



Health Equity

EQUITABLE AND SUPPORTIVE SYSTEMS

Minnesota adolescents, 2024

Geographic location

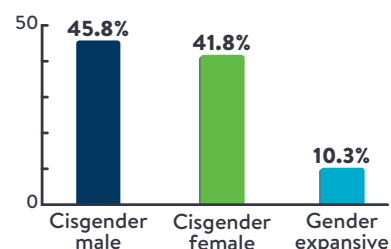
One in five

people in Minnesota are adolescent (age 10-25). Of the nearly 1.2 million adolescents, 550,000 live in Greater Minnesota.

Race and ethnicity

Adolescents in Minnesota are more racially and ethnically diverse than the state as a whole.

Gender



Full gender definitions can be found in the [Adolescent Health Data Book \(www.health.mn.gov/people/adolescent/youth/databook.html\)](http://www.health.mn.gov/people/adolescent/youth/databook.html).

10%

of people under the age of 18 in Minnesota live in poverty.

Research shows that the biggest contributors to health are socio-economic factors like education, income, individual and community-level wealth, mobility, and housing. These are also called **social**

determinants of health.

Clinical care is a relatively small contributor to overall health - around 10%.

Achieving health equity requires a systemic approach.



Education



Income



Wealth



Mobility



Housing

What is health equity?

Health equity is the concept that everyone has what they need to be healthy. Unjust or unfair barriers that prevent anyone from being healthy are called health inequities. The conditions that create health inequities are injustices.

Advancing health equity includes:

- Every child has a loving and healthy start.
- Everyone has access to a good education and has a stable income to cover the costs of living.
- All people can take part in the decisions that shape our communities.
- Everyone has safe, stable, and healthy living conditions.

For more information, read the complete [Adolescent Health Data Book \(www.health.state.mn.us/people/adolescent/youth/databook.html\)](http://www.health.state.mn.us/people/adolescent/youth/databook.html).

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