



Survey of the Health of All the Population and the Environment Fact Sheet

SHAPE 2006 is the third in a series of nationally recognized surveys collecting information on the health of Hennepin County, Minnesota residents and the factors that affect their health. More than 10,000 households in the county completed the **SHAPE 2006** survey providing information on 8,000 adults and 4,000 children.

SHAPE 2006 has several goals:

- Assess health levels and trends among Hennepin County residents,
- Understand factors and conditions related to the health of county adults by geographic area, race and ethnicity,
- Understand factors and conditions related to the health of county children by selected age groups and by geographic areas, and
- Fill the data gaps at the county level to facilitate effective program planning and policy development to improve the health status of all Hennepin County residents.



SHAPE 2006 is a partnership between the Hennepin County Human Services and Public Health Department and the University of Minnesota's School of Public Health.

History

SHAPE, a public health surveillance project, was initiated in 1998 in partnership with the Minneapolis Department of Health and Family Support. A primary reason for conducting the **SHAPE** survey was to provide data on the health status and the factors that affect the health of adults in Hennepin County, for use in planning, programming and policy development in a range of government, community and health organizations. A second goal was to provide baseline data for Hennepin County to help measure changes in health indicators and status over time. **SHAPE 1998** interviewed a total of 10,745 adults age 18 and over.

In 2002, the **SHAPE** survey was conducted again, this time in collaboration with the Minneapolis Department of Health and Family Support and the Bloomington Division of Public Health. An important objective of **SHAPE 2002** was to include reports, not only for selected geographic areas, but also for some of the racial and ethnic communities in Hennepin County. By over-sampling selected geographic areas in the county, sufficient numbers of respondents for reporting were collected for American Indians, Southeast Asians, Blacks/African Americans, and Hispanics/Latinos. The **SHAPE 2002** sample consisted of 9,959 adults in Hennepin County (including 7,316 White, 1,204 Black/African American, 224 American Indian, 646 Asian/Pacific Islander, and 634 Hispanic/Latino).

Community Involvement

It takes the involvement of many individuals and organizations to make the **SHAPE** project a successful tool for program planners and policy makers. As part of the early planning for **SHAPE 2006**, staff from many local community organizations were contacted for interviews and focus groups. People connected with the **SHAPE 2006** project asked staff members from those community organizations for their thoughts on the **SHAPE** project in general, their insights on the biggest health concerns in their communities, and for their advice on how best to engage the community in responding to the **SHAPE** survey.

A second aspect of the community involvement was an extensive outreach effort made to talk with local, regional, and national experts on the many subject areas included in the **SHAPE** questionnaires. Since not every possible question can be included in the 30-minute adult and 20-minute child interviews, priority had to be given to topics of particular interest and importance for monitoring trends, managing health programs and developing health policies. Within the topics included in

the questionnaire, the *SHAPE 2006* team selected the final questions for inclusion from tested and validated items from state and national health surveys and questions developed to assess areas unique to Hennepin County.

Content Areas

For *SHAPE 2006 - Adult Survey*, the domains and some selected topic areas included in the survey are listed in Table 1.

Table 1: *SHAPE 2006 - Adult Survey* Question Domains and Example Topic Areas

Questionnaire Domain	Example topic areas
Health status and health related quality of life	Overall health status Chronic disease Mental health
Health access and utilization	Insurance coverage Prescription medications Preventive screenings Use of interpreters Caregiving for the chronically ill, disabled, or elderly`
Lifestyle and risk behaviors	Smoking and alcohol use Moderate and vigorous exercise Diet and weight
Social and environmental factors	Attitudes about their neighborhood and community Discrimination Food and housing security

For *SHAPE 2006 - Child Survey*, the domains and some selected topic areas included in the survey are listed in Table 2.

Table 2. *SHAPE 2006 - Child Survey* Question Domains and Example Topic Areas

Questionnaire domain	Example topic areas
General health and health conditions	Overall health status Asthma Diabetes Other chronic conditions Mental and behavioral health Height and weight
Health insurance coverage and health care access	Insurance coverage Well-child checkups Primary care Dental health
Exercise, nutrition, and healthy/risky behaviors	Daily activities Sweetened drinks consumed Video games, TV, and computer screen time
Academic performance and school readiness	Grades in school Activities Early literacy Early math School readiness
Parental involvement and family connectedness	Parents talked with child about health risks Family engages in activities Family eats together
Child care and unsupervised time	Type of child care Amount of unsupervised time after school School-aged activities (sports, music)

Methodology

SHAPE 2006 – Adult Survey collected information on adults by a combination of mail and telephone surveying. The households included in the *SHAPE 2006* survey came from a sample of addresses in the U.S. Postal Services’ Delivery Sequence File (DSF). The information from the DSF was matched with a file of all listed phone numbers obtained from Marketing Systems Group, a national survey firm. The matching process resulted in 54.7% of all households from the DSF with a matched listed phone number. Each of the addresses was coded as to which one of the six primary geographic sampling areas in which the address lies. Four of the sampling areas are in Minneapolis and two are in suburban Hennepin County.

Within each of the primary geographic sampling areas, some smaller areas were over-sampled to increase the probability that residents of sub-populations of special interest (i.e., Hispanics/Latinos, Hmong, Somalis, U.S.-born Blacks) were included. For *SHAPE 2006 – Adult Survey*, within a household, a random adult was selected to participate in the survey. When households – labeled as the primary household - were selected for inclusion in the sample, a second household was selected at the same time as a replacement household if needed. These replacement households, the “nearest neighbor”, needed to have a known phone number, be from the same sampling strata, not have already been selected in the sample, and were the “closest in proximity” to the primary household. “Closest in proximity” was defined as being the household the fewest entries away – either before or after – from the primary household in the DSF.

To improve the estimates for the Hispanic/Latino, Asian, and African-born Black populations, some households were selected for inclusion based on screening the name of the resident based on that person’s surname. This sample was kept separate from the main sampling process.

Finally, to improve the estimates for young non-institutionalized adults, some students residing in dormitories at the University of Minnesota were sampled. This sample was also kept separate from the main sample.

Both the mail and phone versions of the survey were implemented in English, Hmong, Spanish, Somali, and Vietnamese.

The information on children, in *SHAPE 2006 – Child Survey*, came from talking with the adult most knowledgeable about that child from two sources: 1) households that had earlier responded to the adult questionnaire where there were children in the household, and 2) households that were outside of the Adult Survey sample, but were screened to see if there were children living there.

If there were children in the household, a random child was selected and the adult most knowledgeable about that child was asked some questions about that child for *SHAPE 2006 – Child Survey*.

In addition, some households were selected and screened for having children living there without asking any of the adult questions.

Response and Cooperation Results

SHAPE 2006 – Adult Survey was mailed to more than 8,000 households in Hennepin County. In addition, more than 14,000 phone numbers were called as part of the project.

SHAPE uses the standard outcome formulas from the American Association of Public Opinion Researchers (AAPOR) to compute its response rate (RR4) and cooperation rate (COOP4). The complex sampling design and mixed-mode approach of *SHAPE 2006 - Adult Survey* complicate the calculation and reporting of these outcome rates. The combined mail and phone response rate for the survey was 44.6%, with a cooperation rate of 70.4%.

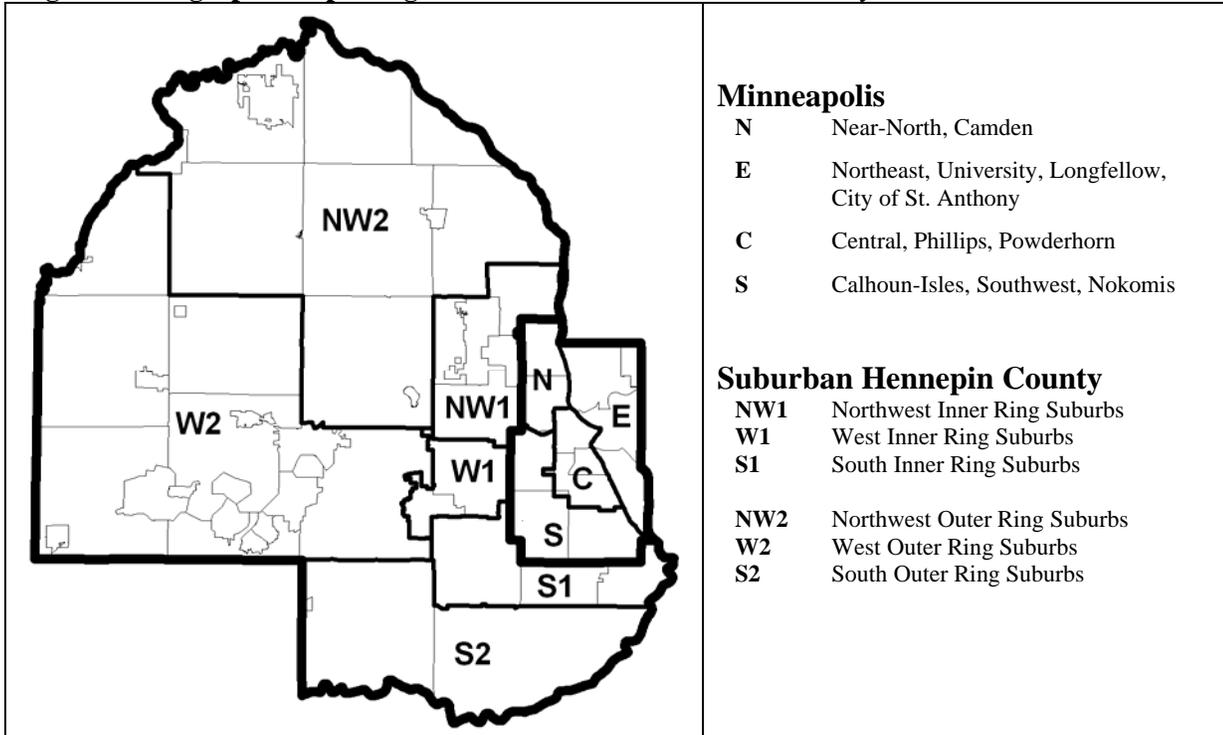
Outcome Rate	Mail	Phone	Combined
Response Rate (RR4)	27.6%	52.8%	44.6%
Cooperation Rate (COOP4)	98.1%	62.9%	70.4%

Reporting Results

A primary benefit of *SHAPE* is that the results can be reported for local geographic areas within the county and for sub-populations where enough people from that group responded to the survey.

The plan is to present results from the adult portion of *SHAPE 2006* primarily in ten geographic areas – four within Minneapolis and six within Suburban Hennepin County (see Figure 1).

Figure 1. Geographic Reporting Areas for *SHAPE 2006* Adult Survey Data



The plan is to also present results for adults for racial/ethnic groups within Hennepin County if there are sufficient respondents from those groups.

Because there are fewer respondents for the child questionnaire, results from the child data will not be available in as many breakdowns as for the adult questionnaire. The plan is to present results by a few age groups (Age 0 to 5, 6 to 11, and 12 to 17) and for Minneapolis and Suburban Hennepin County.

To maintain the desired accuracy of data estimates and still release *SHAPE* results in a timely manner, a three-phase process will be followed:

Phase 1, starting in summer 2007, will include a series of *SHAPE 2006 Briefings* each focusing on one particular area of the *SHAPE* surveys.

Phase 2, in summer 2008, will be in the form of detailed data books containing the results for both the adult and child versions of *SHAPE* broken down by the available geographic areas and for selected racial and ethnic groups.

Phase 3 will include detailed analyses on selected topic areas or for particular populations within the county. Possible topic areas include Health of Seniors, Health of African-Born Blacks, and Mental Health Issues, for example.

Further Information

For more information about *SHAPE 2006*, including a list of all the reports which have been produced using *SHAPE* data, contact SHAPE@co.hennepin.mn.us or 612-348-6150.