materials out | | | | |
| *Be at table | | | | |
| **B. AV** | | | | |
| *Coordinator | | | | |
| *Who runs equipment | | | | |
| *Delivery | | | | |
| **C. Logistics** | | | | |
| *Post signs | | | | |
| *Coordinate refreshments | | | | |
| *Display program materials | | | | |
| *Get materials to site | | | | |
| *Restrooms have soap & towels | | | | |
| *Evaluations to site | | | | |
| *Evaluation pick-up | | | | |

| MDHFS Meeting Planning Checklist | | | | |
|---|---|---|---|---|
| **Activity** | **Who will do?** | **Deadline** | **Completed** | **Comments** |
| **III. After Event** | | | | |
| *Materials back to office | | | | |
| *Use registration lists to update mailing lists | | | | |
| **A. Evaluations** | | | | |
| *Compile | | | | |
| *Distribute to team | | | | |
| *Distribute to others if applicable | | | | |
| **B. Task Checklists** | | | | |
| *Complete | | | | |
| *Who keeps | | | | |
| **C. Planning team debriefing** | | | | |
| *Thank you's | | | | |
| *Summaries written and sent as appropriate | | | | |
| *Other | | | | |