

Disparity Analysis: A review of disparities between White Minnesotans and other racial groups

Prepared for

State of Minnesota Council on Black Minnesotans (COBM)

by

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Summary of findings on racial disparities in Minnesota

In 2013, the Council on Black Minnesotans conducted research on disparities between Whites and populations of color or at-risk populations in Minnesota in four areas; *Health, Criminal Justice, Jobs and Economic Opportunities, and Education*. The research covered over a decade of information from 2000 to 2012, examining data from various sources including reports to the legislature by government agencies, and data from within communities. The findings of the research showed that, despite increased awareness of the disparities among policy makers and civic leaders, there have been no significant reductions in the disparity rates in all four areas since 2000. Amongst all states, the State of Minnesota was found to have the highest levels of disparities between Whites and Blacks in the areas of *education and criminal justice*.

The evaluation also found that human rights violations were common threads across all four areas of disparities. Resource constraints within the State of Minnesota Department of Human Rights and the reluctance within local, state, and federal systems to acknowledge continued disparate treatment of populations of color were significant factors in the failure to address the disparate harm, enforce human rights laws effectively, and reduce disparities.

The disparate harm to various non-White populations and groups reflected in the data portends significant socioeconomic challenges for the State of Minnesota for the next two decades. According to sources such as the US Census Bureau, the Minnesota State Demographic Center, and the Metropolitan Council, non-White populations are growing faster than the current majority White population. Various projections suggest that by 2040, the populations of color would grow from fifteen percent of the total in 2010, to forty five percent in 2040.

Health Disparities

Trends in health inequities correlate consistently with inequities in other metrics of social and individual wellness such as gaps in education achievement, disparities in income and net worth, and inequities in the administration of justice.

Poverty is a primary barrier to the maintenance of good health. Publicly funded health resources help lower income people to some extent, but in general they are not enough to provide equitable care. For lower income populations, earning a meager living wage would disqualify a person from receiving medical benefits, or would reduce such benefits. Many studies show a high correlation between poverty or limited earning capability and physical and mental health, especially in children (Bigelow, 2006; Perkins et al, 2013). Minnesota has one of the nation's highest poverty rates for children. According to the Children's Defense Fund, poverty and inadequate basic care impacts a child's brain development and could impact the child's health throughout life.

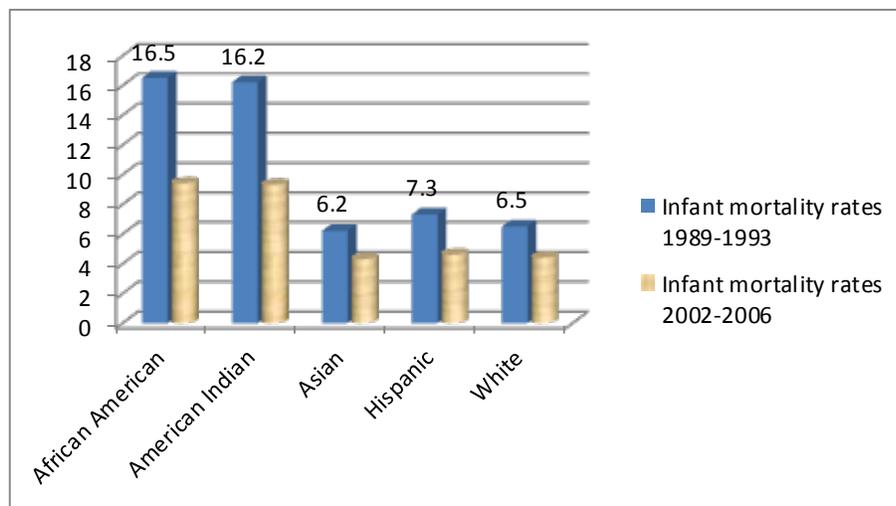


Figure 1: Infant Mortality Rates by Ethnicity. Source: *MDH (2009)*

The Legislative Commission to End Poverty by 2020 states that “Health Care is beyond the means of many Minnesotans” (LCEP, 2009). The rising cost of health care over the past decade outstrips the growth of income at middle class and lower class levels. Liabilities for health care costs lead to bankruptcies for many middle class Minnesotans, and shortened life spans for the poor that are denied access to, or unable to afford or reach medical care.

While most of the health statistics find all Black populations at the bottom of the metrics, there were some significant differences between African immigrants and US-born African Americans in diet-related pathologies such as diabetes and obesity

Mortality rates

The age-adjusted mortality rate for African Americans due to homicide is 13.5 times higher than the rate for Whites, and the Black rate for AIDS/HIV is 15.7 times the rate for Whites. Rates for diabetes, nephritis, perinatal conditions, septicemia and SIDS are more than two times the rate of Whites.

Disparities in death rates exist in most age groups for African Americans and American Indians. American Indian death rates are two and a half to three and a half times higher than death rates for Whites for most age groups. Death rates for African Americans are more than one and a half times higher than Whites in most age groups.

Morbidity disparities and accuracy of data

Population specific data is often limited due to a number of factors including

- Difficulties in reaching respondents at community and grassroots levels
- Relative size of specific populations
- Greater numbers of unreported cases for populations with lower than average income and poor health insurance coverage

In its 2013 report to the legislature on cancer, the Minnesota Department of Health (MDH) states that some of the difficulties in developing data on populations of color are a result of incomplete or inaccurate information on medical records, and differences in the way race and ethnicity are defined. In general, these difficulties tend to understate the levels of disparities. For example, MDH reports that in 2011, 25.8 percent of all high school students used a tobacco product within the last 30 days of being surveyed (MDH, 2013). In comparison, a community based survey by the West African Collaborative showed that over 50.0 percent of all young adults (under 30 years old) have used a tobacco product during the previous 30 days. While the age groups were not exact, studies show that ninety percent of adults start smoking by age eighteen (HHS, 2012).

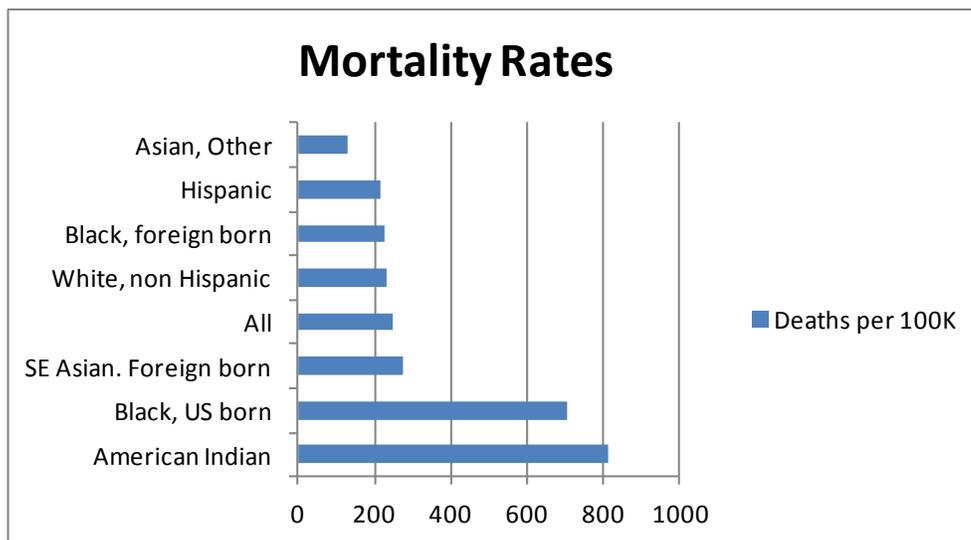


Figure 2: Mortality rates by ethnicity

Source: "The Unequal distribution of health in the Twin Cities". Wilder Foundation, 2010.

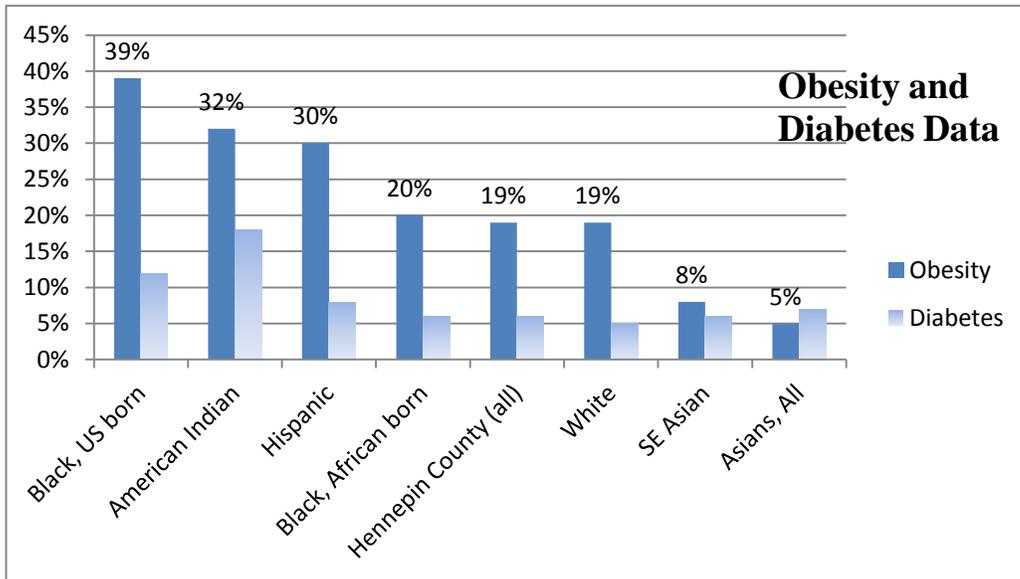


Figure 3: Obesity and Diabetes Disparities

Source: "The Unequal distribution of health in the Twin Cities". Wilder Foundation, 2010.

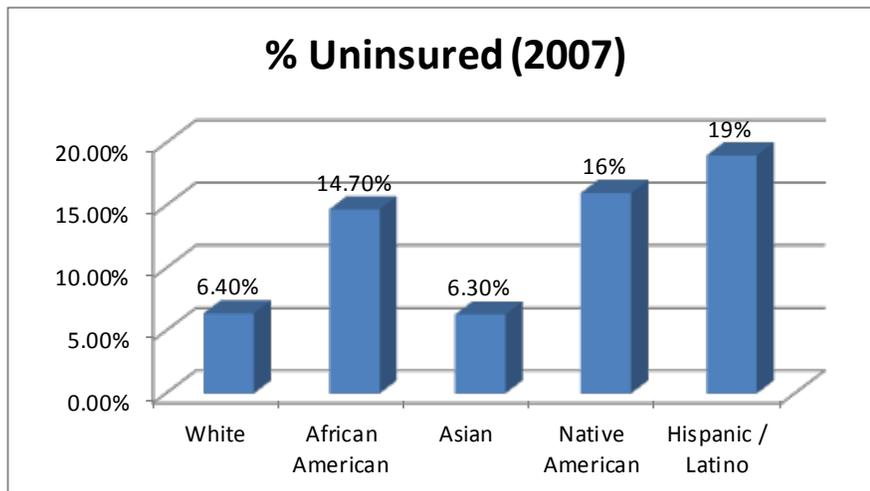


Figure 4: Percentage of Uninsured by Ethnicity

Source: MDH (2009). "Populations of Color in Minnesota: Health Status Report"

Table 1. Lung Cancer and Bronchus disparities

Incidence of Cancer of Lung and Bronchus (2001-2005)		
	2001	2005
American Indian	115	115.2
African American	75	75
White, non Hispanic	58	58.2
Average	59	58.6
Asian / Pacific Islander	28	28.2
Hispanic	39	39

African Americans spend greater than 10 times more on commercial tobacco than Whites

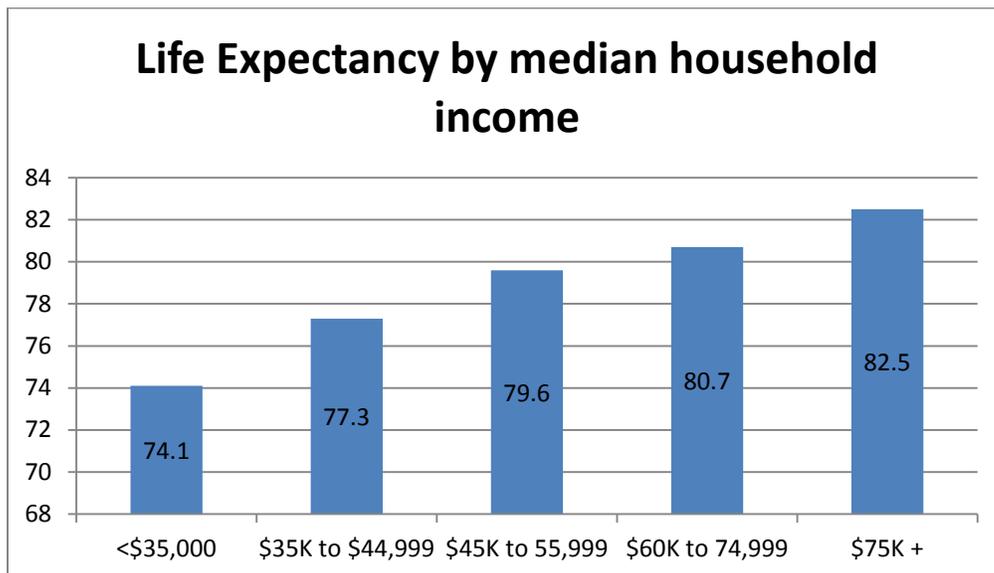


Figure 5: Life Expectancy in Minnesota by median Income

Source: "The Unequal distribution of health in the Twin Cities".

Wilder Foundation, 2010.

Jobs and Economic Disparities

Disparities and the Economic Outlook

The disparities in job types, access to jobs, wealth accumulation, and access to economic opportunities affecting populations of color will bear greater significance for the State of Minnesota as these groups grow and become a greater percentage of the State's population. Failure to address racial economic disparities within the State will affect the average education and work skills of the labor force adversely, will reduce the effective tax base, and will increase the burden on basic government services. Poverty disparities were high during the decade, and between 2007 and 2010, the poverty rates for non-Whites in Minnesota increased (Minnesota Budget Project, 2011).

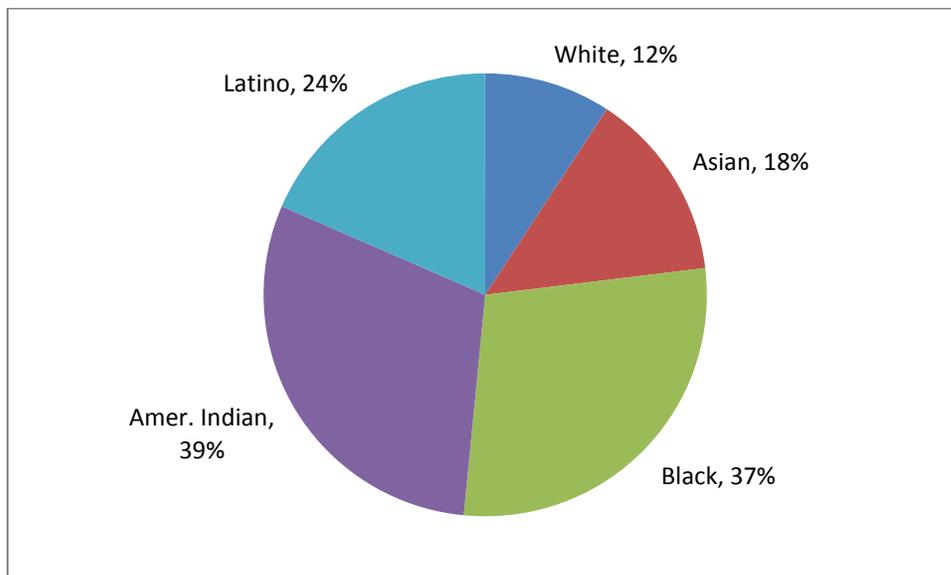


Figure 6. Poverty rates in the Twin Cities

Source: "Minding the Gap". Brookings Institution, 2005

For the past two decades, Minnesota has ranked consistently in the top ten among states in many health and economic well-being. However, Minnesota has ranked high in some negative categories during since 2001. According to the Economic Policy Institute, in 2012 Minnesota had the highest rate of Black unemployment at 27.4% while ranking in the Top ten for low

unemployment (Austin, 2012). Consequently, the Black to White unemployment ratio of 3.3 was the highest among all states. Austin (2013) projects that unemployment rates will continue to be flat. An aging Minnesota workforce, with the youth population growing faster in non-White populations creates a sense of urgency to address unemployment rates and ratios as a matter of strategic importance.

Economic Disparity Factors

Some of the factors that had some correlation to the high White to Black unemployment ration include

- Different high school dropout rates within White and Black populations (In 2008, the national median gap in High School dropout between White and Black was 5.5; in the Twin Cities it was 9.2 (Source: National Center for Education Statistics).
- Relatively young age of the Black labor force
- Barriers to employment such as culturally peculiar name, and existence of a criminal record
- Apparent systemic failure to enforce human rights/civil rights statutes that help enable equal opportunities for all
- Average education gap between Whites and Blacks. Trends over the past two decades show that for all races, unemployment rates averaged 16.4% for people with less than high school education, and less than 3% for bachelor's degree or higher. Poverty, low income, and low skills tend to concentrate in central city neighborhoods, and not as much in the suburbs.

Poverty Measures

According to federal guidelines, a family of four is below the poverty threshold if total income is less than \$23,050. This guideline was used in Figure 6. However, many experts, including the Commission to End Poverty in Minnesota by 2020, suggest that a better measure

of poverty should reflect current and relative consumption that is independent of government program such as food stamps. Using relative measures of poverty would change the threshold from the Federal \$23,050 to about \$43,000 for a family of four.

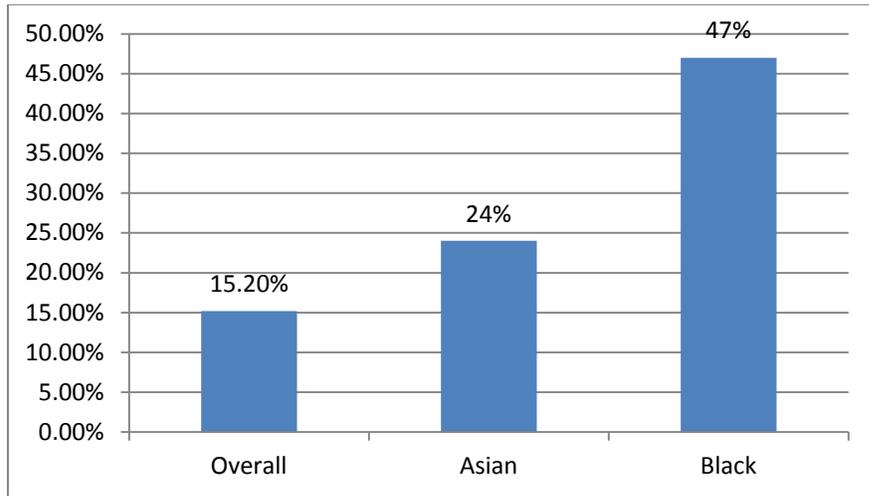


Figure 7: Children in poverty in Minnesota
 Source: "Minding the Gap". Brookings Institution, 2005

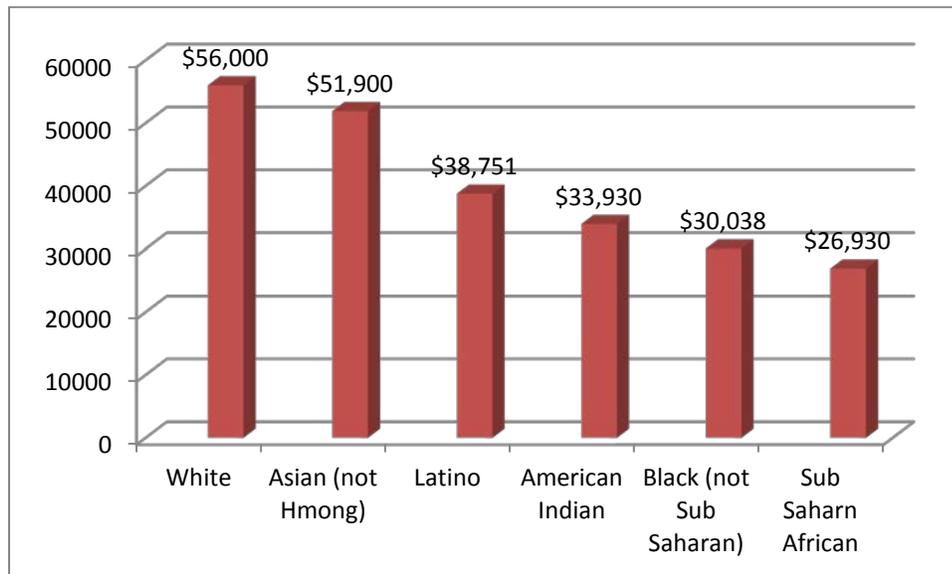


Figure 8: Twin Cities Median Income
 Source: "Minding the Gap". Brookings Institution, 2005

Education Disparities & the Education Achievement Gap

Overwhelmingly, Black Minnesotans see improved education opportunities as a primary means of self-improvement and accessing jobs. In community conversations conducted by COBM in the greater Twin Cities area, many people in the Black community desired improved education to help gain economic independence.

For people of color, the gaps in education achievement suggest that the road to economic independence is paved with challenges related to ethnicity and disparities in other areas, factors which create a vicious cycle of entrenched disparities inflicting disparate harm. National studies and studies done within the State show a consistent gap in education achievement between Whites and other groups of color. These studies also show a consistent and significant gap between economic groups, with wealthier and larger income families and groups tending to achieve more in education over multiple generations.

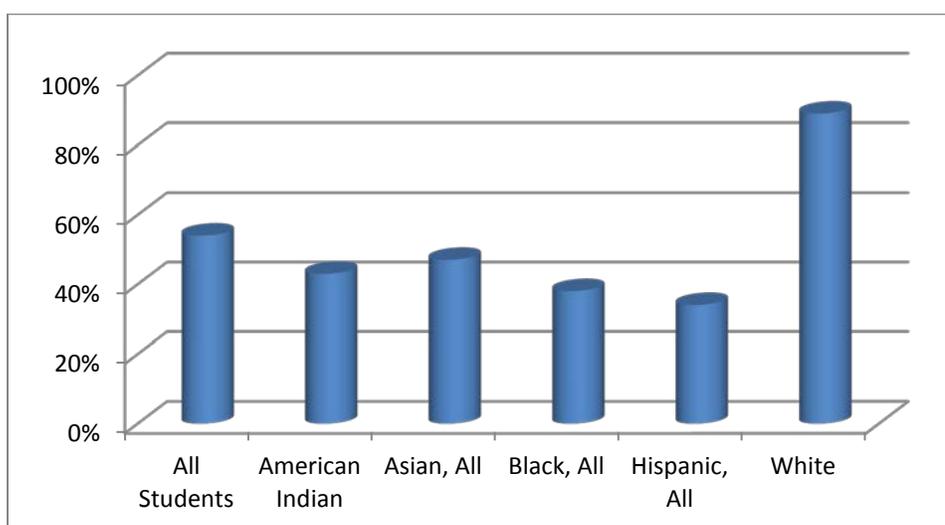


Figure 9: Minneapolis Third Grade Reading Proficiencies
(Wilder Foundation, 2011)

Since African Americans tend to be overrepresented within lower income groups, the overall statistics addressing including race and economic status show aggravated gaps between Whites and Blacks. Early education correlates well with later achievement levels.

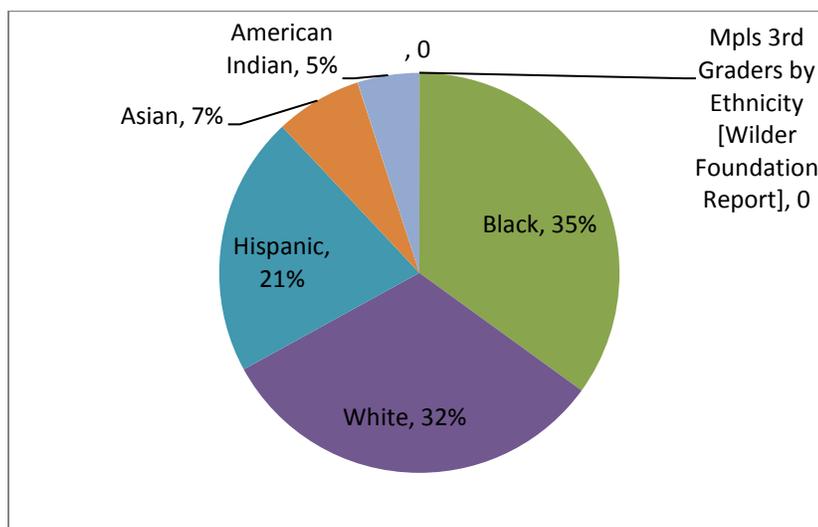


Figure 10: Minneapolis 3rd Grade Population by Ethnicity
(Wilder Foundation, 2011)

According to a Wilder Foundation report, third grade reading scores in Minneapolis show a gap of over 50 points between Whites (who are only 33% of the third grade population) and the group(s) with the lowest scores. The report also showed that between 2006 and 2010, overall third grade reading scores in Minneapolis dropped from 65% to 54% (Wilder Foundation, 2011).

The Minneapolis data showed that even for population clusters where minority populations are singularly or collectively larger than Whites, the data still skews in favor of the White population. In Minneapolis, Black children at 35% are the largest group, followed by Whites at 32%, and Hispanic at 21%.

During the COBM 2012 Legacy Listening Tour, students of color were very critical of the school system and the generally poor manner in which minority students were prepared for higher education. Several students commented that they were “pushed” through the education system, some said that they were able to “beat the system” and get passing grades without much effort. A disparity of a different nature supports the experiences of the students. While Black

students have high school graduation rate of 60-80 percent, depending upon geographic location, only 19% attain any considerable college education, compared to 47% of Whites.

Higher Education

Continuous increases in tuition, including double digit increases between 2000 and 2010 present a formidable barrier for low and middle income students. Tuition hike growth outpaces income growth for most Minnesotans, and the State is experiencing a downward trend in the production of well-qualified college graduates, especially in technical fields. Some legislators such as Senate Majority Leader Tom Bakk and House Speaker Paul Thissen question the justification for the University of Minnesota's requested 8.4% funding increase for 2013/2014. The legislators cited the tuition burden on families, and a 2012 Wall Street article which suggested that the U of MN's expenses were heavy on administrative costs.

Criminal Justice System

Of all the high level issues of concerns within Minnesota's Black populations, including issues related to jobs, health, and education, the problems associated with the criminal justice system are viewed by people of African descent as the most intractable and difficult to change. The community views the criminal justice problems as systemically discriminating, entrenched, and supported by main stream power brokers. This view was reinforced during community conversations conducted by the Council during the 2012 Legacy Listening Tour (Rose, 2012).

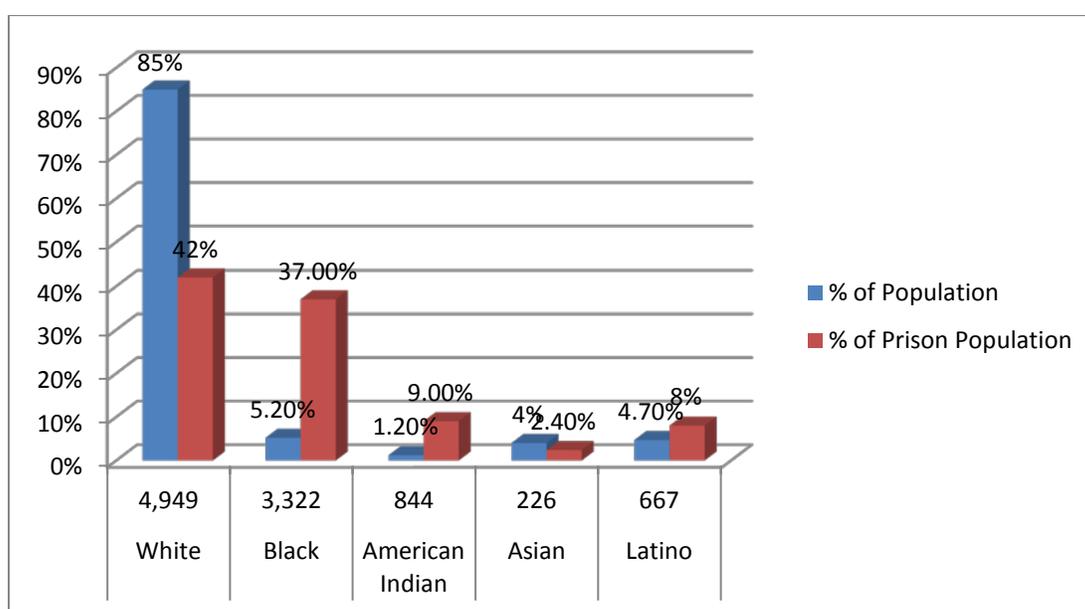


Figure 11: Minnesota Prison Population by Ethnicity. *Data on Black population excludes those held as mentally ill patients.*

Source: Council on Crime and Justice (2012b)

Other racially aggregated statistics support the concerns of the communities. Criminal justice disparities in arrest rates, convictions, and imprisonment are significantly more pronounced between Whites and Blacks than they are for any other population combination. The disparities extend to pre-adult age groups. In Minnesota, Black youth represent 7% of population and 40% of youth detained in juvenile detention, while White youth represent 82% of the population and 38% of youth detained in juvenile detention.

Racial profiling and Arrests

According to the Council on Crime and Justice, the racial disparities are most pronounced at the point of first contact, usually for low level crimes such as traffic stops or domestic disturbances. Racial profiling at the point of first contact carries over into arrests and convictions. While there are disparities between Whites and other populations, African American males are overwhelmingly represented in the criminal justice systems as subjects of stops, arrests, and convictions. (Council on Crime & Justice, 2012a)

On any given day in Minnesota, a black person is more than 20 times more likely to be stopped for a traffic offense than a white person (Council on Crime & Justice, 2012b). Average racial disparities in ratio of arrest rates include

- African American to White: 10:1
- Latinos to White: 4:1
- American Indian to White: 3:1

Even though Whites stopped during traffic searches were found to carry contraband at higher rates than Blacks and other minorities, resulting arrests and prosecution rate were ten times higher for Blacks than for Whites

Prison population Growth & Incarceration Disparities

Since 1989, Minnesota's prison population has grown by 189 percent, exceeding the 134 percent growth in State and Federal rates nationally. Growth rate in MN was fueled by

- Higher sentencing guidelines
- War on drugs and increasing convictions for drug related offenses
- Increase in number of felony convictions

The Council on Crime and Justice states that, at 25:1, Minnesota has greatest Black-to-White disparity in imprisonment rates. Between 1988 and 2008

- average length of sentence on correctional facility grew from 3.3 years to 8 years

- 200 % growth in young people of color, while White young adults declined by 9.3%
- In Counties where minority populations live in clusters, the disparities in arrest rates tend to exceed already high statewide disparities. (2012a).

Table 2: Prison Population Summary

Minnesota Prison Population (2010)
- 9,500 adult inmates (including 554 sentenced to life)
- 6,900 Suspects in Jails
- 20,000 offenders on supervised release (parole)
- 141 people on probation (including 36,000 in Hennepin County which has 322 probation officers)

Costs and Expenses

For FY 2011, the Minnesota Department of Corrections spent \$465,285,000, employing 4,216 staff for 9,650 inmates (including 371 underage certified as adults) and 114 parolees.

Average Cost =\$48,216/inmate.

Juvenile offender costs ranges between \$40,200 and \$75,300 per youth, based upon intensity of services. By contrast, youth intervention or treatment services cost about \$2,000 per participant, with a return benefit to the State of \$14.68 per State dollar spent on intervention or treatment.

Summary on Human Rights / Civil Rights

The Minnesota Department of Human Rights (MDHR) states that the “Minnesota Human Rights Act is the State’s Comprehensive Civil Rights Law”. The Human Rights Act (the “Act”) is coded under Chapter 363A of the Minnesota Statutes. The Act, as a matter of public policy, provides protection against any form of discrimination towards any person because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or familial status.

Studies and statistics show that the well-defined disparities and inequities between Black Minnesota and mainstream, mostly White Minnesota in areas such as education, health, jobs, criminal justice, and housing, are the result of systemic patterns of discrimination. While the Act prohibits the practice of discrimination, intervention and enforcement is usually the result of individual complaints for specific acts of discrimination.

While the Act cites civil rights, it does not address the broader concept of human rights as defined by international conventions. For many of Minnesota’s Black immigrants, human rights are a more familiar concept than civil rights. Human rights address the rights of individuals as well as groups, and enforcement requires action when groups suffer discrimination or oppression, such the South Sudanese immigrants are experiencing in Faribault.

The United States and its States are signatories to International Convention on the Elimination of all Forms of Racial Discrimination (CERD), which provides for actionable relief from acts of discrimination even when there was no intent. However, according to the Commissioner of Human Rights, while the department tracks and comments on all types of human rights violations, it does not have jurisdiction to investigate or prosecute complaints involving international conventions.

Human Rights Commissioner

The Commissioner has nineteen statutorily defined duties under 363A.06. In the performance of his or her duties, the Act requires that

“ . . . the commissioner shall give priority to those duties in clauses (8), (9), and (10) and to the duties in section 363A.36. ”

Clauses (8), (9), and (10) of 363A, subd1 (a) read as follows:

(8) issue complaints, receive and investigate charges alleging unfair discriminatory practices, and determine whether or not probable cause exists for hearing;

(9) subpoena witnesses, administer oaths, take testimony, and require the production for examination of any books or papers relative to any matter under investigation or in question as the commissioner deems appropriate to carry out the purposes of this chapter;

(10) attempt, by means of education, conference, conciliation, and persuasion to eliminate unfair discriminatory practices as being contrary to the public policy of the state

Section 363A.36 deals with Certificates of Compliance for Public Contracts”, and describes the Commissioner’s powers and responsibilities for monitoring contract compliance. Certificates of Compliance are also covered under Minnesota Rule 5000.3200 to 5000.3600.

Complaints by individuals

About 60 to 65 percent of the complaints by individuals are employment related. In general, population characteristics of the complainants are evenly distributed over

- Age (*Unlike Federal law which requires a complainant with an age-related matter to be at least 40 years of age, Minnesota law does not have an age threshold*)
- Disability
- Race
- Gender

Prior to the advent of the current Commissioner, MDHR administrators frequently invoked the “Docket and Dismiss” program, a legislative provision that allows MDHR to dismiss cases without investigation if it lacked the resources to do so. The current Commissioner has suspended the *Docket and Dismiss* program, instead making a commitment to increase investigations to determine probable cause, to continue prosecution of complaints, while addressing backlog of older complaints.

Discrimination against Minorities

MDHR does not appear to have the critical mass and types of organic data that would support the apparent disparate treatment suggested by the disparate harm that is evident in the socioeconomic disparities between Whites and other at-risk groups. Discrimination is more often derived from the disparate impact on vulnerable groups than from identifiable disparate treatments. This is one of the reasons the State mandates that MDHR elevate activities that promote education, conference, conciliation, and persuasion to help eliminate unfair discriminatory practices.

Selected MDHR Measurements in 2012

# of investigation memorandums in 1st half of 2012	170
# of investigation memorandums in 1st half of 2011	68
Average case load per investigator	76
Average age of probable cause determinations issued [Days]	514
# of cases referred to mediation	115 (38% of total filed)
By End of Year 2012	
# of cases pending determination	705
# cases older than 366 days	51

References

- Austin, A. (2012). *No relief in 2012 from high unemployment for African Americans and Latinos*. Accessed at <http://www.epi.org/publication/ib322-african-american-latino-unemployment/>
- Austin, A. (2013). *Unemployment rates are projected to remain high for whites, Latinos, and African Americans throughout 2013*. Accessed at <http://www.epi.org/publication/unemployment-rates-whites-latinos-african-americans/>
- Bigelow, B. J. (2006). There's an Elephant in the Room: The Impact of Early Poverty and Neglect on Intelligence and Common Learning Disorders in Children, Adolescents, and Their Parents. *Developmental Disabilities Bulletin*, v34 n1-2 p177-215
- Council on Crime and Justice. (2012a) Reducing Racial Disparity While Enhancing Public Safety: Key Findings and Recommendations. Accessed at <http://www.crimeandjustice.org/councilinfo.cfm?pID=72>
- Council on Crime and Justice. (2012b). African American Males in the Criminal Justice System. Accessed at <http://www.crimeandjustice.org/councilinfo.cfm?pID=72>
- HHS-US Dept. of Health and Human Services (2012). *Preventing Tobacco Use Among Youth and Young Adults. Surgeon General Report*. Accessed at <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>
- LCEP. (2009). *Commission to end poverty in Minnesota by 2009. Final Report*. Accessed at http://www.lcc.leg.mn/inactive/lcep/LCEP_Final_Report_SinglePgs.pdf
- Metropolitan Council (2012). *What Lies Ahead: Population, Household and Employment Forecasts to 2040 - April 2012*. Accessed at http://stats.metroc.state.mn.us/stats/pdf/MetroStats_Forecasts.pdf
- Minnesota Budget Project. (2011). *Racial disparities grow in Minnesota as poverty increases, household income declines*. Accessed at <http://minnesotabudgetbites.org/2011/09/22/racial-disparities-grow-in-minnesota-as-poverty-increases-household-income-declines/#.UiPyz5so6M8>
- Minnesota Department of Health (2009). *Populations of Color in Minnesota. Health Status Report*. Accessed at <http://www.health.state.mn.us/divs/chs/POC/POCSpring2009.pdf>
- MDH (2013). *Teens and Tobacco in Minnesota, 2011 Update Results from the Minnesota Youth Tobacco and Asthma Survey*. Accessed at <http://www.health.state.mn.us/divs/chs/tobacco/FullReport2011.pdf>

Minnesota State Demographic Center. (2009). *Minnesota Population Projections by Race and Hispanic Origin, 2005 to 2035*. Accessed at <http://www.demography.state.mn.us/documents/MinnesotaPopulationProjectionsbyRaceandHispanicOrigin2005to2035.pdf>

Perkins, S.C., Finegood, E. D., Swain, J. E. (2013). Poverty and Language Development: Roles of Parenting and Stress. *Innovations in Clinical Neuroscience*, 2013 Apr; 10 (4): 10-9.

Rose, J. (2012). *Report oh Phases I and II of 2012 legacy Listening Tour*. Accessible on Council of Black Minnesotans website.

Wilder Foundation. (2011). *One Minneapolis. Community Indicators Report*
Accessed at http://www.minneapolisfoundation.org/Libraries/Documents_for_Website/2011CommunityIndicatorsReport.sflb.ashx