

Your Zip Code is More Important to Health than Your Genetic Code

By Bonnie Paulsen, Bloomington Public Health Administrator and Co-Chair of SCHSAC Health Equity Workgroup and Doug Huebsch, Otter Tail County Commissioner and 2016 SCHSAC Chair

Not long ago, public health made a startling discovery: where you live can have a bigger impact on your health than your genetic code. How is that possible? The conditions of our communities – like education, employment and housing opportunities, access to grocery stores, and safe sidewalks – influence our health; but not everyone, in every community, has the same access to these conditions.

When not all people have the same opportunity to be healthy, health inequities result. And although Minnesota has a reputation as one of the healthiest states in the U.S., not all Minnesotans have the same opportunities to be healthy. This was the focus of a recent State & Community Health Services Advisory Committee (SCHSAC) workgroup report and recommendations entitled “Local Health Department Practices to Advance Health Equity.”

So how much does your zip code matter? A 2010 study in Minnesota’s Twin Cities metro area found a dramatic, eight-year difference in the average life expectancy between higher income, second-ring suburbs and poorer inner-city neighborhoods. That same study also found that the relationship between an area’s income and mortality is so pronounced that, on average, every additional \$10,000 in a community’s median income buys its residents another year of life. If this inequity occurs in communities less than 15 miles apart, imagine the health implications for our most rural Minnesota communities.

When people hear the term health inequity, many think of structural racism. Structural racism is certainly part of the equation and an issue that needs open discussion and acknowledgement; however, it is not the only factor. Inequities may look different depending on where you are in the state. Income or age, for example, may also come into play. The SCHSAC health equity work group, when discussing the root causes of poverty and poor health in rural Minnesota, noted additional factors, such as:

- Limited transportation options pose significant challenges for lower income people (like the elderly) in isolated rural areas.
- Federal farm policies that were put in place to assist farmers now make it difficult for small family farms to turn a profit.
- Affordable housing, whether for low-income seniors or families with children, is not being built.

At the September SCHSAC meeting, following approval of the work group report, Otter Tail County Commissioner, and SCHSAC Chairperson, Doug Huebsch, asked members, “Are you happy with your county’s high speed Internet access?” In a room of over 100 people, only one or two people raised their hands.

What does high speed internet access have to do with health equity? Commissioner Huebsch was shrewdly pointing out that many every day “inconveniences,” like lack of high speed Internet access, are also factors that limit health equity. For example, if a community lacks high-speed Internet, it may have trouble attracting new businesses which create new jobs. If families lack high speed Internet, it has negative impacts on their children’s education and may limit their access to needed health information. Lack of jobs, suboptimal education and lack of access to health information are all factors that predict poorer health. Lack of high speed Internet access also poses limitations on the ability of local public health and other agencies and organizations to effectively serve those families most in need.

As policy makers, local elected officials are in a unique position to advance health equity by working to assure that all local policies support health, because health equity is good public policy. The disparities that exist in health are at least partly attributable to past policy decisions, which (intentionally or unintentionally) created less fair circumstances for different groups of people. Today’s policymakers have an opportunity to correct these injustices where they find them.



Further, health equity offers an economic advantage. Healthy people are productive people, and that’s not just good for business; it creates prosperity for the community, too. All parts of Minnesota face potential workforce shortages and need to expand the pool of healthy workers to assure economic vitality and sustainability. Advancing health equity is a means to assure that Minnesota workers are ready and able to participate in the economic life of the community.

Minnesota’s local public health departments are committed to actively working to advance health equity in their communities, but they can’t do it alone. The SCHSAC work group recommendations encourage local elected officials to seek to understand the health disparities and inequities in their jurisdictions and make achieving equitable conditions a community priority, because health equity benefits the whole community. Assuring that everyone can be healthy does not just help those who experience inequities. The results of efforts to address underlying unfair circumstances are enjoyed by many in the community, not just the group that was disadvantaged. ■



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