



Blue Cross and Blue Shield of Minnesota

Foundation

# Revealing socioeconomic factors that influence your health

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



This is a companion piece to *The Unequal Distribution of Health in the Twin Cities*, a study by the Wilder Research, commissioned by the Blue Cross and Blue Shield of Minnesota Foundation. Find it at [bcbsmnfoundation.org](https://www.bcbsmnfoundation.org).

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.*



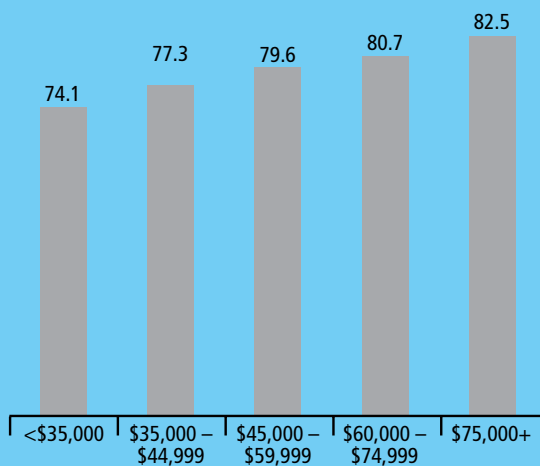
# Income matters / Each additional \$10,000 in an area’s median household income is associated with a *full year gain in life expectancy.*

People in the highest income and lowest poverty rate areas in the Twin Cities have an average life expectancy of 82 years. Residents in the lowest income areas have an average life expectancy of 74 years — a full 8-year difference.

*Moving forward, I would challenge Minnesota to envision a new kind of leadership body comprised of various foundations and firms, hospitals and health plans, nonprofits and neighborhoods, to work together around the common goal of making Minnesota’s community environments the healthiest in the country.*

— David Wallinga, Institute for Agriculture and Trade Policy

**Life expectancy by median income of residential area (based on ZIP code)**





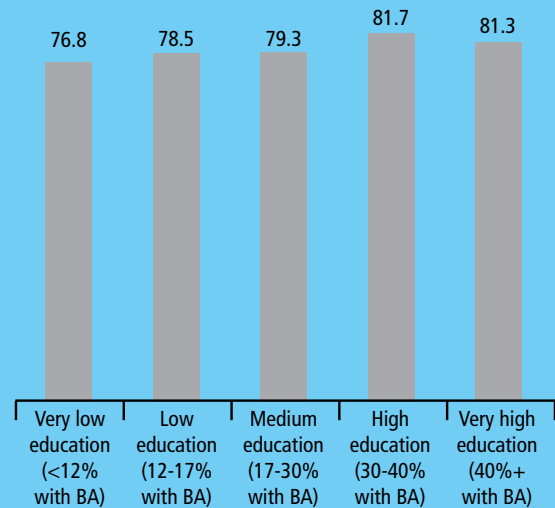
# Education matters / Life expectancy is nearly *5 years less* for those with the lowest levels of education, compared to those with a high degree of post-secondary education attainment.

The correlation between life expectancy and education level by ZIP code is not as steep as other social aspects. Still, mortality rates among those ages 25 to 64 in the areas with lowest educational attainment (fewer than 12 percent with a bachelor’s degree) are about twice as high as those with higher levels (40 percent or more with a bachelor’s degree). In terms of health, education pays.

*We can make choices about what kind of economy we have. Those choices should take into account that economic prosperity in our region depends on all Twin Cities residents having the chance to reach their fullest potential in education and employment.*

— Nan Madden, Minnesota Budget Project

Life expectancy by education level of residential area (based on ZIP code)







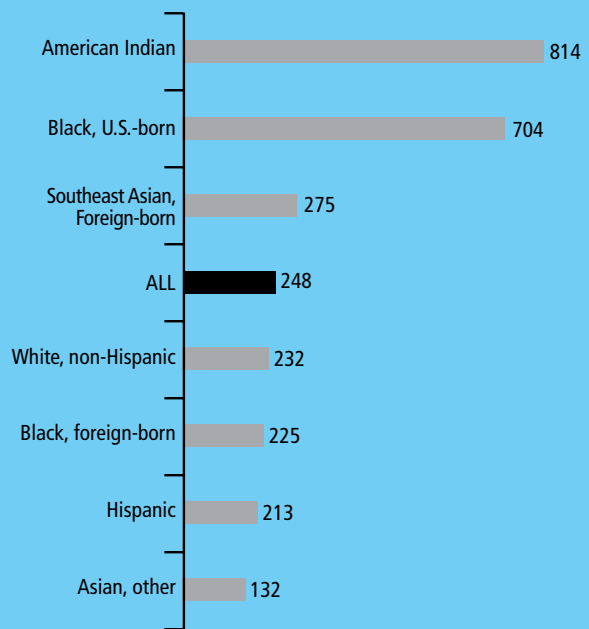
# Race matters / Life expectancy in the Twin Cities swings widely from 83 years for Asians to 61.5 years for American Indians.

As a group, U. S.-born African Americans and American Indians fare worse in our region on a variety of health measures, including birth weights, obesity, diabetes and mortality. However, Asian and Latino populations, as well as African immigrants, often have better health outcomes.

*We need to better align investments at all levels of local, state and federal government to create holistic “sustainable economies” that balance the “three Es”: economic vitality, equal opportunity and environmental quality.*

— Warren Hanson, Greater Minnesota Housing Fund

**Mortality rates by race and ethnicity, Twin Cities 7-county region**





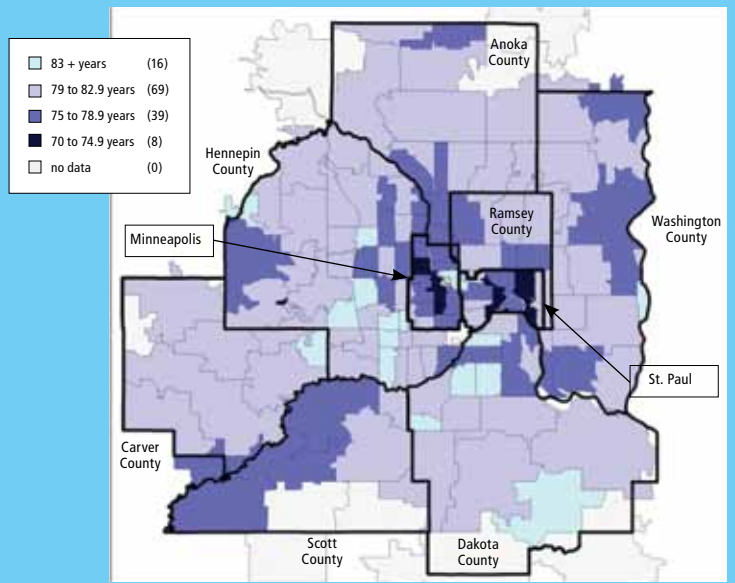
# Neighborhood matters / Children born into the highest income areas live *8 years longer* than those born into our poorest communities.

Health is very connected to the social gradient of where people live, including the relative prosperity of their neighborhoods.

*Reducing the concentration of poverty in Twin Cities neighborhoods could strongly impact children's economic mobility, leading to a lifetime of better health.*

— Tom Fulton, Family Housing Fund

Life expectancy by ZIP code



We now know that *social policy is health* policy.

*Economic policy is health* policy.

*Education policy is health* policy.

It is all intimately *interrelated* — and health consequences need to be considered whenever community decisions are made.

## What is our challenge?

Knowing that 85 percent of the Twin Cities population growth over the past decade has come from populations of color, we need to step up and close the gap on the social determinants that lead to health inequities.

Those entering our work force need access to quality jobs, a good education and wholesome communities.

We must help make sure our communities and families are connected to what they need to thrive. This is an important part of long-term regional prosperity for everyone — because a healthier Minnesota benefits us all.

## What is working to reduce health inequities?

Much work is already under way in the Twin Cities — and across Minnesota — to ensure that all Minnesotans have equal opportunity for good health.

**The Institute for Agriculture and Trade Policy** in Minneapolis has worked with the Minnesota School Nutrition Association to more than double the number of Minnesota school districts purchasing fresh food from local farms over just the last 15 months. More than 69 such districts are now doing so. That helps all children be better prepared to learn.

**The Family Housing Fund** in Minneapolis partnered with the City of Minneapolis to form the Northside Home Fund to fund the redevelopment of small geographic areas, or “clusters” that are intended to make a noticeable positive impact on the housing stock and to stabilize and strengthen specific neighborhoods. By pairing economic development, healthy green housing, jobs and community law enforcement, it hopes to improve the lives of residents and communities.

**The Cultural Wellness Center** in Minneapolis and St. Paul has organized over 100 birthing teams over the years, with consistently positive results. The birthing teams attend prenatal appointments, form sharing circles, cook food and clean homes. The birthing teams are present during the delivery and support breastfeeding, leading to reduced infant mortality in the African American community.

**The Native American Community Development Institute** in Minneapolis recently unveiled the American Indian Community Blueprint, a community vision document that establishes a community-development framework

for asset-based, solution-oriented strategies designed to advance American Indian interests and opportunities in the Twin Cities.

**The Minnesota Budget Project**, an initiative of the Minnesota Council of Nonprofits in St. Paul, provides independent research, analysis and advocacy on budget and tax issues, emphasizing their impact on low- and moderate-income people and the organizations that serve them.

**Growth & Justice** in Minneapolis combines independent, fact-based research with community engagement to make Minnesota’s economy simultaneously more prosperous and fair.

And across the state, **The Greater Minnesota Housing Fund** in St. Paul serves the 80 counties of Greater Minnesota with financing and technical assistance, with an emphasis on sustainable development, green building and healthy housing. It has financed over 8,500 homes for low and moderate income families and the formerly homeless statewide.

*Not just the poor and racial minorities benefit from greater economic security and reduced inequality. Research shows that mortality and longevity rates are superior for all income levels in the more equal states.*

— Dane Smith, *Growth and Justice*

## What Blue Cross is doing.

Acting with the knowledge that health is directly tied to social determinants such as race, education, income and neighborhood, Blue Cross supports programs\* such as —

- Preventing Harm Minnesota with the Native American Community Clinic — Funding supports an effort to pass city codes for mandatory inspections of rental housing and increase renters’ awareness of their rights to improve health in the Phillips neighborhood, Minneapolis.
- 500 Under 5 — Funding supports efforts to improve school readiness for 500 young children in the Folwell and Near North neighborhoods in Minneapolis, leading to improved life-long health.

- East Side Neighborhood Development Corporation — Funds are used to educate St. Paul homeowners, renters and child care providers on how to create healthier, safer and more sustainable living environments. The project also connects residents with home repair and improvement programs, and helps families replace lead-painted windows with non-toxic, energy-efficient windows.
- Wilder Foundation — Funds support a project to improve the mental health and social adjustment of Southeast Asian immigrants and refugees in the Payne/Phalen area. Funds have also supported the development of Minnesota Compass, which tracks and analyzes data on many social influences on health statewide.
- Community Giving Garden — Blue Cross employees tend a community giving garden that provides hundreds of pounds of fresh produce annually to Lewis House, a shelter for victims of domestic violence, and the Eagan food shelf.
- Healthy Eating: Healthy Corner Stores Intervention — Institute for Agriculture and Trade Policy (IATP) is funded to work with corner stores in selected underserved areas of Minneapolis to increase fresh produce offerings, thereby helping eradicate Minneapolis' "food deserts."
- Healthy Eating: Market Bucks Program — Funding helps make healthful produce at farmers markets more affordable and attractive to low-income populations than the less-healthy foods readily available at the area's convenience stores and corner stores.
- Healthy Eating: NorthPoint Health & Wellness — Funding is helping increase residents' access to fresh produce through community gardens and other efforts.
- Tobacco Control: Comunidades Latinas Unidas en Servicio (CLUES) and Statewide Tobacco Education and Engagement Project (STEEP) — Two Blue Cross-funded efforts to establish tobacco-free policies in apartments in the Latino community and promote culturally appropriate tobacco cessation strategies, and collaborate on health and wellness efforts in the Southeast Asian community.

\*More information about these programs and our work in the community can be found on our websites: [bcbsmnfoundation.org](http://bcbsmnfoundation.org), [preventionminnesota.com](http://preventionminnesota.com), and [bluecrossmn.com](http://bluecrossmn.com)

*To fully realize optimal health outcomes in all populations on the state, national and international levels, effective initiatives and policies will not only have to draw upon the experience and knowledge of community members, but will need to strategically support these groups in leading interventions that target gaps in conventional health planning.*

— Atum Azzahir, Cultural Wellness Center

### **What we can do together.**

Our policy decisions need to take health into account — everyone's health. Those working to reduce poverty, close education gaps, eliminate segregation and create high-paying jobs are helping to improve life expectancy and health outcomes in the Twin Cities.

One path to better health is to ensure that everyone has the opportunity to get a good education, live in a healthy home and have a good job and income. We can also work to reduce the extent to which groups are segregated into lower-income neighborhoods.

We can learn from the emerging "immigrant paradox" the report underlines. Our region's growing immigrant populations, many of whom are surprisingly healthy despite the barriers they face, have much to teach us.

The state government needs to be a partner with the nonprofit sector, the business community and Minnesota's residents in building a state where everyone has the opportunity to succeed.

Other United States regions and other countries have better health as a result of a more integrated, health-focused approach and we can study and emulate them. Places such as Seattle, Finland, Switzerland and Sweden are modeling policies and community actions that make a difference.

We can do that, too. The Twin Cities area and Minnesota are poised to be leaders in closing the health equity gap. Together, we can change the pathway that has led to health disparities. We will all be healthier when we focus on improving the social factors that play a powerful role in determining health.



[bcbsmnfoundation.org](http://bcbsmnfoundation.org)

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