Demographics Affecting Health - Hennepin County Profile
(Twin Cities Region)

Factors influencing individual and population health in Minnesota

Through Stratis Health’s Culture Care Connection Minnesota County Profiles, health care organizations can better understand their geographic service areas by examining the characteristics of individual counties, surrounding regions, greater Minnesota, and the nation with respect to demographic, socioeconomic, and health status data. The quantitative and qualitative data in this profile can broaden understanding and help organizations consider actions for responding to the area’s most pressing needs.

Demographics

Demographic data reveal the following state-level trends:

• Minnesota’s population continues to become more diverse. Between 2000 and 2010, the Asian, Black, and Hispanic/Latino populations increased at a rate of 50.9%, 59.8%, and 74.5%, respectively, compared with the white population which increased only 2.8%.

• One in ten, or 10.3%, of households in Minnesota speak a language other than English at home.

• Minnesota’s population is projected to grow substantially by 2035, with slight growth in the younger age groups and substantial growth in the older age groups. These changes will influence the overall age composition of the state.

• Gender is evenly distributed across age groups, with a notable exception in older age groups which have larger proportions of females.

In the Twin Cities region, the population increased by 12.5%, from 2,642,056 in 2000 to 2,971,500 in 2010 based on EDR data. In Hennepin County, the population increased by 3.3%, from 1,116,039 in 2000 to 1,152,425 in 2010 based on EDR data.
Age

According to the 2010 Census, the number of Minnesotans age 65 and older increased 15% while the number of those over 85 increased almost 25% since the 2000 census. The median age in Hennepin County was 35.9 years compared with 37.4 for the state. The overall age composition of the state has become much older in the past ten years.

Population statistics (Hennepin County):

Under 15 years: 18.9%
15 - 24 years: 13.6%
25 - 44 years: 29.6%
45 - 64 years: 26.4%
65 and older: 11.3%

What providers need to know:

According to the 2010 Census, the proportion of Minnesota’s older population, as well as its ethnic and immigrant populations, has grown at a faster pace than the rest of the state’s population. These growing populations will continue to exert pressure on health care resources. Consider whether your organization is prepared to meet the special needs of these populations.

Suggestions:

Become familiar with the needs of ethnic and immigrant populations, as well as older age groups. Develop strategies to accommodate these emerging populations, including strategies for making referrals to transportation services, allowing more time for patient encounters, familiarizing yourself with the common health concerns and social issues of immigrants and the elderly, as well as providing health information in languages other than English and in alternative formats.

Sources:

Profile of General Population and Housing Characteristics, American Community Survey: 2010 Demographic Profile Data, viewed 06/06/2012
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1prodType=table
Projected Minnesota Population by Age and Gender by County, Region and Metropolitan Areas: 2007, viewed 06/06/2012
http://www.demography.state.mn.us/projections.html
The Older Population: 2010 Census Briefs, viewed 06/06/2012
Gender

The overall gender distribution for Hennepin County in 2010 was 50.9% female, 49.1% male.

Variations appear when the data are viewed by age range:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15</td>
<td>50.9%</td>
<td>49.1%</td>
</tr>
<tr>
<td>15 to 24</td>
<td>50.1%</td>
<td>49.9%</td>
</tr>
<tr>
<td>25 to 44</td>
<td>50.3%</td>
<td>49.7%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>49.1%</td>
<td>50.9%</td>
</tr>
<tr>
<td>65 and older</td>
<td>42%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source:
Demographic and Housing Estimates, American Community Survey 2010, viewed 06/06/2012
http://factfinder2.census.gov/faces/tables-services/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP05prodType=table

Race

Minnesota’s population is considerably less diverse than the U.S. population. Minnesota’s populations of color accounted for 14.7% of the population in 2010, compared with 27.6% of the national population. However, between 2000 and 2010, populations of color grew faster in Minnesota, at a rate of 50.2%, compared with 21.8% nationally.

The Twin Cities metro area population is projected to grow 9% - 10% per decade, well below the historic growth rates of 15% per decade in the 1980s and 1990s. In 2010, people of color comprised 24% of the regional population. By 2040, the Metropolitan Council projects 43% of metro residents will be people of color. The Hispanic population is expected to nearly triple, and other populations of color are expected to more than double, while the White non-Hispanic population will decrease 2%.

Between 2000 and 2010, the actual growth rate in populations of color in Hennepin County was 36%, higher than the national growth rate of 21.8%.

What providers need to know:

The health issues, health-seeking behaviors, cultural norms, and communication preferences of populations of color vary considerably. As Minnesota’s population becomes more diverse, staff and patient populations within health care organizations will become more diverse as well.
Foreign Born

Foreign born refers to people residing in the U.S. at the time of the census who were not U.S. citizens at birth. The foreign-born population includes naturalized citizens, lawful permanent immigrants, refugees, asylees, legal nonimmigrants, and persons residing in the country without authorization.

In 2010, the foreign born population represented 7.1% of Minnesota’s total population. Data reveal the following percentage of foreign born population in Minnesota by region of birth.

- Asia: 37.2%
- Latin America (South America, Central America, Mexico, and the Caribbean): 27.4%
- Africa: 20.2%
- Europe: 11.1%
- North America (Canada, Bermuda, Greenland, St. Pierre and Miquelon): 3.6%
- Oceania: 0.5%

Of foreign born in Minnesota, 25.4% reported Hispanic/Latino origins. Almost 45% of Minnesota’s foreign born were U.S. citizens, a change from 33.4% in 2000.

What providers need to know:

Important factors to consider in providing care to foreign born and immigrant populations include: nutritional status, mental health (especially in refugee populations), infectious diseases (such as Hepatitis B status), dental screening, and preventive health measures, including cancer screenings, which are not often available in third world countries. Specific health care screening recommendations depend on an individual’s country of origin and length of time in the United States.

Suggestions:

Provide information to patients who are not familiar with the Western medical system, such as guidance on obtaining health insurance, setting up initial and follow-up appointments, and practicing preventive health, including cancer screenings. Become familiar with health screening recommendations for your patients based on their countries of origin and health status.

Sources:

2010 Minnesota Population by Race and Hispanic Origin for Counties, Minnesota State Demographic Center, viewed 06/06/2012
http://www.demography.state.mn.us/resource.html?id=31973

2011 Minnesota County Health Table: Demographics, viewed 06/06/2012

2002 Minnesota County Health Table: Demographics, viewed 06/06/2012
http://www.health.state.mn.us/divs/chs/countytables/profiles2002/demo.htm

What Lies Ahead: Population, Household and Employment Forecasts to 2040, Metropolitan Council, viewed 06/06/2012
http://archive.leg.state.mn.us/docs/2012/other/120456.pdf

Minnesota population projections by race and ethnicity, 2009, viewed 06/06/2012
http://www.demography.state.mn.us/projections.html

What Lies Ahead: Population, Household and Employment Forecasts to 2040, Metropolitan Council, viewed 06/06/2012
http://archive.leg.state.mn.us/docs/2012/other/120456.pdf
Conduct a CLAS (Culturally and Linguistically Appropriate Services) Standards Assessment to identify strengths and opportunities for improvement in the services your organization offers to diverse populations. An online assessment, which offers customized evaluation and recommendations, can be found at: CLAS Standards Assessment.

Source:
MPI Data Hub, Migration Facts, Stats, and Maps, viewed 06/24/2012
http://www.migrationinformation.org/datahub/state.cfm?ID=MN#3

Language

According to the American Community Survey, 2008-2010, the languages most commonly spoken in Minnesota, other than English, were Spanish (3.8%), Asian and Pacific Islander languages (2.2%), and Other Indo-European languages (1.6%).

In Hennepin County during the period 2011-2012, Spanish was the primary language spoken other than English in 13,157 homes (8.4%), while Somali was spoken in 5,957 homes (3.8%) and Hmong in 4,413 homes (2.8%).

What providers need to know:

Language barriers pose a challenge to even the most basic clinical encounters. According to the U.S. Department of Health and Human Services Office of Minority Health:

• Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.

• Family and friends should not be used to provide interpretation services.

Suggestions:

Provide an interpreter to patients who do not speak English or who have limited English proficiency to freely communicate their expectations and preferences (Requirement CLAS Standard 4).

For all patients, especially those who speak English as a second language, use simple language, avoid technical terms, abbreviations, and professional jargon.

Sources:
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP02prodType=table
Primary Home Language Totals: 2011-2012, Minnesota Department of Education, viewed 06/17/2012
http://education.state.mn.us/MDEAnalytics/Data.asp
Think Cultural Health, viewed 06/17/2012
https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

Socioeconomic Status

The evaluation of patients' socioeconomic status can provide valuable insights into diverse populations. Socioeconomic status is the measure of an individual’s economic and social position relative to others based on education, income, and occupation.

• Education influences occupational opportunities and earning potential, in addition to providing knowledge and life skills that can promote health.
Education

The number of high school graduates in Minnesota is projected to decline from 65,073 in 2010 to 59,727 by 2017. From 2017 to 2023 the number of graduates is expected to increase slightly, but will remain below the 2010 number of graduates.

As Minnesota’s population continues to become more diverse, students of color will comprise a larger share of high school graduates in the future. The percentage of nonwhite graduates is projected to grow from 16% in 2010 to 23% of all graduates in 2023.

For all races, Hennepin County data indicate a lower percentage of individuals receiving at least a high school diploma, 19.8% compared with state level rates of 27.8%. Attainment of a Bachelor's degree in Hennepin County, at a rate of 29.4%, was higher than state level rates of 21.3%.

Income

Income level influences an individual’s access to health insurance and health care. Rates of uninsured can be difficult to measure. Wide variability across racial and ethnic groups exists. Historically, white populations have been the most likely to be insured and Hispanic/Latino populations have been the least likely to be insured.

Income level is also used to determine poverty status, which can determine eligibility for various assistance programs.

Poverty status is based on a minimum level of income necessary to achieve an adequate standard of living. Poverty is on the rise in Minnesota. According to federal poverty guidelines, the poverty threshold in Minnesota in 2012 equaled $23,050 for a family of four. Families whose income falls near or below this amount may be eligible for medical assistance and other social service programs.

Sources:
Insight, Minnesota Office of Higher Education, viewed 06/06/2012
http://www.ohe.state.mn.us/pdf/Enrollment/INSIGHT/InsightNov10.htm
Selected Social Characteristics in the United States, American Community Survey 2008-2010, viewed 06/06/2012
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP06&prodType=table
In Hennepin County, the median household income based on 2006-2010 estimates was $61,328. Approximately 12.1% of county residents are below the poverty level.

Sources:
2012 HHS Poverty Guidelines, viewed 06/06/2012
http://aspe.hhs.gov/poverty/12poverty.shtml
Selected Economic Characteristics, American Community Survey 2006-2010, viewed 06/06/2012
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_DP03prodType=table

Employment

According to 2006-2010 American Community Survey estimates, 67.8% of the population 16 years of age and over in Hennepin County were employed. For current, quarterly unemployment data, visit the Minnesota Department of Employment and Economic Development.

Employment and lack of employment influence a variety of social and health risks, including access to health care insurance and physical and psychological needs. For example, individuals in office-based occupations are at risk for repetitive stress injuries and musculoskeletal disorders due to the sedentary nature of this work.

Individuals who are unemployed or experience job insecurity may face health risks such as increased blood pressure and stress.

What providers need to know:

Chronic stress associated with lower socioeconomic status can contribute to morbidity and mortality and is linked to a wide range of health problems, including arthritis, cancer, cardiovascular disease, hypertension, and low birthweight.

Suggestions:

Consider how a patient's socioeconomic status can affect the patient's health risks and ability to follow treatment plans. Become familiar with eligibility requirements and service offerings from local health, housing, and social service programs, including medical assistance, food support, and cash assistance. Dial 211 for the United Way First Call for Help to get information and referrals about employment, health services, etc. Establish a culturally sensitive plan for identifying and referring patients who may benefit from these services.

Sources:
Selected Economic Characteristics, American Community Survey: 2006-2010, viewed 06/06/2012
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_DP03prodType=table

Health Status Data

Health status data concerning birth rates and factors contributing to the incidence of disease revealed the following:

• A need exists for increased efforts to provide prenatal care in the general population, as well as an awareness of birth trends in populations of color.
Birth Rate

Hennepin County's birth rate of 13.8 births per 1,000 is higher than state-level rates of 12.9 births per 1,000. In 2010, 81.4% of births in Hennepin County had adequate prenatal care (nine or more prenatal visits and seen in the first trimester) compared with 78.1% in 2007 and 76.6% in 2003.

Minneapolis’s teen birth rate dropped 19% from 2007 to 2010. About 22.5 births per 1,000 women age 15-19 occurred in 2010, compared with 34 births per 1,000 women nationally. However, Minnesota has wider racial disparities when it comes to teen birth rates compared with the nation. The birth rate among American Indian and Hispanic teens in Minnesota is more than three times higher than the rate for white teens. The rate also is higher for African American and Asian/Pacific Islanders than for white teens.

Sources:
Minnesota County Health Tables, Minnesota Department of Health, viewed 06/06/2012
http://www.health.state.mn.us/divs/chs/countytables/index.htm
U.S. Centers for Disease Control and Prevention, viewed 06/06/2012
http://www.cdc.gov/nchs/data/databriefs/db89.htm

Morbidity

Behavioral risk factors, such as use of alcohol and tobacco, diet, exercise, and preventive health practices play an important role in determining a person’s overall health status. Control over such factors can reduce a person’s risk for illness, disease, and premature death.

According to the latest available data from the Minnesota Department of Health (2009), Hennepin County residents are at higher risk for behavioral factors such as binge drinking and smoking than Minnesotans in general.

In Minnesota, the top three behavioral risk factors are obesity, hypertension and binge drinking.

What providers need to know:

Patients have varying perceptions of the concepts of disease and preventive care. Helping patients understand the reason for their illness and the importance of keeping follow-up appointments and adhering to treatment plans even though they may no longer be feeling symptoms is important.
Suggestions:

Become familiar with the traditional cultural approaches to health care used by the patient populations seen frequently in your practice. Recognize that patients may use traditional cultural approaches and provide alternative treatment options that complement or at least do not violate cultural preferences.

Sources:
2010 Minnesota County Health Tables, Minnesota Department of Health, viewed 06/06/2012

Next Steps  CLAS Assessment • Visit www.culturecareconnection.org

1) Conduct a CLAS (Culturally and Linguistically Appropriate Services) Standards Assessment to identify areas of strength and opportunities for improvement in the services your organization offers to diverse populations. The online CLAS Standards Assessment offers customized evaluation and recommendations.

2) Visit the Culture Care Connection website, an online learning and resource center aimed at providing Minnesota health care organizations with actionable tools in support of providing culturally and linguistically appropriate services.

3) Contact Stratis Health to learn more about how we can assist in your organization's efforts to build culturally and linguistically appropriate service offerings.

CULTURE CARE CONNECTION is an online learning and resource center designed to increase the cultural competence of health care clinicians, administrators, and ancillary staff serving diverse populations.

“Culture” can refer to a variety of factors, including age, education, income, place of birth, length of residency in a country, individual experiences, and identification with community groups. “Competence” refers to knowledge that enables a person to effectively communicate, and “Care” refers to the ability to provide effective clinical care.