

# Neighborhood approaches to reduce health inequities



# Learning objectives

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- Demonstrate importance of “place” on health outcomes
- Explore relationship between social determinants and health outcomes in Minnesota
- Highlight examples of promising efforts made to reduce health inequities

# Our work exploring health inequities



## MINNESOTA COMPASS

Measuring progress.  
Inspiring action.

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TOPICS Aging Children & Youth Civic Engagement Demographics Disparities Early Childhood Economy & Workforce Education Environment Health Housing Immigration Public Safety Transportation Google™ Custom Search GO

### WELCOME TO MINNESOTA COMPASS

By tracking and analyzing trends in areas that affect our quality of life, Compass gives everyone in our state – policymakers, business and community leaders, and concerned individuals who live and work here – a common foundation to act on issues to improve our communities. [MORE >](#)

#### STAY INFORMED

Enter your email to sign up for our e-newsletter

#### FOR DISCUSSION



**Pep talk for Minnesota, Super Bowl style**  
Compass lead researcher Craig Helmstetter and director Paul Mattessich present a "playbook" for improving Minnesota's future.

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#### ASK A RESEARCHER



**Trends on the home front**  
Meet new Compass researcher Jane Tigan, who gives insight into trends in housing, now on Compass.

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#### REGIONS



In addition to tracking statewide trends, Compass provides data by region, and when possible, by county and larger cities. Click on the map for data and information specific to your region.

#### COMPASS NEWS



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#### NEW DATA

# Our work exploring health inequities

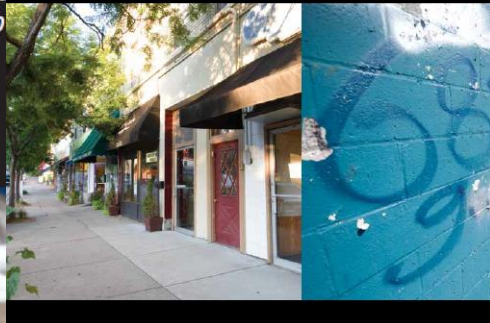


## The unequal distribution of health in the Twin Cities

A study commissioned by the Blue Cross and Blue Shield of Minnesota Foundation / October 2010

## Revealing socioeconomic factors that influence your health

Supplement to *The Unequal Distribution of Health in the Twin Cities*  
October 2010



Two words are emerging in our quest for better health in Minnesota. **Health inequities.** Powerful words that reveal a shocking story.

*More than half of a person's health is driven by social factors — Income. Education. Race. Neighborhood.*

*The Unequal Distribution of Health in the Twin Cities study reveals gripping links between social disparity and health.*

# Our work exploring disparities



## Peta Wakan Tipi

Peta Wakan Tipi helps American Indian men and women transition from chemical dependency and homelessness to a healthy, self-sufficient life. They provide culturally-based supportive services, housing, and living wage jobs. Native youth also learn indigenous gardening and cultural medicinal practices, which increases their sense of belonging.

## oneMinneapolis

*A vision for our city's success*



OUR ABILITY TO COMPETE as a 21st century city and economic engine for the state depends on everyone fully participating in our workforce and benefiting from our shared quality of life. Yet Minneapolis faces costly racial disparities in education, jobs, housing, justice, and other critical areas, according to data The Minneapolis Foundation commissioned from Wilder Research. These challenges severely curtail our chances for regional vitality and run counter to our values of fairness and opportunity.

Since "what gets measured, gets done," OneMinneapolis was created to help our community better understand, track, and improve how all of our neighbors are faring. The full data report (available at [OneMinneapolis.org](http://OneMinneapolis.org)) shines a light on the shocking and unacceptable differences in how Minneapolis residents are faring on the most essential indicators of a healthy and productive life. Findings have been highlighted in this dashboard, which will be updated annually and can serve as a barometer of the collective risk we face if we don't change course. Let's talk honestly about what the findings say about and mean for our city, empower those who are not being well served to shape solutions, and together realize a vision for our community's success.

*When each of us does better, we all do better. Join us in creating OneMinneapolis.*

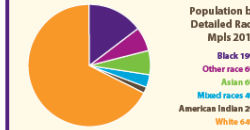
**Key**

- Range:** the range between the percentage of the racial or ethnic community faring least well to that of the community faring best on each indicator. (Whites fare best on all but a few; there's great diversity among those most underserved.)
- Gap:** the span of the range in percentage points
- Risk:** the severity of the gap by size (not a measure of the impact on an individual or our community)
- Overall:** the percent for all students/children/residents on each indicator

- racial disparity of 35-100 pts
- disparity of 20-34 pts
- disparity of 0-19 pts
- no disparities

Community Indicator	Range by Race/Ethnicity	Gap	Risk	Overall
<b>Education</b>				
Kindergartners ready for school*	36 - 94%	58 pts	●	70%
3rd graders proficient in reading*	34 - 88%	54 pts	●	54%
Minneapolis Public Schools (MPS) students graduating on time	21 - 71%	50 pts	●	44%
MPS graduates who enroll directly in post-secondary education	33 - 73%	40 pts	●	61%
MPS students who show strong attendance	33 - 72%	39 pts	●	59%
School-age students living in Minneapolis attending MPS	31 - 69%	38 pts	●	66%
8th grade MPS students who feel their teachers make them want to learn	63 - 84%	21 pts	●	69%
MPS students suspended once a year or more	3 - 24%	21 pts	●	13%
8th grade MPS students who trust adults in their school to keep them safe	71 - 88%	17 pts	●	79%
MPS parents surveyed satisfied with their child's school	71 - 84%	13 pts	●	79%
Minneapolis Community and Technical College students who graduate within three years**	3 - 12%	9 pts	●	9%
<b>Children &amp; Youth</b>				
Minneapolis children living in poverty*	14 - 70%	56 pts	●	31%
Youth connected to a caring adult in the community	64 - 77%	13 pts	●	73%

## Our City at a Glance



11% of the population is Hispanic. Hispanic residents may be represented in any of the racial groups above.

Sources: U.S. Census Bureau, 2010 decennial census for total population, housing units and vacancy, and race/ethnicity. All other data are from the American Community Survey, 2009.

Total population	382,576
Residents under age 18	21%
Foreign-born	15%
Born in the U.S.	85%
Housing units	176,287
Affordable housing units	20,060
Households	163,048

## Behind the Numbers

- 1 in 4 African-American boys is suspended once or more per year. African-American boys are least likely to trust adults in school to keep them safe. African-American residents are most likely to feel unaccepted because of their race, ethnicity, or culture.
- Children from Somali-speaking homes are ready for kindergarten at an above-average rate, while those in Spanish-speaking homes are least prepared for school.
- Asian American ELL students have the lowest rates of 3rd grade reading proficiency. Children of Asian immigrants have the highest rates of poverty.
- 40% of Minneapolis residents are people of color, yet 17% of jobs in Minneapolis are filled by people of color. Latino adults of working-age are second to white adult residents of Minneapolis in the percentage employed. Latinos are least likely to have affordable housing.
- American Indian students are least likely to show strong attendance, graduate on time, and enroll directly in post-secondary education. American Indians of working age are least likely to be employed.

## Community Indicator

### Economic Vitality

Community Indicator	Range by Race/Ethnicity	Gap	Risk	Overall
Minneapolis families living in poverty	14 - 52%	38 pts	●	26%
Minneapolis working-age adults (16-64) who are employed	51 - 78%	27 pts	●	73%
Low-income households who have affordable housing	11 - 31%	20 pts	●	22%
Jobs in Minneapolis that pay a family-supporting wage	n/a	n/a	●	58%
Working Minneapolis residents who are self-employed	n/a	n/a	●	9%

### Justice & Equality

Residents who feel unaccepted because of their race, ethnicity, or culture once a month or more	4-20%	16 pts	●	9%
Minneapolis' elected state senators and representatives who strongly support bills that advance equity	n/a	n/a	●	53%

### Representative Leadership

Elected officials representing Minneapolis who are people of color	n/a	n/a	●	22%
Voter participation rate	n/a	n/a	●	46%

\*Range and gap also available by subgroups (e.g., Hispanic, Somali) | \*\*Overall percentage of students who graduate or transfer within three years is 34%  
n/a = Range and gap unavailable or immeasurable

# Our work exploring promising approaches



## Safe Routes efforts in Minneapolis Public Schools

July 2011



*Promoting student walking and biking in three pilot schools*

Page 4

### About the report

This report summarizes information gathered throughout the two-year evaluation of Safe Routes efforts supported by the district at three Minneapolis schools. More specifically, it describes the planning, coordination, and implementation efforts that district staff and the Safe Routes workgroup have focused on and highlights the efforts of the three pilot schools. It then summarizes the lessons learned across the pilot schools and offers recommendations to sustain, improve, and expand Safe Routes programming to additional schools.

### Safe Routes in Minneapolis Public Schools: Efforts made by the Safe Routes work group to support walking and biking at local schools

The Safe Routes implementation approach promoted by Minneapolis Public Schools encourages collaborative parent-led, community-based, school-supported efforts. Safe Routes programming is developed locally at individual school sites to enhance student safety when walking and biking, and supported by the technical assistance and support offered by the Safe Routes to School work group, which is facilitated by district Safe Routes staff, and includes representatives from a variety of district and

city departments, as well as other community partners. The work group meets monthly to identify strategies to support Safe Routes activities at individual schools and the district and consider how to best align their efforts.

Members of the work group bring unique expertise and perspectives to discussions about promoting Safe Routes across the district. For example, the district's Office of Emergency Management, Safety, and Security works closely with district Safe Routes staff to assess ways to improve student safety, particularly during arrival and dismissal times, and improve the practices of school crossing guards. The district's Transportation Analyst provides maps that depict the school's walk zones and areas where large concentrations of students live. This information can be used by lead Safe Routes staff to identify appropriate walking and biking routes for students, and is useful for city staff when considering the need for additional signage or signals at key intersections or other traffic control measures and infrastructure enhancements. Representatives from the city's Department of Public Works offer expertise in identifying and addressing infrastructure gaps, while Minneapolis Police Department representatives consider changes in patrol or other efforts to enhance student safety. As appropriate, the workgroup has engaged other community stakeholders to partner with them in order to address community safety concerns at specific school sites.

### Supporting local Safe Routes efforts

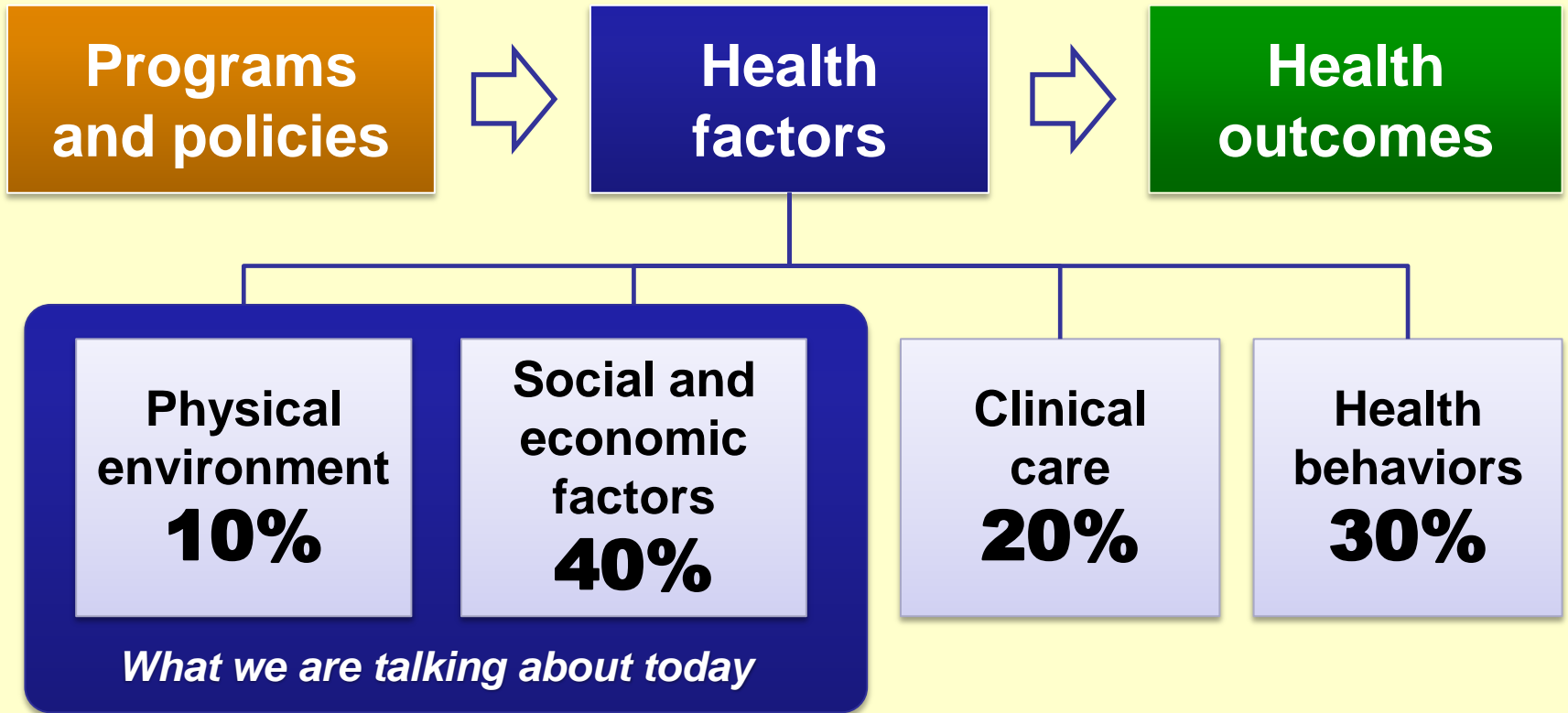
The work group representatives who participated in key informant interviews all felt there was great value in having opportunities to meet regularly and discuss ways to assist local schools in identifying potential concerns and considering strategies to address these problems. Examples of the types of support and technical assistance individual schools across the district have received from the Safe Routes work group include:

- Maps of primary walking and biking routes. A number of Minneapolis schools have requested support from the district in mapping primary walking and biking routes that can then be shared with parents and students. A preliminary map is prepared with input from key work group members, which allows the police and



SAFE ROUTES EFFORTS IN MINNEAPOLIS PUBLIC SCHOOLS

# Why look at “Social determinants”?

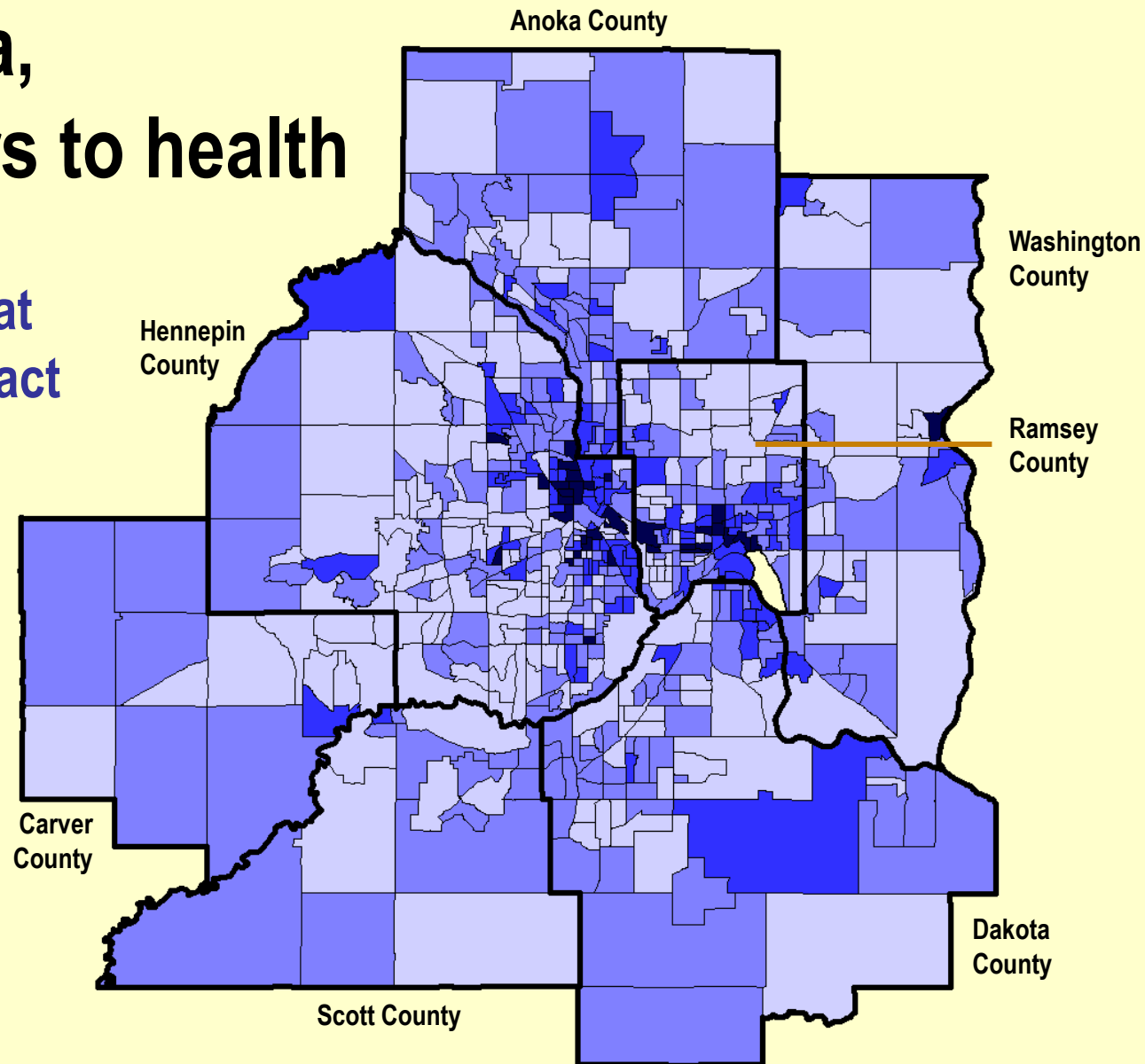
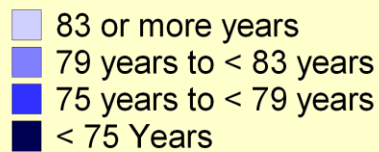


**Source:** University of Wisconsin Population Health Institute

[www.mncompass.org](http://www.mncompass.org)

# In Minnesota, place matters to health

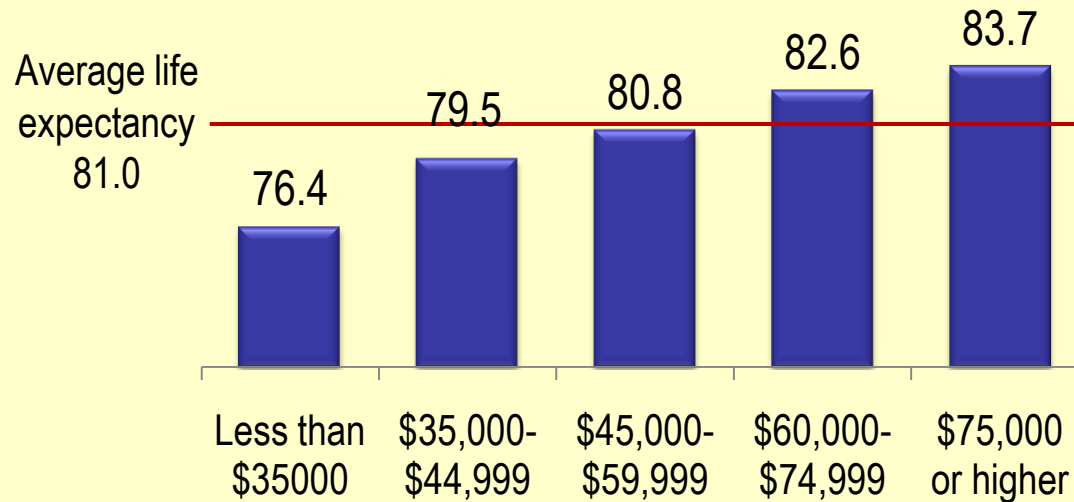
## Life expectancies at birth, by census tract (2007)





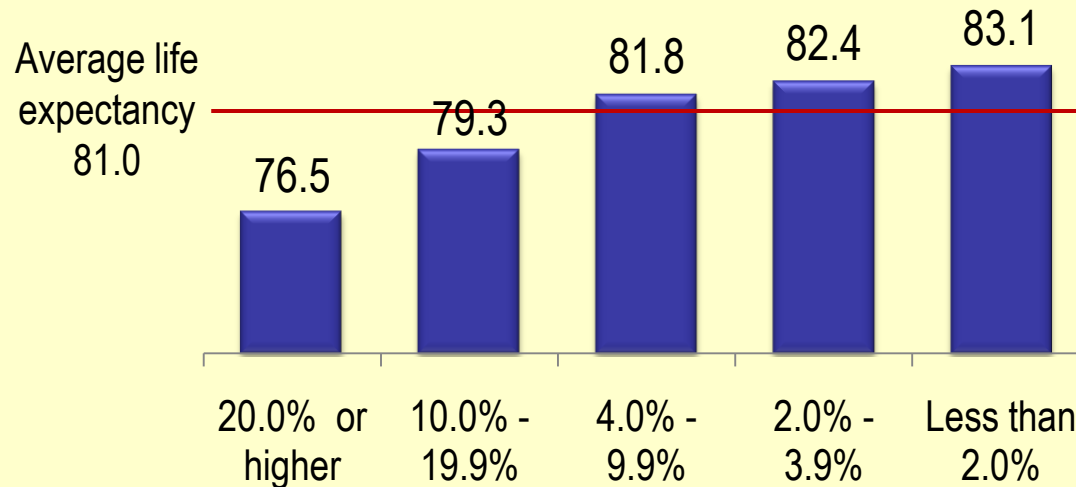
# Income and education matter to health

## Life expectancy by median household income groups of census tracts



# Income and education matter to health

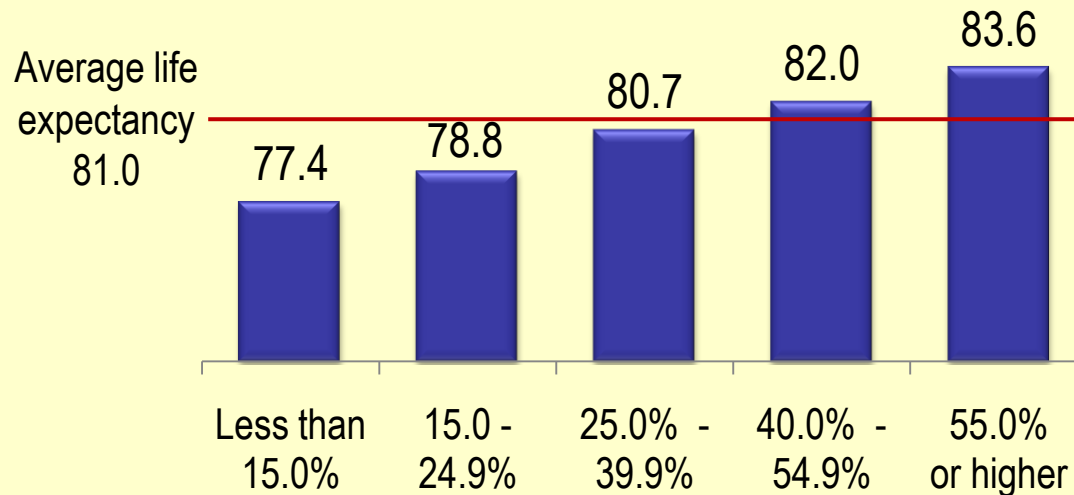
## Life expectancy by poverty rate group of census tracts



Percentage of households living below the federal poverty level

# Income and education matter to health

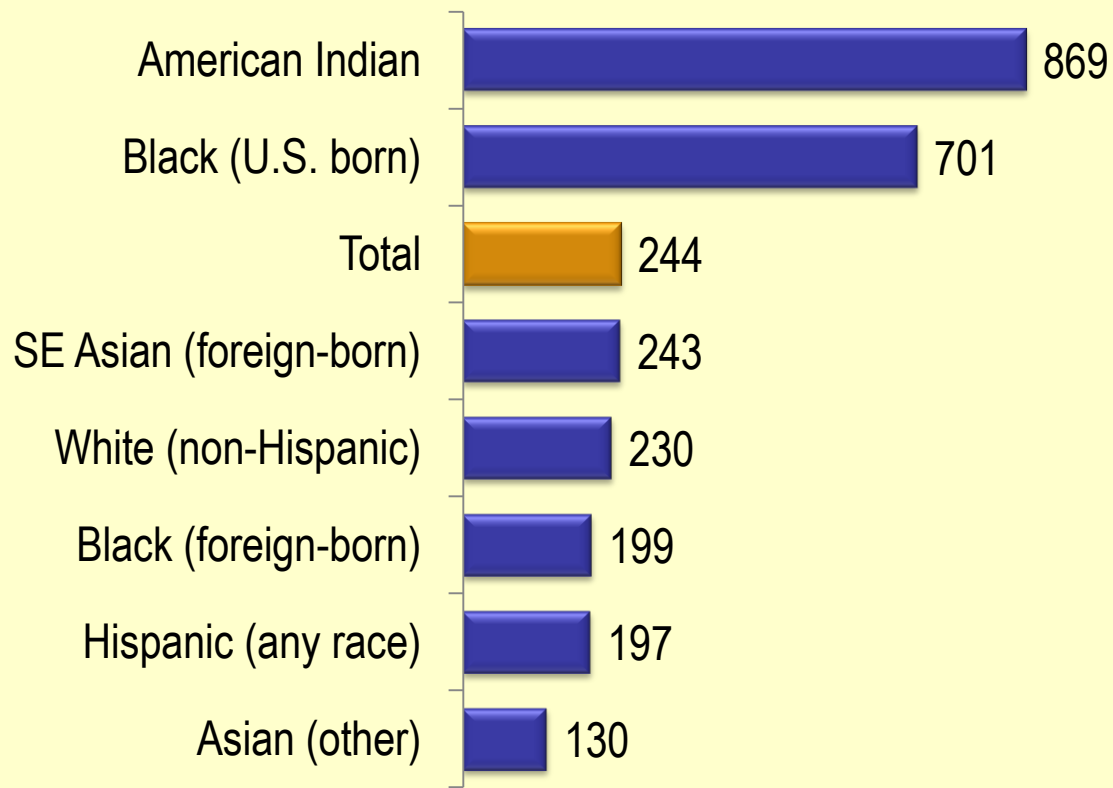
## Life expectancy by educational attainment group of census tracts



Percentage of adults (25+) with bachelor's degree or higher

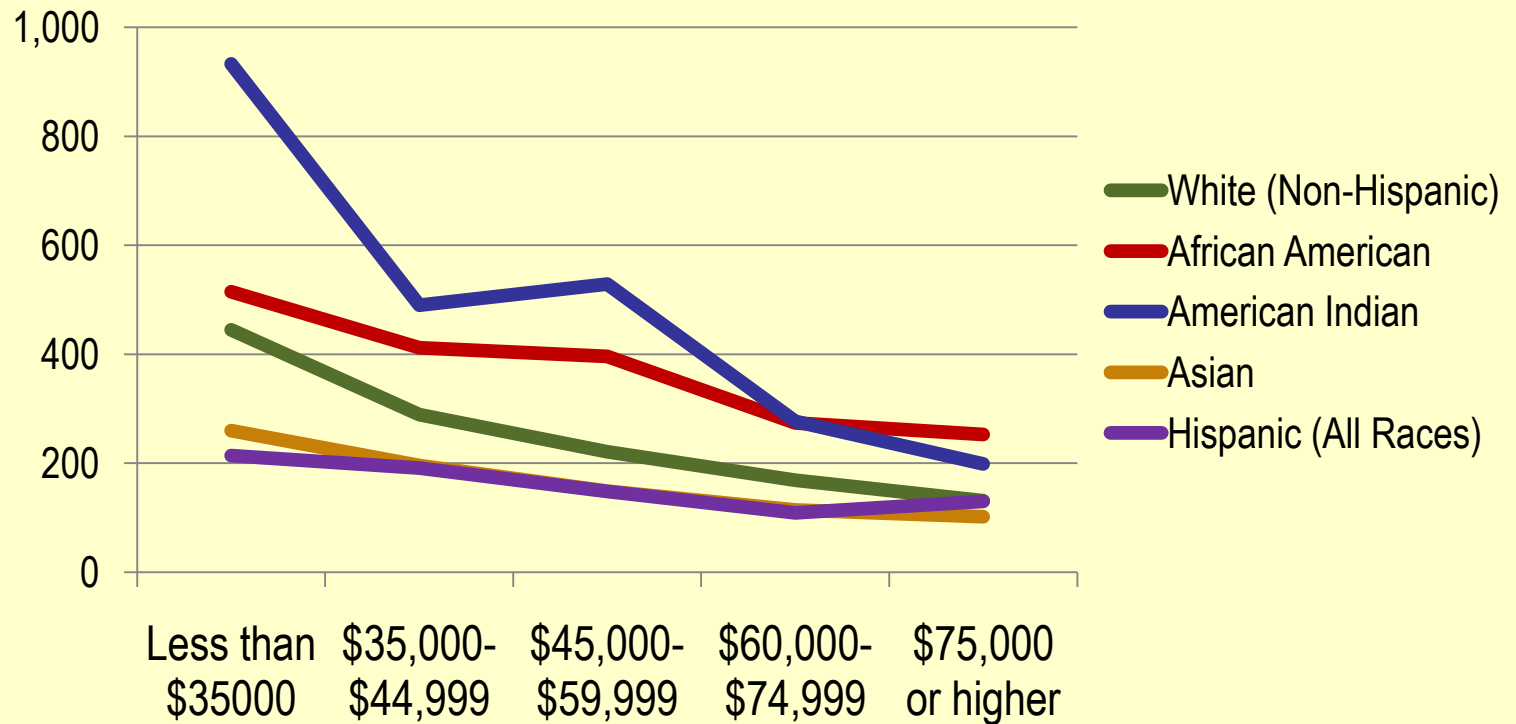
# Race and ethnicity matters to health

## Age-adjusted mortality rates per 100,000 residents



# Racial inequities persist across income levels

Age-adjusted mortality rates per 100,000 residents



Median household income groups of census tracts

# Using data to drive action: Grantmaking

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- Establish targeted grantmaking programs:  
How do we direct funds toward areas with highest needs?
- Encourage grant applicants to use data to demonstrate need:  
What is the current status of the community?
- Identify outcomes to measure progress towards long-term goals:  
What works? What does not? What should we change?

# Using data to drive action:

## Community action

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- Highlight disparities
- Build community consensus
- Reassess regularly to measure progress

COMMUNITY AT THE CORE:  
Backyard Initiative  
Assessment Report





# Statewide Health Improvement Program



- Focused on implementing evidence-based strategies that change neighborhood conditions, making the healthy choice the easy choice



# Promising implementation approaches

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## ■ School setting

- Farm to School
- Safe Routes to School

## ■ Worksite setting

- Nutrition policies
- Smoke-free grounds

## ■ Community setting

- Active living policies
- Trail enhancements
- Tobacco-free apartment buildings
- Improved access to healthy foods

# Lessons learned

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- Policy changes can occur in communities of all sizes, regardless of geography
- Local public health departments play key roles in facilitating change; can also impede efforts
- Buy-in is needed among key decision-makers at all levels, including community residents

# Future challenges

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- Obtaining buy-in from new policymakers (e.g., freshman legislators)
- Securing funding to implement policies
- Building community partnerships
- Targeting interventions to focus on eliminating health inequities
- Demonstrating short-term impact for interventions designed for long-term change

## For more information

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