# MN 2035 Plan Communications Toolkit

The tools in this toolkit were created to help you learn more about the Minnesota's Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035 (MN 2035 Plan) and to allow you to talk about and share the plan more easily.

Please use these tools (especially the news release, mini-story, and sample social media posts) to help create broader awareness about the MN 2035 Plan and what it will do to create better health for Minnesotans.

If you have questions, please feel free to reach out to health.MN2035Plan@state.mn.us.

Thank you!

## Sample press release template

*Sample fill-in-the-blank news release template for your use to help communicate the release of the MN 2035 Plan and your organization’s reaction to the plan and/or role in creating the plan.*

**Minnesota communities and organizations work together to create a plan to reduce impacts of heart disease, stroke and diabetes**

*[Your organization] says that the plan is an important step forward to improve health [and/or any other reactions you have to the plan]*

Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke and Diabetes 2035 (MN 2035 Plan) lays out detailed strategies and example actions that when implemented at the institutional, local, regional, state and tribal levels will save lives, reduce health disparities and improve health and well-being.

The action plan was created by more than 90 organizations and Minnesota communities most impacted by cardiovascular disease, stroke and diabetes. Unlike previous plans, the MN 2035 Plan combines cardiovascular disease and diabetes to create a single action plan. Combining these strongly related chronic diseases into a single plan will have a greater effect on the effort to reduce the occurrence and impacts of both diseases.

In 2021, nearly one in two Minnesota adults were living with diabetes or cardiovascular conditions such as coronary heart disease, heart attack, stroke, high blood pressure or high cholesterol. That same year, more than 8,568 Minnesotans died of cardiovascular disease, 2,384 of stroke and another 1,575 of diabetes; respectively the second, fifth and eighth leading causes of death in Minnesota. Combined, these three conditions are responsible for approximately one in every four deaths in Minnesota annually.

[“Quote from someone in your organization discussing the health impacts of these chronic diseases and the importance of doing something about it.”]

The MN 2035 Plan focuses on three overall goals to better prevent, manage and treat cardiovascular disease, stroke and diabetes, especially within those communities facing the highest rates of those diseases.

* Elimination of racial, geographic, and other health inequities that lead to higher rates of cardiovascular disease, stroke and diabetes for certain populations in Minnesota.
* Removal of barriers to good health and well-being.
* Increased access to affordable and culturally appropriate prevention strategies, clinical services and self-management options for those who have, or are at risk of experiencing, heart disease, stroke and diabetes.

  [“Quote from someone in your organization discussing any of the above bullet points.”]

A full list of participating organizations, as well as a full copy of the plan and the links to the ongoing Minnesota success stories, can be found at the MN 2035 Plan website at <https://www.health.state.mn.us/2035plan>

[A couple of sentences of background about your organization and its tie-in to health and/or the MN 2035 Plan and/or cardiovascular disease and/or stroke and/or diabetes.]

###

## Mini-story

*For use on websites, in newsletters and to share with others.*

**Minnesota communities collaborate to improve health, reduce impacts of heart disease, stroke and diabetes**

Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke and Diabetes 2035 (MN 2035 Plan) lays out detailed strategies and example actions that when implemented at the institutional, local, regional, state and tribal levels will save lives, reduce health disparities and improve health and well-being.

The action plan was created by more than 90 organizations and Minnesota communities most impacted by cardiovascular disease, stroke and diabetes. Unlike previous plans, the MN 2035 Plan combines cardiovascular disease and diabetes to create a single action plan. Combining these strongly related chronic diseases into a single plan will have a greater effect on the effort to reduce the occurrence and impacts of both diseases.

The MN 2035 Plan consists of 10 priority outcomes focused on prevention, disease management and acute treatment. Each priority is accompanied by a series of strategies designed to help achieve those outcomes. It focuses on three overall goals to better prevent, manage and treat diabetes, cardiovascular disease and stroke, especially within those communities facing the highest rates of those diseases.

* Elimination of racial, geographic, and other health inequities that lead to higher rates of cardiovascular disease, stroke and diabetes for certain populations in Minnesota.
* Removal of barriers to good health and well-being.
* Increased access to affordable and culturally appropriate prevention strategies, clinical services and self-management options for those who have, or are at risk of experiencing, heart disease, stroke and diabetes.

A full list of participating organizations, as well as a full copy of the plan and the links to the ongoing Minnesota success stories, can be found at the MN 2035 Plan website at <https://www.health.state.mn.us/2035plan>

## Key message points

*To be used to discuss the MN 2035 Plan.*

**The impacts of cardiovascular disease, stroke, and diabetes on Minnesota:**

* Cardiovascular disease, stroke, and diabetes have enormous, costly, and far-reaching impacts on Minnesotans and Minnesota’s communities.
* Cardiovascular disease and stroke are the second and fifth leading causes of death in the state, and diabetes is the eighth leading cause of death, estimated to affect nearly 400,000 Minnesotans.
* In 2021 alone, more than 8,568 Minnesotans died of cardiovascular disease, 2,384 due to stroke, and another 1,575 due to diabetes, respectively the second, fifth, and eighth leading causes of death in Minnesota.

**The need to remove barriers to good health in Minnesota:**

* Even more tragic is the fact of how unequal the burden of these diseases is across the state’s communities.
* Where you live, your income level, your ability to access the things that create good health and other factors result in some Minnesotans having far higher rates of these diseases than others.

**What the MN 2035 Plan is and what it will do:**

* Minnesota’s Action Plan to Address Diabetes, Cardiovascular Disease, and Stroke 2035 (MN 2035 Plan) is designed to change these inequities and create good health for all Minnesotans.
* The MN 2035 Plan was developed by Minnesotans who are representative of the groups most impacted by these diseases, as well as those who work to prevent, treat, and manage them.
* The Plan is a road map and a call to action for communities, health care organizations, community and organizational leaders, and individual advocates to collaborate to prevent, treat, and manage cardiovascular disease, stroke, and diabetes through 2035.
* It lays out detailed strategies and example actions that when implemented at the institutional, local, regional, state, and tribal levels will help to save lives, minimize disability, and improve health and well-being, especially in those communities throughout Minnesota currently experiencing the most negative health outcomes.
* An interactive website has also been created to help with the implementation of the MN 2035 Plan as well to create awareness around its strategies and example actions, including video success stories from around Minnesota from organizations and tribes that are successfully implementing components of the MN 2035 Plan.
* And unlike previous plans, the MN 2035 Plan combines cardiovascular disease and diabetes to create a single action plan—combining these strongly related chronic diseases into a single plan can have a greater impact on the effort to reduce the occurrence and impacts of both diseases.

**The MN 2035 Plan will help create better health for all in Minnesotans:**

* When it comes to cardiovascular disease, stroke and diabetes and the communities those diseases impact, Minnesota can do better and we should do better.
* That resolve, along with the MN 2035 Plan’s strategies and sample actions, will help lead to a healthier and more equitable Minnesota.
* The MN 2035 Plan is intended to be fluid, evolving throughout the years as more and more Minnesotans come together and drive it forward and in new directions.

## Sample social media

*Help amplify the MN 2035 Plan by sharing social media posts on your channels.*

### Day the MN 2035 Plan is released:

* Minnesotans just like you worked together to create Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035, a roadmap for communities, health care, businesses, and individuals like you to create and drive change towards the prevention and management of these chronic diseases. Visit the website for more information [www.health.state.mn.us/2035plan](http://www.health.state.mn.us/2035plan)
* Whether you are in business, health care, public health, community groups, or are an individual with an interest, you have a place in Minnesota’s Action Plan to Address Cardiovascular Disease, Stroke, and Diabetes 2035. Minnesotans just like you worked together to create a roadmap for communities, health care, businesses, and individuals like you to create and drive change toward the prevention and management of these chronic diseases. Visit the website for more information [www.health.state.mn.us/2035plan](http://www.health.state.mn.us/2035plan)

### After the MN 2035 Plan is released:

* Where you live, your income level, your ability to access the things that create good health and other factors result in some Minnesotans having far higher rates of cardiovascular disease, stroke, and diabetes than others. Click here: [MN 2035 Plan (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan) to find out why and how to change these inequities.
* The MN 2035 Plan will help to eliminate racial, geographic, and other health inequities that lead to higher rates of cardiovascular disease, stroke, and diabetes for certain populations in Minnesota. To find out what you can do to help, click here: [MN 2035 Plan (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan)
* 40% of Minnesota adults were living with a diabetes or cardiovascular condition in 2021. To learn what you can do to help change this statistic click here: [MN 2035 Plan (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan)
* The MN 2035 Plan is a road map and call to action for communities, health care organizations, community and organizational leaders, and individuals to collaborate to prevent, treat, and manage heart disease, stroke, and diabetes in Minnesota through 2035. Click here [MN 2035 Plan (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan) to find out more.
* Rural Minnesota residents drive twice the distance for medical care and it’s impacting their opportunities for good health. To find out more and what can be done to create good health in rural Minnesota, click here: [MN 2035 Plan (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan)
* Minnesotans are doing great things to create better opportunities for good health. To see what they are doing and to learn what you can do, click here: [Success Stories (www.health.state.mn.us/2035plan)](http://www.health.state.mn.us/2035plan)

## FAQ

**What is the MN 2035 Plan and why was it created?**

* Cardiovascular disease, stroke, and diabetes have enormous and far-reaching impacts on Minnesotans and Minnesota’s communities.
* Minnesota’s Action Plan to Address Diabetes, Cardiovascular Disease, and Stroke 2035 (MN 2035 Plan) is a road map and a call to action for communities, health care organizations, community and organizational leaders, and individual advocates to collaborate to prevent, treat, and manage cardiovascular disease, stroke, and diabetes through 2035.
* That collaboration will help to save lives, minimize disability, and improve health and well-being, especially in those communities throughout Minnesota currently experiencing the most negative health outcomes.

**Who created the MN 2035 plan?**

* The MN 2035 Plan was developed by bringing together advocates, organizations, and networks—including those who directly represent communities most impacted by these chronic diseases—individuals, insurers, businesses, employers, local public health agencies, educators, representatives of American Indian communities, nonprofits, health care providers, governmental entities, and others.
* These individuals and organizations provided both the direction and much of the MN 2035 Plan’s content.

**What does the MN 2035 Plan propose to do?**

* The MN 2035 Plan focuses on three overall goals to better prevent, manage, and treat diabetes, cardiovascular disease, and stroke, especially within those communities facing the highest rates of those diseases. They include:
1. Eliminate racial, geographic, and other health inequities that lead to higher rates of cardiovascular disease, stroke, and diabetes in Minnesota.
2. Remove barriers to good health and well-being.
3. Increase access to affordable and culturally appropriate prevention strategies, clinical services, and disease self-management options for those who have, or are at risk of experiencing, heart disease, stroke, and diabetes.

**How will the MN 2035 Plan work?**

* The MN 2035 Plan consists of 10 key outcomes, each of which is accompanied by a series of strategies designed to help achieve those outcomes. Each strategy also includes examples of actions that can be taken to help achieve those strategies.
* The strategies and example actions are designed to be implemented at the institutional, local, regional, state, and tribal levels.
* Together, when implemented, these strategies and example actions, combined with other actions and strategies, will help to save lives, minimize disability, and improve health and well-being, especially in those communities throughout Minnesota currently experiencing the most negative health outcomes.

**How do you know the strategies and example actions the plan contains will achieve outcomes that will improve health?**

* The strategies and example actions in the plan will help to achieve the outcomes because they are basic, common-sense approaches to creating good health.
* In addition, these outcomes and strategies were developed over a two-year period through input from Minnesotans who are representative of the groups most impacted by cardiovascular disease, stroke, and diabetes, as well as those who work to prevent, treat, and manage those diseases.
* Finally, many of the strategies and example actions are currently being implemented with success throughout Minnesota and are having positive impacts on health.

**Just how serious is the problem of cardiovascular disease, stroke, and diabetes in Minnesota?**

* Very serious and very costly.
* Cardiovascular disease and stroke are the second and fifth leading causes of death in the state, and diabetes is the eighth leading cause of death, estimated to affect nearly 400,000 Minnesotans.
* In 2021 alone, more than 8,568 Minnesotans died of cardiovascular disease, 2,384 due to stroke, and another 1,575 due to diabetes, respectively the second, fifth, and eighth leading causes of death in Minnesota.
* The annual number of deaths from these diseases is almost equal to the populations of Cloquet or North St. Paul.
* Cardiovascular disease, stroke, and diabetes also increase costs for Minnesota’s health care system and for those who use that system. For example, in 2017, medical costs for people with diagnosed diabetes were $4.7 billion, and missed work and lowered productivity related to this disease cost another $1.2 billion.
* In addition, these diseases are the leading causes of disability and have significant impacts on quality of life and wellbeing for both the individuals living with the diseases and their families.
* Medical debt, including from cardiovascular disease, stroke, and diabetes, is currently the largest cause of personal bankruptcy for Minnesotans.

**Will the 2035 Plan have an impact on rates of cardiovascular disease, stroke, and diabetes?**

* Yes

**How do inequities lead to higher rates of cardiovascular disease, stroke, and diabetes?**

* Structural racism and oppressive practices directed at certain groups of Minnesotans, as well as state geographic inequities, are the driving causes of health disparities in Minnesota that lead to chronic diseases and poor health.
* These disparities result in unequal opportunities and access to goods, services, and the resources that create good health.
* Social determinants of health such as a lack of access to healthy, affordable foods and clean water, easy access to nearby clinics and hospitals, and other factors can also contribute to health disparities.

**What groups of Minnesotans face the greatest health inequities associated with these diseases?**

* One of the most troubling facts about cardiovascular disease, stroke, and diabetes in Minnesota is how unequal the burden of these diseases is across the state’s communities.
* For example: rural residents have to drive twice the distance to receive medical care compared to non-rural residents; American Indians and Black or African American adults between 35 and 64 years of age are 2 to 4 times more likely to die of heart disease or diabetes than Minnesotans overall; 70% of people with self-reported disabilities have at least one of these conditions—cardiovascular disease, stroke, or diabetes—compared to only 40% of people without a self-reported disability
* *Note: Here is the full list of this faced with the greatest health inequities in Minnesota-- American Indians; African Americans; rural residents; Latinos and Hispanics; Somalis, Hmong, and other Asian communities; low-income individuals and families; unemployed, uninsured, and underinsured individuals; members of the LGBTQIA+ community; people with physical and/or mental disabilities; new immigrants; and others.*

**How will the MN 2035 Plan impact/address health inequities in Minnesota?**

* The MN 2035 Plan was created and is designed to address the many of the key factors that lead to health inequities throughout Minnesota.
* When implemented, its outcomes and accompanying strategies and example actions will help to overcome many of the factors that lead to health inequities in Minnesota.

**How is the MN 2035 Plan different than other plans that have been created to impact rates of cardiovascular disease, stroke, and diabetes?**

* For the first time, the MN 2035 Plan combines cardiovascular disease and diabetes to create a single action plan.
* By combining these strongly related chronic diseases into a single plan, there will be a greater impact on the effort to reduce the occurrence and impacts of both diseases, while also addressing disease-specific issues.
* The MN 2035 Plan was also developed by bringing together advocates, organizations, and networks—including those who directly represent communities most impacted by these chronic diseases—individuals, insurers, businesses, employers, local public health agencies, educators, representatives of American Indian communities, nonprofits, health care providers, governmental entities, and others.
* These individuals and organizations provided both the direction and much of the MN 2035 Plan’s content.

**What will be done/is being done to get Minnesota organizations and interests to implement the 2035 Plan’s recommendations?**

* The MN 2035 Plan’s outcomes, strategies, and example action were created with the input and support of Minnesotans representing groups most impacted by cardiovascular disease, stroke, and diabetes, as well as those who work to prevent, treat, and manage these diseases. So, in a sense, they have already “bought into” the plan because they helped create it.
* In addition, work has been underway, and continues to be underway to create awareness around the plan’s existence, it’s benefits to health and how to implement its strategies to achieve its desired outcomes.
* An interactive website has also been created to help with the implementation of the MN 2035 Plan as well to create awareness around its strategies and example actions, including video success stories from around the Minnesota from organizations and tribes that are already successfully implementing components of the MN 2035 Plan.

**What role did MDH play in this process?**

* MDH convened the individuals and organizations who/that provided input and helped to create and design the MN 2035 Plan.
* That engagement process included:
	+ Fifteen meetings with the three work groups that were created around the focus areas of prevention, disease management, and acute treatment.
	+ Three community engagement events attended by more than 35 individuals, many of whom represented health- and community-based organizations.
	+ Nine leadership team meetings.
	+ A statewide survey of 540 Minnesotans, who detailed their cardiovascular, stroke, and diabetes health needs.
	+ During this same period, existing health data was reviewed.

**How do Minnesotans get involved?**

* Join the online community network dedicated to the implementation of the MN 2035 Plan to stay up-to-date on the plan and to share success stories and read about the work of others. Contact health.MN2035Plan@state.mn.us to sign up.
* Interact with the website and resources.
* Reach out to organizational partners and collaborate!