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Significant Health Inequities in Minnesota Highlighted in First-Ever Report

January 12, 2015 – Dramatic health inequities exist in Minnesota – across racial and ethnic groups, languages, countries of origin, and regions of Minnesota – according to a first-of-its-kind report released today by MN Community Measurement (MNCM).

The *Health Equity of Care Report: Stratification of Health Care Performance Results in Minnesota by Race, Hispanic Ethnicity, Preferred Language and Country of Origin* contains information collected from patients seen in medical groups throughout Minnesota and evaluates health care outcomes in five areas:

- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Care for Adults
- Optimal Asthma Care for Children
- Colorectal Cancer Screening

The full report is available at http://mncm.org/reports-and-websites/reports-and-data/.

Results in all five areas are broken down by patient race, Hispanic ethnicity, preferred language and country of origin. They are reported at statewide and regional levels.

"Minnesota is one of the healthiest states in the nation, but we also have some of the largest inequities in health status and incidence of chronic disease," explained Jim Chase, MNCM President. "Patients from specific populations, including people of color, people who identify as Hispanic, immigrants, and people who do not speak proficient English, are less likely to receive preventive care and more likely to suffer from serious illnesses and have negative health outcomes."

This report is unique as it is the first where medical groups across the state collected the information to help them improve care and tailor their approaches to patients with specific needs. Additionally, by collecting and reporting the data in a standardized format, we can appropriately compare what's working across different groups and regions of the state.

"Providing information at a regional level is vital to focusing and evaluating population health improvement opportunities, and to driving public policy and resources to the areas and populations most in need," said Anne Snowden, MNCM Director of Performance Measurement and Reporting.

"To reduce and eliminate health inequity, we must understand where it exists and its scope," Snowden continued. "Never before has data on health outcomes been available at this granular level in Minnesota – making it actionable for advocates, policymakers, public health professionals, community leaders and medical groups."

Expected release: Monday, January 12, 2015 at 8 a.m.

Report Findings
The *Health Equity of Care Report* offers a glimpse into disparities experienced by communities of color, immigrant communities and rural residents of Minnesota.

The most distinct example is the care received by Somali patients. Patients born in Somalia and/or who preferred speaking Somali had the lowest health care outcomes statewide in four of the five health areas evaluated. For example, only 22% of Somali immigrants were appropriately screened for colorectal cancer, compared to 70% of patients statewide. And only 25% of adults who preferred speaking Somali received optimal care for asthma, compared to 47% of adults statewide.

In contrast, patients who were born in Vietnam and/or preferred speaking Vietnamese had some of the best health care outcomes, and surpassed English-speaking and United States-born patients in all three categories where Vietnamese patients were reportable. Most notably, patients who preferred to speak Vietnamese had the highest statewide rates of any language group for both Optimal Diabetes Care and Optimal Vascular Care, and Vietnamese immigrants had the highest statewide rate for Optimal Diabetes Care of any country of origin group.

Other key findings include:

- White and Asian patients generally had high health care outcomes, while American Indian or Alaskan Native and Black or African American patients generally had low health care outcomes.
- Hispanics tended to have lower health care outcomes than non-Hispanics; however, this was not consistent across all regions. The East Metro and St. Paul regions had notably higher rates for Hispanics for Optimal Vascular Care and Asthma Care for Adults than Non-Hispanics.
- Patients born in Laos and/or who preferred speaking Hmong generally had lower health care outcomes than other Asian patients and other patients in general.
- Rates varied considerably across geographic areas of Minnesota. The East and West Metro regions generally had high health care outcomes across multiple measures and multiple populations. The Central region had notably high rates of Optimal Asthma Care, for both adults and children, across all racial groups.
- The outer regions of Minnesota tended to have worse health care outcomes across multiple measures and populations, including lower rates for white, English-speaking patients who were born in the United States. This is reflective of a trend that has been previously documented of overall lower health care outcomes for patients in rural areas. These patients often face additional access and language challenges than patients in urban and suburban areas.

Background
Measuring health inequity has historically been complex and difficult. As a trusted source for performance measurement and public reporting in Minnesota and nationally, MNCM has the unique and crucial ability to highlight where health care disparities exist in our state.

MNCM began this community-based effort in 2008. The first significant milestone was achieved the following year with the release of *The Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups.* The handbook defined and standardized the information that should be collected from patients by clinics and medical groups, as well as set best practices for collection and reporting. The two most critical components of those best practices include:

1. Patients must self-identify their race, Hispanic ethnicity, preferred language and country of origin; and,

2. The clinic/medical group's electronic medical record system must be able to collect and report more than one racial category for each patient.

Only data from medical groups who have successfully demonstrated to MNCM that they follow these best practices is included in this report.

Since the *Handbook* was released, Minnesota providers have steadily improved their collection and reporting of race, ethnicity, language and country of origin data. In 2014, more than 70% of medical groups statewide that voluntarily submitted this information to MNCM used best practices.

MNCM's success relies on a multi-stakeholder, consensus-based, collaborative effort. We highly value the work of others in our community who are also focused on our shared goal of ending health inequities, and who have shared their expertise with us over the years, particularly from community leaders and medical groups.

"Our health care community should be extremely proud to have identified, prioritized and championed the standard collection and reporting of this information," Chase said. "This landmark report and its positive impact on our community are only possible because Minnesota's health care leaders and their teams rallied around this goal. They should be commended."

Nevertheless, the release of the *Health Equity of Care Report* is only the beginning. "Data alone won't reduce disparities or achieve health equity goals," Snowden emphasized. "The real achievement will come when we begin to see the elimination of health inequities across our state and nation."

About Us
MN Community Measurement is a non-profit organization dedicated to improving health by publicly reporting health care information. A trusted source of health care data and public reporting on quality, cost and patient experience since 2003, MNCM works with medical groups, health plans, employers, consumers and state agencies to spur quality improvement, reduce health care costs and maximize value. Learn more at www.mncm.org.