

Thank you, Jan.

It's great to be here today to talk about an issue of great importance to the State of Minnesota.

When it comes to health care, Minnesota has a lot to be proud of.

Minnesota has an outstanding history as a healthy, reform-minded state, a subject I've learned a lot about in the last 2 and a half years.

From the Mayo brothers, to being one of the first states to insure low-income citizens, to leading the way in managed care reform, Minnesota has always been a leader in health care.

It shows in our consistent ranking as one of the healthiest states in the nation.

But, there's one important area where we need drastic improvement.

American Indians, populations of color and foreign-born populations in our state have significantly worse health statistics than other Minnesotans.

Listen to these alarming facts:

- Mortality rates at almost ALL ages and income levels are significantly higher for American Indians, populations of color, and recent immigrants to our state, than for whites.
- Infant mortality rates among African Americans and American Indians are 2 to 4 times higher than for whites.
- The infant mortality rate for the American Indian population is actually going UP.
- The rate of diabetes for American Indians in Minnesota is 600 percent higher than for whites.
- African American teens in Minnesota have one of the highest teen pregnancy rates in the country, and Hispanic teen pregnancy rates continue to increase in our state.

As Governor, I want us to acknowledge our problem, get to the root of this situation, and fix it.

My vision for Minnesota is that EVERYONE has a chance to succeed on their own -- to be *self-sufficient*.

And, my vision for Minnesota's health system is that EVERY Minnesotan has an equal opportunity to enjoy good health.

With these gaps that I just outlined, it's easy to see that we're far from that vision today.

But if we're committed to change, and if we can acknowledge where we need improvement, we will be on our way to understanding and addressing the causes of Minnesota's health disparities.

But we can't just talk about it.

If we don't attack this situation at its roots, we can no longer claim to be a health leader. I want to close these health disparities gaps so that Minnesota can continue its place as the nation's leader in health care.

Last Legislative session, we started the attack. My health disparities package, focused on getting resources directly to communities where the disparities are occurring, was approved by the Legislature.

I appreciate their partnership on this critical initiative.

The focus on the community makes common sense. Why? Because government does not have all the answers.

The closer we get the resources to the communities who are struggling with health disparities, the more success we'll have at tailoring the solutions to the strengths of the individual communities.

The leadership must be rooted in the community, or it won't work.

Let me tell you why this initiative is so important to me personally:

- Minnesota is increasingly more diverse, another reason why Minnesota is a great place to live. If we don't start addressing these problems now, gaps in health status will only increase.
- Healthy people make healthy communities, where people take pride in who they are, where they work, and where their children play. Healthy, vital, Minnesota communities are essential to Minnesota's overall economic stability.
- Minnesotans have more power over their health status than they think, and we need to get that message out.

We're so focused on treating the disease or problem that we already have, that we forget about the little decisions we make every day.

Each one of us has the power to change our health status through common-sense personal decisions. Kids need to know the benefits of being physically active, parents need to understand how nutrition can prevent diseases, teens need to have reasons to put off having those babies.

The choices that *all* Minnesotans make can mean life or death. This is a culture change that needs to happen in all Minnesota communities. And the messages sent need to be relevant to the unique circumstances in each community.

We still have work to do to eliminate health disparities, and I believe we can and will change the trend we see today.

Just last week, Commissioner Jan Malcolm and I visited Fond du Lac reservation and heard about some of their remarkable progress in addressing diabetes, for example.

The Department of Health is working with the federal government and local communities to find what's working and spread these best practices.

I understand Surgeon General Satcher is going to be here with you by satellite today. His work on the federal level is key to our success. I am pleased to help him in his efforts in any way that I can.

We need his best ideas, and YOUR best ideas, for eliminating racial and health disparities.

A healthy Minnesota depends on it.

Thank you.