Making Minnesotans the healthiest people in the nation requires focused effort. That’s a tall order in a health care world that seems to change by the minute. The MMA’s public health committee is doing its part to understand the public health issues of today, support local programs that are making a difference and advocate for statewide improvements.

“The committee is a way to engage around an issue,” says Laurel Ries, M.D., committee chair. “We look at the issue and the evidence behind it and provide a way for physicians to influence how community needs are being addressed.”

Still topping the list
Although health care has seen tremendous change with the implementation of the Affordable Care Act, the top public health concerns have remained fairly consistent, Ries points out. Obesity remains high on the list. In fact, last year the AMA voted to recognize obesity as a disease state requiring a range of interventions.

“The problems underlying obesity generally take place outside of a clinician’s office, although the clinician does have influence,” Ries says. “If we can support expanded treatment of obesity and support public health infrastructure that makes it easier for people to have healthy lifestyles, it will go a long way. The AMA recognition gives us a little more leverage to make those changes.”

The Minnesota Department of Health (MDH) reports nearly two-thirds of adults in the state are overweight or obese, which means obesity will remain a public health concern for years to come. The MMA public health committee will continue to explore how team-based care, clinic policies and procedures, environmental changes and community intervention programs can make a positive impact on obesity rates.

Diabetes, which often is related to obesity, is another public health concern. MDH statistics show the number of cases of diabetes in the state has doubled in the past 20 years. Ries believes one of the strengths of the MMA is its ability to help make treating patients with obesity and/or diabetes easier for physicians. “The MMA can’t fix obesity and diabetes in Minnesota, but we can support the people making changes,” she says. “All physicians want to help their patients with obesity and diabetes, and we can help them find tools and access to resources in their communities.”

Ries believes Minnesota’s best chance for reducing obesity and diabetes rates lies in helping people change their lifestyle. “I see a lot of interest around healthy foods and creating communities that are more active,” she says. “Ongoing public policy work is where we need to continue to focus.”

A new public health concern
Although Minnesota has always been a leader when it comes to tobacco and smoking-cessation initiatives, electronic cigarettes, also known as e-cigarettes, have generated new concern.

E-cigarettes are battery-operated devices that turn nicotine and other chemicals into a vapor that is inhaled. In the past year, ads for e-cigarettes have been on the rise. Some celebrity-backed campaigns encourage people to “take back their right to smoke.” Minnesota, like many other states, bans smoking of tobacco products in public places, including bars and restaurants. But e-cigarettes

Advocating for the greater good
How the MMA is diving into public health issues
fall into a gray area because technically they are smoke-free.

“At the MMA, we know this is an issue we have to be out in front of. This is a product that is becoming much more popular much more quickly,” Ries says. One area of concern is the promotion of e-cigarettes as a smoking-cessation product. “The safety of the chemicals in e-cigarettes hasn’t been established. Plus, the device is not regulated even though it delivers chemicals into the blood stream quite effectively,” she adds. “There just isn’t enough data right now to support its safety or efficacy as a smoking cessation device, yet it is being portrayed in the media as one.”

In addition, there are alarming similarities between the advertising and marketing efforts for e-cigarettes and those that were once used for tobacco products. “E-cigarettes are being marketed to children. They are targeting young folks with candy flavors and attractive packaging,” Ries says. “A number of e-cigarette companies are owned by tobacco companies, so we are concerned about a similar strategy being used for e-cigarettes.”

The Duluth City Council approved an ordinance in September that treats e-cigarettes like tobacco products in terms of where you can and can’t use them. Ries believes this type of forethought needs to continue at the state level: “We don’t know for sure whether e-cigarettes are safe or dangerous.”

**Continuing our progress**

The Legislature will continue to play a big role in public health. “The MMA is really well-positioned to work with the Legislature and partner with organizations on public health,” Ries says. “If physicians have an interest in promoting public health topics, they should know the MMA can advocate on their behalf and their patients’ behalf to help promote change.”

Ries acknowledges that every public health concern is fraught with complexity and controversy. But, she says, if you can show people the power of the greater good, you can mitigate any backlash. “When Minnesota went smoke-free in public places, there was so much backlash, people were frustrated and threatened to go to bars in Wisconsin. A few years later, you don’t hear any more of that,” she says. “When you make a public health change that is new and unfamiliar, it takes getting used to. But it seems in general, if the evidence is solid behind what you are doing, it is an effective mechanism for change.”

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