# Healthy for some: A look at racial disparities in high school graduation, homeownership, premature death and low birthweight in Minnesota

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Background Information

Minnesota has ranked in the top 10 healthiest states every year since 1990 according to *America's Health Rankings® Annual Report*. However, large disparities surface when measures are examined by race/ethnicity. According to the Centers for Disease Control and Prevention (CDC), inequities in the social determinants of health are driven by the negative effects of interpersonal and structural racism, placing communities of color at risk for poor health outcomes.

Minnesota's Ranking in *America's Health Rankings Annual Report*
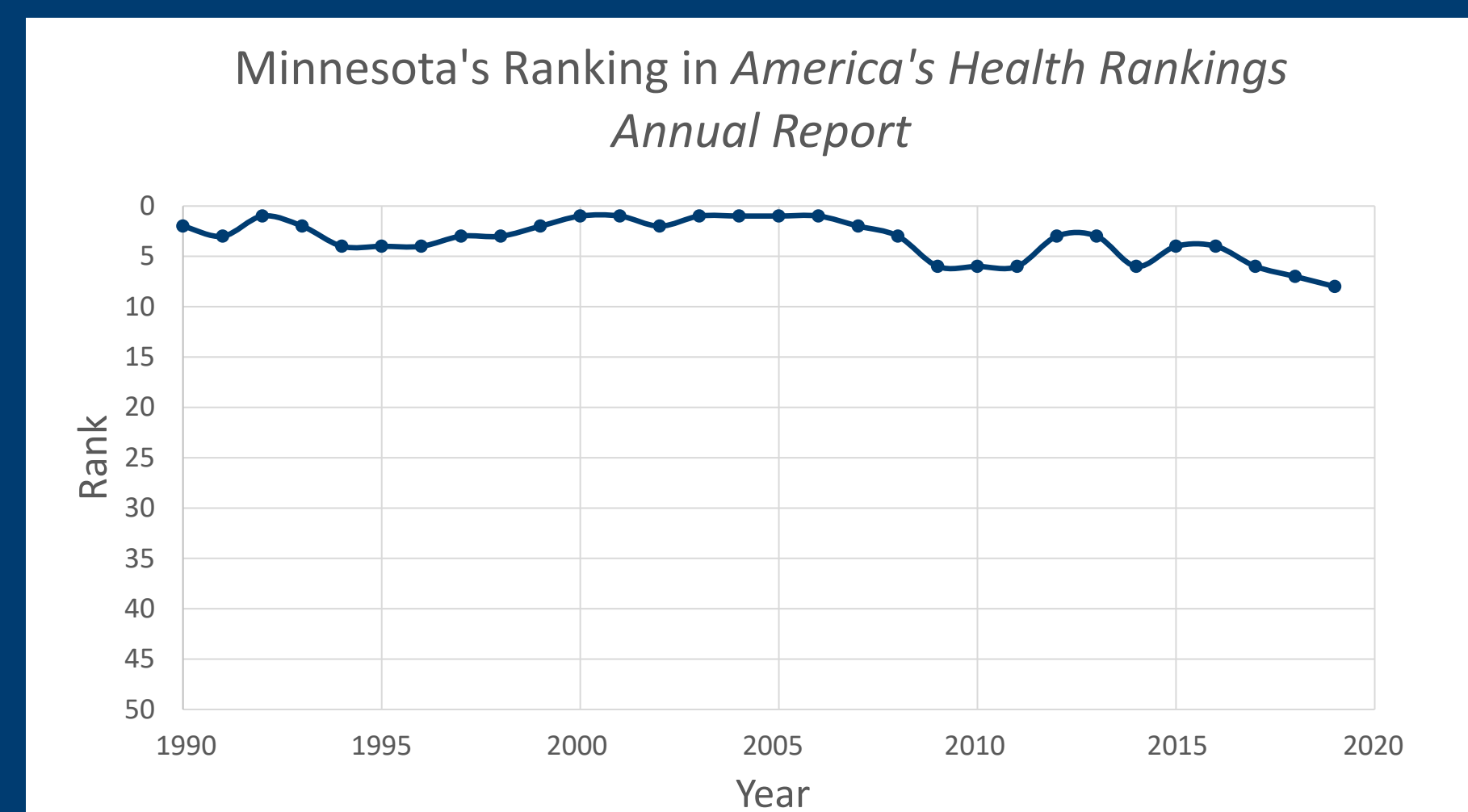
Learning Objective

To examine racial disparities across key social and economic factors (high school graduation and homeownership) and health outcomes (low birthweight and premature death) in Minnesota.
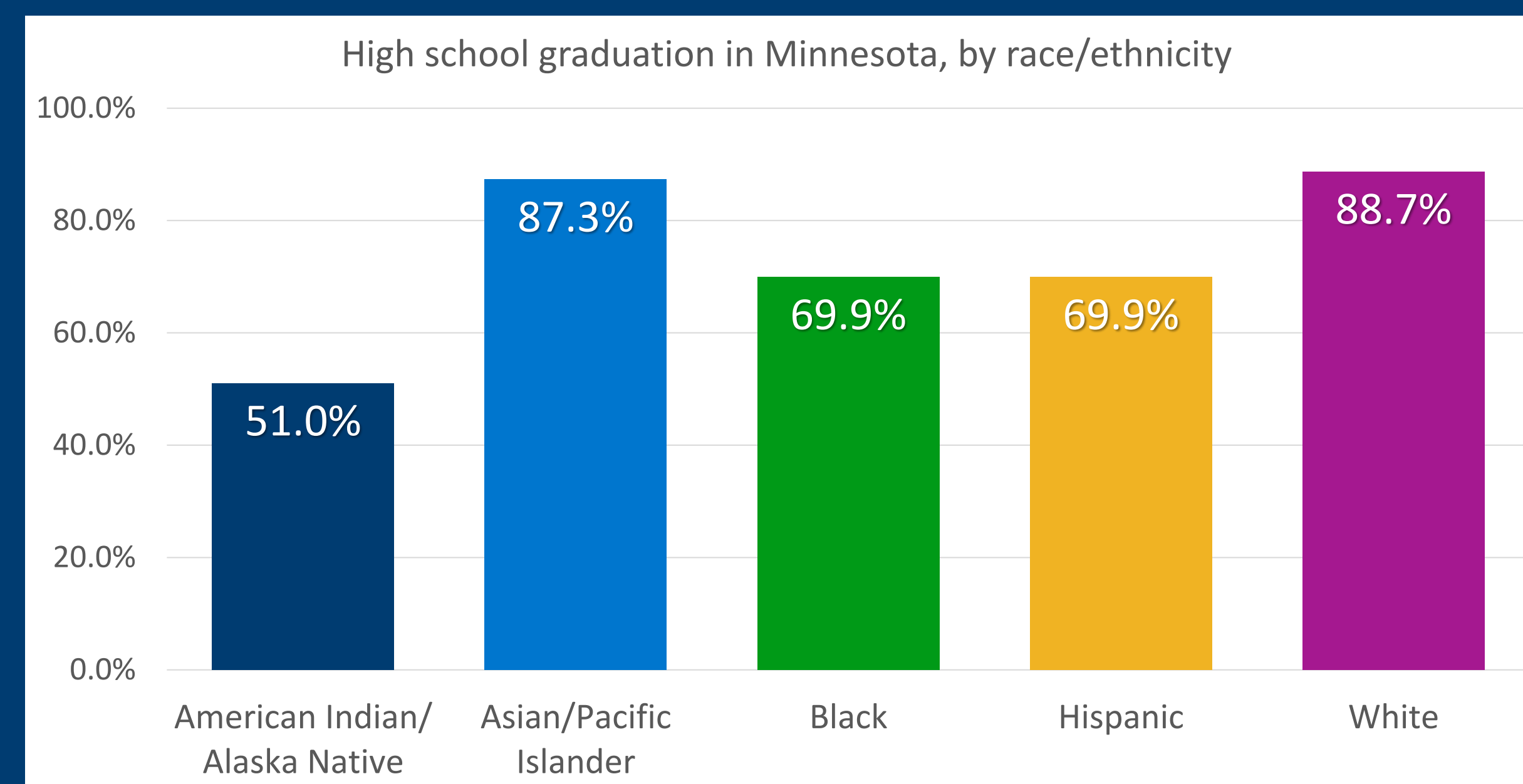
Methodology

State values were calculated using the most recent data for high school graduation (Common Core of Data), homeownership (American Community Survey), premature death (CDC WONDER Death Files) and low birthweight (CDC WONDER Natality Files). Racial disparities were calculated between the white* population and the racial/ethnic group with the least healthy value. Ranks were assigned according to values.

Results

High School Graduation (2018-2019 school year)

MN ranked 36th in high school graduation but 50th (last) in high school graduation racial disparity, with a difference of 37.7 percentage points between American Indian/Alaska Native and white students.
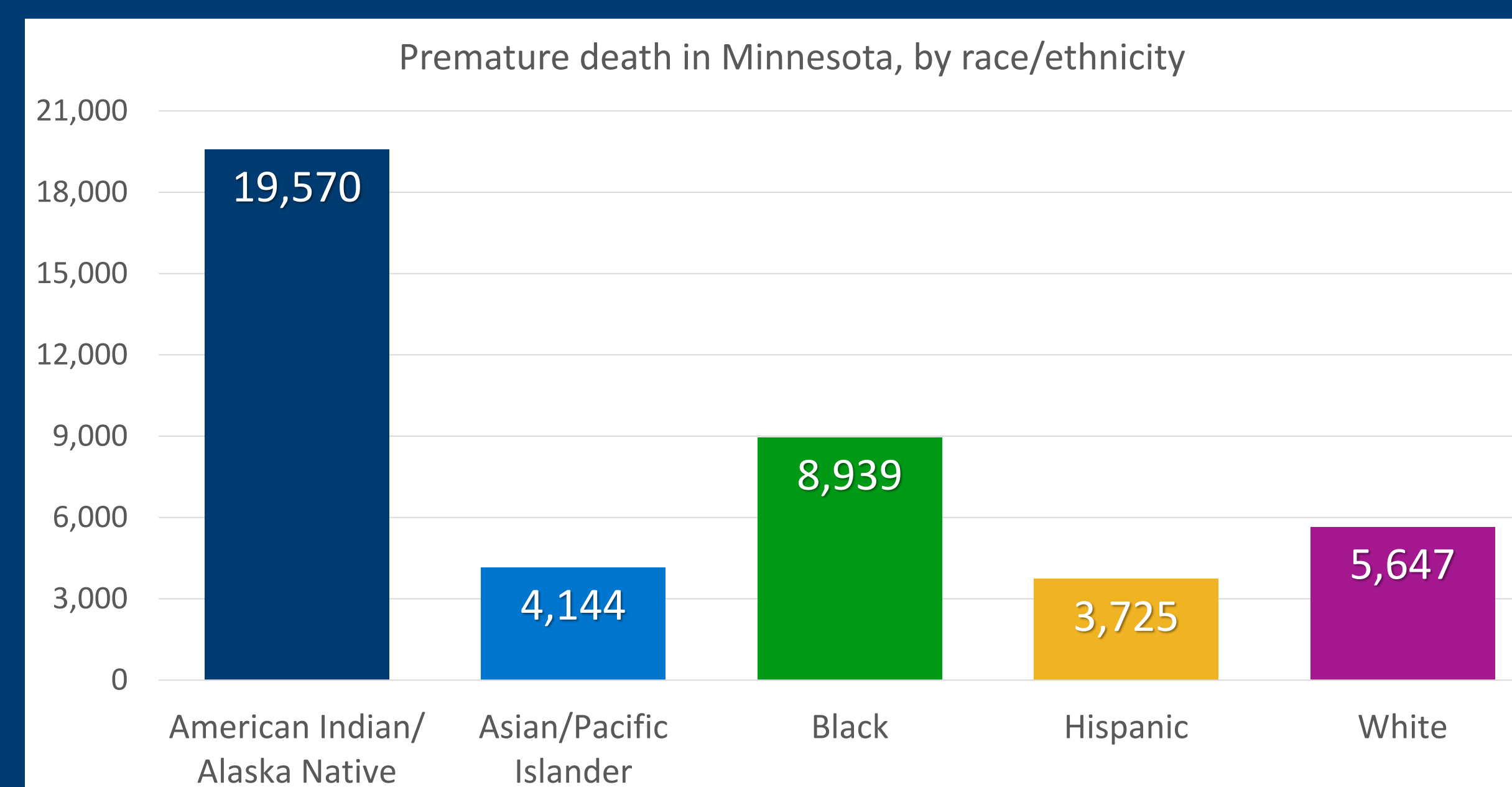
U.S. High School Graduation: 85.8%
MN High School Graduation: 83.7%

High school graduation in Minnesota, by race/ethnicity

- American Indian/Alaska Native: 51.0%
- Asian/Pacific Islander: 87.3%
- Black: 69.9%
- Hispanic: 69.9%
- White: 88.7%

Premature Death (2017-2019)

MN ranked 2nd in premature death but 48th (last) in premature death racial disparity, with a ratio of 3.5 between the American Indian/Alaska Native and white population.
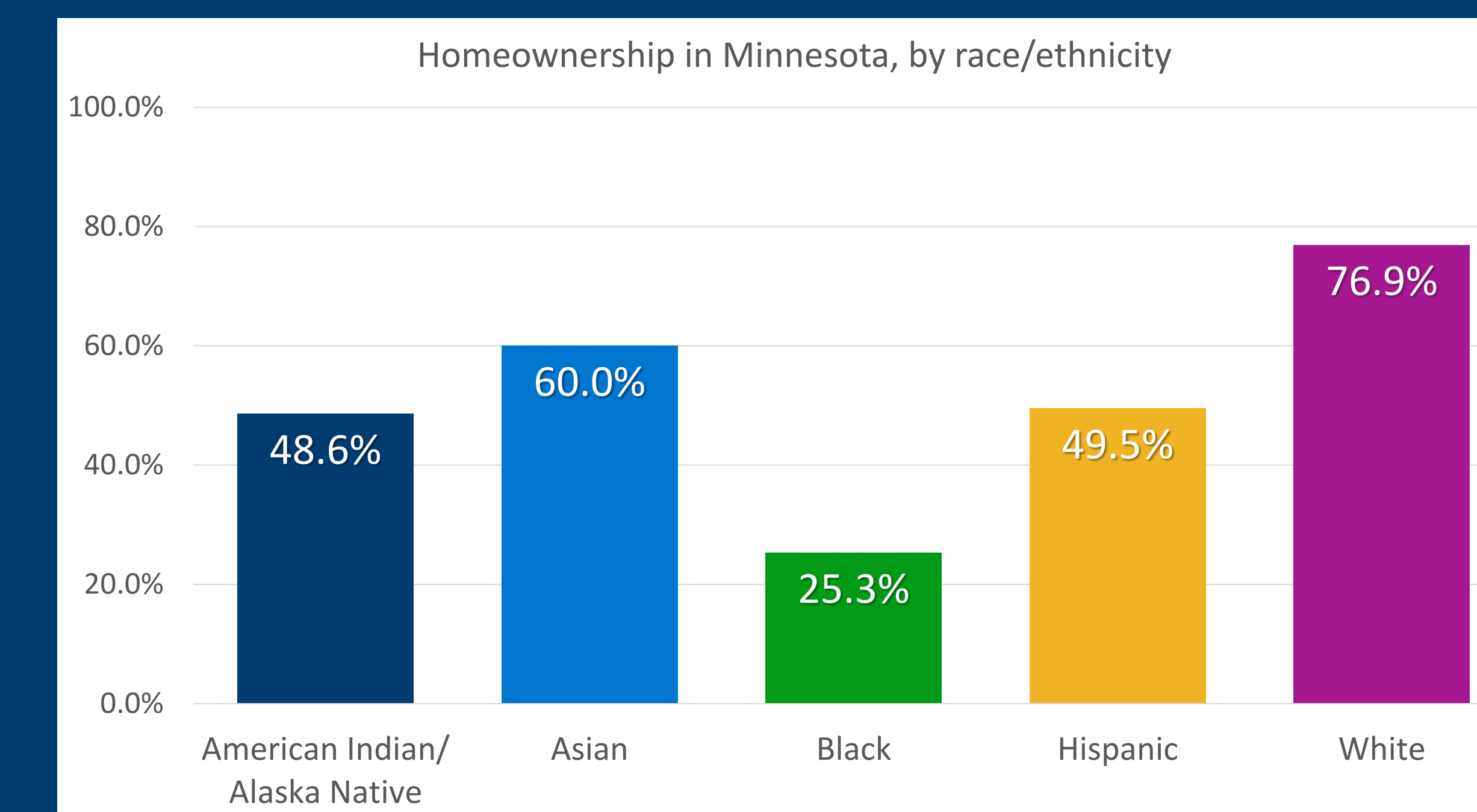
U.S. Premature Death: 7,337 YPLL per 100,000
MN Premature Death: 5,765 YPLL per 100,000

Premature death in Minnesota, by race/ethnicity

- American Indian/Alaska Native: 19,570
- Asian/Pacific Islander: 4,144
- Black: 8,939
- Hispanic: 3,725
- White: 5,647

Homeownership (2019)

MN ranked 3rd in homeownership but 50th (last) in homeownership racial disparity, with a difference of 51.6 percentage points between Black and white occupants.
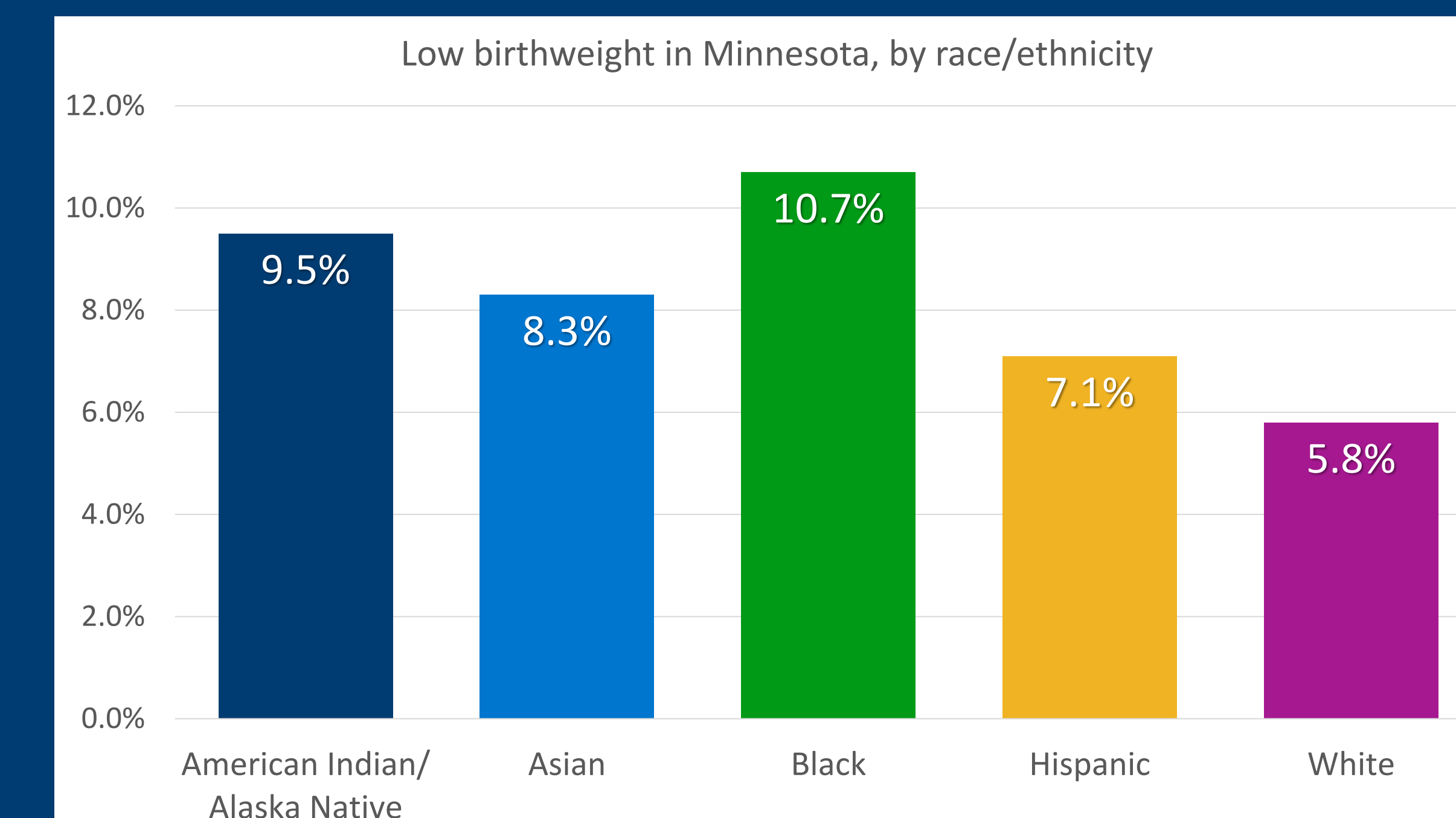
U.S. Homeownership: 64.1%
MN Homeownership: 71.9%

Homeownership in Minnesota, by race/ethnicity

- American Indian/Alaska Native: 48.6%
- Asian: 60.0%
- Black: 25.3%
- Hispanic: 49.5%
- White: 76.9%

Low Birthweight (2019)

MN ranked 8th in low birthweight and 10th in low birthweight racial disparity, with a ratio of 1.8 between infants born to Black and white mothers.

U.S. Low Birthweight: 8.3%
MN Low Birthweight: 6.9%

Low birthweight in Minnesota, by race/ethnicity

- American Indian/Alaska Native: 9.5%
- Asian: 8.3%
- Black: 10.7%
- Hispanic: 7.1%
- White: 5.8%

Definitions

High school graduation: Percentage of high school students graduating with a regular high school diploma within four years of starting ninth grade.
Disparity: Difference between the high school graduation rate of non-Hispanic white students and that of the racial/ethnic group with the lowest rate.

Homeownership: Percentage of housing units owned by the occupant.
Disparity: Difference between the homeownership rate of the non-Hispanic white population and that of the racial/ethnic population with the lowest rate.

Premature Death: Years of potential life lost (YPLL) before age 75 per 100,000 population.
Disparity: Ratio of the premature death rate of the racial/ethnic group with the highest rate to that of the non-Hispanic white population.

Low Birthweight: Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.
Disparity: Ratio of the low birthweight rate of the racial/ethnic group with the highest rate to that of the non-Hispanic white population.

Discussion

While Minnesota may be a healthy state, work needs to be done in addressing racial and ethnic inequities. Eliminating disparities and achieving health equity will require community collaboration and a strong focus on robust data collection and thorough analysis to see the full extent of the problem.

To view the *America's Health Rankings® Annual Report*, visit AmericasHealthRankings.org

*Non-Hispanic white is used as the reference group because it is largest and most socially advantaged population in the United States.

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