



Five Opportunities to Improve the Health of Children in Minnesota

Every child deserves a healthy start to life. Child health is also important for the future well-being of the state. Minnesota’s children will grow up to be concerned citizens, productive workers and involved parents. As Minnesota becomes more ethnically and racially diverse, inequalities in children’s healthcare access and outcomes will compromise the quality of life for all Minnesotans. For certain groups of children, research concludes that the convergence of a variety of social forces leads to worse health outcomes. Social forces, we as a society can eliminate such as segregation, unemployment, lack of education, and chronic stress.

To address these inequalities, health insurance coverage must be available for all children, programs to address health disparities at all institutional levels must be funded, and a more integrated society must be achieved. Coverage for all children will help avoid serious health risks and minimize future healthcare costs. Access to child health care coverage will create savings by preventing conditions like diabetes and heart disease. Integration will address the environmental and socioeconomic roots of many health disparities. Because health is impacted by the presence or absence of positive resources like full service grocery stores, parks, and healthy housing, segregation limits the ability and access to make healthy lifestyle choices. When certain groups are isolated from positive resources, health disparities emerge.

While progress has been made in some areas, opportunities to improve the health of all children remain. This factsheet highlights some of the opportunities that exist among children in Minnesota.

1. HEALTHY ENVIRONMENTS

Black and Hispanic children are less likely to live in safe and healthy neighborhoods.

Children who live in communities and neighborhoods that are usually or always safe	
Hispanic	79.6%
White	94.4%
Black	70.3%
Multiracial	94.7%
Other	77.8%

Residential segregation is one of the strongest forces shaping health. Children of color often live in areas where there is limited access to resources that promote health. Children need spaces for recreation and exercise and stores with fresh produce and healthy food options. They also need homes without mold, lead, and asbestos. Children need to feel comfortable and safe in their surroundings. When children do not feel safe, this can cause chronic stress that permanently affects development.

2. INFANT MORTALITY

African American and American Indian infants are more than twice as likely to die during the first year of life as White infants.

Infant Mortality, 2008		
	Number	Rate
White	266	4.9
Black/ African American	94	13.8
Hispanic/Latino	41	7.2
American Indian	18	11.6
Asian/Pacific Islander	25	5.0

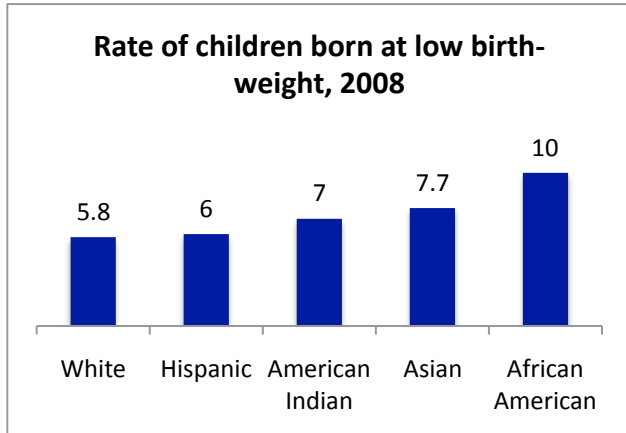
Data from Minnesota suggest that inequalities in access to adequate and timely prenatal care may partially explain this disparity. American Indian women, for example, are nine times more likely to go without adequate or any prenatal care compared to White women.

In addition, higher mortality rates exist across populations of color and American Indian populations even when infants are born healthy and

full term. For example, the infants of highly educated Black women experience higher mortality rates than the infants of White women who lack a high school diploma, suggesting that chronic maternal stress—the result of racial discrimination—constantly triggers the stress hormones so that fetal development can become affected.

3. LOW BIRTH-WEIGHT

African American, Asian, and American Indian infants are more likely to be born at a low birth-weight than White infants.

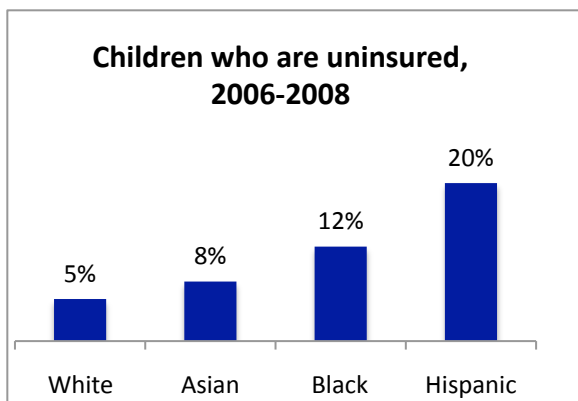


Note: Rate is per 1,000.

Babies born at low birth-weight are more likely to suffer cognitive delays early in life as well as heart disease, diabetes, and stroke later in life. Although low birth-weight was initially thought to reflect poor nutrition in pregnancy, there is research now supporting that, as with infant mortality, it is more likely a reflection of maternal stress resulting from the lived experience of race in our society.

4. UNINSURED RATES

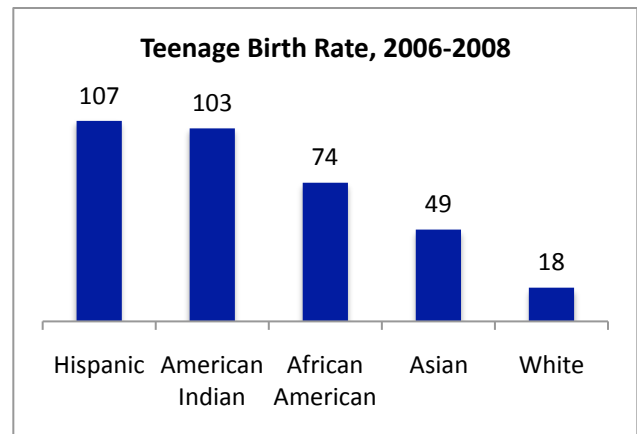
Black children are more than twice as likely to be uninsured as White Children. Hispanic children are four times more likely to be uninsured than White children.



Health insurance does not guarantee good health outcomes for children, but being uninsured puts children at significant risk of missing out on the medical care they need. Furthermore, children without health insurance miss more school than those with health insurance; do not receive preventive services; and are at greater risk for chronic health problems contributing to greater socio-economic disparities later in life. Parents of color are less likely to work in jobs and industries that offer employer-sponsored coverage, illustrating the intersection between race, segregation, socioeconomic status, and health.

5. TEENAGE BIRTH RATE

The Hispanic and American Indian teen birth rates are nearly six times the White rate.



Note: Rate is per 1,000.

Children born to teenage mothers have a greater chance of repeating a grade, dropping out of high school and being unemployed as young adults. Women who have babies during their teenage years tend to have lower levels of education, employment, and earnings. Teen mothers also depend more on public assistance, and spend more time as single parents. Conversely, staying in school has been shown to be associated with lower teenage birth rates. However, when teens grow up in communities with underfunded schools, limited job opportunities, and few role models, incentives for completing high school and pursuing higher education are scarce.