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
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

1. **Expand the Understanding of What Creates Health**
   - Implement a Health in All Policies Approach with Health Equity as the Goal

2. **Social Connectedness**
   - Strengthen the Capacity of Communities to Create Their Own Healthy Futures
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

Educational Achievement: Graduation Rates

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

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

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
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
Per Capita Income by Race and Ethnic Group, Minnesota, 2011-2013

- African American*: $15,702
- American Indian*: $16,299
- Asian*: $24,678
- White*: $33,222
- Two or More Races: $11,881
- Hispanic: $15,037

Cost-burdened Households

Cost-burdened households by race-ethnicity, Twin Cities Metro Area, 2008-2012

- American Indian NL: 48%
- Asian NL: 37%
- Black NL: 51%
- Hispanic: 31%

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

- American Indian: 67.2
- Black-African American: 31.0
- Asian-Pacific Islander: 27.1
- White: 17.7
- Hispanic: 21.3
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

Source: Minnesota Student Survey, 2013
Mortality Disparity Ratios by Race/Ethnicity and Age in Minnesota, 2007 – 2011

* Hispanic may be any 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

<table>
<thead>
<tr>
<th></th>
<th>In 1990</th>
<th>In 2000</th>
<th>In 2010</th>
<th>Percent of Growth of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>2.2</td>
<td>3.5</td>
<td>5.2</td>
<td>189</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td>22.1</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.8</td>
<td>2.9</td>
<td>4.1</td>
<td>177.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.2</td>
<td>2.9</td>
<td>4.7</td>
<td>364.4</td>
</tr>
<tr>
<td>White</td>
<td>94.4</td>
<td>89.4</td>
<td>85.3</td>
<td>9.5</td>
</tr>
</tbody>
</table>
### U.S Census counts of adolescent population (aged 10-19) by race/ethnicity, Minnesota 2000-2010

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


Source: MDH Center for Health Statistics, [Adolescent of Color report](https://reports.health.state.mn.us), 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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