



The Distribution of Health in the Twin Cities: *A Growth & Justice Response to the Blue Cross/Wilder Report*

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Among many strong arguments for reducing economic and racial inequality and aspiring toward a more inclusive prosperity in Minnesota, few are as compelling as the longevity differences attributed to “social determinants of health” and documented in the report [*The Unequal Distribution of Health in the Twin Cities*](#).

Inequality actually turns out to be a life-and-death matter, the report tells us. Or more precisely, an average difference of eight long years in life expectancy between top and bottom income groups, and as much as a decade or more between the poorest and richest neighborhoods of our Twin Cities metropolitan area.

The report cites a University of Wisconsin Population Health Institute model that attributes about half of the average person’s basic health status to social determinants, including education level, income, pollution and the built environment. Only about 20 percent of that health outcome is attributed to the quality of health care, and 30 percent to individual behaviors.

Among the more significant findings in the report from the Blue Cross and Blue Shield of Minnesota Foundation and Wilder Research – focusing on those that complement our own research and analysis at Growth & Justice – are these:

- How far you’ve gone in school, where you live, your race, and where you rank on the income scale correlate strongly with life expectancy in the Twin Cities. White or Asian individuals with high incomes and high education attainment levels who live in low-poverty neighborhoods are likely to live a decade or more longer than American Indians or African Americans with low education levels and low incomes living in high-poverty neighborhoods.
- Citing work in California and a model developed by the Bay Area Regional Health Inequities Initiative, the report suggests that addressing upstream determinants of health can have a far greater impact on lowering health-care costs than downstream interventions, such as expanding health care coverage or improving medical technology and treatment methods

The Blue Cross/Wilder data reinforce a growing body of national and international research that indicates that unequal societies – even among the wealthy, free-market democracies in the world – are significantly healthier than more egalitarian communities and nations.

In an important book published last year, *The Spirit Level: Why Greater Equality Makes Societies Stronger*, authors Richard Wilkinson and Kate Pickett cite studies that show gaps in the United Kingdom — about seven years in life expectancy between highest and lowest income men and women — similar to those found in the Blue Cross/Wilder report.

Drawing on scores of reports and sources of international research, Wilkinson and Pickett point out:

- Using a comprehensive measure of health and wealth statistics, the more equal countries (Japan, and Scandinavian and other European democracies) have far better health outcomes and longer life spans than the United States, which is an outlier for both high inequality and relatively low life expectancy. The United States also fares poorly on rates of crime and violence and a host of other health and socio-economic indicators.



- Similarly within the United States, those states with the highest longevity tended also to be the states with the least economic inequality (including Minnesota, Hawaii and North Dakota), while states with the greatest inequality have the lowest life expectancy (including Mississippi, Louisiana and Alabama).
- Not just the poor and racial minorities benefit from greater economic security and reduced inequality. Research shows that mortality and longevity rates are superior for all income levels in the more equal states. “What the studies do make clear... is that greater equality brings substantial (health) gains even in the top occupational class and among the best-educated quarter or third of the population, which include the small minority of the seriously rich,” according to Wilkinson and Pickett.
- Editors of the *British Medical Journal* in 1992 wrote the following about the link between inequality and health: “The big idea is that what matters in determining mortality and health in a society is less the overall wealth of that society and more how evenly wealth is distributed. The more equally wealth is distributed, the better the health of that society.”

Policies could reduce inequalities

We agree with the Blue Cross/Wilder report’s assertion that “there is no one silver bullet” that can put an end to Minnesota’s growing inequality problem. And although detailed policy responses for Minnesota’s state and local governments are not its main purview, the report hints at some of the more obvious investments Minnesota can make to alleviate this unfairness. Our policy work resonates with the following three prescriptions.

- We heartily agree with the report’s statement that “the health of these groups might be best improved by increasing their educational attainment, and ultimately, household income, and reducing the extent to which these groups are segregated into lower-income neighborhoods.” Growth & Justice has developed a comprehensive framework – *Smart Investments in Minnesota’s Students* – aimed at dramatically improving higher-education completion rates statewide, but particularly for children of low-income households and in racial and ethnic minority groups. Growth & Justice asks that the governor, the legislature and business leadership groups in Minnesota set an official policy goal for Minnesota to achieve a 75 percent higher education attainment rate by the year 2020. Specific goals also should be established for dramatically improving the attainment rates for our African American, Latino, American Indian and Asian populations.
- The report cites a 32-point framework issued by the National Institute of Medicine, and among the overarching recommendations on that list are: “health equity across racial, ethnic and socioeconomic lines,” and tackling “the inequitable distribution of power, money and resources — the structural drivers of the conditions of daily life that contribute to inequitable health and safety outcomes.” Growth & Justice supports universal access to high-quality health care and a wide variety of public investments aimed at improving economic justice, ranging from tax equity to public transit investment to improvements in environmental quality.
- At Growth & Justice, we have long maintained that public investments in infrastructure and places can be as important as investing in individual human development, and we agree with the report’s suggestion that “there might be a big potential for improving health through targeted neighborhood improvement efforts, possibly everything from creating more jobs and increasing public safety to improving access to healthy food and recreation.” Growth & Justice asks that Minnesota’s governor and legislators enact laws, policies and appropriations that restore Minnesota’s traditional level of strong public investments to reduce inequality. These laws and policies should be aimed at reducing the regressivity of Minnesota’s tax structure; providing high-quality, universal, preventive health care coverage; ensuring affordable public transit and other travel options for low-income Minnesotans; and improving the quality of the air and water in areas where poverty is concentrated.



Our own ideology-bridging philosophy at Growth & Justice emphasizes that business growth helps produce the abundance and innovations that enable social justice, and conversely, public investments toward economic justice build the human capital that feeds business growth. Growth & Justice supports increased public and private investments toward improving the quality of life in those specific city neighborhoods and rural areas where poverty and unhealthy conditions are most concentrated.

And in the final analysis, we could not agree more with the Blue Cross/Wilder report's statement that "addressing inequities is an issue of justice for our region. It is also an important ingredient to cost containment and long-term regional prosperity."

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