



Health Equity

EQUITABLE AND SUPPORTIVE SYSTEMS

Minnesota adolescents, 2024

Geographic location

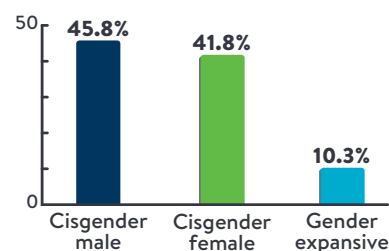
One in five

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 \(www.health.mn.gov/people/adolescent/youth/databook.html\)](http://www.health.mn.gov/people/adolescent/youth/databook.html).

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Supportive Systems

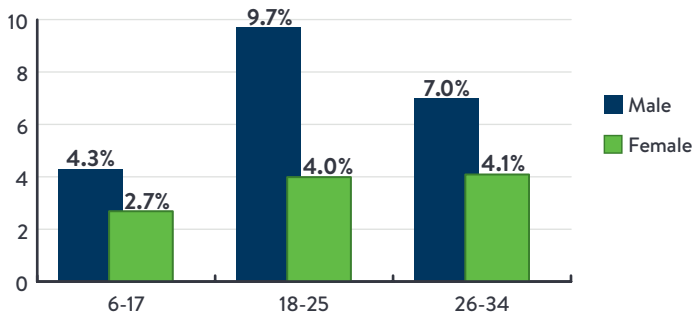
EQUITABLE AND SUPPORTIVE SYSTEMS

Systems and structures to support adolescents must be well-resourced and coordinated to be effective. It is important to ensure that Minnesota has a **structure** that supports a comprehensive network of adolescent health resources.

For example, youth without insurance have less access to needed health care services. Adolescents (ages 10-25) who are uninsured report their mental health was not good **two times** as many days as adolescents on private insurance. These numbers are similar for physically unhealthy days.



Young adult men ages 18-25 were the group **most likely not to have health insurance** coverage in Minnesota (2021).



In school districts where

40%

students are

3x

or more of students are eligible for free and reduced lunches...

less likely to have access to nursing or health services in schools.

School-based health centers

A comprehensive **school-based health center** is a safety net health care delivery model located in or near a school facility and that offers comprehensive medical care, including preventive and behavioral health services.

Characteristics

- In or near a school.
- Serves students first.
- Ensures equity by turning no child away for their ability to pay.
- Eases access to care that helps kids learn and communities thrive.

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Physical Health

ACCESS TO HIGH-QUALITY, YOUTH-FRIENDLY
HEALTH CARE AND INFORMATION

Young people benefit from access to high-quality medical, dental, and mental health services and health information. They also benefit from health care providers who understand adolescent and young adult health and development.

Preventative care

Only 35% of Medicaid-enrolled youth ages 15-18 received **any health screening** in 2022.



Minnesota's adolescent well visit rate indicates **many teens do not get the care they need each year**. Promoting access to teen-friendly health care is one place to begin.

Only 69.6%

of Minnesota adolescents ages 12-17 had at least one **preventative visit** in 2022 and 2023.



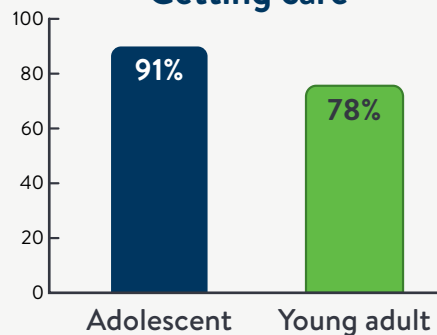
Minnesota youth have **higher immunization rates** compared to the national rate. However, compared to other recommended vaccines, Minnesota youth are least likely to get the cancer-preventing HPV vaccine.

Usual source of care

Young adults are less likely to **continue with a usual source of health care**.

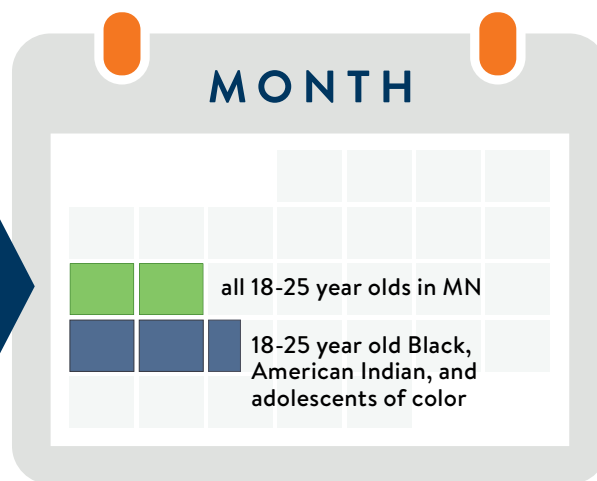
This could be due to moving to a new place for college or a job, not knowing how to find care with insurance, or not having support to navigate the health care system.

Getting care



Young people are physically healthy, but not all youth have equal supports to be healthy.

Of 18-25 year olds, Black, American Indian, and adolescents of color face more **unjust barriers** to the things everyone needs to be healthy. As a result, they reported 2.5 days a month of physically unhealthy days compared to 2 days a month for all young people this age.



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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Mental Health

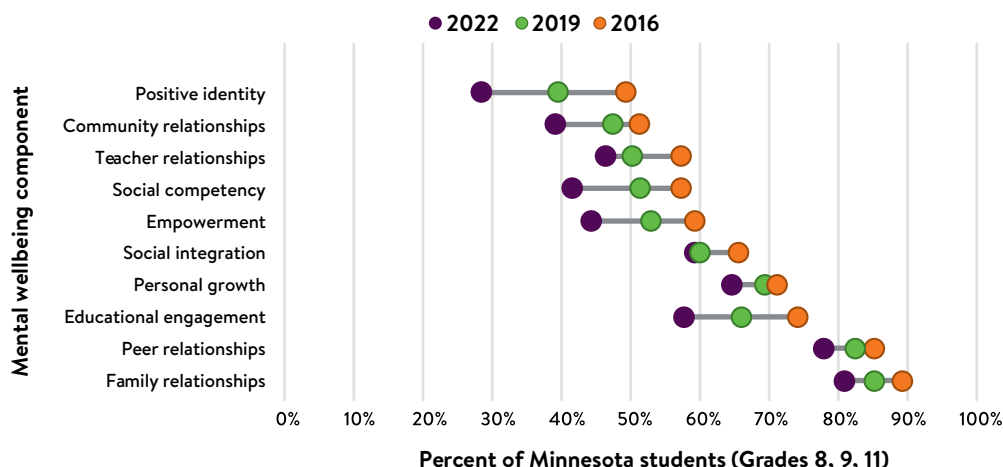
ACCESS TO HIGH-QUALITY, YOUTH-FRIENDLY
HEALTH CARE AND INFORMATION

Young people benefit from access to high-quality medical, dental, and mental health services and health information. They also benefit from health care providers who understand adolescent and young adult health and development.

Mental wellbeing

Adolescents are experiencing a mental health crisis in the U.S. and in Minnesota.

Mental health is more than the absence of mental illness. To reflect this broader, strength-based concept, many use the term “mental wellbeing” or “flourishing” instead. All positive mental wellbeing components dropped from 2016 to 2019 and again from 2019 to 2022.



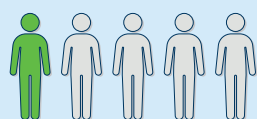
Mental illness



One in three high school students reports persistent feelings of sadness or hopelessness, an increase of **40%** since 2009.



One in four adolescents reports long-term mental health problems.



20% of students had felt nervous, anxious, were depressed, or were worried for more than seven days in the past two weeks. Students of all races report long-term mental health, behavioral, or emotional problems. Multiracial students were the most likely to report these, Black students were the least likely.

Adolescents 12-17 with special health needs are

6x more likely

to have depression or anxiety compared to adolescents without special health needs.

Suicide

More than 20% of students have experienced suicidal ideation, with 12.2% considering suicide in the last year. In 2023, the adolescent suicide rate was 10.7 per 100,000 (ages 10 to 24). Rates of suicide increase as adolescents get older.

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Health Literacy

ACCESS TO HIGH-QUALITY, YOUTH-FRIENDLY
HEALTH CARE AND INFORMATION

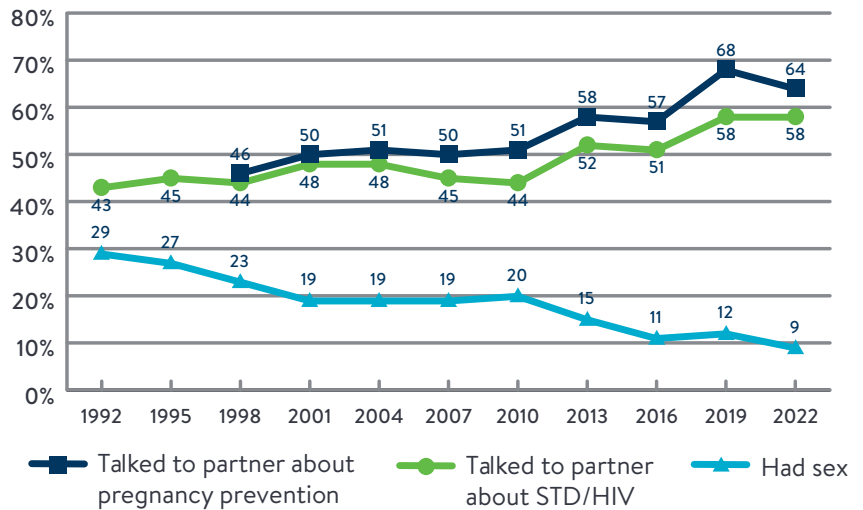
Sexual and reproductive health

The rate of sexual activity among adolescents is declining, while the rates of talking to partners are increasing.

Two-thirds of all ninth and 11th graders who completed the Minnesota Student Survey report that they had never had sex.

Health education

- Delays sexual activity.
- Lowers teen pregnancy and birth rates.
- Increases access to confidential contraception and STI testing for minors.



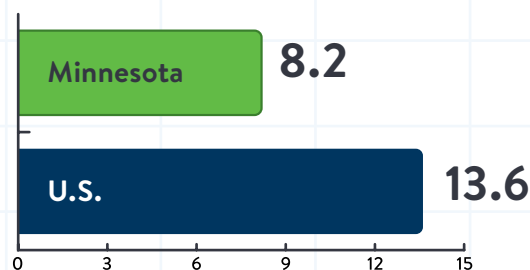
Health
education
contributes to
health literacy.

75 to
100%

of schools in Minnesota require two or more health classes, though the curriculum taught is not currently standardized. K-12 Health Standards are currently in development in Minnesota.

Minnesota's
teen birth rate
is well below the
national average.

Teen birth rates per 1,000



Disparities in teen pregnancy and birth rates exist in Minnesota by geography, race, ethnicity, and country of origin. Although progress has been made, inequities persist due to continued structural barriers.

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Families and Caregivers | Adults Who Understand

POSITIVE CONNECTIONS WITH SUPPORTIVE ADULTS



Young people thrive and flourish when they are surrounded by **caring and nurturing relationships with supportive adults**.

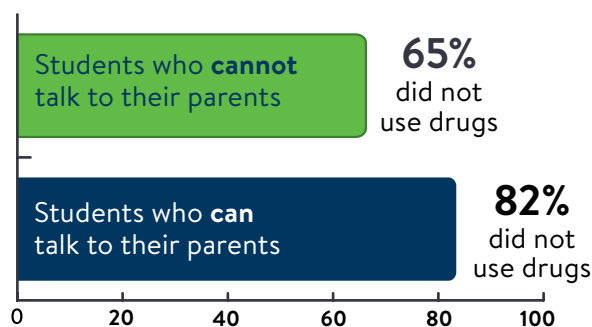
78%

of secondary students reported that their parents care about them quite a bit or very much.

The support that youth receive from parents and caregivers makes a difference.

Students who felt like they could talk to their parents were less likely to use alcohol and other drugs.

82% of adolescents who reported they could talk to their parents said they **did not use substances** in the last 30 days compared to 65% of adolescents who reported they could not talk to their parents.



70%

of Minnesota students report that they can talk to their parents or guardians about problems they are having.

Caring adults help youth be healthy and thrive.

83%

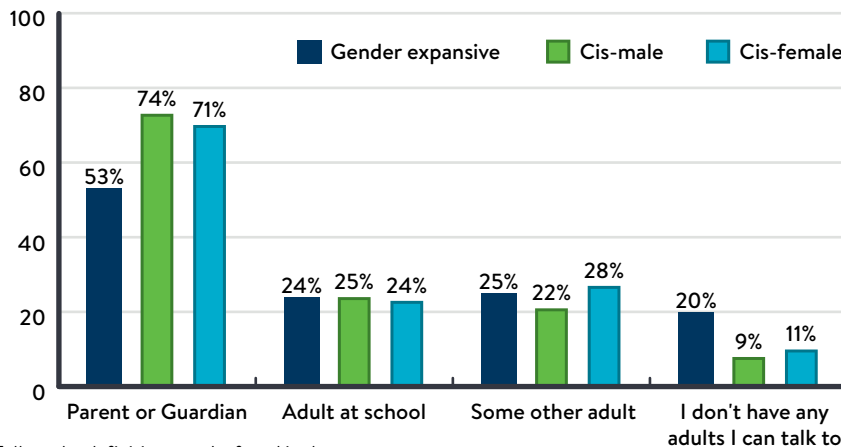
of students reported having at least one caring adult in their lives.

The presence of caring adults can save lives.

Minnesota students who reported that they did not have any caring adults had **6.4 times greater odds** of considering suicide or having a suicide attempt in the past year compared to students who had at least one caring adult.

Youth who have a stressful family life need caring adults in community more, but often these gaps go unfilled. **Students without a caring family member had 8.3 times greater odds of not having a caring adult in the community. They also had 4.2 times greater odds of not having positive teacher relationships.**

Gender expansive students are less likely to feel they are able to talk to their parents. Gender expansive students are also **2 times more likely** to say they have no adult to talk to.



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).

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Supportive Schools and Communities

SAFE AND SECURE PLACES TO LIVE, LEARN AND PLAY

Creating safe, engaging, and welcoming communities for young people helps them envision a promising future.

School environment

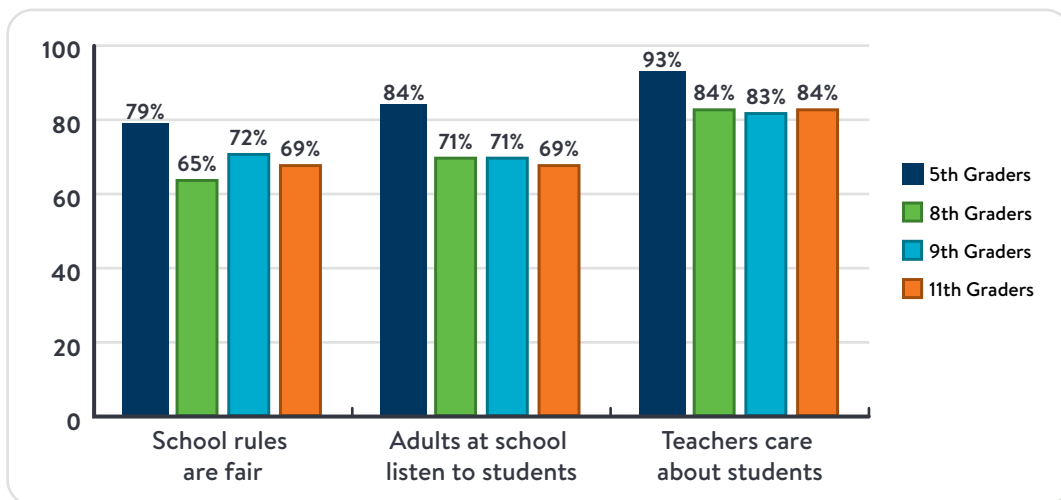


In 2023, Minnesota's four-year high school graduation rate was

83.3%.

Academic achievement gaps persist.

Safe and supportive schools can promote student connectedness and academic achievement. Academic achievement can lead to better outcomes for adolescents later in life. 85% of fifth graders and 81% of eighth, ninth, and 11th graders feel safe at school.



Communities impact young people's health.

About
13,300

youth experience homelessness in Minnesota every year. Youth make up 46% of people experiencing homelessness in Minnesota.

3%

of students have missed at least one meal in the past 30 days because their family didn't have enough money to buy food. The Minnesota's Free School Meal program served over 150 million meals in the first year of the program.

Less than
2 in 10

youth indicated that they have participated in physical activity for 60 minutes every day in the past seven days. Making physical activity more accessible and safer for all will improve health.

77%

of adolescents report that **they accept people who are different from them**, a key skill for connecting in community.

Only 48.9% of students indicate they feel valued and appreciated by others, which reflects there is work to do for adolescents to feel connected and supported.

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650

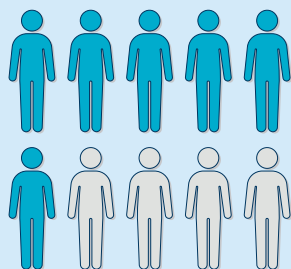


Safe and Balanced Technology Use

SAFE AND SECURE PLACES TO LIVE, LEARN AND PLAY

Teens' media landscape has changed.

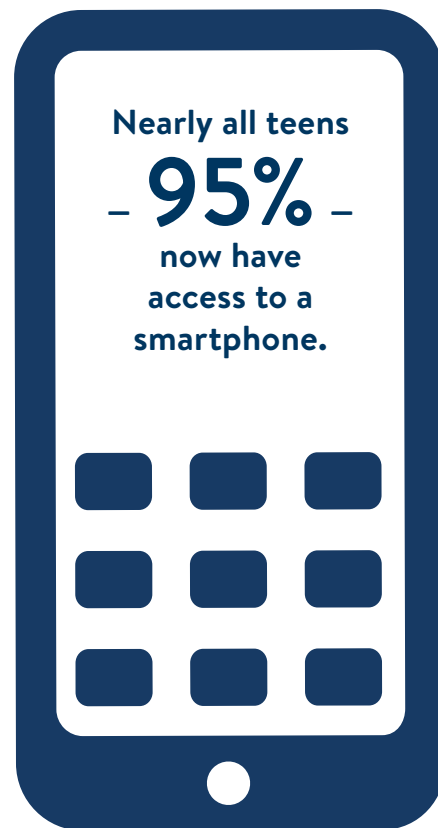
Nationally, 46% of teens reported they used the internet almost constantly in 2022, up from 24% who said the same in 2014-15.



Six out of 10 parents surveyed estimated their adolescent (age 10 to 17) used a screen outside of school use for more than three hours a day.

53%

of students who drive reported that they use their cell phone while driving to do things like text, take pictures, use social media, stream video, or videochat.



Problematic technology and social media use can get in the way of sleep.

As adolescents get older, they are less likely to be getting at least 8 hours of sleep per night.



Two-thirds of fifth grade students reported getting the recommended amount of sleep on weeknights.



One-third of eighth, ninth, and 11th grade students reported getting the recommended eight to 10 hours of sleep on weeknights.

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

Minnesota Department of Health | Child and Family Health Division
Health.AdolescentHealth@state.mn.us | 651-201-3650



Out-of-School Time | Youth Leadership

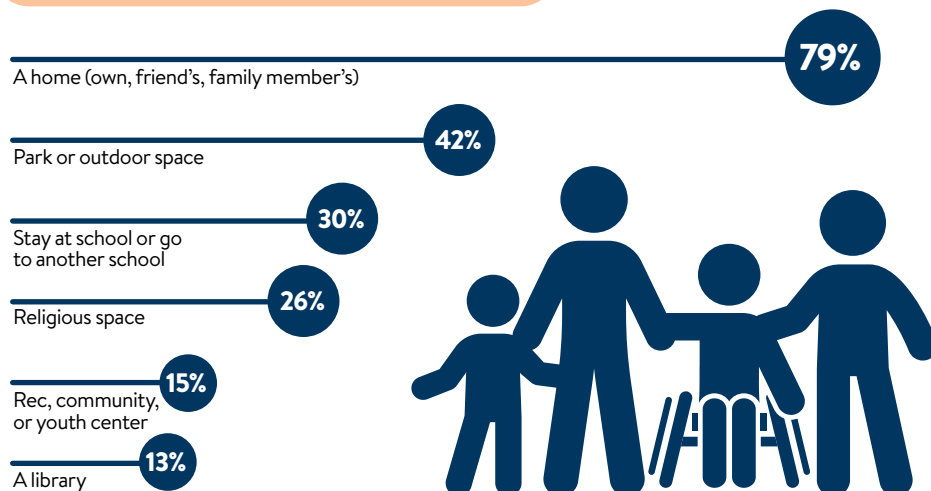
OPPORTUNITIES FOR YOUTH TO ENGAGE



Young people grow and thrive best when actively engaged with their community and have meaningful leadership opportunities.

Where students go after school

The most common place for students to go after school is a house.



What students do after school

| | |
|---|-----|
| Sports teams | 50% |
| Artistic (music, dance, drawing, pottery, etc.) | 27% |
| Activity lessons like karate or tennis | 25% |
| Religious activities | 22% |
| School sponsored activities or clubs | 20% |
| Tutoring, homework help, academic programs | 12% |
| Leadership activities | 9% |
| Community clubs (4H, Scouts, community ed) | 7% |
| Cultural heritage programs | 5% |

63% of students in 5th, 8th, 9th, and 11th grade state that their school or community offers a variety of programs for people their age to participate in outside of the regular school day.

According to Ignite Afterschool, over 144,000 of Minnesota's youth are **alone and unsupervised** after school.

Youth leadership

It is important to increase opportunities for young people that allow them to actively influence issues that affect their health and development.

Almost
50%
of students help make decisions in their out of school time activities.

Over 50% of students overall reported learning leadership skills often or very often while doing out of school activities. Gender expansive youth were less likely to report learning leadership skills while doing out of school activities.

