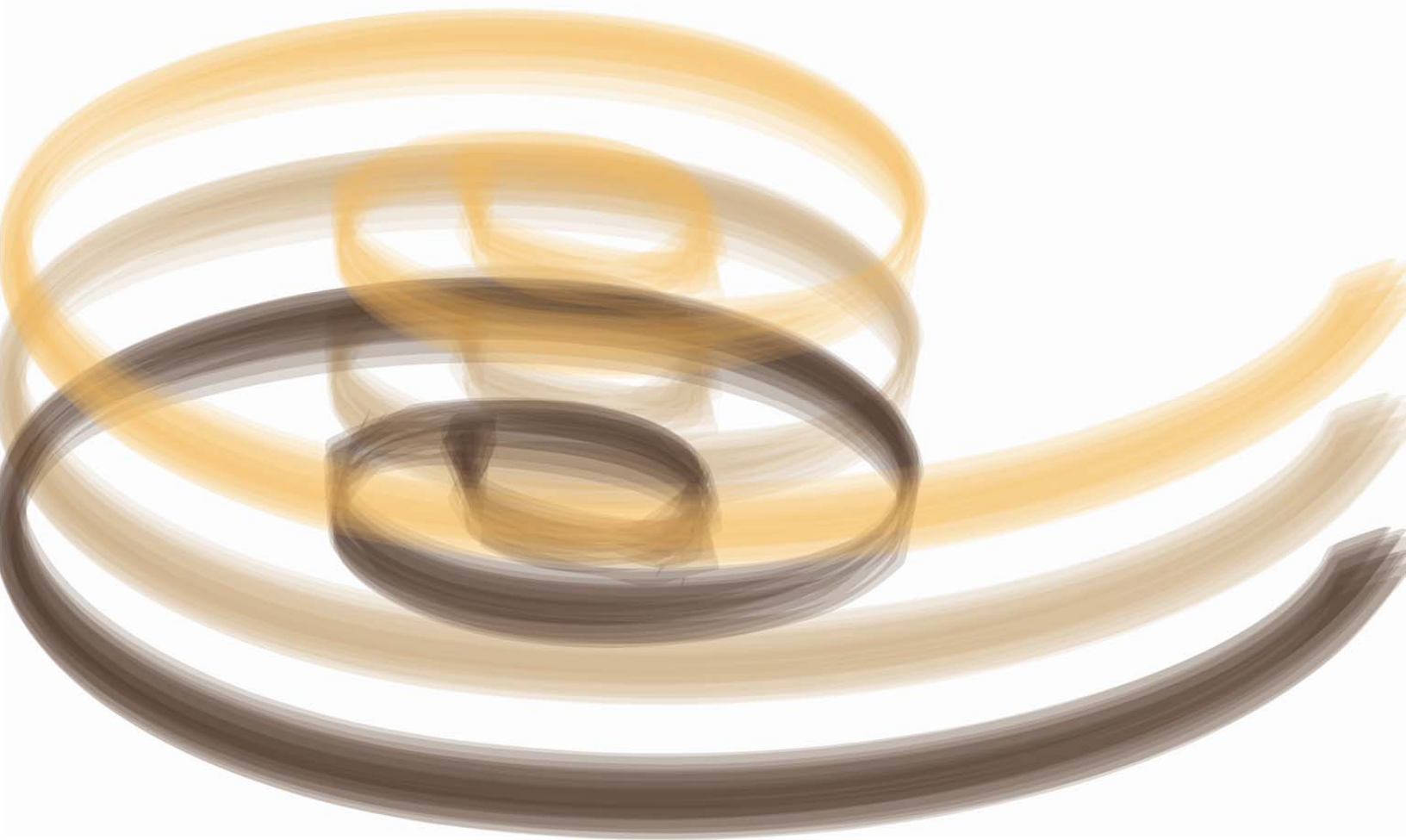


Public Health Assessment Data Sources



Metro Public Health Analysts Network
May 2012

Public Health Assessment Data Sources

This report was prepared by
Metro Public Health Analysts Network

a working group that was formed and operates under the leadership and direction of the Metro Local Public Health Association (MLPHA)

MPHAN's mission is to provide regionally-coordinated data, technical expertise, and leadership to guide effective decision making to improve community health

Participating agencies

Anoka County Community Health and
Environmental Services
Bloomington Public Health
Carver County Public Health Division
Dakota County Public Health Department
Hennepin County Human Services and Public
Health Department
Minneapolis Department of Health and Family
Support
Saint Paul - Ramsey County Public Health
Scott County Public Health
Washington County Department of Public Health
and Environment

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Introduction

This document lists publicly available data sources that help tell the story of the health of children and adults who live in the seven-county metro area in Minnesota.

While many of the data sources are government agencies, such as the Minnesota Department of Health, others come from academic centers, such as the University of Minnesota's College Student Health Survey, non-profit research organizations, such as Wilder Research's Homeless Survey, and non-traditional sources, such as data from the Minnesota Hospital Association.

Having a large set of data sources is important for persons wanting to learn about the health of the population. Every data source has its strengths, but also its limitations. No one source tells the whole story. It is important to use multiple sources in attempting to triangulate to get a picture of the health status of the population, to know what the trend is over time, and where gaps exist between groups within the larger population.

For each data source in this document, information is listed as to the agency or organization which maintains those data, a few key facts about that data source, and some brief comments about its strengths and limitations.

The data sources include the following:

1. Acute communicable disease data
2. American Community Survey
3. Behavior Risk Factor State Surveillance (BRFSS)
4. Blood lead testing data
5. Census population estimates
6. Child maltreatment victims
7. College Student Health Survey
8. Crash Facts
9. DNR Data Deli
10. Drug and Alcohol Abuse Normative Evaluation System (DAANES)
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21. Minnesota Cancer Surveillance System
22. Minnesota County Health Tables
23. Minnesota Geographic Data Clearinghouse
24. Minnesota Health Access Survey
25. Minnesota Hospital Association - Community Health Reports
26. Minnesota Public Health Data Access portal
27. Minnesota Student Survey
28. Mortality files
29. Natality files
30. Property assessment
31. Refugee health statistics
32. School enrollment data
33. Sexually-transmitted infections
34. State immunization website
35. SHAPE survey
36. Substance use in Minnesota
37. Vital Statistics (Birth and Death) Query
38. Wilder Homeless Survey

Data Compilation Sites

1. Kids Count
2. Metro Public Health Analysts Network Dashboard
3. Twin Cities Compass

Data Sources in Detail

1. Data Source: Acute communicable diseases data

Agency/Contact: Minnesota Department of Health

TB <http://www.health.state.mn.us/divs/idepc/diseases/tb/tbcounty.pdf>

Selected Reportable Diseases by district of residence have been published annually in the Disease Control Newsletter <http://www.health.state.mn.us/divs/idepc/newsletters/dcn/index.html>

Reportable diseases by county of residence (including TB and STDs) are released to each county on an annual basis.

Geographic Breakdown: City, County, District

Data Elements/Description: Number of cases for tuberculosis and reportable diseases.

Data available since: 1998 (archived DCN), 1991 (TB); TB available quarterly; all other available annually

Strengths: Around 2000 hospitals nationwide use uniform reporting system. This helps us make morbidity estimates of populations. Tuberculosis surveillance system collects the country of origin, which most other data sources do not collect.

Limitations: Not all cases of certain communicable diseases are reported, thus rates may be underestimated. Except for tuberculosis, country of origin is not collected.

2. Data Source: American Community Survey (ACS)

Agency/Contact: Census Bureau, <http://www.census.gov/acs/www/>

Geographic Breakdown: State, all Metro Counties, Olmstead, St. Louis, Sherburne, Stems, and Wright Counties, and the Cities of Bloomington, Brooklyn Park, Duluth, Minneapolis, Plymouth, Rochester, St. Cloud and St. Paul. Additionally three year estimates available for smaller cities.

Data Elements/Description: Population counts, age by sex, race, ethnicity, ancestry, citizenship, etc. The amount of data elements available increases with population.

Data available since: 2000; fully implemented in 2005; survey conducted annually. Additionally, three year estimates are available for smaller counties and cities with 20,000 to 65,000 people; five year estimates are available for areas with fewer than 20,000 people.

Strengths: The data products include estimates of demographic and economic characteristics of people, households and housing units (both occupied and vacant) for every state in the Nation, most areas with a population of 250,000 or more, and selected areas of 65,000 or more.

Limitations: Rates of health indicators will be affected if the population estimates vary significantly from the actual population counts. The margin of error increases dramatically with smaller population. Because of a smaller ACS sample size, ACS estimates are less precise than the comparable estimates from Census 2000 and prior decennial census years.

3. Data Source: Behavior Risk Factor and Surveillance System (BRFSS)

Agency/Contact: Centers for Disease Control, <http://www.cdc.gov/brfss/>

Geographic Breakdown: State, Some metro county level data available

Data Elements/Description: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

Data available since: 1995 for some indicators, older data most likely only available on State level.

Limitations: Self-reported data. Survey excludes institutionalized individuals in jails, nursing homes, dorms, and homeless people.

4. Data Source: Blood lead testing data

Agency/Contact: Minnesota Department of Health, Lead Program

Report for 2010 by County on Blood Lead Testing at

<http://www.health.state.mn.us/divs/eh/lead/reports/surveillance/profile2010.pdf>

Geographic Breakdown: County, state (address, city, ZIP fields)

Data Elements/Description: blood lead test result, type of sample (venous or capillary), sample date drawn, date of analysis, patient's date of birth, health provider or clinic, patient name, physician name, parent/guardian name

Data available since: available annually

Strengths: Address data on elevated lead levels is very good; data can be geocoded and overlaid with housing stock, household income, etc.

Limitations: Lag time because clinics have 4 weeks to submit data to MDH

5. Data Source: Census population estimates

Agency/Contact: Census Bureau, <http://www.census.gov/popest/>

Geographic Breakdown: State, County

Data Elements/Description: Population counts

Data available since: 2000; published annually. 2011 onward are based on 2010 Census

Strengths: The census provides a wealth of information about the population at various levels, such as individual (e.g., age, sex, race), household (e.g., household income), or geographic area (e.g., census tract, zip code, county)

Limitations: There are only estimates of the population counts between censuses. *There are no estimates of the population broken down by age, sex, and race/ethnicity, at the city level.* There are no good estimates for the total number of immigrants and refugees at any level. Rates of health indicators will be affected if the population estimates vary significantly from the actual population counts.

6. Data Source: Child maltreatment victims

Agency/Contact: Minnesota Department of Human Services (DHS)

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=County_Reports

Geographic Breakdown: County

Data Elements/Description: Number and rates for determined victims of maltreatment

Data available since: 2005

Strengths: Information collected annually statewide

Limitations: Includes only reported maltreatment, so the number included may underestimate the total number of maltreated children. Children of families on public assistance are more likely to be reported as being maltreated than other children.

7. Data Source: College Student Health Survey

Agency/Contact: University of Minnesota Boynton Health Service

<http://www.bhs.umn.edu/surveys/index.htm>

Geographic Breakdown: University of MN students in MN and the Virgin Islands students since 2007, different post-secondary schools are included each year. Surveys of just Veterans at post-

secondary institutions are also available from 2008-2010.

Data Elements/Description: The survey measures eight areas: Health Insurance and Health Care Utilization, Mental Health, Alcohol and Other Drug Use, Tobacco Use, Personal Safety, Financial Health, Nutrition and Physical Activity, and Sexual Health of postsecondary students from Minnesota public and private colleges.

Data available since: Survey started in 1995. 2007-2011 survey results are available on website 2008-2010 Veterans survey results available on website.

Strengths: Designed to help measure knowledge, attitudes, and behaviors among college age students, students about their experiences and behaviors in the areas of health insurance and health care utilization, mental health, tobacco use, alcohol and other drug use, personal safety and financial health, nutrition and physical activity, and sexual health.

Limitations: Data currently available by U of MN total or undergraduate student population or by age, not by geographic areas. May request specific data from participating colleges. Different post-secondary institutions participate each year, with the exception of the University of MN, making trend information unavailable for other schools.

8. **Data Source:** Crash Facts

Agency/Contact, Minnesota Department of Public Safety, <https://dps.mn.gov/divisions/ots/reports-statistics/Pages/crash-facts.aspx>

Geographic Breakdown: County, city

Data Elements/Description: Counts and costs of motor vehicle accidents (MVAs), MVAs involving alcohol, MVA fatalities and injuries (driver, passenger, pedestrian), DWI arrests

Data available since: 1999, 2004-2010 available on website, maybe able to request earlier years

Strengths: Ongoing data collection statewide, annual publication of data.

Limitations: County and City breakdowns only available for number of fatal, personal injury, and property damage crashes. Further breakdown of data is only available Statewide. Personal requests to DPS are possible for further breakdowns.

9. **Data Source:** DNR Data Deli

Agency/Contact: Minnesota Department of Natural Resources

<http://deli.dnr.state.mn.us/>

Geographic Breakdown: State level data at various geographies

Data Elements/Description: The Minnesota Department of Natural Resources GIS Data Deli is an internet-based spatial data acquisition site that allows users to download raw computer-readable data for use in their Geographic Information System (GIS), image processing system, or traditional database environment. The site includes links to extensive and summary level data descriptions (metadata) to support users.

Data available since: Varies by measure

10. **Data Source:** Drug and Alcohol Abuse Normative Evaluation System (DAANES)

Agency/Contact, Minnesota Department of Human Services, Carl Haerle (carl.haerle@state.mn.us)

Geographic Breakdown: County

Data Elements/Description: The Drug and Alcohol Abuse Normative Evaluation System (DAANES) collects information on individuals who receive chemical dependency treatment services in Minnesota. CD treatment providers submit information on each treatment episode at the time of admission and at discharge. The DAANES information system is managed by the Minnesota

Department of Human Services, Performance Measurement and Quality Improvement Division.

The DAANES admission form collects basic client demographic including race/ethnicity and other background information. The admission form captures information on treatment environment, conditions surrounding admission, legal status, referral sources, demographics, living arrangements, education, veteran status, occupational status, source of financial support, involvement in peer support groups, previous treatment and detoxification admissions. A substance use history details substance use frequency, age of onset, and route of administration for a variety of substances. It also includes a clinical determination of primary, secondary, and tertiary substances of abuse. Legal questions address whether the client is currently under court jurisdiction, driver's license revocations, lifetime arrests, recent arrests/convictions, and child protection involvement. The admission form also captures the clinical results for the six dimensions associated with the chemical health severity ratings.

The DAANES discharge form collects information on the client's status at discharge. This form captures reason for discharge, clinical chemical dependency diagnoses, medication and other therapies provided, disabilities or barriers to treatment, post-treatment environment and living situation, occupational status at discharge, involvement in peer support groups, discharge referrals, child protection involvement, physical/sexual abuse history, length of stay, cost of treatment. The discharge also captures the current status of the six dimensions associated with the chemical health severity ratings.

Data available since: 1990s

Strengths: Ongoing data collection statewide

Limitations: Includes only persons going into CD treatment, not those in need of treatment

11. Data Source: Employment statistics

Agency/Contact: Minnesota Department of Employment and Economic Development

www.positivelyminnesota.com/apps/lmi/laus/

Geographic Breakdown: National, State, County, large cities, MSAs

Data Elements/Description: Labor Force, Labor Force Participation Rate, Employment, Employment to Population Ratio, Unemployment, Unemployment Rate

Data available since: 1990

Strengths: Monthly estimates and annual averages since 1990.

Limitations; Employed includes persons age 16 or older who, in the survey week, worked for pay or profit, or worked unpaid in a family-operated business, or were temporarily absent from their regular jobs.

Additional Notes: Unemployed includes those not employed but available for work and actively looking during the last four weeks; those waiting to be called back to a job from which they were laid off; or persons waiting to report to a new wage or salaried job. Labor force is the sum of employed and unemployed people. Labor force participation rate is the percent of the non-institutionalized civilian labor force (includes all people 16 and over and not in the military or in an institution such as prison) that participated in the labor force (employed or unemployed). This series

is available only for Minnesota and the U.S. Employment to population ratio is the percent of the population that is employed. This series is available only for Minnesota and the U.S. Seasonally adjusted means that the seasonal effects within the data series have been estimated and removed in order to better reveal the economic trend. Seasonally adjusted data are available only for Minnesota and the U.S. Data availability varies by region and by variable. U.S. data are available from 1970 onward. Minnesota data are available from 1976 onward. Most other data series (e.g. regional and county level data) are available from 1990 onward.

12. Data Source: Free and reduced-price lunch

Agency/Contact: Minnesota Department of Education,

<http://education.state.mn.us/MDEAnalytics/Data.jsp> → select: Student → Category: Enrollment

Geographic Breakdown: State/District/School/County

Data Elements/Description: Number and percent of students enrolled in program

Data available since: 2005-2006 school year; available annually

Strengths: Information about students enrolled in the Free and Reduced-Price Lunch program is collected annually. The information is a good rough measure of poverty levels at the school, school district, and county levels.

Limitations: Because parents need to apply for the program, the number of students enrolled may underestimate the actual number of students who qualify. Only students attending public schools are included.

13. Data Source: Impaired Driving Facts

Agency/Contact: Minnesota Department of Public Safety, Office of Traffic Safety

<https://dps.mn.gov/divisions/ots/reports-statistics/Pages/impaired-driving-facts.aspx>

Geographic Breakdown: State, county

Data Elements/Description: Counts and costs of alcohol-related motor vehicle accidents (MVAs) (fatal, personal injury, property damage crashes), impaired driving (DWI) arrests, DWI conviction rates, number of residents with impaired driving incidents on record, cost of alcohol-related MVAs, fatalities and injuries

Data available since: 2004-2010 available on website, may be able to request earlier years

Strengths: Ongoing data collection statewide, annual publication of data.

Limitations: Most data is reported by location of the impaired driving incident rather than by county of residence of those involved in the incident. Personal requests to DPS are possible for additional data.

14. Data Source: Language spoken at home

Agency/Contact: Minnesota Department of Education

<http://education.state.mn.us/MDEAnalytics/Data.jsp> → select: Student → Category: Languages

Geographic Breakdown: School District, County, school

Data Elements/Description: Counts of students who speak various languages at home

Data available since: 2007-08 school year; available annually

Strengths: Information about students' language spoken at home is collected annually. This information is one of the best measures of recent immigrants and refugees to the area at the school, school district, and county levels.

Limitations: Country of origin is not documented, so one cannot ascertain if the student or parents are U.S.-born or foreign-born. Language spoken at home may indicate whether parents are non-

English-speaking, but the student may still speak English. Non-English-speaking children who are not in school are not counted.

15. Data Source: Licensed health care providers

Agency/Contact: Minnesota Department of Health,
www.health.state.mn.us/divs/fpc/directory/fpcdir.html

Geographic Breakdown: County, city

Data Elements/Description: Lists of licensed home care providers, long term care facilities/beds, housing with services, outpatient surgical centers, hospice, hospitals, nursing homes, community mental health providers, psychiatric hospitals, etc. by geographic area.

Data available since: Only current data online; contact MDH for historical data

Strengths

Limitations: Only current data is available online

16. Data Source: Metro Adult Health Survey

Agency/Contact: Anoka County, Carver County, Dakota County, Ramsey County, Scott County, Washington County (data book available on each agency's website)

Geographic Breakdown: county

Data Elements/Description: data by gender, age, education level, poverty status, and home location for general health, eating habits, physical activity, built environment, and tobacco use

Data available since: 2010

Strengths: Large sample population health survey

Limitations: available for one year; no trend data available

17. Data Source: Metropolitan Council Population estimates

Agency/Contact: Metropolitan Council <http://www.metrocouncil.org/metroarea/stats.htm>

Geographic Breakdown: Metro Counties, Cities and Townships

Data Elements/Description: Total population estimates, Household estimates.

Metropolitan Council Research employs a locally-detailed, housing stock-based estimation methodology to calculate population. The Council accounts for housing stock changes – both gains and losses – since 2000. Households are the product of housing stock multiplied by estimated occupancy rates. Population in households is the product of households and estimated household size multipliers (persons per household). (*Source: Met Council Website*)

Data available since: 2000; published annually

Strength: The Metropolitan Council provides population and household estimates for the MN Metro Counties annually. The estimates are available for all cities and townships in all metro counties. These estimates are the official population and household estimates for State government purposes, per Minn. Statutes 473.24.

Limitations: There are no estimates of the population broken down by age, sex, and race/ethnicity. Only total population and total household estimates available. Estimates are only available for the Metro Counties, not available statewide.

18. Data Source: MetroGIS DataFinder

Agency/Contact: MetroGIS

<http://www.datafinder.org>

Geographic Breakdown: Metro level data at various geographies

Data Elements/Description: DataFinder is a one-stop-shop for discovering geospatial data focused on and around the seven-county Minneapolis-St. Paul Metropolitan Area. Its primary function is to facilitate sharing of GIS (Geographic Information System) data among organizations serving the Twin Cities Metropolitan Area of Minnesota. DataFinder provides metadata describing GIS data sets, many of which can be directly downloaded or used via map services.

Data available since: Varies by measure

19. Data Source: Minnesota Injury Data Access System (MIDAS)

Agency/Contact: Minnesota Department of Health, www.health.state.mn.us/injury/midas/

Geographic Breakdown: State, county, 7-county metro, Duluth/Rochester/Mpls/St. Paul

Data Elements/Description: Hospital data (~95% of all patient discharges for injuries in MN) for most current year available, Traumatic Brain/Spinal Cord Injury, death certificate, and vehicle crash data available in the future.

Data available since: 1998; available annually

Strengths: Hospital data includes injuries by age, sex, county, large city, metro area, type of injury, year, manner/intent of injury, mechanism/cause of injury, type of care received for injury, injury outcome. Both counts and age-adjusted rates are available.

Limitations: Minnesota Hospital Association assigns injuries to counties and cities by zip code.

When a zip code crosses city or county boundaries, it is assigned to the most populous city/county. MDH is working on the issue of some cities/counties having very low counts of injuries when they should realistically be higher.

20. Data Source: Minnesota Bureau of Criminal Apprehension

Agency/Contact: <https://dps.mn.gov/divisions/bca/bca-divisions/mnjis/Pages/uniform-crime-reports.aspx>

Geographic Breakdown: State, county, law enforcement agency

Data Elements/Description: arrests by offense, age (state only), sex (state only), and race/ethnicity (state only)

Data available since: 1995; available annually

Strengths: A statistical report detailing the amount of criminal activity within the State as collected and prepared from data submitted by individual law enforcement agencies. The criminal activity consists of measurements involving offenses, clearances, and arrests. Also provided is information on the number of law enforcement officers killed or assaulted; firearms discharges by police officers; missing children reports; police pursuits, narcotics arrests, and bias offenses. Limited information is also available on law enforcement personnel.

Limitations: The most detailed level of report is by law enforcement agency. Although most cities have their own police department, one law enforcement agency may represent multiple cities or an entire rural area.

21. Data Source: Minnesota Cancer Surveillance System

Agency/Contact: Minnesota Department of Health, (651)201-5900

www.health.state.mn.us/divs/hpcd/cdee/mcss/index.html

Geographic Breakdown: State, county, zip code (by request)

Data Elements/Description: Observed and expected numbers of cancer incidence and cancer mortality by year, anatomical site, sex, county, and region of Minnesota. Data is available by ZIP code upon request (e.g., for cities).

Data available since: 1988, data is published every two years

Strengths: The MCSS systematically collects demographic and diagnostic information on all Minnesota residents with newly diagnosed cancers.

Limitations: There is a 4-year lag in the data that is published.

22. Data Source: Minnesota County Health Tables (formerly Minnesota County Health Profiles)

Agency/Contact: Minnesota Department of Health www.health.state.mn.us/divs/chs/countytables/

Geographic Breakdown: State, County

Data Elements/Description: demographics, natality, mortality, morbidity and utilization, chemical health, environmental health, MN Children with Special Health Needs (Up to 2006 only)

Data available since: 1996; published annually starting in 2002, MN Children with Special Health Needs (Up to 2006 only)

Strengths: Compilation of public health data from a wide variety of sources for Minnesota and its 87 counties

Limitations: Rates of behavioral risk factors for most counties are synthetic estimates, derived by adjusting the statewide percentages by the age and gender distribution of adults in the county. City-level rates are not available.

23. Data Source: Minnesota Geographic Data Clearinghouse

Agency/Contact: Minnesota Geospatial Information Office (MnGeo)

<http://www.mngeo.state.mn.us/chouse/data.html>

Geographic Breakdown: State level data at various geographies

Data Elements/Description: The Minnesota Geographic Data Clearinghouse (MGDC) serves as a convenient source for geographic data, ranging from simple state maps to complex geospatial data needed to power Geographic Information Systems. Coordinated by MnGeo, the MGDC provides access to a wide variety of sources making it your "First Stop" for geographic data for Minnesota. MGDC partners include the USGS, Bureau of the Census, Minnesota's DNR, DOT and PCA, the MetroGIS program and many others.

Data available since: Varies by measure

24. Data Source: Minnesota Health Access Survey

Agency/Contact: Minnesota Department of Health, Health Economics Program

<https://pqc.health.state.mn.us/mnha/Welcome.action>

Geographic Breakdown: State, region

Data Elements/Description: Uninsured Rates, Sources of Health insurance Coverage, Access to

employer Coverage for the Non-Elderly, Demographic Characteristics of the Uninsured, Employment Characteristics of the Uninsured, Potential Sources of Health Insurance Coverage

Data available since: 2001, 2004, 2007, 2009

Strengths: Can help to identify where there are gaps in insurance coverage

Limitations: Doesn't identify those who are underinsured at the county level (i.e., have insurance with high-deductibles or poor coverage); percentages are estimates only based upon survey data. City-level rates are not available.

25. Data Source: Minnesota Hospital Association - Community Health Reports

<http://www.mha-apps.com/chr/reports.aspx>

Agency/Contact: Minnesota Hospital Association, www.mnhospitals.org

Geographic Breakdown: State, region, county

Data Elements/Description: Number and rates of discharge for selected diseases, injuries, accidents by age; five leading causes of hospitalization by age, hospitalization rates by category

Data available since: 2004-2007 data available online, contact MHA to request previous years; published annually

Strengths: Represents more than 90% of hospitalizations in the state. Results are based on county of residence. The data can be used to identify chronic disease categories to target for health promotion. Additional data can be requested at an hourly rate.

Limitations: Only contains selected diagnoses or groupings of diagnoses, so it is difficult to focus on a specific diagnosis. Reports contain data only from hospitals which report to MHA.

26. Data Source: Minnesota Public Health Data Access portal

Agency/Contact: <https://apps.health.state.mn.us/mndata/> **Geographic Breakdown:** state, county

Data Elements/Description: data on air quality, childhood lead poisoning, asthma, chronic obstructive pulmonary disease, birth defects, drinking water quality, cancer, heart attacks, carbon monoxide poisoning, and reproductive & birth outcomes; maps are available for some indicators

Data available since: 2000 (varies by indicator)

Strengths: Data is available from a wide variety of sources in one location. Detailed documentation of data sources is available.

Limitations: This data source is still under development and much data is not available at the county level. No data at the city level. More county level data and maps are planned for the future.

27. Data Source: Minnesota Student Survey

Agency/Contact: Minnesota Department of Education or Minnesota Department of Health's Center for Health Statistics, <http://www.health.state.mn.us/divs/chs/mss/>

Geographic Breakdown: State, County, School District (w/ superintendent's permission)

Data Elements/Description: Sexual behavior, Smoking, Alcohol and drug use, Violence, Emotional well-being, Depression and self-injury, Family connectedness, etc. The data is from public schools, alternative schools, Area Learning Centers, and from students in juvenile correctional facilities.

Data available since: 1989, 1992, 1995, 1998, 2001, 2004- depending on district participation, 2007 and 2010

Strengths: Trend history since 1989. The survey has an extensive list of questions.

Limitations: Only surveys students who attend school, so dropouts and absentees on the day of survey administration are excluded. Participation rates drop as students age: 6th grade ~80%, 9th

grade ~70%, and 12th grade ~60%. Every district and school did not participate in all years of the survey.

28. Data Source: Mortality files

Agency/Contact: contact the staff at your local public health agency responsible for this data

Geographic Breakdown: Address, City, County

Data Elements/Description: Leading causes of death by age group, Number and rates of infant deaths, Cumulative percentage of deaths, Age-specific death rates and death ratios. The data can be used to derive leading cause(s) of death.

Data available since: 1994 (geocoded); available annually

Strengths: Death registration is estimated to be 99% complete. Good trend data.

Limitations: Race/ethnicity information of the parents is missing for infant deaths. The country of origin of the deceased needs to be ascertained. Occupation and industry fields are not coded into current standardized codes.

29. Data Source: Natality files

Agency/Contact: contact the staff at your local public health agency responsible for this data

Geographic Breakdown: Address, Census Tract, City, County

Data Elements/Description: Low birth weight, trimester prenatal care began, number and rates of births to teenage mothers, marital status at birth, education level of the mother

Data available since: 1994 (geocoded); available annually

Strengths: Almost complete (Includes all births in the state of Minnesota other than unreported births at home). Good trend data.

Limitations: High rates of missing data for certain fields (e.g., prenatal care, mother's education level, alcohol consumption). Few socioeconomic variables included. Address information needs to be gathered in a better way to improve geocoding.

30. Data Source: Property assessment

Agency/Contact: County/City Assessor

Geographic Breakdown: Census Tract

Data Elements/Description: Median single-family home value, percent of single-family homes homesteaded

Strengths: Information is updated annually

Limitations: Information on single-family home values does not take into account other types of housing, such as apartments. If the housing units in a census tract are predominately apartments, then the median single-family home value may not precisely represent the nature of the census tract. The property-type classification system is not consistent across all cities and counties. This inconsistency makes comparisons difficult.

31. Data Source: Refugee health statistics

Agency/Contact: Minnesota Department of Health

www.health.state.mn.us/divs/idepc/refugee/stats/index.html

Geographic Breakdown: County (on web site), city (by request)

Data Elements/Description: Primary refugee counts by county of resettlement and country of origin; number of primary refugee health screenings, screening results for TB, Hepatitis B, parasitic infection, STIs, malaria, and lead

Data available since: 1996 (arrivals), 1999 (health screening data)

Strengths: Information has been collected annually, so there is good trend data

Limitations: Information is collected only for refugees, not all immigrants or persons who migrate to Minnesota from other states, so the counts likely understate the total number of recent immigrant and refugee arrivals.

32. Data Source: School enrollment data

Agency/Contact: Minnesota Department of Education,

<http://education.state.mn.us/MDEAnalytics/Data.jsp>

Geographic Breakdown: School, district

Data Elements/Description: Counts of students (K-12 and PK-12): total enrollment and enrollment by grade, by sex, race/ethnicity, limited English proficiency, special education status, graduation/dropout rates

Data available since: 1997-98 school year

Strengths: Fall enrollment counts available by school and district – useful for calculating MSS participation rates

Limitations: Data published annually, doesn't reflect student mobility during school year; doesn't include home-schooled students; total enrollment by grade is the only data available for private school students.

33. Data Source: Sexually-transmitted infections

Agency/Contact: Minnesota Department of Health

www.health.state.mn.us/divs/idepc/dtopics/stds/stdstatistics.html

Geographic Breakdown: City, County

Data Elements/Description: Number and rates for chlamydia, gonorrhea, syphilis, and chancroid

Data available since: 1999 (pdf); available annually

Strengths: Around 2000 hospitals nationwide use uniform reporting system. This helps us make morbidity estimates of populations. All laboratory-confirmed cases of AIDS, chancroid, Chlamydia, gonorrhea, HIV and syphilis are required to be reported to MDH by Minnesota State Law.

Limitations: Not all cases of certain sexually transmitted diseases are reported, thus rates may be underestimated. Country of origin is not collected.

34. Data Source: State immunization website

Agency/Contact: Minnesota Department of Health

<http://www.health.state.mn.us/divs/idepc/immunize/stats/index.html>

Geographic Breakdown: State and County

Data Elements/Description: Aggregate information about client records and immunizations in the Minnesota Immunization Information Connection (MIIC) and organizations using the registry.

Data Available since: 2003

Strength: Only resource with immunization data

Limitation: Data only represents data from clinics/hospitals that have uploaded client information into MIIC. As of January 2012, 3,459 organizations were using the immunization registry

35. Data Source: Survey of the Health of All the Population, and the Environment (SHAPE)

Agency/Contact: Hennepin County Human Services and Public Health Department

<http://hennepin.us/SHAPE>

Geographic Breakdown: Hennepin County and regions within Hennepin County

Data Elements/Description: Overall health status, physical and mental health, chronic conditions, health insurance coverage, dental insurance coverage, use of preventive health care, weight status, F&V and fat consumption, current smoking and drinking habits, seat belt and child car seat use, and social support.

Data available since: 1998, 2002, 2006, 2010 for adults; 2006 and 2010 for children.

Strengths: Large sample population health survey, good representation from racial and ethnic groups for 2002 and 2006

Limitations: Limited geographic area – only Hennepin County

36. Data Source: Substance use in Minnesota

Agency/Contact: Minnesota Institute of Public Health, <http://www.sumn.org/>

Geographic Breakdown: state, region, county

Data Elements/Description: compilation of data about consumption, consequences and intervening variables for alcohol, tobacco, and other drugs; breakdowns available by age, gender, and race/ethnicity at the state level

Data available since: 1995 (varies by indicator)

Strengths: data is available from a wide variety of sources in one location. Detailed documentation about data sources is available.

37. Data Sources: Vital statistics

Agency/Contact: Minnesota Department of Health

<https://pqc.health.state.mn.us/mhsq/frontPage.jsp>

Geographic Breakdown: State for Births Queries (a username and password can be requested to access county-level data), State and County for Death Queries and Population Queries (based on Census data)

Data Elements/Description: Creation of queries of birth and death data from the state. Can create queries of data based on age, race/ethnicity, maternal education, marital status, birth weight, and many other variables. Data is available in counts, rates, and percentages.

Data available since: 1990

38. Data Source: Wilder Homelessness in Minnesota Survey

Agency/Contact: Wilder Research, www.wilder.org/homelessness.0.html

Geographic Breakdown: Metro area counties grouped, Hennepin, Ramsey, State, Regions

Data Elements/Description: Demographic characteristics, episodes of homelessness, housing history, institutional placement, income, education and job training, employment, military veterans, homeless adults with children, physical and mental health, alcohol and chemical dependency, physical and sexual abuse, contact with family

Data available since: 1997, the latest survey was completed in 2009

Strengths: Statewide survey conducted on one day/night every 3 years since 1991. The study describes the causes, effects, and circumstances surrounding homelessness in Minnesota.

Limitations: Data not available on Individual County or city level

Data Compilation Sites

1. Data Source: Kids Count - Minnesota

Agency/Contact: Annie E. Casey Foundation

<http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MN>

Geographic Breakdown: County, state

Data Elements/Description: Indicators of children at risk include insurance, checkups, immunizations, adolescent mothers, prenatal care, low birth weight, lead, asthma, injuries, and deaths.

Data available since: 1991

Strengths: Data book published annually,

Limitations: Data not available at City level

2. Data Source: Metro Public Health Analysts Network - Dashboard

Agency/Contact: Metro Public Health Analysts Network - members are from metro area local public health agencies

http://www.mphan.org/Indicators/Indicators20100602_NoLinks.pdf

Geographic Breakdown: Metro Counties, Minneapolis, Bloomington Edina Richfield, St. Paul

Data Elements/Description: Provides indicators and comparisons to Healthy People 2010 and Healthy Minnesotan goals on indicators from the MN Student Survey, birth data, falls +65 years, chlamydia data, suicides, homicides, infant mortality, school dropout rate, and teen pregnancy rate.

Data available since: Varies per indicator

3. Data Source: Minnesota Compass

Agency/Contact: Wilder Research

<http://www.mncompass.org/twincities/index.php>

Geographic Breakdown: Statewide into regions. Metro Counties by county level

Data Elements/Description: Provides data measures on topics such as aging, civic engagement, demographics, disparities, early childhood, economy and workforce, education, environment, health, housing, immigration, public safety, and transportation.

Data available since: Varies by measure

If you have any questions about this document or want to report any suspected errors or misprints in this document, contact:

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Public Health Assessment Data Sources



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