Why does Minnesota need a Center for Health Equity?

Minnesota, ranks among the healthiest states in the nation But those averages do not tell the whole story. Minnesota has some of the greatest health disparities in the country between whites and people of color and American Indians. These disparities persist because not all Minnesotans share the same opportunities to be healthy.

The Center for Health Equity

- Engages communities to address structural racism and inequities that contribute to health disparities
- Advances health equity in all of MDH's activities (e.g. grants, workforce development and policy making)
- Collects, analyzes and communicates data on health, health disparities, and health equity
- Invests in reducing health disparities through grants
- Increases cultural understanding and deepens relationships with communities
- Engages citizens in decision-making
- Focuses on creating health for all Minnesotans through a health in all policies approach

Minnesota approach to advancing health equity

Research shows that the conditions needed for health are peace, shelter, education, food, income, and social justice. In short, health is created where people live, work, and play.

Minnesota's significant and long-lasting health inequities cannot be explained by bio-genetic factors and personal choice. These health differences have in part resulted from structural racism, which refers to racism that is built into systems and policies.

Creating health equity requires a comprehensive solution that goes beyond targeted grants and access to health care. Minnesota needs to address health disparities as part of a broad spectrum of public investments in housing, transportation, education, economic opportunity and criminal justice.

FIND IT ONLINE
Advancing Health Equity in Minnesota: Report to the Legislature
www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf

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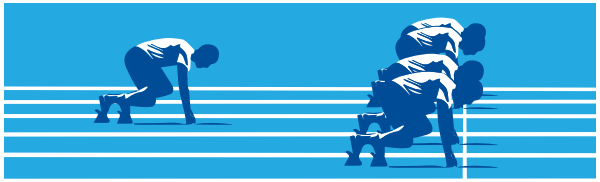
Minnesota Department of Health

Center for Health Equity

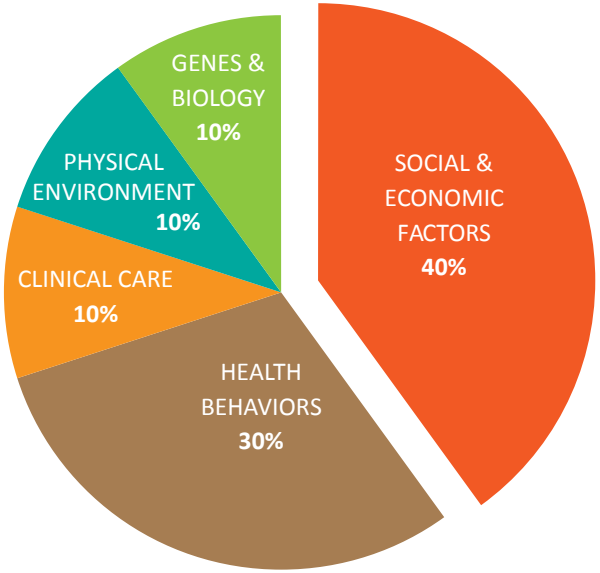
The Commissioner of Health established the Center for Health Equity in 2013 to make advancing health equity an essential goal for a healthy Minnesota and the work of MDH.



Health equity and the social determinants of health in Minnesota

What creates health? The common belief is that good health is due to personal choices and great medical care. These do influence health and are important. But the reality is that clinical care is a relatively small contributor to overall health – around 10 percent. Some models suggest that the biggest contributors to health are socio-economic factors like education, income, individual and community-level wealth, mobility and housing.

It is not surprising that Minnesota has some of the worst health disparities in the country, because it has significant inequalities in areas such as income, education and home ownership.



Determinants of Health Model based on frameworks developed by: Tarlov AR. Ann N Y Acad Sci 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083.

Wealth, health, and race

Take income for example. National studies and Minnesota data show a strong relationship between higher income and better health and lower income and worse health. African Americans and American Indians in Minnesota have less income and more poverty, and their health suffers because of it.

Income differences in Minnesota

Median household income by race/ethnicity, Minnesota 2012

POPULATION GROUP	INCOME
Total	$58,906
Asian	$65,959
White	$61,220
Hispanic/Latino	$41,718
American Indian	$32,153
Black or African American	$28,136

Source: U.S. Census, American Community Survey, 2012 Table S1903 In 2012 inflation-adjusted dollars
Race alone, not in combination with other race groups, Hispanics are included with Whites, Hispanic/Latino can be any race.

Estimated percent living in poverty by race/ethnicity, Minnesota and United States 2012

Population	Percent	
	MN	U.S.
White	8.8	13.0
Asian	15.9	13.0
Hispanic/Latino	25.7	25.4
American Indian	31.9	29.1
Black or African American	37.8	28.1

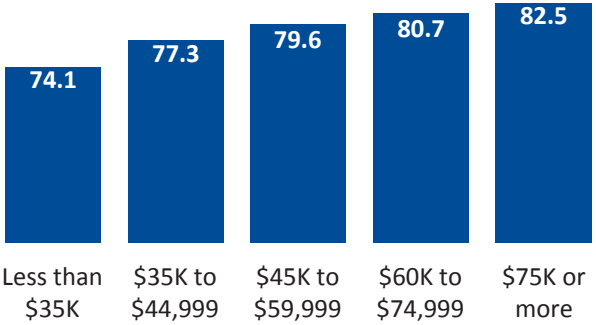
Source: U.S. Census, American Community Survey, 2012 Table S1701
Race alone, not in combination with other race groups, Hispanics are included with Whites, Hispanic/Latino can be any race

"Achieving healthy equity is the central challenge for Minnesota if we are to remain one of the healthiest states in the nation. Modifying our policies, systems and environments to support the achievement of that goal is crucial to the success of our state."

—Minnesota Commissioner of Health
Ed Ehlinger, MetroDoctors

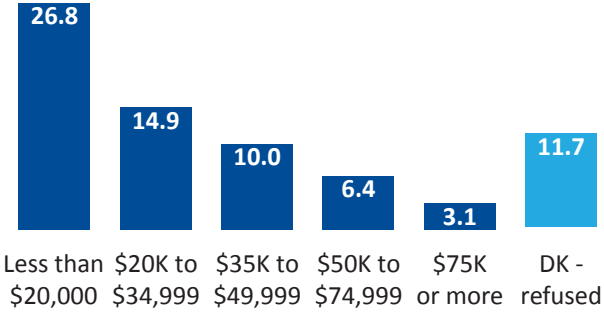
Health differences by income

Life expectancy years by median household income group of ZIP codes, Twin Cities 1998-2002



Source: The unequal distribution of health in the Twin Cities, Wilder Research www.wilderresearch using 1998-2002 mortality data from the Minnesota Department of Health and data from the U.S. Census Bureau (population, median household income, and poverty rate by ZIP code).

Percent adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011



Source: 2011 Behavioral Risk Factor Surveillance System