TWIN CITIES
A Tale of Two Cities

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.

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/Elliot 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

20% Genetics & Clinical Care
80% Social Determinants of Health

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