



MINNESOTA

Policy & Systems Change Initiatives



The American Heart Association is working to create a healthier Minnesota.

CONTROLLING YOUTH ACCESS TO NICOTINE

A statewide Tobacco 21 law would prevent nearly 30,000 Minnesota teenagers from ever using tobacco.

- Working on local and county T-21 policies to raise the tobacco purchase age to 21, including vaping and e-cigarettes.
- Advocating for flavor restrictions and bans at the local and state level, and adding local licensing restrictions, caps and zoning limits on tobacco retail licenses.



50+ Minnesota communities have already passed Tobacco 21. Nationally AHA just invested \$20 Million in vaping research

SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY

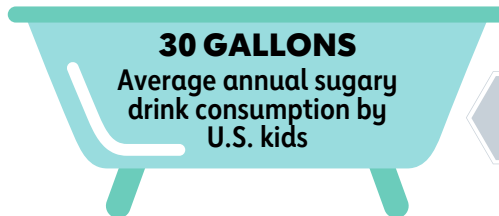
- Joining partner organizations to increase census reporting with a goal of reaching 5% over projected reporting to ensure low-income, diverse communities are represented as they're historically under-reported.



Federal funding for many social determinants of health areas like affordable housing, education, job training, etc. is allocated based on census data.

HEALTHY EATING & NUTRITION

- Asking local youth sports organizations to adopt formal policies that eliminate sugary drinks, including sports drinks, from events and practices with the "Water, the original sports drink" pledge.
- Advocating for a statewide law that would require restaurants to list water and milk as the default beverage options for kids' meals.
- Working with Mpls. & St. Paul Public Schools to update policy to require water refilling stations be added for all new builds and remodels in the districts.
- Helping small companies and local governments - including parks and rec, and county corrections - pass Healthy Food Procurement policies to ensure vending and food purchasing follows our National Food & Beverage guidelines.



At this rate, 40% of children will develop Type 2 diabetes.

ACTIVE & SAFE TRANSPORTATION

- Working with coalition partners in Ramsey County to ensure that bicycle and pedestrian infrastructure improvements are prioritized by the projects most in need - with focus on priority populations and neighborhoods too often overlooked - to improve the safety, access and health of all residents.
- Advocating for the state to renew its investment in the Minnesota's Safe Routes to School program, which invests in infrastructure improvements and programs that encourage walking and biking to school safely.



In 2016, Minn. granted over \$8 million to 128 local projects, but nearly \$15 million in requests went unfunded.



Find additional resources at Heart.org/MinnesotaResources



TWIN CITIES A Tale of Two Cities



DR. JOKHO FARAH,
AHA Twin Cities Board Member

Dr. Jokho Farah trained as a general surgeon but she noticed a pattern of non-white patients presenting repeatedly with acute surgical conditions caused by lack of financial stability, safe environments, and psycho-social supports. "I could no longer sit by and treat the symptoms through invasive procedures while ignoring the persistent inequities that landed them in my care." Dr. Farah realized she needed to be part of a bigger solution to design a healthcare delivery system that addressed the root cause of these chronic health disparities.

"Some of these patients have to make decisions between paying rent, filling prescriptions, or buying healthier food, which is often pricier," she notes. "Many of these individuals do not have safe places to walk or exercise, and live in densely populated locations where air quality and living condition are poor." These are social determinants of health. Today, Dr. Farah works at People's Center Clinics & Services, a Federally Qualified Health Center, to treat the underserved and uninsured populations.

Much like Dr. Farah shifted her career to address the root causes of chronic disease, the American Heart Association has shifted the way it works. Since 1924, the AHA has been fighting heart disease and stroke. Research and clinical guidelines have improved treatments but lack of equitable access has stunted prevention efforts.

ZIP CODE DICTATES LIFE EXPECTANCY

16 Miles = 27 Years

METRO LIFE EXPECTANCY

- St. Paul/Rondo = 65 Yrs
- Mpls/Elliott Park = 67 Yrs
- Medina/Suburb = 92 Yrs

In the Twin Cities, if you live in the Rondo neighborhood in St. Paul, your average life expectancy is 65 years. Similarly, if you live in Minneapolis's Elliot Park neighborhood your life expectancy is 67. However, if you live just 16 miles away in the suburb of Medina, you can expect to live to age 92. Why? Because those living in Rondo and Elliot Park lack access to affordable housing, healthy food, healthcare, and safe places to exercise.

DEATH RATES IN MN Heart Disease & Stroke

White	119.1 DEATHS per 100,000
Hmong	166.6 DEATHS 40% Higher than Whites
American Indian	182.6 DEATHS 53% Higher than Whites

BLOOD PRESSURE KIOSKS FIRST STEP

The AHA in the Twin Cities has already had some early success by placing blood pressure kiosks in St. Paul's Hmong Village and Minneapolis's Division of Indian Work to address untreated high blood pressure -- a big contributor to the disparities impacting these populations.

AHA also worked with community partners to have nurses volunteer at the St. Paul location on Saturdays, translated materials to Hmong, and offered Hands-Only CPR. In just the first quarter, over 1500 community members have used the kiosks to monitor their blood pressure.

AHA is also offering mini-grants to help Federally Qualified Health Centers access our clinical programs to address blood pressure, cholesterol and diabetes especially among priority populations.



HEALTH DETERMINANTS

