

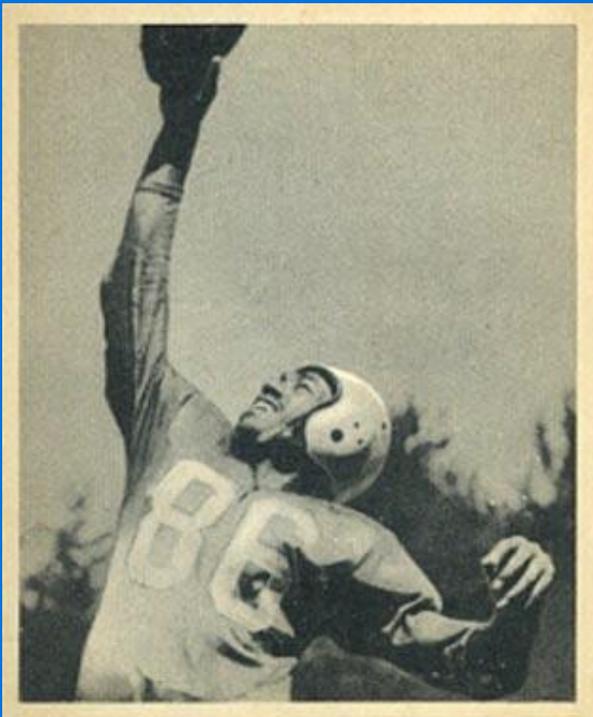
ADVANCING HEALTH EQUITY

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Minnesota Department of Health

Bobby Man: First African American Football Player for Green Bay Packers in 1950's



Advancing Health Equity Report

- ❑ **In 2013, the Minnesota State Legislature directed the Department of Health to prepare a report on the health disparities and health inequities in the state, to identify the inequitable conditions that produce health disparities, and make recommendations to advance health equity.**
- ❑ **During the preparation of the AHE report, the Commissioner Ed Ehlinger established the Center of Health Equity in December of 2013.**
- ❑ **AHE Report completed at the beginning of the 2014 legislative session and it drew state-wide attention due to naming structural racism as a main contributor to health disparities.**

Terminology

Health Equity: Achieving the conditions in which all people have the opportunity to attain their highest possible level of health.

Health Inequity: A health disparity base in inequitable, socially-determined circumstances.

Health Disparity: A population-based difference in health outcomes.

Structural Racism v.s. Institutional Racism

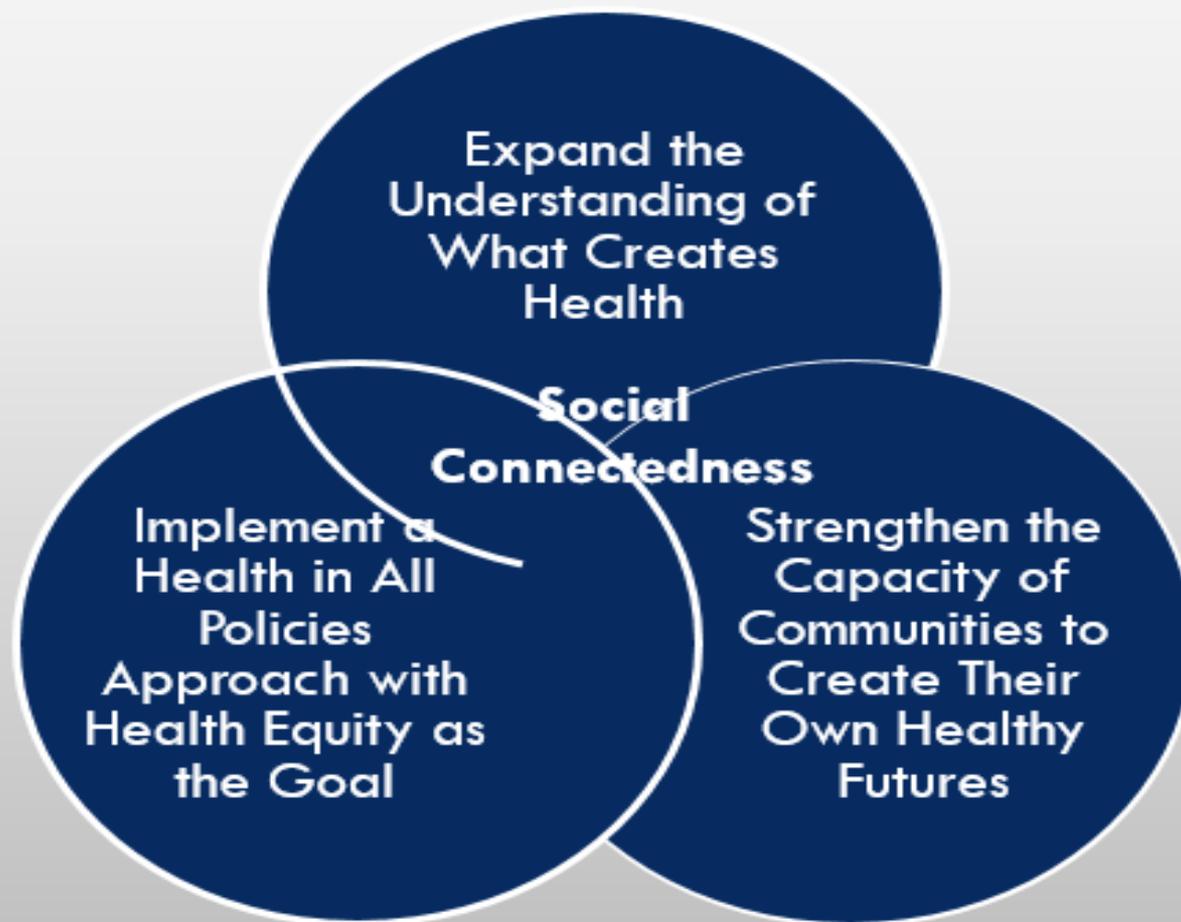
Structural Racism: the normalization of an array of dynamics - historical, cultural, institutional, and interpersonal – that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.

Institutional Racism: Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage.

Center for Health Equity

- ❑ **Community Engagement (Office of Minority and Multicultural Health)**
- ❑ **Grant-management (Eliminating Health Disparities Initiative)**
- ❑ **Data Collection and Analysis (Center for Health Statistics)**

Triple Aim of Health Equity-Essential Practices



Public Health

- **“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”**
 - Institute of Medicine (1988), Future of Public Health

Prerequisite conditions for health



Peace



Shelter



Education



Food



Income



Stable eco-system



Sustainable resources



Social justice and equity

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Educational Achievement: Graduation Rates

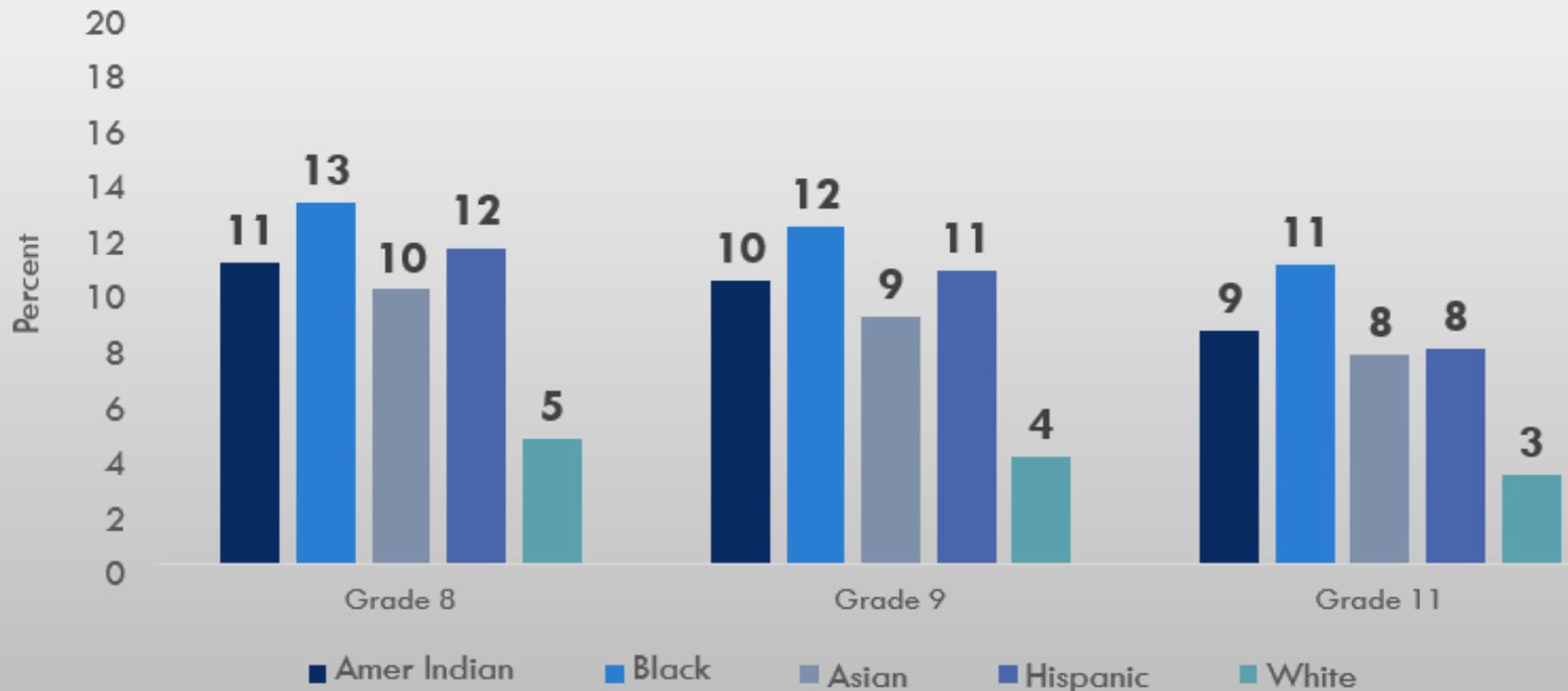
Graduation Status of Minnesota Students Four Years after Entering 9th Grade, 2013-2014.

	Non-Hispanic Black	American Indian	Asian	Hispanic	Non-Hispanic White
Graduated	60.4%	50.6%	81.7%	63.2%	86.3%
Dropped Out	8.7%	20.1%	4.3%	10.9%	3.6%
Continuing in school	25.8%	20.7%	11.4%	21.1%	7.9%
Unknown	<u>5.2%</u>	<u>8.6%</u>	<u>2.7%</u>	<u>4.9%</u>	<u>2.3%</u>
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Minnesota Department of Education

Educational Achievement: Challenges

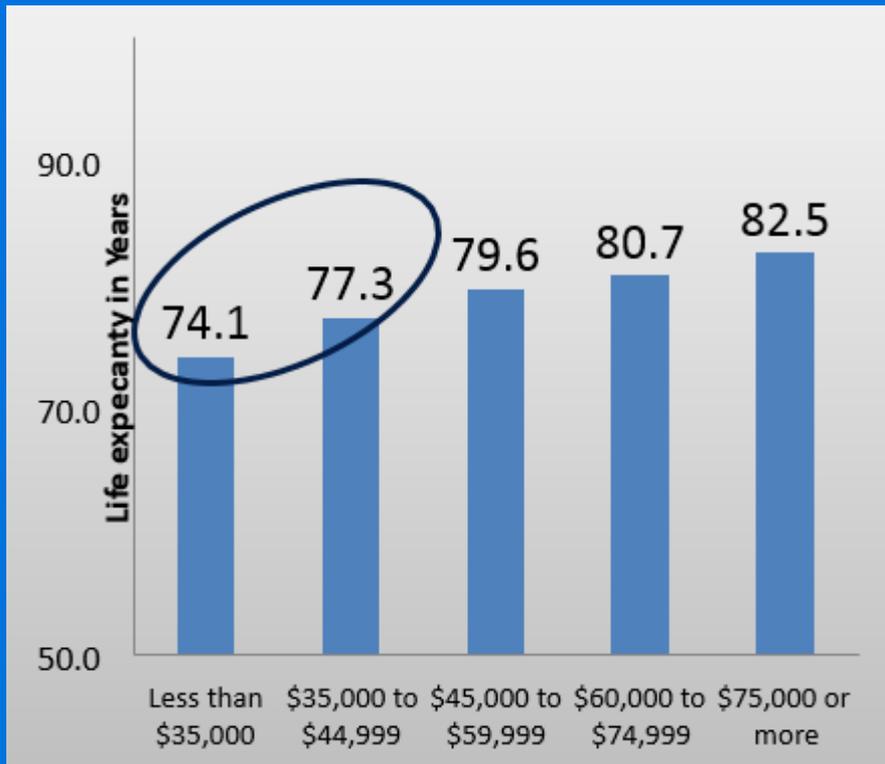
Percent who changed schools one or more times since beginning of school year, by race-ethnic group, 2013



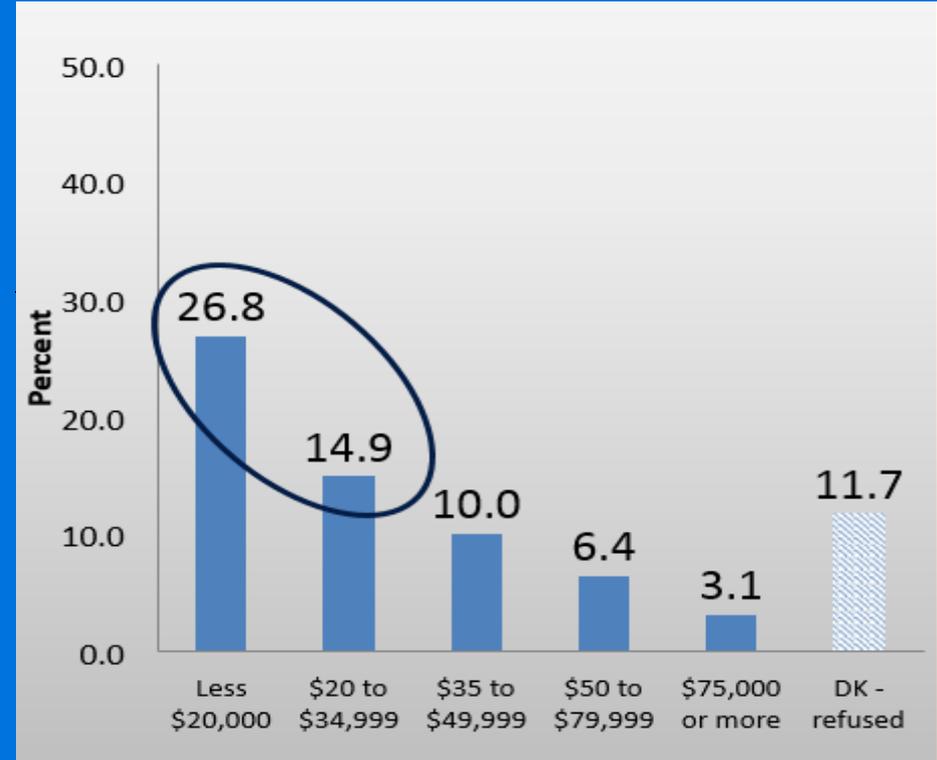
Source: Minnesota Student Survey, 2013

White Paper: Income and Health

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



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



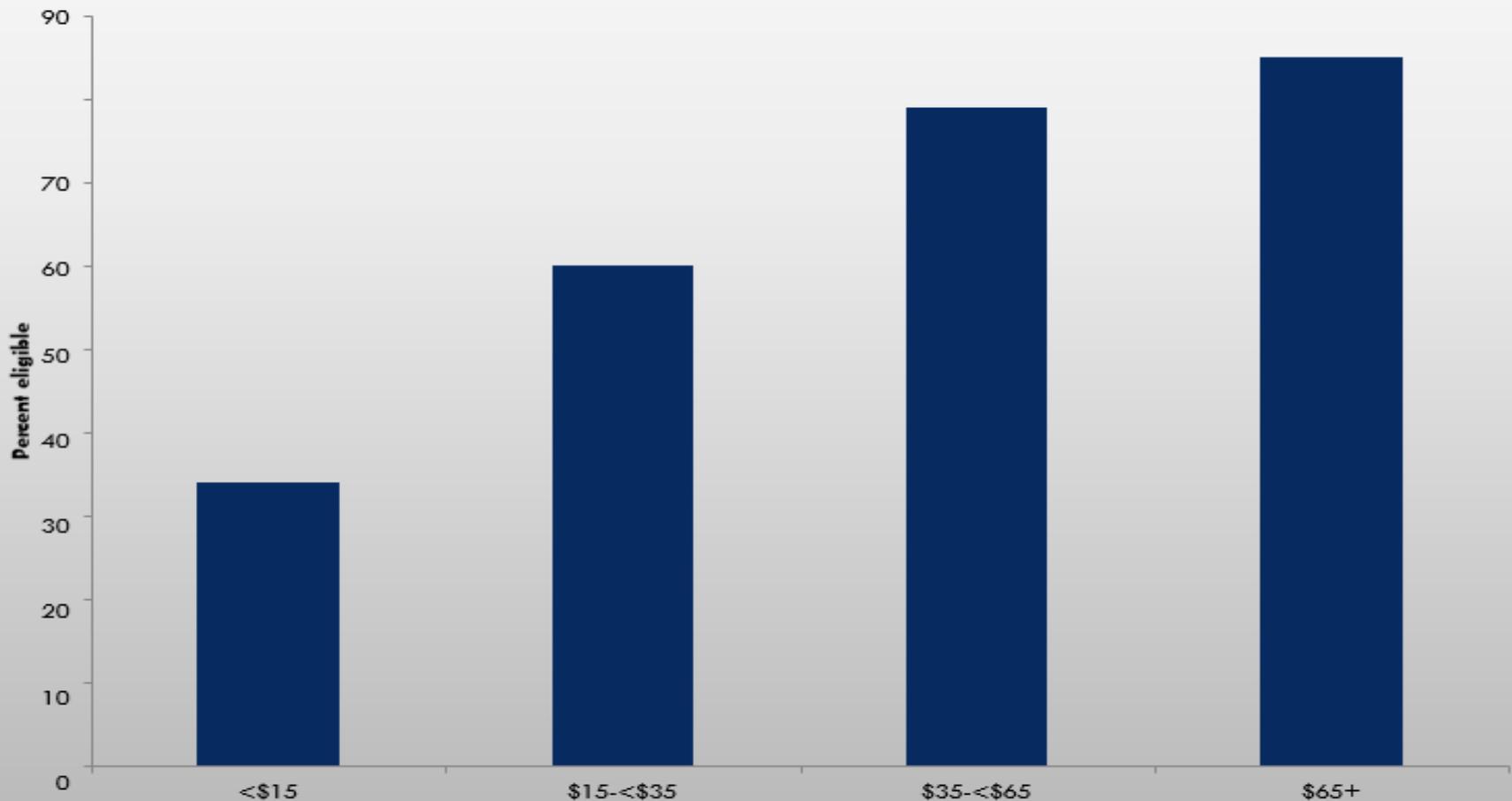
Source: The unequal distribution of health in the Twin Cities, Wilder Research www.wilderresearch.org

Analyses were conducted by Wilder Research 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)

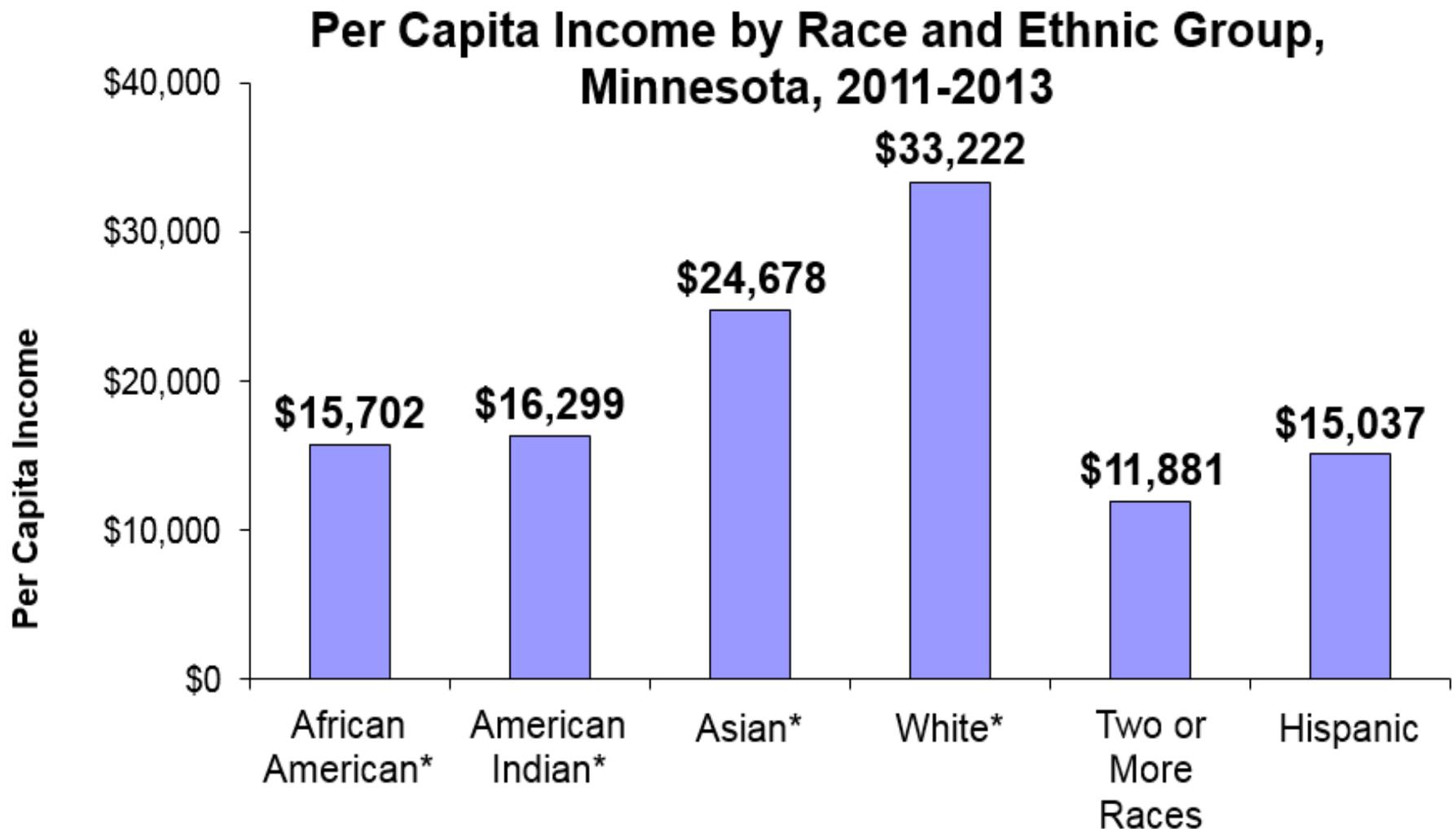
Source: 2011 Behavioral Risk Factor Surveillance System

Those with lowest incomes least likely to have access to paid sick leave--MN

Access to paid sick time for full-time workers in MN by annual income

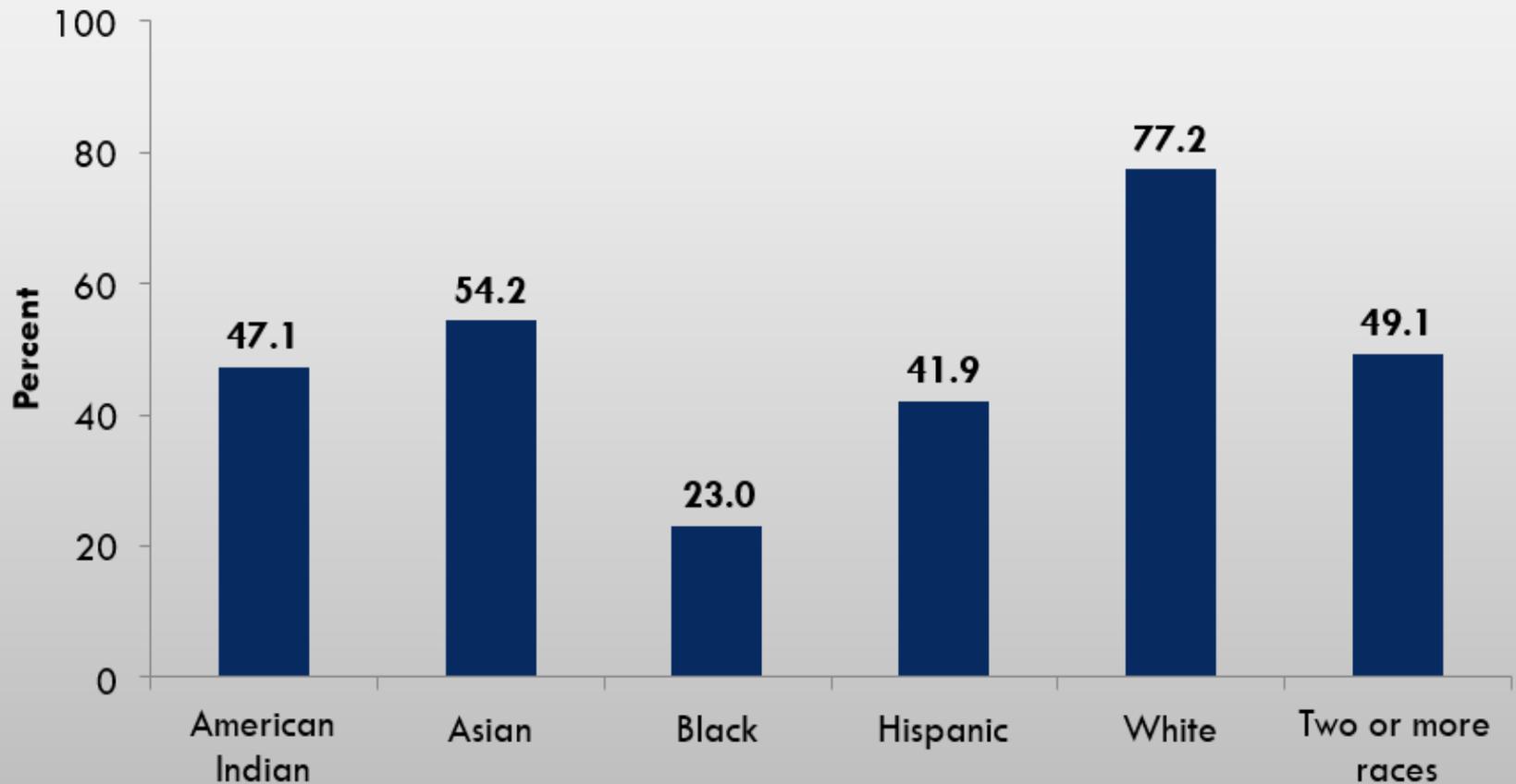


Income by Race and Ethnic Group



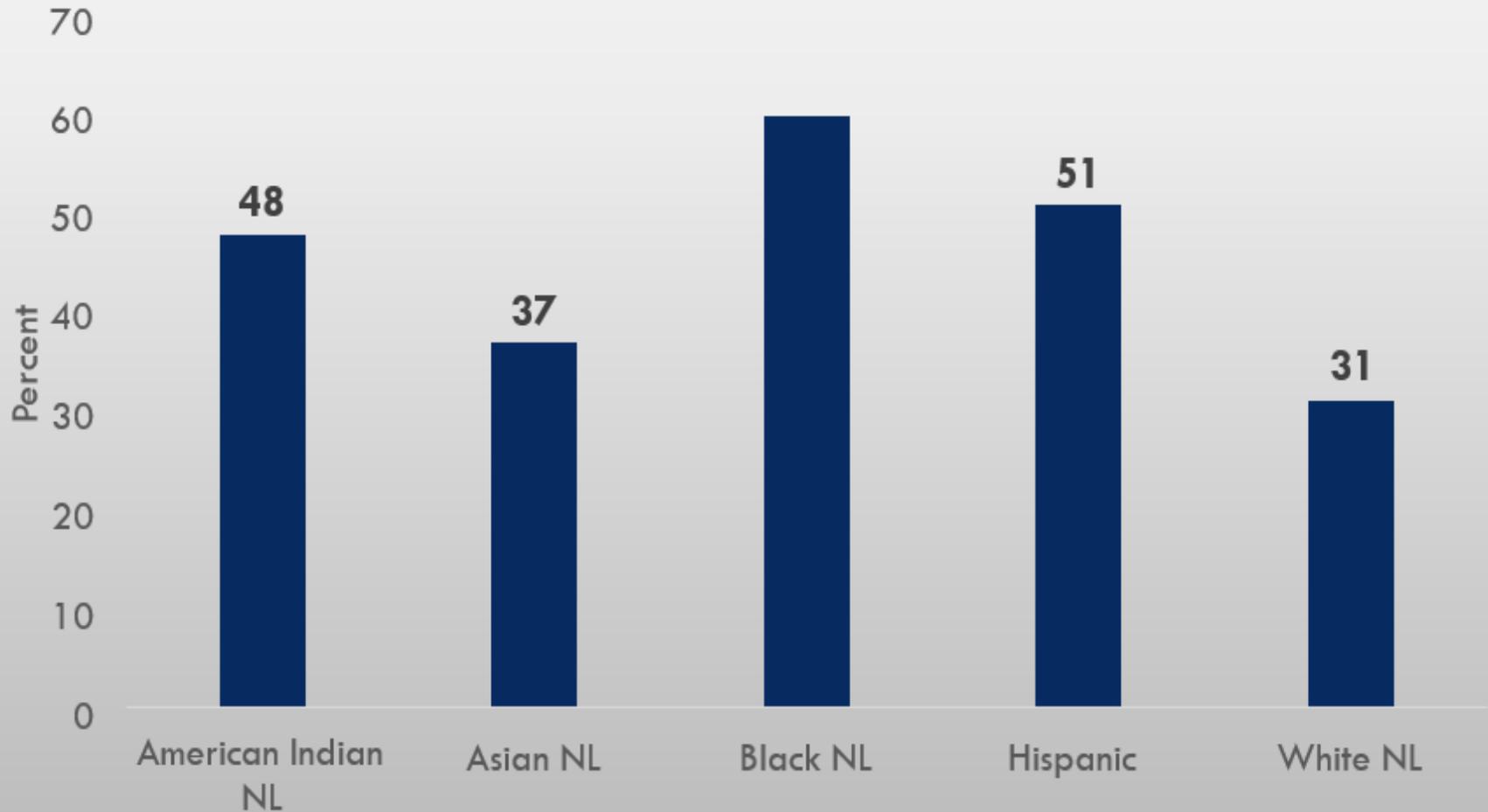
Source: American Community Survey, 2011-13.

Home Ownership



Source: Minnesota Compass

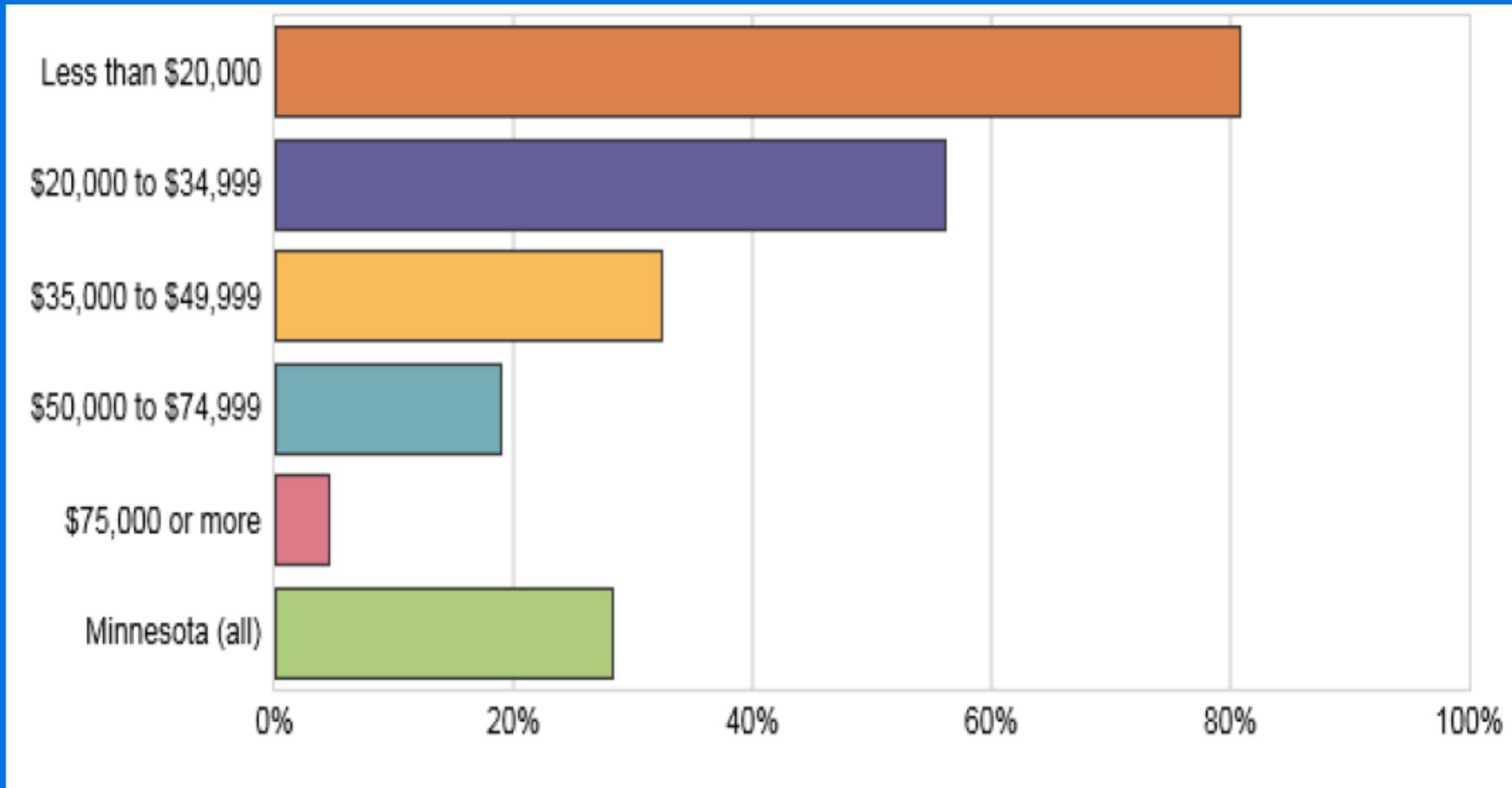
Cost-burdened Households



Source: Metropolitan Council

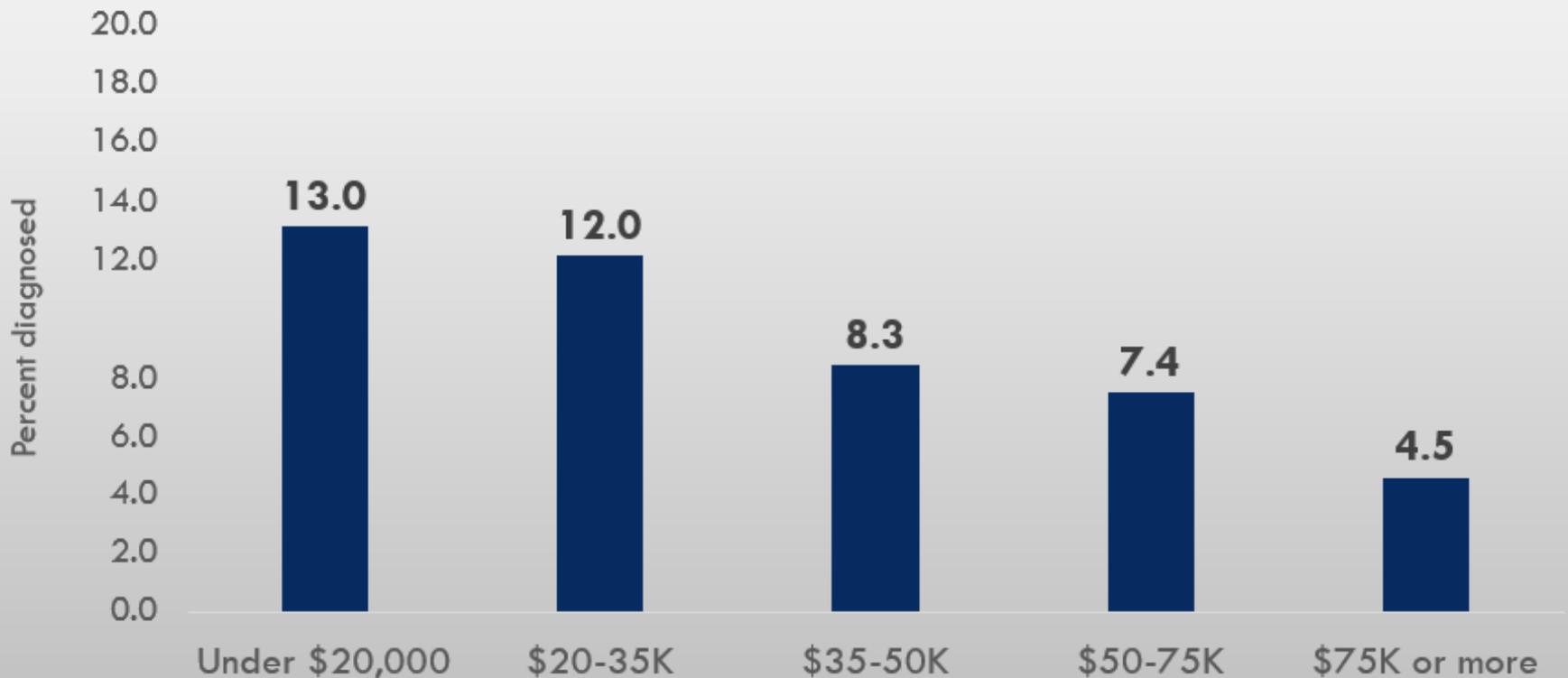
Share of households paying 30% or more of their income for housing

By annual household income, Minnesota 2013



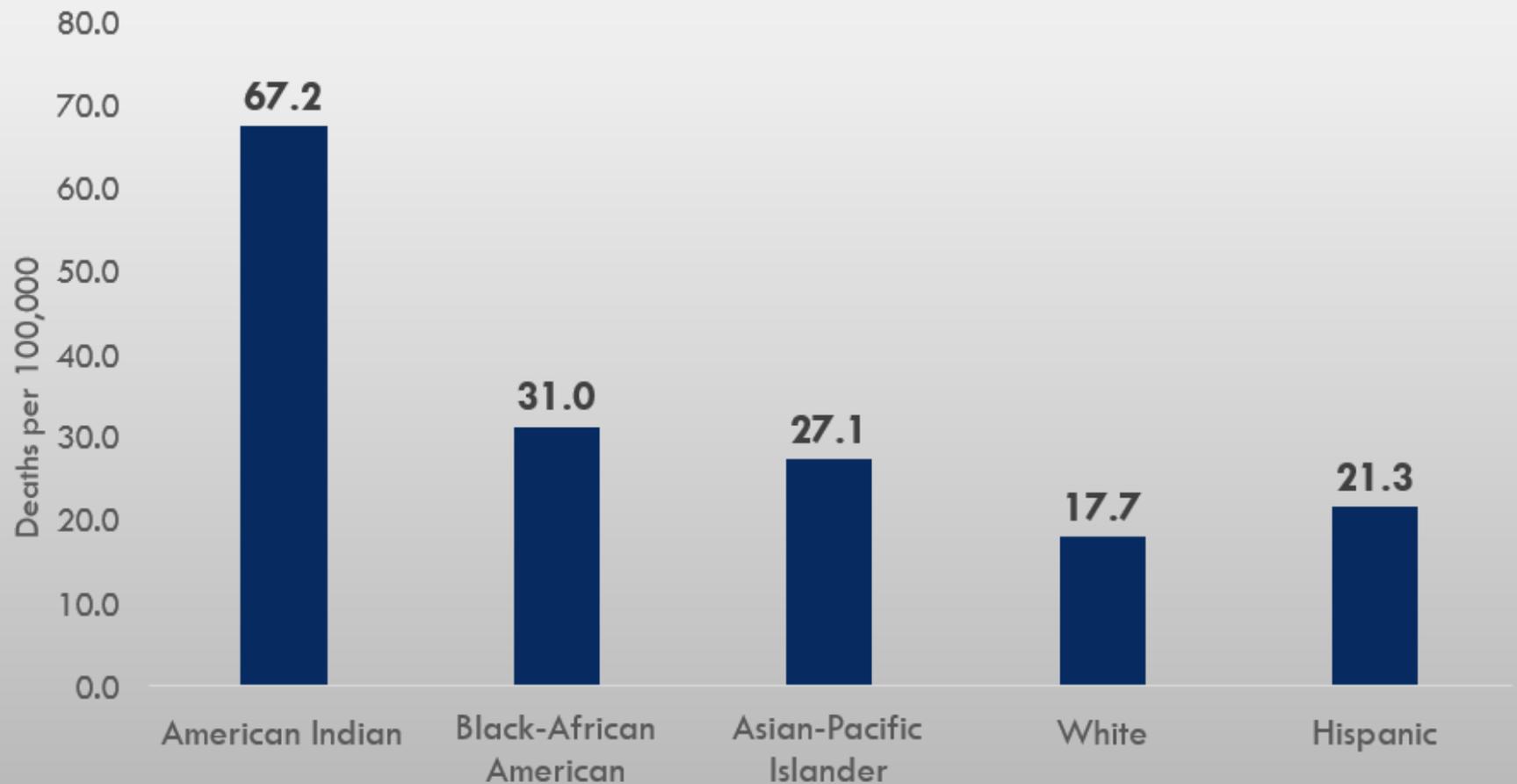
Diabetes

Percent who have been diagnosed with diabetes, by household income, 2014

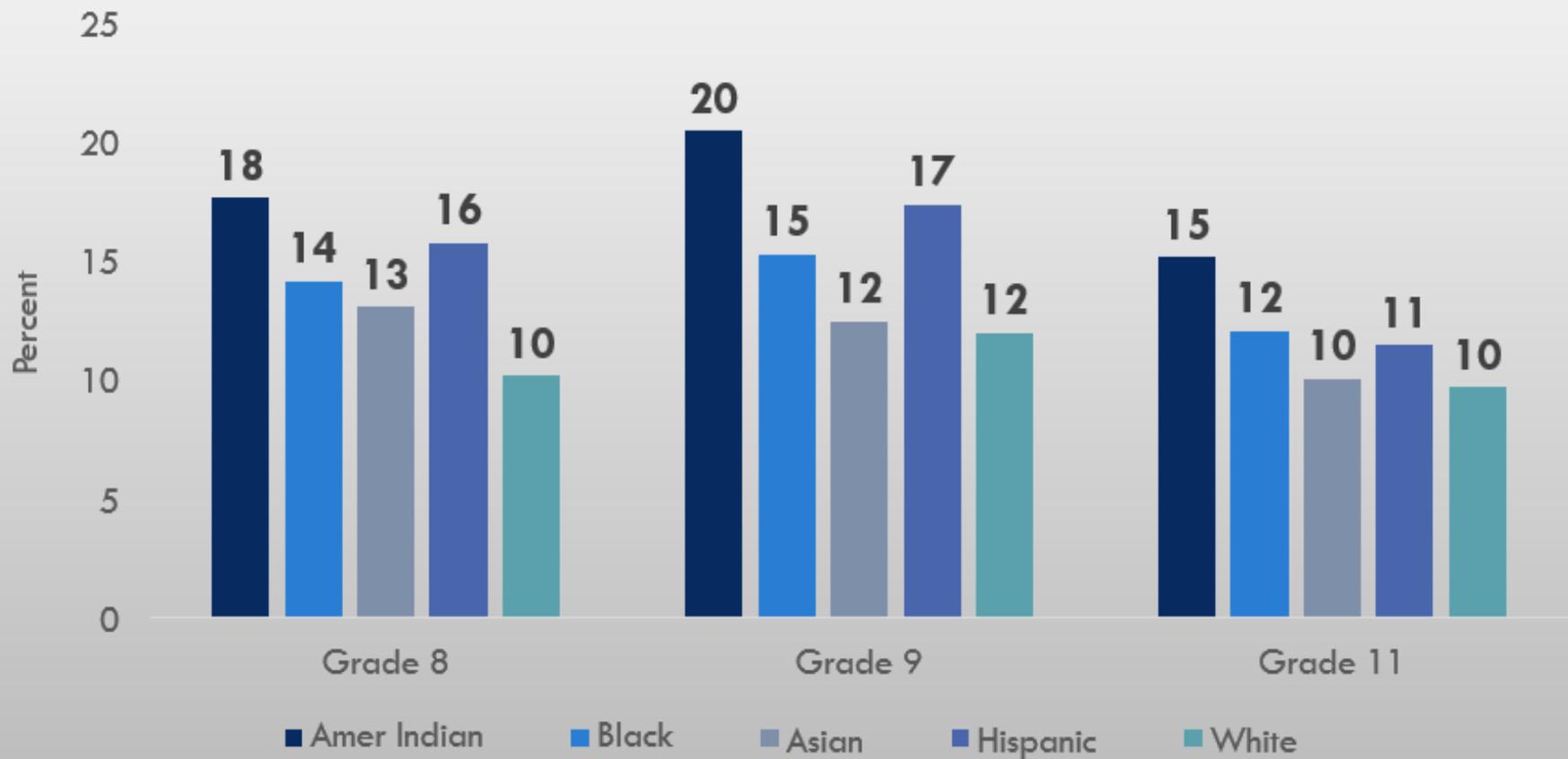


Source: Minnesota Behavior Risk Factor Survey, 2014

Age-adjusted Diabetes Deaths per 100,000 Population, by Race-ethnic Group, 2009-2013

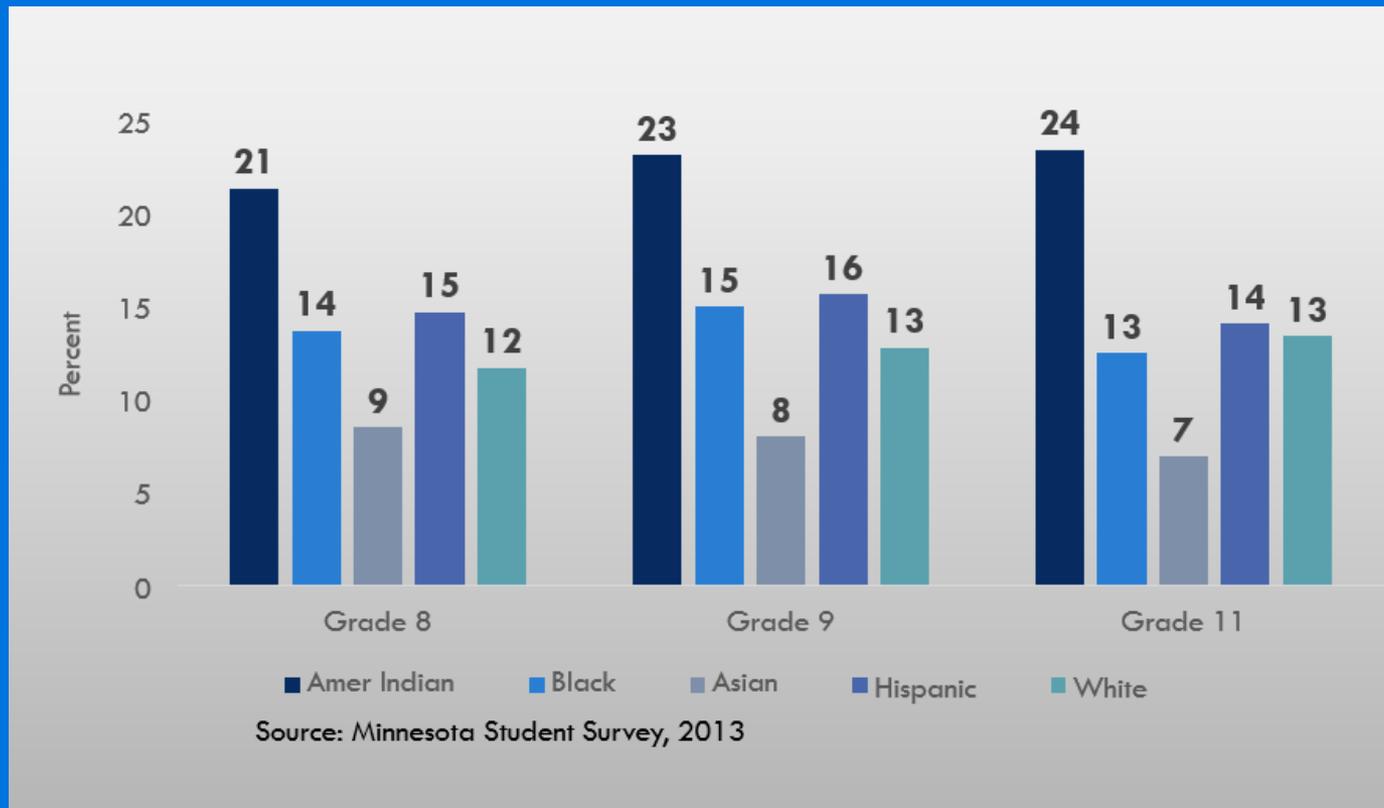


Percent who seriously considered suicide in past year, by race-ethnic group, 2013

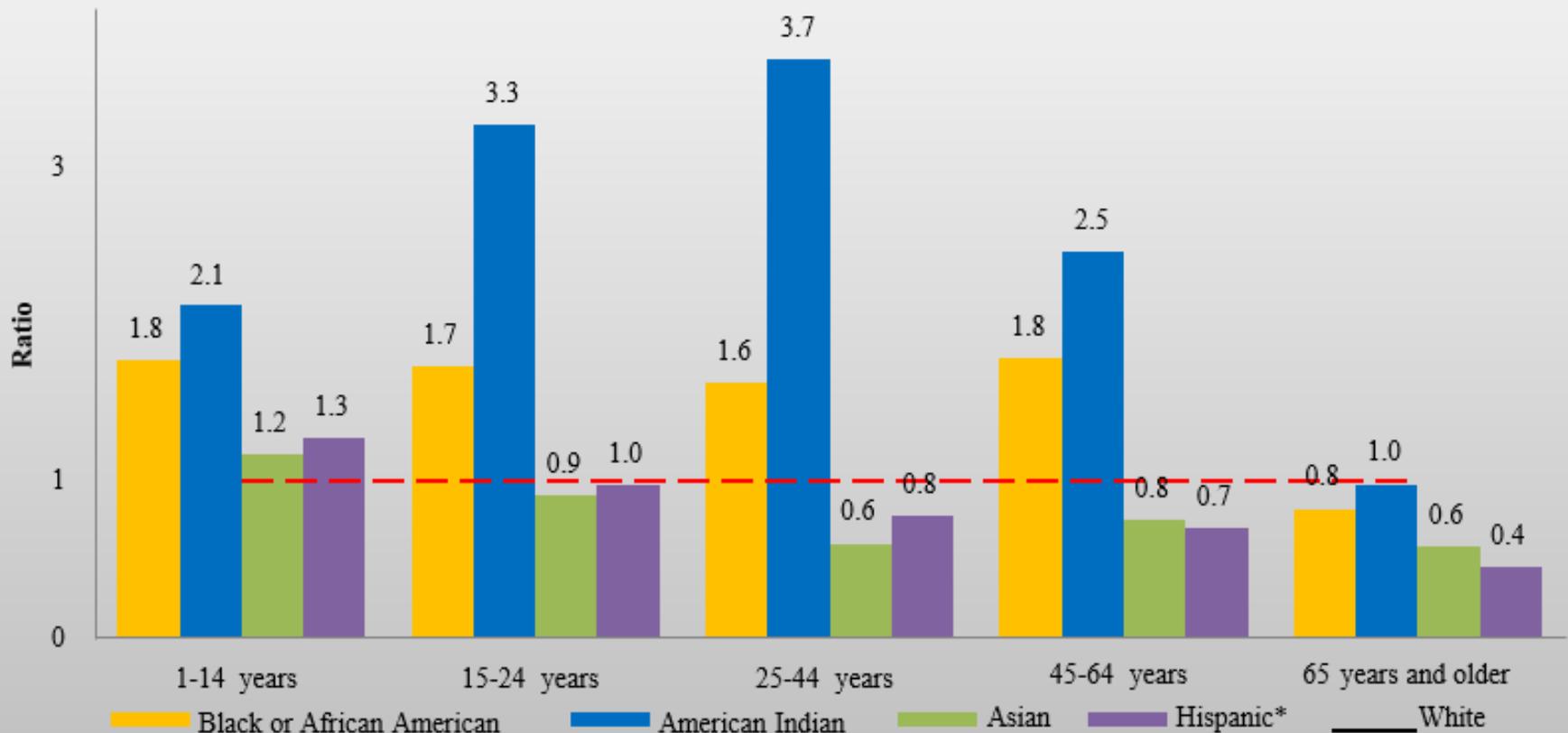


Source: Minnesota Student Survey, 2013

Percent with long-term mental health, behavioral or emotional problems, by race-ethnic group, 2013



Mortality Disparity Ratios by Race/Ethnicity and Age in Minnesota, 2007 – 2011



* Hispanic may be any race.

Predictors of Health by Race

The connection between systemic disadvantage and health inequities by race is clear and **predictive of the future health** of our community.

How did we get here? Why should we care?

- ❑ Disparities are not simply because of lack of access to health care or to poor individual choices.
- ❑ Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
- ❑ Especially, LGBTQ, low income people, and rural communities, and populations of color and American Indians

Populations of Color as a Proportion of Minnesota's Total Population: 1990-2010

	In 1990	In 2000	In 2010	Percent of Growth of Population
African American	2.2	3.5	5.2	189
American Indian	1.1	1.1	1.1	22.1
Asian/Pacific Islander	1.8	2.9	4.1	177.8
Hispanic	1.2	2.9	4.7	364.4
White	94.4	89.4	85.3	9.5

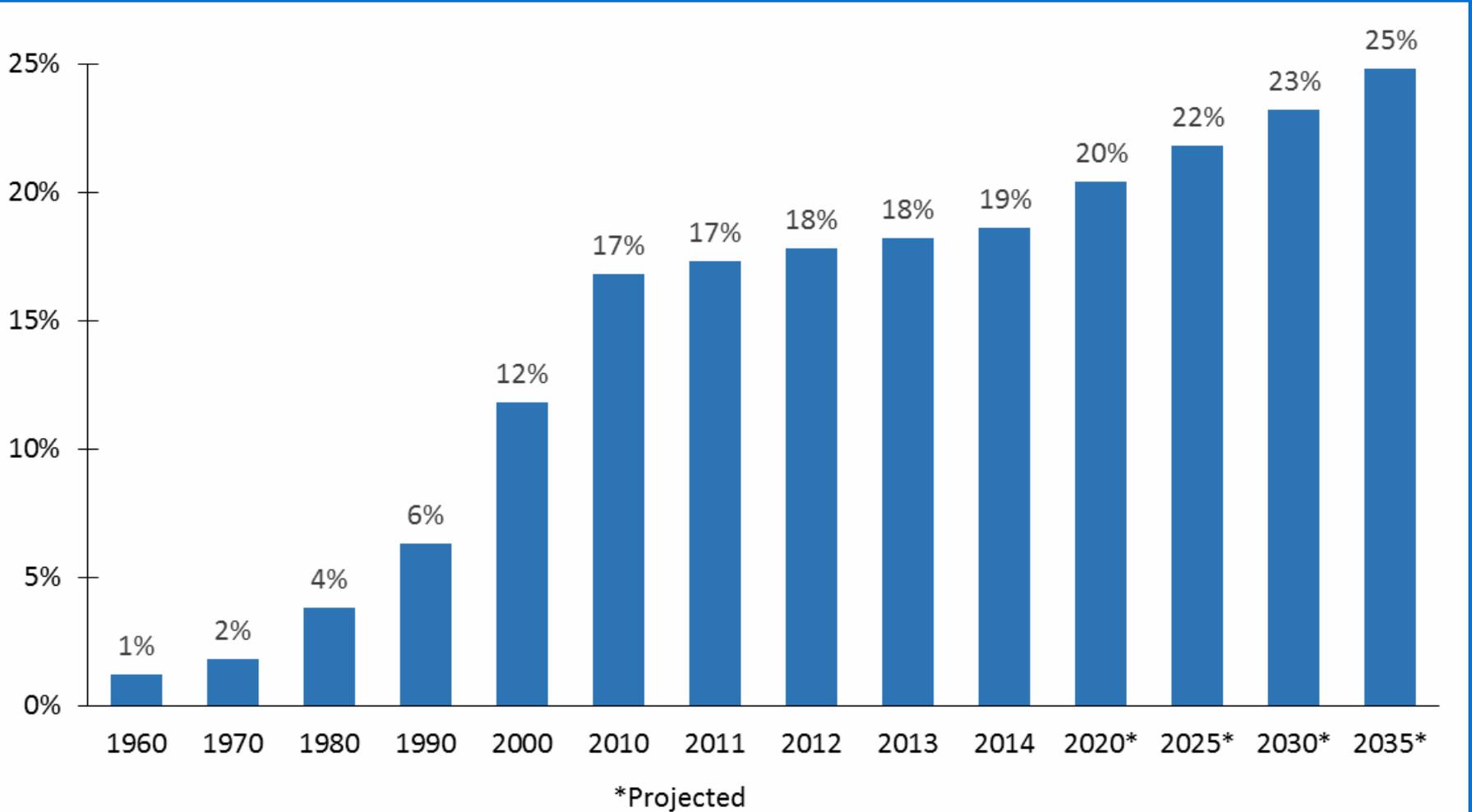
U.S Census counts of adolescent population (aged 10-19) by race/ethnicity, Minnesota 200-2010

	U.S. Census Actual Counts		Percent Change
	2000	2010	2000-2010
Total Population Aged 10-19	749,357	720,171	-3.9%
Race*			
Black/African American alone	34,747	49,453	42.3%
American Indian alone**	11,975	10,954	-8.5%
Asian/Pacific Islanders alone	32,079	37,601	17.2%
White alone	655,735	572,823	-12.6%
Two or more races	14,821	30,343	104.7%
Ethnicity***			
Hispanic (any race)	26,292	46,941	78.5%

Source: U.S. Census 2000 and 2010.

Source: MDH Center for Health Statistics, [Adolescent of Color report](#), 2012

Minnesota in 2035



Sources: Minnesota State Demographic Center and U.S. Census Bureau, Decennial Census, Population Estimates, and Population Projections.

Health Equity: An Evolving Field

- ❑ Organic – must be interwoven with all other work-recognize it is iterative
- ❑ Must be intentional
- ❑ Requires commitment to *building our organizational and community capacity --skills*
- ❑ Leadership – Hold our selves and each other accountable
- ❑ Imperfect-incomplete work--navigating toward health equity -- permission to make course corrections

Thank You!

Please contact me for more information or questions:

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