

HEALTH DISPARITIES IN MINNEAPOLIS

Populations of Color and American Indians

Minneapolis Department of Health and Family Support

March 2006

Minnesota consistently ranks among the healthiest states in the nation; yet, across many health indicators, populations of color and American Indians have significantly worse health status. Addressing these health disparities has been at the forefront of national, state, and local public health strategies. *The elimination of disparities is a key component of the mission of the Minneapolis Department of Health and Family Support.*

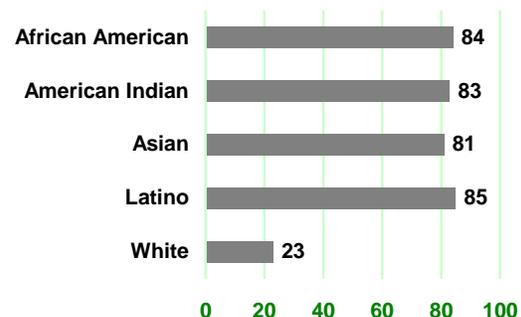
According to the 2000 US Census, Minneapolis is home to 143,550 people of color and American Indians, the largest such population in the state. In fact, 26 percent of the state's people of color live in Minneapolis, and another 18 percent live in St. Paul. Therefore, decreasing statewide health disparities is dependent on addressing the causes of disparities within communities of color and American Indians in Minneapolis.

There is significant diversity within racial and ethnic categorizations. For example, the federal categorizations "Black/African American" and "Asian/Pacific Islander" encompass people of many cultural backgrounds. Current racial and ethnic data collection systems frequently do not permit subgroup analysis, either because the data were not collected or because the numbers of individuals in these subgroups are too small for analysis.

Disparity in **INCOME** is a major contributor to health differences among racial groups. However, poverty alone does not explain racial and ethnic differences in health status, as racial health disparities exist at every income level.

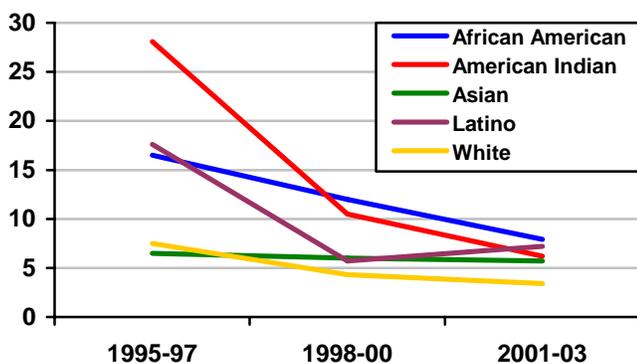
One indicator of children and families living in poverty is enrollment in free and reduced-price school lunch programs. To be eligible, families must earn less than 185% of federal poverty guidelines, or \$35,789 for a family of four in 2005. In Minneapolis Public Schools, African American, Asian, American Indian, and Latino students are 3½ times as likely as white students to be enrolled in the free and reduced-price lunch programs.

Percentage of Minneapolis Public School Students Enrolled in **FREE AND REDUCED-PRICE SCHOOL LUNCH PROGRAMS**, 2005-06



Source: MN Dept of Education.

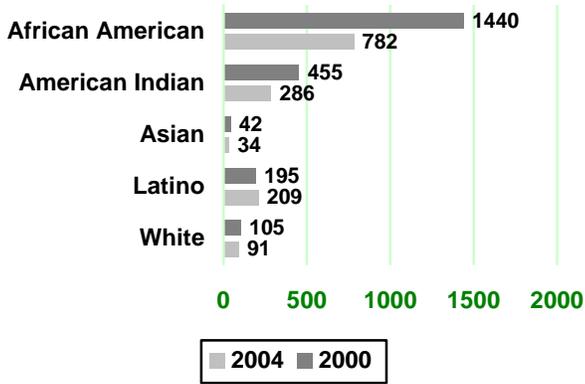
Minneapolis **INFANT MORTALITY RATE** per 1,000 Live Births



Source: Minneapolis Vital Statistics.

In Minneapolis, **INFANT MORTALITY** rates are 2.3 times higher among African Americans and 1.8 times higher among American Indians than among whites. Fortunately, infant mortality has decreased significantly among these populations. Because the rates of decline are greater than the rate of decline among the white population, the racial disparities have decreased over time.

Minneapolis **GONORRHEA** Rate per 100,000

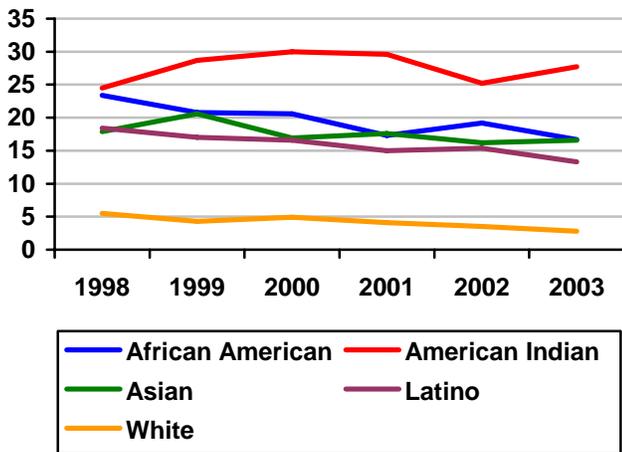


Source: Minnesota Department of Health. Rates are calculated using 2000 Census data for individuals who reported one race, as reliable 2004 estimates are not available.

SEXUALLY TRANSMITTED DISEASES, such as gonorrhea and chlamydia, disproportionately affect populations of color in Minneapolis. Rates are highest among the age group 15 to 24. Because infected individuals may not always have symptoms, access to screening and treatment is important to halt disease transmission.

Overall, the number of gonorrhea cases fell from 3,815 cases in 2000 to 3,318 cases in 2004. The rate of gonorrhea among African Americans fell by nearly half from 2000 to 2004, but remained three times the Minneapolis average of 264 cases per 100,000 population.

Percentage of Births That Were to **TEEN MOTHERS** in Minneapolis

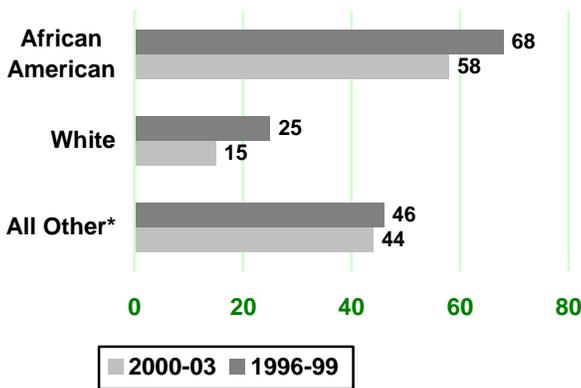


Source: Minneapolis Vital Statistics.

Because **TEEN PARENTS** face greater challenges than older parents, preventing teen pregnancy is a high priority. Teen parents are at higher risk for poor birth outcomes and ongoing difficulties, such as long-term poverty, lower levels of education, and poorer job prospects.

Like the teen birth rate, the percentage of births to teens has generally been decreasing in Minneapolis in recent years. However, significant disparities exist when examining these data by race, with American Indians and all populations of color having much higher proportions of births to teens than whites.

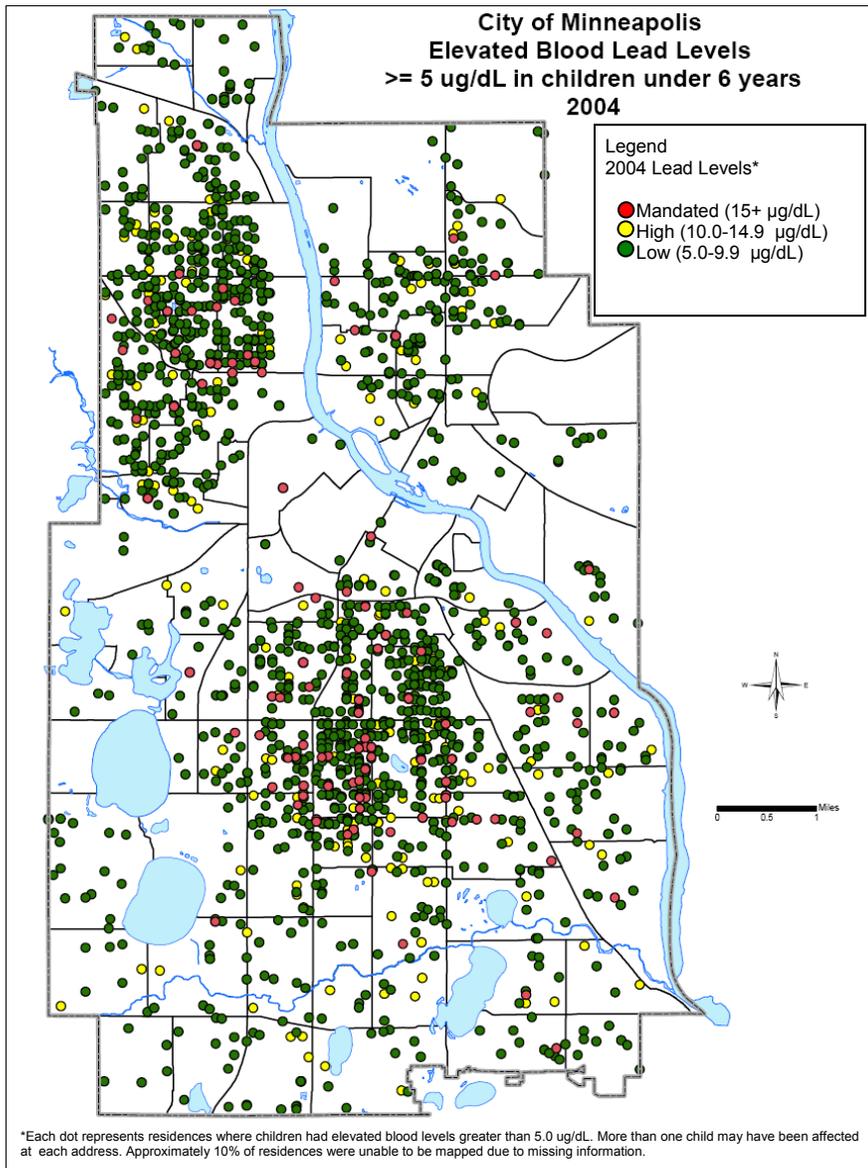
Percentage of Deaths Due to **HOMICIDE** Among 15- to 24-year-olds in Minneapolis



Source: Minneapolis Vital Statistics. *Includes American Indian, Latino, and Asian deaths. Numbers were too small for independent analysis

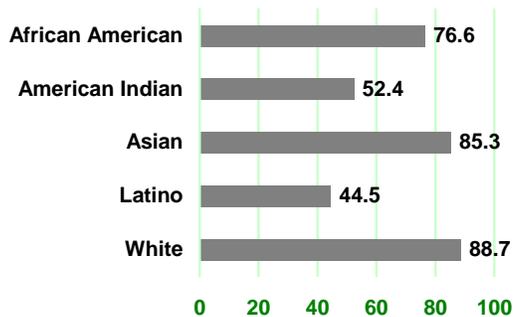
VIOLENCE is a significant public health threat facing Minneapolis residents, and while homicides have been generally decreasing in recent years, homicide remains the leading cause of death among 15- to 24-year-olds. African American young men are the most frequent victims of homicide. Although the numbers of homicides among 15- to 24-year-old American Indian, Latino, and Asians were too small for independent analysis, these groups combined experienced a disproportionately high proportion of deaths caused by homicide.

Another measure of violence against youth is police reports of violent crimes. Overall, 5,524 violent crimes against youth under age 21 were reported to the Minneapolis Police Department in 2005, up 2.4% from 2004.



Source: Minnesota Department of Health.

Percentage of Minneapolis Adults Who Had HEALTH INSURANCE for the Entire Past 12 Months



Source: SHAPE 2002.

Major sources of **LEAD** exposure include chipping and peeling paint, lead dust, and lead-contaminated soil. Young children are more vulnerable to lead poisoning than adults because their brains and central nervous systems are still developing. Lead poisoning can lead to developmental delays, learning disabilities, attention deficit disorders and lowered IQ.

Children under 6 years of age who test with blood-lead levels at or above 15ug/dL trigger state-mandated interventions, including environmental investigations and medical case management. Properties that require mandated interventions are disproportionately represented in neighborhoods with higher concentrations of rental properties, people of color, American Indians, and non-English speaking populations.

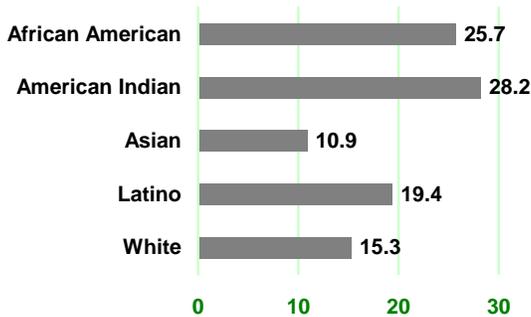
Because lead screening is not universal, some of the disparity in the map at the left may be explained by targeted lead testing campaigns that focus on these neighborhoods, which tend to have higher concentrations of children and older housing stock.

Continuous **HEALTH INSURANCE** coverage is important in assuring access to appropriate health care. Lack of health insurance can lead individuals to forgo recommended preventive care and seek medical care as a last resort, often in an emergency room. In Minneapolis, less than half of Latino adults, and just 52 percent of American Indian adults reported continuous health insurance for the prior 12 months. Current eligibility for public insurance programs excludes many Latino residents.

Health insurance alone does not assure access to quality care. Many families have difficulty navigating the health care system and maintaining their coverage. Cultural and language barriers to care have been cited by African American, Latino, Hmong, and Somali enrollees in public insurance programs, and non-English speaking enrollees report difficulties with interpreter quality and availability. (Department of Human Services. Disparities and Barriers to Utilization Among Minnesota Health Care Program Enrollees, December 2003.)

OBESITY is risk factor for many chronic health conditions, and weight loss can reduce the likelihood of getting certain chronic illnesses. Nationally, the proportion of people who are obese has been increasing. In Minneapolis, as elsewhere, American Indians and African Americans have the highest rates of obesity.

Percentage of Adults Who Reported Being **O**BESE in Minneapolis, 2002



Source: SHAPE 2002.
Obese is defined as having a Body Mass Index ≥ 30.0 kg/m²

Mental Health

Mental health is fundamental to an individual's overall well-being. Mental health conditions have an immense impact on individuals, families and communities. It is important to remember that each of the health issues described in this fact sheet affects, and is affected by, mental health.

The 1999 Surgeon General's report on mental health documented how the complex service system, consisting of many sectors, and a fragmented financing system, can lead to barriers to health care access, even when conditions have been identified. This fragmentation makes it difficult to fully address the mental health needs of Minneapolis residents.

INITIATIVES TO REDUCE DISPARITIES

Steps to a Healthier Minneapolis

Steps to a Healthier Minneapolis is working to decrease the burden of obesity and diabetes by improving nutrition and physical activity in the community. With community partners, Steps is developing community walking projects, nutrition education classes, improving access to high quality foods, and building healthier school environments.

Seen on da Streets

Seen on da Streets addresses sexually transmitted infections and teen pregnancies in Minneapolis by providing outreach, education, and clinical services to African American young males. The project increases access to testing by providing off-site specimen collection in a variety of community locations.

Twin Cities Healthy Start

Since 1999, Twin Cities Healthy Start (TCHS) has been working to address infant mortality disparities in the African American and American Indian communities of both Minneapolis and St. Paul. TCHS contracts with 4 community clinics and 2 community-based social service agencies in Minneapolis and St. Paul to provide case management services to high-risk mothers.

Teen Parent Connection

The Teen Parent Connection is a collaboration between the City of Minneapolis, Hennepin County, and Minneapolis Public Schools to help pregnant and parenting teens get access to coordinated supportive services.

Health Insurance Access

The Minneapolis Department of Health and Family Support works in collaboration with Minneapolis Public Schools to assist families in accessing and understanding health insurance programs.

MPLS Kids

The Minneapolis Project for Lead-Safe Kids provides education and outreach to low-income families about lead hazards and remediation. MPLS Kids works with homeowners, landlords, childcares, churches, and community organizations to ensure families know about the effects of lead, and the prevention measures they can take.

Urban Health Agenda

Minneapolis health officials are working to develop a plan to strengthen the health of all residents regardless of their race, culture, class, English proficiency, or place of residence. This comprehensive, long-term effort will engage diverse stakeholders to collectively address the unique health needs of our urban communities.

If you need this document in an alternative format, please call 612-673-2301 or TTY 612-673-2157 (General City Information).

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