

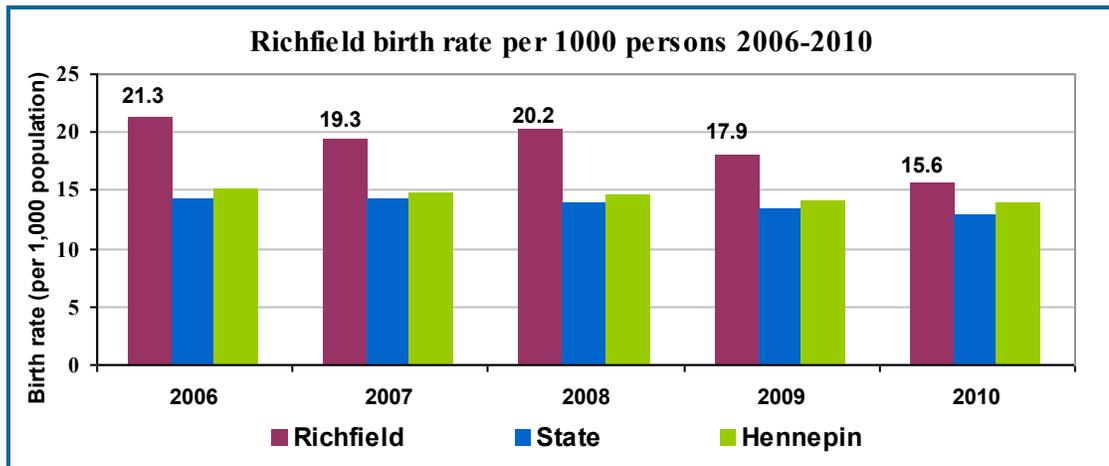
Maternal and Child Health Report

2006-2010: City of Richfield

Trend and Birth Data Report

The health of a child starts with the health of his or her mother. This report details the maternal and child health trends for the past 5 years from 2006-2010 in the City of Richfield. Data in this report can be used by organizations for assessment and as a platform for further exploration into the reasons behind the data. The source of birth data found in this report is birth certificate data from the Minnesota Department of Health.

What is the birth rate in Richfield?



In 2010, 551 babies were born to residents of Richfield. Compared to 2009, the number of births decreased by 9%. Inversely, the overall population of Richfield has increased each year for the past 5 years. Richfield's birth rate remained consistently higher than Hennepin County and the State from 2006-2010. Both statewide and nationally, birth rates have declined the past three years. Richfield's birth rate mirrored the declining State and National birth rates in 2009 and 2010.

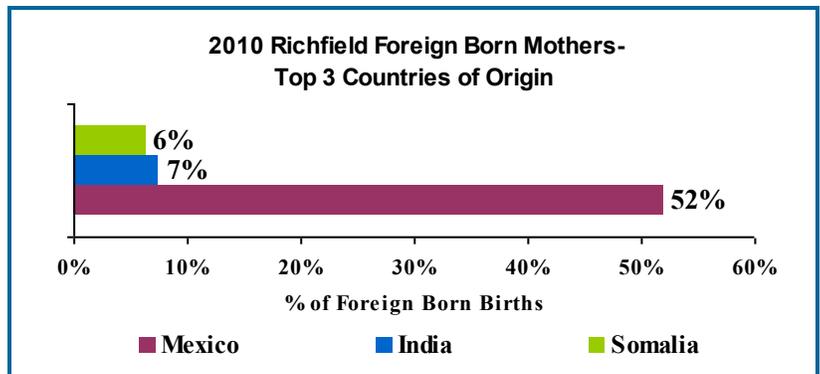
Maternal Characteristics

Race and Ethnicity

Regarding race, births to non-White women decreased in 2010 compared to 2006 accounting for 48% of births in 2010 versus 52% in 2006. This percentage is the lowest it has been in the past five years, falling below 50% for the first time since 2004. In 2010, 24% of all births were women of Other races, 16% to Black women, 6% to Asian women, and 1.5% to Native American Indian women. With respect to ethnicity, 28% of all births were to Latino women. This is the lowest percentage in the past five years with the highest being in 2009, when 36% of all Richfield births were to Latino women.

Births to foreign-born women

The primary country of origin for foreign-born mothers in 2010 was Mexico followed by India and third by Somali. The percentage of births to foreign-born women in 2010 was 39% of all births. This is much lower compared to 2008 and 2009 when it was 45%. This percentage increased each year from 2006-2009, with a large decrease in 2010.

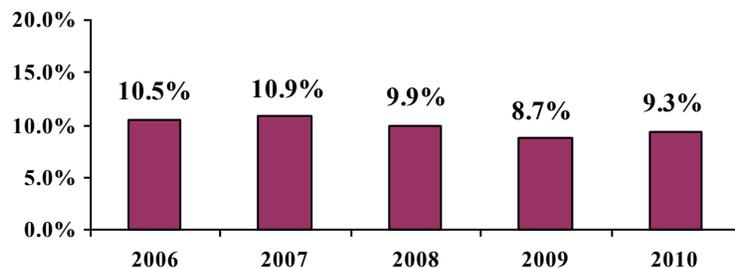


How Does Richfield Compare to the State and What are the 5 year Trends?

Health Indicator	2010 Richfield	2010 State of MN	5 Year Trend Description
Percent of <u>singleton</u> births that are Low Birth Weight	4.4%	4.8%	The 5-year trend for low birth weight singleton births in Richfield had been decreasing since 2008 after two years of increases. 2010 saw the lowest percentage since 2006. In the past 5 years, it was highest in 2008 at 7.0%, declined in 2009 to 5.1% and again in 2010 to 4.4%.
Percent of births to women 40 yrs and older	3.3%	2.7%	The percentage of births to women 40 and older in Richfield remains low, but for the first time in at least 5 years is higher than the State. From 2006-2009, this percentage ranged from 1.1% to 1.9%, but increased to over 3% in 2010 for the first time in at least 10 years.
Percent of all births to foreign-born women	38.8%	18.0%	The percentage of births to foreign-born women in 2010 was 39% of all births. This is the lowest this percentage has been since 2003. This percentage had increased each year from 2006-2008, decreased very slightly in 2009 to 45% and dropped to 39% in 2010. This percentage is still consistently more than double that of the State.
3-yr teen pregnancy rate per 1000 females ages 15-19 years, 2008-2010	68.3 (2008-10)	33.2 (2008-10)	The 3-year rolling average teen pregnancy rate in Richfield is higher than the State. However, it has been steadily decreasing since 2005-2007 with the largest decrease seen from 2007-2009 when it was 83.7 to 2008-2010 when it was 68.3. The actual number of pregnancies from 2008-2010 was 173. In comparison in 2005-2007, there were 243 teen pregnancies.
Percent of all births to high school graduates (mother age >=20 years)	81%	Not available	The 5-year trend for births to women 20 and older who graduated from high school fluctuated from 2006-2009 from 75%-78%. In 2010, however the percentage increased to over 80% for the first time in five years.

One Health Indicator, Big Impact! Preterm Births

Preterm births (less than 37 weeks gestation) in Richfield, 2006-2010



- Preterm infants are at a greater risk for death in the first few days of life than full term infants
- Preterm infants are at a greater risk for other adverse health outcomes such as visual and hearing impairments, intellectual and learning disabilities and behavior and emotional problems throughout life.
- African American women have a much greater risk of delivering a preterm infant than White women.
- The most important risk factor for delivering preterm is having delivered preterm in a previous pregnancy

Source: <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm>

Did Richfield meet the National Healthy People 2010 goals?

Healthy People 2010 Goals

Healthy People, a United States Department of Health and Human Services effort, provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across sectors, guide individuals toward making informed health decisions, and to measure the impact of prevention activities. Healthy People 2020 goals were recently released *Source: www.healthypeople.gov*

Indicator	2010 Richfield	2010 State	Healthy People 2010 Goal
Percent of <u>all</u> births that are premature	9.3%-all births (8.2% single births)*	9.8%-all births	10% or less-all births
Percent of women beginning prenatal care in 1st trimester	85.3%	86.1%	90%
Percent of <u>all</u> births that are low birth weight (less than 5.5lbs, 2500 grams)	5.4%-all births (4.5% single births)*	6.5%-all births	5%-all births
Percent of mothers that used tobacco during pregnancy	4.0%	10%	1%
Percent of mothers that used alcohol during pregnancy	.7 %	Not Available	6%

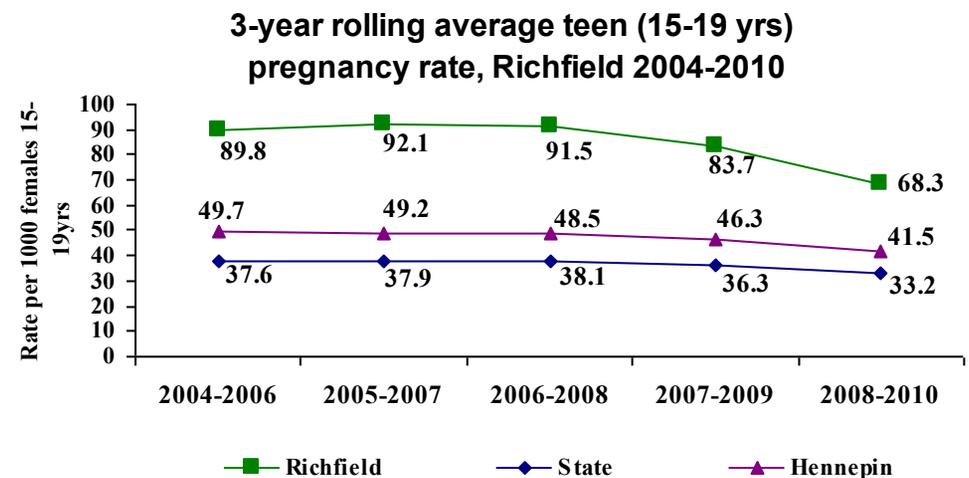
*Percentages for Single Births are given due to the fact that a high percentage of births of multiples are born early and are much more likely to be of low birth weight.

Teen Pregnancy in Richfield

In Richfield, the 3-year rolling average teen pregnancy rate shows an encouraging decreasing trend. The three year rolling average peaked from 2005-2007, but has since declined each year. The actual number of pregnancies to this age group has also declined. From 2008-2010 there were 173 pregnancies among Richfield teens age 15-19. In comparison, in 2004-2006, there were 240 pregnancies. Richfield does continue to have a higher rate compared to the State and to Hennepin County as a whole.

Note:

Three-year rolling averages are used to smooth out short-term fluctuations in data and highlight longer term trends.



Maternal and Child Health Services for Richfield Residents

Bloomington Public Health offers a variety of services that help families stay healthy and thrive and this creates a stronger community. These services address current health issues and aim to prevent low birth weight, premature births and reduce future health problems. Some of the Maternal and Child Health programs at Bloomington Public Health include:

- Home visits to families focus on: prenatal health, post partum and newborn care, long term parenting support, child development, and accessing community resources
- Immunizations and flu shots
- Car seat provision for health plans
- Teen sexual health and pregnancy prevention education in schools
- Follow-Along Program and Help Me Grow South Hennepin
- Women, Infants and Children (WIC) Program



Image from website: <http://northwestearlychildhoodiowa.community.officelive.com/healthyfamilies.aspx>

More about.....



Image from website <http://thenews13.com>

Women, Infants, and Children Program (WIC)

This program is for pregnant women, new mothers and their children up to 5 years of age who have financial needs. Staff provide nutrition education, breastfeeding peer support, and food vouchers to make an early impact on children's growth and development both before and after they have been born. Research has demonstrated the WIC program has resulted in fewer premature births and low birth weight births, fewer infant deaths and a greater likelihood of receiving prenatal care early*.

*<http://www.fns.usda.gov/wic/aboutwic/howwichehelps.htm>



Photo from the Parents Know-Help Me Grow website:<http://parentsknow.state.mn.us/>

The Help Me Grow Program

This program is for all families who have concerns about their child's behavior, growth, and development. The program also help parents access educational, medical and social service resources. If a concern is identified, the family is referred to their school district where further help will be provided. This is a joint collaborative with four school districts-Bloomington, Edina, Richfield and Eden Prairie. The goal of this and the Follow Along Program is to ensure all children are prepared to enter Kindergarten.

For additional information on this report, please contact Emily Thompson at ethompson@ci.bloomington.mn.us or 952-563-8900.

More information about Bloomington Public Health Maternal and Child Health services can be found at <http://www.ci.bloomington.mn.us/cityhall/dept/commserv/publheal/publheal.htm>