DEPARTMENT OF HEALTH

Social and economic factors: American Indian health status in Minnesota

30-YEAR RETROSPECTIVE

This document is the second in a series of reports that provide a 30-year retrospective view of American Indian health (1989-2018) in Minnesota. This series updates the Minnesota Department of Health (MDH) 20-year retrospective of American Indian health-related data, published in 2012. The reports in this series cover information on American Indian demographics and social/economic factors, as well as trends in birth, death, health conditions that occur alone, and health conditions that occur together and impact each other.

This second report focuses on the social/economic factors for the American Indian population in Minnesota.

You can view all the reports in this series online, as they are released, at: Center for Health Equity reports and publications (https://www.health.state.mn.us/communities/equity/reports/index.html).

Introduction

In 2014, the MDH report to the Legislature *Advancing Health Equity in Minnesota*[1] documented disparities in health outcomes and inequities in accessing the things that are needed to support health for all populations in Minnesota. The report noted that while Minnesota ranks as one of the healthiest states in the country, significant and longstanding disparities in health outcomes for American Indians[2] and other groups are evident over many years because the opportunity to be healthy is not available everywhere or for everyone. Economic factors (e.g., income, homeownership, poverty, and unemployment) and social factors (e.g., educational attainment and insurance status) impact the health of communities. These factors "influence the opportunity people have safe and affordable housing, purchasing nutritious food, participating in a wide variety of physical activities, and to have leisure time"—all things that impact our health. Such aspects contribute to health status, and show us that health outcomes are interconnected with all parts of a community including access to health care, income, housing, and other "social determinants" of health.

The 2014 report also explicitly states that the structural racism as embedded in our systems and processes continuously contribute to and sustain disparities in health outcomes among some communities in Minnesota. Specifically, the report defines structural racism as "…the normalization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage white[3] people while producing cumulative and chronic adverse outcomes of people of color and American Indians." This brief provides a summary of several social and economic factors that contribute or place American Indians and other groups at risk for poor health outcomes.

[1] Minnesota Department of Health. (2014). *Advancing health equity in Minnesota: Report to the Legislature*. Online: https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf

[2] Throughout this report, the narrative may shift from American Indian to American Indian/Alaska Native, depending on the data discussed.

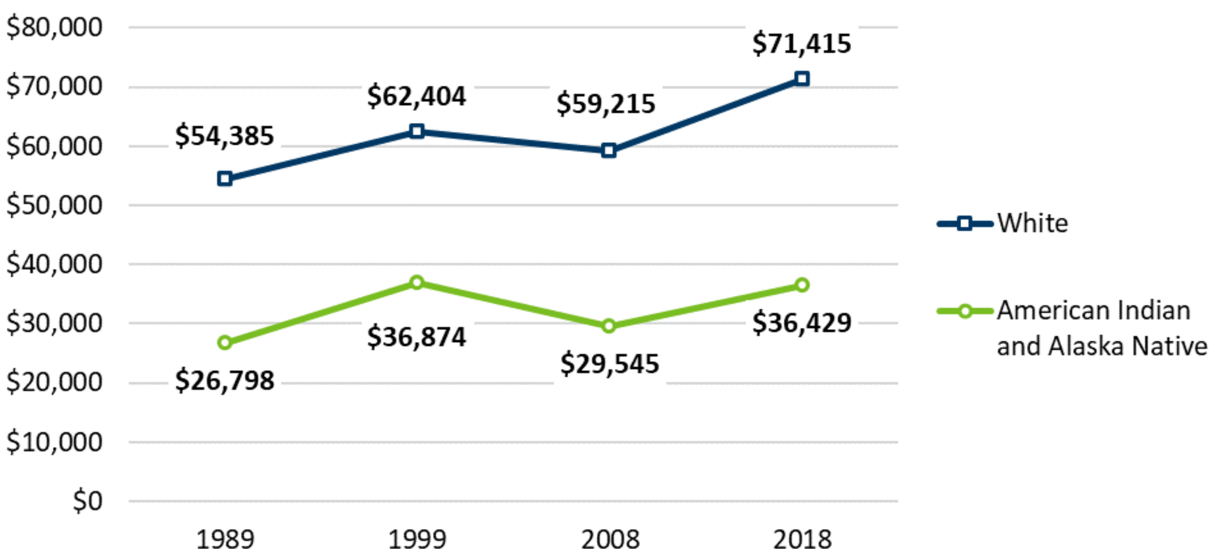
[3] Individuals who identify as white non-Hispanic.

Using data from the U.S. Census 2018 American Community Survey (ACS) 5-year estimates, Minnesota Health Access Survey, and the Minnesota Student Survey, this report describes income, poverty, unemployment, educational attainment, homeownership, and insurance status for American Indians as compared to other groups. This report is based on individuals that have self-identified their race/ethnicity; this should be considered when interpreting results. The purpose of this report is to increase the understanding of how some populations fare in social and economic factors compared to other populations and how these factors can have an impact on the health of these populations. Census data and the Minnesota Health Access Survey indicate that American Indians experience disparities across all social/economic factors. While substantial work has reduced inequities throughout the state in recent years, the population continues to deal with disparities in health outcomes.

Income

Median household income represents the mid-point of all of the incomes in a particular group, where half the households in the group earn more and half earn less. Since 1989 in Minnesota, median income for American Indian households and white households has trended upward and increased for both groups, while the difference between these groups' median income has also increased. Data indicates that in the nearly 30 years of data in this report, white households consistently had a higher median income than American Indian households. In 1989, the difference between white and American Indian/Alaska Native median household incomes was $27,587; by 2018, that difference had grown to $34,986 (**Figure 1**).

Figure 1. Median household income in Minnesota by race, 1989-2018



Source: U.S. Census (Table S1903)

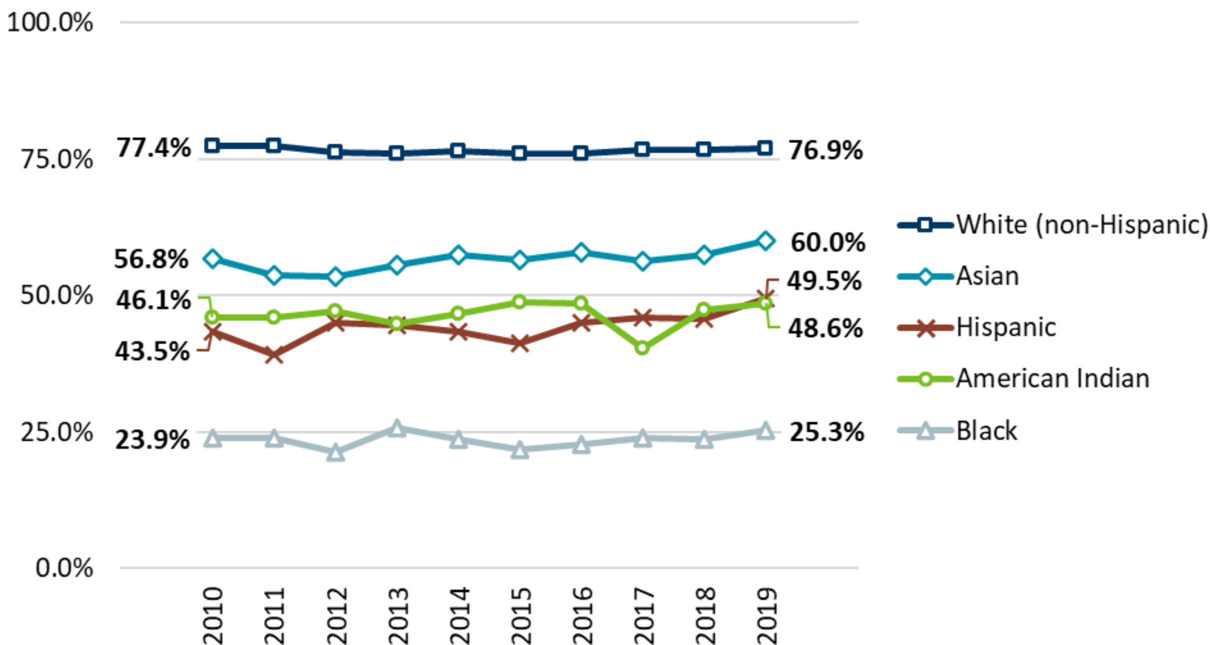
In 1989, the median household income reported by those who identified as white was $54,385 while the median household income reported by American Indians/Alaska Natives was $26,798 (**Figure 1**). From 1989 to 2008, the median household income for American Indians and Alaska Natives increased by 10.3 percent (or $2,747) for a total median income of $29,545. Between 2008 and 2018, the median household income for American Indians and Alaska Natives had increased further by 23.3 percent (or $6,844). However, from 1989 to 2008, the median household income for white Minnesotans increased

by 31.3 percent or $17,030. These data suggest that the gap between median household income is widening as all numbers account for inflation.

Homeownership

Homeownership is considered a social determinant of health. Lack of housing and poor-quality housing can negatively affect the health and wellbeing of individuals.[4] In Minnesota, homeownership from 2010 to 2019, show consistent disparities in homeownership rates between white, Asian, Hispanic, Black, and American Indian people (**Figure 2**). Homeownership is consistently higher for white Minnesotans and lowest among African-American/black Minnesotans. From 2010 to 2019, American Indians and other groups show small increases in the rate of homeownership, while white homeownership has declined over this same time period.

Figure 2. Percentage of homeownership in Minnesota by race, 2010-2019



Source: U.S. Census Bureau, American Community Survey; via MNCompass

In 2010, 46.1 percent of American Indians owned their homes. In 2019 the percent increased to 48.6 percent (**Figure 2**). Ten percent of American Indian potential homebuyers (a potential homebuyer is someone expressing interest in buying housing) looked to purchase homes in Greater Minnesota in 2018; in comparison, only 1 percent are interested in buying within the seven-county metro area (**Table 1**). In 2019, the homeownership rate among American Indians was 48.6 percent compared to white Minnesotans (76.9 percent) and African-American/black Minnesotans (25.3 percent).

Table 1 shows that 10 percent of American Indian potential homebuyers are interested in purchasing a home in Greater Minnesota, where tribal reservations sharing geography with Minnesota are located and

[4] Bowen, E., Savino, R., & Irish, A. (2019). Homelessness and health disparities: a health equity lens. In *Homelessness Prevention and Intervention in Social Work* (pp. 57-83). Springer, Cham.

where about half of the American Indian population in Minnesota resides. Only 1 percent of American Indian potential homebuyers are interested in purchasing a home in the seven-county metro area.

Table 1. Percentage of potential homebuyers in Minnesota by race and ethnicity in 2018

Race/ethnicity	Seven-county metro	Greater Minnesota	Statewide
African-American/Black	38%	29%	36%
American Indian	1%	10%	3%
Asian	28%	19%	26%
Hispanic or Latino	22%	29%	23%
Other race	1%	3%	2%
Two or more races	10%	10%	10%

Source: U.S. Census (Table S1701)

Tribal sovereignty means that each tribe defines homeownership for itself, which could explain differences between tribes in **Table 2**.

There are several variations for tribal homeownership. Tribes provide members leased land to build homes on tribal reservation and off-reservation land. Through grants, the U.S. Housing Urban Development agency allows tribes to hold housing for tribal renters on tribal lands. Single-family homeownership is usually defined as individually owned homes on tribal lands. The Minnesota Housing and Finance Agency awards multiple-Family funding to tribes, to help aiding families transition from rental properties to eventual homeownership.

Table 2. Homeownership rate on reservations in Minnesota, 2013-2017

Geography	Homeownership rate
Fond du Lac reservation	70.3%
Leech Lake reservation	73.9%
Mille Lacs reservation	63.8%
Red Lake reservation	48.1%
White Earth reservation	72.3%
All reservations in the United States	69.2%
United States	63.8%

Source: Federal Reserve Bank of Minneapolis, Reservation Profiles

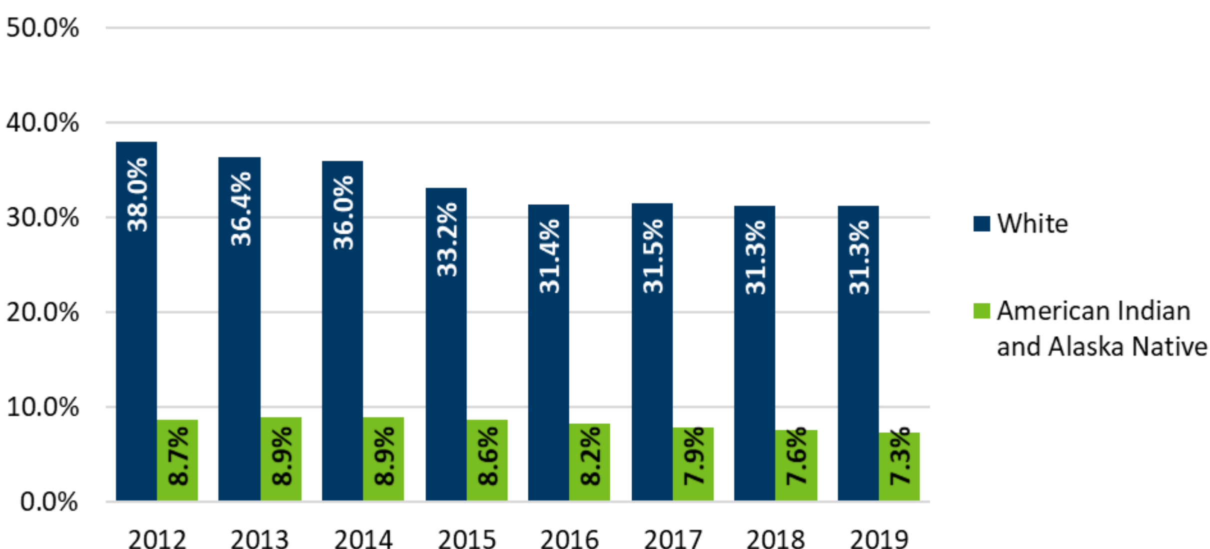
Poverty

Poverty has been shown to impact the health and wellness of communities. People with access to more resources are healthier, and those without are more likely to experience poorer health—perhaps due to a lack of access to care, health insurance, access to safe and affordable housing, and environmental

factors.[5] For 2019, the U.S. Department of Health and Human Services defined poverty for a single person as earning less than $12,460 per year (this amount is called the U.S. Federal Poverty Guideline).[6] This definition indicates the estimated minimum level of income needed to secure necessities of life; this amount has increased since 2012, indicating that the cost of living is becoming more expensive. Salaries, federal benefits, and cost assistance programs have not increased in coordination with this trend, moving more people into poverty in recent years.

In Minnesota, the percentage of people living below the poverty line show decreases between 2012 and 2019 for both whites and American Indian/Alaska Native people (**Figure 3**). This chart also illustrates a consistent disparity between these two groups over time. American Indians and Alaska Natives are consistently four times as likely to be living in poverty when compared to white Minnesotans. In 2019, the percent of American Indians living in poverty was 31.3 percent whereas the percent of white individuals living below the Federal Poverty Guideline was 7.3 percent. Since 2012, the percent of white Minnesotans living in poverty has decreased by 6.7 percentage points, while American Indians and Alaska Natives in Minnesota living in poverty decreased by 1.4 percentage points.

Figure 3. Percentage living below the poverty line by race in Minnesota, 2012-2019



Source: U.S. Census (Table S1701)

Unemployment

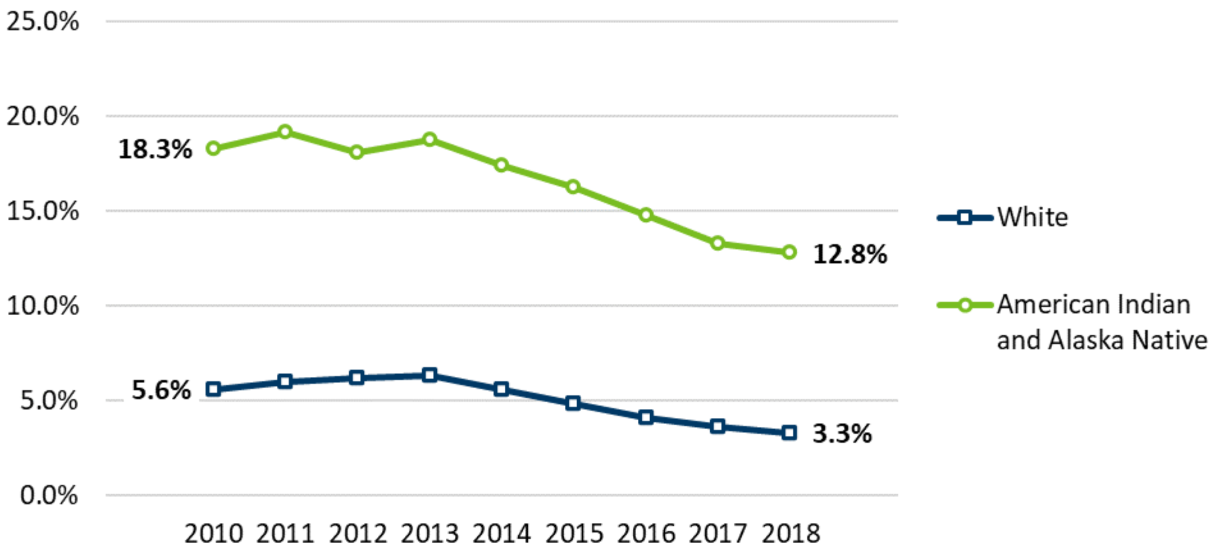
Unemployment occurs when an individual does not have a paid job but is available to work.

The percentage of people who are unemployed in Minnesota show decreases between 2010 and 2019 for both whites and American Indian/Alaska Native people (**Figure 4**). Consistent disparities remain over

[5] Kondo, N. (2012). Socioeconomic disparities and health: impacts and pathways. *Journal of Epidemiology, 22*(1), 2-6.
[6] Office of the Assistant Secretary For Planning and Evaluation. (n.d). 2019 Poverty Guidelines. U.S Department of Health and Human Services. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2019-poverty-guidelines

time between the two groups. Unemployment has been associated with poor health.[7] While the percentage of unemployment among American Indians and Alaska Natives in Minnesota and white Minnesotans has declined, American Indians and Alaska Natives in Minnesota are consistently at least three times as likely to be unemployed as white Minnesotans.

Figure 4. Percentage of population unemployed by race, 2010-2018



Source: U.S. Census (Table S2301)

From 2010 until 2018, the percentage of American Indians and Alaska Natives who were unemployed decreased. In 2010, the percentage of unemployed American Indians was 18.3 percent. In 2018, it was 12.8 percent. Comparatively, in 2010, the percentage of white people who reported unemployment was 5.6 percent. In 2018, the unemployed population that identified as white was 3.3 percent.

Health insurance

Access to quality health care is essential to the health of populations. Health insurance provides greater access to timely, high quality health care services including primary care providers, and affordable health care prevention and treatment for all. Various types of health insurance exist in the United States and are available to individuals and families.[8]

- Public insurance refers to federal and state programs like Medicare, Medicaid, and Children's Health Insurance Program (CHIP)
- Group insurance is largely provided by an employer, as a benefit for work
- Individual insurance refers to private insurance purchased for the user
- Uninsured are those without any kind of insurance.

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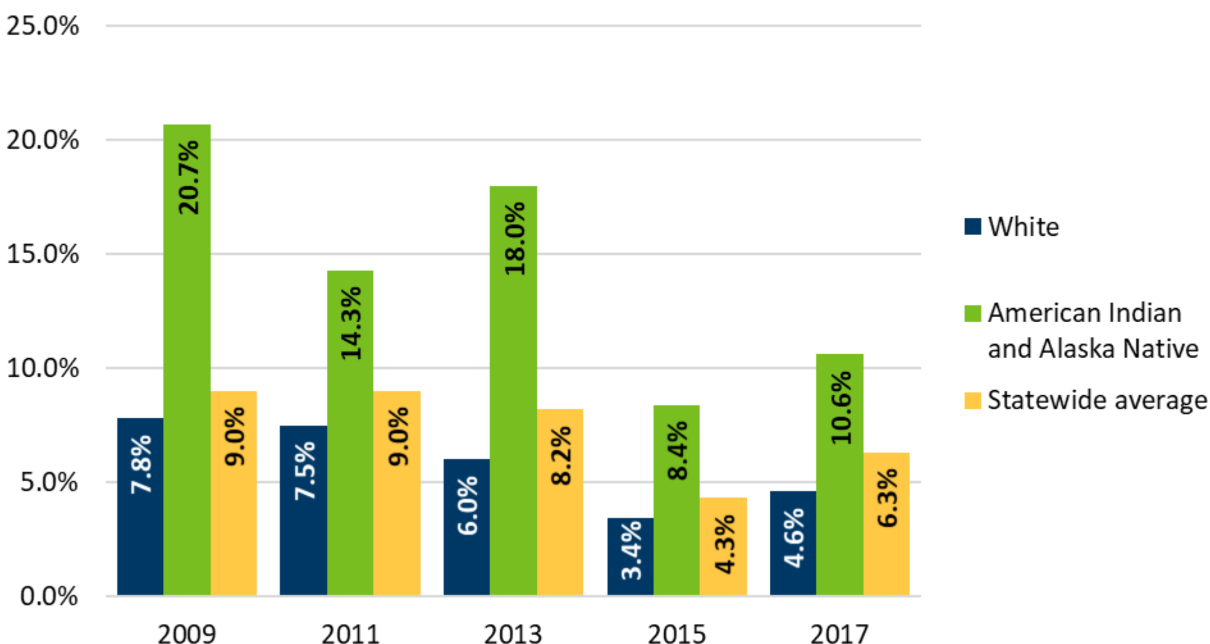
[7] Burgard, S. A., & Lin, K. Y. (2013). Bad jobs, bad health? How work and working conditions contribute to health disparities. *American Behavioral Scientist, 57*(8), 1105-1127.
[8] U.S Centers for Medicare and Medicaid Services. (n.d). *Health Insurance*. Online: https://www.healthcare.gov/glossary/health-insurance/

The Indian Health Service also offers care through 638 Contracts that allow tribes to provide services along with other eligible professionals. This includes its own subgroup of insurance that is processed as public insurance. This is not reflected in these data.

The overall statewide average of uninsured Minnesotans has decreased between 2009 and 2017 (**Figure 5**). The percentage of uninsured American Indians and Alaska Natives was consistently twice that of uninsured white Minnesotans, and the percentage of uninsured American Indians is consistently higher than the Minnesota statewide average. In 2017, 10.6 percent of the American Indian population reported being uninsured; this is almost a 50 percent decrease from the 20.7 percent uninsured in 2009.

Figure 5. Percentage of population uninsured by race, 2009-2017



Source: Minnesota Health Access Survey

American Indians are more likely to be covered by group or public insurance than be uninsured. In 2017, more than half of American Indians held public insurance (**Figure 6**); however, while public insurance offers coverage, those insurance plans are not widely accepted by care providers. Physicians cite administrative challenges and payment delays as reasons to not accept public insurance.[9] Public insurance tends to have a lower reimbursement rate, so hospitals and health facilities will not make large amounts of money treating patients with public insurance.[10] Group insurance is, often, a work benefit, so it is received through employment. Above 35 percent of American Indians have group insurance. This suggests that more than a third of population is receiving health insurance through

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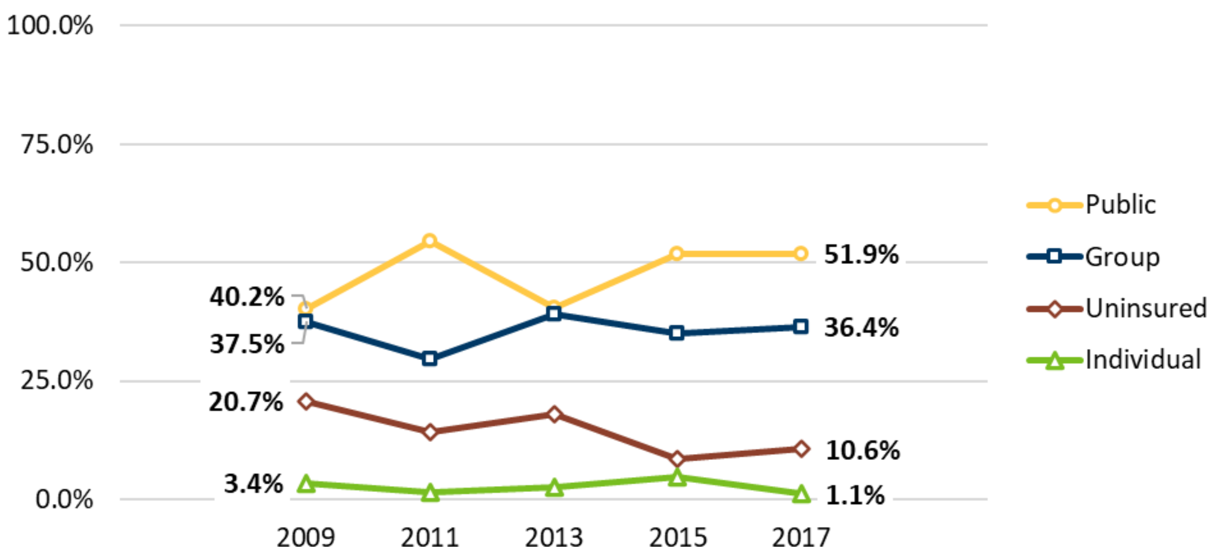
[9] Galewitz, P. (2012). Study: Nearly a Third of Doctors Won't See New Medicaid Patients. *Kaiser Health News*. Online: https://khn.org/news/third-of-medicaid-doctors-say-no-new-patients/.

[10] Renter, E. (2015). You've Got Medicaid – Why Can't You See the Doctor? *US News & World Report*. Online: https://health.usnews.com/health-news/health-insurance/articles/2015/05/26/youve-got-medicaid-why-cant-you-see-the-doctor

employment. The 1.1 percent that rely on individual plans is the lowest due to the cost and time associated with acquiring individual insurance.

Figure 6. Percentage of American Indian by type of insurance, Minnesota, 2009-2017



Source: Minnesota Health Access Survey, Coverage by Race and Ethnicity

Education

Through education, many people find their way to financial stability, which is associated with more robust health insurance coverage, housing stability, and access to health care. Furthermore, education offers insight to solving challenging issues like navigating the overall system of health care, education, and others.[11] From 2015 to 2019, the proportion of American Indians and Alaska Natives obtaining their high school degree or equivalent increased, yet a substantial disparity (over 10 percentage points) remains between this group and white Minnesotans (**Table 3, Figure 7**).

In 2015, 81.9 percent of American Indians and Alaska Natives received their high school degree; in comparison, since 2015, about 95 percent of white Minnesotans have done so (**Figure 7**). While the overall proportion of American Indians and Alaska Natives receiving their bachelor's degree increased over the past five years, there remains a 24 percent gap as a higher percentage of white Minnesotans complete a bachelor's degree.

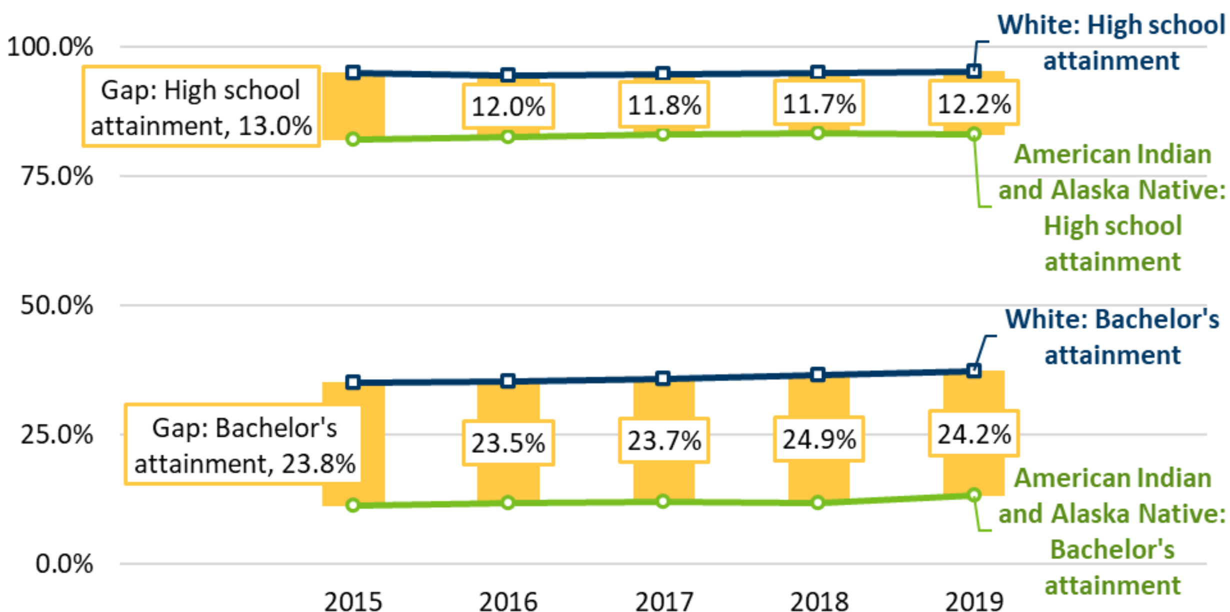
[11] Tulane University School of Public Health and Tropical Medicine. (2021). *Education as a social determinant of health*. Online: https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/

Table 3. Minnesota educational attainment by race, 2015-2019

	2015 # (est) / %	2016 # (est) / %	2017 # (est) / %	2018 # (est) / %	2019 # (est) / %
High school graduate or higher					
American Indian and Alaska Native	25,977 **81.9%**	26,518 **82.5%**	27,319 **82.9%**	28,233 **83.3%**	27,965 **83.0%**
White	3,024,764 **94.9%**	3,044,595 **94.5%**	3,063,489 **94.7%**	3,084,578 **95.0%**	3,105,277 **95.2%**
Bachelor's degree or higher					
American Indian and Alaska Native	3,559 **11.2%**	3,773 **11.7%**	3,999 **12.1%**	3,963 **11.7%**	4,426 **13.1%**
White	1,110,464 **35.0%**	1,133,356 **35.2%**	1,157,930 **35.8%**	1,187,392 **36.6%**	1,215,044 **37.3%**

Source: U.S. Census (Table S1501), American Indian Alone and White Alone

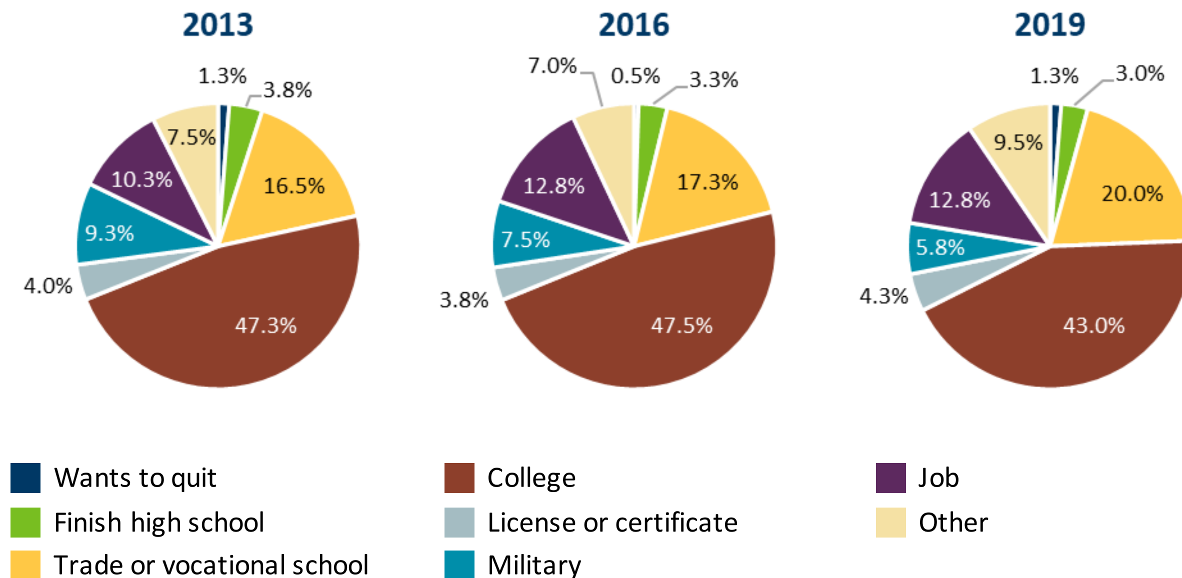
Figure 7: Gap in educational attainment by race for high school and bachelor's degrees, Minnesota, 2015-2019



Source: U.S. Census (Table S1501), American Indian Alone

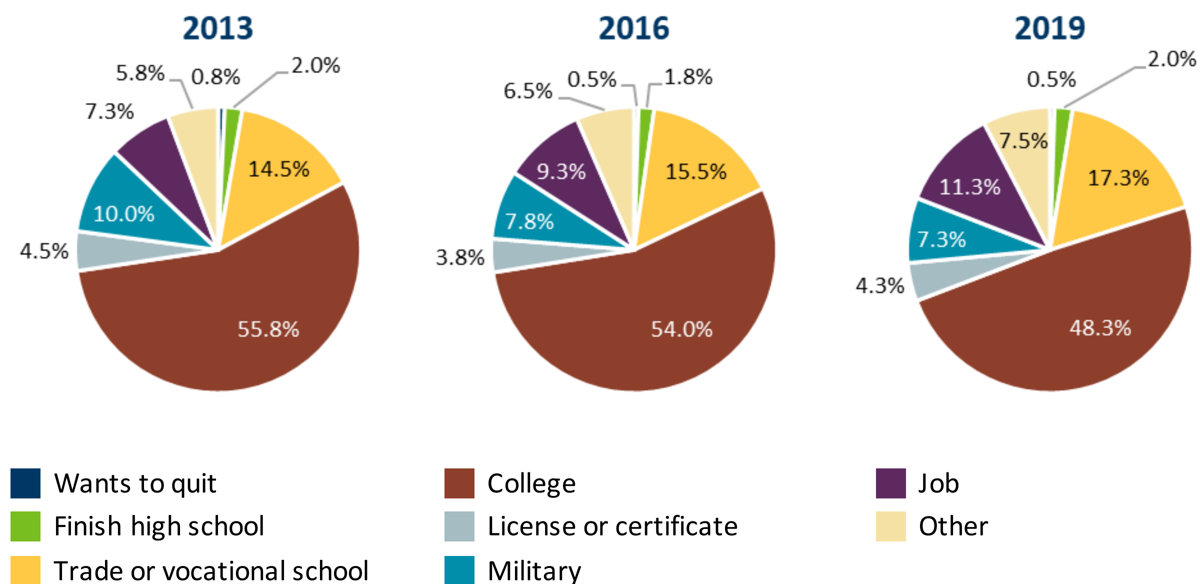
The American Indian population has seen a decrease in those interested in attending college after graduating high school (**Figure 8**). In 2013, further inquiry regarding potential education outcomes suggests that, among American Indian students, 47.3 percent were interested in pursuing a college degree. In 2019, interest decreased, significantly for the situation, to 43.0 percent. Since 2013, the interest in trade or vocational school has increased in the American Indian population (**Figures 8 and 9**).

Figure 8. Percentage of American Indian (alone) student desired outcomes, Minnesota, 2013-2019



Source: Minnesota Student Survey (Table 3)

Figure 9. Percentage of American Indian (alone and in combination with other groups) student desired outcomes, Minnesota, 2013-2019



Source: Minnesota Student Survey (Table 3)

Overall, more students who identify as American Indian (alone) desire to attend trade or vocational school. Further, a larger percent of American Indian (alone) students hope to gain a job. Some students may believe that trade or vocational schooling will promise secure employment. A larger percentage of

American Indian students, who identify as alone or in combination with other groups, desire to attend college and less are interested in trade or vocational educational opportunities.

These numbers reflect the average of percentages collected from ninth-grade students and 11th-grade students from the Minnesota Student Survey.

Summary

Although American Indians comprise just over 1 percent of Minnesota's total population, the inequity they experience in social/economic factors like household income, poverty, health insurance, and education mirror those experienced by BIPOC races and ethnicities that make up larger proportions of the state's population. Nevertheless, degree attainment, rates of homeownership, and median household income have all increased. These data suggest a correlation between homeownership and median household income. The total percentage of American Indians living below the poverty line, uninsured, and unemployed has decreased, suggesting that more are homeowners given they are receiving a larger salary. Furthermore, this may correlate with the decreases in percent uninsured and increase in educational attainment. In subsequent reports about natality, morbidity, and mortality, the readers should consider these social/economic factors and the way they impact and further disparities.

A word from the Director of American Indian Health

Boozhoo. In recent years, we have recognized the critical need for data that is accurate and reliable for American Indian communities. In the past, groups including MDH, have presented data reports that include race/ethnicity but have excluded the American Indian population, often due to small numbers. Communities have responded to this exclusion with comments such as—they believe that we don't exist anymore, we are invisible, or we feel insignificant. Additionally, when data for the American Indian population is presented, it is troubling when the significant disparities or poor health outcomes evident in this population are attributed to individual behaviors and practices. We now know from *Advancing Health Equity in Minnesota: Report to the Legislature* (2014) that there are many factors that impact the health of populations, including systemic problems, structural racism, historical trauma, health behaviors, biological differences, and social determinants of health (poverty, employment, housing)—we would like to recognize that all of these factors are a part of the story of health in American Indian communities.

– Jackie Dionne, Director of American Indian Health

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