



Chicano Latino
Affairs Council
State of Minnesota

CLAC Fact Sheets Series HEALTH CARE/SUMMER 2009

Health in Minnesota

Minnesota continues to be one of the healthiest states in the country, although it has fallen from first to fourth in the 2008 *America's Health Rankings* report. Some of the state's strengths include a low premature death rate, a low rate of deaths from cardiovascular disease, and a low rate of uninsured population.¹ Compared with the rest of the country, Minnesota has one of the highest percentages of employer based insurance and a very low rate of uninsured population, as shown in Table 1.

Table 1. Health Insurance Coverage of the Total Population

	Minnesota (2006-07)	US (2007)
Employer	61%	54%
Individual	7%	5%
Medicaid	11%	13%
Medicare	12%	12%
Other Public	1%	1%
Uninsured	9%	16%

Source: The Henry J. Kaiser Family Foundation, based on the Census Bureau's March 2006 and 2007 Current Population Survey www.statehealthfacts.org

When these insurance statistics are analyzed by race and ethnicity, however, deep divides become apparent. In 2007, about 374,000 people were uninsured in Minnesota. An astounding 19% of the uninsured were Latinos², despite the fact that Latinos make up only 3.9% of the state's population.³ As the data in Table 2 shows, Minnesota's high rates of employer coverage are divided, with rates of coverage for whites at high levels, while minority racial and ethnic groups confront high percentages of uninsured population.

¹United Health Foundation et.al. (2008). *America's Health Rankings. A Call to Action for People & their Communities*. Minnetonka, MN: United Health Foundation.

² MDH & School of Public Health. (2008). *Fact Sheet. Health Insurance Coverage in Minnesota, Results for 2007*.

³ 2007 American Community Survey. *Minnesota: Selected Population Profiles*. www.factfinder.census.gov

Table 2. Distribution of the Nonelderly Uninsured by Race/Ethnicity

	Minnesota (2006-07)[1]	US (2008)[2]
White	7.6%	14.4%
Black	14.9%	20.5%
Latino	35.6%	35.9%
Other	15.1%	21.4%

Source: The Henry J. Kaiser Family Foundation, based on the Census Bureau's March 2006 and 2007 Current Population Survey www.statehealthfacts.org (1) and *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2008*. National Center for Health Statistics. (2)

Regarding employer coverage, only 10.7% of Latinos are covered by their employers, compared to 72.2% of whites.⁴ This divide is probably linked to the fact that Latinos are often relegated to lower-wage employment that does not offer benefits. For Latinos, Minnesota's high insurance rates are an empty promise; the "coverage gap" between racial and ethnic groups in Minnesota is substantially wider than the gap at the national level.

The State of Latino Health

Minnesota has made a significant improvement in health care for Latinos in the past decade and a half. According to the Minnesota Department of Health, infant mortality has dropped from 7.3% (1989-1993) to 4.6% (2002-2006), a rate comparable to the white population. The percentage of mothers receiving inadequate prenatal care has been more than halved over the same period, to 7%, although it remains much higher than the percentage for the white population (2.3%). The age-adjusted death rate for Latinos is lower than that of whites at some points, and Latino premature mortality is also similar to that of whites.⁵

⁴ The Henry J. Kaiser Family Foundation. www.statehealthfacts.org

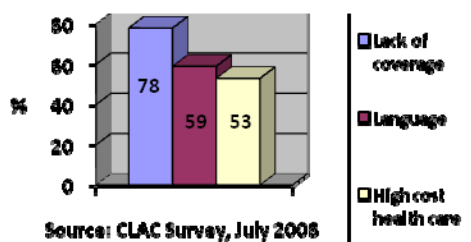
⁵ *Populations of Color in Minnesota: Health Status Report, Spring Update Summary 2009*. Minnesota Department of Health

This is not to suggest that all is well with Latino health. Despite gains on a few metrics, others remain overwhelmingly negative. Teen birth rates for Latinos in Minnesota are higher than rates for any other racial or ethnic group, at 114.6 per 1000 females – substantially higher than the national average for Latinos of 83 per thousand. The AIDS rate for the Hispanic population in Minnesota is 5.1 times the AIDS rate for the white population.⁶

Barriers to Adequate Health Care

Community research undertaken by CLAC provides a basis for understanding the barriers that Latinos must confront when they seek health care.⁷ Study participants identified lack of health insurance, linguistic barriers, and the high costs of care as the three main barriers to adequate health care, as indicated by Figure 1.

Figure 1. Top three barriers to health care for Latinos in Minnesota



Respondents stressed the importance of culturally competent services, expanded health care for all residents of Minnesota (with some indicating that immigration status should not be an impediment to health care)⁸ and work on health prevention with youth. Others spoke of health care a basic human right, and noted that health care initiatives are economically sound.

⁶ Ibid.

⁷ The Hispanic Advocacy and Community Empowerment through Research (HACER) worked in collaboration with CLAC during these community visits. A complete report was released in January 2009, titled *A Latino Health Report*.

⁸ Nationally, undocumented immigrants are about 20% of the uninsured. Around half of them are uninsured, with the other half insured by employers through false documents.

Source: National Public Radio. *Health Care Overhaul Ignores Illegal Immigrants*. July 2009.

<http://www.npr.org/templates/story/story.php?storyId=106376595>

A pair of recent studies, published May and June 2009, cast additional light on the barriers to adequate healthcare. In addition to lack of insurance, lack of transportation, fear of immigration authorities, and a general lack of understanding of the United States medical system were identified as key barriers to effective medical care for Latinos.⁹ These problems are present throughout the Latino community. With regard to the language barrier, it is apparent that interpretation services are inadequate. Pharmacies, which seldom engage interpreters, are unable to communicate important information to clients.¹⁰ Linguistic issues were also the most prevalent issue in community research conducted by the Minnesota Department of Human Services, with participants suggesting that improvements in bilingual clinics might be one of the most effective ways of improving health care.¹¹ In the same report, the DHS identified barriers to Latino use of the Minnesota Health Care Program, as shown in Table 3.

Table 3. Barriers to Latino use of the Minnesota Health Care Program

Barriers	Prevalence
Cost/Lack of Coverage	82%
Access Barriers	65%
Lack of Interpreters	35%
Transportation	33%

Source: Minnesota Department of Human Services. *Disparities and Barriers to Utilization among Minnesota Health Care Program Enrollees*. June 2009.

As these reports have shown, quality of health care for Latinos often depends on quality of interpretation services. Lack of insurance, however, remains the most important barrier, with near consensus that without health insurance, any treatment is unlikely.

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Questions and Comments: 651-296-2992

⁹ Schuetz, Clare. *Barriers and Disparities Affecting Latino Seekers of Healthcare in Minneapolis and St. Paul*. School of Social Work, College of St. Catherine & University of St. Thomas, St. Paul, Minnesota. 2009.

¹⁰ Ibid

¹¹ Minnesota Department of Human Services. *Disparities and Barriers to Utilization among Minnesota Health Care Program Enrollees*. June 2009.