



Inspiring Partners to Strengthen Public Health in Minnesota

Message Toolkit

May 2024

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ABOUT THIS TOOLKIT

The Minnesota Department of Health (MDH), the Local Public Health Association of Minnesota (LPHA), the State Community Health Services Advisory Committee (SCHSAC), and many experts across Minnesota have identified the need for a better approach to public health. The current structure was designed over 50 years ago and does not meet today's complex needs. MDH, LPHA, and SCHSAC are leading the efforts to assess current approaches and implement recommendations so that all Minnesotans are better served.

This toolkit can help experts communicate effectively and efficiently about the need for a more seamless and robust governmental public health system. Anyone who works to create healthy communities can use this toolkit to talk with state and local public health experts, elected officials, nonprofit leaders, and other important decision-makers who influence public health in Minnesota.

The guidance in this toolkit was developed using science-based models for persuading and motivating people through language that informs and inspires. MDH, LPHA, and SCHSAC worked with the strategic communications firm Hattaway Communications on this project. Hattaway led us through an extensive engagement with MDH, LPHA, and SCHSAC, as well as local, state, and tribal public health experts, elected officials, and other community leaders, to ensure that the recommendations were based on a deep understanding of the needs of public health personnel and communities statewide.

The messages in this document are designed to be flexible and fit varying needs across the state. They are a guide to inform how you talk about your work, rather than an exact script that needs to be followed. We recognize that every community faces different challenges and looks to public health for unique solutions. The flexible frameworks in this toolkit can be adapted to suit each community's communications needs.



This toolkit is designed to help communicate about ongoing changes to public health in Minnesota. It builds on work that Hattaway led with the de Beaumont Foundation, which provided research-based language, guidance, and best practices for communicating about public health generally. The Public Health Reaching Across Sectors—PHRASES—toolkit can help you explain the value of public health, while this toolkit can help you get specific about what Minnesota needs to create a better approach to public health.

[Download the PHRASES toolkit here.](#)

METHODOLOGY

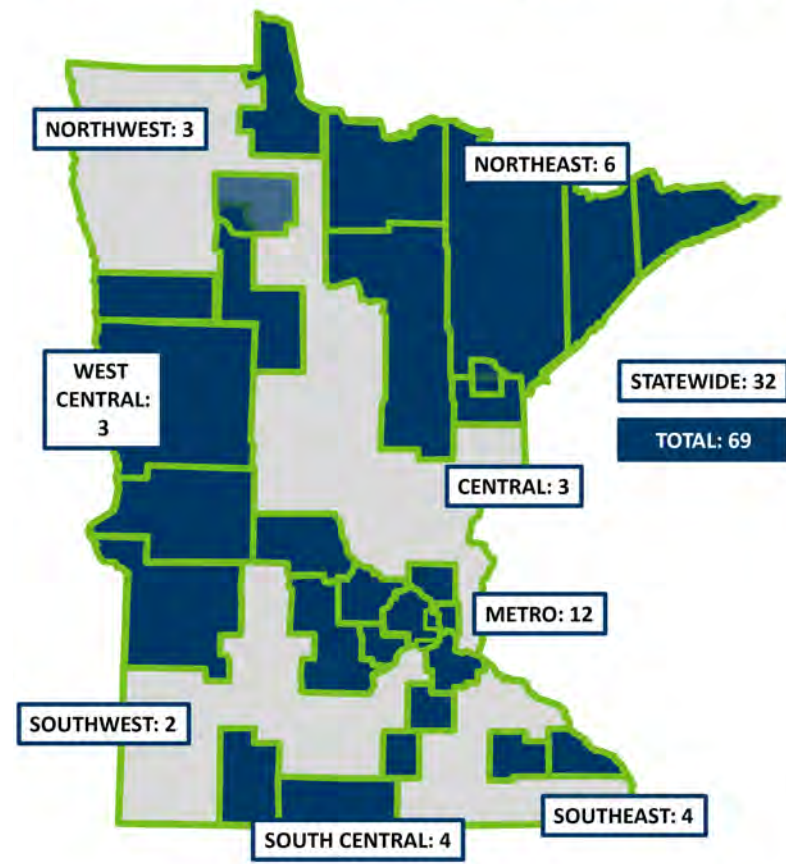
The narrative development process engaged MDH staff and leadership as well as representatives from LPHA; SCHSAC; local, state, and tribal public health departments; elected officials; and community partners.

The research process included:

- **In-depth interviews** with 42 public health experts, elected officials, and community partners from every part of the state. These interviews explored what would motivate state and local decision-makers to support this work, determine barriers to their support, and identify the communications challenges that messaging needs to overcome
- **An in-person workshop** with state and local public health experts and elected officials to discuss insights from the research and provide feedback on draft messages
- **Six roundtable discussions** with state and local public health experts, nonprofit partners, and elected officials to provide additional feedback on messaging ideas and discuss tools, training, and resources for equipping communicators with the message frame

Throughout the research process, we heard from a diversity of communities with a broad range of public health positions and perspectives.

All participants: 2023-24 message research project





Audience Insights

Aspirational Communication Model

Our messaging is informed by the Aspirational Communication Model, which provides a science-based framework to help communicate with maximum motivating power.

Drawing from motivational, cognitive, and social psychology, the model suggests that you achieve greater levels of interest and engagement when you connect with people on multiple levels: appealing to their hopes and values (**aspirational**), putting people in the picture (**social**), speaking to both the heart and the head (**emotional**), and offering benefits that people understand and value (**functional**).

Our communications research and development explored questions such as these:



Aspirational: What aspirations might motivate community leaders across Minnesota to embrace an updated approach to public health?

Social: How are public health partnerships working across the state, and what would encourage more collaboration between public health and its partners?

Emotional: How do public health leaders feel about their work, and how will updating governmental public health impact them?

Functional: What changes do people think the public health system needs? How do they want to see those changes happen, and what barriers exist?

Audience Insights Formula

This formula identifies the key motivations of people working in public health in Minnesota, including state and local staff, nonprofit partners, and elected officials, to support a more effective public health system. Understanding our audiences' mindsets can help us effectively communicate about our work and compel people to support us.

ASPIRATIONAL



An Approach That Serves All

Leaders across the state share the vision of providing equal health opportunities for all Minnesotans. They know that effective public health can have an enormous impact on all communities and they're ready to make that a reality.

SOCIAL



Trusted Partners Make Public Health Happen

Public health leaders value cooperation among community partners, local public health departments, and statewide agencies. They recognize that trust in these partnerships is essential for achieving effective public health.

EMOTIONAL



Proud but Frustrated

Public health professionals are immensely proud of their work and accomplishments, but they are also frustrated that the current governmental public health system is not designed to effectively support all the work that needs to be accomplished.

FUNCTIONAL



Fair Funding and Creative Collaborations

Supporters of public health recognize how it can transform communities for the better. However, experts are missing key pieces to do their work, such as sustained funding and strategic partnerships.



An Approach That Serves All

Leaders across the state share the vision of providing equal health opportunities for all Minnesotans. They know that effective public health can have an enormous impact on all communities and they're ready to make that a reality.



Why It Works

Local public health staff, state workers, elected officials, and community leaders all interact with governmental public health in different ways. But our research revealed that no matter your job, political affiliation, or opinion of public health, partners agree that it's time for a new approach.

When asked how they describe public health, interviewees emphasized how it can transform communities for the better. They described how public health programs cultivate a healthier population, which contributes to thriving economies, resilient communities, and a workforce strengthened by health and wellness.

However, public health receives the most funding in emergencies, which leaves little time and money for the preventive work that can have the most impact in the long run. When advocating for public health, interviewees commonly encounter decision-makers, especially elected officials, who do not fully grasp the potential impact of prevention.

Many public health experts are motivated by the fact that the current approach isn't serving all Minnesotans, including Black, Native American, and rural Minnesotans. Others, especially elected officials, need to understand the long-term return on their investment—especially when they are spending taxpayer dollars.

“We just want everybody to be able to be healthy no matter what zip code they live in. That’s the short and sweet of it.”

“Regardless of where you live, you have to have the same opportunity to be healthy and have vibrant communities.”

“If you’re able to implement and fund [public health] successfully, you could ensure **equal treatment of citizens all across the state and equal access to services.**”



Trusted Partners Make Public Health Happen

Public health leaders value cooperation among community partners, local public health departments, and statewide agencies. They recognize that trust in these partnerships is essential for achieving effective public health.



Why It Works

Across the state, many local public health departments and community leaders have developed strong partnerships. This trust has been nurtured through personal relationships and the experience of solving shared challenges.

Partnerships between counties and tribal nations are crucial in a system with limited funding; they enable public health offices to share funding and staff, which is a more efficient way to increase the number of programs and services they can provide to their residents.

Public health officials need the trust of their neighbors to conduct these partnerships effectively. But developing that trust takes time and resources. Right now, partnerships too often happen by luck—they develop when neighboring public health staff have worked side by side for years. When one of those staff members retires, the overall partnership suffers.

Local and tribal public health departments want MDH to play a bigger role in fostering these partnerships. They also want more collaboration with MDH itself. They see MDH not only as a funder but also as a strategic partner with a bird's-eye view of cross-county trends. That knowledge can help local public health departments better prepare for and prevent future emergencies.

With counties, tribal nations, and MDH working together toward a shared vision, these partners can achieve a healthier Minnesota.

*“If there is **no trust or safekeeping**, we really have a **struggle** in regard to keeping the community healthy and safe.”*

*“The **people in your county really value when they actually see people out in the community** doing things that they see as having an impact on their health.”*

*“[Public health] can look very different depending on where we are across our state. Locally, for us, **we really see ourselves as a convener of groups**. We bring a lot of people together to talk about issues.”*

EMOTIONAL



Proud but Frustrated

Public health professionals are immensely proud of their work and accomplishments, but they are also frustrated that the current governmental public health system is not designed to effectively support all the work that needs to be accomplished.



Why It Works

Public health can be an incredibly challenging sector, both personally and professionally. At no time was this made clearer than by the COVID-19 pandemic. Many public health staff have faced criticism from their communities. A few interviewees even noted that they received threats when community members didn't agree with public health recommendations. Despite these challenges, public health professionals across the state are immensely proud of the work they do—and they want to continue to serve the public.

They are excited about the breadth of services they can offer—from administering vaccines to educating young people about the risks of drug use. They value their role in diagnosing community problems and bringing people together to find innovative solutions to the unique challenges they face.

However, the existing governmental public health system is not structured to fully support their work. Public health leaders are often constrained by funding and capacity. Several interviewees emphasized that they are frustrated that they spend most of their time grant proposal writing rather than designing and implementing public health interventions. Updating the system to ensure local public health departments have more sustained funding can mean staff can focus on the work they're passionate about: creating healthy communities.

Many public health staff also feel isolated, especially if they live and work in rural areas of the state. These staff emphasized that having more support from MDH would bolster the great work they're already doing. Interviewees noted that if MDH shared more timely health data and expertise and helped foster partnerships across Minnesota, they would feel more supported in their work.

*"It's rewarding work. It **feels really good when we can make a difference** and do something."*

*"**What doesn't public health get involved in?** There's nothing that public health can't be concerned about or utilize to affect positive change in people and the earth."*

*"I'm hoping we develop a peer-to-peer relationship with the state government and the county.[...] **A true partnership as peers, not parent-child.**"*

FUNCTIONAL



Fair Funding and Creative Collaborations

Supporters of public health recognize how it can transform communities for the better. However, experts are missing key pieces to do their work, such as sustained funding and strategic partnerships.



Why It Works

Experts want to enact forward-thinking public health policies and programs that prevent problems in their communities and make it easier for all people to be healthy. They also need the capacity to respond when emergencies do arise so they can save lives.

To juggle all these responsibilities, local public health experts emphasized that they need sustained funding and more partnerships with other counties, tribal nations, community partners, and MDH. When these elements are in place, local public health departments feel equipped to meet the needs of their communities—but there is always a risk that a grant period can end. In addition, fostering partnerships can be challenging when you have limited time for relationship-building. Support from MDH that addresses these barriers—such as convening cross-state partnerships that help with resource-sharing—would allow local public health experts to focus mainly on the health of their communities.

This type of state–local relationship gives communities what they need to succeed. They can retain control of decision-making at the local level; but instead of operating in isolation, their work is bolstered by MDH. Setting up the system this way is important to local public health departments: They are working on the ground and know their community members by name. That helps them understand the problems happening in their communities, which gives them unique expertise to solve them. That often makes them trusted messengers in their communities, too, which can lead to more effective public health communication. But they also know that MDH holds a wealth of knowledge that can make their work even more effective.

“It always comes down to dollars for us. It would be really great if we just had consistent funding. My population size might be smaller than a city metro area, but we still need to have all of the tools to be successful.”

“If you want change, there has to be sustainability [in funding]. If there’s any break within that chain, lives get impacted.”

“I spend 85% of my time on grant writing and fundraising rather than using 20 years of experience as a professional in this community. I should be serving the families, but I’m not.”



Aspirational Narrative

Frame It First

Framing is the first thing that you say about a topic, which influences the judgments and perceptions that follow. When you frame a complex topic with a few key ideas right up front, it helps people process more detailed information that follows.

In the upcoming pages, we introduce a messaging framework to introduce the proposed changes to the Minnesota public health system. It uses a few simple ideas to articulate how public health can affect all people and communities for the better—and why updating our state’s approach is important for achieving our shared vision of a healthier Minnesota.

How To Use Message Frames

Across Minnesota, each community faces its own public health challenges, and communicators face unique audiences. With that in mind, we’ve provided a set of core ideas that will make all kinds of communications effective and consistent. The framework isn’t a script. Rather, by using the elements in the framework, you can craft clear messages that communicate the same big ideas but that are tailored to resonate with your audience.

Repeating the same big ideas is important. Research shows that people need to hear a message [at least 10 times](#) before they feel favorably toward the idea.

Cut the Jargon

Jargon is a specialized language used by people within the same community. While it can be helpful shorthand, jargon is difficult for those outside that group to understand, which can create distance, limit comprehension, and raise skepticism.

By saying what we mean in simpler terms, especially when framing a message, we can connect with wider audiences using words they relate to and understand. Doing so increases our chances of being understood and creates greater impact.

Consider your audience:

- What words, phrases, or ideas might not be familiar to them?
- How can you replace or define those ideas when they arise?



Hattaway worked with the World Health Organization to remove jargon from their messaging. Here’s an example from that work:

“Effective care for mother and baby **reduces maternal mortality and intrapartum stillbirths, resulting in a triple return on investment.**”



“Effective care for mother and baby **saves mothers’ lives, keeps babies alive during birth, and saves three times as much money as it costs.**”

Keep It Short and Simple

Concise messaging is actually easier to understand; science shows that people are more likely to trust, remember, and relate to information that is easier for their brains to process. Short, simple messages are also easier to retain and repeat, which is essential to getting people to share these ideas with others. We've included message examples that you can say in 15 seconds and one minute to help keep people's attention.

Visual Communications Guidance

How you present messages can affect how the audience receives them. When designing communications materials about this work, here are some best practices to keep in mind.

- **Show that this is a joint effort:** Using the logos of MDH, LPHA, and SCHSAC instead of just one group can help show audiences that this is a collaborative effort.
- **Bring the aspiration to life:** Photos can help us visualize the goals that we each have. Photos of healthy people enjoying Minnesota can help communicate what we're trying to achieve.
- **Keep it simple:** It is important that one-pagers, newsletters, and other introductory content follow a simple layout so the reader isn't overwhelmed with information.
- **Use statistics strategically:** It's best to pick one piece of data that makes the point you need to make rather than overwhelming people with too many statistics.

Narrative Framework

The core message is organized in a simple but powerful Narrative Framework, based on multicultural studies, motivational psychology, and other fields of research. This framework reflects a common way that people across many cultures think about the world and communicate their ideas.

It creates a complete, coherent narrative that motivates people to support our work by putting our audience in the role of the protagonist so they “see themselves” reflected (**people**). The **goals** are their aspirations, and the **problems** are the challenges or needs they face in realizing those aspirations. The **solutions** are the things we do to meet those needs and help people achieve their goals. Defining **public health** with clear, relevant examples will help make sure that all audiences understand the value of our work.

-  **Value of Public Health: There's Nothing That Public Health Can't Positively Impact**
Public health experts partner with their communities to overcome all types of barriers people face to living their healthiest lives.
-  **People: A Community of Experts and Leaders**
Public health experts, elected officials, and community members are proud of the work they do to keep Minnesotans healthy.
-  **Goal: Help All Minnesotans Live Their Healthiest Lives**
Everyone in Minnesota should have the opportunity to be healthy, regardless of their age, race, or where they live.
-  **Problem: Minnesota's Approaches Are Out of Date**
Minnesota's approach to public health was designed more than 50 years ago and doesn't meet today's funding and resource challenges.
-  **Solution: Invest in a New Approach**
It's time to invest in a new approach that embraces fair funding and creative collaboration to meet today's complex needs.



Unique Value Proposition

This Unique Value Proposition highlights the benefits of supporting an updated approach to public health and can be said in about 15 seconds.

By updating our state's approach to public health, we can better serve all Minnesotans. Fair funding and creative collaboration will enable us to identify community needs, plan for future problems, and create healthy opportunities regardless of someone's age, race, or where they live.



One-Minute Message

This One-Minute Message serves as the foundational text that can be used to communicate the need for a robust and responsive public health system. This message can be said in about a minute.

Public health looks different across Minnesota. This message does not need to be repeated word for word. Rather, it should serve as a cornerstone for communication and be adapted to meet your community's needs.

As public health experts, we work hard to give everyone the opportunity to live their healthiest life regardless of age, race, or where they live. By partnering with communities, we diagnose and solve problems before they happen. In emergencies, we act fast to keep people safe.

We strive to keep Minnesotans healthy, but there's room for improvement. Our state's approach to public health was designed more than 50 years ago, which limits what we can achieve for our communities. Some Minnesotans can't easily get the things they need to be healthy, such as nutritious and affordable food, clean drinking water, and medical care for mothers and babies. It's time for a new approach that can equip us to solve today's complex problems.

An updated structure will prioritize partnerships and ensure public health has fair, consistent funding. By making investments now, we can better identify urgent needs, plan for future problems, and create a stronger, healthier Minnesota.

One-Minute Message, Annotated

As public health experts, we work hard to give everyone the opportunity to live their healthiest life regardless of age, race, or where they live. By partnering with communities, we diagnose and solve problems before they happen. In emergencies, we act fast to keep people safe.

We strive to keep Minnesotans healthy, but there's room for improvement. Our state's approach to public health was designed more than 50 years ago, which limits what we can achieve for our communities. Some Minnesotans can't easily get the things they need to be healthy, such as nutritious and affordable food, clean drinking water, and medical care for mothers and babies. It's time for a new approach that can equip us to solve today's complex problems.

An updated structure will prioritize partnerships and ensure public health has fair, consistent funding. By making investments now, we can better identify urgent needs, plan for future problems, and create a stronger, healthier Minnesota.

People



Name who is involved in improving Minnesota's public health—and that they always work in collaboration with community

Goal



Emphasize the shared goal that we're all working toward

Value



Add clear examples of the role and value of public health here, using specific examples that are relevant to your community

Problem



Show what is keeping us from doing our best work and the consequences it has on Minnesotans

Solution



Explain how an updated approach will help to meet our shared goals, and provide clear examples of what the change will look like

Adapting the Framework

For effective communication—whether it’s a blog post, speech, or conversation—it’s important to first determine your audience and objectives. In other words, “Who are you talking to, and what do you want them to do?”

Below are two examples of how you could tailor the Narrative Framework for different audiences.

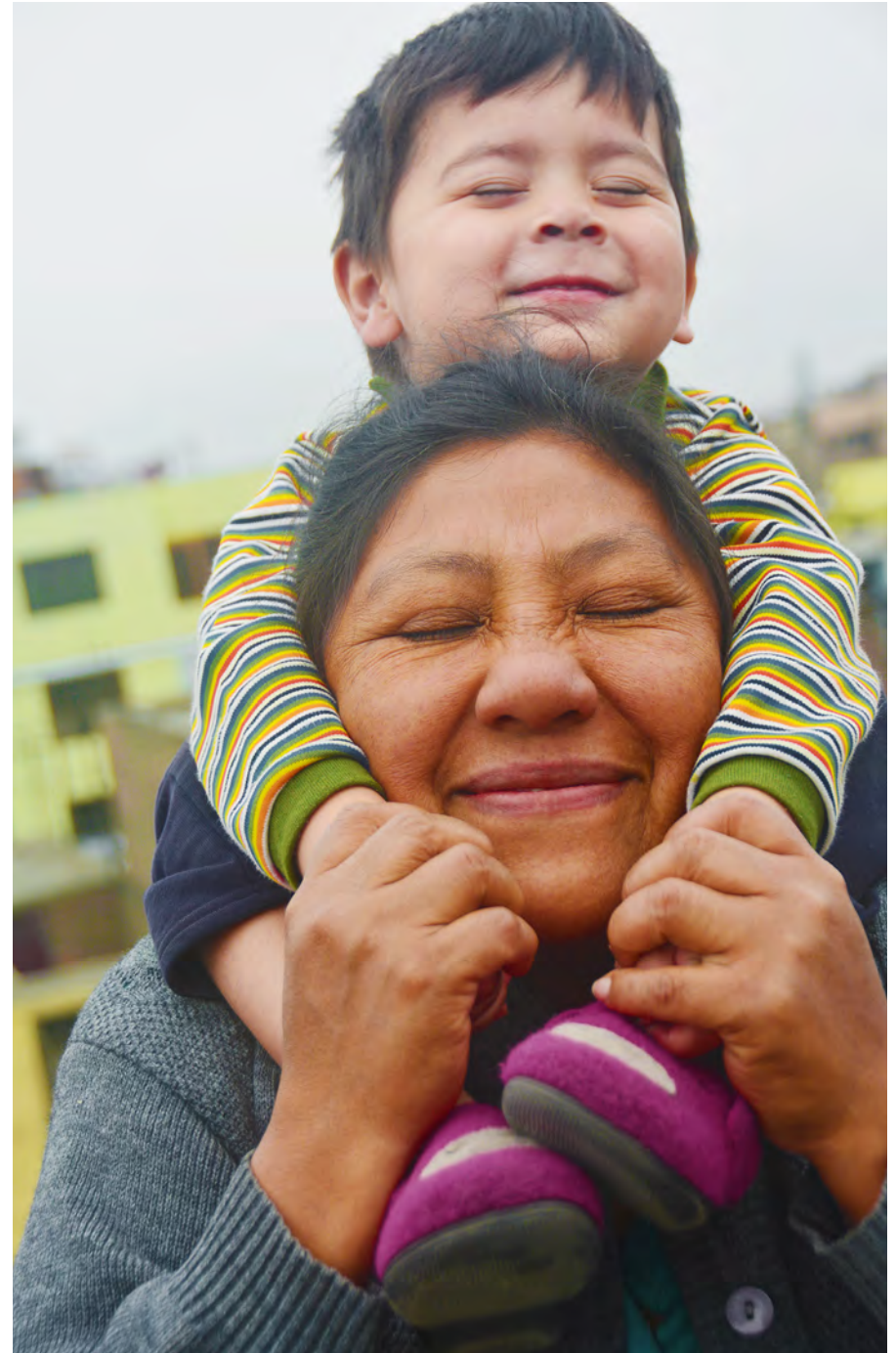
This message emphasizes that public health is a smart investment in Minnesota’s future and can be used to get state and local policymakers to support new funding streams:

By prioritizing preventive care for families, we can make smart investments in the communities we love. Public health efforts like this help all Minnesotans live their healthiest lives—and save our communities money in the long run.

However, Minnesota’s current approach to public health is outdated, limiting what we can achieve for our families.

An updated approach will have the flexibility to meet the challenges our families face today and tomorrow. By elevating local leadership and prioritizing partnerships across the state, we can coordinate resources, ensure they are spent wisely, and deliver a healthier future for all people in Minnesota.

Value People Goal Problem Solution



This message can be used with community partners to emphasize how the current approach is leaving some Minnesotans behind:

You may have heard that Minnesota has been ranked one of the healthiest states in the nation. For some Minnesotans, it is.

But too many of our residents do not have the same opportunities to live their healthiest lives. That's because a lot of what makes us healthy depends on the environment we live in.

Public health helps create safe and clean communities where it's easier to make healthier choices regardless of your age, your race, or where you live.

Minnesota's current approach is out of date. We need to update our public health structure—and revise unfair policies and practices that make it hard to be healthy. It's time for us to work together to prioritize the health and well-being of all Minnesotans.

Value People Goal Problem Solution



Communicating About Health Equity

Our Narrative Framework is rooted in our vision for an equitable health system. This section provides additional guidance for communicating about health equity for various audiences.

Don't Rely on Buzzwords

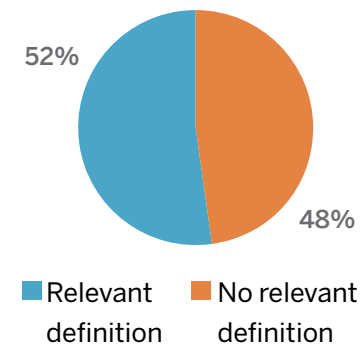
Certain words that are critical public health concepts can be vague, confusing, or politicized for people outside of public health—including the many partners we need to engage to do our work successfully. Hattaway has conducted extensive research that shows there is not a shared definition of the concept of “equity.”

Many people associate the term “equity” with real estate, while others fail to grasp its full essence: the establishment of a more inclusive system that benefits individuals of different races, ages, abilities, and geographic backgrounds. Many people agree with the underlying concepts—but they may be disengaged by the term itself, due to a lack of understanding.

Instead of relying on buzzwords, use real-life evidence to paint a vivid picture. For example, use statistics or examples to show how some Minnesotans don't have the same opportunities to live healthy, full lives—and add the role that the governmental public health system plays in achieving health equity.



In research that Hattaway conducted with the Lumina Foundation, they found that [only half of Americans](#) think of “equity” as a social justice term. Others equate it with “home equity” or “money,” or they said they didn't know.



Focus on Opportunity

In the research for this work, Hattaway heard about disparities in health across various communities, such as residents who are older, live in rural parts of the state, or are people of color. Partners emphasized that public health is responsible for creating the opportunity to make healthier choices.

Hattaway's past research with CityHealth shows that Americans respond well to language that frames equity issues around opportunity. Language such as "not everyone in our country has an equal opportunity" resonates with people across all groups. This is because a majority of Americans believe that opportunity isn't equal in this country. These statements are evocative, but they aren't controversial. Americans, including Minnesotans, are motivated to consider how who you are or where you live plays a role in how to access opportunity.






Use Asset Framing

Using language such as "vulnerable communities" or "poor neighborhoods" defines people by their problems and ignores their contributions. Deficit framing creates negative associations that "otherizes" people and communities. Instead, use asset framing, and describe people and communities by their contributions and aspirations, such as wanting to live healthy, full lives or wanting a safe place for their families to live and grow.



Winning Words

Winning Words are meaningful, memorable words and phrases that people can retain and repeat. Our research has uncovered words that resonate with audiences and should be used, as well as words that do not resonate well and should be avoided.

Narrative Framework	Say This	Not That	Why It Works
Public Health 	<ul style="list-style-type: none"> • Diagnose and solve • Act fast • A partner in communities • Invest 	<ul style="list-style-type: none"> • Service-based • Clinical 	<ul style="list-style-type: none"> • This language helps to position public health professionals as experts working closely with the community—and helping to save money and improve community health in the long run.
People 	<ul style="list-style-type: none"> • Hardworking • Resourceful • Proud partners • Experts who listen 	<ul style="list-style-type: none"> • Working in the background 	<ul style="list-style-type: none"> • Describing how public health practitioners work can help to demystify what they do—and how. Using vivid language that describes public health officials as resourceful and listening paints a clear picture.
Goals 	<ul style="list-style-type: none"> • Healthiest lives • All Minnesotans 	<ul style="list-style-type: none"> • Health equity 	<ul style="list-style-type: none"> • We want all Minnesotans to be able to live their healthiest lives. We know that saying “equity” can turn some people off, but providing examples of what equity looks like can help your audience connect with a clear vision we all share.
Problem 	<ul style="list-style-type: none"> • Minnesota’s outdated approach 	<ul style="list-style-type: none"> • Our work • Governmental public health 	<ul style="list-style-type: none"> • Many public health professionals have been doing incredible work in Minnesota for years. This work is about transforming statewide policies and systems, and we want to avoid placing any blame on individuals, departments, agencies, and their hard work.
Solution 	<ul style="list-style-type: none"> • New approach • Updated structure 	<ul style="list-style-type: none"> • Transformation • System 	<ul style="list-style-type: none"> • Systems can be impersonal, distant, and hard to imagine. A new approach is tactical and offers a clear path forward. • While a transformation is what’s necessary, the word can trigger fears for audiences. We want to recognize the great work they’ve done under the current system while emphasizing that it’s time for them to have more support.



Proof Points

The statements below provide compelling evidence for our audiences about the need for a forward-thinking and responsive public health system that serves all Minnesotans. They can be used after the framing messages on pages 20–24 to show how an outdated approach affects individual Minnesotans. When people understand the consequences with specific examples, they are more likely to be motivated to solve the problem. We've organized these proof points based on the five foundational areas of Minnesota's [new approach to public health](#).

These have been adapted from the 2023 Minnesota Statewide Health Assessment. For more statewide proof points, [read the full report](#). More specific proof points for local communities can be found [on the MDH website](#).

Communicable Disease Control

In 2022, only 63.6% of children in Minnesota aged 24 to 35 months had completed the childhood immunization series, which includes seven vaccines that should be given by age 2 if following CDC recommendations.

Over the past 10 years, the rate of chlamydia in Minnesota has increased 15% and gonorrhea by 110%, with large disparities between populations based on race/ethnicity, gender, and age.

Chronic Disease and Injury Prevention

Between 2015 and 2019, American Indian males and females had the highest cancer incidence rate compared to all other Minnesota populations.

Caregivers in Minnesota are more likely to live with a chronic disease than non-caregivers (55% versus 48%).

In 2020, Black and Latino people in Minnesota are more than twice as likely to report food insecurity than white people in Minnesota.

Environmental Public Health

In Minnesota, 21 air alerts were issued in 2023, breaking a previous record of 13 air alerts in 2021.

Since first detection in the early 2000s, officials have found PFAS across Minnesota in ground water, sediment, soil, air, and fish. Research shows the best way to reduce levels of PFAS in people is to stop exposure.

Research from 2015 estimates that air pollution contributed to 10% of all deaths in the Twin Cities metro area (about 1,600 people), and that nearly 500 hospitalizations and emergency room visits for heart and lung problems were related to particulate and ozone pollution.

Adults visiting state trails in Minnesota are typically older, have higher incomes, higher educational attainment, and are far more likely to identify as white.

Lower-income census blocks have 15.2% less tree cover and higher temperatures (by 2.7 degrees Fahrenheit) than higher-income census blocks.

Maternal, Child, and Family Health

Among pregnant women in Minnesota, 6% surveyed by MDH felt emotionally upset because of how they were treated based on their race in the 12 months before their baby was born. American Indian (24%) and U.S.-born African American (25%) women were most likely to report this.

While Black people (13%) and American Indian people (2%) are a small portion of the state's birthing population, they are disproportionately represented among the pregnancy-associated deaths, making up 23% and 8% respectively.

In 2021, 310 infants born in Minnesota died before their first birthday. The burden of infant death is not shared equally across population groups.

Access to and Linkage with Care

Minnesota has 55 geographic areas designated as having health professional shortages because they lack enough primary care providers to serve their populations.

The physician-to-patient ratio varies widely across the state. Urban areas have one physician for every 226 people; large rural areas have one for every 542.

In 2021, 88.1% of people in Minnesota reported using any health care in the past 12 months. White people and wealthier people in Minnesota were significantly more likely to have accessed any health care in the past 12 months.

80% of licensed physicians in Minnesota speak only English in their practice.



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