Populations of Color in Minnesota

Health Status Report

Update Summary

Spring 2005

Center for Health Statistics
Minnesota Department of Health

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Background

The health and life expectancy of Minnesotans consistently rank number one in the nation. Despite the overall health status of our state, Populations of Color (African Americans, Asians and Hispanics*) and American Indians continue to experience poorer health and disproportionately higher rates of illness and death.

In the Fall 2004, the Minnesota Department of Health Center for Health Statistics, updated the *Populations of Color in Minnesota Health Status Report* that was originally published in 1997. This report documented improvements in some health status areas but identified continuing disparities in the health status of Populations of Color and American Indians as compared to Whites.

This annual update summary is a compendium of key information derived from both the 1997 and 2004 reports. This update provides updated information on the current health status of Populations of Color and American Indians in the state of Minnesota.

The annual update summary is divided into four sections.

- Birth-related health indicators: low birth weight, prenatal care, infant mortality and teen birth rates
- Mortality rates and the major causes of death within Populations of Color.
- Cancer incidence in Minnesota by race/ethnicity.
- Health insurance rates among Populations of Color compared to Whites.

The primary data sources for the annual update summary are the U.S. Census, birth and death records, Minnesota Cancer Surveillance System and Minnesota Health Access Surveys.

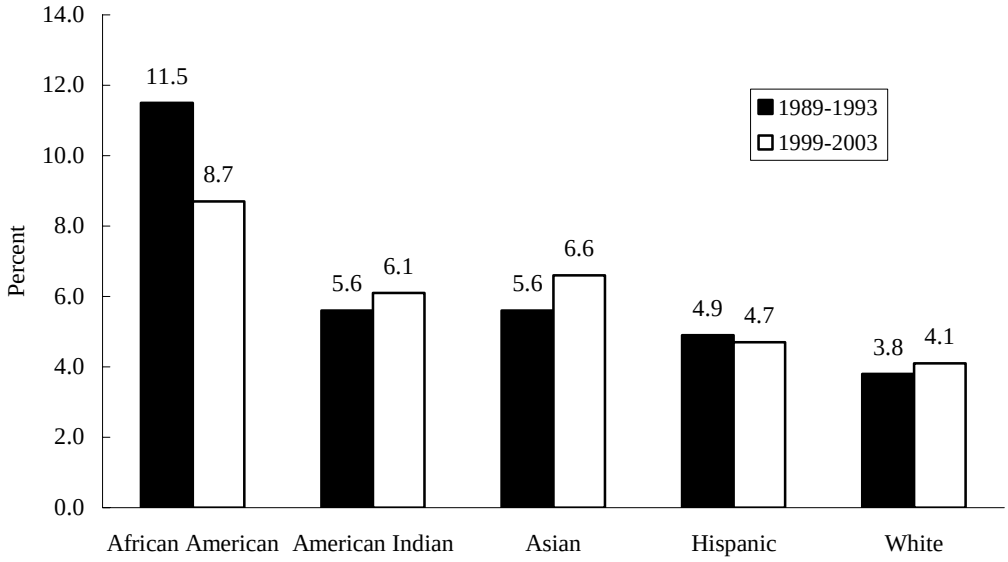
*Hispanic is an ethnicity and may include individuals of any race

Part I: Birth-Related Health Indicators

Low Birthweight Births

Infants that weigh less than 2,500 grams at birth are considered low birthweight. Low birthweight can occur as a result of premature birth or growth restriction prior to birth. Infant mortality or serious health and developmental complications are closely associated with low birthweight.

Low Birthweight Births by Race/Ethnicity:
Minnesota 1989-1993 and 1999-2003
(Percent of Singleton Births under 2500 grams)



Source: Center for Health Statistics, Minnesota Department of Health

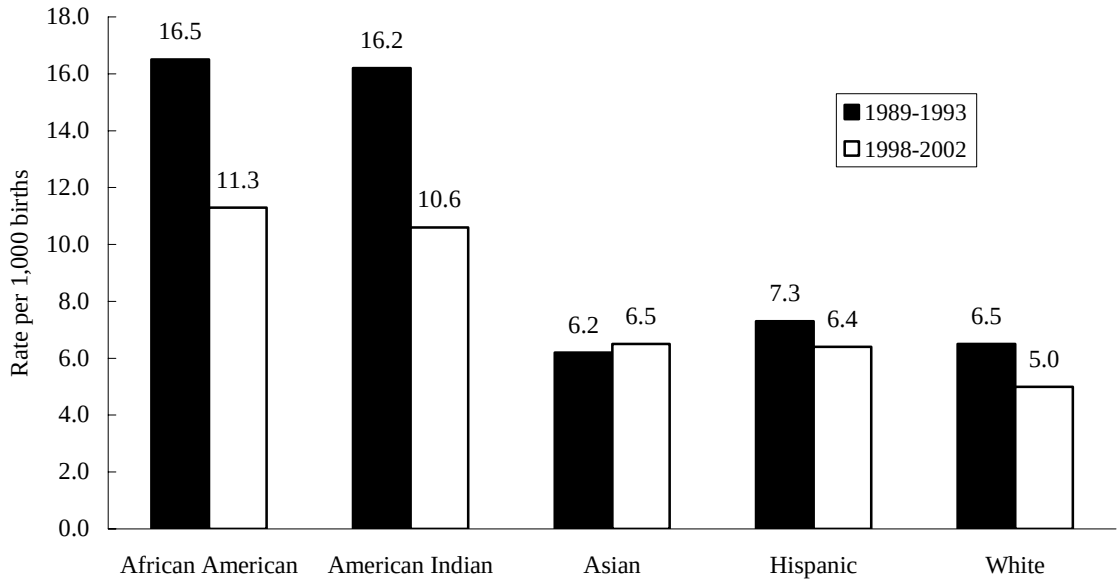
Most recent Minnesota data indicates that the only racial/ethnic group to experience a noticeable decline in low birthweight is the African American. The percent of low birth weight African American infants decreased from 11.5% in 1989-1993 to 8.7% in 1999-2003. While the percentage of low birthweight births for African Americans has decreased, low birthweight births among African Americans in Minnesota are still greater than two times that of Whites.

Infant Mortality

An infant death is defined as a death to an infant under 1 year of age. The infant mortality rate is the number of infant deaths per 1,000 births. Over the years, there have been significant reductions in the infant mortality rate. In Minnesota, the infant mortality rates for African Americans and American Indians have decreased from 16.5 for African Americans and 16.2 for American Indians in 1989-1993 to 11.3 and 10.6 respectively in 1998-2002. There was also a slight decreases in the Hispanic and White infant mortality rates for the same time periods. Only the Asian infant mortality rate increased (from 6.2 to 6.5). The Asian rate was higher than the White rate in the 1998-2002 time period.

The disparities between the Asian and Hispanic infant mortality rates as compared to Whites are relatively small. Yet, in recent years, these disparities have widened. In contrast, the disparities between African Americans and American Indians as compared to Whites are considerable but have narrowed. Despite the decreases in the disparities in infant mortality rates between American Indians and African Americans as compared to Whites, American Indian and African American infant mortality rates are still more than two times higher than the White rate.

Infant Mortality Rate by Race/Ethnicity:
Minnesota 1989-1993 and 1998-2002



Source: Minnesota Department of Health, Center for Health Statistics

Prenatal Care

Adequate prenatal care can contribute to improved birth outcomes. Current data indicate increases in the percent of Minnesota women receiving intensive and adequate prenatal care. This holds true for women from all racial/ethnic groups. Even with these increases, White women are still more likely to receive adequate and intense prenatal care than women of any other racial/ethnic group. The latest data also indicate that there have been considerable decreases in the percent of women receiving inadequate or no care. Asian women receiving inadequate or no prenatal care has decreased by more than half from 20.6% in 1989-1993 to 7.8% in 1999-2003. Overall more women are seeking adequate prenatal care, yet large disparities between White women and women of color and American Indian women still exist.

Adequacy* of Prenatal Care in Minnesota by Race/Ethnicity, 1989-1993 and 1999-2003

	% Intensive or Adequate		% Inadequate or No Care	
Race/Ethnicity	1989-1993	1999-2003	1989-1993	1999-2003
African American	47.0	58.3	20.1	11.2
American Indian	37.3	49.7	27.2	16.2
Asian	43.1	62.2	20.6	7.8
Hispanic	51.8	56.5	14.7	9.8
White	78.4	80.4	3.3	3.0

Source: Minnesota Department of Health, Center for Health Statistics

*The prenatal care index, GINDEX, was used to measure the adequacy of prenatal care. Adequacy of care is determined by combing the measures of the month or trimester prenatal care began, the number of prenatal care visits, and the gestational age of the infant/fetus at the time of birth. GINDEX includes gestational age over 36 weeks, and the number of prenatal care visits greater than nine to impute adequacy of prenatal care.

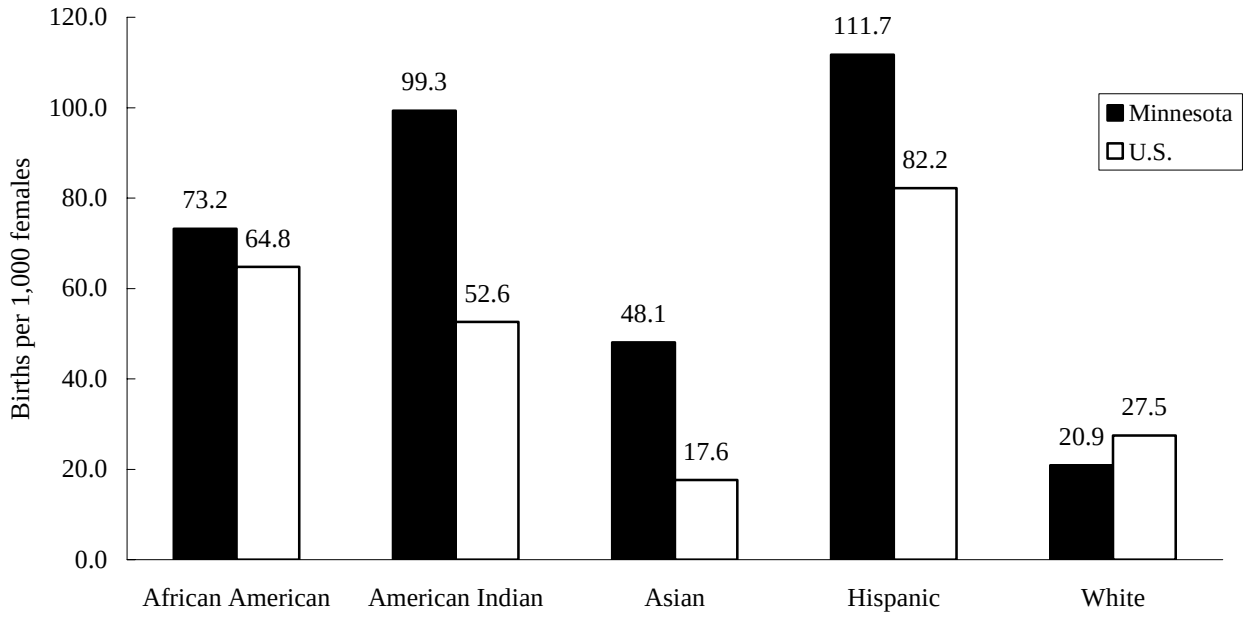
American Indian women continue to suffer the greatest disparity in receiving intensive or adequate prenatal care. While this disparity has narrowed, American Indian women are still five and a half times more likely to receive inadequate care or no care during their pregnancies than White women. African Americans, Asians and Hispanics also continue to receive prenatal care at a much lower rates than Whites. In 1999-2003, only 3 percent of White women received inadequate or no care. Women of Color were over three to four times more likely to receive inadequate or no prenatal care during their pregnancies.

Teen Births

Teen Birth Rates: Minnesota vs U.S.

The 15-19 year old teen birth rate in Minnesota is consistently among the lowest in the United States and well below the U.S. average. In 2002, the U.S. White teen birth rate was 28.5 per 1,000 females compared to 21.6 in Minnesota. However, for all other racial and ethnic groups the Minnesota teen birth rate is higher than the corresponding U.S. rate. In the case of African Americans, the Minnesota rate (68.3) is very close to the U.S. rate (79.0). However, the Minnesota rates for Asian and American Indian are 2.5 and 1.5 times higher than the U.S. rates.

Teen (15-19 year olds) Birth Rates by Race/Ethnicity: Minnesota and the U.S., 2003

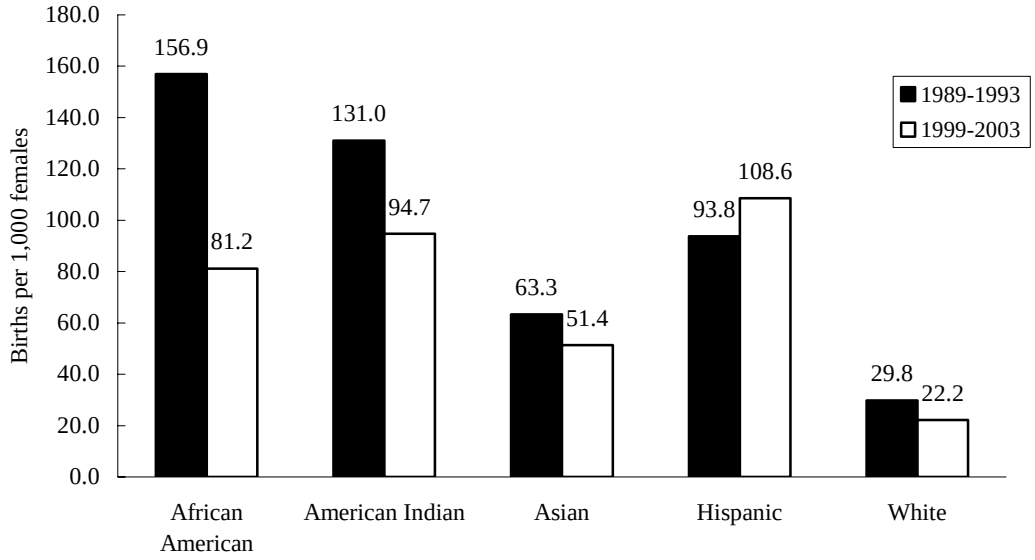


Source: Minnesota Department of Health, Center for Health Statistics, and National Center for Vital Statistics, Preliminary birth data for 2003
U. .S. figures are for non-Hispanic White and non-Hispanic African American

Teen Births: Minnesota Trends

Recent data trends for Minnesota indicate a decline in teen birth rates among all populations. The African American teen birth rate has decreased by 48.2 percent from 1989-1993 to 1999-2003 and the decrease in the American Indian teen birth rate was almost as dramatic at 27.7 percent. The Hispanic teen birth rate has actually increased by 15.8 percent. Though decreases among African Americans and American Indians are considerable, teen birth rates for all of the racial/ethnic groups is 2 to 4 times that of the White rate.

Minnesota Teen (15-19 year olds) Birth Rates by Race/Ethnicity: 1989-1993 and 1999-2003



Source: Center for Health Statistics, Minnesota Department of Health

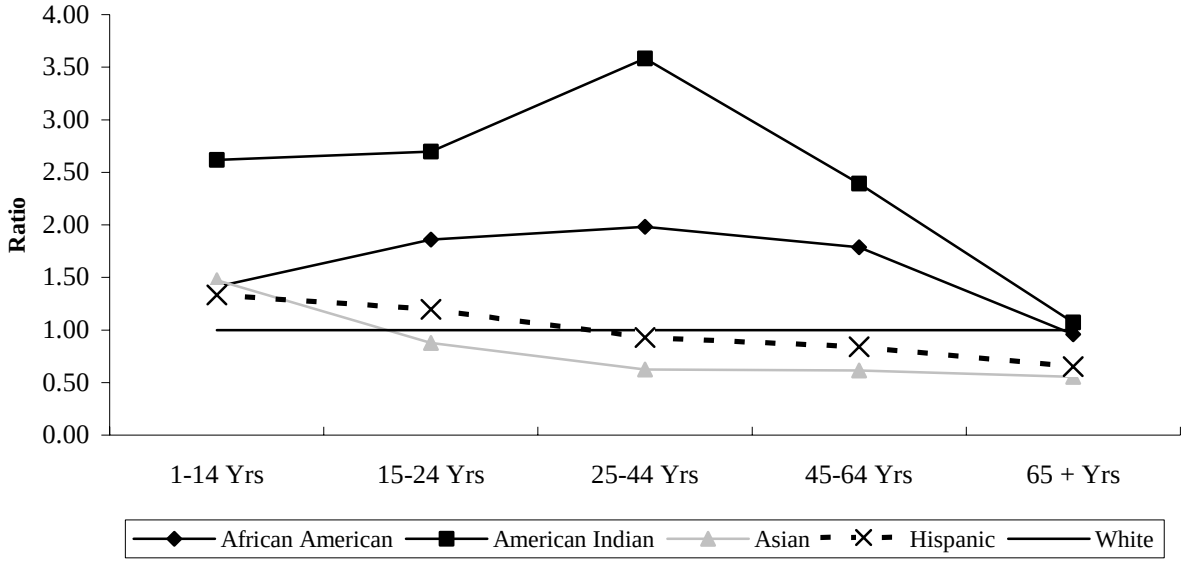
Part II: Death Rates and Causes of Death

Death Rate Ratio

Mortality rates were obtained by analyzing data on all deaths to Minnesota residents occurring between 1999 and 2003 and, where appropriate, were compared with deaths occurring between 1989 and 1993.

The graph shows the ratio of age-specific death rates of racial/ethnic groups as compared to Whites. This measure shows how many times higher the death rate is for Populations of Color than for Whites within several age groupings. This graph indicates that the greatest disparities in death rates occur in the age range of 25-44 years old, though disparities exist in most age groups for African Americans and American Indians as compared to Whites.

Ratio of Non-White to White Minnesota Death Rates
Five-Year Average (1999-2003)



Source: Center for Health Statistics, Minnesota Department of Health

Death rates for American Indians in the 1-14, 15-24, 25-44, and 45-64 year age ranges were two to three and a half times higher than death rates for Whites. Death rates for African Americans in the 15-24, 25-44, and 45-64 year age ranges were more than one and a half times higher than death rates for Whites. Hispanic and Asian death rates were most often lower than Whites among all age groups.

Cause of Death

Age-specific or crude mortality rates are the number of deaths per 100,000 population. While these rates provide an estimate of the causes of death in a population, it may not be the best indicator of mortality in a population because of age differences within populations. Age adjusted mortality rates provide unbiased comparisons that are not influenced by differences in age distribution in populations.

Age Adjusted Mortality Rates per 100,000 by Race/Ethnicity
Minnesota 1999-2003

Cause	White	African American	American Indian	Asian	Hispanic
AIDS/HIV	0.8	10.6	*	*	5.7
Alzheimer's Disease	22.0	19.8	*	*	0.0
Cancer	184.6	240.8	221.6	138.5	129.3
CLRD	38.6	37.7	61.5	19.0	18.6
Cirrhosis	6.6	8.2	33.5	*	13.2
Congenital Anomalies	4.0	5.3	*	3.5	4.2
Diabetes	24.2	56.0	96.5	22.9	35.9
Heart Disease	170.6	172.1	240.1	78.8	127.4
Homicide	1.6	17.2	18.5	3.6	5.7
Nephritis	12.5	21.1	29.3	20.2	14.4
Perinatal Conditions	2.8	6.4	6.1	2.9	5.6
Pneumonia and Influenza	16.8	16.7	22.0	14.7	*
Septicemia	4.7	10.0	17.1	8.3	*
SIDS	0.5	1.3	*	*	*
Stroke	52.2	81.4	68.3	59.8	37.4
Suicide	9.4	6.8	17.3	8.8	8.2
Unintentional Injury	34.9	41.4	91.4	23.8	36.1

Source: Center for Health Statistics, Minnesota Department of Health
Age-adjustment standard used is the US 2000 standard population.
*Rates not calculated for 20 or less deaths
CLRD: Chronic lower respiratory disease

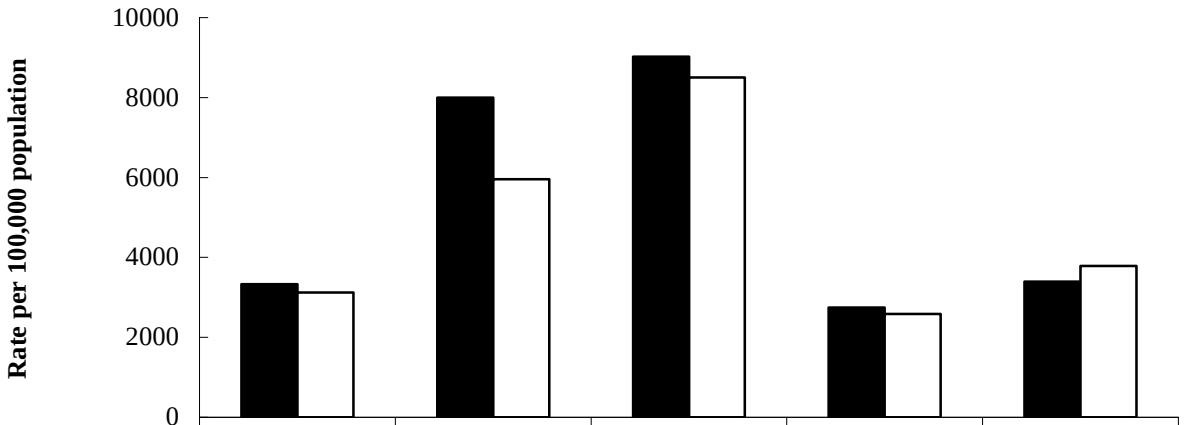
Age-adjusted mortality rates for African Americans due to AIDS/HIV, diabetes, homicide, perinatal conditions and SIDS are more than twice the rates for Whites. For American Indians, age-adjusted mortality rates for cirrhosis, diabetes, homicide, nephritis, suicide, and unintentional injuries are more than twice those of Whites. Age-adjusted mortality rates for Hispanics and Asians are similar and at times, lower than the rates for the White population. Exceptions include rates AIDS/HIV cirrhosis, homicide and perinatal conditions.for Hispanics and septicemia rates for Asians.

Years of Potential Life Lost

Years of Potential Life Lost (YPLL) measures premature mortality or the total sum of years of life lost annually to persons who suffered early deaths. For the purpose of calculating YPLL, premature death is defined as death occurring before the age of 65. The YPLL rate is the number of years of life lost before age 65 per 100,000 population ages 0-64.

The following graph presents the YPLL rates by race/ethnicity for 1999-2003 and 1989-1993. This chart indicates that in the most recent 5-year period, YPLL rates for African Americans, American Indians, Asians and Whites have decreased. Only Hispanics YPLL rates have increased. However, YPLL rates for American Indians are more twice as high as those for Whites and rates for African Americans are more than one and one half times that of Whites.

Years of Potential Life Lost by Race/Ethnicity 1989-1993 vs 1999-2003



	White	African American	American Indian	Asian	Hispanic
■ 1989-1993	3329.6	8001.3	9021.5	2749.1	3397.3
□ 1999-2003	3119.4	5958.4	8506.1	2586.8	3784.4

Source: Center for Health Statistics, Minnesota Department of Health
The US 2000 standard population age-adjustment standard was used to adjust the YPLL rates.

Part III: Cancer Incidence

The Minnesota Cancer Surveillance System (MCSS) is the state's cancer registry. The MCSS systematically collects demographic and diagnostic information on all Minnesota residents with newly-diagnosed cancers. The MCSS monitors the occurrence of cancer in Minnesota and describes the risks of developing cancer, informs health professionals and educates citizens regarding specific cancer risk. Recent MCSS data indicates continued racial disparities in the incidence rates of some cancers.

Overall cancer incidence rates are highest among American Indian males and lowest among Asian/Pacific Islander females. African American and American Indian males have the highest rates of cancers of the lung and bronchus while Asian females have the lowest incidence rate of this type of cancer. American Indian and African American males also have the highest incidence rates of colorectal cancer. The risk of an American Indian being diagnosed with colorectal cancer is more than one and a half times higher than White men. African American males have the highest rate of prostate cancer.

Among females, White women have the highest incidence rate of breast cancer although breast cancer rates for African American and American Indians are also elevated. Incidence rates for cervical cancer were highest among racial/ethnic groups, for American Indians and Asians, the rates were over twice as high as for Whites. Incidence rates for several other cancers were also highest among American Indian females including lung and bronchus, which was over two times the rate of Whites. Cancer incidence rates were oftentimes lower among Asian females, though this group was not broken down to indicate rates among more recent immigrant subgroups (i.e. Vietnamese, Hmong).

Cancer Incidence, Minnesota 1998-2002
Average Annual Age-Adjusted Incidence Rate by Race

All Sites Combined	Male	Female	Total
American Indian	692.3	434.3	538.1
Asian/Pacific Islander	280.0	252.1	263.1
Black	674.5	402.8	520.2
Hispanic (all races)	376.1	315.1	336.0
Non-Hispanic White	553.1	413.3	470.1
Total	561.1	415.9	475.0

Breast	Male	Female	Total
American Indian	~	97.3	53.2
Asian/Pacific Islander	~	64.9	35.5
Black	~	108.5	57.4
Hispanic (all races)	~	84.9	43.7
Non-Hispanic White	1.3	139.2	75.0
Total	1.3	138.9	74.9

Colon and Rectum			
American Indian	105.5	63.0	81.7
Asian/Pacific Islander	28.1	23.8	26.2
Black	67.4	54.2	60.1
Hispanic (all races)	46.4	31.0	38.0
Non-Hispanic White	60.3	45.2	51.9
Total	60.9	45.7	52.4

Corpus Uteri			
American Indian	~	10.9	~
Asian/Pacific Islander	~	15.0	~
Black	~	17.6	~
Hispanic (all races)	~	20.7	~
Non-Hispanic White	~	26.6	~
Total	~	26.7	~

Leukemia			
American Indian	13.3	14.7	14.4
Asian/Pacific Islander	11.6	5.6	8.2
Black	8.9	4.1	6.6
Hispanic (all races)	9.6	5.8	7.5
Non-Hispanic White	18.2	10.3	13.7
Total	18.4	10.4	13.9

Lung and Bronchus			
American Indian	157.6	101.3	122.8
Asian/Pacific Islander	37.3	21.7	28.4
Black	123.6	63.7	89.7
Hispanic (all races)	61.9	42.2	49.9
Non-Hispanic White	71.6	46.0	56.9
Total	72.5	46.4	57.5

Prostate			
American Indian	182.4	~	~
Asian/Pacific Islander	59.0	~	~
Black	233.2	~	~
Hispanic (all races)	113.3	~	~
Non-Hispanic White	184.1	~	~
Total	188.0	~	~

Cervix			
American Indian	~	12.1	~
Asian/Pacific Islander	~	13.6	~
Black	~	10.4	~
Hispanic (all races)	~	10.9	~
Non-Hispanic White	~	6.2	~
Total	~	6.7	~

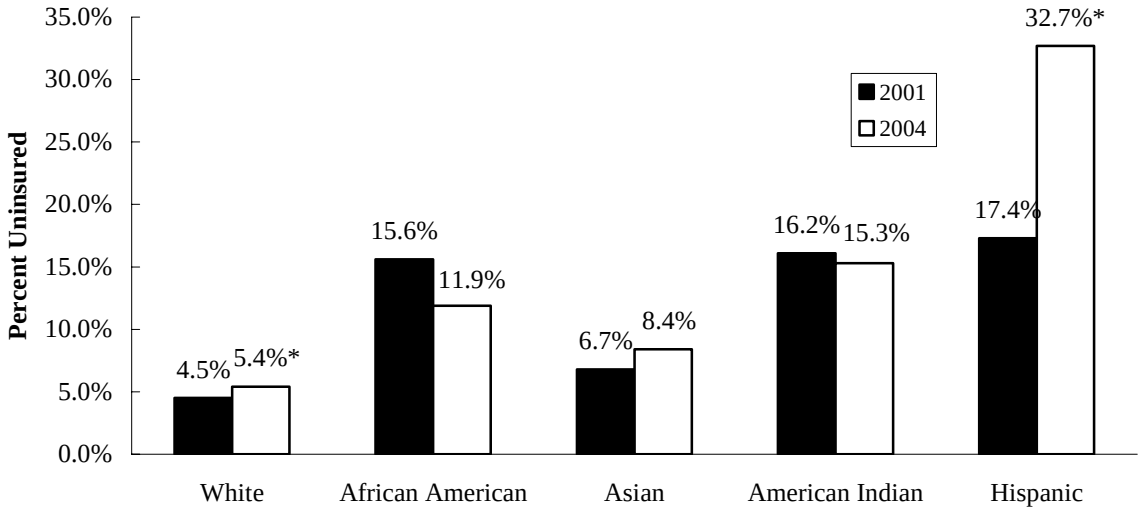
Rates are age-adjusted to the US 2000 standard population and are per 100,000 persons.
~ Sex-specific site or fewer than 10 cases.
Source: Minnesota Cancer Surveillance System, March 2005. All cases were microscopically confirmed or identified solely through death certificates. *In situ* cancers except those of the urinary bladder were excluded. Population estimates for 1988-2001 were from http://seer.cancer.gov, and for 2002 were from http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm. Persons of unknown or other race are excluded from race-specific data, but are included in the total. Race/ethnicity categories are not mutually exclusive and do not sum to the total.

Part IV: Health Insurance

Health Insurance

Initial results from the 2004 Health Access Survey have been recently released. Findings from this survey indicated that 6.7 percent of Minnesotans (approximately 343,000 people) were uninsured at the time of the survey in 2004. This indicates a rise in the uninsured rate overall as compared to 2001 figures that indicated that 266,000 or 5.4 percent of Minnesotans were uninsured. However, rates of uninsured vary widely across racial and ethnic groups. Because this study allowed the selection of multiple races, the race/ethnicity definitions include anyone who reported a single race or a single race and any other race/ethnicity (e.g., those included in "White", include those who reported White only and those who reported White and any other race/ethnicity.) As the following graph indicates, the results of the study indicate that for the percent of uninsured is higher than Whites for each racial/ethnic population. In fact, the uninsured rates for African American, American Indian, and Hispanic/Latinos were up to five times less likely to be insured as compared to Whites. Statistically significant increases occurred in uninsured rates for Hispanic and White populations since the 2001 Health Access Survey.

Percent of Uninsured by Race (All Ages)
Minnesota, 2001 vs. 2004

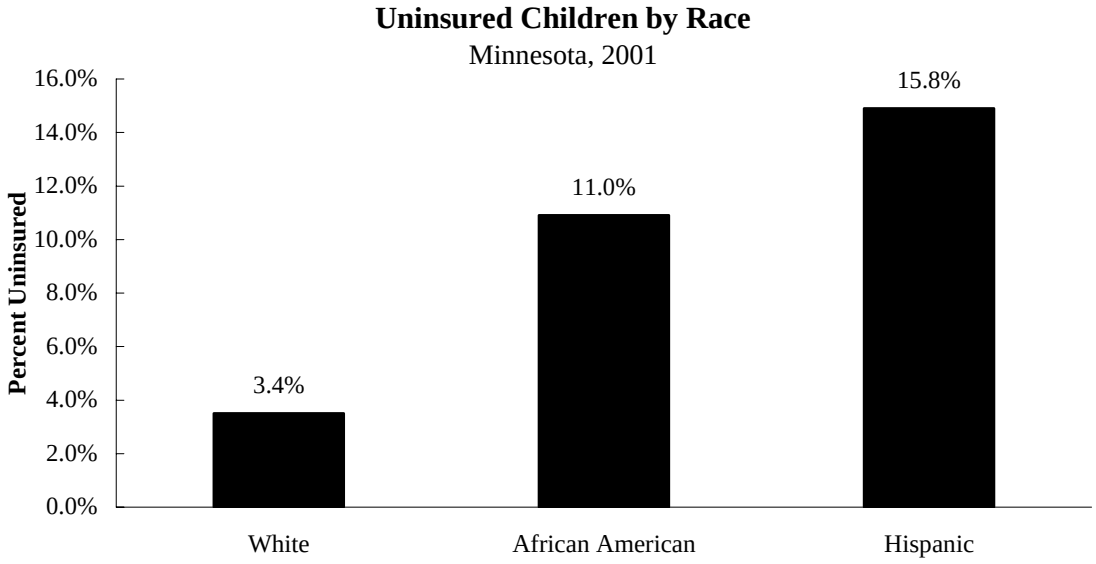


Source: 2001 and 2004 MN Health Access Survey, MDH Health Economics Program
*Indicates statistically significant difference in level from 2001

Uninsured Children

White 2004 results were not available at the time of this publication, results from the Health Access Survey (2001) indicated that the number of uninsured children is larger overall, than had previously been thought. In 2001, about 4.4 percent of all Minnesota children, or 57,000 children under the age of 18, lack health insurance.

Among those Populations of Color that the study was able to report, African American children were over three times and Hispanic children were over four times less likely to be covered by health insurance.

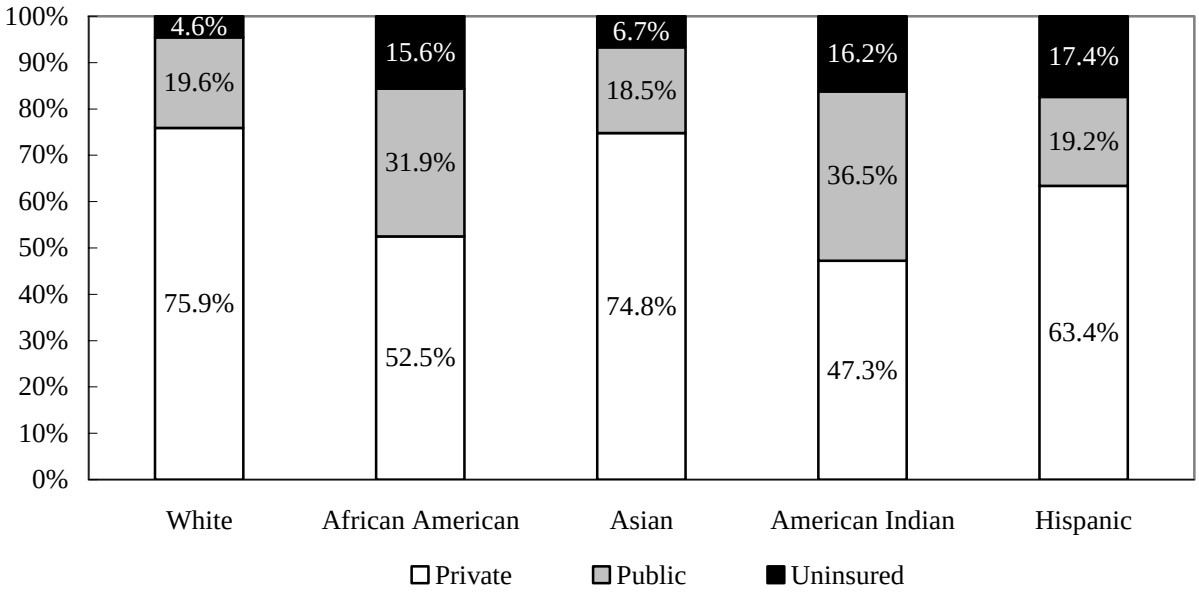


Source: 2001 MN Health Access Survey, MDH Health Economics Program.

Uninsured by Type of Insurance Coverage

Additional study results indicate disparities in the type of insurance coverage identified by study participants. Whites were more often covered by group insurance, generally through their own or a family member's employer. More African American and American Indians than Whites reported coverage through public health insurance which included Medicaid, MinnesotaCare, GAMC, MCHA, CHIP, CHAMPUS, Veterans Affairs or Military Health Care, Railroad Retirement Plan, or Medicare.

Sources of Insurance Coverage by Race/Ethnicity
Minnesota, 2001



Source: 2001 MN Health Access Survey, MDH Health Economics Program