

# HEALTH EQUITY: A Priority for Moving Health Forward in Minnesota

Minnesota consistently ranks as one of the healthiest states in the nation. Yet health outcomes, and opportunities to live a healthy lifestyle, vary greatly depending on who you are and where you live.

## THE CHANGING FACE OF MINNESOTA

Home to 5.5 million people, Minnesota is undergoing major shifts.

**25%**

People of color are expected to comprise one-quarter of our state's population by 2035, up from 14% in 2005.<sup>1</sup>

**48%**

The percentage of Ramsey County residents projected to be nonwhite or Latino by 2035; 44% of Hennepin County residents are expected to be people of color.<sup>1</sup>

**2X**

The number of Minnesotans over age 65 is expected to almost double by 2030.<sup>2</sup>

## A STATE OF DISPARITY



The challenges our state faces are as diverse as our rapidly changing demographics. Despite the efforts of government and public-interest groups, gaps in health equity have continued to grow.

RACE	INCOME	GEOGRAPHY
<p><b>2X</b> </p> <p>The mortality rate for African American infants born in Minnesota is double that of white infants.<sup>3</sup></p> <p><b>3.5X</b></p> <p>The mortality rate for African Americans living in the Twin Cities compared to other racial/ethnic groups; American Indians living in the same region have 2.9X the mortality rate of others.<sup>4</sup></p> <p><b>22% PERCENT</b> </p> <p>The percentage of Somali immigrants who have been screened for colorectal cancer, compared to 40% of those born in Laos and 70% of white patients.<sup>5</sup></p> <p><b>25% PERCENT</b> </p> <p>The percentage of Native Americans receiving optimal diabetes care, compared to 27% of African Americans and 41% of white patients.<sup>5</sup></p>	<p><b>24.4 PERCENT</b></p> <p>The percentage of Minnesota adults with an annual household income of \$35,000 or less who are current smokers; 8.7% of those with household incomes above \$75,000 smoke.<sup>6</sup></p> <p><b>8YRS</b></p> <p>The difference in average life expectancy between those living in the Twin Cities' highest income areas and those living in its lowest income areas.<sup>4</sup></p> <p><b>7YRS</b></p> <p>The difference in life span between the highest and lowest income areas of St. Louis County, Minn.<sup>7</sup></p>	<p><b>1/3</b> </p> <p>The proportion of Minnesota counties that have fewer than eight physicians per 10,000 residents, especially in the most rural areas of the state.<sup>8</sup></p> <p><b>25</b> </p> <p>The number of Minnesota counties that have fewer than four dentists per 10,000 residents.<sup>8</sup></p> <p><b>55% PERCENT</b> </p> <p>The percentage of Greater Minnesota residents who say their food choices are at least somewhat influenced by a lack of stores nearby that sell healthy food, compared to 46 percent of Twin Cities residents.<sup>9</sup></p>

**Blue Cross and Blue Shield of Minnesota believes that all people, regardless of race, income, zip code or other factors, should have opportunities to live the healthiest life possible.**

It's time to adopt a new mindset and implement new approaches to advance health equity.

## OUR PLAN

We aim to eliminate differences in health outcomes for all Minnesotans and Blue Cross members by integrating health equity best practices into how we do business, by collaborating with the community and by partnering with others for actionable change.

### OUR STRATEGIC PRIORITIES:

#### DIVERSE AND INCLUSIVE WORKPLACE

We will create a workplace that embraces diverse perspectives and reflects the populations we serve.

#### DIVERSE AND STRATEGICALLY ALIGNED PARTNERSHIPS

We will advance health equity through strategic relationships, community funding and our buying power, and align with partners who aspire to the same vision.

#### ENABLERS:

##### DATA AND INSIGHTS

We will integrate demographic data from multiple sources and connect our efforts to health outcomes.

##### CONSUMER CENTERED SERVICES, PRODUCTS AND PROGRAMS

We will deliver relevant services, products and programs that improve the health of our members and communities.

##### INTEGRATED AND COMMITTED RESOURCES

We will integrate health equity principles and capabilities into our value proposition, strategic plan and individual goals.

##### MARKETING AND COMMUNICATION

We will integrate the voices of diverse consumers, to create culturally relevant communication programs and member experiences.

Our efforts will reduce the rising costs of health care, and most importantly, provide opportunities for all Minnesotans and our members to live the healthiest lives possible.



**FOOTNOTES**

1. "Minnesota population projections by race and Hispanic origin, 2000 to 2035." Minnesota State Demographic Center. January 2009.
2. "Minnesota population projections: 2015-2040: Projected population by age and gender for Minnesota, counties, regions and metropolitan areas." Minnesota State Demographic Center. October 12, 2012.
3. "Advancing Health Equity in Minnesota: Report to the Legislature." Minnesota Department of Health. February 2014.
4. "Health Inequities in the Twin Cities. An Update to 'The Unequal Distribution of Health in the Twin Cities.'" Prepared by Wilder Research. Commissioned by the Blue Cross and Blue Shield of Minnesota Foundation. May 2012.
5. "2014 Health Equity of Care Report: Stratification of Health Care Performance Results in Minnesota by Race, Hispanic Ethnicity, Preferred Language, and Country of Origin." Minnesota Community Measurement. January 2015.
6. "Tobacco Use in Minnesota: 2014 Update." Minnesota Department of Health and ClearWay Minnesota. January 2015.
7. St. Louis County Public Health and Human Services. 2014.
8. "The Health of Minnesota: Statewide Health Assessment." Minnesota Department of Health and Healthy Minnesota Partnership. April 2012.
9. "The Grocery Gap." Public-opinion poll commissioned by the Center for Prevention at Blue Cross and Blue Shield of Minnesota and conducted by ORC International's CARAVAN® Geographic Omnibus in April and May 2015.

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