

Methodology and Interpretation: Location and Race and Ethnicity

Methodology

Location

[Community Health Boards](#) (CHBs) are counties or groups of counties, with the exception of Hennepin County, which contains five CHBs: Bloomington, Edina, Minneapolis, Richfield, and Suburban Hennepin.

Nobles-Rock CHB separated in January 2012, and Rock joined Southwest CHB. Redwood-Renville separated in 2013; Redwood joined Southwest and Renville joined Kandiyohi. Polk joined Norman-Mahnomen in 2013. Cottonwood-Jackson is known as Des Moines Valley Health and Human Services in 2014. Becker, Otter Tail, and Clay-Wilkin joined to form PartnerShip 4 Health in 2015. Isanti-Mille Lacs separated in 2016. In January 2017, Beltrami separated from North Country and Kanabec-Pine separated. In January 2022, Scott-Carver separated.

Interactive data uses the most current configuration of CHBs. Choose multiple counties to obtain numbers for former CHBs.

[Regions](#) are defined as groupings of counties as designated by the State Community Health Services Advisory Committee (SCHSAC). There are eight regions in Minnesota including:

Northwest: Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Roseau, Red Lake

Northeast: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis

West Central: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin

Central: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright

Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Southwest: Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine

South Central: Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Meeker, Nicollet, Sibley, Waseca, Watonwan

Southeast: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona

Collection of Race, Ethnicity and Cultural Identity Data

Minnesota WIC collects data on race and ethnicity. Parents/caregivers of infant WIC participants are asked to identify the infants' race and ethnicity. They are first asked if they identify the infant as Hispanic. They are then asked to choose as many races as apply from five choices: American Indian, Asian, Black/African American, Native Hawai'ian/Pacific Islander, and White.

Those who identify as single-race Black or Asian may then be asked to choose a cultural identity from the following lists: for Black, the choices include:

- Black Multigenerational American
- Somali or Somali American
- Liberian or Liberian American
- Sudanese or Sudanese American
- Ethiopian or Ethiopian American
- Kenyan or Kenyan American
- Oromo or Oromo American
- Other Black

For Asian, the choices include:

- Hmong or Hmong American
- KaRen or KaRen American
- Bhutanese-Nepali or B-N American
- Cambodian or Cambodian American
- Karenni or Karenni American
- Laotian or Laotian American
- Vietnamese or Vietnamese American
- Other Asian

In addition, WIC links birth record data with WIC data. For Black and Asian participants without data on cultural identity, information on cultural identity, is transferred from the birth record. Black subcategories on the birth record include Somali, Ethiopian, Liberian, Ghanaian, Kenyan, Sudanese, Nigerian, and Other African. Asian subcategories include Chinese, Filipino, Japanese, Korean, Vietnamese, Hmong, Cambodian, Laotian, and Other Asian. All racial and cultural identity data is self-identified. In addition, the birth record provides information on mothers' nativity (country of birth).

Race and Ethnicity (Race, Ethnicity and Cultural Identity)

For Race and Ethnicity reports, multiracial infants are included in a single category only, prioritized as follows: Hispanic, American Indian (non-Hispanic), Hmong, East African, non-Hmong Asian alone or in combination with other races (AOIC), Other – Black AOIC, Black (African American) AOIC, White. Due to low numbers, those identified as "Native Hawaiian/Pacific Islander" are included in the "non-Hmong Asian" category. In this method of categorization, non-Hmong Asian AOIC will not include anyone identified as Hispanic, American Indian, Hmong, or East African. Black (African American) AOIC includes Black single-race and biracial Black/White, and White includes only single-race White.

Race and Ethnicity Alone (Unduplicated)

For Race and Ethnicity Alone reports, infants are counted in only a single category. All infants who are identified as Hispanic are included in the Hispanic category. Among non-Hispanic infants, those who identify as a single race are included in that racial category. Due to low numbers, those identified as “Native Hawaiian/Pacific Islander” are included in the “Asian” category. Those who identify as more than one race are included in the “> 1 race” category. Those with missing race and ethnicity information are included in the “Other/unknown” or “unspecified” category. Cultural identity is not considered for these reports.

Race and Ethnicity AOIC (Alone or in Combination with Other Races)

For Race and Ethnicity AOIC reports, multiracial infants are included in all categories with which they’ve identified. For example, an infant who is biracial Black and White will be counted in both the Black and White categories. Due to low numbers, those identified as “Native Hawaiian/Pacific Islander” are included in the “Asian” category. Those with missing race and ethnicity information are included in an “Other/unknown” category, which is not shown on this report. Cultural identity is not considered for these reports.

Interpretation

Minnesota WIC reports data statewide and by region, CHB, county of residence, and city of residence. Small numbers are not displayed (left blank) or denoted by an asterisk (*). Reporting by region or CHB is especially useful when county-level numbers by race and ethnicity are suppressed. Data averaged over multiple years, such as [WIC Preterm Births](#), can provide reports for important but rare health measures in counties with fewer residents.

Interpret Race and ethnicity data with care, especially in regions where many infants are identified with more than one race, or in places where within a single race, individuals identify with different cultures. To best represent the complexity of communities’ racial and cultural affiliations, WIC reports data in multiple ways. For example, breastfeeding rates are reported [categorized by race and ethnicity and \(unduplicated\) race and ethnicity alone](#), [by race and ethnicity alone or in combination with other races \(AOIC\)](#), and within Asian and Black races by [cultural identity](#).

WIC Data Highlights Health Disparities

The term “disparities” is most often used to reflect differences between racial or ethnic groups. Disparities can exist across other dimensions as well, such as gender, sexual orientation, age, disability status, socioeconomic status, and geographic location. These factors can have a major impact on people’s health, well-being, and quality of life. For example, rural Americans are at higher risk of death from five leading causes, including unintentional injuries, heart disease, cancer, stroke, and chronic lower respiratory disease than their urban counterparts.

Social Determinants contribute to health disparities

Communities of color, populations with a lower socioeconomic status, rural communities, people with cognitive and physical disabilities, and individuals who identify as LGBTQ are more often exposed to conditions and environments that negatively affect health outcomes, including a lack of access to:

- Job opportunities and living wages
- Transportation options
- Safe and good quality housing, neighborhoods, and schools
- An affordable nutritious food supply
- Quality health care
- Opportunities for higher education
- Strong networks of family and social support
- Freedom from racism and discrimination

Race and ethnicity are socially constructed categories that affect the lives of people, because they are defined by how they perceive themselves and how they are perceived by others. It is important to acknowledge and respect varied cultural traditions. It is also important to acknowledge the historical roots of, and lack of a biological basis for, the categorization of humans into races and ethnicities.

Reference – Complete Listing of Hyperlinks

[Community Health Boards](https://www.health.state.mn.us/communities/practice/connect/findlph.html) (<https://www.health.state.mn.us/communities/practice/connect/findlph.html>)

[Regions](https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf) (<https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf>)

[WIC Preterm Births](http://www.health.state.mn.us/people/wic/localagency/reports/outcomes/pretermrace.html)

(<http://www.health.state.mn.us/people/wic/localagency/reports/outcomes/pretermrace.html>)

[Breastfeeding by Race and Ethnicity Alone](https://www.health.state.mn.us/people/wic/localagency/reports/bf/unduppublic.html)

(<https://www.health.state.mn.us/people/wic/localagency/reports/bf/unduppublic.html>)

[Breastfeeding by Race and Ethnicity AOIC](https://www.health.state.mn.us/people/wic/localagency/reports/bf/aoicpublic.html#NaN)

(<https://www.health.state.mn.us/people/wic/localagency/reports/bf/aoicpublic.html#NaN>)

[Breastfeeding Exclusivity](https://www.health.state.mn.us/people/wic/localagency/reports/bf/exclusivitypb%20.html)

(<https://www.health.state.mn.us/people/wic/localagency/reports/bf/exclusivitypb%20.html>)

[Breastfeeding by Asian or Black Cultural Identity](https://www.health.state.mn.us/people/wic/localagency/reports/bf/cidpublic.html#NaN)

(<https://www.health.state.mn.us/people/wic/localagency/reports/bf/cidpublic.html#NaN>)

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