

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



Xiong Family Portrait



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

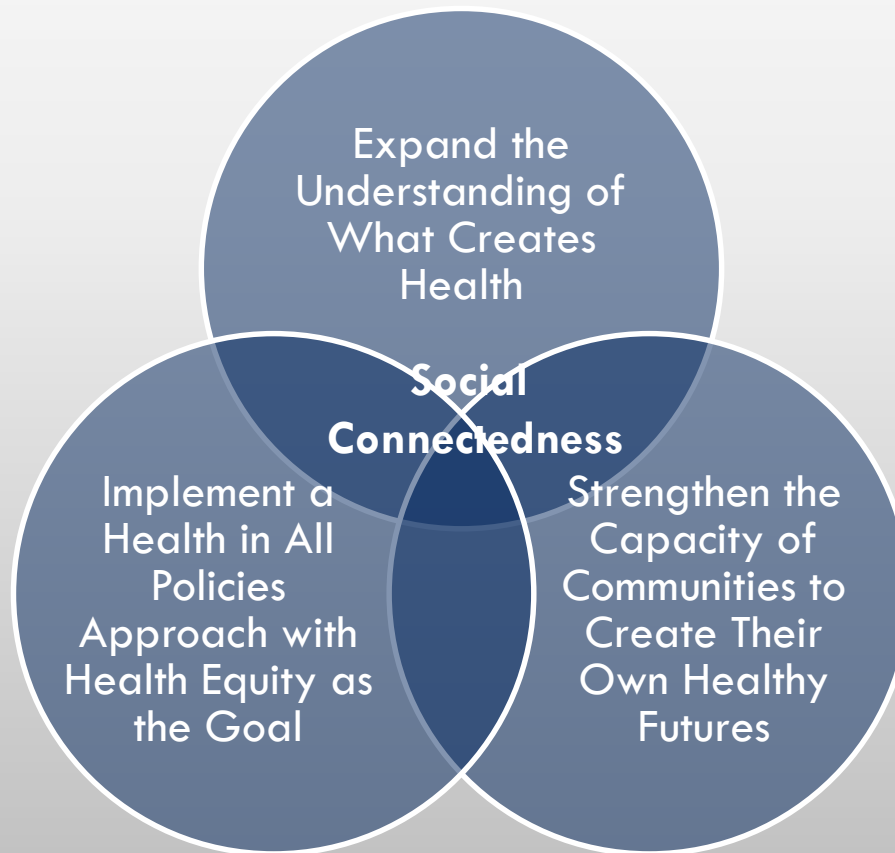
Structural Racism: the normalization of an array of dynamics - historical, cultural, institutional, and interpersonal – that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.

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

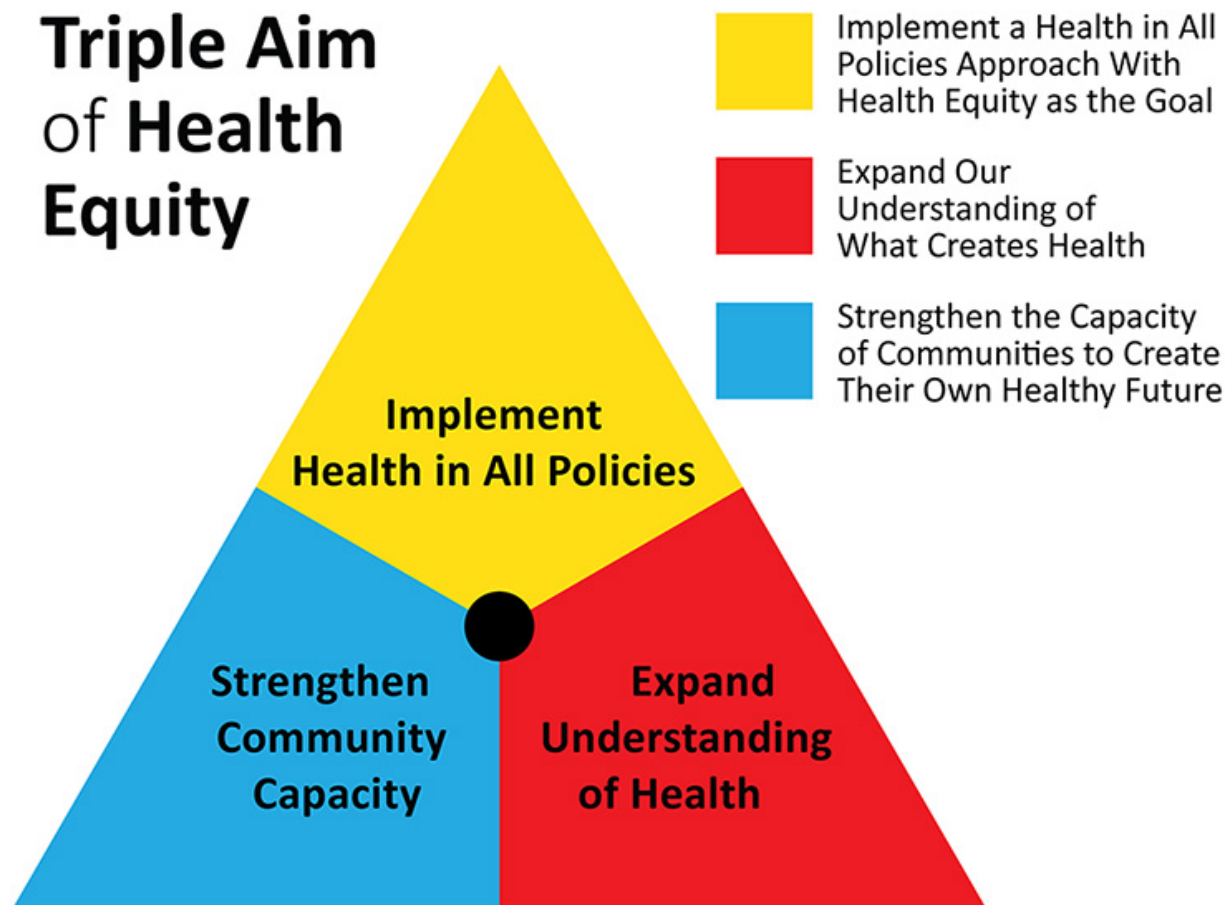
- Community Engagement (Office of Minority and Multicultural Health)
- Grant-management (Eliminating Health Disparities Initiative)
- Data Collection and Analysis (Center for Health Statistics)

Triple Aim of Health Equity-Essential Practices



Social Connectivity and Inclusion

Triple Aim of Health Equity



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

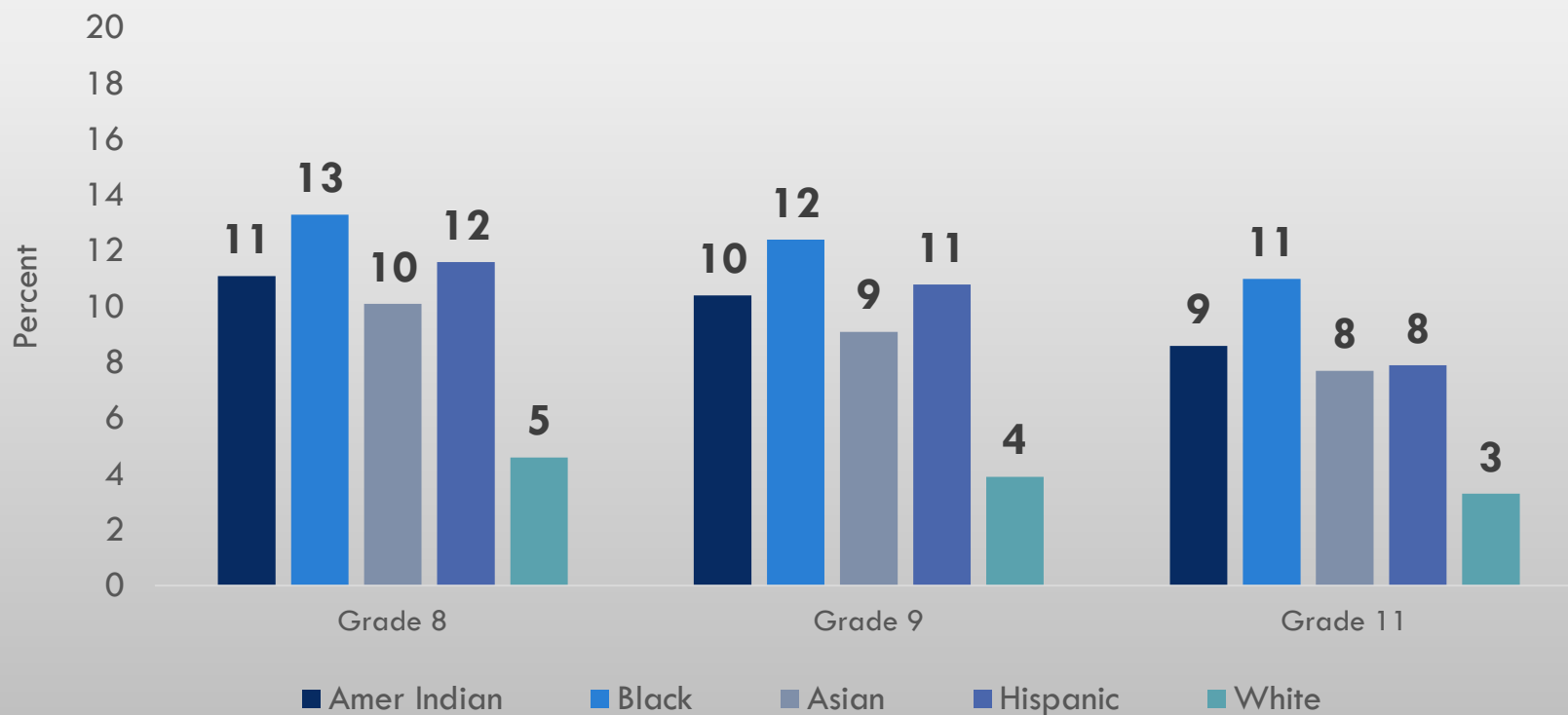
Graduation Status of Minnesota Students Four Years after Entering 9th Grade, 2013-2014.

	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

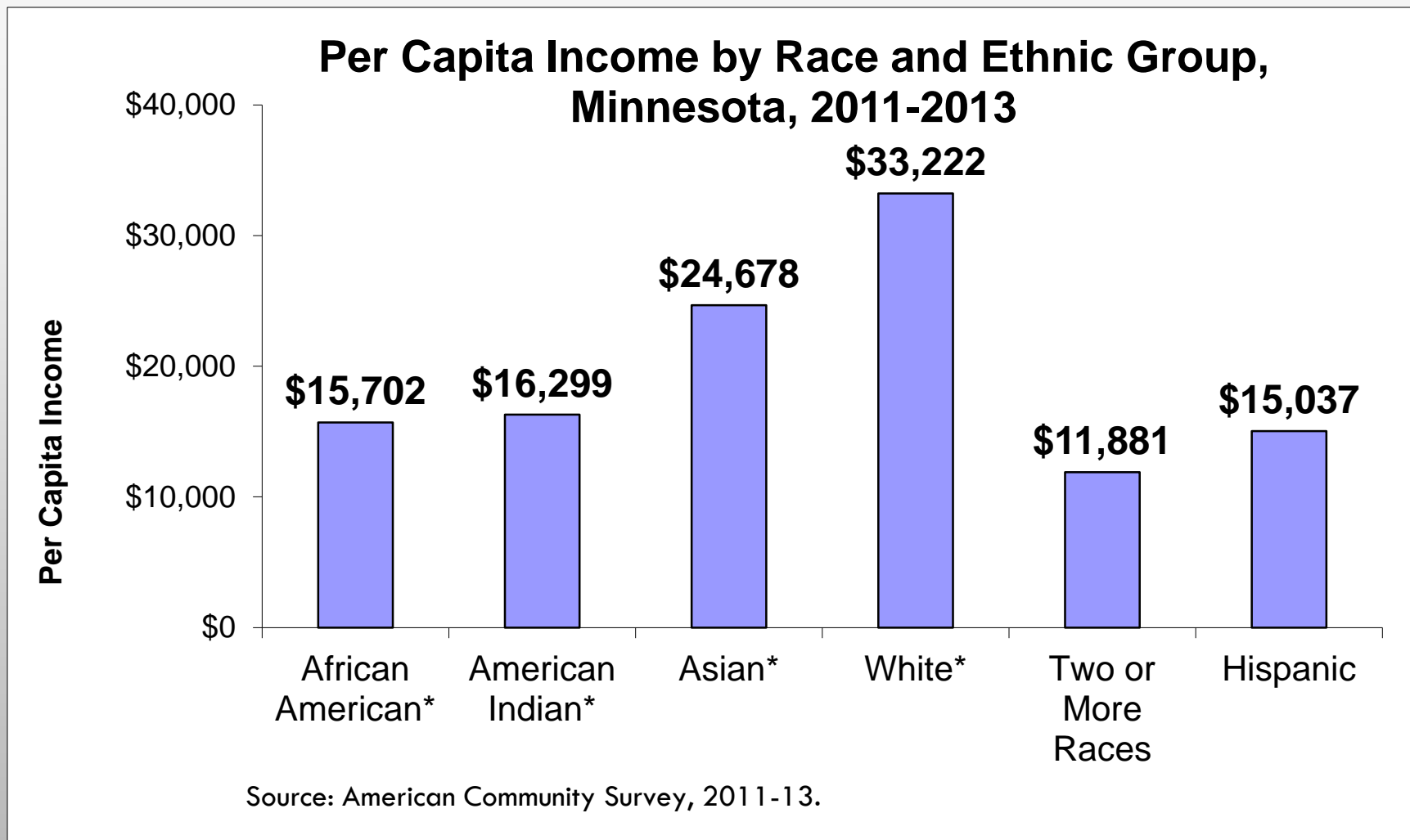
Educational Achievement: Challenges

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



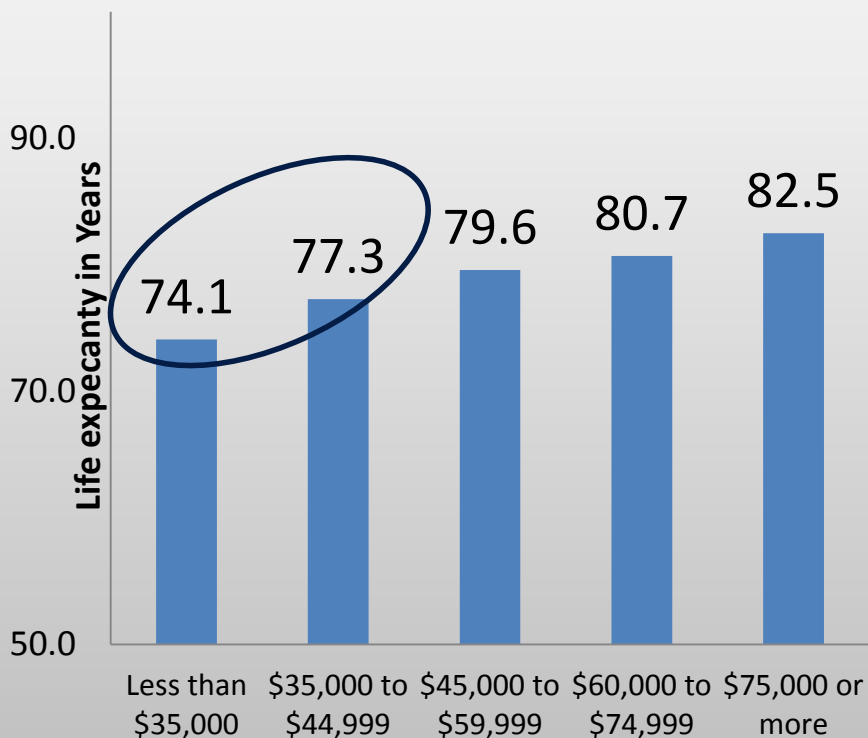
Source: Minnesota Student Survey, 2013

Income by Race and Ethnic Group

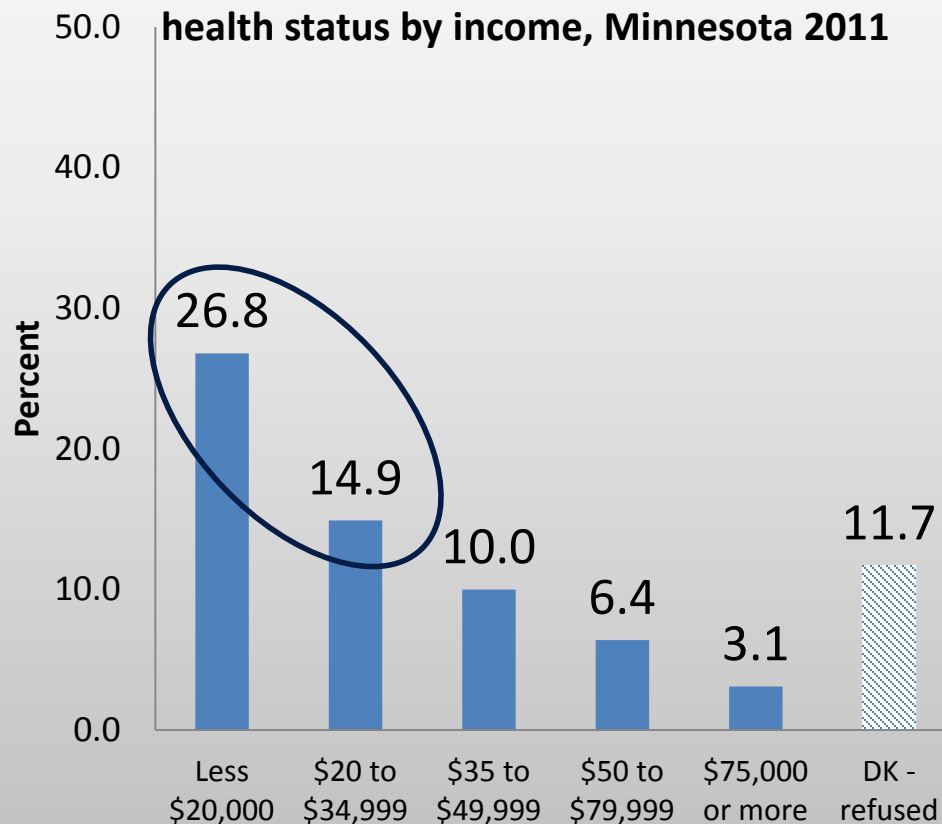


White Paper: Income and Health

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



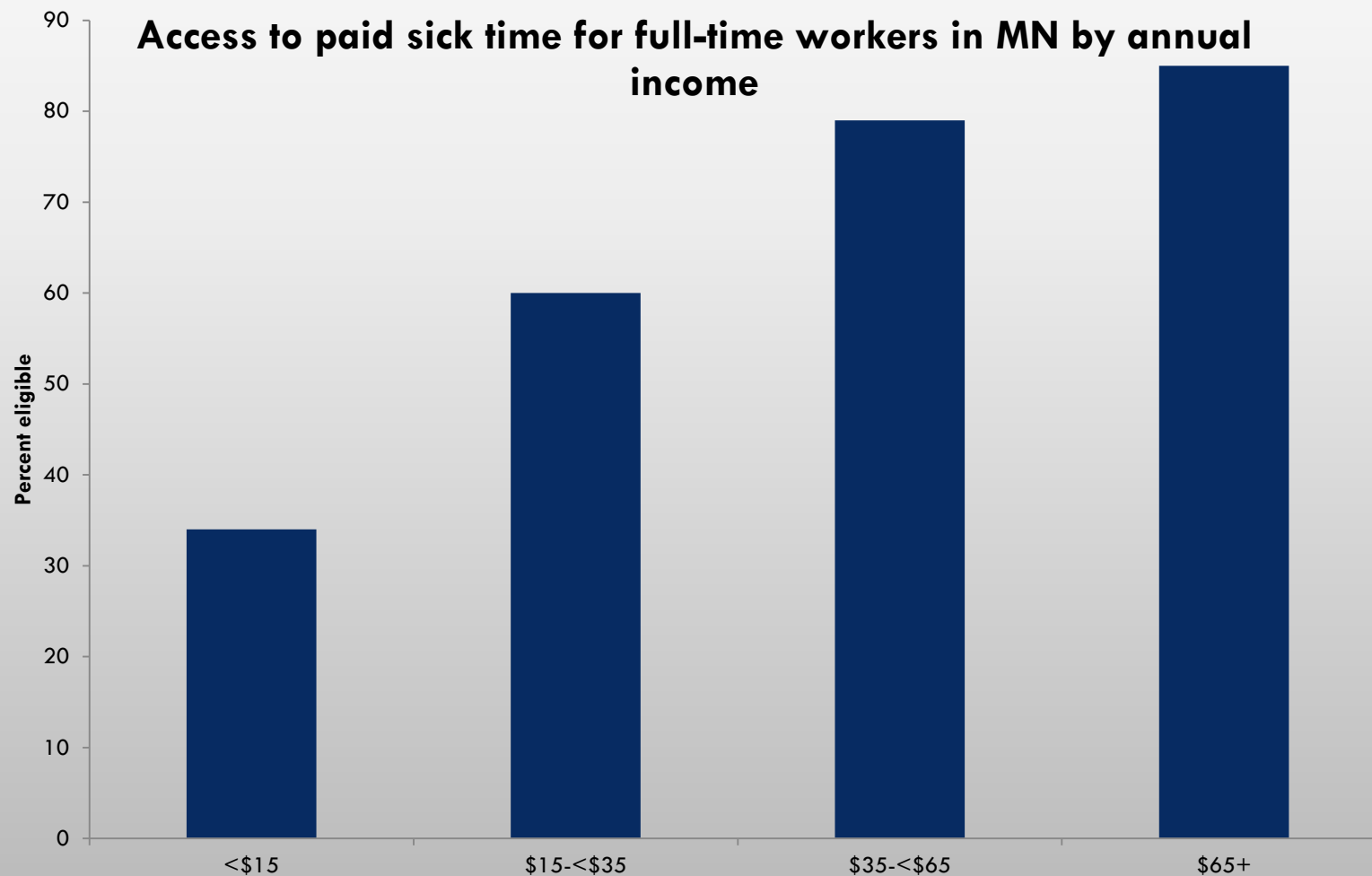
Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011



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)

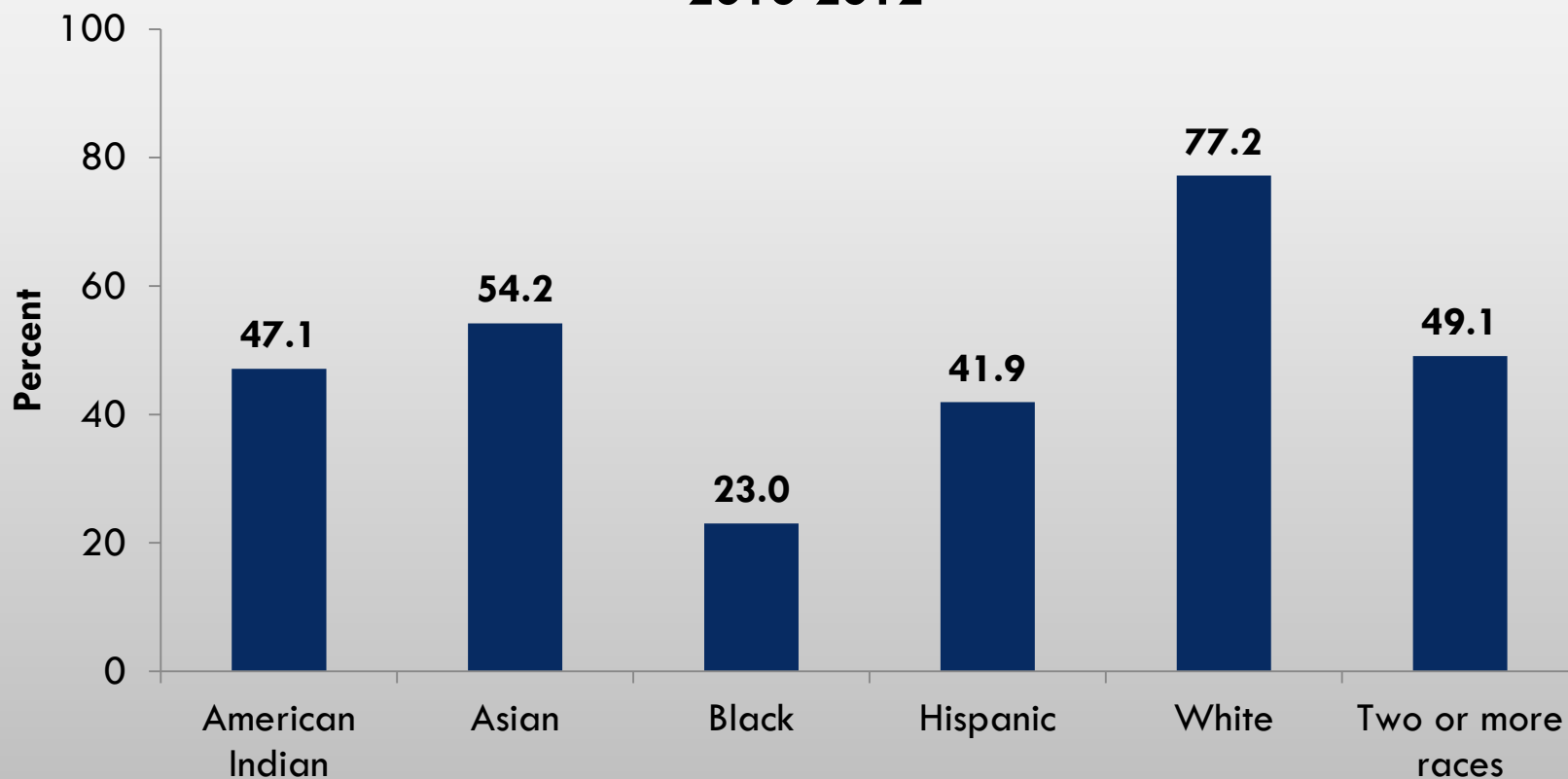
Source: 2011 Behavioral Risk Factor Surveillance System

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



Home Ownership

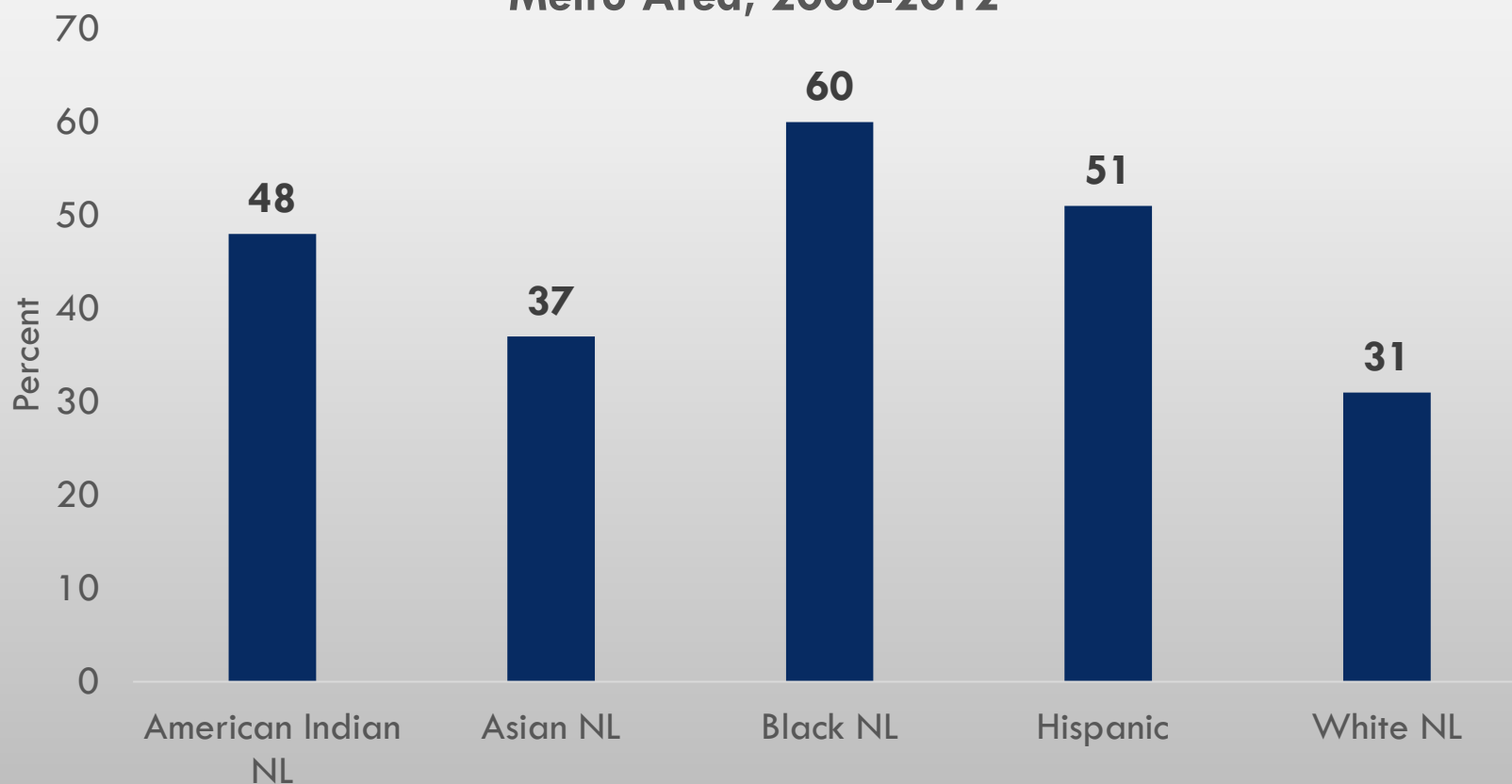
Percent of households owning their own home, Minnesota, 2010-2012



Source: Minnesota Compass

Cost-burdened Households

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

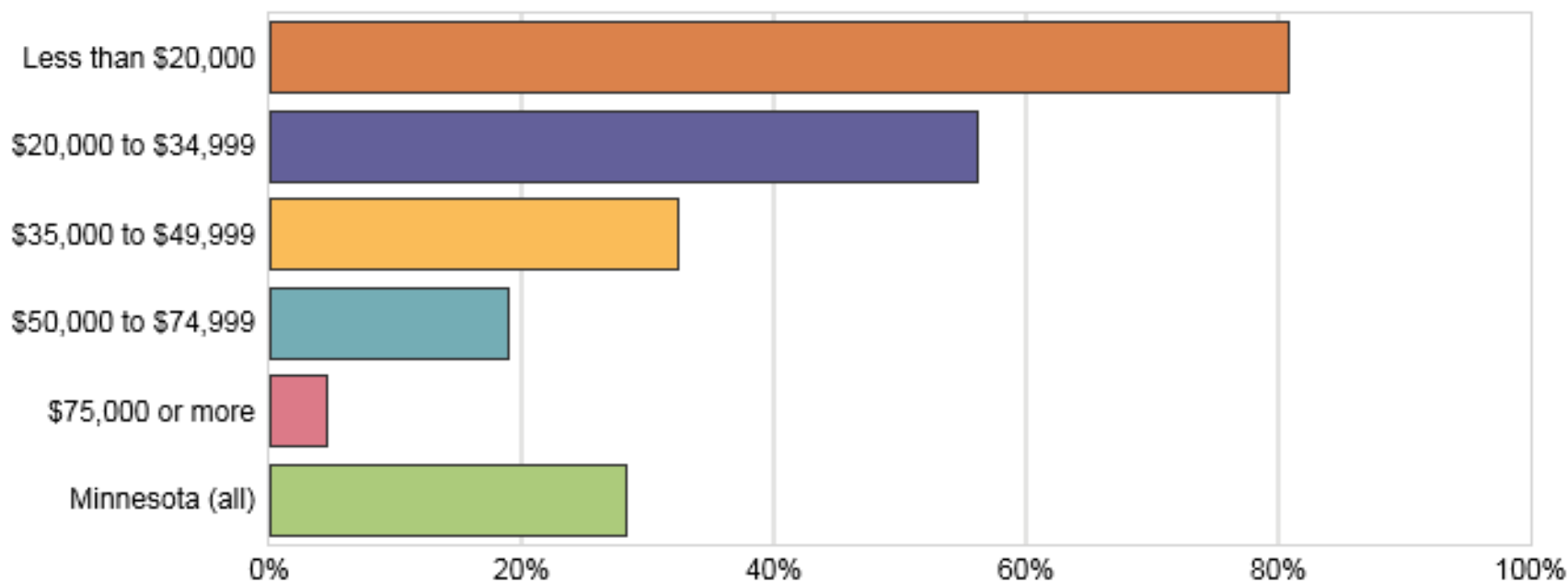


Source: Metropolitan Council

Income and Housing

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

By annual household income, Minnesota, 2013

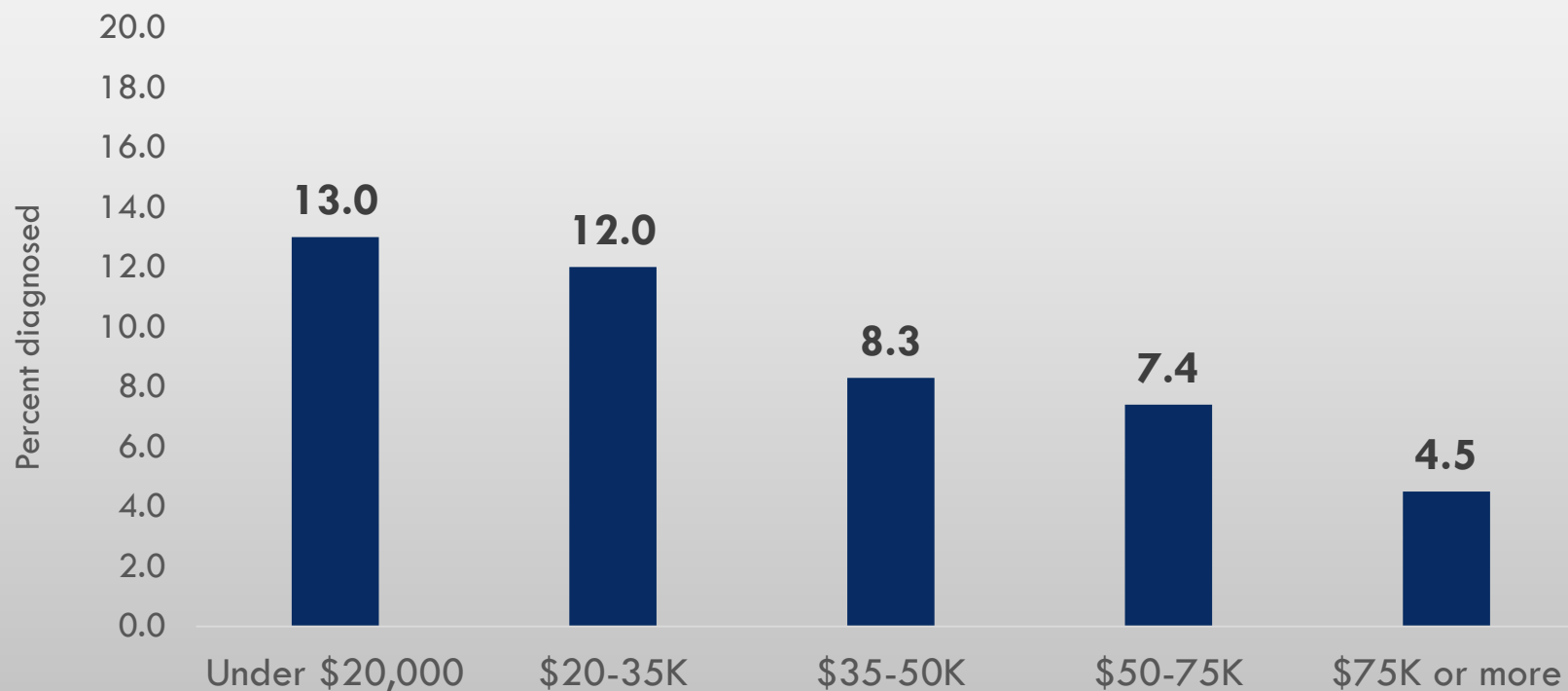


Structural Inequities Impact Health Outcomes

- Diabetes
- Mental Health
- Mortality

Diabetes

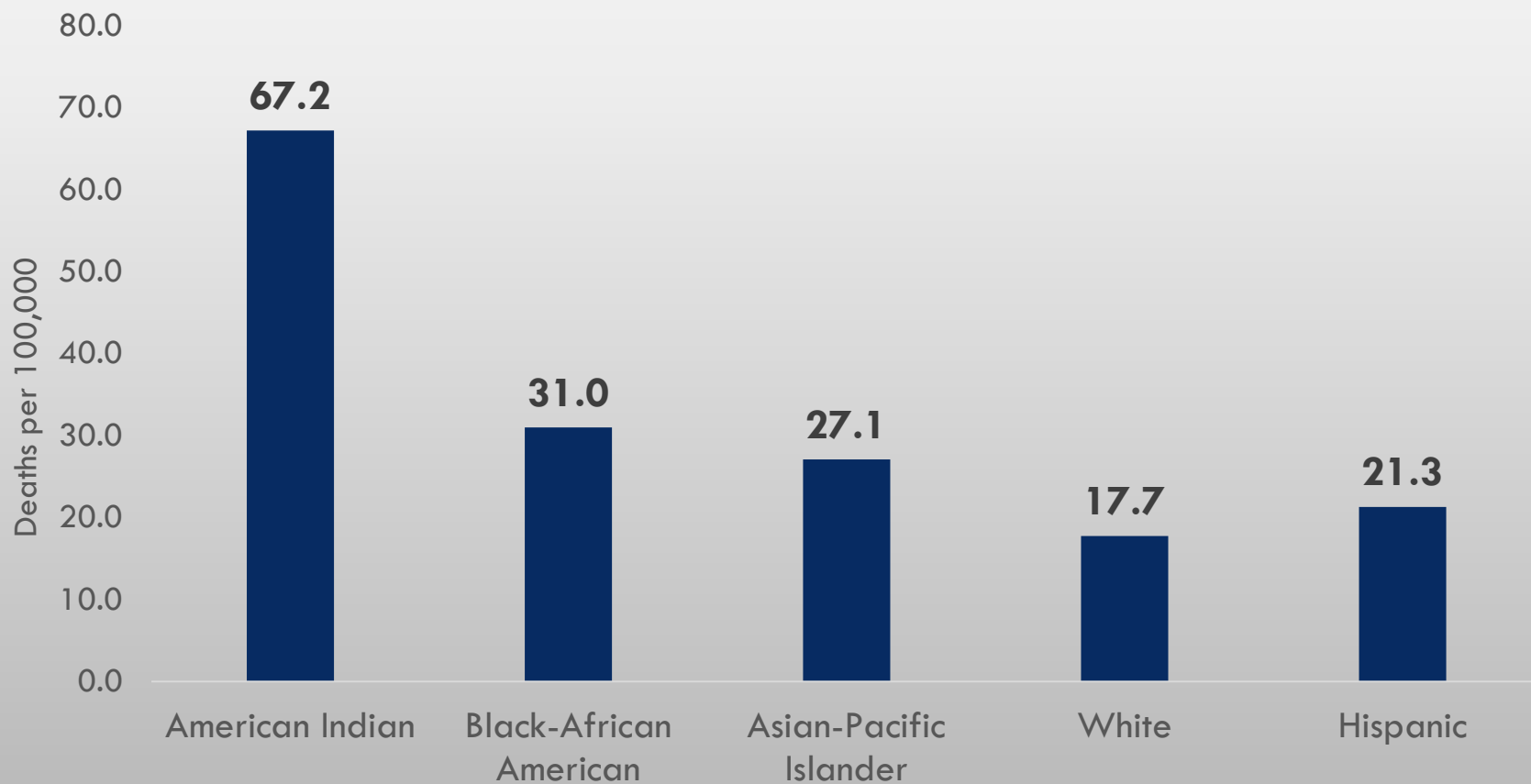
Percent who have been diagnosed with diabetes, by household income, 2014



Source: Minnesota Behavior Risk Factor Survey, 2014

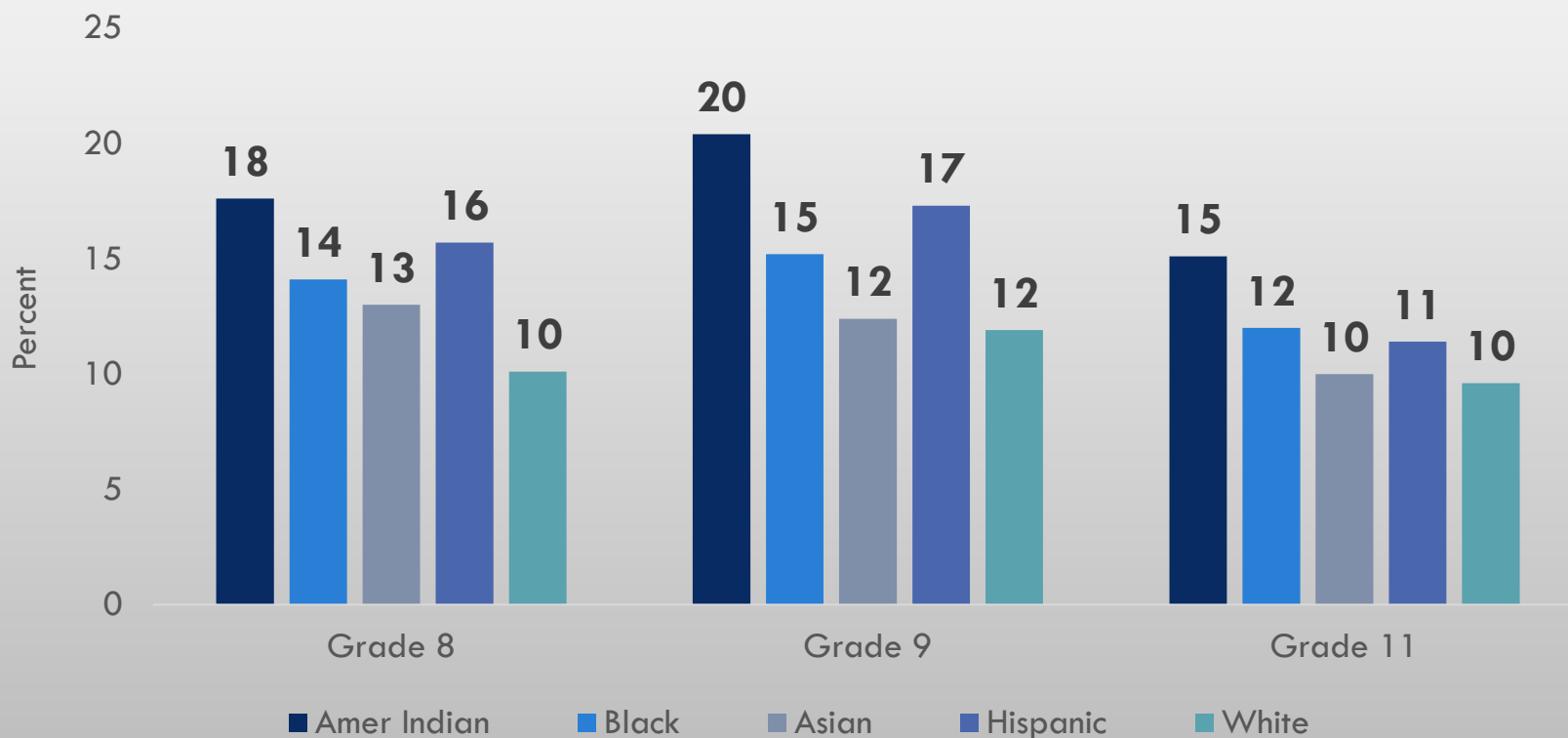
Diabetes

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



Mental Health: Suicide

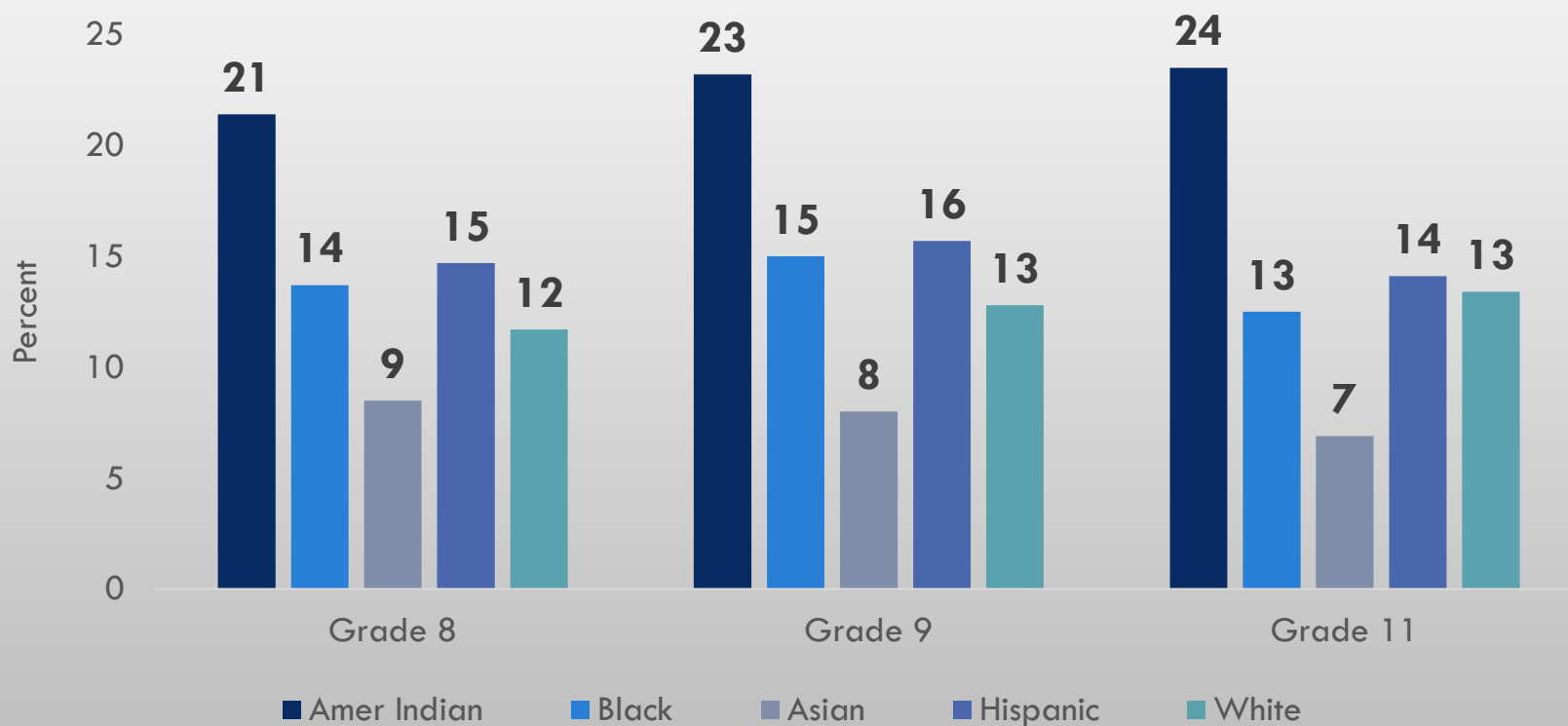
Percent who seriously considered suicide in past year, by race-ethnic group, 2013



Source: Minnesota Student Survey, 2013

Mental Health by Race

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

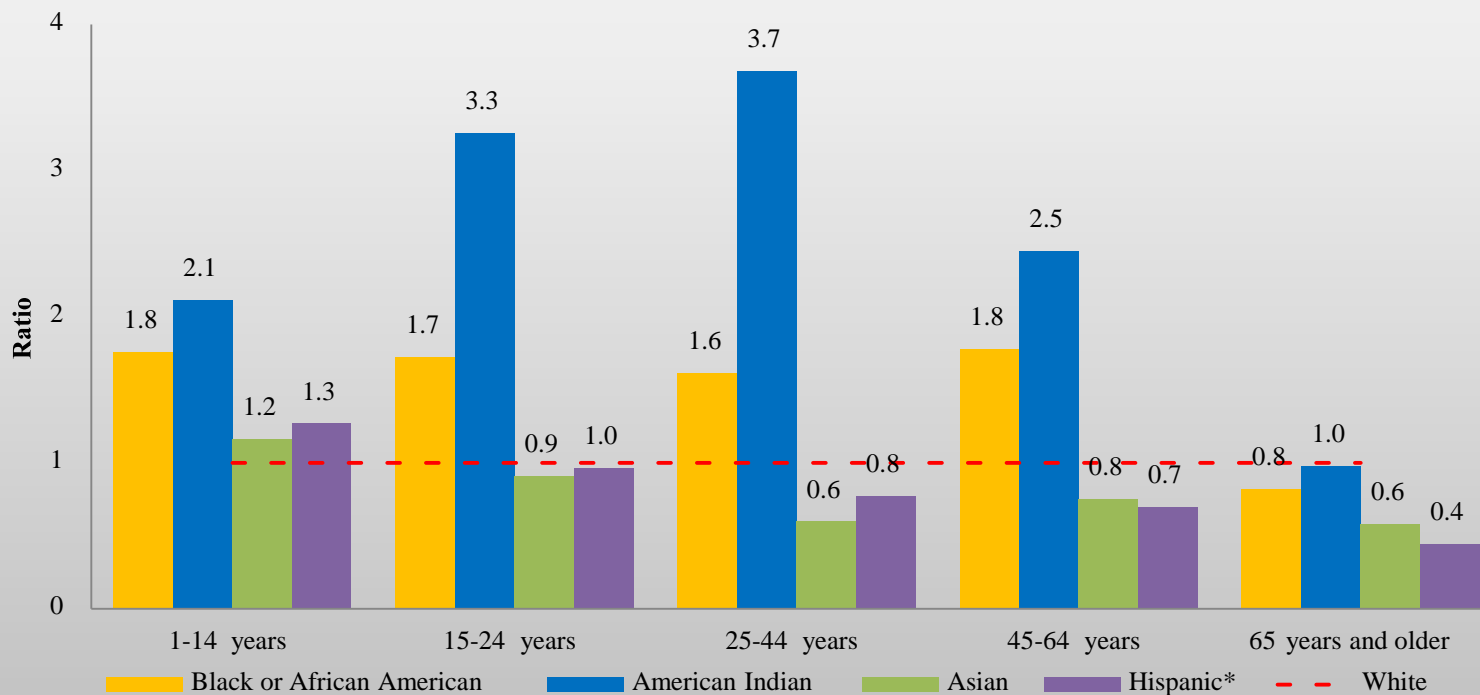


Source: Minnesota Student Survey, 2013

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

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



* Hispanic may be any race.

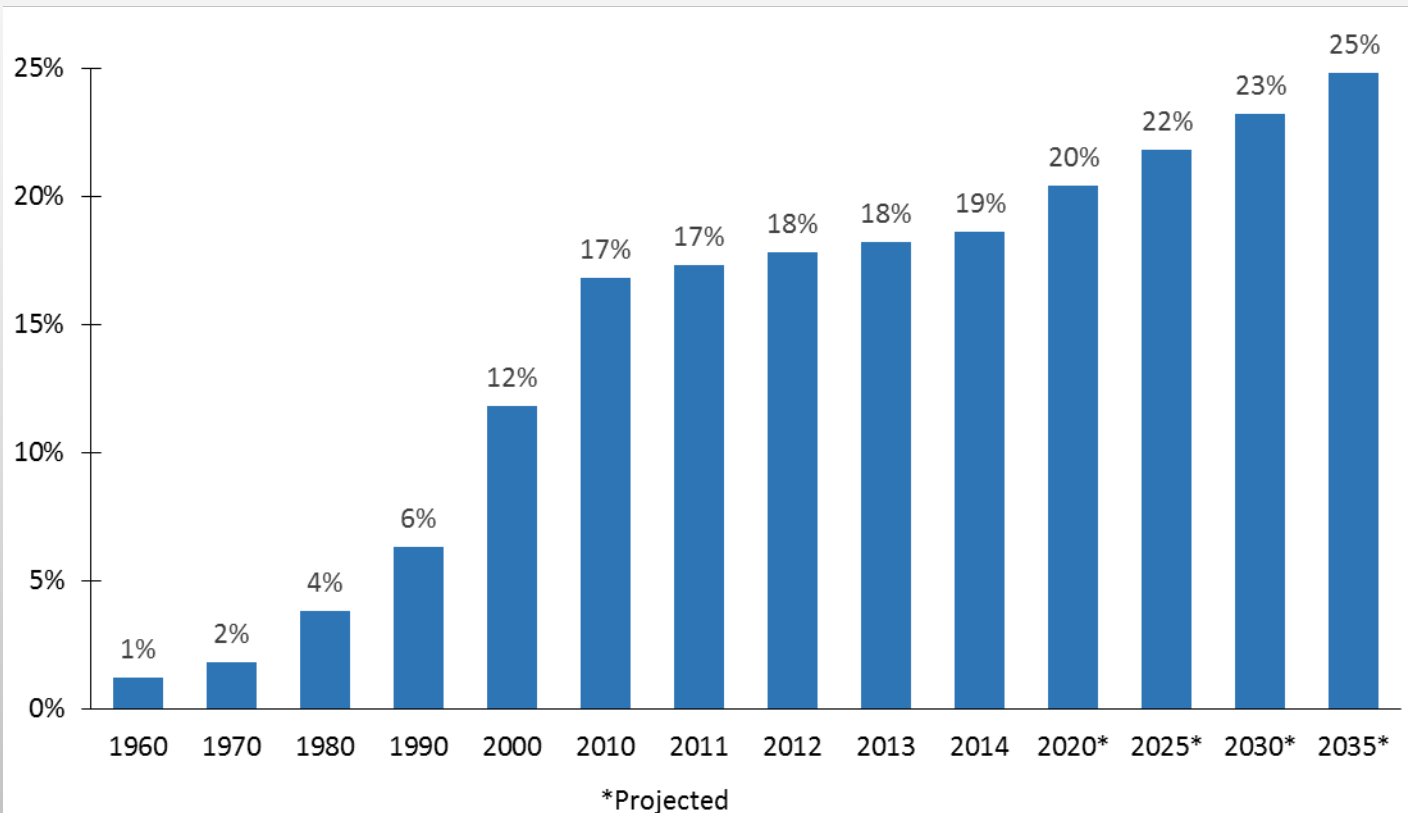
How did we get here? Why should we care?

- 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

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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