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Report: Not all Minnesotans have the same opportunity to be healthy

Lorna Benson, Jon Collins · St. Paul, Minn. · Jan 17, 2014

Health



NorthPoint senior community health worker LaTrisha Vetaw, left, checks Ineze Ellis' blood pressure Friday, Aug. 16, 2013, at St. Anne's Senior Community in north Minneapolis. *MPR Photo/Jennifer Simonson*

LISTEN Lorna Benson discusses the report with MPR News' Tom Crann

4min 23sec (http://www.mprnews.org/listen/?name=/minnesota/news/features/2014/01/17/140117_mprnews_benson_20140117)

The Minnesota Department of Health this week released a draft version of a report to the Legislature that recommends revamping the state's approach to health at all levels of government to eliminate health disparities between racial and ethnic groups.

The 64-page document cites state policies that it found have prevented African-Americans, American Indians and members of other minority groups from enjoying the same quality of health as whites.

Health Department officials say the report's authors deliberately decided to "lead with race" as a strategy for meeting the challenges of health inequities head on. It found that health disparities between whites and minorities in Minnesota in part resulted from structural racism, which refers to racism that's built into systems and policies, but does not necessarily stem from individual prejudice.

"Structural racism is deeply embedded in American society and is a potent factor leading to inequities in all major indicators of success and wellness," wrote the report's authors.

One example cited in the report is that more than 75 percent of whites own their own homes while less than 25 percent of blacks in Minnesota are homeowners. The department report concludes that the design of an environmental hazard program to warn homeowners about problems in their houses might neglect to inform a huge segment of the black population that doesn't own their own homes. That can lead to adverse health effects for black adults and children.



Dr. Ed Ehlinger *Conrad Wilson*

Minnesota Health Commissioner Ed Ehlinger said all Minnesotans deserve an equal chance to lead healthy lives.

"While Minnesota is a healthy state, not all Minnesotans have the same opportunity to be healthy," Ehlinger said. "In fact, Minnesota has some of the largest gaps between majority and minority populations. If we, as a state, don't find ways to address these gaps, our status as a healthy and productive state is at risk. This report aims to address why these gaps exist and what we all can do to fix them."

The report extends beyond health policy, touching on transportation, geography and employment policies, among others. It cites the razing of St. Paul's Rondo neighborhood for Interstate 94 because it led to lower levels of investment in the neighborhood and its decline. Those factors can affect health if people lose access to parks and other recreational opportunities, or if there's more crime in their neighborhoods and residents don't feel safe walking or exercising, the report concludes.

"Policy development for housing and homeownership needs to explore and expose the structural racism that continues to perpetuate disparities in homeownership and neighborhood development based on race," department officials wrote in the report.

The department acknowledges in the report that some of its own decisions have also contributed to structural inequities, including the department's habit of working with well-established organizations over groups with ties to other cultures.

Its officials say they are committed to examining structural inequities in all of department decisions and policies moving forward, and encourage all state agencies to follow suit.

The department will institute a Minnesota Center for Health Equity that will work to institute 12 recommendations for the department, starting in February.

"The MDH statutory mission statement should be amended to include health equity, and should reflect the agency's commitment to health equity," the report states. "All MDH divisions' and sections' mission statements should be revised to include language about advancing health equity for all populations."

The report recommends a host of other changes to the department, including adjustments to the grant-making process to allow groups from more diverse backgrounds to more easily obtain funding.

Department officials also plan to bring more people of color into their workforce, partly by relaxing some minimum qualifications like college degrees that are now required for many jobs. They want the department to serve as an example to other state agencies and local governments in considering health equity when planning projects or policies.

"Although these conditions and factors affecting health may be the primary responsibility of other agencies or levels of government, MDH can contribute to the decisions in these areas by emphasizing the opportunity to shape these factors at the policy level to promote positive health outcomes," department officials wrote. "MDH staff should hold discussions with other state and local governments to highlight the impact that policies in other sectors have on health."

The report also recommends that the health department more closely engage diverse communities when developing health projects. It suggests adjusting how agencies and local government gathered and analyze data to take into account the diversity that exists within racial or ethnic groups or sexual or gender identifications.

Data "should be disaggregated into more racial, ethnic and linguistic groups to more accurately reveal what is happening," department officials wrote. Broad categories of race, they said, do not advance understanding of the significant differences among ethnic subgroups.

The report was ordered by the Legislature in 2013. State Rep. Tom Huntley, DFL-Duluth, who sponsored the bill, said addressing specific problems is the first step to ensuring health equity.

"If there are particular problems with certain groups, then we need to know what those problems are," said Huntley, DFL-Duluth. "Then we can come up with plans to start to address those problems."

The health department is accepting public comments on the draft through next Friday. They will be sent along with the report to the Legislature in early February.