Meeker-McLeod-Sibley Community Health Services
Health Equity Data Analysis 2022

Introduction

Minnesota is typically one of the overall healthiest states, yet it has major differences in health outcomes that cannot be explained solely by genetics and personal choice. Our health is affected by many factors such as genetics, the environment, relationships and social networks, where we live, our incomes, and our lifestyle. While individual behaviors cannot be overlooked, it is the conditions that shape our daily lives that really impact our health. Therefore, addressing health and health disparities requires solutions that include, but go beyond, targeted grants and access to health care. Locally, Meeker-McLeod-Sibley Community Health Services (MMS CHS) needs to identify and address health disparities so all community members can reach their full health potential.

The Hispanic population is the largest and fastest growing non-white population in McLeod and Sibley Counties. From 2015 to 2021, the Hispanic population grew from 5.6% to 6.6% in McLeod County and from 8.6% to 9.3% in Sibley County. So, MMS CHS staff wanted to look at health differences between the Hispanic and non-Hispanic population groups. However, when the health behavior survey was conducted in 2018, less than 1% of respondents were Hispanic, so comparisons between the two groups could not be made. Therefore, in 2019, the same survey was given to 102 Hispanic community members. Having both data sources allowed MMS to look at differences between the Hispanic and overall population and conduct a Health Equity Data Analysis (HEDA) in 2022. A HEDA is a process that first looks at differences between population groups using data and then engages with community to understand the factors that affect or lead to the differences found in the data.

Step 1: Existing Data

Diabetes rates in Minnesota have been increasing since 2000 and hit an all-time high in 2020.[1] Rates are even higher in the Meeker-McLeod-Sibley (MMS) region than in Minnesota (16% versus 10%). Data from surveys of MMS residents show higher diabetes rates among Hispanic residents than the overall population (Figure 1).
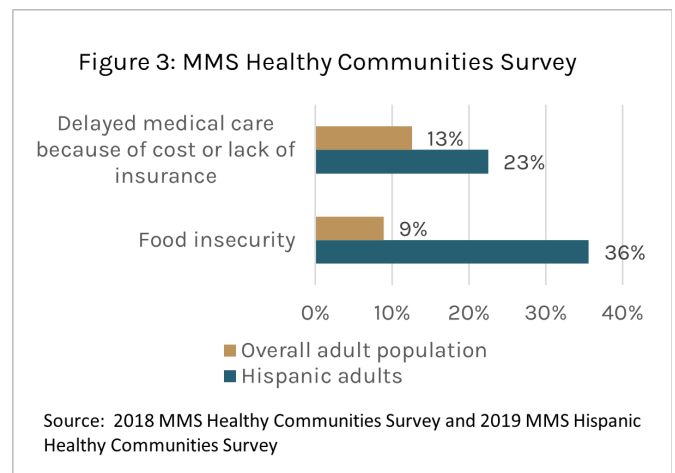
Figure 1: Percent of Adults in MMS with Diabetes
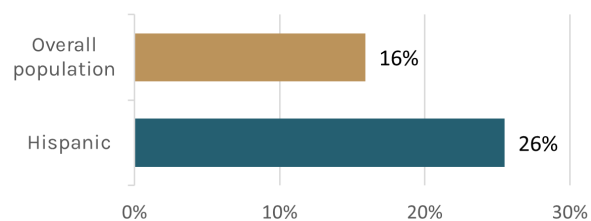
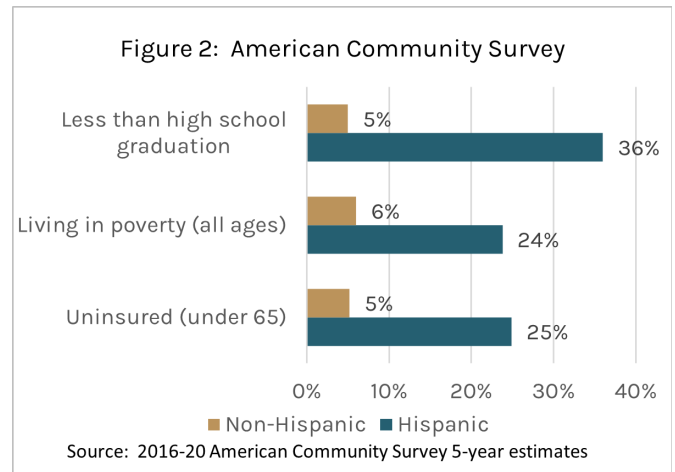Overall population 16%

Hispanic 26%

Source: 2018 MMS Healthy Communities Survey and 2019 MMS Hispanic Healthy Communities Survey

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1 Centers for Disease Control and Prevention. United States Diabetes Surveillance System. https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

Further, physical inactivity and smoking are both risk factors for diabetes. The prevalence for both factors is higher among the Hispanic population in MMS. The data also show similar inequities in education, employment, income and insurance coverage.

These differences and how they impact health are discussed below.

→ More education is strongly linked with better health, even when income is considered.[2] There is a stark disparity in education among residents of MMS as Hispanic adults are less likely to have a high school eduction (Figure 2) and further formal education; 3% of Hispanic adults have a bachelors degree or higher versus 20% of non-Hispanic adults.

→ Studies show that income is a predictor of health, with those living in communities of poverty having the worst outcomes. According to US Census data, Hispanic adults in Minnesota and MMS are more likely than non-Hispanic adults to have a family income of less than $35,000 and more likely to be living in poverty (Figure 2).

→ Having health insurance is a strong predictor of whether adults with diabetes have access to diabetes screening and care.[3] Local data show that Hispanic adults in Minnesota are both less likely to have insurance (Figure 2) and delay medical care because of cost or lack of insurance, than non-Hispanic adults (Figure 3).

→ Food insecurity is a lack of consistent access to enough food for an active, healthy life. Easy access to affordable and healthy food is important for preventing and managing diabetes. Food insecurity rates are higher among the Hispanic population in MMS compared to the overall adult population (Figure 3).

Figure 2: American Community Survey

Less than high school graduation — 5% / 36%
Living in poverty (all ages) — 6% / 24%
Uninsured (under 65) — 5% / 25%

Non-Hispanic   Hispanic

Source: 2016-20 American Community Survey 5-year estimates

Figure 3: MMS Healthy Communities Survey

Delayed medical care because of cost or lack of insurance — 13% / 23%
Food insecurity — 9% / 36%

Overall adult population   Hispanic adults

Source: 2018 MMS Healthy Communities Survey and 2019 MMS Hispanic Healthy Communities Survey

Step 2: Collect New Qualitative Data

MMS staff had community conversations to learn about the reasons for the differences shown in the data. They spoke with 35 people who are Hispanic or work with the Hispanic community.

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2 Robert Wood Johnson, Commission to Build a Healthier America. (April 2011). Education and Health, Issue Brief #5, Exploring the Social Determinants of Health.

3 Felicia Hill-Briggs, Nancy E. Adler, Seth A. Berkowitz, Marshall H. Chin, Tiffany L. Gary-Webb, Ana Navas-Acien, Pamela L. Thornton, Debra Haire-Joshu; Social Determinants of Health and Diabetes: A Scientific Review. Diabetes Care 1 January 2021; 44 (1): 258–279. https://doi.org/10.2337/dci20-0053

KEY FINDINGS

Diabetes, obesity, and healthy eating are health concerns in the Hispanic community.

When asked why diabetes rates are higher in the Hispanic community, diet and nutrition was the most common response and people specifically discussed how they are influenced by Hispanic culture.

"Hispanics are very generous with the food that we give. If we have people over, we're going to feed that person a lot of food because we don't want them going home hungry."

The following issues make it hard for the Hispanic community to be healthy as they would like:

Economic stability	Education access and quality	Health care access and quality	Neighborhood and built environment	Social and community context
• Demanding jobs – long hours, too tired and/or not enough time to cook and exercise • Low pay contributing to lack of resources for healthy food and gym access • Workplaces not allowing time off to go to medical appointments	• Lack of education and knowledge around health affecting making better choices • Lack of information/ resources in Spanish language	• Few Spanish speaking providers • Lack of health insurance • Insurance not covering everything • High cost of insulin or other medication	• Inconsistent access to grocery stores • Fast food being easily accessible and plentiful • Cold weather, lack of places to walk indoors • Unhealthy food at schools and work • Limited transportation options to get to appointments	• Unhealthy eating habits; traditional food often is fried/greasy, sugar, carbs and alcohol • Racism • Immigration status • Struggles with mental health

These factors are all connected. They influence and often amplify each other. For example, less education can limit job opportunities with higher pay, employer provided health insurance and other benefits. One respondent from the community conversations said:

"They all tie in together. No established care for migrant work leads to no history with local doctors, low income so don't take time off to go to the doctor, lack of education so don't understand all they should."

Additional quotes:

"When someone works ten to twelve hours a day it will play a part. Because now they are too tired to exercise or to cook a decent meal. So instead, they will run to Burger King because they have no energy left."

"If all your money is going to rent, you are not going to have money for a gym membership or buying appropriate food."

"There are not enough providers who speak Spanish to really relate the information to the patient."

"I think there is a divide in our community. A lot of time if feels like the Hispanic people are looked down upon, treated differently."

IDEAS TO PREVENT DIABETES IN THE HISPANIC COMMUNITY

Provide education: all respondents thought education was important. **Healthy eating was the number one topic respondents would like to learn more about.** This included how to cook healthy meals - with less grease, salt and sugar – and information on calories, vitamins, and portion sizes.

Ideas on how to provide education include:

→ Have in person, especially for those who do not use the internet

→ Use social media

→ Provide materials in English and Spanish; materials in Spanish are better for older generations

→ Offer diabetes management classes

→ Start with educating kids

→ Share in the community at churches, libraries, stores, schools, home visits from health nurses, etc.

Host events, gatherings and activities: they should be fun, include Hispanic culture, for kids and families and provide information.

Have more resources in the Spanish language: this includes health workers and educators who speak Spanish.

Improve access to healthcare, affordable healthy food and Hispanic food, gyms and community centers.

Expand partnerships with insurance, schools and churches.

In Summary

Existing research, local quantitative data and community conversations all indicate the Hispanic community in MMS is experiencing barriers to reaching their highest level of health. These barriers include lack of adequate insurance, access to health care and affordable medication as well as difficult working conditions, education/economic opportunity, racism and legal status, all of which make it more challenging for people in the Hispanic community to be as healthy as they would like to be. However, the community conversations provided many suggestions for how MMS can assist the Hispanic population in preventing and managing diabetes.

Next steps

MMS CHS staff are using the ideas presented by the Hispanic community, in particular the ideas for how to prevent and address diabetes, to plan projects that address diabetes and related issues in the Hispanic community. MMS CHS will work with partners from the community to help plan and lead the work as suggested by the Hispanic community using available local resources.

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