Disparities among Children in Minnesota

Poverty

- Black: 45%
- American Indian: 41%
- Hispanic: 29%
- Asian: 19%
- White: 9%

Infant Mortality

- Black: 9.2
- American Indian: 9.1
- Hispanic: 5.1
- Asian: 4.4
- White: 1.0

Kindergarten Readiness

- White: 63%
- Asian: 62%
- Black: 57%
- American Indian: 44%
- Hispanic: 44%

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Minnesota Chapter
What are health disparities?
A difference in health outcomes based in population (e.g., rural Minnesotans receive fewer recommended preventive services than urban Minnesotans).

What is health equity?
When every person has equal opportunity to attain the highest possible level of health (e.g., affordable health insurance allows families to purchase medications for their children).

What is structural racism?
The normalization of systems and dynamics -- historical, cultural, institutional and interpersonal-- that routinely advantage white people, leading to long-term adverse outcomes based on race.

Minnesota is regarded as one of the healthiest and best places for children to grow up – except for a growing percentage of minority children and those living in rural areas. The health of children shouldn’t be determined by their race or zip code. Minnesota needs to work toward health equity for all children.

MORE DISPARITIES IMPACTING THE HEALTH OF MINNESOTA CHILDREN

<table>
<thead>
<tr>
<th>Measure</th>
<th>Year</th>
<th>Minnesota</th>
<th>Black/African American</th>
<th>American Indian</th>
<th>Hispanic</th>
<th>Asian</th>
<th>White</th>
<th>LGBTQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children without health insurance by race and ethnicity</td>
<td>2015</td>
<td>3%</td>
<td>3%</td>
<td>13%</td>
<td>8%</td>
<td>5%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Childhood immunization rates (combo 3)</td>
<td>2016</td>
<td>71%</td>
<td>65%</td>
<td>54%</td>
<td>76%</td>
<td>76%</td>
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</tr>
<tr>
<td>Children living in areas of concentrated poverty by race and ethnicity</td>
<td>2011-2015</td>
<td>5%</td>
<td>24%</td>
<td>26%</td>
<td>11%</td>
<td>18%</td>
<td>1%</td>
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</tr>
<tr>
<td>Children living in households with a high housing cost burden by race</td>
<td>2015</td>
<td>24%</td>
<td>52%</td>
<td>40%</td>
<td>28%</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children living in families where no parent has full-time, year-round employment by race</td>
<td>2015</td>
<td>23%</td>
<td>48%</td>
<td>33%</td>
<td>26%</td>
<td>17%</td>
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</tr>
<tr>
<td>Children in families where the household head lacks a high school diploma by race and ethnicity</td>
<td>2015</td>
<td>8%</td>
<td>19%</td>
<td>11%</td>
<td>33%</td>
<td>23%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>9th graders with mental, behavioral or emotional problems</td>
<td>2016</td>
<td>17%</td>
<td>17%</td>
<td>30%</td>
<td>20%</td>
<td>12%</td>
<td>18%</td>
<td>59%</td>
</tr>
<tr>
<td>The per 1000 rate of alleged victims in accepted reports by race/ethnicity</td>
<td>2015</td>
<td>24.7</td>
<td>52.9</td>
<td>96.5</td>
<td>30.5</td>
<td>12.3</td>
<td>17.6</td>
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</tr>
<tr>
<td>Chlamydia cases ages 15-19</td>
<td>2016</td>
<td><em>49%</em></td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
<td>20%</td>
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</tr>
</tbody>
</table>
Additional disparities persist based on income, zip code, sexual orientation and other factors. **Working together, we can reach equity for all children.**

*Sources: Kids Count Data Center; Minnesota Community Measurement, 2016 Health Care Disparities Report; Minnesota Compass; Minnesota Department of Health, Eliminating Health Disparities; and Minnesota Department of Health Statistics; Minnesota Student Survey*