



# 2016 Statewide Health Improvement Program Meeting

## *Health Equity Data Puzzle*

July 27, 2016-Eagan, MN



# ***Health Equity Data Puzzle: Examples for collecting information from hard-to-reach populations***

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# Metro-wide adult health survey

- 2014 Metro Survey of the Health of All People and the Environment (SHAPE): scientific survey of metro area households
- Online and paper
- 58,000 households contacted (Wash Co: 2,650)
- 12,000 responses (Wash Co: 600)
- Response bias: respondents skewed to higher income, higher education

# SHAPE survey results

**We look really healthy on average!**

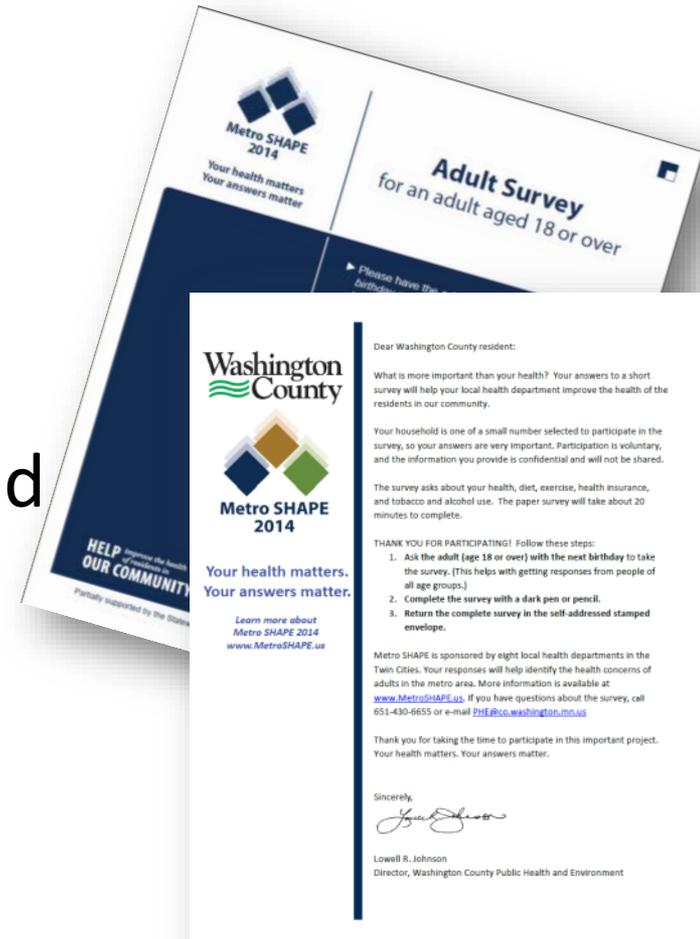


# Why the targeted sample?

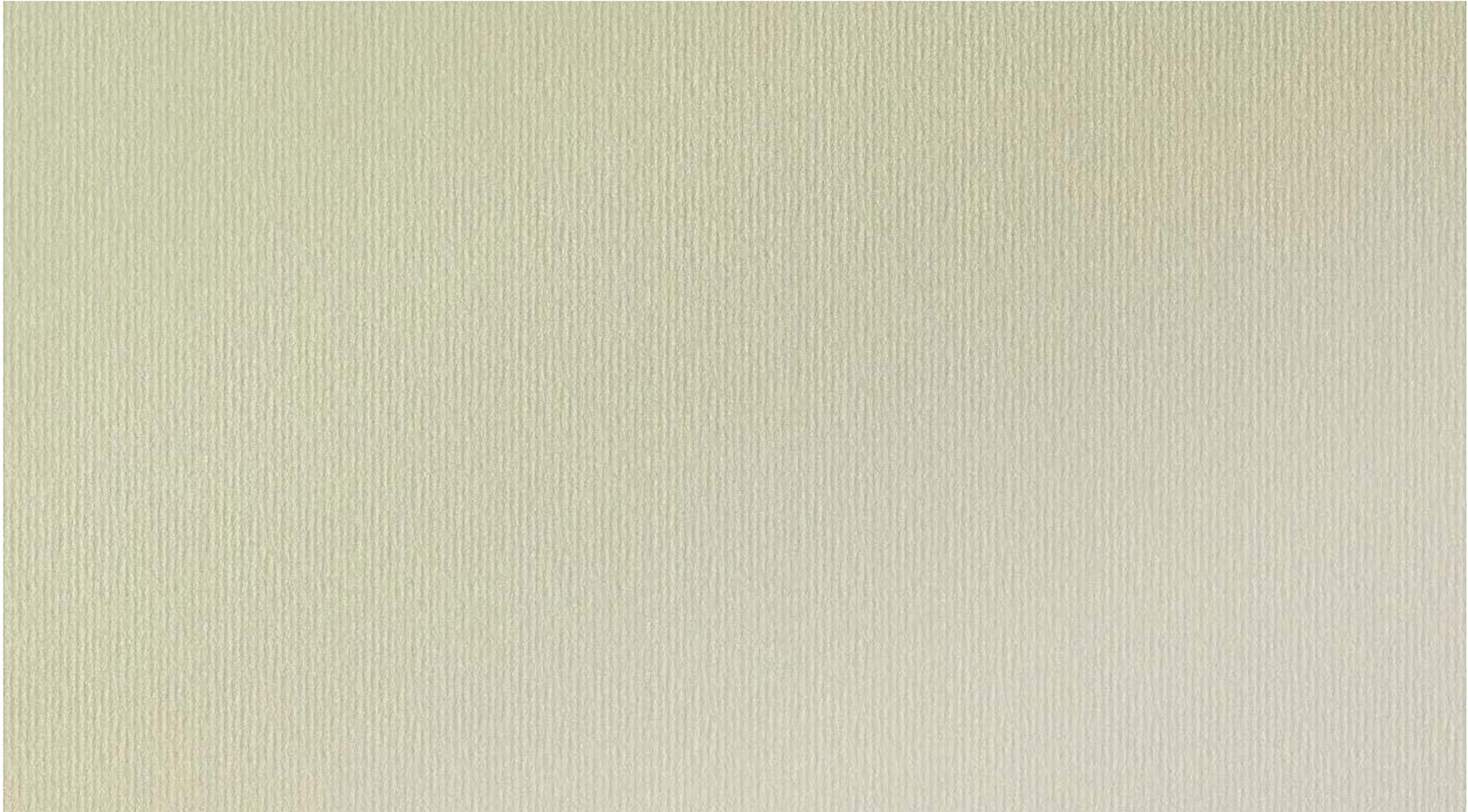
- Lack of data for populations experiencing health inequities
- Random sample method generally reaches healthier populations
- Increased diversity of populations we are serving (WIC, Family Home Visiting, other businesses etc.)
- One-time SHIP supplemental funding

# Targeted supplemental survey goals

- Hear from the populations with the least opportunity to be healthy
- Design project to use same survey instrument, branding, and timeline as Metro SHAPE
- Use results to inform health equity analysis for Washington County



Here's some of what we heard:



# Nurses' reflections

“When I **helped** my client fill out the survey, it opened a **conversation** about her **alcohol use** and education about **binge drinking.**”



# Nurses' reflections

"Some of my clients were interested in walking through the survey **together**. Doing this together was a great opportunity to explore **other health concerns** such as the need for a **physical, birth control, and other resources**."



# Summary of findings in Washington County

## **Expected**

- Data to show how social and economic factors effect the opportunity for our residents to be healthy.

## **Unexpected**

- Putting a face to the health conditions or other social determinants of health
- Staff insights from conversations and connections

# Intro to methodology

## *How to best use one-time funding*

- Feasibility discussion with Wilder Research
- Brainstormed many models before finally starting
- Mobilized volunteers: Public Health Nursing students, Medical Reserve Corps
- Adapt the “incentive” model for face-to-face encounters: Blood Pressure Screening, Parks Map

# Surveillance and SHIP

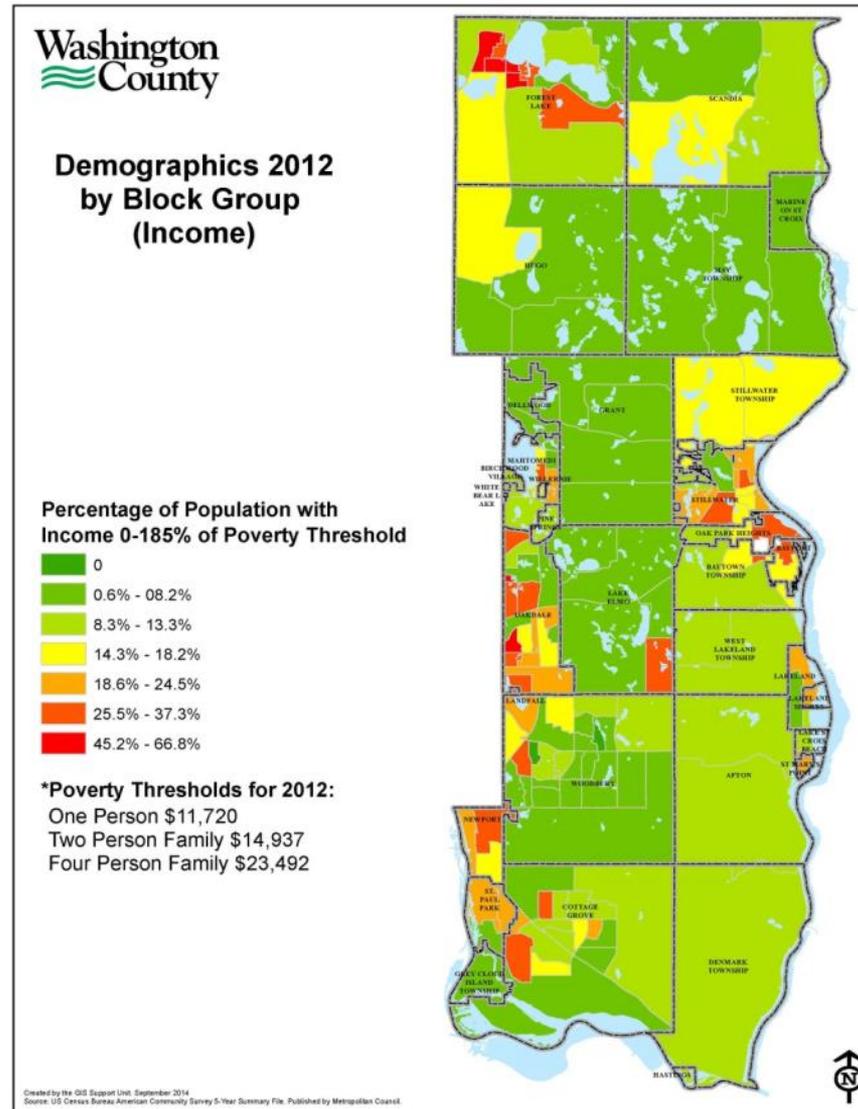


## How does this relate to SHIP grantees?

- Made efforts to measure and understand health disparities at the local level
- Timing was right, had the capacity to do data collection
- Build upon efforts and resources in the community
- Provided field experience for early professionals
- Not just for SHIP
- Increased engagement with residents that experience disparities
- Return to personal connections (versus only electronic)

# Methodology

*Identify desired response groups*



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Customers of county services

- Community Services
- Workforce Center
- Housing & Redevelopment Authority



# Methodology

*Identify desired response groups*

Customers of county services

- Family Health Nursing Clients
- Women, Infant, and Children (WIC) Clinics



# Methodology

*Identify desired response groups*

- Food Shelves
- Faith-based communities

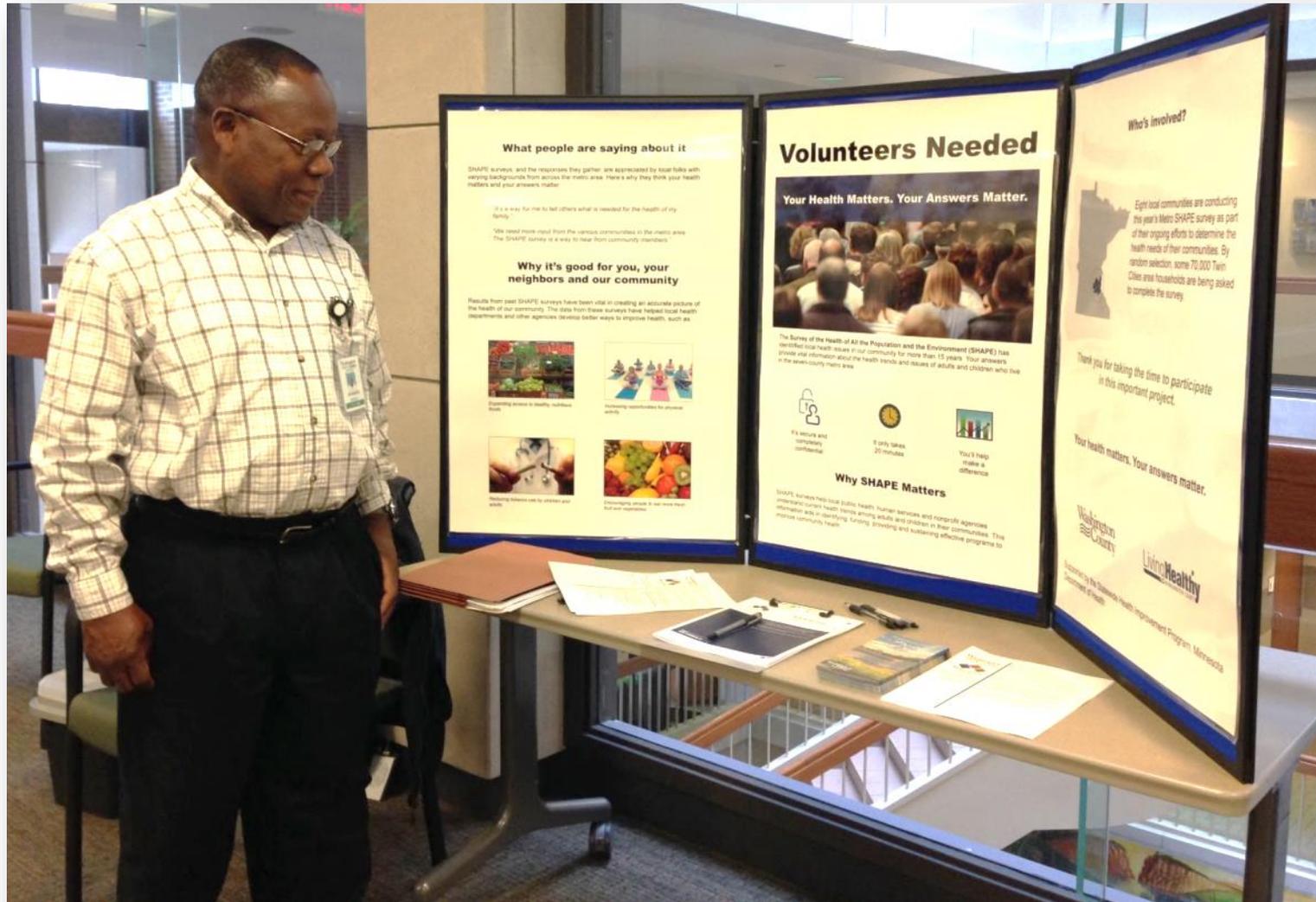


# Methodology

*Distribute surveys, collect responses*

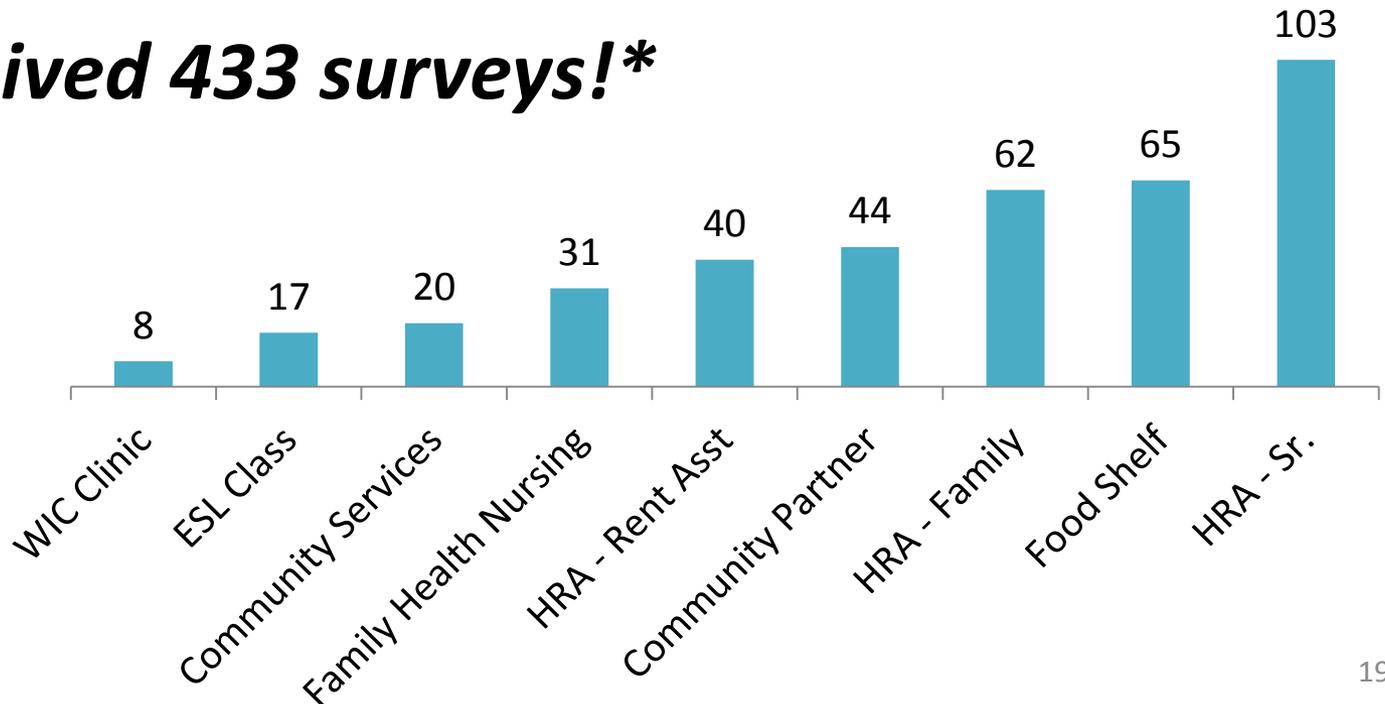
- Paper surveys, completed on-site or via postage-paid envelope
- Big push from Housing and Redevelopment Authority (HRA): hand-delivered surveys to 1,000+ units
- Leveraged Partnerships: Cross-department support, Hennepin County, HRA, Parks, Community Services
- Hand-keyed paper responses into Qualtrics

# Face-to-face surveying



# Response rate: 25.4%

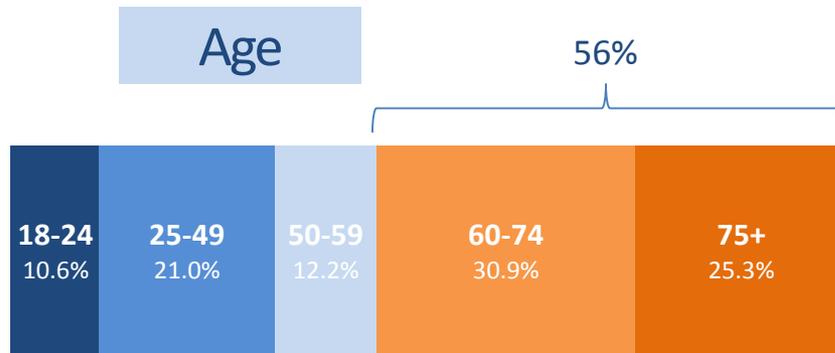
- 245 returns from 1,336 hand-delivered surveys = 18.6%
- Additional 188 responses from various outreach efforts (364 in-person) = 51.6%
- ***We received 433 surveys!\****



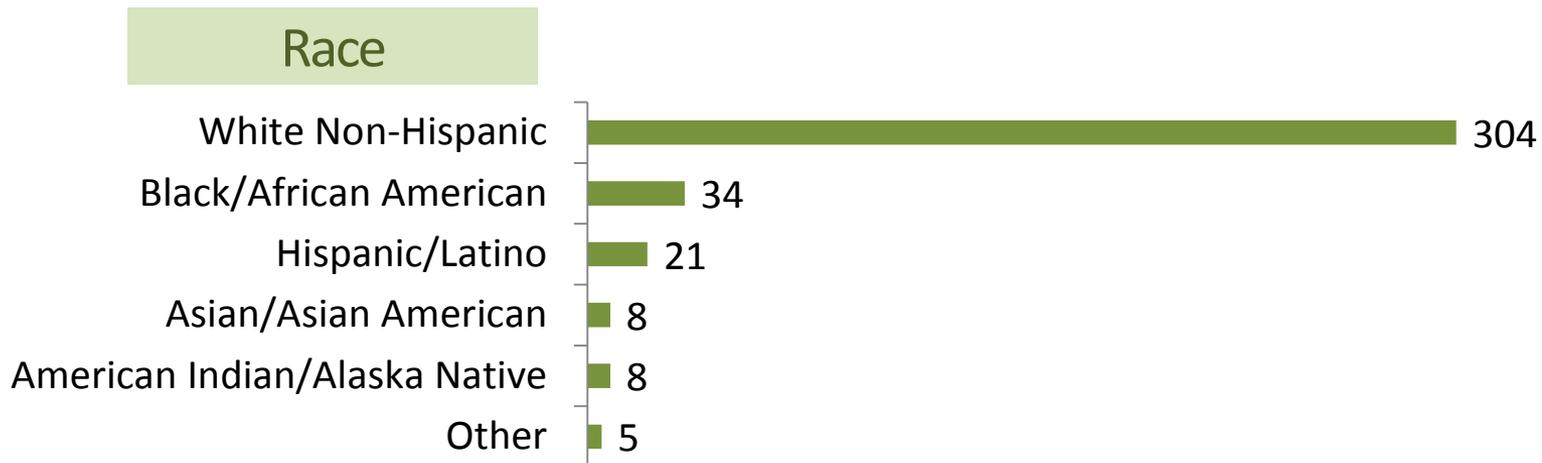
\*395 completes

# Who we reached

Age , Gender, Race, Ethnicity (n=380)

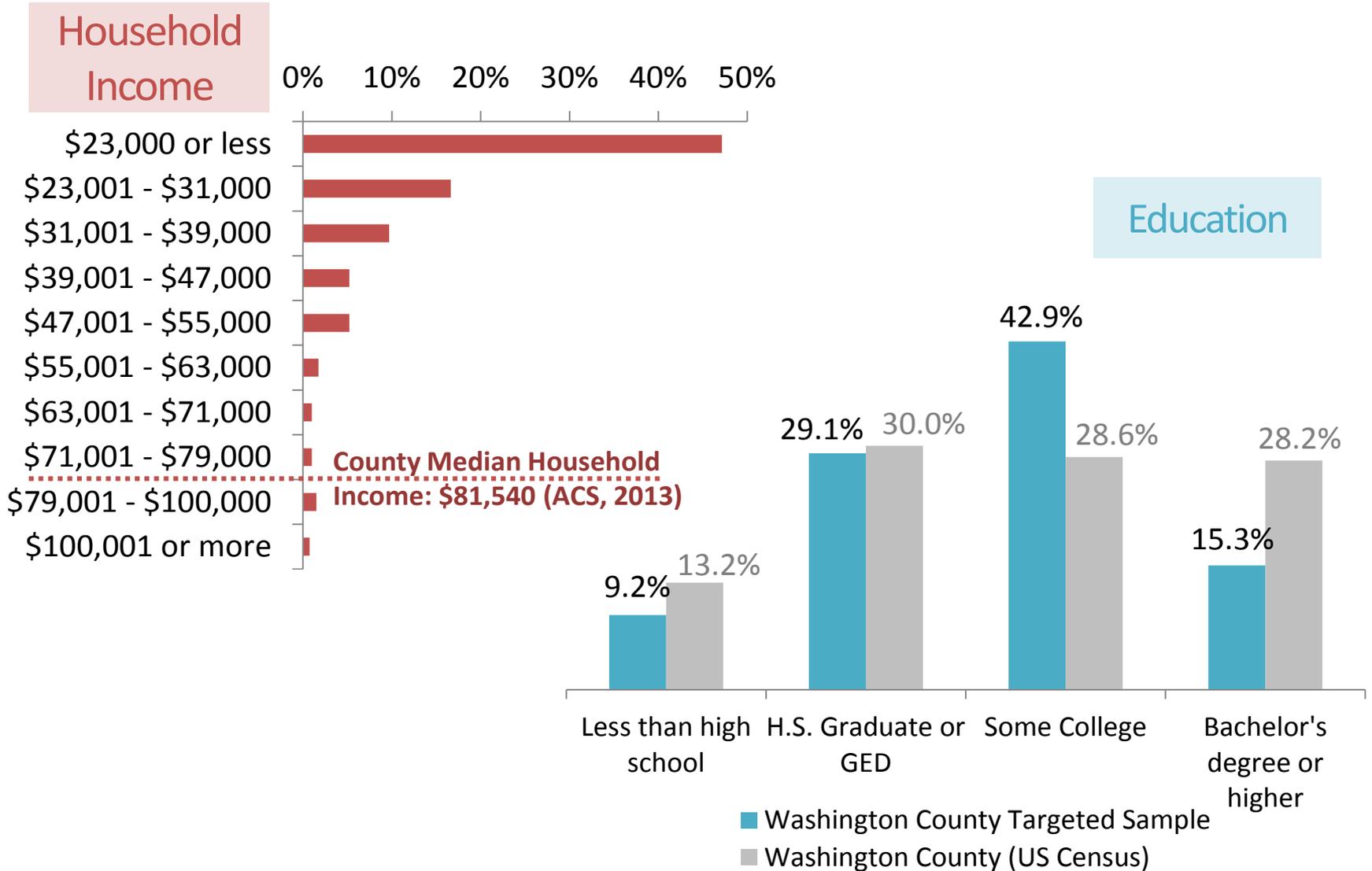


- Gender
  - Female: 77% (304)
  - Male 23% (90)
- Ethnicity
  - Hispanic/Latino: 21
  - Somali: 1
  - Hmong: 6
- Non-US Born 24 (6.3%)



# Who we reached

Income and Education (n = 380)

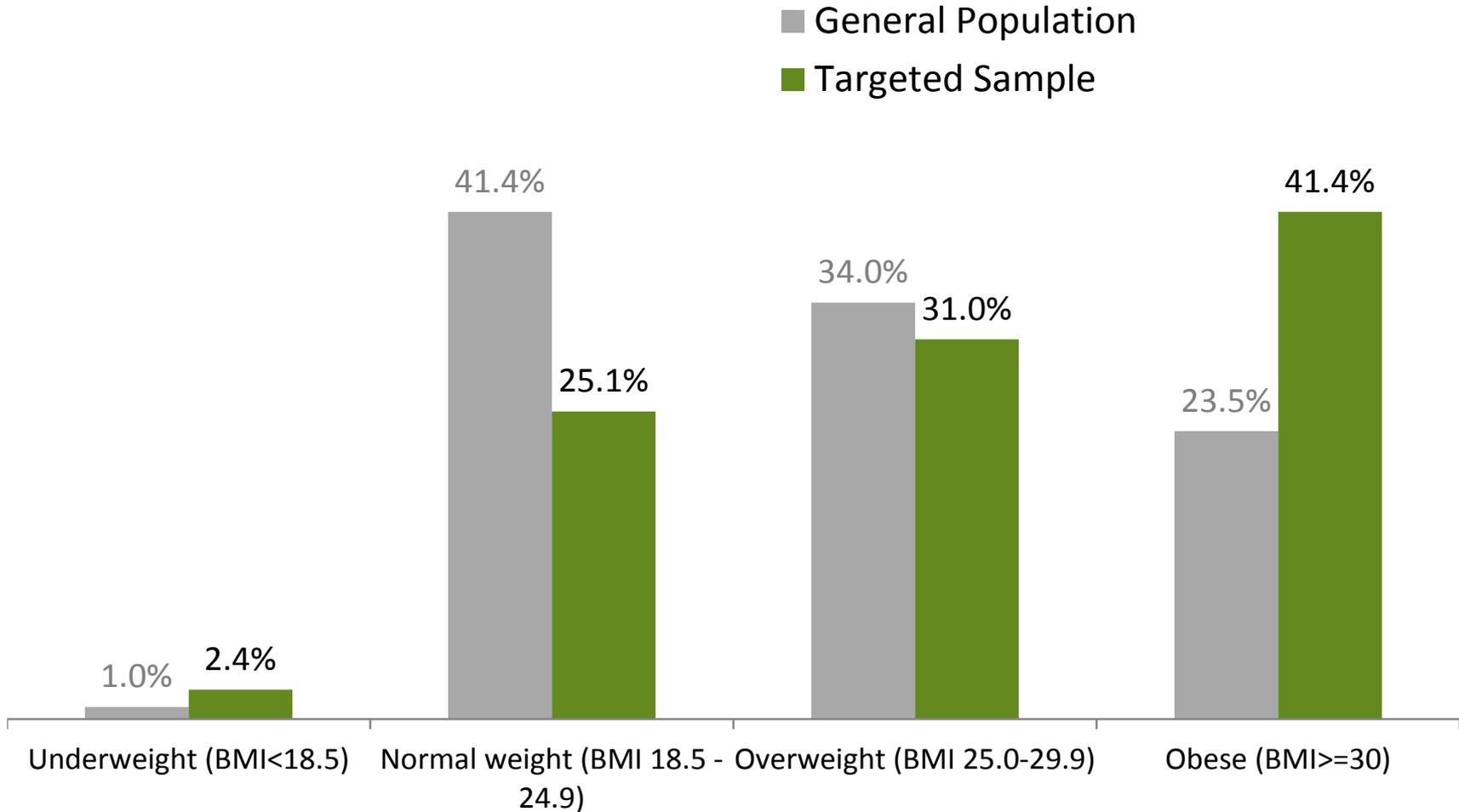


# Key indicators for SHIP

- Nutrition and Physical Activity
  - Obesity
  - Food insecurity
  - Physical activity
- Tobacco
  - Smoking status
  - Secondhand smoke exposure

# SHIP key indicator: obesity

*Calculated Body Mass Index (BMI) Based on Height, Weight (N=374)*

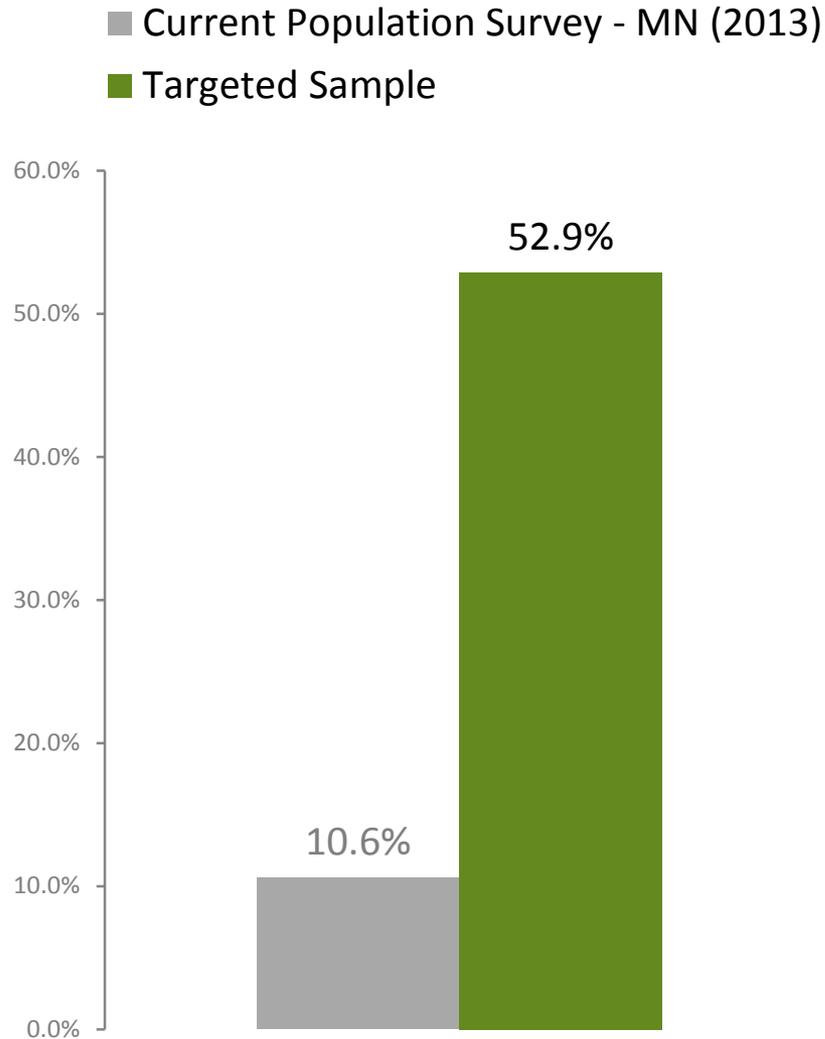


# SHIP-funded gardening programs



# SHIP key indicator: food insecurity

*Past year worried food would run out before having money to buy more (n = 392)*



# SHIP-funded food access programs



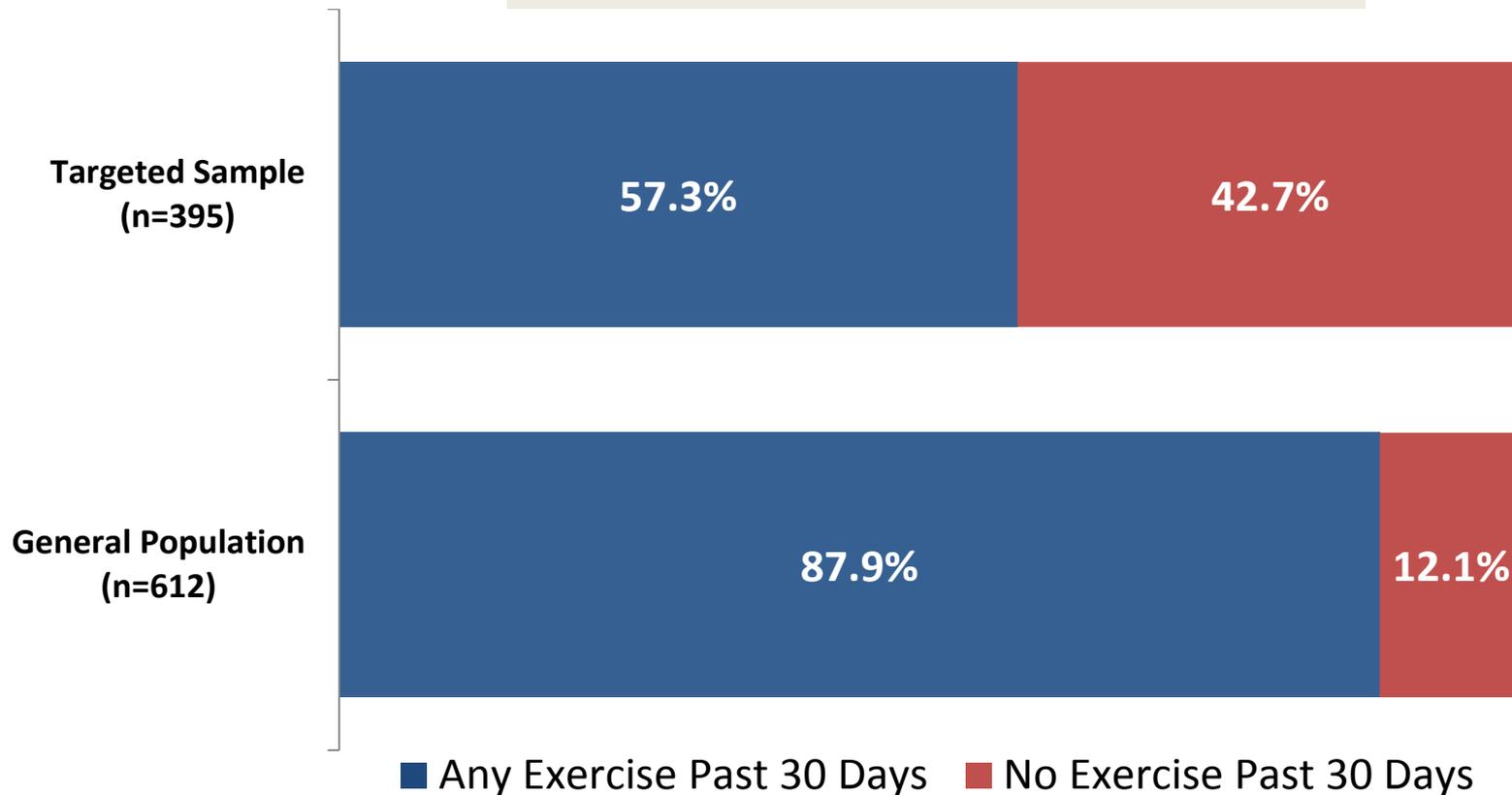
# SHIP-funded Fresh Green Buck\$ program



# SHIP key indicator: physical activity

*Exercised one or more times, past 30 days*

CDC Recommended Minimum:  
≥150 minutes per week aerobic physical activity

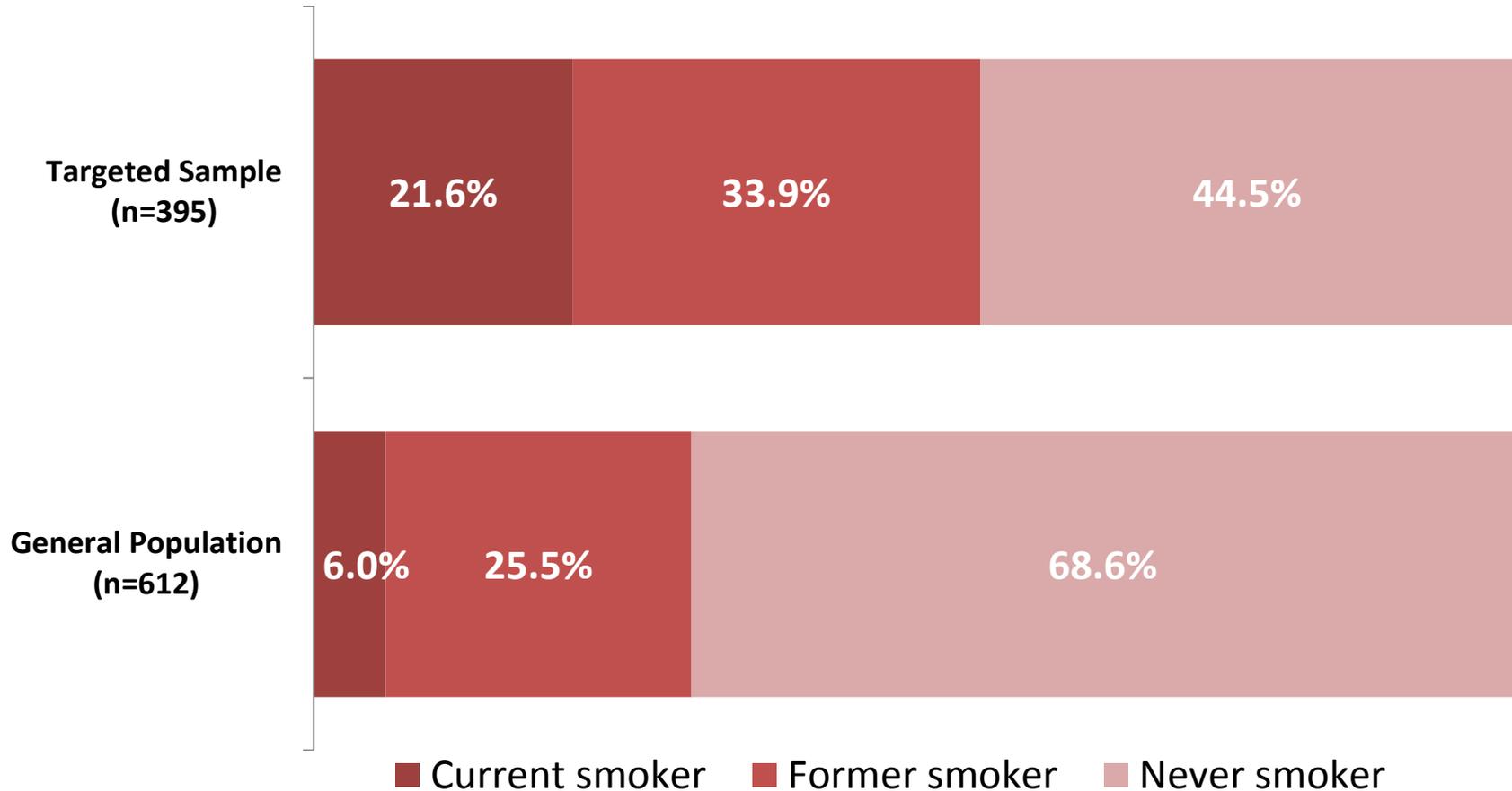


# SHIP-funded physical activity initiatives



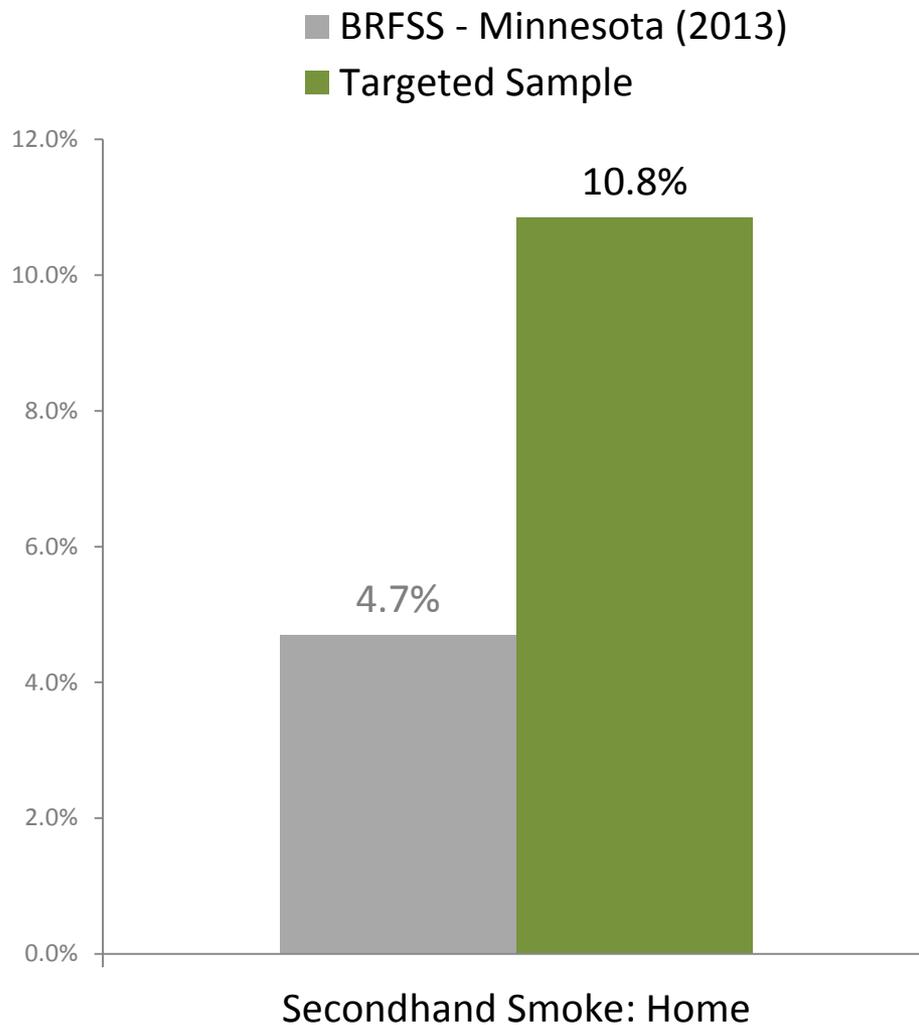
# SHIP key indicator: smoking status

*Current, Former, or Never Smoker*



# SHIP key indicators: secondhand smoke exposure

*Secondhand smoke exposure in the home, past 7 days (n = 377)*



# SHIP-funded tobacco-free living programs



# Limitations and challenges

- Not able to weight results
- Skewed toward older population
- Difficult to repeat
- Planning follow-up interventions
- Utilizing the findings

# Where do we go from here?

- Shared results with Community Leadership Team (CLT)
- Reach out to partners to share health data
- Decide whether/when to repeat target survey
- Include findings in next health data profiles
- New information will help shape future department work
- Review and apply lessons learned

# Discussion

- What health equity measurement are you currently doing?
- Where have you seen success in that work?  
Where have you seen difficulty or challenge?
- What new ideas do you have today for future health equity work in your community?
- When you leave here for lunch, what will you say to colleagues about this session?

# *Thank You*

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