Module 1: Lecture 2

SCRIPT

Slide 1: Welcome to the first module about the Minnesota Department of Health (MDH) 2024 Statewide Health Assessment (SHA). This lecture will focus on the people section of the assessment.

Slide 2: This lecture includes the subsections covering the topics: children & adolescents, aging, immigration & historical trauma, LGBTQ+, people experiencing incarceration & homelessness, and intersectionality.

Slide 3: In 2022, nearly 23% or 1.3 million of Minnesota's population was under 18 years old, and 56% of those children lived in the seven-county Twin Cities metro, whereas 44% lived in the remaining 80 counties, showing that more than half of the states children live in metro areas.

17.5% of children and youth, or 226,402 living in MN reported having a special health care need. Children who have special health needs, whether that is chronic physical, developmental, behavioral, or emotional conditions, face increased challenges such as isolation, discrimination, family stress, financial burden, and difficulties accessing adequate physical and mental health care and support.

To identify health disparities and inequities, it is essential to understand how many people in Minnesota experience poverty, especially younger people. Although Minnesota has a lower proportion of people living in poverty than the rest of the United States, in 2019 about one in 11 people in Minnesota and one in nine children in Minnesota lived in poverty. In 2021, 11% of children in MN lived in poverty. COVID-19 infected many staff and students, it also had an impact beyond causing illness; it affected children's education due to consequences of remote learning and teaching.

Slide 4: In 2033, 32% of residents of greater MN counties are projected to be older than 65 years compared to 19% for urban residents. The increase expected between 2030 and 2050 in the number of older adults will be larger than ever. Currently, 17% of the population is 65 years or older and they are distributed unevenly across geographic regions and by race.

As you age, new opportunities and challenges are presented to your health. Some find new senses of purpose, and some continue their careers with gained knowledge and expertise, embrace volunteering, or take on new family roles. As people age, they are more likely to be affected by one or more disabilities. The most common are difficulty walking, hearing, and ability to engage in basic outside activities. Taking action to prevent social isolation and increase positive aging is essential. Things that can improve the experience of aging include expanding broadband access, improving housing maintenance and new housing design to allow aging to take place in communities, integrating flexible work arrangements, and designing communities to support social connectedness and physical well-being. Age is a major risk factor for COVID-19 death, with people 65 and older five times more likely to be hospitalized and 27 times more likely to die compared to people under 65.

Slide 5: Minnesota is well known for its refugee, immigrant, and migrant communities. Refugees are people who were forced to leave or escaped their home countries, often because of war, disaster, or oppression. Refugees face unique challenges, including the trauma and upheaval of the refugee experience and challenging conditions in refugee camps. Though we have some data describing refugees, immigrants, and migrants and their access to social determinants for health, the immigrant population in the United States is dynamic and always changing. They also face many health disparities, including lack of health insurance, barriers to access to quality health care, workplace conditions, education, and income and wealth gaps.

Minnesota's largest populations of foreign-born people were born in Mexico, Somalia, India, Laos, China, Ethiopia, and Thailand. Minnesota is also home to the largest Hmong population outside of Asia, with more than 86,000 Hmong people, including first, second, and third generations of Hmong Minnesotans. In total, 111,109 primary refugees arrived in Minnesota between 1979 and 2020. About 9% of the state's population is foreign-born.

Challenges associated with immigration which contribute to health inequities in MN including a lack of health insurance, barriers to quality healthcare, workplace conditions, education, and income or wealth gaps. Refugees also have experienced unique challenges such as trauma and upheaval associated with their refugee status and as a result of the refugee experience. Historical trauma is the collective emotional and psychological injury from a catastrophic history over the lifespan, across generations, and continuing today. This trauma impacts people's health and well-being due to the systemic inequities inflicted on groups of people because of their race, creed, and ethnicity. Those who experience this type of trauma have higher rates of mental and physical illness, substance abuse, and erosion of family and community structures. This trauma also threatens the vibrancy of culture for families and communities, so developing ways to support community healing and well-being is essential to supporting these communities.

Slide 6: Population-based data on people who identify as LGBTQ+ is becoming increasingly available. The US Census now collects data on sexual orientation and gender identity along with other surveys such as the MN Student Survey. In 2022, 8% of MN students responding to a statewide survey, identified as bisexual, 3% as gay or lesbian, and 1-2% transgender.

Survey data demonstrate significant health concerns for the LGBTQ+ population. In 2021, 77% of more than 1,300 LGBTQ+ people surveyed experienced some type of anti-LGBTQ+ behavior from others in the past year, and 35% were physically attacked or threatened at some point in their lifetime because of their LGBTQ+ identities.

The pandemic also presented unique challenges to the LGBTQ+ community as people are often members of several communities that experience overlapping / intersecting inequities. Additionally, research shows LGBTQ+ folks are more likely to work in a high-exposure workplace like a restaurant, less likely to have adequate health coverage, and have higher rates of chronic illnesses that increase the likelihood of COVID-19 complications. These conditions also meant the social isolation which was happening to all people who were practicing stay-at-home precautions, was particularly difficult for some LGBTQ+ people because they may have been living with people unsupportive of their identities or in locations where they felt disconnected. Nationally, three-fourths of LGBT people surveyed (74%) say worry and stress from the pandemic has negatively impacted their mental health compared to 49% of those who are not LGBT+.

Slide 7: Though increasingly visible, the number of people who are experiencing homelessness and people who are unsheltered in our state can be difficult to capture, leaving their population invisible to those researching health inequalities. Many organizations are putting work into understanding the systemic causes of homelessness and the number of people affected, but significant work remains to find those answers.

In 2022, 7,917 people reported experiencing homelessness during January, which is a particularly difficult time in MN due to extremely cold temperatures and snow, putting them at high risk for hypothermia. American Indians, Black, and African American people are at increased risk of experiencing homelessness. In 2019, American Indians were 30 times more likely to experience homelessness than their white non-Hispanic counterparts. In 2019, Black or African American people were 12 times more likely to experience homelessness than their white non-Hispanic counterparts.

Slide 8: Incarceration and experience with the justice system significantly impact health, families, and communities. There are two million people in the nation's prisons and jails, a 500% increase from 40 years ago.. Black or African American, American Indian, and Latino/ Latine populations are vastly overrepresented in Minnesota's prison and jail populations. This is not because of greater crime rates i but due to inequities in arrests, convictions, and sentencing (especially for drug-related crimes). One contributing factor to higher incarceration rates is low-income policing, where many communities of color live. We know that white people are not committing crimes less; they are just less likely to be arrested and convicted than people of color. In 2021, youth from communities of color were twice as likely to have experienced having a parent who was incarcerated.

Slide 9: Many marginalized communities in MN are impacted by systems and structures disproportionately. When a person experiences more than one marginalized identity (intersectionality), inequities increase. Intersectionality is a useful tool to build more precise maps of cancer inequities. Multifaceted forms of marginalization exacerbate cancer inequities for people with marginalized identities. According to the American Cancer Society, Black women are 42% more likely to die from breast cancer than white women. The main reason for this is systemic racism, because of how racism is embedded in social institutions. Intersectional inequities in care experience exist among women with breast cancer for example andwomen of color experience higher mortality rates for breast cancer than white women.

The LGBTQ+ community often belongs to multiple marginalized groups that tend to face higher risks of negative health impacts such as food insecurity. From a study in 2021, 57% of BIPOC respondents reported that at least once in the 12 months, they worried their food would run out, compared to white respondents 47%. An important thing to acknowledge is that data presented based on race and ethnicity has limitations due to how it's collected. Right now, data is usually only collected through large racial grouping such as black or African American, Asian, American Indian etc., without acknowledging within those subgroups that all have different cultures because they are from different places but groups together. A report done to change how data is collected to reflect more culture explains how their collection gives a more accurate representation of data by considering questions about birthplace and ancestry and how they identify their race or ethnicity.

Slide 10: Who we are and where we belong impact our health. People can have vastly different experiences due to discrimination, structural racism, and intersectionality. How do your identities and the groups you belong to impact your health?

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